

S U M M A R Y

Increasing children's access to and use of preventive health care

❖❖❖ *Key results and lessons learned from Growing Up Healthy in Minnesota, an initiative of the Blue Cross and Blue Shield of Minnesota Foundation*

Overview of *Growing Up Healthy in Minnesota*

In spring 2002, the Blue Cross and Blue Shield of Minnesota Foundation made grants to nine organizations around the state to improve access to and use of preventive medical and dental services for children and teens. Focused particularly on the needs of immigrant communities and communities of color, the \$1.4 million *Growing Up Healthy* program aims ultimately to improve the health of Minnesotans at highest risk for lifelong health disparities.

The grants also address specific barriers to preventive care, including limited English fluency, unfamiliarity with the health care system, shortages of health care providers (especially those who are culturally competent), cultural isolation, cultural attitudes toward preventive care, and health care coverage. Recent studies indicate that American Indians, populations of color, foreign-born populations, and low-income families are over-represented among Minnesota's uninsured.

In awarding the grants, the Blue Cross Foundation intentionally sought diversity in the types of organizations, the strategies used, and the populations served. The *Growing Up Healthy* grantees included schools, immigrant-led mutual assistance organizations, nonprofit dental providers, academic institutions, parenting support groups, and health clinics.

The projects fall into three main categories:

- Those that provided direct preventive health and dental care
- Those that provided outreach, education, and referral
- Those that developed parent education and health care provider training materials

Results of *Growing Up Healthy*

In keeping with the goals of the initiative, over 90 percent of children who received or were connected with a preventive health or dental exam were in communities of color.

Growing Up Healthy reached an estimated 17,500 people in two years.

- **6,757 children and youth**
 - 2,324 received preventive health or dental care
 - 1,486 received help with access (appointments, transportation, etc.)
 - 2,947 received large-group information/education
- **10,774 parents and community members**
 - 3,869 received outreach, education, and referral
 - 6,905 received media messages and large-group information/education

Note: All of the above figures are unduplicated estimates; that is, Wilder Research used available records to attempt to avoid double-counting the individuals who received more than one type of service.

***Growing Up Healthy* reached an estimated 17,500 people in two years.**

At a glance: Growing Up Healthy in Minnesota grantees

Organization	Service area	Strategy	Age/focus	Ethnicity
DIRECT HEALTH AND DENTAL CARE				
Apple Tree Dental (\$109,000 over 24 months)	Southwest MN (Marshall, Worthington)	Provide on-site dental care and education at Head Start centers; demonstrate best practices in dentistry for Head Start families.	Pre-school children Dental focus	Multi-ethnic/ Multi-racial
Open Door Health Center (\$178,000 over 24 months)	South Central Minnesota (Mankato)	Increase culturally and linguistically appropriate community-based health promotion and clinic-based primary care for rural immigrant and refugee children.	Parents, children and teens Medical and dental focus	Focus on immigrants: Latino and East African
Red Lake Comprehensive Health Services (\$120,000 over 24 months)	Red Lake Nation	Provide on-site dental prevention services to Head Start and elementary school-age children (expanded in Year 2 to include Junior High youth).	Children Dental focus	American Indian
EDUCATION AND REFERRAL				
Affiliated Community Health Foundation (\$135,000 over 24 months)	Willmar	Establish a wellness clinic in three schools.	Teens Medical focus	Multi-ethnic/ Multi-racial
Minneapolis Medical Research Foundation (HCMC) (\$107,652 over 18 months)	Minneapolis	Integrate preventive dental health services into well-child health visits for Latino children, using Spanish-speaking dental health educators.	Parents and children Dental focus	Focus on immigrants: Latino
Lao Assistance Center of Minnesota, Inc. (\$188,662 over 24 months)	North Minneapolis	Provide outreach and access to preventive health care for Laotian and Hmong families through the use of community health workers.	Parents, children and teens Medical and dental focus	Focus on immigrants: Southeast Asian (Hmong & Lao)
Somali Community Resettlement Services, Inc. (\$53,000 Year 1; \$83,000 Year 2)	Steele & Olmsted counties	Provide outreach, education, and training programs for Somali families, involving community health workers, Somali television, and religious leaders.	Parents, children and teens Medical and dental focus	Focus on immigrants: African (Somali)
CURRICULUM DEVELOPMENT AND TRAINING				
Meld (\$102,000 over 16 months)	National organization based in Minneapolis	Develop preventive care peer-education curriculum for parents to improve health-related outcomes for children in communities of color and immigrant communities.	Parents Medical and dental focus	Multi-ethnic/ Multi-racial
University of MN Division of Pediatrics & Adolescent Health (\$109,815 over 12 months)	Minneapolis/St. Paul	Develop and pilot a culturally competent adolescent preventive care training program for practicing clinicians in the Twin Cities, involving teen actors as instructors.	Teens Medical focus	Multi-ethnic/ Multi-racial

Projects that provided preventive care

Three of the *Growing Up Healthy* projects focused on providing direct services. Together, they served **2,324** children and youth, **93** percent of whom were from racial/ethnic minority communities.

In most cases, this was the first time these children had received a preventive exam of that type (medical or dental). Most of these children were served outside the Twin Cities metro area, where access to medical and dental care is difficult, particularly for foreign-born and American Indian children.

Projects that connected children and youth to preventive care

Four of the *Growing Up Healthy* projects focused on connecting children and families to services. This ranged from media information campaigns about the value of preventive care, to helping with the logistics of setting up appointments and arranging transportation.

These connections included appointments made for an estimated 1,486 children for well child visits or preventive dental exams. (About 95 percent of these individuals came from communities of color.) Notably, the grantees report that more than 1,700 clients made progress toward getting health insurance due to help from *Growing Up Healthy*.

Children who received preventive health and dental care directly from grantees

	Number served
Well-child visit / screening	279 children
Preventive dental screening exam	2,045 children
Fluoride, fluoride varnish, or sealants	1,664 children (numbers overlap with above)
Total (unduplicated)	2,324 children

Number of persons receiving education, help with access, or referral

Direct assistance with accessing care (setting appointments, transporting, interpreting, etc.)	1,486 children
Referral to health screening or well-child care	1,040 children and youth
Progress toward accessing health or dental insurance due to projects’ effort	1,700 families
Assistance with identifying a health or dental provider	3,635 families
Case management to reduce barriers to receiving further care	1,370 families
Educating parents and professionals regarding availability and importance of preventive care	3,869 parents, 400 professionals
Educating youth regarding availability and importance of preventive care	5,110 children or youth
Educating the community regarding availability and importance of preventive care	13,749 individuals

“They talked about medical and dental visits every year and to go in for a dental cleaning. So I wanted to take my *daughter* in for a visit. They explained how to make appointments and that there are interpreters. They also helped me by offering me information and advice for a diet for my daughter who is overweight.”

(Latino parent, about community clinic)

Evidence of progress toward Goal 1: Increased access to and use of preventive care

Goal: *To increase the ability of families from tribal communities, populations of color and foreign born populations to access and appropriately use child and adolescent preventive services.*

Results:

- *Growing Up Healthy* grantees served more than 6,700 children.
- About one-third of these children and youth received preventive dental or well-child exams from grantees. Most of the direct services were provided to young children: 78 percent were under age 12.
- The majority of these children had never received a preventive health visit before.
- 93 percent of the children who received direct preventive health or dental care services were American Indian, Latino, African immigrant, Southeast Asian or multi-racial.
- Grantees report that more than 1,700 families made progress toward getting health insurance due to help from the project.
- In all, about 17,500 individuals received outreach, training, or referrals through *Growing Up Healthy*.
- In a follow-up survey, 100 percent of immigrant parents who received health or dental information said they found the information helpful.
- Seven out of 10 parents surveyed reported that the project helped them overcome barriers to receiving care – most commonly the cost of care, lack of insurance, and lack of transportation.

“They taught me that I need to take my kids to a regular medical and dental exam. These regular exams will keep my children healthy.”

(Hmong parent, about mutual assistance association)

- Minneapolis Medical Research Foundation's project evaluation found gains in knowledge and behavior about preventive dental care among Latino parents who received education from a bilingual health worker, compared to a group of parents who did not receive the education.

The projects increased access to preventive services for families of color through three primary methods:

- Bringing the services to the child, by providing preventive care at schools and preschools.
- Reaching out through bilingual/bicultural community health workers who advocate, translate, and bridge cultures for families from immigrant and tribal communities.
- Engaging community leaders to change cultural norms and traditional health beliefs regarding preventive care.

Evidence of progress toward Goal 2: Remove barriers to adolescent preventive care

Goal: *To remove barriers to adolescent preventive care, especially for teens from ethnic and minority communities.*

Results:

- At least 3,100 adolescents received outreach or referral services. Most of these youth received group education about preventive health and accessing care.
- 496 American Indian and Latino adolescents received a preventive health or dental exam directly from grantees.
- 40 clinicians received specific training and feedback from adolescent actors as part of the University of Minnesota Division of Pediatrics and Adolescent Health project, the only grantee to focus on addressing intrinsic barriers that may reduce the effectiveness of practicing clinicians.

- A school wellness center approach was effective in building relationships with teens and integrating a wellness approach into the school environment; however, it had limited impact on directly connecting adolescents to teen checkups.
- The immigrant-led mutual assistance association grantees (Somali Community Resettlement Services, Lao Assistance Center, and Southeast Asian Community Council) served adolescents through health educational activities. In addition, Somali Community Resettlement conducted focus groups with Somali youth to gather their ideas. The Somali teens involved in these focus groups confirmed that time in country, access to health insurance, and parent's receiving information about preventive health care are factors influencing Somali teens participation in checkups.
- Community-based organizations serving the specific populations that *Growing Up Healthy* wanted to reach (including culture-specific health care providers/programs)
- Community-based organizations and government programs not specific to cultural populations (such as Lamaze, fitness programs, domestic violence shelter, WIC)
- Churches and mosques
- Public and private schools, preschools, and Head Start sites
- Tribal, state, and county government (including agencies other than health)
- Insurance providers
- Higher education
- Private businesses and economic development organizations
- Philanthropies and United Way
- Media (ethnic press, TV, radio).

Other key results of *Growing Up Healthy*

Partnerships were forged among communities of color and/or recent immigrant groups, health providers, and other organizations.

Fifty different agencies collaborated with *Growing Up Healthy* grantees. These partners served in many roles, including help with implementing the project, sharing knowledge about one another's services and resources, help with financial sustainability efforts (grants, fundraising), providing direct financial support, serving as a champion in the community, help with designing and steering the project, providing speakers on health topics, and training community health workers.

The grantees' collaborators included:

- Medical and dental clinics and providers
- City and county health departments, public health, tribal health, and migrant health agencies

Health and dental care providers strengthened their cultural competence through training and through the integration of bicultural or bilingual community health workers.

Over 90 percent of parents surveyed felt that the *Growing Up Healthy* grantee staff's ability to relate to their cultural background was "good" or "very good."

Grantees promoted cultural competence in the preventive care system by training care providers in language skills and cultural understanding, hiring or including bilingual/bicultural staff in their own projects, and modeling culturally competent services for other providers.

In addition, the role of the community health worker was a great success in these projects. These bilingual/ bicultural workers effectively promoted preventive care by advocating, translating, and bridging cultures for families in immigrant and tribal communities.

"One thing this project has done for me is to show me how to use prevention as a lens through which I view all social service programs."

(Stakeholder survey)

Tackling the major barriers to prevention care

BARRIERS RELATED TO THE POPULATIONS SERVED

Barriers identified through *Growing Up Healthy*

Strategies employed to overcome the barrier

Cost of care

- Help people get insurance
- Establish a network of providers who will accept Medical Assistance, a particular gap in dentistry
- Establish a network of providers who are willing to donate occasional services

Primary language other than English

- Provide written health messages in native language at appropriate reading levels.
- Provide native language health messages on television (especially for new immigrants).
- Provide more interpreters on staff.
- Teach health care provider staff some basic language skills in the primary non-English languages spoken in the community served by the provider.

Logistics of getting children to providers

- Take the services to the child (mobile health and dental clinics, especially in rural areas, and school-based services).
- Provide longer clinic hours to meet the needs of working families.
- Provide rides to appointments.

Familiarity with (and value attached to) preventive medical and dental care

- Provide community health workers to accompany clients to appointments and explain the services.
- Engage trusted community leaders as project advisors.
- Create a welcoming environment.
- Provide continuous outreach to community, including home visits; go through trusted community members; identify culturally competent people in the provider organization; allow time for trust to develop.

Difficulty making the case for preventive care when families have crisis needs

- Provide social marketing, health education.
- Provide referrals and help to address other needs.

Awareness of the need to keep appointments

- Remind clients about appointments and why it is important to keep them.
- Build personal rapport and accountability to community health worker.

“Every year, the bar is raised for what is counted as ‘poverty’ – families must be poorer and poorer to be eligible for government programs such as Medical Assistance and MinnesotaCare. The working poor can’t afford premiums.”

(Stakeholder survey)

BARRIERS RELATED TO THE HEALTH CARE SYSTEM	
Barriers identified through <i>Growing Up Healthy</i>	Strategies employed to overcome the barrier
Providers not accepting patients	<ul style="list-style-type: none"> ■ Help patients get insurance that providers will accept. ■ [See other strategies under “Cost of care,” above.]
Insurance eligibility requirements	<ul style="list-style-type: none"> ■ Work with families to explore insurance options and take steps toward qualifying for insurance. ■ Work with policy makers to understand the implications of low-income families who do not seek preventive care because they do not have access to insurance.
Not enough qualified interpreters, or interpreters do not come because they think clients will not keep appointments	<ul style="list-style-type: none"> ■ Provide follow-up to ensure that clients who need interpreters keep appointments ■ Use community health workers to fill gaps when interpreters are not available.
Not enough providers, particularly in dental care	<ul style="list-style-type: none"> ■ Maintain a list of providers that accept Medical Assistance. ■ Provide a forum for providers, public health professionals, and community groups (particularly from minority or immigrant communities) to address gaps in services. ■ Encourage parents to look farther afield when screening shows their child needs care, but local care options are not feasible.
Providers’ lack of confidence or skill in delivering age-appropriate, culturally competent preventive care to youth	<ul style="list-style-type: none"> ■ Make training interactive and give opportunity for practice. ■ Use bicultural persons on staff to communicate cultural norms of immigrant groups to better understand issues that may impact health.
Lack of health information materials in languages other than English	<ul style="list-style-type: none"> ■ Use the Internet to locate resources. ■ Develop materials in other languages. ■ Share materials with other agencies.
Lack of connections between care providers and community members	<ul style="list-style-type: none"> ■ Expend effort to bring together providers and community members; support relationship-building.

“Current health care systems don’t really have the ... concerted efforts on prevention and focus on living healthy lifestyles that is the focus of this program.”

(Stakeholder survey)

New tools, guides, and materials developed through *Growing Up Healthy*

Affiliated Community Health Foundation

developed educational presentations and a collection of information materials in English and Spanish on preventive health topics. The project developed a health and wellness web site for students (operational only during the grant period).

Lao Assistance Center developed a needs assessment survey and administered it to Lao and Hmong families.

Meld developed a 10-unit health curriculum to be used in its parenting groups across the country. The curriculum has been condensed into five units for field testing and will be made available for publication and national dissemination in 2006.

Minneapolis Medical Research Foundation

developed brief dental education scripts for bilingual/bicultural community health workers and other health providers to use during preventive well-child clinic visits. Age-appropriate scripts were developed for parents of infants (age 0-1), toddlers (age 1-3), preschoolers (age 3-5), and schoolchildren (age 5 and older).

Open Door bilingual case managers presented health information monthly during Spanish language programming on KMSU radio. They also taped community service messages for local television stations.

Somali Community Resettlement Services, in collaboration with public health agency staff, prepared a Somali brochure on child immunizations and child and teen checkups and produced 15-minute Somali television segments about the benefits of preventive health care that were aired throughout Minnesota.

The University of Minnesota Division of Pediatrics developed and tested "Preventive Care for Adolescents," a 38 page training guide for primary care providers.

Lasting impact

Several grantees achieved impressive outcomes in terms of the sheer number of children and families served. Beyond that, some of the successes of *Growing Up Healthy* projects were unanticipated, including these:

- The high impact of the dental projects and some changes in dental policy due to advocacy from grantee agencies. This included a new partnership between Apple Tree Dental, the Madelia Hospital, and Minnesota State University Mankato to provide and staff a regional dental clinic serving low-income patients in Southwestern Minnesota.

"We deliver treatment in the school setting, which eliminated the need for transportation.

We delivered educational information through the free area newspaper and the free community health fair, and in each classroom, and one-on-one with students."

(Grantee)

- Increased community awareness and expectations regarding the acute dental care needs of children of the Red Lake Indian Nation. Also, the project spurred renewed discussion about the need for fluoridation in the water.
- A decision to integrate a new wellness and fitness approach into the Willmar Public Schools.
- A new focus on health education and outreach to the Lao community in North Minneapolis by the Lao Assistance Center.
- In southern Minnesota, the involvement and endorsement by Somali community elders, including faith leaders, began to change cultural norms regarding preventive health.

In addition, projects repeatedly found that many families needed help with basic needs and crisis issues such as acute health problems, loss of housing, lack of financial resources, and legal problems – priorities that needed to be addressed first, before families could receive and accept preventive health messages.

Blue Cross Foundation staff observed that working with the nine grantees through *Growing Up Healthy* has helped them think about their new strategic direction. With a focus on addressing socio-economic and environmental barriers to preventive care, *Growing Up Healthy* provides valuable learning and serves as a bridge to the foundation's new grant-making priorities.

Lessons learned

The exchange of information among grantees was aided by Learning Network meetings sponsored by the Blue Cross Foundation. The five Learning Network meetings, held over the course of the project, provided opportunities for grantees to compare work plans, discuss strategies, and learn how each other responded to staffing, training, and service coordination challenges. In addition, feedback from these sessions indicates that grantees gained knowledge in each of the following areas:

- Successful outreach to low-income and vulnerable populations
- Coordination of work with partnering agencies
- Use of bilingual/bicultural community health workers
- Recommended components and frequency of child and teen checkups and preventive dental visits
- Changes in state policies that impact this work

“The opportunities through *Growing Up Healthy* are in working with individuals and families ... but the more important influence of the project has been its impact on the way people look at the world – their desire to have a healthy lifestyle... Prevention is not just about going to the doctor whether you're sick or not, but also about thinking about the world differently.”

(Stakeholder survey)

Practical implications

The work of increasing access to and use of preventive medical and dental care for children and youth from communities of color, American Indian communities, and foreign-born communities is far from over. The following considerations arise from the *Growing Up Healthy* evaluation research for those who play a pivotal role in ensuring that all of Minnesota's children grow up healthy.

Implications for health and dental care providers

- Focus on the whole family, not just individuals.
- Use acute care visits as an opportunity to do preventive health work, including bringing immunizations up to date.
- Be aware that even if clients have insurance, they are still hampered by barriers related to affordability of care (costs of copays, prescriptions, transportation, missed work).
- Make extra efforts to ensure that immunization records for immigrant children are up-to-date in the statewide immunization registry.
- Remind clients about appointments. Ask them if there are any barriers to getting to care. Tell them the reasons why it is important to keep appointments.
- Collaborate with schools and Head Start sites to reach children where they are.
- Collaborate with other organizations to promote the general stability of families and prevent crises, in order to make it possible for them to think about preventive care.
- Collaborate with community organizations to strategize best ways of meeting the health care needs of families before they become acute.
- Involve trusted community leaders. The greatest success can be achieved in

“[I liked] the kindness of the staff, and the attention we received from the doctor. They responded to and answered all of our questions. And they helped us understand how to use the medicine. They (the non-Spanish speakers) even try to speak a little Spanish to us. We can tell they care about us.”

(Latino parent, about community clinic)

immigrant communities when respected community leaders endorse the messages related to preventive health care.

- Community health workers are very successful in bridging cultural gaps and presenting health messages to communities of color.
- Build some basic language skills in your organization, from front-desk staff to medical staff. Patients appreciate even a greeting in their language.
- Make ongoing education about cultural competence a routine aspect of organizational life.
- Consider new technology to reduce barriers to accessing care, particularly in Greater Minnesota (such as teledentistry and mobile clinics).
- Better integrate dentistry and medicine. Use a well-child visit as an opportunity to do a dental screening.
- Create a welcoming environment. This is particularly important for adolescents.
- Share specific patients' stories with funders so that the message hits home.

Implications for community organizations serving immigrant communities and communities of color

- Make efforts to promote the general stability of families and prevent crises, in order to make it possible for them to think about preventive care.
- Collaborate with health care providers to strategize best ways of meeting the health care needs of families, and providing care in a welcoming and accessible way.
- Help families navigate the health care system and secure insurance.
- Community health workers are very successful in bridging cultural gaps and presenting health messages to communities of color.

- Involve respected community leaders, including faith leaders, in spreading the messages related to preventive health care.
- Use native language media to convey health messages to immigrant groups.

Implications for schools and educators

- Encourage individual youth to get preventive health care. Youth hear health messages delivered in unorthodox ways from trusted sources.
- Strengthen the health messages delivered to youth and families. Schools are a great source for information about how to access care.
- Develop a partnership with health or dental providers to provide school-based health services.

Implications for payors and insurers

- Provide coverage related to the services provided by community health workers. These workers are very successful in bridging cultural gaps, motivating communities of color to access preventive care, and eliminating barriers to getting care (such as transportation, language, and cultural beliefs).
- Recognize that effective care can be provided in nontraditional settings (such as in schools or through teledentistry).

Implications for funders and policy makers

- Affordability of care is a major issue for low-income persons. Even if families have insurance, they are still hampered by barriers related to affordability including costs of premiums, copayments, prescriptions, transportation, and missed work.
- Emphasize efforts that promote stability and prevent crises for families (example: affordable housing), in order to make it possible for them to embrace preventive care.

- Better understand the short-term and long-term impact and costs of new policies such as stricter eligibility requirements for Medical Assistance. This may include higher future costs of acute or emergency health visits.
- Support innovative partnerships between organizations serving communities of color, health providers, or schools. Support efforts that bridge cultural gaps through bicultural workers or bring the services to locations in which children frequent.
- Support efforts that promote bilingual/bicultural health-related workforce development (such as the efforts of Blue Cross Foundation and Minnesota State Colleges and Universities to train community health workers or training of existing health care providers in foreign language or cultural competency skills).

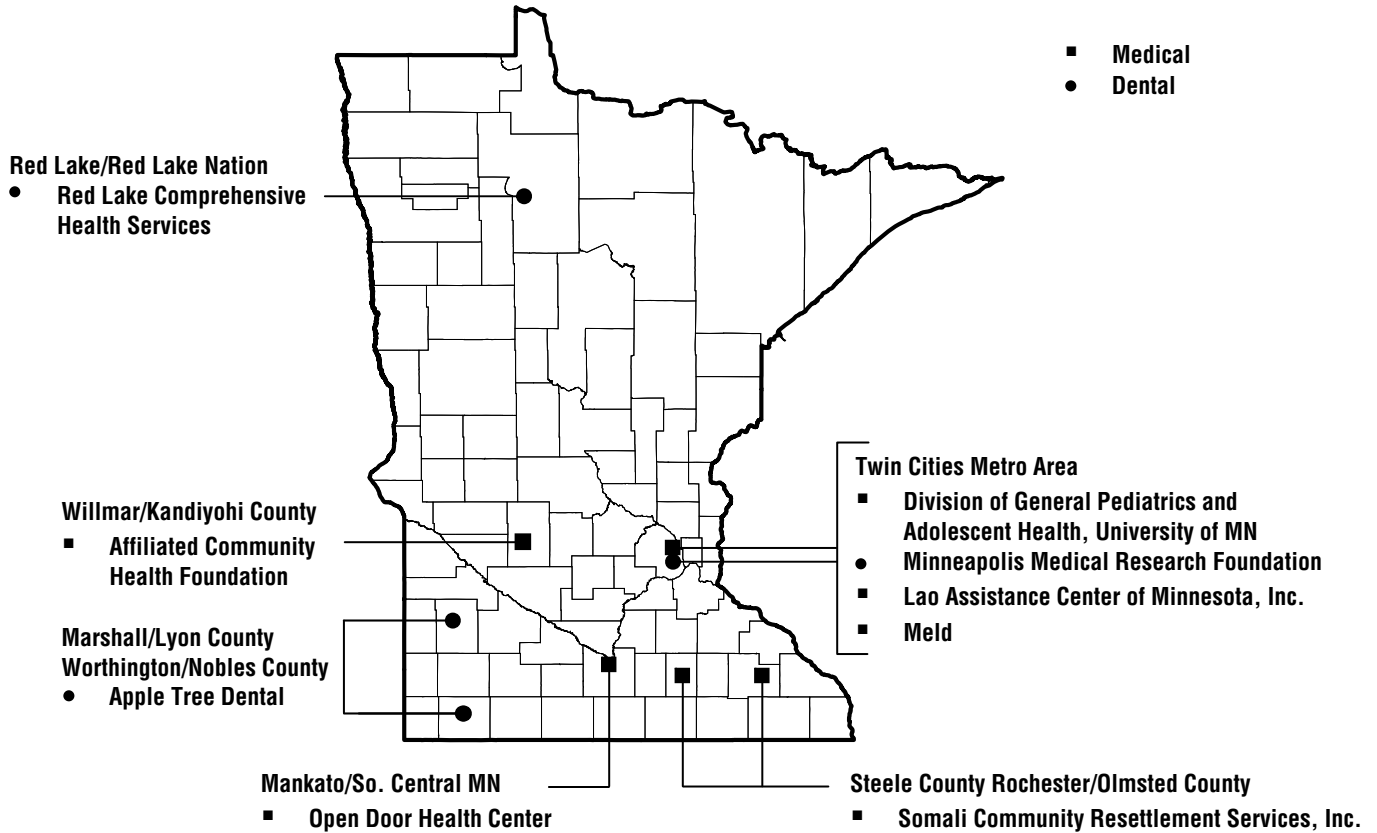
Implications for parents

- Youth learn health behaviors from parents. Teach children and teens about the importance of preventive care, including self-care and regular check-ups.
- Learn how to help your children stay healthy at every stage. Ask your children's health and dental providers, your community health worker, parent group, immigrant-led organization, Head Start, or school staff for the information you need.
- Support school-based wellness programs, on-site preventive care at school and Head Start, and the fluoridation of water to protect children's teeth.

“They encouraged me to get immunization for my children and we also speak the same language. They help any way they can.”

(Somali parent, about mutual assistance association)

Growing Up Healthy in Minnesota grantee locations



**“Growing Up Healthy is not a collection of nine separate projects,
but rather a network of projects that learn from each other.”**

(Stakeholder survey)

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For more information

This summary presents highlights of the final evaluation report on *Growing Up Healthy In Minnesota*.

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