

# *Next Steps in Health Equity: Addressing Racial and Economic Inequality*

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**Grantmakers In Health**

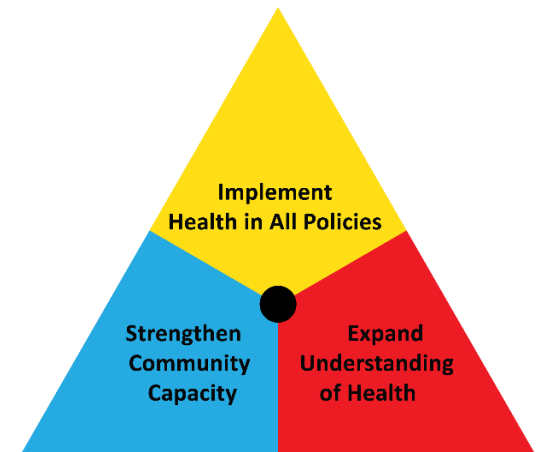
**July 19, 2016**



Minnesota  
Department of Health

# Presentation

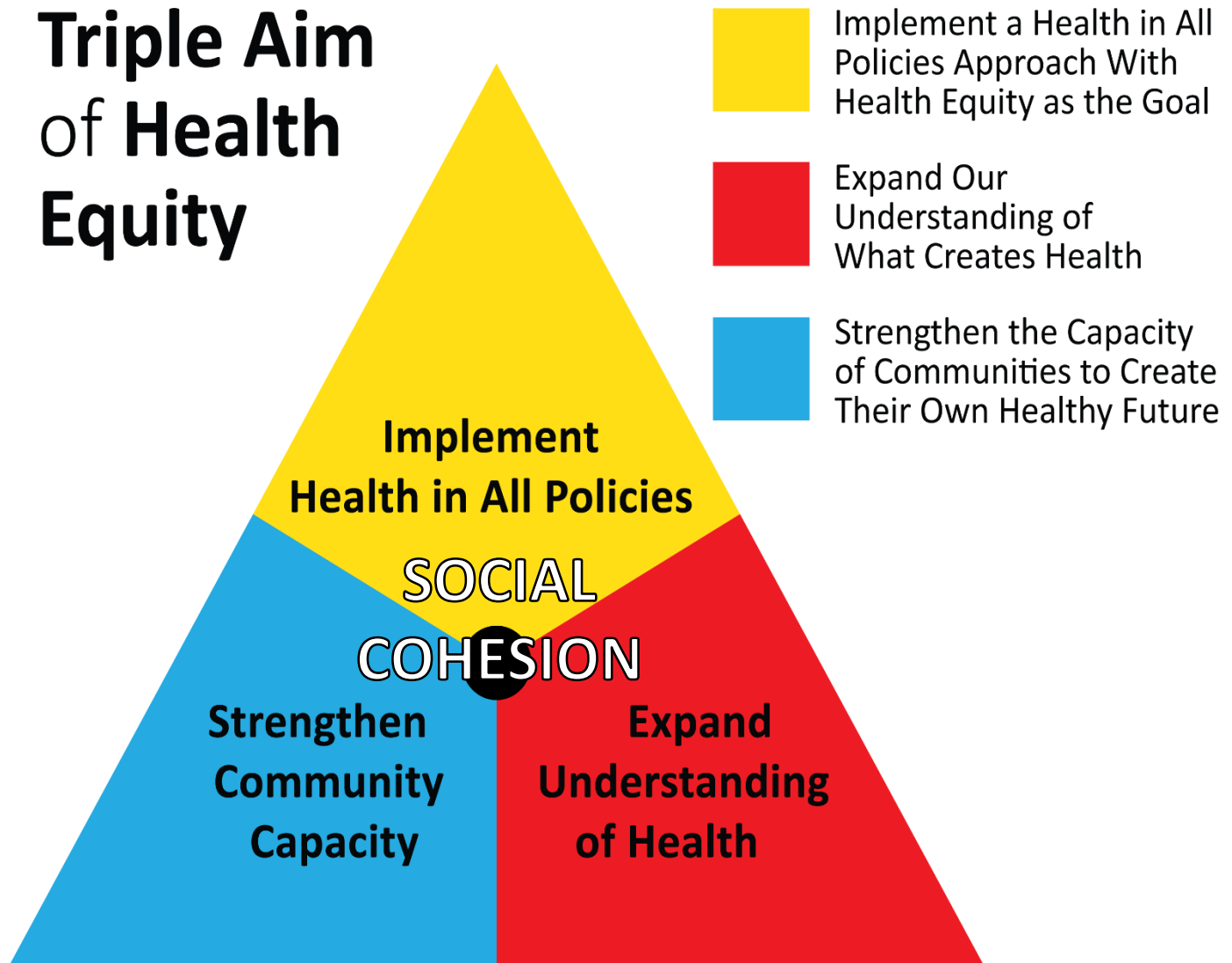
- **Present a framework and theory of change for an emerging public health practice to advance health equity.**
- **Identify the core elements of the Triple Aim of Health Equity, describe the practices, tools and illustrate practices in action.**
  - Expand the understanding of health
  - Implement Health in All Policies with Equity as the Aim
  - Strengthen community capacity



# Advancing Health Equity Requires Navigating Complexity

- Identify existing patterns create or strengthen patterns with the potential to create transformative change
- Introduce and strengthen practices versus specific programs or services
- Triple Aim of Health Equity -theory of change blends an understanding of power and systems change

# Triple Aim of Health Equity



# Public Health

“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”

Institute of Medicine (1988), Future of Public Health

# What is necessary for Health?

☀ **Peace**

☀ **Income**

☀ **Shelter**

☀ **Stable eco-system**

☀ **Education**

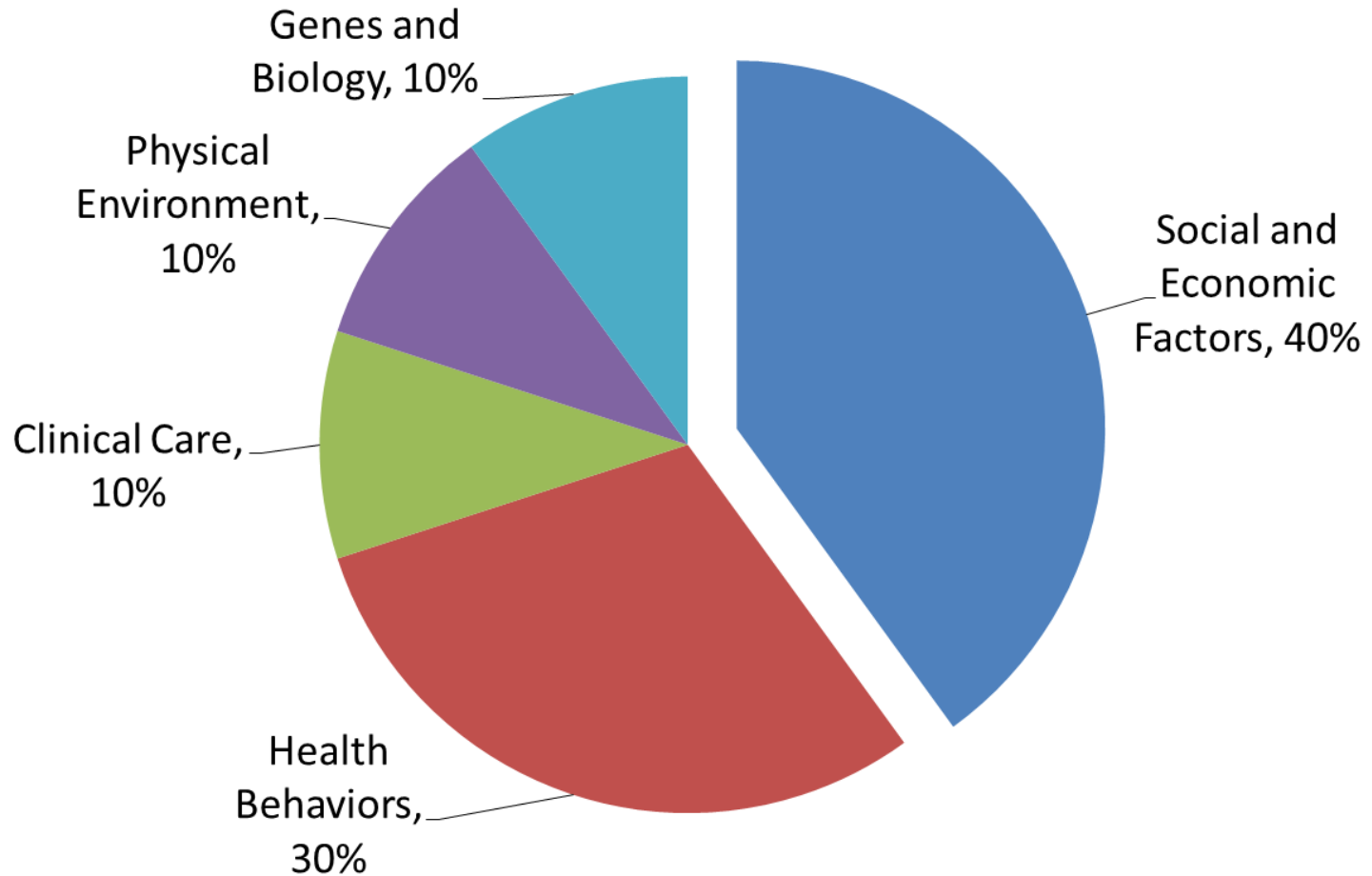
☀ **Sustainable resources**

☀ **Food**

☀ **Social justice and equity**

World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <<http://www.who.int/hpr/archive/docs/ottawa.html>>.

# Factors that determine health



# Advancing Health Equity in Minnesota

Report to the Legislature

***“...the opportunity to be healthy is not equally available everywhere or for everyone in the state.”***



Health inequities in Minnesota are significant and persistent, especially by race:

**In Minnesota, an African American or Native American infant has more than twice the chance of dying in the first year of life as a white baby.**

# Disparities in Birth Outcomes are the tip of the health disparities iceberg



# Roots of Inequities - how did we get here?

- Disparities are not simply because of lack of access to health care or to poor individual choices.
- Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.
  - Especially, populations of color and American Indians, GLBTQ, and low income
  - Structural Racism

# Disparities in health are the tip of the societal disparities iceberg



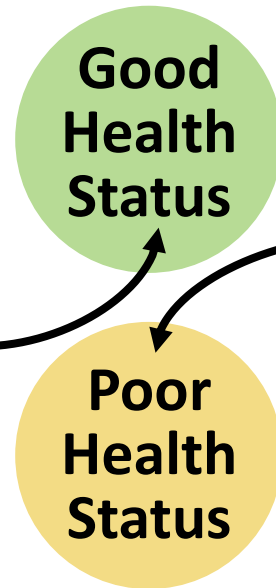
# What does “health equity” mean?

Health equity means achieving the conditions in which all people have the opportunity to realize their health potential — the highest level of health possible for that person — without limits imposed by structural inequities.

A feature not of persons but of systems!

# Communities of Opportunity

- Social/economic inclusion
- Thriving small businesses and entrepreneurs
- Financial institutions
- Good transportation options and infrastructure
- Home ownership
- Better performing schools
- Sufficient healthy housing
- Grocery stores
- IT connectivity
- Strong local governance
- Parks & trails



# Low-Opportunity Communities

- Social/economic exclusion
- Few small businesses
- Payday lenders
- Few transportation options
- Rental housing/foreclosure
- Poor performing schools
- Poor and limited housing stock
- Increased pollution and contaminated drinking water
- Fast food restaurants
- Limited IT connections
- Weak local governance
- Unsafe/limited parks

# Structural/Institutional Racism

- Structural racism is the **normalization** of an array of dynamics — historical, cultural, institutional and interpersonal — that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color and American Indians.

# Structural Inequity: Housing

- 75% of white population in Minnesota owns their own home, compared to:
- **21% of African Americans**
- 45% of Hispanic/Latinos
- 47% of American Indians
- 54% Asian Pacific Islanders

Source: Advancing Health Equity Report 2014

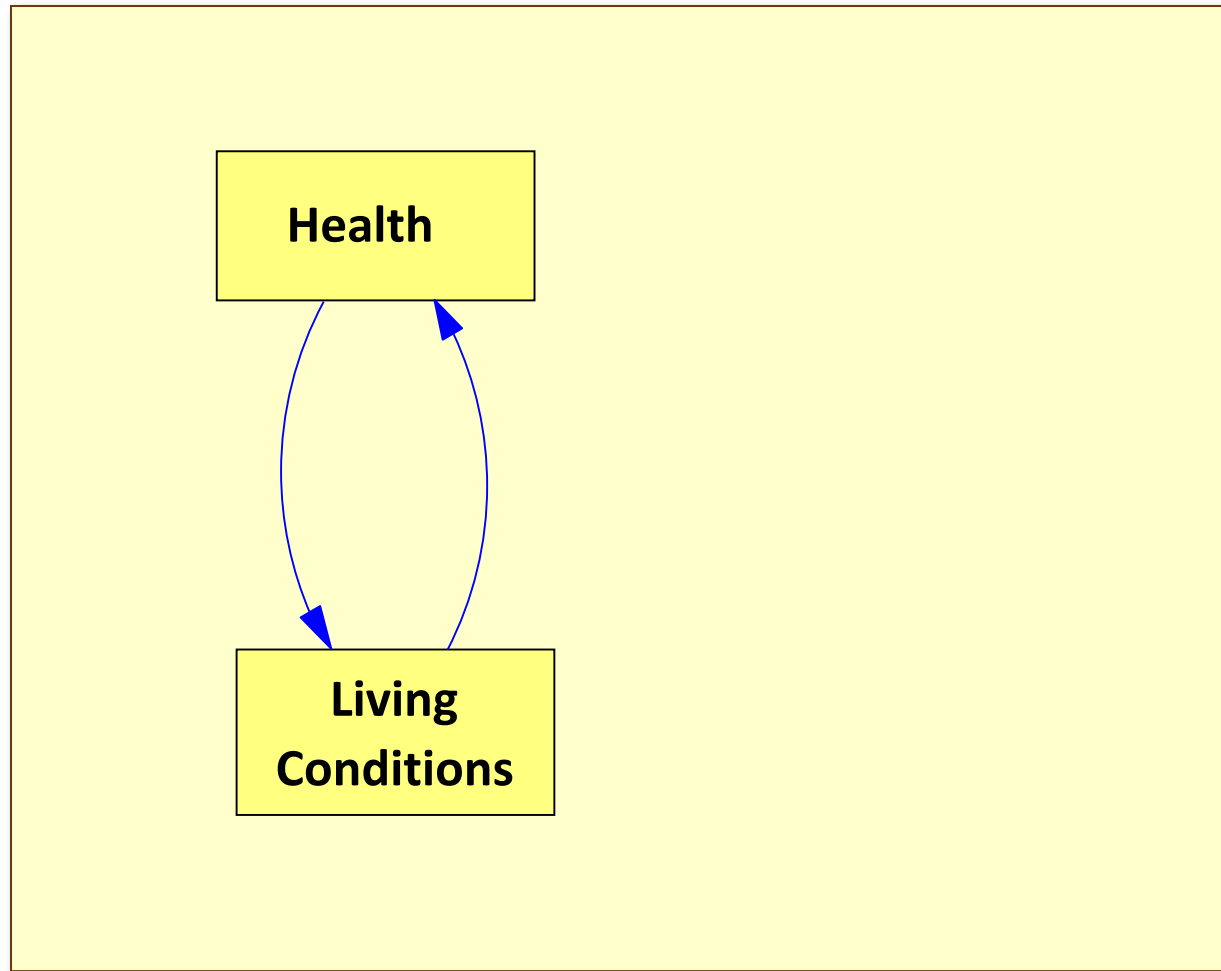


# Public Health

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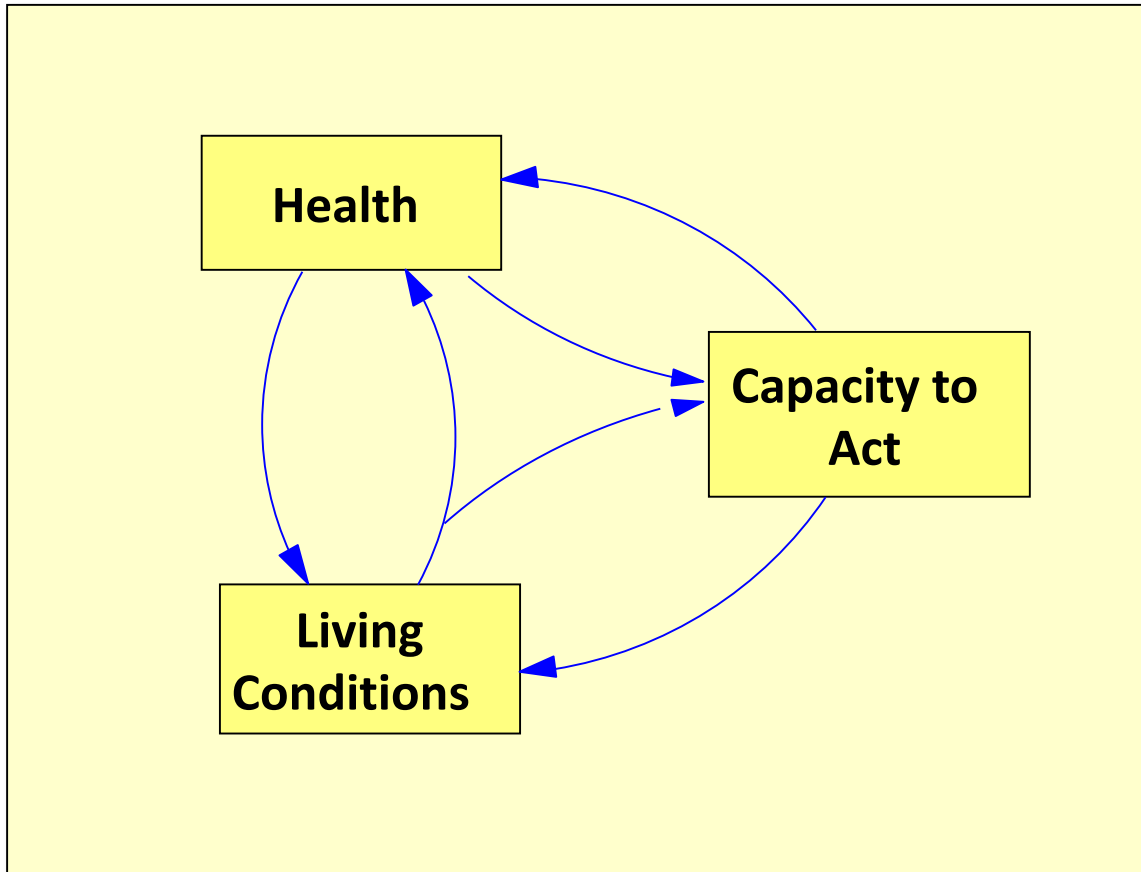
# “Assuring Conditions” requires Seeing a Wider Set of Relationships



# Social Determinants of Health

- The conditions and circumstances in which people are born, grow, live, work, and age. These circumstances are **shaped by** a set of forces beyond the control of the individual: economics and the **distribution of money, power, social policies, and politics** at the global, national, state, and local levels.
  - WHO and CDC (adapted)

# Changing the Conditions that Affect Health Requires the Capacity to Act

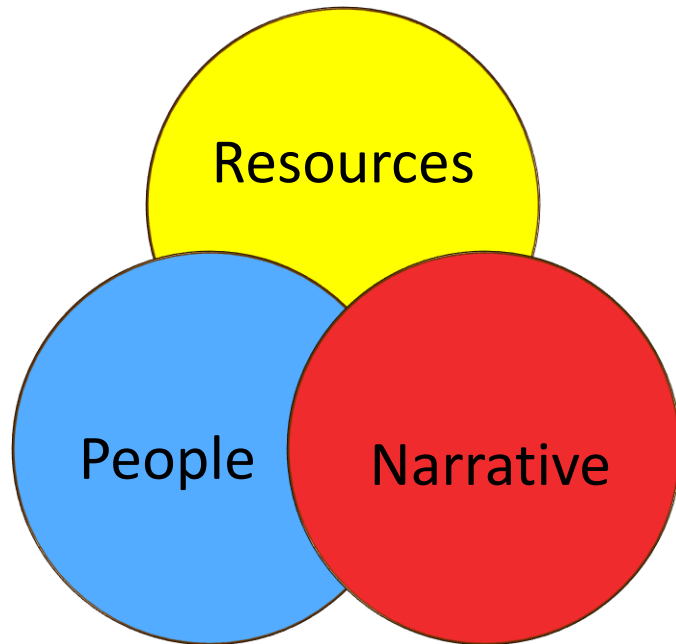


Some populations have a more difficult time than others in impacting living conditions

Public health must build its skills to foster the “capacity to act”

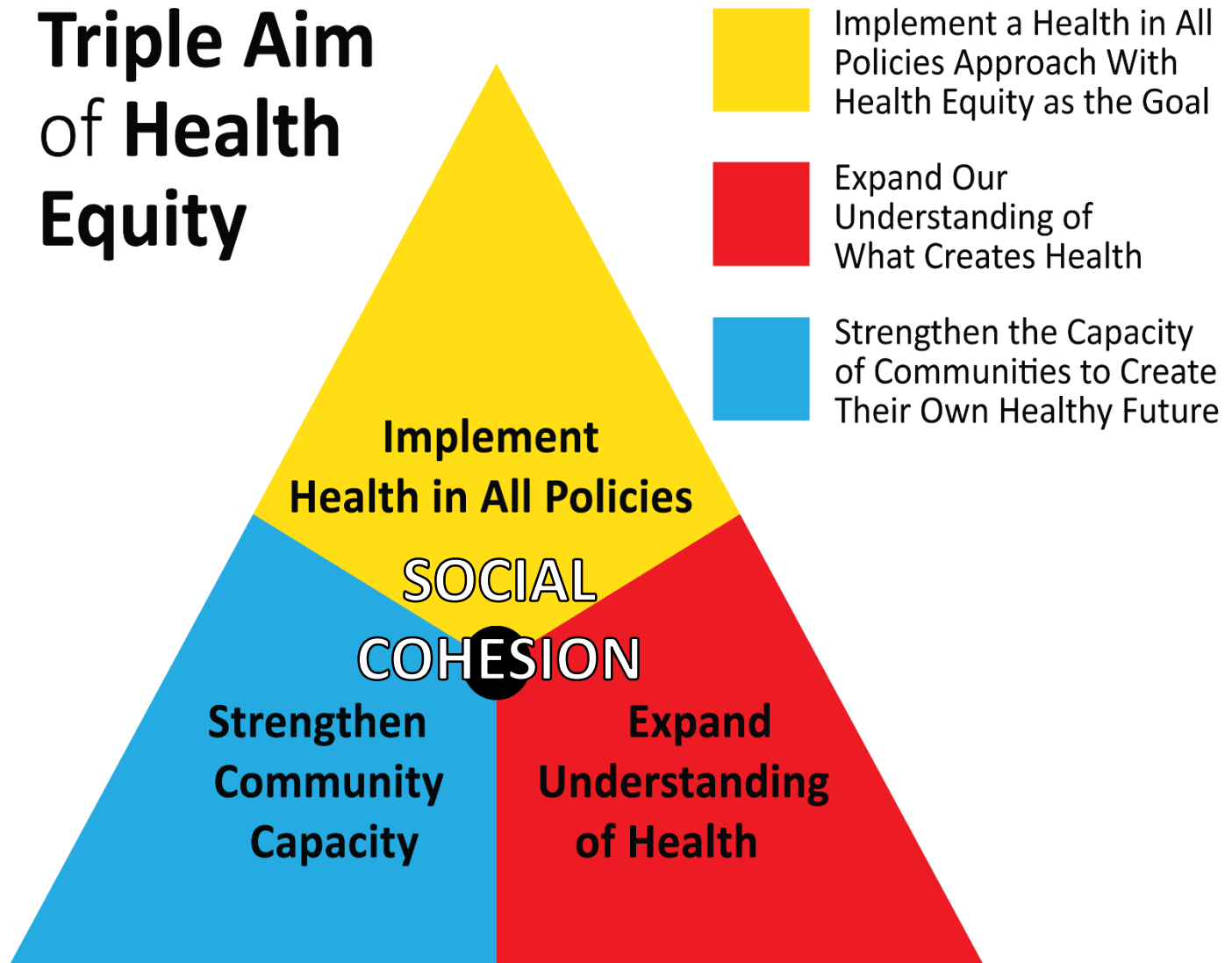
# Structure work to achieve our overall aim: Create/Strengthen “Capacity to Act”

## Organize the:



- Narrative: Align the narrative to build public understanding and public will.
- People: Directly impact decision makers, develop relationships, align interests.
- Resources: Identify/shift the resources-infrastructure-the way systems and processes are structured.

# Triple Aim of Health Equity



# Healthy Minnesota 2020

Statewide Health Improvement Framework

December 2012

A Healthy Start for All • An Equal Opportunity for Health • Communities Creating Health

## *Healthy Minnesota 2020: Statewide Health Assessment and Statewide Health Improvement Framework*

- **Minnesota Department of Health  
and the Healthy Minnesota  
Partnership**



Minnesota Department of Health &  
Healthy Minnesota Partnership  
PO Box 64975 | 625 Robert Street N  
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[www.health.state.mn.us/healthymnpartnership](http://www.health.state.mn.us/healthymnpartnership)

MDH

[http://www.health.state.mn.us/  
healthymnpartnership/hm2020/](http://www.health.state.mn.us/healthymnpartnership/hm2020/)

# Advancing Health Equity in Minnesota

Report to the Legislature



# Advancing Health Equity in Minnesota

## Report to the Legislature

- Things are the way they are – because we designed them that way. The roots are deep in historical policies—Structural Racism
- Not a new program but a commitment, a commitment to fundamental shifts in paradigms about what constitutes evidence, who is involved in decision-making, and what creates health
- Greatest potential for change is effective policy development

Laws of Minnesota 2013, Chapter 108, Article 12, Section 102

# Health in All Policies



# Asking Questions as a Path to Action

- **Inquiry Questions:**
  - ✓ *What is working?*
  - ✓ *What policies, practices, processes create inequities within our organizations and more broadly?*
  - ✓ *Identify areas where structural inequities and structural racism are creating inequitable health outcomes.*
- **Develop the practice of examining Policies, Processes and Assumptions.**

# Policy and System Changes Related to Social Determinants of Health (selected)

- **Income-Minimum Wage**
- **Paid Leave – Family and Sick**
- **State and Federal Transportation Policy**
- **Race Ethnicity Language data**
- **Broadband connectivity**
- **E-Health Policies**
- **Criminal Justice-Ban the Box-Sentencing reforms**
- **Education- Bullying—School Discipline policies**
- **State and Foundation Grant-making and contracting**
- **Minnesota Food Charter**
- **State Agency Policy Changes**
- **Statewide Health Improvement Program (SHIP)-complete streets, safe routes to school, smoke-free policies.....**

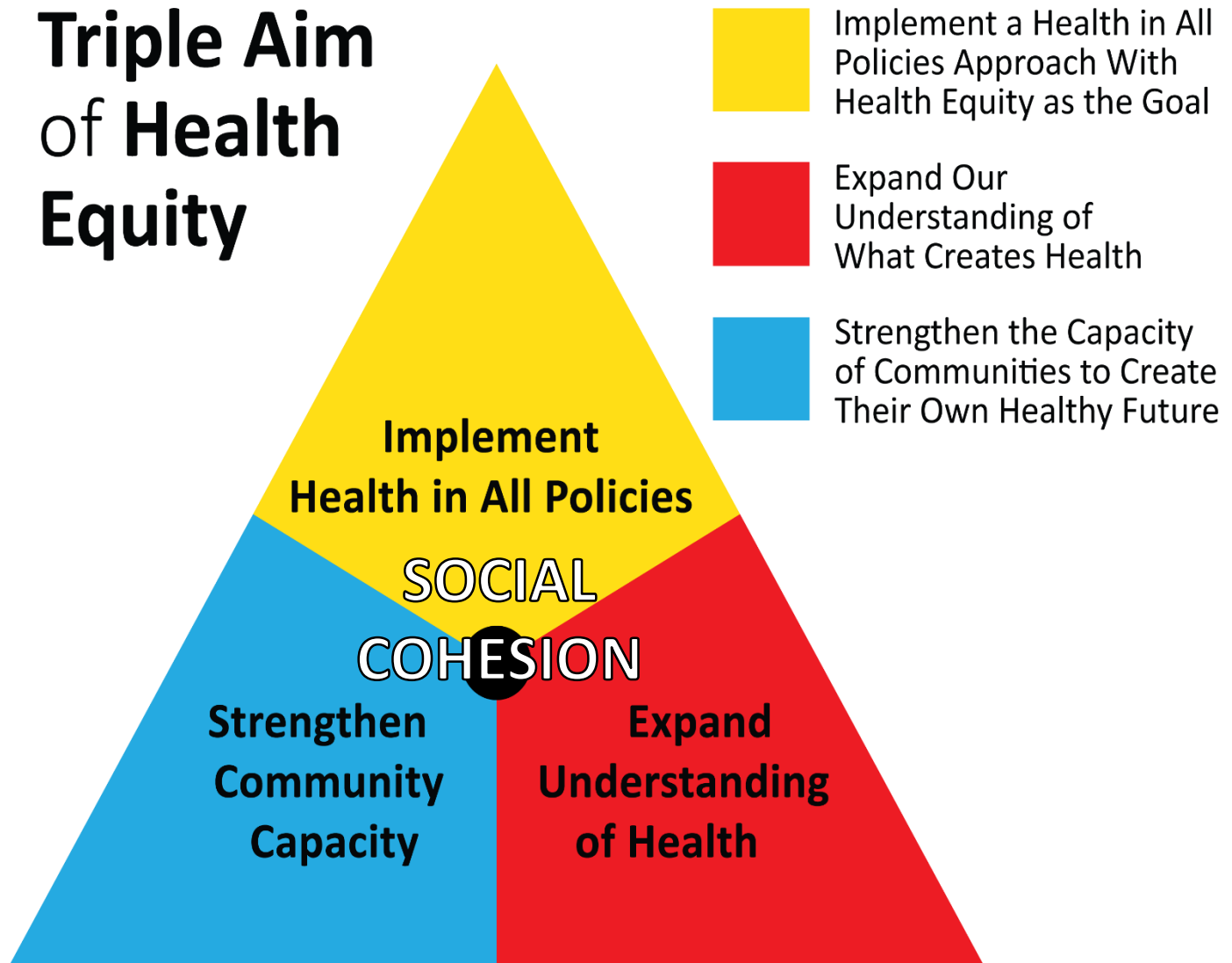
# Health in All Policies Approach Helps Strengthen Community Capacity



# Overall Lessons

- Organic – must be interwoven with all other work-  
recognize it is iterative
- Must be intentional
- Commitment: Requires commitment to *building our organizational and community capacity --skills*
- Leadership – Hold our selves and each other  
accountable-bring more people into decision-making
- Imperfect-incomplete work--navigating toward health  
equity -- permission to make course corrections

# Triple Aim of Health Equity

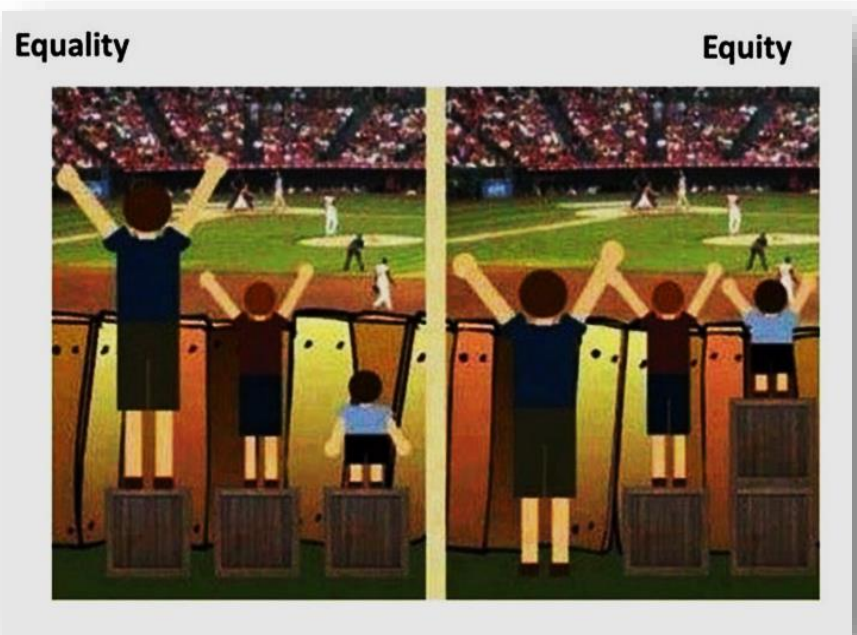


# “Public health is the constant redefinition of the unacceptable”

Geoffrey Vickers

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# Links to Referenced Reports

- **The Health of Minnesota: Statewide Health Assessment:**  
<http://www.health.state.mn.us/healthymnpartnership/sha/>
- **Healthy Minnesota 2020: Statewide Health Improvement Framework:**  
<http://www.health.state.mn.us/healthymnpartnership/hm2020/#fw>
- **Advancing Health Equity: Report to the Legislature Report:**  
<http://www.health.state.mn.us/divs/chs/healthequity/index.htm>
- **White Paper on Income and Health:**  
<http://www.health.state.mn.us/divs/opa/2014incomeandhealth.pdf>

# Links to Referenced Reports

- **White Paper on Paid Leave and Health** <http://www.health.state.mn.us/news/2015paidleave.pdf>
- **MDH 2015-2019 Strategic Plan and Community Engagement Plan**
  - <http://www.health.state.mn.us/about/strategicplan.pdf>
  - <http://www.health.state.mn.us/divs/opi/community/plan/>
  - [http://www.health.state.mn.us/divs/opi/community/plan/docs/ceplan\\_2016-2019\\_draft.pdf](http://www.health.state.mn.us/divs/opi/community/plan/docs/ceplan_2016-2019_draft.pdf)
  - [http://www.health.state.mn.us/divs/opi/community/plan/docs/ceworkplan\\_2016\\_draft.pdf](http://www.health.state.mn.us/divs/opi/community/plan/docs/ceworkplan_2016_draft.pdf)

# Links to Referenced Reports

- **Association of State and Territorial Health Officers (ASTHO)** <http://www.astho.org/Programs/Health-Equity/>
- **ASTHO-Dr Ehlinger's President's Challenge:** <http://www.astho.org/Health-Equity/2016-Challenge/>
- **Big 10 Committee on Institutional Cooperation Health Equity Initiative:** <https://www.cic.net/projects/health-equity-initiative>