Saint Paul - Ramsey County Public Health
Marina McManus, Director

Community Health Services Advisory Committee
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Minutes
Community Health Services Advisory Committee
MARCH 5, 2014

MEMBERS PRESENT
Thomas Kottke MD, Acting-Chair
Eugene Nichols
Madonna McDermott
Liz McLoone Dybvig
Der Moua
Kerri-Elizabeth Sawyer
Jill Stewart
Mary Yackley

MEMBERS EXCUSED
Kathy Campion
Mee Cheng
David Muhovich
Regina Rippel
Sylvia Robinson
Esther Tatley
Bob Tracy

STAFF PRESENT
Amira Adawe- Department Health Equity Team
Cheryl Armstrong- Department CHIP/Strategic Plan Committee
Patricia Baker- Department Health Equity Team
Joan Brandt- Department Leadership Team
Chris Burns- Department Leadership Team
Robert Einweck- Department Leadership Team
Donald Gault- Department Leadership Team
Diane Haugen- Department Leadership Team
Kathy Hedin- Department Health Equity Team
Diane Holmgren- Department Leadership Team
Neal Holtan- Department Medical Director
Zahabiya Kalil- Department Health Equity Team
Sue Mitchell- Department CHIP/Strategic Plan Committee
Rina McManus - Director
Mary Peick- Department Leadership Team
Richard Ragan
Tamiko Ralston- Department Health Equity Team
Blia Vang- Department Health Equity Team
Kay Wittgenstein- Department Health Equity Team

GUESTS PRESENT
Jeanne Ayers (MDH)
Gail Blackstone (Ramsey County-Human Resources Director)
Dorothy Bliss (MDH)
Ryan O'Connor (Ramsey County-Policy & Planning Director)
Melanie Peterson-Hickey (MDH)
Lane Rapp-Citizen
DeDee Varner - HealthPartners

Dr. Thomas Kottke welcomed everyone to the meeting and asked them to introduce themselves.

Rina McManus introduced Dr. Neal Holtan, Department's Medical Director. Rina gave a brief overview of the agendas for the April 2nd and May 7th Community Health Services Advisory Committee meetings. On April 2, the final draft of the Community Health Improvement Plan (CHIP) will be reviewed with discussion about the Action Teams which will continue into the future to support the findings of the CHIP Plan. On May 7, the final draft of the Department's Strategic Plan will be discussed and forwarded to the County Board. Both documents are scheduled for County Board action on May 20, 2014. The Department plans to apply for accreditation by June.

Advancing Health Equity – Assistant Commissioner of the Minnesota Department of Health, Jeanne Ayers, Dorothy Bliss and Melanie Peterson-Hickey. PowerPoint presentation attached.

MDH from across the Department (top to bottom) created the Health Equity committee. They worked with a consultant who provided education and training.

Ryan O'Connor, Ramsey County Policy & Planning Director, facilitated the creation of a report titled Racial Equity Now is the Time to Act. He has presented to the community more than 75 times.

The study used the same definition of public health created in 1988 by the Institute of Medicine for the Future of Public Health Report – "Public health is what we, as a society, do collectively to assure the conditions in which all people can be healthy".

The World Health Organization defined "health" as – a state of complete physical, social and mental well-being, and not merely the absence of disease. This is the starting point for creating health equity.

Traditionally, among the public, the factor that determines health is clinical care. Studies show that clinical care is only about 10% a factor. The greatest factor at 40% are social and economic factors.

The prerequisite conditions for health are peace, shelter, education, food, income, stable eco-system, sustainable resources and social justice and equity.

The determinants of health are considered in "layers". At the lowest level is age and gender, then lifestyle, then social networks, then living conditions and then socio-economic, cultural and environmental conditions.

A group began to meet in 2010 to work on a report – Healthy Minnesota 2020. A statewide assessment was conducted. We used to count people with disease. For this report they counted disparities using 3 themes: influencing health in early childhood, strengthening communities to strengthen health and assuring the opportunity to be healthy is everywhere for everyone.

It is important to see a wider set of relationships to advance health equity; health, living conditions and capacity to act. This is a transformation at the Minnesota Department of Health. Social determinants of health are socially (collectively) decided (determined). Always moving toward health equity.

Health equity means achieving the conditions in which all people have the opportunity to realize their optional health potential without limits imposed by structural inequities. Example – where a person lives in Ramsey County should not determine how healthy they are.

Structural inequities such as finance, housing, transportation, education, social opportunities, etc. where they benefit one group unfairly either intended or not. What's the outcome is the question?

The connections between systemic disadvantages and health inequities by race are clear and predictive of the future health of a community. Because health inequities are socially determined, we need to re-direct or un-determine and change is possible.

These groups of people are affected by structural inequities in Minnesota – American Indians, African Americans, children, women, LGBT, immigrants, refugees, Asians, Hispanics, Minnesotan's who live in rural

areas, the elderly, people with disabilities and others. Everywhere there was a difference there was an intersection with race.

If we can learn to disrupt race inequities everything we learn will help with all other inequities.

In countries with less disparities/inequities – everyone is healthier. Health equity is created by people working to create just economic, social and environmental conditions that promote health.

The question is – Do people have the power necessary to assure they have opportunity? We need to make targeted investments.

What needs to be done? Value everyone with intentional and consistent efforts to address the avoidable. There is power of community to change living conditions to change health conditions.

The tools to build capacity for health equity include: engage citizens in decision-making, shifting the narrative and advancing health in all policies. It has been said (traditionally) that Public Health is not responsible for – say – housing. It's not in our swim lane. We need to make it our business.

The Health Equity Report does the following: summarizes date on disparities and health equity, identifies policies/process/systems, provides recommendations for changes at MDH, identifies best practices and provides recommendation for data to count and evaluate. The seven recommendations include: #1 Adopt a health in all policies approach, #2 Change the MDH Grant making system, #3 Strengthen data collection and analysis, #4 Continue with efforts that are working, #5 Provide leadership, #6 Strengthen community relationships and #7 Make Health Equity an emphasis.

Questions to Jeanne Ayers and her staff.
What is your advice for leaders? How do we get ready for this discussion?
The Health Impact Assessment for the Central Corridor project. How fast can we move people how far? What other values should be/have been considered?
Do we use community decision-making or research-based decision-making? Practice-based evidence or evidence-based practice?

The MDH was encouraged to utilize the local public health system and its connection to the community to support and forward health equity.

Jeanne Ayers invited Rina and Saint Paul - Ramsey County Public Health staff to come to MDH and tell us what you have been doing in this area (on this topic).

Adjourn 7:30 PM

Next meeting is April 2, 2014, 5:30-7:30 PM / Topic is the Community Health Improvement Plan.

Advancing Health Equity in Minnesota

2014 Report to the Legislature

Jeanne Ayers,

Assistant Commissioner

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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 health?

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

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

World Health Organization 1948, 1986

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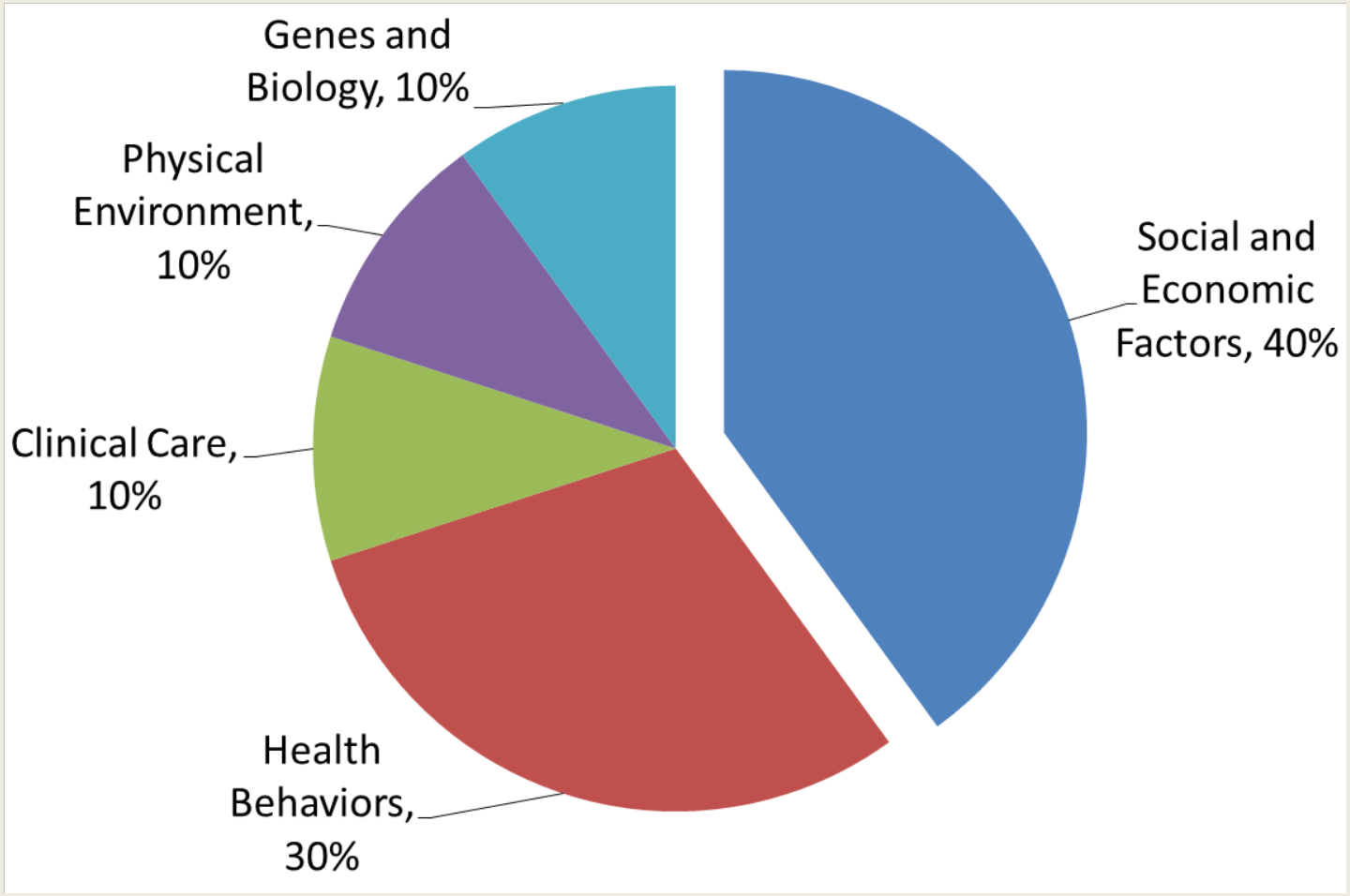
What factors determine health?



Tarlov AR. Public policy frameworks for improving population health. *Ann N Y Acad Sci* 1999; 896: 281-93.

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Prerequisite 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>.

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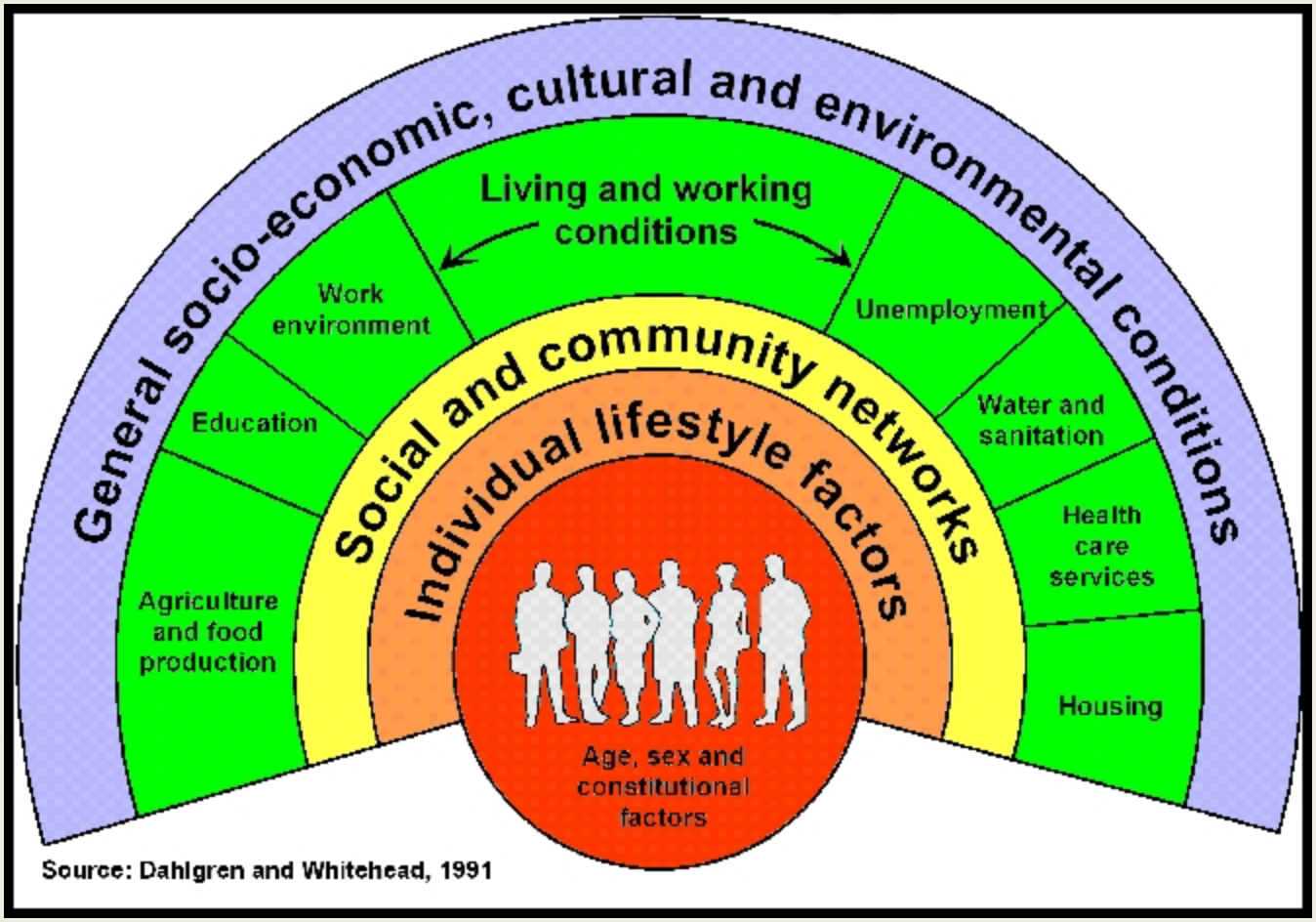
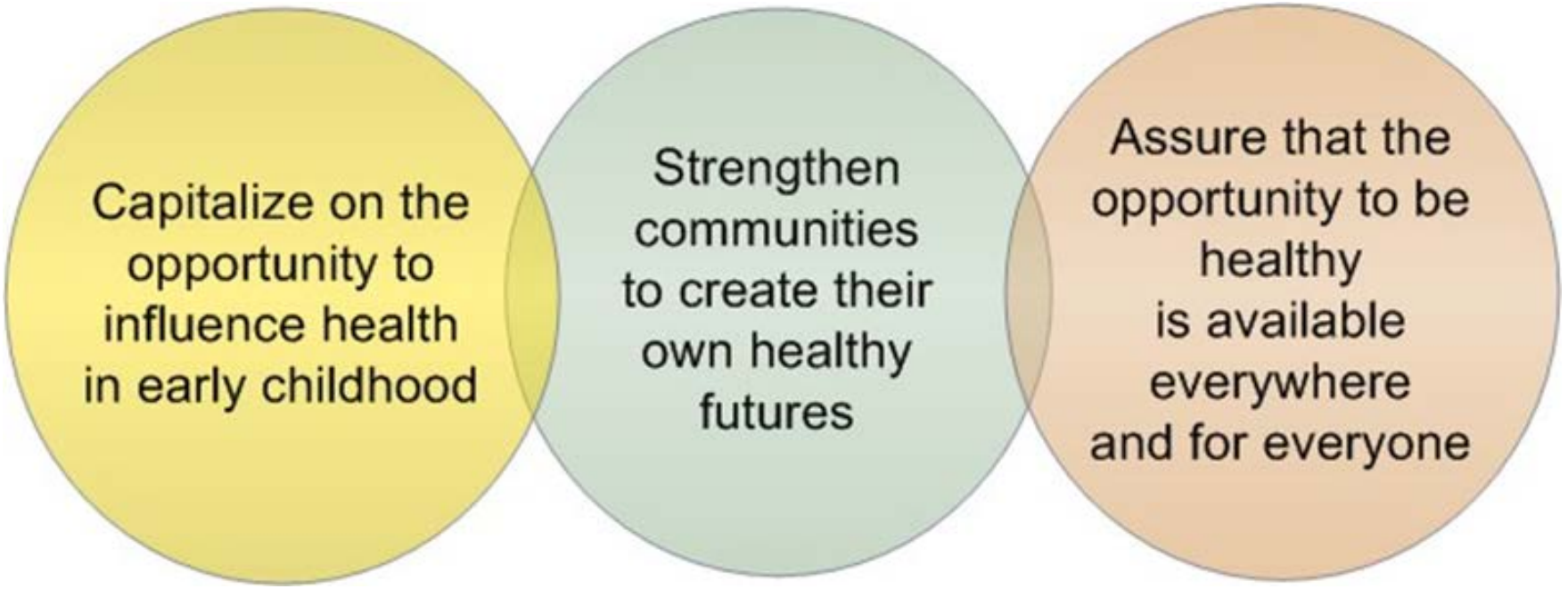
What determines health?



Healthy Minnesota 2020

All people in Minnesota enjoy healthy lives and healthy communities.



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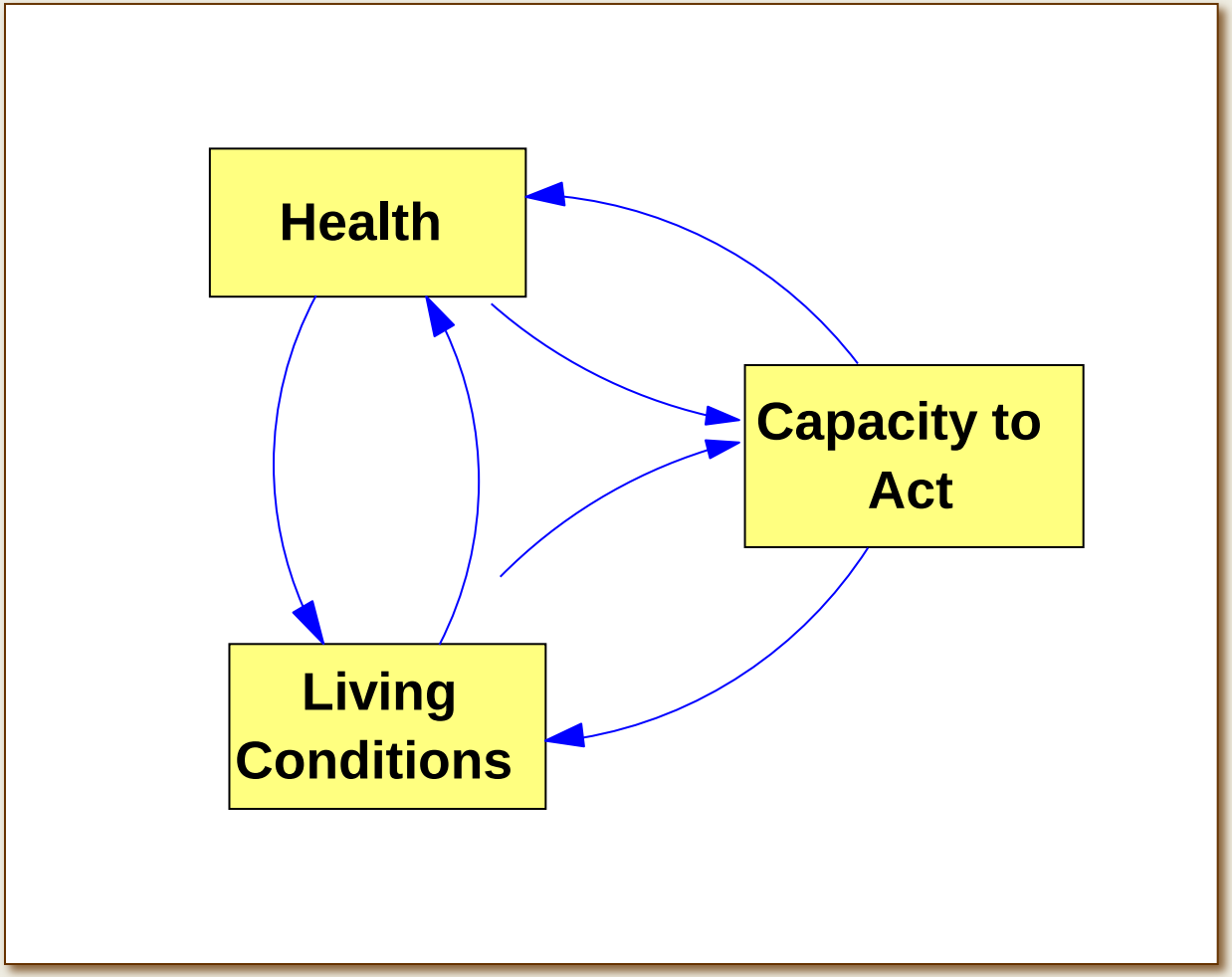
Seeing a wider set of relationships to advance health equity:



Centers for Disease Control and Prevention, Bobby Milstein

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).

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 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…

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.

Equity in health outcomes requires:

- Access to economic, educational and political opportunity.
- The capacity to make decisions and effect change for ourselves, our families and our communities.
- Social and environmental safety in the places we live, learn, work, worship and play.
- Culturally-competent and appropriate services when the need arises.

Advancing Health Equity in Minnesota, p. 14

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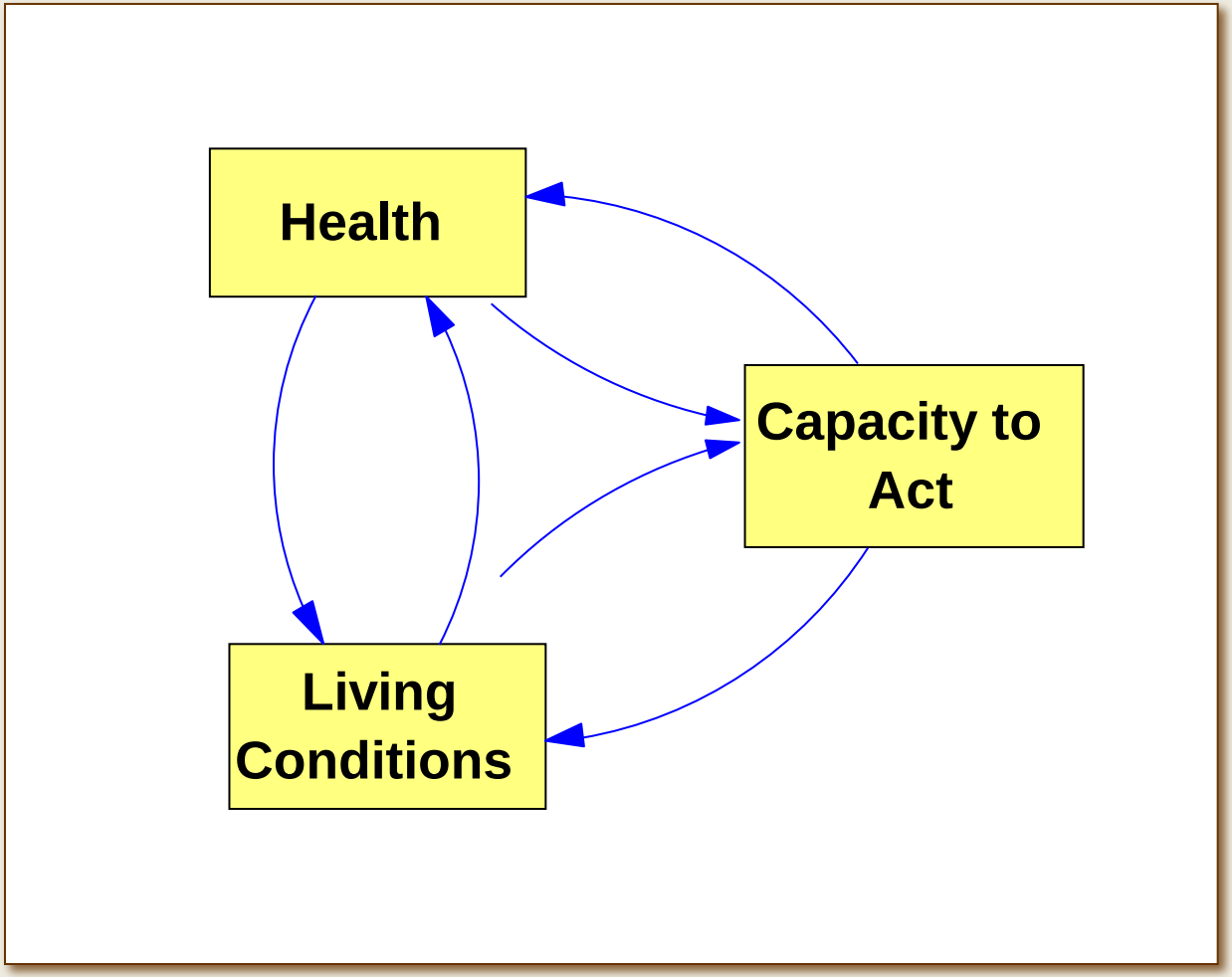
What needs to be done

- 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 :



Centers for Disease Control and Prevention, Bobby Milstein

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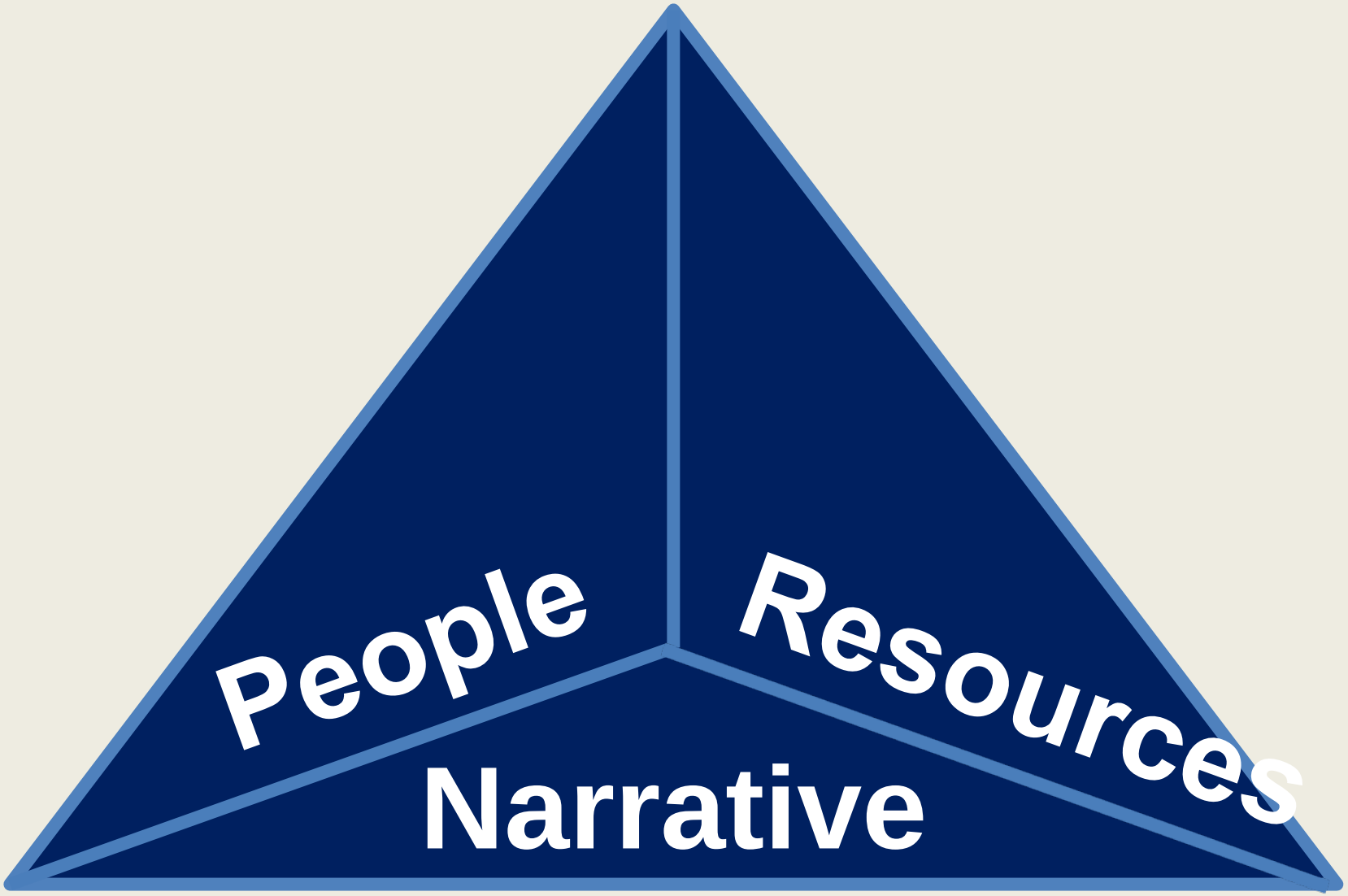
What tools do we have to build capacity for health equity?

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

Advancing Health Equity



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

Seven AHE Recommendations

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

Seven AHE Recommendations

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

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

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

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