



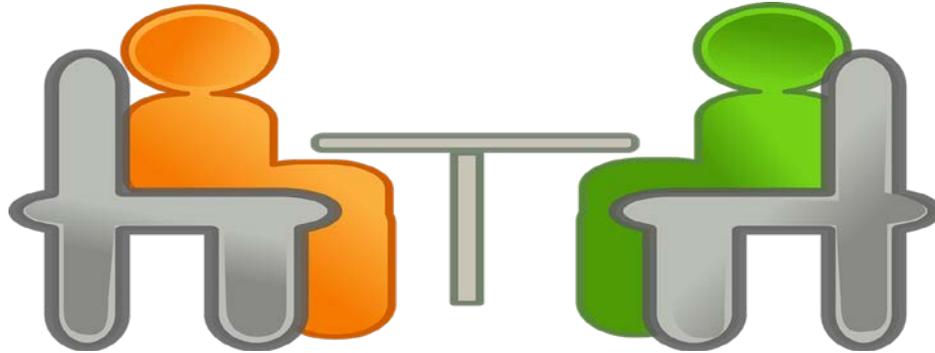
Bringing Health Equity to Underserved Populations

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Welcome!



- Share with your table:
 - Name
 - Organization
 - What brought you to this presentation today?

Underserved → health disparity



- Basis for health disparities
 - Socioeconomic
 - Ethnic/racial
 - Invisible populations
 - Cognitively and developmentally disabled
 - Physically disabled and elderly
 - Mentally ill
 - Chemically dependent



Healthy People 2020



- Increase the number of health departments that have at least one health promotion program aimed at improving the health and well-being of people with disabilities
- 16 states had health promotion programs for people with disabilities in 2010



Minnesota Food Charter – health equity



- “Establish policies and incentives that limit the availability of unhealthy foods and increase the availability of healthy foods served in schools, childcare centers, group homes and hospitals”



Rules and regulations

- Rules/regulations regarding nutrition are vague

Minnesota Rules, part 2960.3080 PLACEMENT, CONTINUED STAY, AND DISCHARGE.

Subp. 7. **Foster child diet.** A foster child must be provided food and beverages that are palatable, of adequate quantity and variety, served at appropriate temperatures, and have sufficient nutritional value to promote the child's health.

Moving in the right direction ... Rule 245D

- **Minnesota Statute, Chapter 245D.09, Subdivision 4b (2):**
 - direct support staff must be trained and have “an understanding of what constitutes a healthy diet according to data from the Centers for Disease Control and Prevention, and the skills necessary to prepare that diet.”



245D – used for marketing



- Grasp unlikely opportunities
- Get your foot in the door
- Illustrate how requirement can be met with your expertise

Underserved populations

- Who are the other underserved populations in your community?
- Are they identified by SHIP?
- Does your county provide support services for them?
- How and why are they underserved?



Next steps

- Choose the underserved population
- Gather information
 - Examine state rules/regulations
 - Look internally and externally for allies
 - Conduct stakeholder focus groups
 - Think outside the box

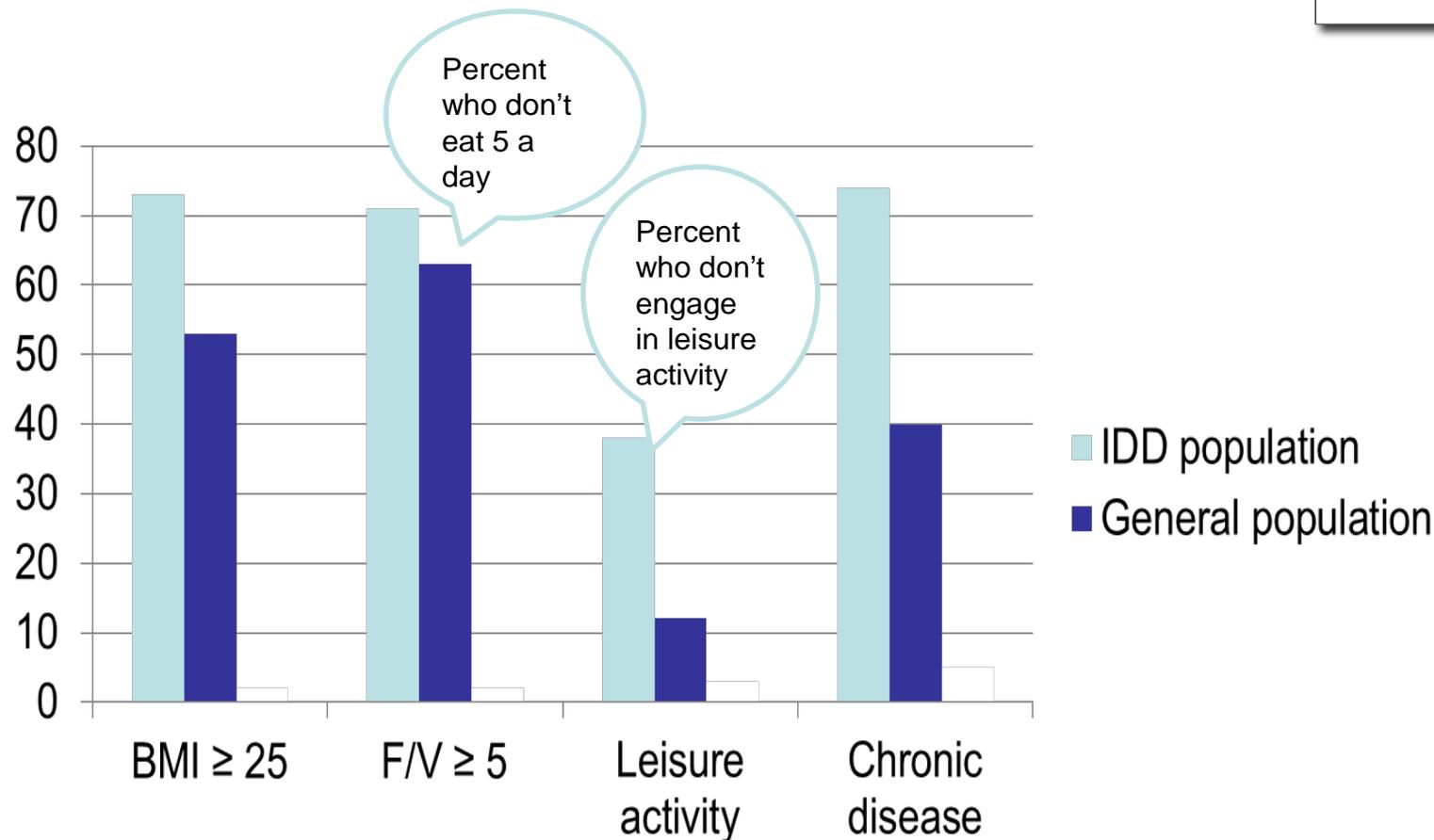
Example: IDD population

- Intellectual and developmental disabilities (IDD)
- Public health director led
- Population totally dependent on the “system”
- High medical costs
- High number of chronic diseases
- Poor quality of life
- Accelerated aging/dementia issues
- Covers the age spectrum

IDD population, cont. ...

- IDD adults:
 - Not well integrated
 - Not the focus of public health initiatives
 - Health education alone NOT effective
 - Live in every community
 - Health disparities are REAL!

Health disparities data



Bottom line

- People with IDD
 - ↑ hypertension
 - ↑ heart disease
 - ↑ type 2 diabetes

**Diet and inactivity-related
conditions!**

What we found



- Staff nutrition knowledge varies
- “Junk food”
- Food used as reward
- Culturally diverse staff
- Budget constraints – limited training opportunities
- High annual **staff turnover rates** – greater than 50%
- Use of unscientific dietary principles – **fads**

A different approach



Focus on PSE changes!

- Change the environment and culture through changes to policies, systems, and environments

What we did

- Gained buy-in from support organization management
- Implemented PSE changes
- Developed online nutrition training
 - Basic nutrition
 - Menu planning
 - Cooking basics
 - Special diets
- Web site:



www.Hennepin.us/wellnessforeverybody

Results

- Improved fruit and vegetable offerings and intake
- Increased physical activity
- Lower body mass index
- Better lab values, mood, function



Enticements to participate

- Free online training program
 - Meets new 245D requirements
 - Developed by registered dietitians
- Cookbooks
- Walking program DVD set

Monetary incentives not needed!



What's next for IDD?



Step to It Challenge

- Hennepin County physical activity challenge
- Special category for IDD participants

Horticultural therapy

- Health equity – Increased access to fresh produce
- PSE change, multiple levels



Results: what we expected



Increased:

- Fruit and vegetable intake
- Physical activity
- Social interaction
- Knowledge of farming



Results: what we didn't expect

- Vocational skills
- Improved behaviors
- Team building
- Cookbook
- Variety of new vegetables people tried and liked!



Lessons Learned

- Do your homework first
- Highlight the need
- Recruit others to your cause
- Be persistent!



For more information

Web site:

www.Hennepin.us/wellnessforeverybody

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