



August 3, 2021

Thank you for completing your organization's 2021 Community Star Nominee Questionnaire!

Overview

Here is a copy of your organization's responses for your records. All nominations will be reviewed and evaluated by members of NOSORH's Community Star Selection Committee. One Community Star will be selected per state. If you are selected as your state's Community Star, I will work with you to schedule an interview so that we can develop your outstanding story to share in our annual book of Community Stars released on Thursday, November 18, 2021.

If you have any questions, please reach out to NRHD Community Star Project Coordinator, Brea Corsaro at bcorsaro@powerofrural.org.

Your Organization's Information

Hispanic Advocacy and Community Empowerment through Research (HACER)

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Have Questions? Contact:

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Organization or Project Website

<https://hacer-mn.org/>

Please describe in as much detail as possible, the mission of the organization and the work it does in relation to rural health?

Founded in 1988, HACER is a Latine-led research-based nonprofit working with Latines and for Latines, primarily in Minnesota. HACER is the only organization of its kind in the Upper Midwest. Our mission is to work in concert with Latine communities to access, generate, and disseminate credible and relevant research in order to influence institutional decisions and public policy. With regards to rural health, HACER has historically developed a variety of programs based on participatory action research focusing on rural Latine communities in Minnesota meant to assess needs, counter access barriers and inform sustainable change. Target populations have included Latine families, agricultural migrant workers, women, teenagers and elderly. Partners for our work have included county and state government, rural FQHCs, health systems, community organizations, academic institutions, faith organizations, nonprofits, and diplomatic representations. For example, in the past we worked on characterizing attitudes and barriers towards engaging in physical activity in Watonwan County; on addressing eating habits and high obesity rates in Watonwan County; and on mental health awareness and access in Blue Earth, Nicollet, Rice, Mower, and Sibley Counties. We are currently working on a bright spot research project around disproportionately high screening rates for cervical cancer among uninsured rural and urban Latine women and on another project addressing shopping, cooking and eating habits in food deserts in Nobles, Cottonwood, Kandiyohi and Renville Counties. Since 2020, as a Community Connector for the Minnesota Department of Health, we have an

outreach team engaged in COVID-19 initiatives, including running a statewide bilingual English/Spanish COVID-19 resource hotline and organizing vaccination sites, including in rural Minnesota (Otter Tail, Clay, Rice, Mower, Dakota, Goodhue, and Wabasha Counties). We also partnered with Mayo Clinic for a series of podcasts in Spanish and ran a separate resource hotline for Olmsted County.

If you have been nominated as a consortium, what was the catalyst that inspired the group to form?

NA

Please provide details on each consortium member (if applicable) including each collaborator's organization and the nature of their work?

NA

What is the impact of your organization/consortium on your community of the rural populations served by its efforts?

Traditionally we have measured our accomplishments based on the impact of our studies and programs, on the new research studies we are invited to conduct, and on the forums in which we are invited to present. Our project participants are often engaged in co-creating the dissemination materials stemming from our participatory action research work and often become resource navigators and champions for their communities, further amplifying the impact of the workshops they took, training or knowledge gained by advocating for change. For example, cognizant of the social determinants of health and of the access barriers to health services affected by English proficiency, immigration status and low socioeconomic status, we have supported the creation of local community resource groups in rural communities and through the Design Thinking process, we have empowered them to identify problem solutions and to connect with other community

stakeholders. With regards to our COVID-19 work, our resource hotline has received hundreds of repeat phone calls from rural Minnesotans seeking basic needs support (rental assistance, food, infant supplies, winter clothes), requests for testing and vaccine sites, as well as requests for legal and foreign government assistance (repatriation of remains). Leveraging our role as a trusted messenger and listening to Latine rural communities we have organized vaccination sites at safe places requested by these communities, including at trailer parks, ethnic supermarkets, gas stations, churches and community colleges. We have distributed thousands of face masks, hand sanitizer and digital thermometers to rural Latines and Latine-owned businesses and we have visited dairy farms and trailer parks addressing vaccine hesitancy. We are constantly showcasing the needs of these communities and working in partnership with others to affect equitable outcomes for them.

Has your organization or consortium accessed, benefited from, or worked directly with your State Office of Rural Health?

We have not worked directly with the Minnesota State Office of Rural Health, but we anticipate engaging soon, as we have just been notified of new funding from two federal sources (which we cannot yet disclose at the moment).

Is your organization a HRSA, Federal Office of Rural Health Policy Grantee? If yes, which grant program? If Yes, which one?

No