

**Minnesota Department of Health Logic Model  
 Infant Mortality Among African Americans in Hennepin County  
 May 16, 2016**

Inputs	Activities	Outputs	Outcomes -- Impact		
			Short (1-3 years)	Medium (3-10 years)	Long (10-25 years)
<p>OMH funding</p> <p>MDH staff from MCHS and OMMH</p> <p>Partners</p> <ul style="list-style-type: none"> <li>- MDH</li> <li>- CVAS and partners</li> <li>- Community-based organizations serving African Americans</li> <li>- African American community leaders and members</li> </ul> <p>Community meeting venues</p> <p>Infant mortality education curriculum</p>	<p>Community meetings</p> <p>Partner meetings</p> <p>Trainings on community engagement and leadership development</p> <p>Community education sessions</p>	<p>Project collaborative</p> <p>15-20 leaders from the African American community</p> <p>Five 2-hour learning sessions on community engagement with approximately 25 attendees</p> <p>Five 2-hour learning sessions on leadership with approximately 25 attendees</p> <p>Shared vision, priorities, interventions, and decision making and leadership model for reducing infant mortality rates</p> <p>Health disparity profile 1 describing traditional birth outcomes, socio-demographic characteristics of mother and environmental characteristics of her community</p> <p>Health disparity profile 2 describing policy, systems and environments that impact infant mortality in Hennepin county</p> <p>Health equity narrative for infant mortality among US born African Americans in Hennepin county</p> <p>Comprehensive plan to reduce infant mortality in Hennepin county</p> <p>Reports and journal articles on the process undertaken and outcomes in the project</p>	<p>Communities increase their knowledge of the problem of infant mortality and its causes (e.g., social determinants)</p> <p>Communities increase their knowledge of available public health data to address the problem of infant mortality</p> <p>Communities increase their knowledge of culturally appropriate health interventions to decrease infant mortality</p> <p>African American leaders improve their community engagement and leadership skills to address infant mortality</p> <p>Communities increase their knowledge of how policies and systems work together and put meaning to data</p> <p>Communities increase their understanding of a Health in All Policies approach</p> <p>Social connections of expectant or new U.S. born African American women/mothers are improved</p> <p>Cross-sector partnerships instrumental in addressing social determinants of infant mortality begin to form (e.g., health, early childhood, education, transportation, housing)</p>	<p>Communities learn to use public health data to support policy, systems and environmental changes</p> <p>Community leaders are involved in organized changed efforts to improve key conditions for health</p> <p>Partner clinics improve their birth and infant care practices, e.g.:</p> <ul style="list-style-type: none"> <li>- The proportion of U.S. born African American women of childbearing age who discuss preconception health with their provider increases</li> <li>- Culturally appropriate health interventions to decrease African American infant mortality are implemented</li> </ul> <p>Cross-sector partnerships instrumental in addressing social determinants of infant mortality are developed and strengthened (e.g., health, early childhood, education, transportation, housing)</p>	<p>Disparities in infant mortality among African Americans in Hennepin county are eliminated</p>

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**Assumptions**

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**External Factors**

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