

# Timeline of health equity data and framing

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## Data on populations of color

Annual Populations of Color Report was published by MDH, Center for Health Statistics, from 1997-2009. Championed by Lou Fuller, this report was seen as essential for identifying the health issues important in Minnesota's populations and color and American Indians (BIPOC today). Because MN has been majority white, the particular health concerns of POC/AI were hidden within the averages for the state. Invisible, these health challenges would go unaddressed.

## From data to disparities

The Populations of Color Report highlighted areas where Minnesota POC/AI were not doing as well as the white population. The issues were framed during those years as *health disparities* – the differences between outcomes for whites and POC/AI. This was a national as well as a state conversation, with the Healthy People report also reporting on racial/ethnic disparities.

## From disparities to inequities

After some years of illuminating health disparities, different parts of the MDH started to reframe the conversation as issues not just of difference, but of differences born of unfairness – i.e., health inequities. This change also elevated the conversation around “social determinants of health” – recognition that differences in health outcomes were not because of the failure of individuals, but rather the inequities built into systems and structures.

## From inequities to equity

The health inequities conversation started to change as advocates recognized that that language focused only on the problem and not enough on solutions. Thus, by 2014 in Minnesota the language changed again, from health inequities to a focus on health equity (Advancing Health Equity Report). The 2012 and 2017 Minnesota statewide health assessments focused on improving the conditions of peoples' lives to assure everyone had the same opportunity to be healthy. At the same time, attention to solutions shifted even more from a focus on increasing services to changing policies. Note: health equity is now part of the national Healthy People 2030 framework as well: one of the goals includes the language, “eliminate health disparities and achieve health equity.” The revised Mobilizing Action for Planning and Partnerships (MAPP) process out of National Association of County and City Health Organizations (NACCHO) also includes “equity” as a foundational principle.

## From services to policies or systems

Community strengths and assets has been a consistent feature of assessment and planning practice for 20 years and more. A shift is taking place, however, from talking about assets such as resilience or cultural values as a means of increasing or improving services, to talking about the kinds of community assets that will change policies, as any approach to assessing the community must focus on actionable policy change. MAPP, for instance, is changing their model from “assess community health status, the

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local public health system, community themes and strengths, and forces of change” to “tell the community story: community status, community partners, and community context.” This shift signals NACCHO’s recognition of the importance of community engaging, organizing, and increasing community power.

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