

Advancing Health Equity in Minnesota

2014 Report to the Legislature

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Assistant Commissioner

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

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What is health?

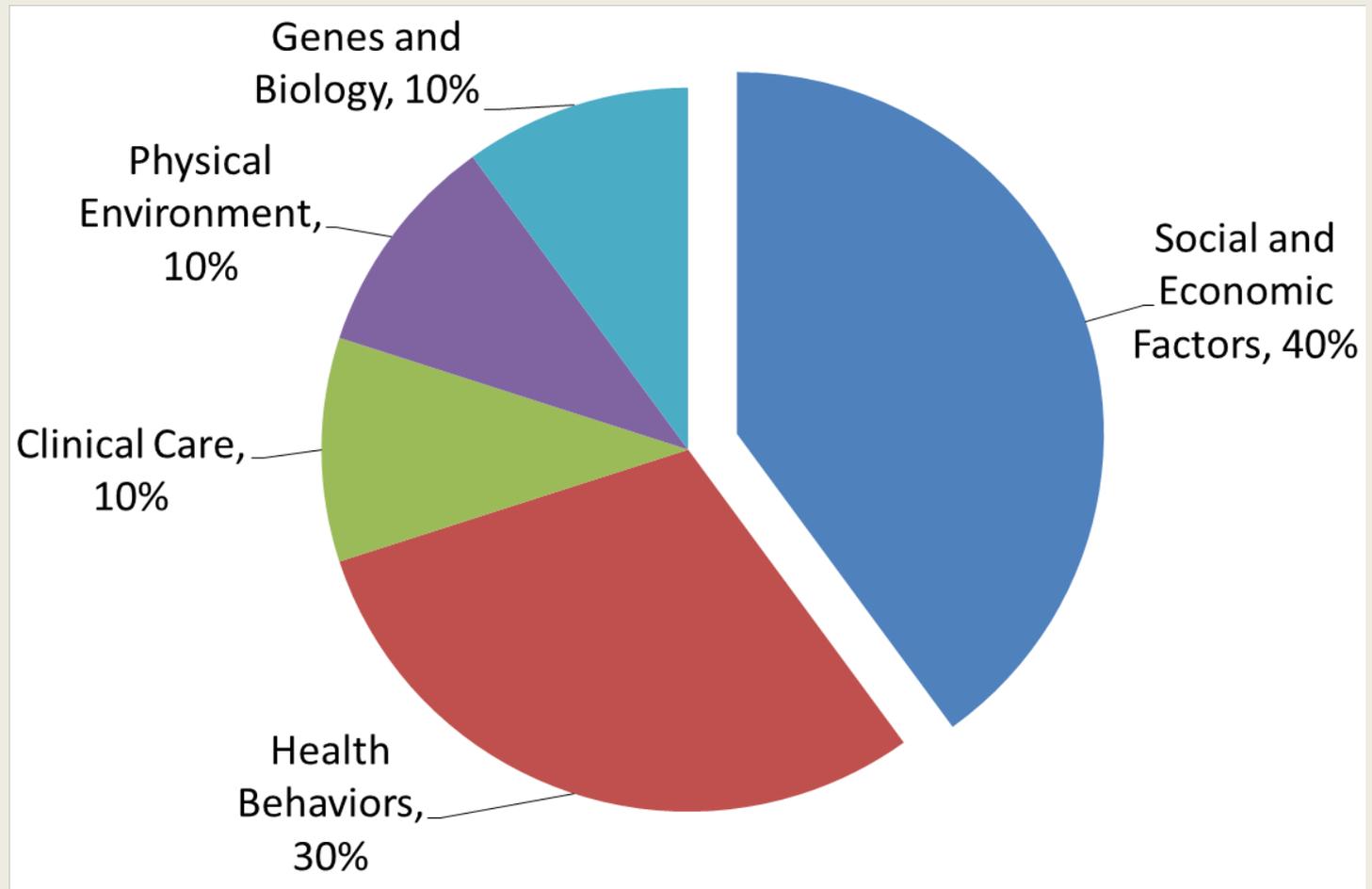
“Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.”

World Health Organization 1948

“Health is a resource for everyday life, not the objective of living.”

Ottawa Charter for Health 1986

Factors that determine health

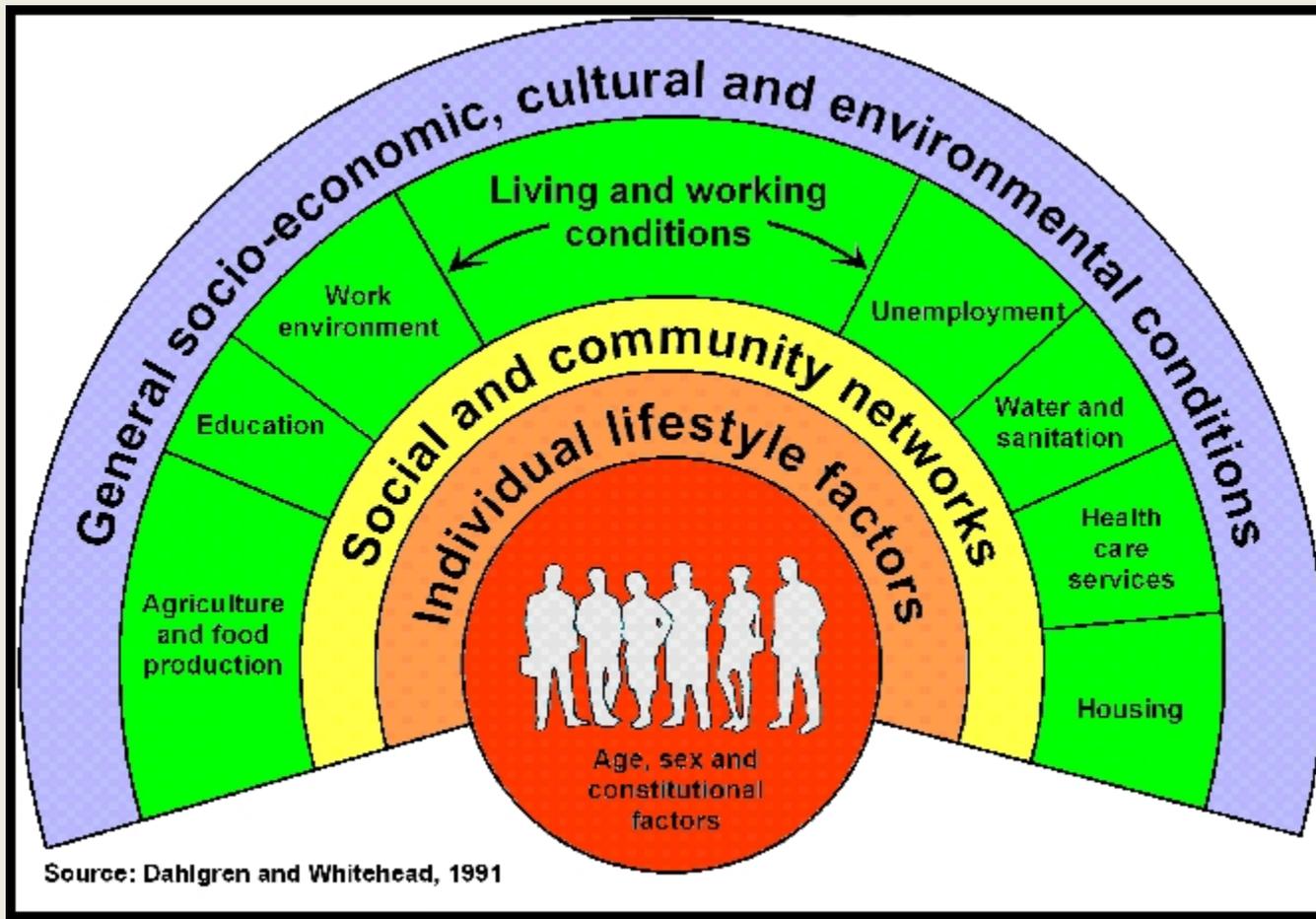


Necessary conditions for health

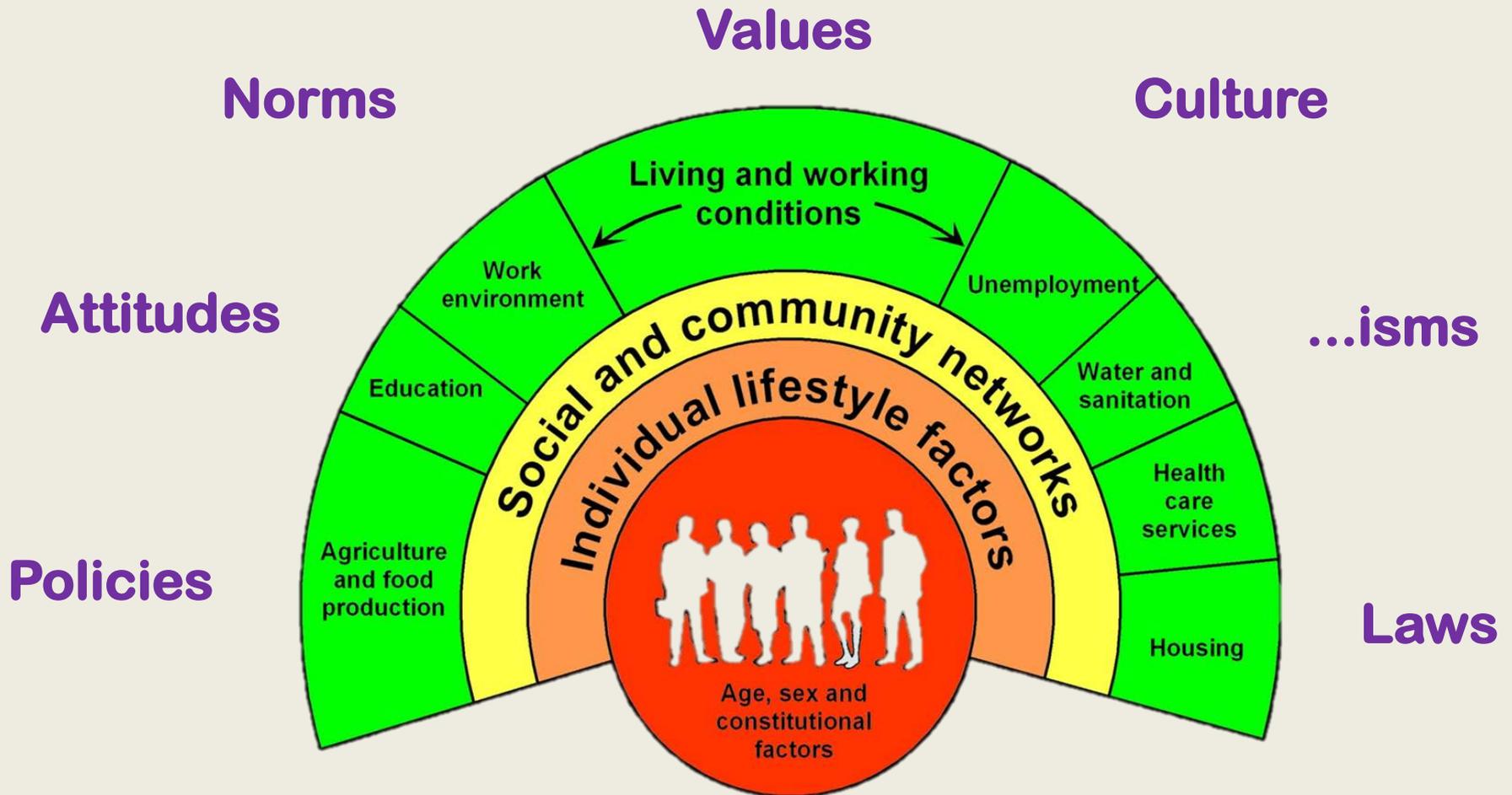
- ☀ **Peace**
- ☀ **Shelter**
- ☀ **Education**
- ☀ **Food**
- ☀ **Income**
- ☀ **Stable eco-system**
- ☀ **Sustainable resources**
- ☀ **Social justice and equity**

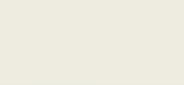
World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <<http://www.who.int/hpr/archive/docs/ottawa.html>>.

Layers of influence on health

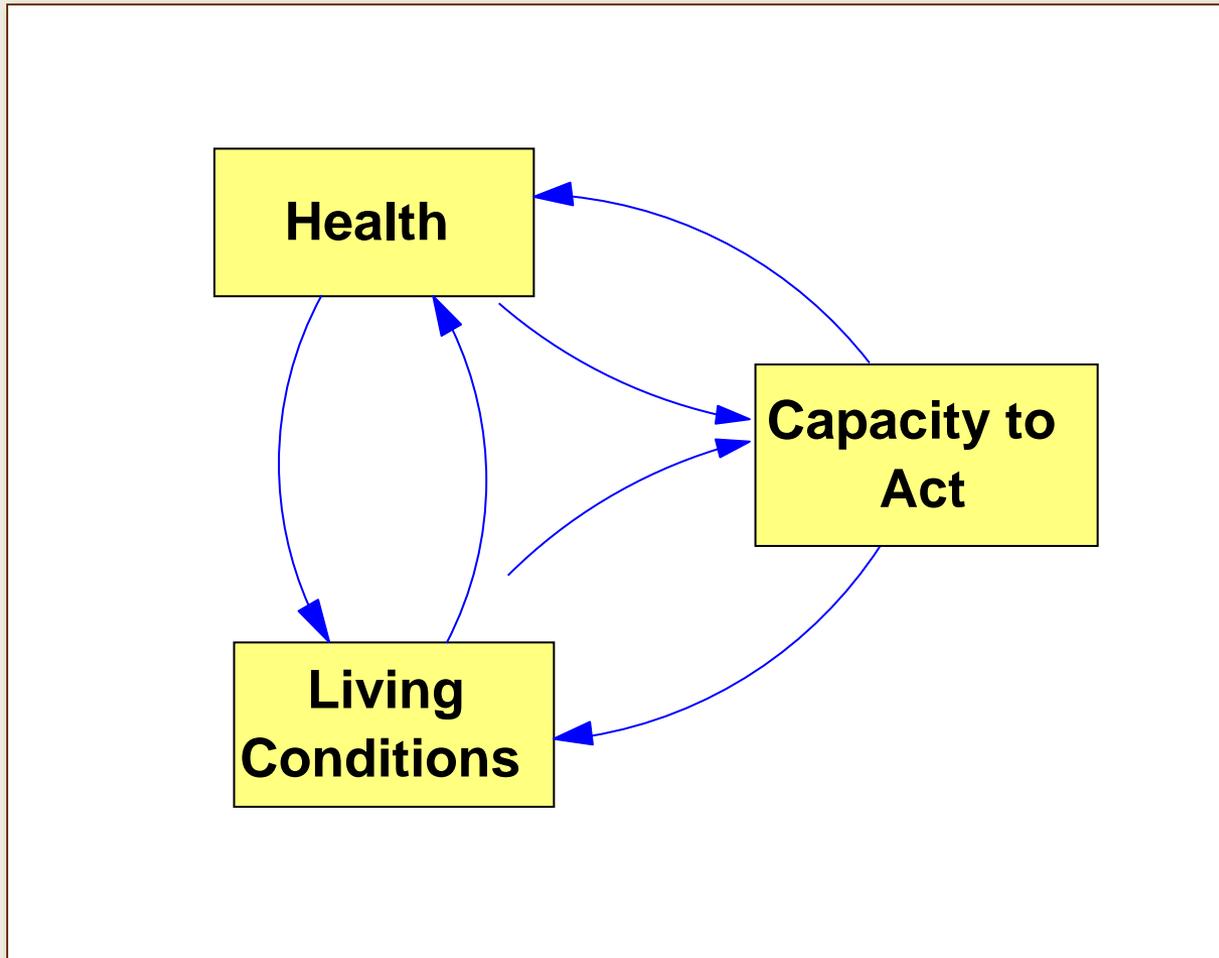


Layers of influence on health



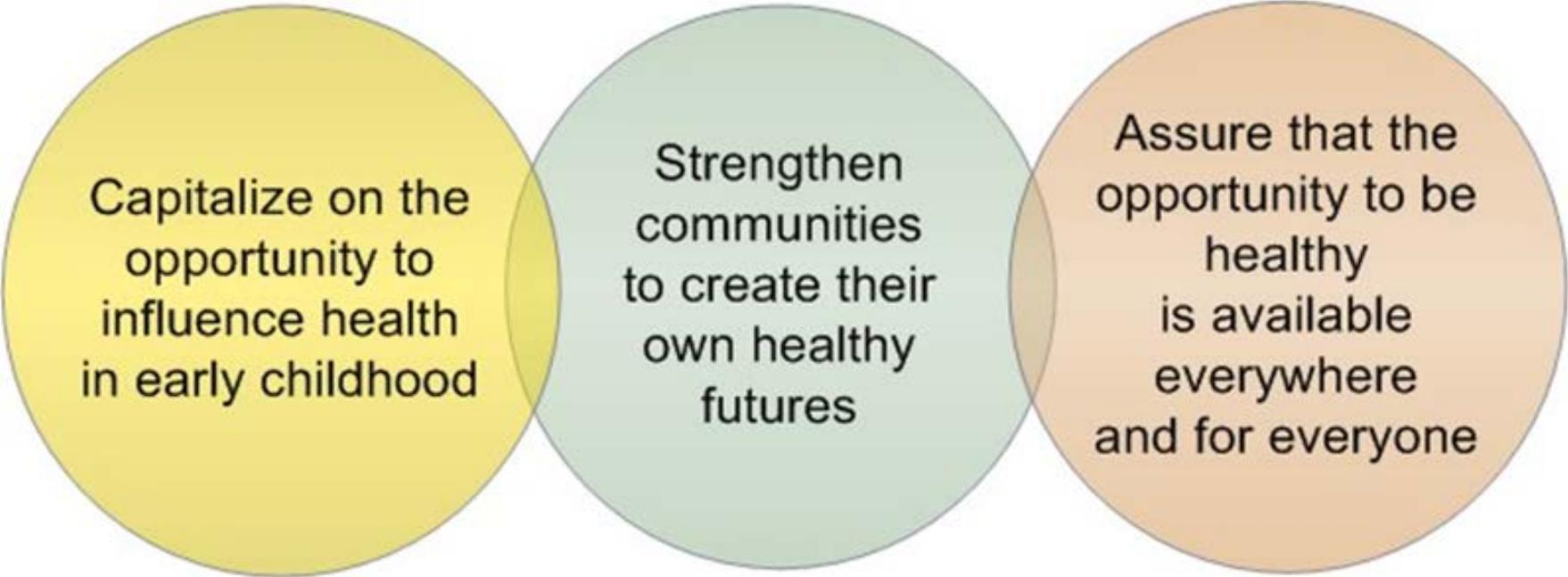


Seeing a wider set of relationships :



Minnesota's vision for health

All people in Minnesota enjoy healthy lives and healthy communities.



Capitalize on the opportunity to influence health in early childhood

Strengthen communities to create their own healthy futures

Assure that the opportunity to be healthy is available everywhere and for everyone

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.

Structural inequities

Structures or systems of society — such as finance, housing, transportation, education, social opportunities, etc. — that are structured in such a way that they benefit one population unfairly (whether intended or not).



LIFE

Health inequity

- A health disparity based in inequitable, socially-determined circumstances. Because health inequities are socially-determined, change is possible.

Who's affected by structural inequities in Minnesota?

- American Indians
- African Americans
- Children
- Persons with mental health challenges
- LGBTQ
- Immigrants
- Refugees
- Asian-Pacific Islanders
- Hispanics/Latinos
- Rural Minnesotans
- Women
- Older Minnesotans
- Persons with disabilities
- And more...

Predictors of health by race

The connection between systemic disadvantage and health inequities by race is clear and predictive of the future health of our community

Health equity and structural 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.

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.

If we are not all healthy together,
none of us is as healthy as we
could be.

A community effort

Health – and health equity - are created in the community by people working together to create just economic, social and environmental conditions that promote health.

Everyone needs:

- **Access to economic and educational opportunities** (*high school graduation, access to jobs, transportation, etc.*)...
- **The capacity to make decisions and effect change for ourselves, our families and our communities** (*empowerment of women, community self-governance, opportunities for civic participation, etc.*)...

Everyone needs (cont'd)...

- **Social and environmental safety in the places we live, learn, work, worship and play** (*housing conditions, crime rates, school climate, social norms and attitudes, etc.*) and
- **Culturally-competent and appropriate services when the need arises** (*access to health care, mental health care, financial assistance, etc.*)

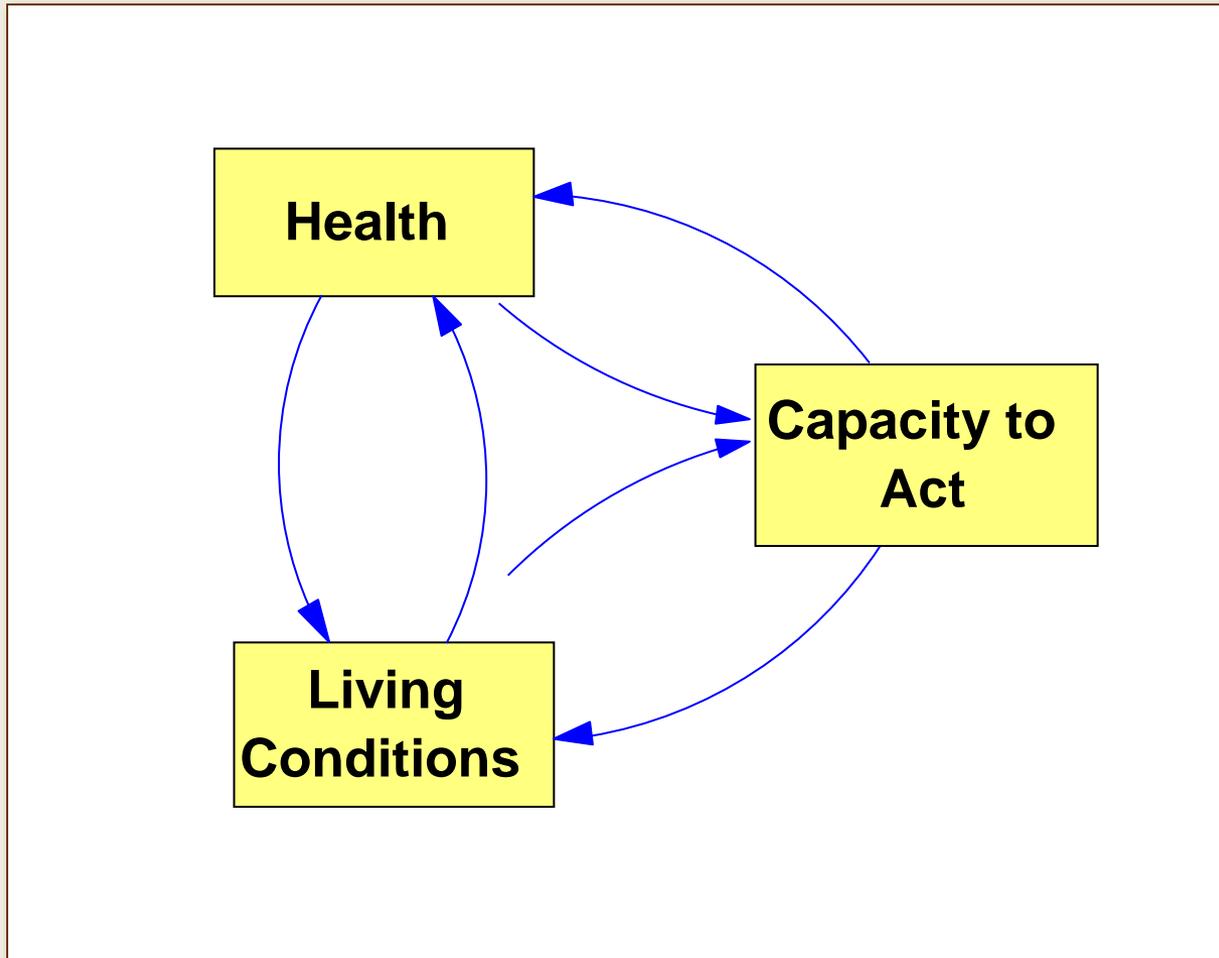
What needs to be done

Achieving health equity and eliminating health disparities requires valuing everyone and making intentional, consistent efforts to address avoidable systematic inequalities, historical and contemporary injustices.

To create change

- *Public understanding* – of what creates health
- *Public agenda* – create expectation that we can and will address these conditions
- *Public/political will* – to make tough choices-
accountability for policies, programs

Seeing a wider set of relationships :



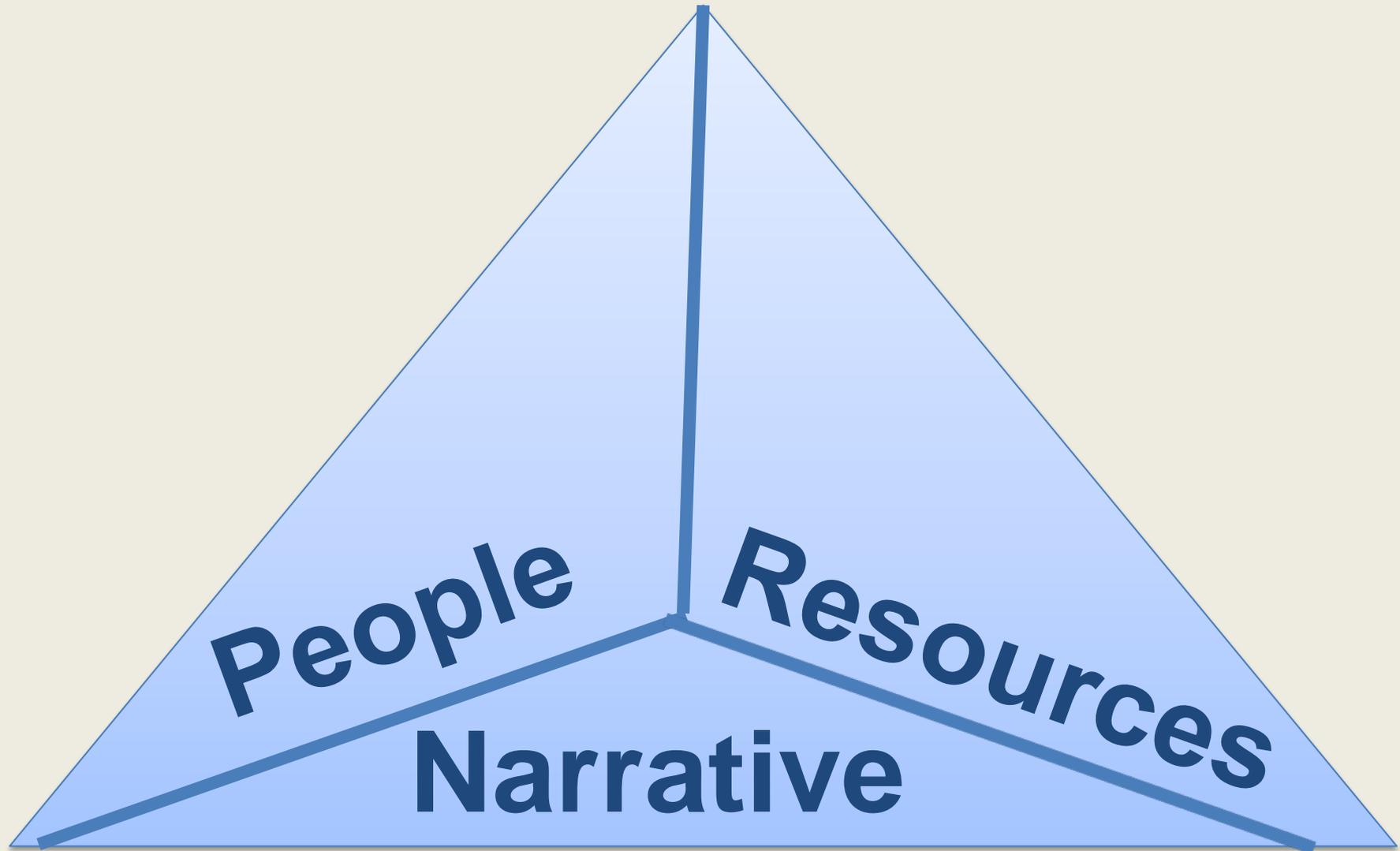
What tools do we have to build capacity for health equity?

- Engage citizens in decision-making
- Consciously align/shift the narrative
- Advance health in all policies

Health Equity Report

- Summarize data on disparities and health equity
- Identify policies, processes and systems
- Recommendations for MDH
- Identify best practices
- Recommendations for data to document and monitor and evaluate – accountability

Forces for Change



Seven AHE Recommendations

- Adopt a “health in all policies” approach
- Change MDH grant making
- Strengthen data collection and analysis

Seven AHE Recommendations

- Provide statewide leadership
- Strengthen community relationships
- Make health equity an emphasis
- Continue efforts that work

Continue efforts that work

Address the social and economic factors

AND

Continue initiatives and practices that are already making a difference with those experiencing impact of inequities and health disparities (i.e. EHDI, targeted programs)

Next Steps

- Establish the Minnesota Center for Health Equity
- Convene and coordinate a cabinet-level health equity and health in all policies effort
- Begin the process of implementing the recommendations

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<http://www.health.state.mn.us/divs/chs/healthequity/>