

# STATE OF COLORADO

Bill Ritter, Jr., Governor  
James B. Martin, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department  
of Public Health  
and Environment

## **FY 2010 Funding Recommendations for the Health Disparities Grant Program**

*These projects were recommended for funding by the Minority Health Advisory Commission  
and approved by the State Board of Health for Fiscal Year 2010  
{July 1, 2009 - June 30, 2010}*

### **I. Cancer Projects**

**Latino American Health Network** (Spanish/English Promotora Training)

**Women's Resource Center** (Reducing Health Disparities Through Outreach, Education...)

### **II. Cardiovascular Disease (including Diabetes and other precursors) Projects**

**Northwest Colorado Visiting Nurse Association** (Improving Access to Cardiovascular Care)

**Colorado Coalition for the Homeless** (Talking Circles for Homeless Native American Pop.)

**Mesa County Health Department** (Building Capacity to Prevent and Manage Diabetes)

**Denver Health Medical Center** (Community Led Bilingual Cardiovascular Risk Reduction)

**Center for African American Health** (Project Power: Church Outreach Initiative)

### **III. Crosscutting (addresses more than one priority area) Projects**

**Asian Pacific Development Center** (Community Health Information & Screening)

**Plains Medical Center/Limon Doctors Committee** (Minority Access Project)

**High Plains Community Health Center** (Prowers County United Voices for Healthy Lives)

**Southern Ute Indian Tribe** (Cardiovascular/Breast Cancer: Reducing Disparities)

**A Woman's Worth** (Jump Start to Health Program)

**Gunnison County Dept. of Health & Human Services** (Expanding Access to Healthcare)

**Larimer County Dept of Health & Environment** (Vida Sana: Uniting for Health Equity)

**Grantee 1: Latino American Health Network**

**Project Title:** Spanish/English Promotora Training & Community Outreach: Cancer Focus

**Project Category:** Cancer  
**Target Population:** Latino/Hispanic  
**Counties Served:** El Paso and Pueblo

**Recommendation:** \$155,904

**Year 1 (FY 10):** \$155,904  
**Year 2 (FY 11):** \$0 (No year 2 funds requested)

**Project Summary:**

This project is designed to reduce cancer health disparities among the Spanish speaking Latino community in the cities of Colorado Springs, Peyton, Calhan and Avondale in Pueblo County. The project will include training Spanish speaking men over the age of 35 to be promotores (health promoters) to work with the community to increase the number of people being screened for breast, cervical and colorectal cancers as well as to promote informed decision making related to prostate cancer. Approximately 20 Latinos will be trained as promotora/es to reach approximately 250 Latinos on-on-one, at health fairs, community events, churches and schools. A minimum of 100 women will receive patient navigation services for mammograms, pap smears, and colonoscopies. The training will be conducted by Latino American Health Network's (LAHN) Executive Director, who is also a breast cancer survivor and has more than eight years of experience as an active promotora, patient navigator, and promotora trainer. The training will be conducted in Spanish and the curriculum will include Colorado cancer statistics, the role of promotores and patient navigators, motivational interviewing, cancer screenings and treatments, self care and safety issues, practicum on conducting presentations, breast, cervical, colon, and prostate cancer biology. Each trainee will "shadow" an active promotor/a twice and conduct two presentations to be observed by the program director and/or one of the coordinators BEFORE being certified as an active LAHN promotor/a.

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**Grantee 2: Women's Resource Center**

**Project Title:** Reducing Health Disparities through Outreach, Education and Access to Low-Cost Care for Reproductive Cancers

**Project Category:** Cancer  
**Target Population:** African American/Black, Asian American/Pacific Islander, Latino/Hispanic, Native American/American Indian  
**Counties Served:** Larimer

**Recommendation:** \$151,486

**Year 1 (FY 10):** \$74,486  
**Year 2 (FY 11):** \$77,000

**Project Summary:**

The goals of this project are to alleviate health disparities by providing targeted, culturally-competent outreach and education, providing access to free or low-cost reproductive health care, and working collaboratively with providers, health care stakeholders, other women-serving agencies and public officials to advocate, develop and implement long-term solutions for providing health care for medically-underserved minority women in Larimer County. During the grant period, approximately 50 women will receive PAP tests and diagnostics for cervical and uterine cancer; 600 women will participate in one-to-one or small group women's wellness education workshops; 6000 women will receive women's health education at mosques, senior centers, ethnic celebrations, churches, community centers and other places frequented by the target populations; and 1100 low-income women will receive screening, testing and diagnostics for breast health and breast cancer.

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**Grantee 3: Northwest Colorado Visiting Nurse Association**

**Project Title:** Improving Access to Cardiovascular Care for Minority Populations

**Project Category:** Cardiovascular Disease (including diabetes and other precursors)

**Target Population:** African American/Black, Latino/Hispanic

**Counties Served:** Routt, Moffat, Jackson, Rio Blanco, Grand

**Recommendation:** \$396,100

**Year 1 (FY 10):** \$196,180

**Year 2 (FY 11):** \$199,920

**Project Summary:**

The goal of this program is to improve control of cardiovascular disease, diabetes and related precursors in minority populations ages 18 and over in Northwest Colorado. Short term objectives include screening 350 minority members of the community for cardiovascular disease risk factor, including diabetes and other risk factors. Intermediate objectives include identifying 150 minority community members in Routt, Moffat and Jackson counties that are at risk for cardiovascular disease, diabetes and related risk factors, increase their knowledge and refer to appropriate treatment programs. The project will increase community-wide education of minority populations on cardiovascular disease, diabetes and related risk factors through four or more community based classes. Long term objectives include increasing the number of minority residents participating in risk factor management. The overall outcome is to improve overall heart health and heart health behaviors among minority residents in Northwest Colorado.

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**Grantee 4: Colorado Coalition for the Homeless**

**Project Title:** Talking Circles for those who are Homeless in Metropolitan Denver

**Project Category:** Cardiovascular Disease and Precursors Including Diabetes

**Target Population:** Native American/American Indian

**Counties Served:** Adams, Arapahoe, Denver, Jefferson

**Recommendation:** \$390,320

**Year 1 (FY 10):** \$190,320

**Year 2 (FY 11):** \$200,000

**Project Summary:**

This project addresses health disparities among homeless Native American adults in metropolitan Denver conjoining Native and western medicine by enhancing and expanding a currently implemented Colorado Coalition for the Homeless (CCH) hosted Talking Circle. Three Talking Circles will be hosted weekly at three sites frequented by homeless Native Americans. The project also enhances cultural awareness of CCH staff members, medical and other treatment providers. Medical treatment will be delivered by these trained providers. Health education and screening concerning chronic disease, especially diabetes and hypertension, will be provided by culturally competent staff members. Facilitated access to treatment, provided at no patient cost, will follow positive screens and staff will provide assistance for treatment adherence. Four hundred eighty homeless Native American adults will be served annually: an estimated 450 will be screened for diabetes and/or hypertension (with treatment provided at no patient cost following each positive screen); and an additional 30 are estimated to refuse screening but will participate in proposed Talking Circle ceremonies. Additionally, during each year, at least 100 medical, mental health, dental, substance treatment, housing and other supportive service providers serving homeless Native Americans, will receive training regarding provision of culturally competent services to homeless Native Americans.

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**Grantee 5: Mesa County Health Department**

**Project Title:** Building Capacity to Prevent and Manage Diabetes in Mesa County's Adult Latino Population

**Project Category:** Cardiovascular Disease (Diabetes and other precursors)

**Target Population:** Latino/Hispanic

**Counties Served:** Mesa

**Recommendation:** \$379,936

**Year 1 (FY 10):** \$194,873

**Year 2 (FY 11):** \$185,063

**Project Summary:**

The Mesa County Health Department and the Latin Anglo Alliance Foundation will partner to reach the Latino/Hispanic population to reduce their risk of chronic diseases. Initially, information will be gathered by conducting focus groups with Latinos. This data, along with information from focus groups previously conducted with Latinas in 2008, will be combined to direct interventions for the target population: native and immigrant Latino adults (30-80 years of age) in Mesa County. These interventions will include both evidence-based and best-practice programs such as *Dining with Diabetes* and *Small Changes Make a Big Difference*. Additionally, promotoras will be recruited and trained utilizing the American Diabetes Association *Por Tu Familia* model. Implementing these classes will enhance the target population's awareness and knowledge of preventing chronic diseases, specifically diabetes and obesity, and their ability to make positive behavior changes. Marketing and outreach for the above interventions will be bilingual and culturally competent. Hiring and training the Health Disparities project staff and creating the Health Disparities Advisory Council will create a sustainable infrastructure to support the Latino population.

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**Grantee 6: Denver Health Medical Center**

**Project Title:** Community Led Bilingual, Multifaceted Cardiovascular Risk Reduction Program for Latino/Hispanics

**Project Category:** Cardiovascular Disease and Precursors Including Diabetes

**Target Population:** Latinos/Hispanics

**Counties Served:** Denver

**Recommendation:** \$178,192

**Year 1 (FY 10):** \$88,390

**Year 2 (FY 11):** \$89,802

**Project Summary:**

The goal of this project in metropolitan Denver is to develop and implement a community led, bilingual, family-oriented cardiovascular risk reduction program to improve Latino health, increase knowledge of common health issues and improve self management strategies. The program will target Latinos with an emphasis on family participation. The intervention will include the development implementation of a series of culturally proficient discussions in English and Spanish for the Latino community about health issues such as diabetes, obesity, hypertension, tobacco use and cardiovascular disease. Staff will provide culturally proficient group activities, such as nutrition classes cooking demonstrations and fitness sessions including cultural dance classes and group gym sessions. Objectives will be to: (a) increase awareness of and provide methods to improve cardiovascular risk factors; (b) screen for hypertension, diabetes, obesity and tobacco use; (c) provide culturally proficient educational activities and encourage follow up with a health care provider for all participants who are found to be at moderate or severe cardiovascular risk. Measurable outcomes will be: blood pressure values; finger stick blood sugar values; body mass index (BMI); smoking status; Framingham cardiac heart disease risk score; follow up rates for all participants with moderate or severe cardiovascular risk; attendance at our monthly sessions; education session pre- and post tests, and physical activity patterns.

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**Grantee 7 : Center for African American Health**

**Project Title:** Project Power: A Church Outreach Initiative

**Project Category:** Cardiovascular Disease and Precursors Including Diabetes

**Target Population:** African American/Black

**Counties Served:** Denver, Adams, Arapahoe

**Recommendation:** \$117,614

**Year 1 (FY 10):** \$60,907

**Year 2 (FY 11):** \$56,707

**Project Summary:**

Project Power is a church outreach initiative developed by the American Diabetes Association to educate the African-American community on the importance of diabetes prevention and self-management. This program emphasizes the link between diabetes and heart disease. The Center for African-American Health will implement Project Power in at least 10 black churches in metro Denver each year using its well established Faith & Health Ministries program. This program works through black churches to promote healthy lives and lifestyles, and prevent disease among African Americans. Volunteer health outreach liaisons appointed by pastors at 80 participating churches throughout metro Denver work with Center staff to coordinate the routine delivery of health education and free health screenings and to promote increased physical activity and healthy eating habits.

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**Grantee 8: Asian Pacific Development Center**

**Project Title:** Community Health Information and Screening Program

**Project Category:** Crosscutting

**Target Population:** Asian American/Pacific Islander

**Counties Served:** Metropolitan Denver

**Recommendation:** \$376,704

**Year 1 (FY 10):** \$188,000

**Year 2 (FY 11):** \$188,704

**Project Summary:**

The Community Health Information and Screening Program will utilize community evidence-based strategies to overcome health disparities for Asian and Pacific Islanders (AAPI) in the prevention of cancer, cardiovascular and pulmonary disease. The priority areas that will be addressed are access to prevention, screening, and health care services, as well as health disparities awareness and education campaigns. Through its programs, Asian Pacific Development Center has identified several factors as obstacles to health screening and health education for AAPIs, including language barriers, lack of health insurance, inability to use medical systems in the U.S., as well as inadequate knowledge and attitudes of risk factor management. This program will ensure cultural and linguistically related health care barriers issues are reduced by using a non-traditional community setting which will enable us to eliminate organizations, systematic, clinical biases and hidden assumptions. This program also will emphasize promoting healthy behavior among the AAPI population by providing culturally and linguistically sensitive health screening and health education in non-traditional community settings that improves participant-health provider communication and relationships.

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**Grantee 9: Plains Medical Center**

**Project Title:** Minority Access Project (MAP)

**Project Category:** Crosscutting

**Target Population:** All minority populations: AA/B, AA/PI, L/H, NA/AI

**Counties Served:** Lincoln, Kit Carson, Elbert, Eastern Adams, Eastern Arapahoe

**Recommendation:** \$387,812

**Year 1 (FY 10):** \$189,073

**Year 2 (FY 11):** \$198,739

**Project Summary:**

Plains Medical Center (PMC) will implement the *Minority Access Project (MAP)* to increase awareness and understanding of disparities in minority health risk factors and help reduce barriers to accessing existing diagnostic and preventive health care services. In Year 1, MAP will target the Hispanic communities, that extend across the service area, and is the fastest growing minority population in the service area. Creating access for the entire family will be promoted. In Year 2, focus will be directed to African American, Native American, Asian and Pacific Islanders who also share higher risks in cancer, cardiovascular disease, and diabetes. A team of three Patient Navigators will: engage partnerships with area social service, education systems, health providers, churches and law enforcement agencies to increase health risk awareness for the minority communities; provide access to health screening such as blood pressure, cholesterol, and glucose testing; and work directly with at-risk individuals and families to reduce barriers and create access to more culturally relevant extensive diagnostic testing and care through an established health care home. PMC will promote access to one of its three existing clinics in Limon, Flagler or Strasburg, and develop a new access point in collaboration with Elbert County Health Department in Kiowa. PMC is a non profit FQHC community health center providing affordable health, oral health and behavioral health services.

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**Grantee 10: High Plains Community Health Center**

**Project Title:** Prowers County United Voices for Healthy Lives

**Project Category:** Crosscutting

**Target Population:** Latino/Hispanic

**Counties Served:** Baca, Bent, Kiowa, Prowers

**Recommendation:** \$290,260

**Year 1 (FY 10):** \$151,208

**Year 2 (FY 11):** \$139,052

**Project Summary:**

High Plains Community Health Center's project is based on the Chronic Care Model that will promote healthy eating, active living, and effective chronic disease self-management support for Latinos diagnosed with or at high risk for diabetes and cardiovascular diseases. The project aims to improve the overall health status of this target group through activities that support productive healthcare interactions between patients and healthcare providers. High Plains will not only provide direct services to patients through this project, but also build and maintain active community collaborations and partnerships to reduce health disparities for Latinos in Prowers County.

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**Grantee 11: Southern Ute Indian Tribe**

**Project Title:** Cardiovascular Disease/Breast Cancer: Reducing Native Disparity on the Southern Ute Indian Reservation

**Project Category:** Crosscutting  
**Target Population:** Native American/American Indian  
**Counties Served:** La Plata, Archuleta, Montezuma

**Recommendation:** \$258,041

**Year 1 (FY 10):** \$130,490

**Year 2 (FY 11):** \$127,550

**Project Summary:**

The purpose of this project is to reduce the burden of breast cancer and cardiovascular disease (CVD) on the Southern Ute Indian (SUIT) Reservation and to serve the resident populations that currently experience these two health disparities. The project will target adults at risk for cardiovascular disease with screening, education and treatment. Community screenings will be held quarterly and a lifestyle training clinic will be offered to those identified during the screenings to be at risk for CVD. In-home screenings will be provided to any individual requesting this service. The goals of the clinic are to facilitate weight loss, lower cholesterol and blood pressure and promote cardiovascular fitness. The RN coordinator will manage a team of professionals including Community Health Representatives, a Nutritionist and a Fitness Trainer. Expected outcomes include heightened community awareness and participation in healthier lifestyle choices. The project will target women ages 52-64 for mammogram parties and individual screenings. Community Health Reps will make appointments, provide transportation, accompany women to appointments and provide advocacy support. A secondary component will support women of childbearing age by promoting breastfeeding with the objective of lowering obesity rates in children and reducing the risk of breast cancer among this group. Community outreach, education and inclusion will play a large role in this project through a weekly, hour-long radio show broadcasted to residents of the SUIT Reservation on KSUT Tribal radio. The project will be infused with Native culture from radio talking circles to powwows and elder advising.

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**Grantee 12: A Woman's Worth**

**Project Title:** Jump Start to Health  
**Project Category:** Crosscutting  
**Target Population:** African American/Black  
**Counties Served:** Adams, Arapahoe, Denver

**Recommendation:** \$165,112

**Year 1 (FY 10):** \$83,146

**Year 2 (FY 11):** \$81,966

**Project Summary:**

A Woman's Worth (AWW) 'Jump Start to Health' Program is a health transformation program for African American women to help them 'jump start' their health and fitness awareness by teaching healthier choices for eating, exercising, and living, with the goal of initiating and maintaining a healthy lifestyle. Based in Denver, this beauty salon-based program is designed to help participants develop key habits necessary to implement permanent behavioral changes for the prevention of diseases and premature mortality affecting the African American female population. The staff will recruit participants from alliances within the AWW Beauty Salon Network (BSN) of local salons and stylists. Licensed cosmetologists (LC) from the AWW BSN will be trained to educate salon patrons using health literature during casual conversations in order to promote health awareness in the African American community. The Jump Start program is a 12-week course and participants will meet weekly to be educated on topics addressing disease awareness such as cardiovascular disease, hypertension, diabetes and obesity. These interactive classes will include physical activity, hands-on nutritional cooking alternatives, and informative health discussions; facilitated by experts, specialists and health advocates in the field

**Grantee 13: Gunnison County Department of Health & Human Services**

**Project Title:** Expanding Access to Healthcare for Minorities through Service Coordination and Navigation

**Project Category:** Crosscutting  
**Target Population:** Latino/Hispanic  
**Counties Served:** Gunnison, Hinsdale

**Recommendation:** \$105,571

**Year 1 (FY 10):** \$51,289

**Year 2 (FY 11):** \$54,282

**Project Summary:**

This project will partially support the Multicultural Resource Office Coordinator in the role of the Local Health Disparities Coordinator to provide minority representation for community collaborations and planning boards and direct services for advocacy, education, and linkage to existing and developing health and human services. The Coordinator also manages the volunteer interpreter and translation services. The Gunnison County Department of Public Health has witnessed a 726% increase in the minority population in the past 10 years. The community has developed new initiatives to promote collaborations to access to health care for un/underinsured minorities to provide coordinated community based services to families. The key objectives are:

- To assure representation of bilingual and bicultural needs in key community collaborations and direct services through participation in the Light Program access to health care advisory board and other key community groups related to the provision of health care;
- Recruitment and coordination of bilingual and bicultural volunteer and medical interpreter bank;
- Coordination and provision of direct assessment and referral services for minority populations to Public Health and other community health and human service programs and organizations; and
- Development of a newly designed Patient Health Navigator service.

The expected outcome is a centralized, comprehensive health resource that will facilitate appropriate service delivery models responsive to disparities in Gunnison Valley.

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**Grantee 14: Larimer County Department of Health & Environment**

**Project Title:** Vida Sana: Uniting for the Health Equity of Latinos: *Coalicion para mejorar la salud de nuestra comunidad latina*

**Project Category:** Crosscutting  
**Target Population:** Latino/Hispanic  
**Counties Served:** Larimer

**Recommendation:** \$88,616

**Year 1 (FY 10):** \$88,616

**Year 2 (FY 11):** \$0 (No year 2 funds requested)

**Project Summary:**

Vida Sana: Uniting for the Health Equity of Latinos/*Coalición para Mejorar la Salud de Nuestra Comunidad Latina* is a collaborative program spearheaded by the Larimer County Department of Health and Environment (LCDHE) to eliminate racial and ethnic disparities among Latino/Hispanic community members. The Vida Sana project is a continuation of the LCDHE's work in engaging community members to increase awareness of health disparities, and enhance community capacity to address health disparities in Larimer County. Through a collaborative process that engaged more than 200 Latino/Hispanic community members, participants identified lack of physical activity as a critical risk factor for diabetes, cancer, and cardiovascular disease among Latino/a men, women, and children of Larimer County and designed

programming using evidence-based models and tailoring them to their local community. Specific interventions include: increasing access to facilities providing physical activity; providing social support to increase physical activity; and implementing a community-wide campaign for increasing physical activity that would be carried out by partner agencies and health equity coalition members. Coalition and steering committee members will design and distribute outreach materials, evaluate, and monitor the implementation of the proposed interventions engaging more than 450 Latino/Hispanic men, women, and children in efforts to increase physical activity. To increase internal capacity to eliminate health disparities, the LCDHE will continue its work in educating staff on culturally congruent practices as the health equity coordinator oversees an internal health equity committee to increase the department's movement along the cultural competency continuum.