

Work and Evaluation (WE) Plan: Eliminating Health Disparities Initiative– *Cardiovascular Disease*

JULY 1, 2027 – JUNE 30, 2029 (FIRST TWO YEARS ONLY)

Grantee organization: The Bridge Community Health

Priority health area(s): Cardiovascular Disease

Population(s) served: African American, African immigrant, American Indian, Asian/Pacific Islander, Hispanic/Latino/Latina/Latine

Project name: Heart Health First

Level(s) of change: 1, 2, 3

***Instructions:** Add and/or delete headings, rows and tables as needed to align with your project. For example, if your project provides activities related only to Level of Change 2, delete the objectives, strategies and tables listed for Level of Change 1 and Level of Change 3.*

Level of change 1: Health promotion/Direct service

Objective 1A: Each year between 2027 and 2031, 80 percent of HHF participants initiate one or more healthy behaviors that reduce the risk of heart disease and stroke.

Strategy 1A.1: Empower individuals to prevent cardiovascular disease and manage their cardiovascular disease risk factors.

Activity	Staff responsible for activity and evaluation: Listed in EHDI budget (use titles)	Activity partners: Internal and external partners	Activity timeline: Period: July 1, 2027 - June 30, 2029	Activity output: Product or service resulting from activity.	Evaluation metric: Criteria to assess progress or success, as applicable to activity.	Evaluation indicator: Quantifiable evidence of progress or success, including source and timeline, as applicable to activity.
1. Implement culturally specific cardiovascular health curriculum Heart Health First (HHF).	EHDI Coordinator Health Educator	Minneapolis Public Health Department Bloomington Public Health Department	July 1, 2027 - June 30, 2029	Heart Health First (HHF) cohorts and sessions	Number of HHF participants Number of HHF cohorts Number of sessions per cohort Increase in knowledge	At least 10 participants enrolled in each cohort 2 cohorts (spring and fall) established per year 8 sessions conducted per cohort 80 percent of HHF participants increase their knowledge of the risk factors for cardiovascular disease, measured by a 50% increase in knowledge section score from pre to post HHF program records <i>Pre- and post-survey on the 1st and 8th sessions, respectively, of their cohort</i>
2. Engage community members at	EHDI Coordinator	YMCA Minneapolis	July 1, 2027 - June 30, 2029	At-risk participants enrolled in Walk with	Number of HHF participants enrolled	78 percent of HHF participants enrolled in any

Activity	Staff responsible for activity and evaluation: Listed in EHDI budget (use titles)	Activity partners: Internal and external partners	Activity timeline: Period: July 1, 2027 - June 30, 2029	Activity output: Product or service resulting from activity.	Evaluation metric: Criteria to assess progress or success, as applicable to activity.	Evaluation indicator: Quantifiable evidence of progress or success, including source and timeline, as applicable to activity.
risk of heart disease and stroke in a culturally responsive and accessible physical activity program.				Ease, Latin Zumba dance, and tai chi activities Walk with Ease, Latin Zumba dance, and tai chi sessions scheduled	in any of 3 physical activities Walk with Ease, Latin Zumba dance, or tai chi Number of Walk with Ease, Latin Zumba dance, and tai chi held per week	of 3 physical activities Walk with Ease, Latin Zumba dance, or tai chi 1 session each of Walk with Ease, Latin Zumba dance, and tai chi held per week Weekly HHF program and attendance records
3. Hire Community Health Workers (CHWs) to support community members living with hypertension or cardiovascular disease to manage their condition through weekly check-ins and referrals to appropriate community and clinical resources.	EHDI Coordinator	The Bridge Human Resources director	July 1, 2027 - June 30, 2029	CHWs hired CHWs conduct weekly check-ins and referrals	2 CHWs hired by June 30, 2029 Number of weekly check-ins conducted Number of referrals made	2 CHWs hired by June 30, 2029 90 percent of HHF participants receive weekly check-ins 90 percent of HHF participants identified as in need of appropriate clinical and/or community resources receive it 80 percent of HHF participants improve their ability to manage their current cardiovascular health condition 80 percent of HHF participants report that they have initiated one or more healthy behaviors that

Activity	Staff responsible for activity and evaluation: Listed in EHDI budget (use titles)	Activity partners: Internal and external partners	Activity timeline: Period: July 1, 2027 - June 30, 2029	Activity output: Product or service resulting from activity.	Evaluation metric: Criteria to assess progress or success, as applicable to activity.	Evaluation indicator: Quantifiable evidence of progress or success, including source and timeline, as applicable to activity.
						reduce the risk of heart disease and stroke <i>The Bridge administrative records</i> <i>Weekly HHF program records</i> <i>Pre- and post-survey on the 1st and 8th sessions, respectively, of their cohort</i>
4. Utilize cultural gathering spaces to educate people about heart health by offering blood pressure screening, and referring those clients with high blood pressure for follow-up services.	EHDI Coordinator Health Educator	The Bridget Outreach director Places of worship, barbershops, hair salons, cafes in Hennepin county	July 1, 2027 - June 30, 2029	Partnerships established Screenings and follow-up referrals provided	Number of community partnerships established Number of screenings provided Number of follow-up referrals provided	At least one partnership per year established in each gathering space in Hennepin county: place of worship, barbershop, hair salon, café <i>HHF program records</i>

Strategy 1A.2: Disseminate consistent, effective, and culturally appropriate messaging around signs and symptoms of heart attack and stroke.

Activity	Staff responsible for activity and evaluation: Listed in EHDI budget (use titles)	Activity partners: Internal and external partners	Activity timeline: Period: July 1, 2027 - June 30, 2029	Activity output: Product or service resulting from activity.	Evaluation metric: Criteria to assess progress or success, as applicable to activity.	Evaluation indicator: Quantifiable evidence of progress or success, including source and timeline, as applicable to activity.
1. Run public service announcements (PSAs) with culturally	EHDI Coordinator Health Educator	The Bridge Communications director	July 1, 2027 - June 30, 2029	PSAs Partnerships with ethnic media outlets	Number of PSAs made	1 PSA per media outlet (print, broadcast, digital) run per year - 1 ethnic

Activity	Staff responsible for activity and evaluation: Listed in EHDI budget (use titles)	Activity partners: Internal and external partners	Activity timeline: Period: July 1, 2027 - June 30, 2029	Activity output: Product or service resulting from activity.	Evaluation metric: Criteria to assess progress or success, as applicable to activity.	Evaluation indicator: Quantifiable evidence of progress or success, including source and timeline, as applicable to activity.
appropriate messaging using ethnic media sources.		The Bridge Outreach director Two-Way Health LLC (translation)		PSA schedule	Number of partnerships with ethnic media outlets PSA schedule finalized	newspaper, 1 radio program, 1 TV show & 1 podcast per year PSA schedule finalized in January of each year <i>HHF program records</i>
2. Create and disseminate culturally tailored printed materials in various languages about signs and symptoms of heart attack and stroke.	EHDI Coordinator Health Educator	The Bridge Communications director The Bridge Outreach director Two-Way Health LLC (translation)	July 1, 2027 - June 30, 2029	Handouts, posters, videos in Spanish, Hmong, Somali, and Karen languages	Number of handouts, posters, videos in Spanish, Hmong, Somali, and Karen languages produced Number of handouts, posters, videos in Spanish, Hmong, Somali, and Karen languages distributed to communities and posted on The Bridge website	1 handout, 1 poster, 1 video produced and translated in Spanish, Hmong, Somali, and Karen Handouts, posters, videos distributed to 5 community organizations serving Latine, Hmong, Somali, and Karen HHF participants report that they have seen one of the materials in a community setting <i>HHF program records</i> <i>HHF participant post-survey during the 8th and last session of their cohort</i>

Level of change 2: Organizational/Institutional change

Objective 2A: Between 2027 and 2031, implement one clinical practice improvement in collaboration with health plans and community groups to effectively serve communities experiencing health disparities related to cardiovascular disease.

Strategy 2A.1: Increase monitoring of clinical data for improved identification, management, and treatment of patients with high blood pressure and high blood cholesterol.

Activity	Staff responsible for activity and evaluation: Listed in EHDI budget (use titles)	Activity partners: Internal and external partners	Activity timeline: Period: July 1, 2027 - June 30, 2029	Activity output: Product or service resulting from activity.	Evaluation metric: Criteria to assess progress or success, as applicable to activity.	Evaluation indicator: Quantifiable evidence of progress or success, including source and timeline, as applicable to activity.
1. Develop a quality improvement (QI) process for identifying undiagnosed hypertensive patients using electronic health records (EHR) to get them on the path to management of their hypertension.	EHDI Coordinator	The Bridge QI Coordinator	July 1, 2027 - June 30, 2029	QI process Interdisciplinary QI team formed List of undiagnosed hypertensive patients	QI process finalized Interdisciplinary QI team operational Undiagnosed hypertensive patients identified	By January 2029: - QI process finalized - Interdisciplinary QI team has met at least once - List of undiagnosed patients finalized By June 2029, interdisciplinary QI team identifies process improvements needed to identify undiagnosed hypertensive patients who come to The Bridge for services <i>HHF program records</i> <i>The Bridget administrative records</i>

Activity	Staff responsible for activity and evaluation: Listed in EHDI budget (use titles)	Activity partners: Internal and external partners	Activity timeline: Period: July 1, 2027 - June 30, 2029	Activity output: Product or service resulting from activity.	Evaluation metric: Criteria to assess progress or success, as applicable to activity.	Evaluation indicator: Quantifiable evidence of progress or success, including source and timeline, as applicable to activity.
2. Implement social needs screening and increase disaggregation of demographic data to better monitor social needs.	EHDI Coordinator	The Bridge QI Coordinator The Bridget Clinical Director	July 1, 2027 - June 30, 2029	Revised intake form	Improved social needs screening	50 percent increase in the number of HHF patients identified as having at least one social need compared to the baseline of 2026 <i>HHF program records</i>
3. CHWs provide referrals to appropriate clinical and community resources based on social needs screening.	EHDI Coordinator	The Bridget Clinical Director	July 1, 2027 - June 30, 2029	Social needs referrals made by CHWs	Improved social needs referrals Patient satisfaction around having social needs met	90 percent of HHF patients identified as having at least one social need receive a corresponding referral for service/resource to The Bridge or community source 80 percent of HHF patients report that they had most of or all their social needs met <i>HHF program records</i> <i>HHF post-survey of participants on the 8th session of their cohort</i>

Strategy 2A.2: Improve the capacity of social service organizations to support patient well-being with culturally appropriate resources and programs.

Activity	Staff responsible for activity and evaluation: Listed in EHDI budget (use titles)	Activity partners: Internal and external partners	Activity timeline: Period: July 1, 2027 - June 30, 2029	Activity output: Product or service resulting from activity.	Evaluation metric: Criteria to assess progress or success, as applicable to activity.	Evaluation indicator: Quantifiable evidence of progress or success, including source and timeline, as applicable to activity.
1. Form a Health Educator Network in Hennepin county so members can share experiences with culturally appropriate lifestyle programs to help their patients better manage their high blood pressure and cholesterol.	EHDI Educator	Other health educators in Hennepin county	July 1, 2027 - June 30, 2029	Health Education Network formed	Increased knowledge of culturally appropriate lifestyle programs	80 percent of members of the Health Educator Network report that since joining the network: - They increased their knowledge of culturally appropriate lifestyle programs - They intend to use the new knowledge to help their patients better manage their heart disease risk factors <i>Focus group with Health Educator Network at one of their meetings between January- June 2029</i>
2. Increase access, availability, and selection of healthier and culturally desirable foods provided through emergency food assistance programs by implementing strategies that educate decision-makers, donors,	EHDI Coordinator	Hennepin county emergency food assistance programs	July 1, 2027 - June 30, 2029	Educate decision-makers, donors, suppliers, staff, and volunteers of emergency food assistance programs in Hennepin county	Improved healthier selections	Emergency food assistance programs in Hennepin county report offering healthier selections HHF patients who have used one or more of Hennepin county emergency food assistance programs report that they have noticed increased availability of

Activity	Staff responsible for activity and evaluation: Listed in EHDI budget (use titles)	Activity partners: Internal and external partners	Activity timeline: Period: July 1, 2027 - June 30, 2029	Activity output: Product or service resulting from activity.	Evaluation metric: Criteria to assess progress or success, as applicable to activity.	Evaluation indicator: Quantifiable evidence of progress or success, including source and timeline, as applicable to activity.
suppliers, staff, and volunteers.						healthier selections at those programs <i>Survey of directors of emergency food assistance programs in Hennepin county.</i> <i>HHF post-survey of participants on the 8th session of their cohort</i>
3. Establish partnership with Hennepin County Public Health to refer patients who report history of heart attacks or strokes or are living with high blood pressure or heart disease to its Women's Heart Health support group and Healthy Hearts Social Group to learn vital heart health information and skills and build social connections.	EHDI Coordinator	Hennepin county Women's Heart Health support group Hennepin county Healthy Hearts Social Group	July 1, 2027 - June 30, 2029	Partnership with Hennepin County established	Number of referrals made to Hennepin county's Women's Heart Health support group and Healthy Hearts Social Group Improved feelings of being supported Improved social connections	10 HFF patients joining Hennepin county's Women's Heart Health support group and Healthy Hearts Social Group each year 70 percent of HFF patients who joined either or both programs report that since joining: - They feel more supported in their journey to improve their heart health - They have improved their social connections <i>HHF program records</i> <i>HHF post-survey of participants on the 8th session of their cohort</i>

Level of change 3: Root causes/Conditions for health

Objective 3A: Decrease the rate of hypertension by 10% among Black and African American residents in South Minneapolis between 2027 and 2031 by partnering with community organizations.

Strategy 3A.1: Reduce commercial tobacco use.

Activity	Staff responsible for activity and evaluation: Listed in EHDI budget (use titles)	Activity partners: Internal and external partners	Activity timeline: Period: July 1, 2027 - June 30, 2029	Activity output: Product or service resulting from activity.	Evaluation metric: Criteria to assess progress or success, as applicable to activity.	Evaluation indicator: Quantifiable evidence of progress or success, including source and timeline, as applicable to activity.
1. Join statewide efforts to raise the minimum sale age (MSA) for tobacco to age 21 (tobacco21.org) to delay or eliminate initiation of commercial tobacco use.	EHDI Coordinator	Tobacco 21 Campaign	July 1, 2027 - June 30, 2029	Joined Tobacco 21 Campaign Meetings with Tobacco 21 Campaign Contribution to draft of bill language to raise the MSA	Official membership in Tobacco 21 Campaign Number of Tobacco 21 Campaign meetings attended Extent of contribution to draft of the bill to raise the MSA	Official membership in Tobacco 21 Campaign Attended 2 meetings of Tobacco 21 Campaign per year Contributed to two drafts of the bill to raise the MSA <i>HHF program records</i>
2. Join statewide efforts to propose regulations that restricts the sale of tobacco products to youth (e.g., implement ordinances that create a buffer zone so that sales are not allowed within a certain distance from youth gathering places).	EHDI Coordinator	Tobacco 21 Campaign	July 1, 2027 - June 30, 2029	Meetings with Tobacco 21 Campaign Contribution to draft of Minneapolis city ordinance language to restrict sale of tobacco products to youth	Number of Tobacco 21 Campaign meetings attended Extent of contribution to draft of Minneapolis city ordinance language to restrict sale of tobacco products to youth	Attended 2 meetings of Tobacco 21 Campaign per year Contributed to two drafts of the Minneapolis city ordinance language to restrict sale of tobacco products to youth <i>HHF program records</i>

Level of change 3: Root causes/Conditions for health

Strategy 3A.2: Ensure comprehensive city plans are equitable and address built environment needs that ensure safe conditions for walking and biking for all Minnesota residents.

Activity	Staff responsible for activity and evaluation: Listed in EHDI budget (use titles)	Activity partners: Internal and external partners	Activity timeline: Period: July 1, 2027 - June 30, 2029	Activity output: Product or service resulting from activity.	Evaluation metric: Criteria to assess progress or success, as applicable to activity.	Evaluation indicator: Quantifiable evidence of progress or success, including source and timeline, as applicable to activity.
1. Work with community groups, school districts, and local public health departments to leverage the STEPP tool when applying for Safe Routes to School programs funding.	EHDI Coordinator	Minneapolis Department of Health Minnesota Department of Transportation Minneapolis Public Schools MN Safe Routes to School Collaborative	July 1, 2027 - June 30, 2029	List of ideas on how schools and school districts in Minnesota can leverage the STEPP tool to increase their chances of getting Safe Routes to School funding	Produce STEPP Tool Guide with suggestions on how schools and school districts can incorporate their STEPP score and other supporting data in their Safe Routes to School applications	80 percent of MPS schools approve the STEPP Tool Guide 75 percent of MPS schools that used the Guide received Safe Routes to School funding <i>HHF program records, including meeting notes</i>
2. Work with community groups, school districts, and local public health departments to increase parent and student participation in shaping their local Safe Routes to School design.	EHDI Coordinator	Minneapolis Department of Health Minnesota Department of Transportation Minneapolis Public Schools (will include other Minnesota school districts after EHDI Year 2) MN Safe Routes to School Collaborative	July 1, 2027 - June 30, 2029	Other language options made available for outreach materials, surveys, and planning workshops	Participation of parents and students from the community in the design of their local Safe Routes to School program	50% increase in the number of parents and students from the community who attend planning workshops to design their local Safe Routes to School program <i>Meeting minutes produced by MN Safe Routes to School Collaborative</i>

Activity	Staff responsible for activity and evaluation: Listed in EHDI budget (use titles)	Activity partners: Internal and external partners	Activity timeline: Period: July 1, 2027 - June 30, 2029	Activity output: Product or service resulting from activity.	Evaluation metric: Criteria to assess progress or success, as applicable to activity.	Evaluation indicator: Quantifiable evidence of progress or success, including source and timeline, as applicable to activity.
3. Join planning efforts to ensure that comprehensive city plans reflect the active transportation needs of communities experiencing health inequities, i.e., families who do not own cars can walk or bike safely to their destinations.	EHDI Coordinator	Minnesota Community Health Boards City planners MN Safe Routes to School Collaborative	July 1, 2027 - June 30, 2029	Minneapolis selected as pilot city List of equity criteria that will be used to measure comprehensive city plans against transportation needs as outlined in city health assessments Assessment protocol to determine alignment List of recommendations for pilot city of Minneapolis to achieve better alignment	Increased alignment between pilot city Minneapolis's comprehensive city plan and transportation needs of Minneapolis residents	90 percent of transportation action steps in Minneapolis' comprehensive city plan align with the transportation needs of Minneapolis residents <i>MN Safe Routes to School Collaborative report</i>

Minnesota Department of Health
Division of Health Equity Strategy and Innovation
651-201-5813 | Health.Equity@state.mn.us
www.health.state.mn.us/communities/equity

10/22/2026

To obtain this information in a different format, call: 651-201-5813.