



Latino Community Action Plan

Chronic Disease Prevention in Ramsey County

2015

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Key Terms

Health disparity: A population-based difference in health outcomes (e.g., women have more breast cancer than men). A particular type of health difference that is closely linked with economic, social, or environmental disadvantage.

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

Health equity: When every person has 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 benefit one population unfairly (whether intended or not).

Latino Community Action Plan Chronic Disease Prevention in Ramsey County

I. Purpose

WHY IS THIS PLAN NEEDED?

The purpose of the Latino Community Action Plan Chronic Disease Prevention (Community Action Plan) is to provide recommendations for community organizations, local government and other stakeholders to improve the health of the Latino community in Ramsey County. These recommendations will provide steps for setting priorities, policy-making, planning and programming to reduce health disparities impacting Latino communities. This is particularly important due to the growing Latino community population. According to the Minnesota State Demographic Center, 43,230 (8.7%) of Ramsey County's population is Latino/Hispanic, and that number is expected to reach over 60,000 by the year 2035.¹

The Community Action Plan addresses three main indicators that have a significant impact on health and can aid in the prevention of diseases are conditions that are long-lasting and can be treated—such as heart disease, stroke, cancer, diabetes, obesity, and arthritis. Chronic diseases are among the most **common, costly, and preventable** of all health problems. Chronic diseases such as heart disease, cancer, diabetes and stroke are responsible for 7 out of 10 deaths each year and account for 86% of our nation's health care costs.² In Ramsey County heart disease, cancer and stroke are the leading causes of death and make up 44% of all deaths to Ramsey County residents in 2014 (Figure 1). The main factors influencing the onset of chronic disease are diet, exercise, and tobacco use. These factors can be addressed by using strategies and interventions to prevent or lessen their severity in the community.³

The Community Action Plan provides feedback from community input sessions, recommendations, and action steps to guide next steps.

¹ Minnesota Population Projections by Race and Hispanic Origin, Minnesota State Demographic Center, January 2009. Retrieved from: <http://mn.gov/admin/demography/data-by-topic/population-data/our-projections/>

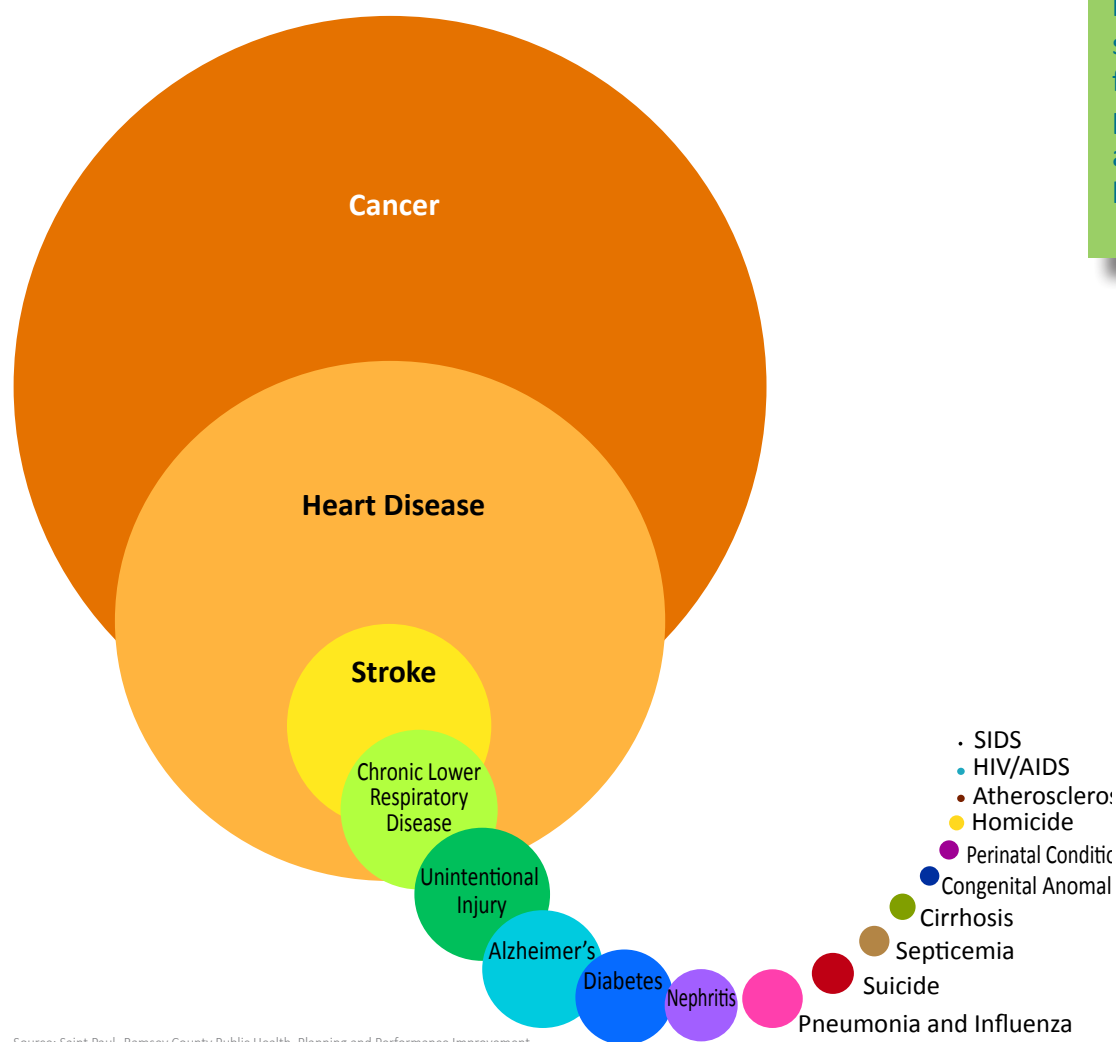
² Healthy people.gov, General Health Status. Retrieved from: <http://www.healthypeople.gov/2020/about/foundation-health-measures/General-Health-Status#two>

³ Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/chronicdisease/about/prevention.htm>

Key Terms

Social determinants of health: Health is created and impacted by the social determinants of health including: healthy behaviors, social and economic factors, clinical care, physical environment, and genes and biology.

Figure 1 Number of deaths by cause, in perspective, Ramsey County, 2001-2010



Source: Saint Paul- Ramsey County Public Health, Planning and Performance Improvement.

II. Framework

STATEWIDE HEALTH IMPROVEMENT PROGRAM (SHIP) AND PLAN DEVELOPMENT

A top priority for both the Minnesota Department of Health and Saint Paul – Ramsey County Public Health (SPRCPH) is to advance health equity.^{3,4} Health equity is the attainment of the highest level of health possible for people of all ages and backgrounds, with focused attention to the needs of those at greatest risk of poor health, based on social conditions.⁵

SPRCPH believes all people have the right to live safe, healthy, and productive lives using the concept of social justice as a guide. Department employees are advocates for those who are systematically disadvantaged and work closely with community partners to vigorously address the social determinants of health throughout the lifespan.

The Statewide Health Improvement Program (SHIP) administered by the Minnesota Department of Health (MDH) and SPRCPH, also includes health equity as a core value. SHIP initiatives work within systems and communities to help decrease the prevalence of chronic diseases. SHIP focuses on policy, system, and environmental changes (PSE) in the community that create sustainable health improvements.

This Community Action Plan is one of SPRCPH's advancing health equity initiatives made possible with support from SHIP. The plan includes PSE recommendations to decrease health disparities and reduce chronic disease in the Latino community. It also suggests strategies to create and expand healthy behaviors while maintaining and respecting cultural practices and traditions around food, exercise, and smoking.

Plan Development

Comunidades Latinas Unidas En Servicio (CLUES), facilitated five sessions with Latino serving community organizations to develop interventions for healthy eating, active living, and reducing tobacco use in the Latino community. Organizations provided individuals from CLUES, SPRCPH, Saint Paul Eastside YMCA, Cycles for Change, Consulate of Mexico, St. Mary's Health Clinics, CLEARCorps MN, University of Minnesota Extension – SNAP, and Neighborhood House (see Appendix A). Input sessions took place between April through October 2015.



The sessions were designed to both foster collaboration among Latino-serving

³ Minnesota Department of Health. 2014. Advancing health equity in Minnesota: Report to the Legislature. Retrieved from http://www.health.state.mn.us/divs/chs/health-equity/ahe_leg_report_020414.pdf

⁴ Saint Paul - Ramsey County Strategic Plan 2014-2018. Retrieved from: https://www.ramseycounty.us/sites/default/files/Departments/Public%20Health/Strategic_Plan_final_2014_2018_secured.pdf

⁵ Ibid.

community organizations and to solicit ideas for new interventions to address health disparities in the Latino community.

Key Strategies Associated with Latino Health Needs

Policy, systems, and environmental changes (PSE) will be highlighted to address health inequities in the Latino community in this action plan. PSE change strategies focus on community, institutional/organizational, and public policy levels, rather than solely on individual behavior change. PSE change strategies impact a higher percentage of the population, which is essential given the obesity epidemic and prevalence of chronic diseases in the Latino population.

PSE can be described as:

- Policy strategies that impact laws, ordinances, resolutions, mandates, regulations or rules (both formal and informal).
- Systems strategies that impact all elements of an organization, institution or system.
- Environmental strategies that involve physical or material changes to the economic, social or physical environment.

PSE strategies address issues impacting communities through a systematic approach that has the potential to impact larger segments of the population. Human behavior can be difficult to change, however, the difficulty level increases significantly when environments/systems are not supportive.

The Social Ecological Model in Figure 2 describes potential opportunities for promoting health as it paints a picture of the many factors that influence behavior at each level of the model. At the core of the model is the individual, surrounded by four bands of influence representing the interpersonal, organizational, community, and policy levels. Implementation of activities at these five levels is recommended to maximize synergies of intervention for the greatest impact.

The strategies identified in this Community Action Plan are not only based on input from community stakeholders, but also align closely with research findings

Figure 2 Social Ecological Model



Source: McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Educ Q. 1988 Winter;15(4):351-77.

that show the effectiveness of PSE change. For example, the Centers for Disease Control and Prevention (CDC) released a report on the "Recommended Community Strategies and Measurement to Prevent Obesity in the United States."⁶ The report highlights 24 strategies for obesity prevention that can occur at the PSE level. Some evidence shows that increased availability (both in access and cost reduction) of fruits and vegetables leads to increased consumption. Improved infrastructure and street-scale urban design and land use policies are associated with increased frequency of biking and walking,⁷ and advertising bans lead to decreased tobacco consumption.⁸ These findings are included in the recommendations presented and adapted to meet the specific needs of the Latino community in this plan.

⁶ Khan L, Sobush K, et al. (July 2009). Recommended community strategies and measurements to prevent obesity in the United States. Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

⁷ Carlson SA, et al. Public support for street-scale urban design practices and policies to increase physical activity. *J Phys Act Health*. 2011 Jan;8 Suppl 1:S125-34.

⁸ World Health Organization. (2013). Retrieved from: http://www.who.int/mediacentre/news/releases/2013/who_ban_tobacco/en/

III. Needs and Assets

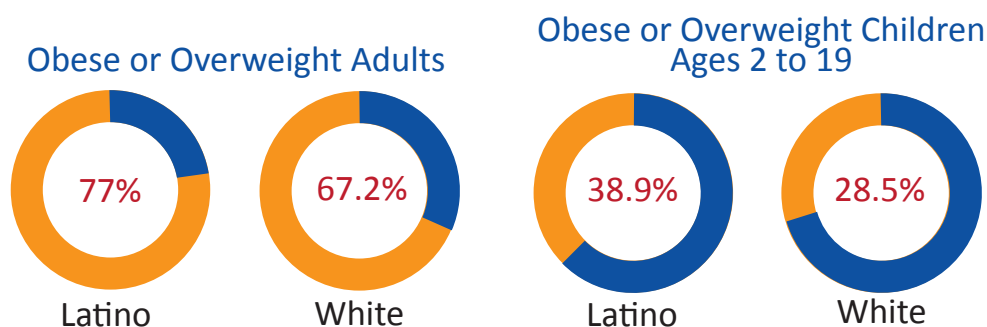
LATINO HEALTH NEEDS

Significant disparities exist among Ramsey County residents regarding healthy eating, active living, and tobacco use. Latinos are more likely to be overweight, inactive, and to smoke/be exposed to second/third-hand smoke compared to non-Latinos. It is important to note that these health indicators are highly influenced by structural inequities – such as finances, housing, education, etc. - that disproportionately impact communities of color and are not solely due to individual choices or behaviors. Furthermore, overall health and well-being are impacted largely by external factors (social environment, physical environment, genes, and clinical care) while only 30% of our health is determined by individual health behaviors.⁹ It is clear that reducing the numbers of individuals who are inactive, overweight or exposed to tobacco – both through individual behavior change as well as addressing structural and environmental factors that influence health could lead to improved health and a decrease in chronic diseases.

Risk Factors

Nationwide, 77% of Latino adults and 38.9% of Latino children are overweight or obese, as shown in Figure 3.

Figure 3 Percentage of Obesity or Overweight, United States, 2011-2012



Source: Trust for America's Health and Robert Wood Johnson Foundation Special Report. Obesity Prevention in Latino Communities. 2014. Retrieved from <http://stateofobesity.org/disparities/latinos>

While local rates are much better, a disparity still exists. Local data show that 32% of Latino adults in Ramsey County are obese, compared with 26% of white adults and 31% of Latino students are obese compared to 20% of white students (grades 9 and 12).¹⁰ High obesity rates contribute to increased levels of disease and death. The Minnesota Department of Health (MDH) reported that the diabetes death rate for the Latino population is two to five times higher than in the non-Hispanic white population. Most shockingly, MDH indicates that one of every two Latino children born after 2000 will develop diabetes, which is four to six times higher than non-Hispanic whites.¹¹

One Out of Every Two

Latino children born in the U.S. after 2000 will develop diabetes.¹³

⁹ National Association of Community Health Clinics. Powering Healthier Communities Community Health Centers Address the Social Determinants of Health. August 2012. Retrieved from: <https://www.nachc.com/client/documents/SDOH1.pdf>

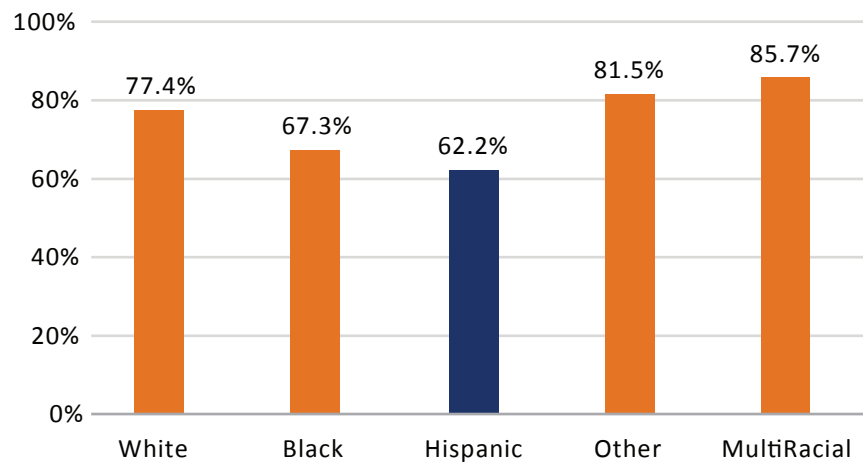
¹⁰ Ramsey County Community Health Assessment 2013. Retrieved from: http://www.co.ramsey.mn.us/ph/docs/2013_community_health_assessment_14_527.pdf

¹¹ Minnesota Department of Health. Priority Health Areas of the Eliminating Health Disparities Initiative. Retrieved from: <http://www.health.state.mn.us/omh/grants/ehdi/priority.html#diabetes>

Latino children consume higher amounts of sugar-sweetened beverages than other children.¹² One study found that two out of every three foods Latino children consumed include pizza, chips, desserts, burgers or soda/juice.¹³ High rates of obesity and diabetes are alarming and demonstrate the need for targeted interventions within the Latino community.

To make matters worse, lack of physical activity is most prevalent among ethnic and racial minority groups, particularly among Hispanics/Latinos.¹⁴ Physical inactivity combined with a poor diet, is the second leading cause of preventable death and disease in the United States and also a huge economic burden.¹⁵ In 2013, nearly 40% of Latinos in Minnesota reported that they had not engaged in any physical activity in the past month (Figure 4); this is well over any other racial/ethnic group.

Figure 4 Percentage of adults reporting participation in any physical activity during the past month, Minnesota, 2013



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion Division of Population Health. BRFSS Prevalence & Trends Data. 2015.

¹² Trust for America's Health and Robert Wood Johnson Foundation. State of Obesity Special Report. Obesity Prevention in Latino Communities. 2014. Retrieved from: <http://stateofobesity.org/disparities/latinos/>

¹³ Ibid.

¹⁴ Ramsey County Community Health Assessment 2013. Retrieved from: http://www.co.ramsey.mn.us/ph/docs/2013_community_health_assessment_14_527.pdf

¹⁵ Ibid.

Additionally, among Hispanic 9th and 12 graders in Ramsey County, the trends are just as concerning. In 2010, only 43.5% of Latino youth in Ramsey County reported engaging in the recommended amount of physical activity.¹⁶

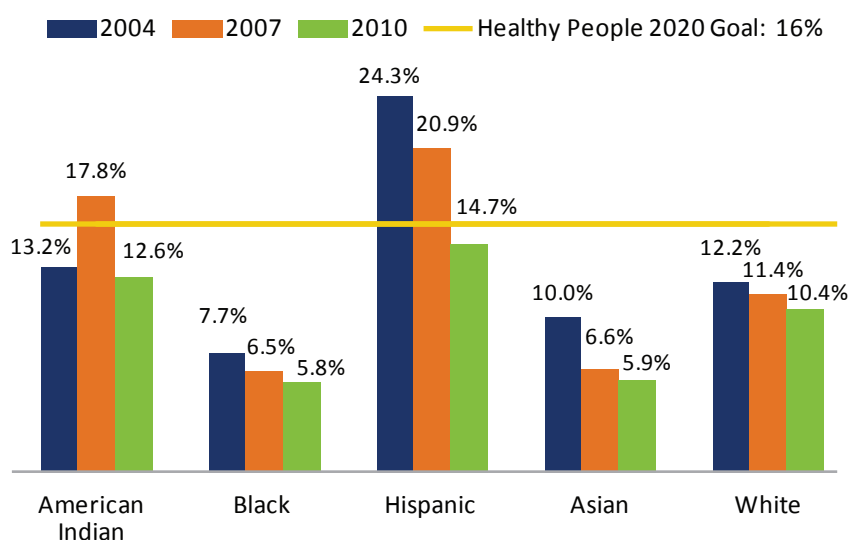
In Minnesota, over 695,000 individuals continue to smoke.¹⁷ Disparities in smoking rates include those with lower educational attainment, lower income, and communities of color. In Minnesota, the two communities with the highest rates of smoking include American Indians (38.3%) and Latinos (28.2%).¹⁸ Hispanic youth in Ramsey County smoke at a rate of 2.5 times higher than their Asian and African American peers (Figure 5).

In Minnesota, the two communities

with the highest rates of smoking

include American Indian (38.3%) and Latinos (28.2%).

Figure 5 Percentage of 9th and 12 graders that smoked cigarettes during past 30 days, Ramsey County, 2010



Source: Ramsey County Community Health Assessment, 2013.

Additionally, the risks of second-hand and third-hand smoke are significant and disproportionately impact the Latino community, particularly since Minnesota communities of color make up the majority of rental tenants in the state and are the most likely to live in buildings that allow smoking.

Together, these factors greatly influence one's quality of life. Researchers agree that inactivity, poor nutrition, and tobacco exposure can lead to long-term health conditions and lowered quality of life. Given that these indicators impact the Latino community at higher rates, it is essential that action is taken to address the structural inequities that lead to wide-spread disparities in chronic disease and illness.

¹⁶ Ibid.

¹⁷ Centers for Disease Control and Prevention. Smoking and Tobacco Use. Retrieved from: http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/minnesota/index.htm

¹⁸ Ibid.

COMMUNITY ASSETS TO ADDRESS LATINO HEALTH NEEDS

The population health indicators and statistics demonstrate the areas of need and disparities that are impacting the Latino community. When looking at these numbers, it is important to consider the cultural resources that the community can leverage to address the health needs. Some key assets (there are many more that are not listed here) within the Latino community that can be leveraged to address health include:

Faith-based organizations

are recognized as one of the strongest sources of existing leadership in the Latino community

- **Family values** – Latinos value family and are highly committed to supporting their families to improve their quality of life and make a better future for their children. This has been demonstrated time and time again by Latino immigrants who travel from their home country in search of a better life for their family. This value can be leveraged when encouraging parents to make changes in family meal plans, family activities, and to limit exposure to tobacco.



- **Resilience** – Many Latino immigrants have faced significant challenges and trauma in their lives and have been able to not only overcome the difficulties, but also to thrive. This is a significant strength that has been cultivated within Latino families. Resilience can be harnessed to face the challenge of changing unhealthy behaviors and to be used as a motivator for continuing on a journey toward a better quality of life.
- **Resourcefulness** – Many Latinos living in the U.S. have experienced poverty in their lifetimes, or their elders experienced poverty in past generations. This shared experience has created a value for utilizing resources wisely and finding opportunities to save. Resourcefulness can be leveraged to overcome barriers to healthy eating and physical activity that continue to exist, particularly around access and affordability.
- **Strong leaders and community advocates** – Latinos in Ramsey County have deep and long-standing roots in the community. Over time, Latinos have developed key leaders and community advocates that serve as trusted ambassadors of the community. These leaders and advocates include: community health workers, community liaisons, nonprofits, faith leaders, and many more. Existing leaders and advocates can be tapped to garner strength and unity around improving health.

- **Faith-based organizations** - Many Latinos are closely connected with a faith-based community and rely on the guidance and support of that community. Faith-based organizations can play a significant role in affirming healthy messages to Latinos.
- **Agricultural/plant knowledge** - A significant portion of the Latino immigrants in Minnesota, and elsewhere, have come from highly agricultural places. There is important knowledge of farming, harvesting, and cooking that exists within the community that can be leveraged for healthy living. Additionally, in many Latin American countries, traditional herbs, plants, spices, etc. are used for healing and well-being. These traditions can be cultivated and taught to help encourage healthier lifestyles.

Together, these community assets can help to improve health and well-being within the Latino community and should be built upon.

Low income

Latino neighborhoods have one-third the number of supermarkets

as non-Latino neighborhoods and have up to nine times the density of outdoor advertising for fast food and sugary drinks as high-income white neighborhoods.

IV. Findings and Recommendations

The findings and recommendations regarding healthy eating, active living, and tobacco use are based on the community input sessions, detailed in Figures 6-8. The recommendations include suggestions for first steps that will likely have significant impact, reduce health disparities and gain community buy-in. The recommendations do not provide detailed step-by-step strategies for implementation given the limited timeline of this project.

Overarching recommendations include:

- Have community members at the table to create ownership of interventions to create community buy-in.
- PSE change initiatives should be tailored and relevant to the community served.
- Involve community-based stakeholders (faith-based institutions, organizations, community groups, etc.) in the implementation of PSE interventions taking place in their own space.
- Cultural awareness is key in how messages reach community to increase positive outcomes.

HEALTHY EATING FINDINGS



Many Latino families do not have access to affordable, healthy, and nutritious foods. Healthy eating is vital to health and well-being, yet the number of barriers that impact the ability to access healthy food and influence eating habits are overwhelming. For example, low-income, Latino neighborhoods have one-third the number of supermarkets as non-Latino neighborhoods¹⁹ and have up to nine times the density of outdoor advertising for fast food and sugary drinks as high-income white neighborhoods.²⁰ These, and many other issues, as listed in Figure 6, significantly influence the choices that families make on a daily basis.

Some community organizations have already come together to provide policy, systems, and environmental (PSE) change initiatives. The importance of

collaborating with local governments, schools, and community-based organizations cannot be overstated.

¹⁹ Salud America! Research Review. Making Healthy Food and Beverages the Affordable, Available, Desired Choices Among Latino Families. December 2015. Retrieved from: <http://www.communitycommons.org/wp-content/uploads/2015/05/Better-Food-Research-Review.pdf>

²⁰ Trust for America's Health and Robert Wood Johnson Foundation. State of Obesity Special Report. Obesity Prevention in Latino Communities. 2014. Retrieved from: <http://stateofobesity.org/disparities/latinos/>

HEALTHY EATING ACTION PLAN RECOMMENDATIONS

Proposed initiatives aim to improve and increase access to healthy food. Themes identified include collaboration between the education system and community, the need for education around community gardens and raised bed gardens, increased partnerships with local corner stores and mercados, and the commitment to develop authentic community trust and relationships that sprout culturally sensitive healthy eating messages.

Policy initiatives identified:

- Implement local government policies that limit advertising of unhealthy food in underserved communities.
- Foster relationships/partner with local government, city councils, and neighborhood organizations to implement policy change initiatives that limit advertising of unhealthy food in Latino communities and neighborhoods.

Systems and Environmental initiatives identified:

- Improve access to community raised garden bed initiatives that sprout small neighborhood business enterprises to increase social capital.
- Improve and increase access to community gardens and existing land plots that encourage families to collaborate and garden together in order to grow and sell produce.
- Encourage corner stores and mercados to offer more fresh fruit and vegetables.

Financial initiatives identified:

- Provide financial incentives to corner stores and mercados, that increase consumer consumption of healthy food options by promoting SNAP and WIC benefits, hold healthier food marketing promotions.
- Highlight healthy food options on restaurant menus through community-based driven partnerships.

Education initiatives identified:

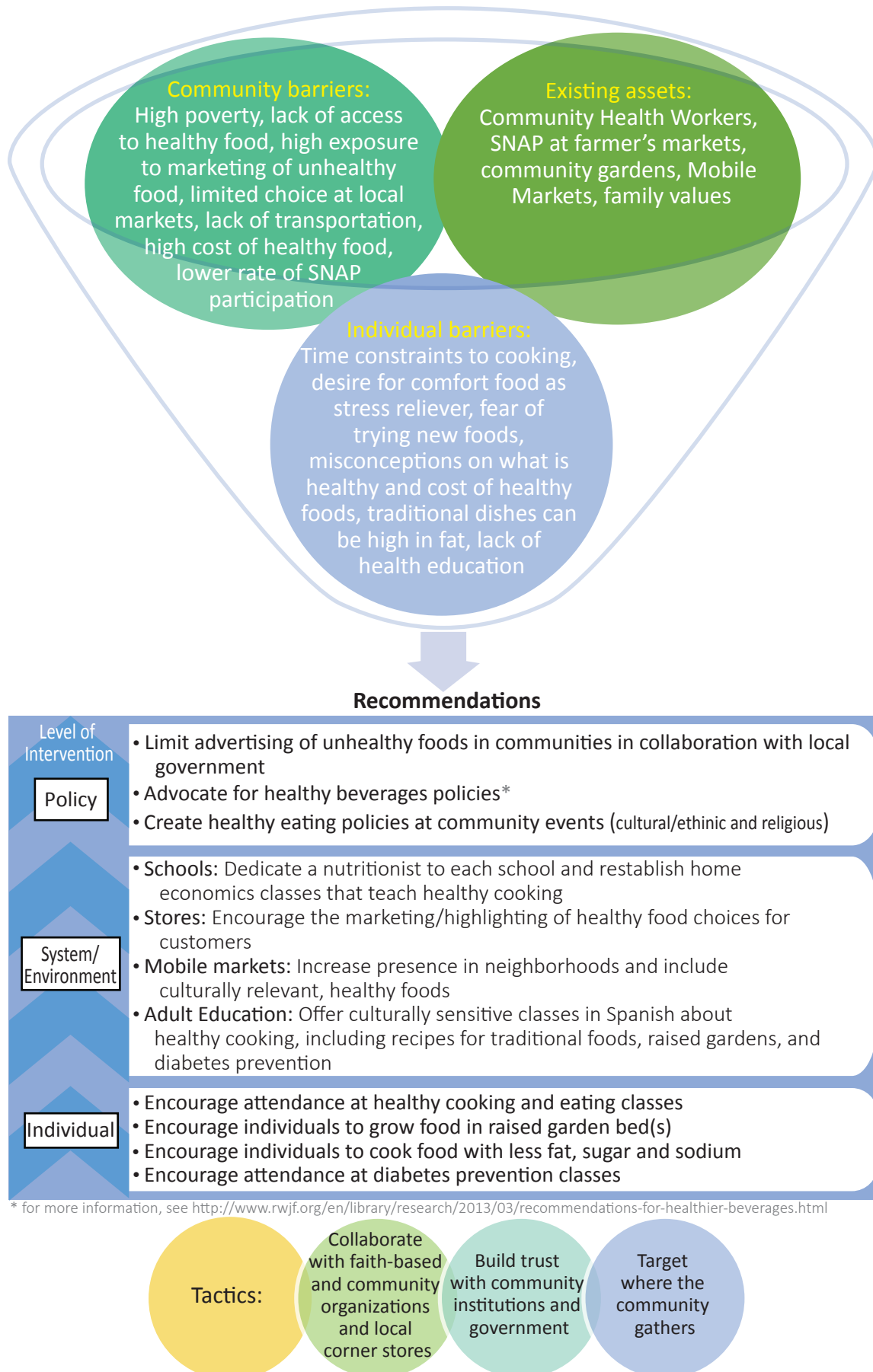
It is important to also acknowledge the importance of education in conjunction with PSE change initiatives. Some of these education efforts include:

- Increase cooking classes that teach community members to cook using less saturated fats.
- Intentional targeting of healthy eating messages to mothers, families, and heads of households.
- Utilization of promotores de salud (community health workers) as community liaisons in promoting public health messages.
- Tailoring healthy eating discussions to be more culturally relevant to underserved communities.

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.²¹

²¹ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Quick Guide to Health Literacy. Retrieved from: health.gov/communication/literacy/quickguide/

Figure 6 Healthy eating barriers, assets, and recommendations



ACTIVE LIVING FINDINGS

Like healthy eating, active living also contributes significantly to the health of a community. Many of the barriers faced regarding active living are not unique to the Latino population, however there seem to be many more barriers to be faced due mainly to high poverty and the lack of investment in many Latino neighborhoods. Fifty-seven percent of Saint Paul residents reported that they are “inactive” due to poor street lighting, fear of crime, lack of sidewalks and heavy traffic.²² More affluent neighborhoods tend to have increased access to recreational facilities. Nationwide, more than 80% of Latino neighborhoods do not have an available recreational facility, compared to only 38% of white neighborhoods.²³



Nationwide,
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Physical activity improves mood and helps prevent depression and anxiety. People who are physically active feel better, look better, and feel younger too. However, Latino community members and their families have limited access to physical activity and experience structural barriers. It is important to address these disparities faced by Latino community members so that they are able to have access to physical activity spaces and obtain optimal health.

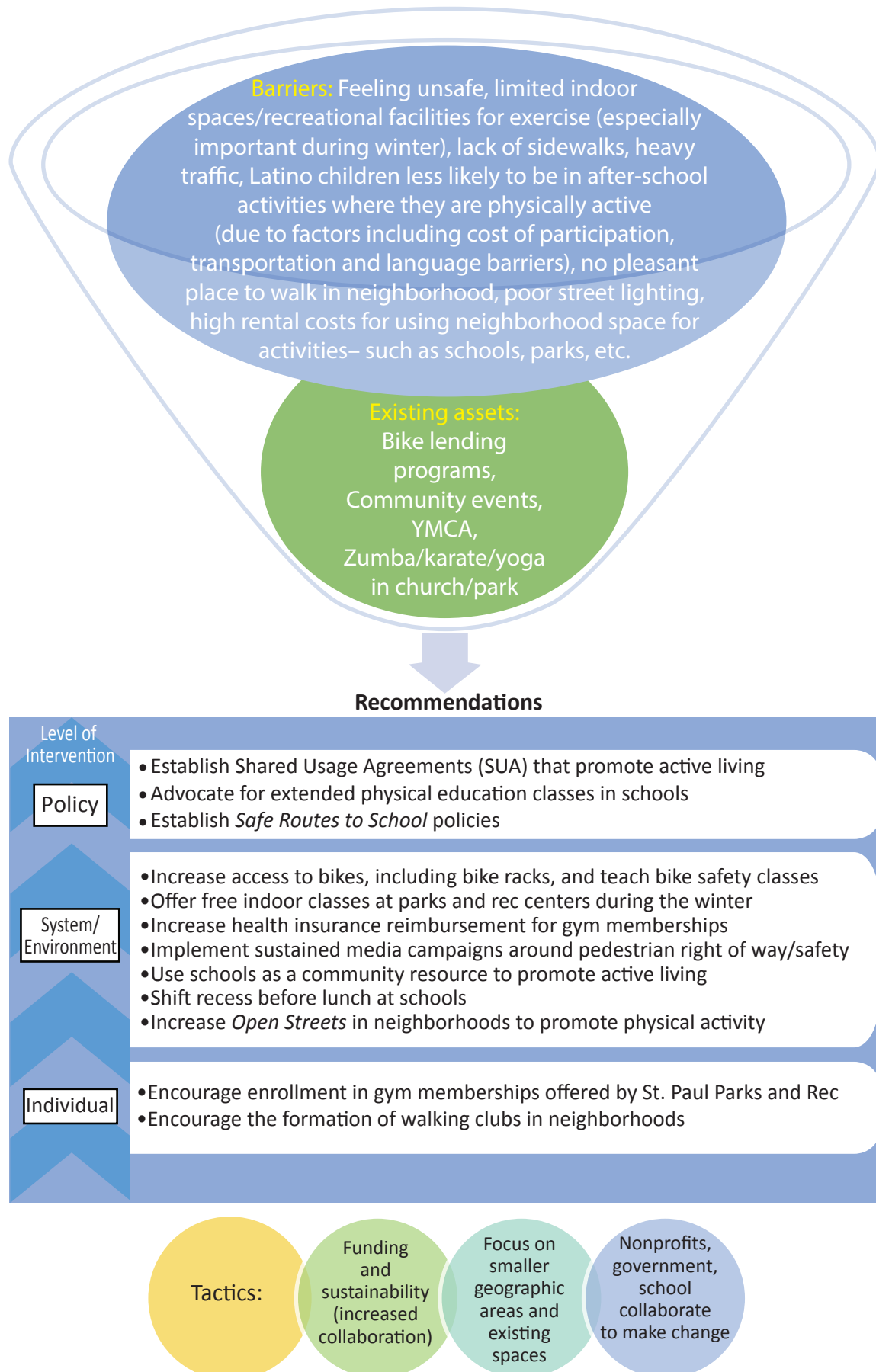
Latino community members reported factors that contribute to inactivity including lack of sidewalks, poor street lighting, and feeling unsafe. PSE changes propose increasing walkable, safe, and active neighborhoods through the fostering of community driven social connectedness initiatives.

²² Ramsey County Community Health Assessment. 2013. Retrieved from: http://www.co.ramsey.mn.us/ph/docs/2013_community_health_assessment_14_527.pdf

²³ State of Obesity. September 2014. Obesity Prevention in Latino Communities. Retrieved from: <http://www.stateofobesity.org/disparities/latinos/>

Figure 7

Active living barriers, assets, and recommendations



ACTIVE LIVING ACTION PLAN RECOMMENDATIONS

The recommendations focus on opportunities for physical activity in Latino neighborhoods, including access to indoor recreation during the winter. Another key intervention strategy focuses on the need for collaboration across sectors to provide Latinos with access to safe spaces to be active. See Figure 7 for a summary of findings.

Policy initiatives identified:

- Share space and recreational facilities through Shared Usage Agreements (SUA) - formal contracts between entities that outline terms and conditions for sharing public spaces for physical activity.²⁴
- Partner with local neighborhood organizations, schools, recreational facilities, and public agencies to collaborate and enter into an agreement that addresses structural inequities and fosters increased access to spaces for being physically active.

Systems and environmental initiatives identified:

- Invest in the built environment to increase access to bike racks, trails, and street lighting.
- Community driven initiatives that engage community members in environmental change improvements could result in increased access to active living spaces and an increase in walkable, safe neighborhoods for all.
- Implement neighborhood initiatives that promote active spaces and increase access to physical activity.
- Intentional community partnerships and collaboration with schools, parks, churches, and community-based organizations may result in more affordable physical activity, after school active living spaces, Safe Routes to School²⁵ partnerships, and Complete Streets²⁶ initiatives that contribute to an increase in walking, running, and biking.
- Facilitate active living spaces are those that promote social and community connections and reduce isolation. Some of these community building efforts include:
 - Implementation of Zumba, karate, or yoga classes in local faith-based institutions.
 - Culturally tailored active living educational messages.
 - Investment in bike lending programs for underserved communities.

Complete Streets

is a national movement to integrate people and place in the planning, design, construction, operation, and maintenance of our transportation networks.

Safe Routes

Safe Routes to School is a program of several strategies that involve the school, city and neighborhood, such as education, enforcement, encouragement and engineering tactics to allow for safe walking or biking to school.

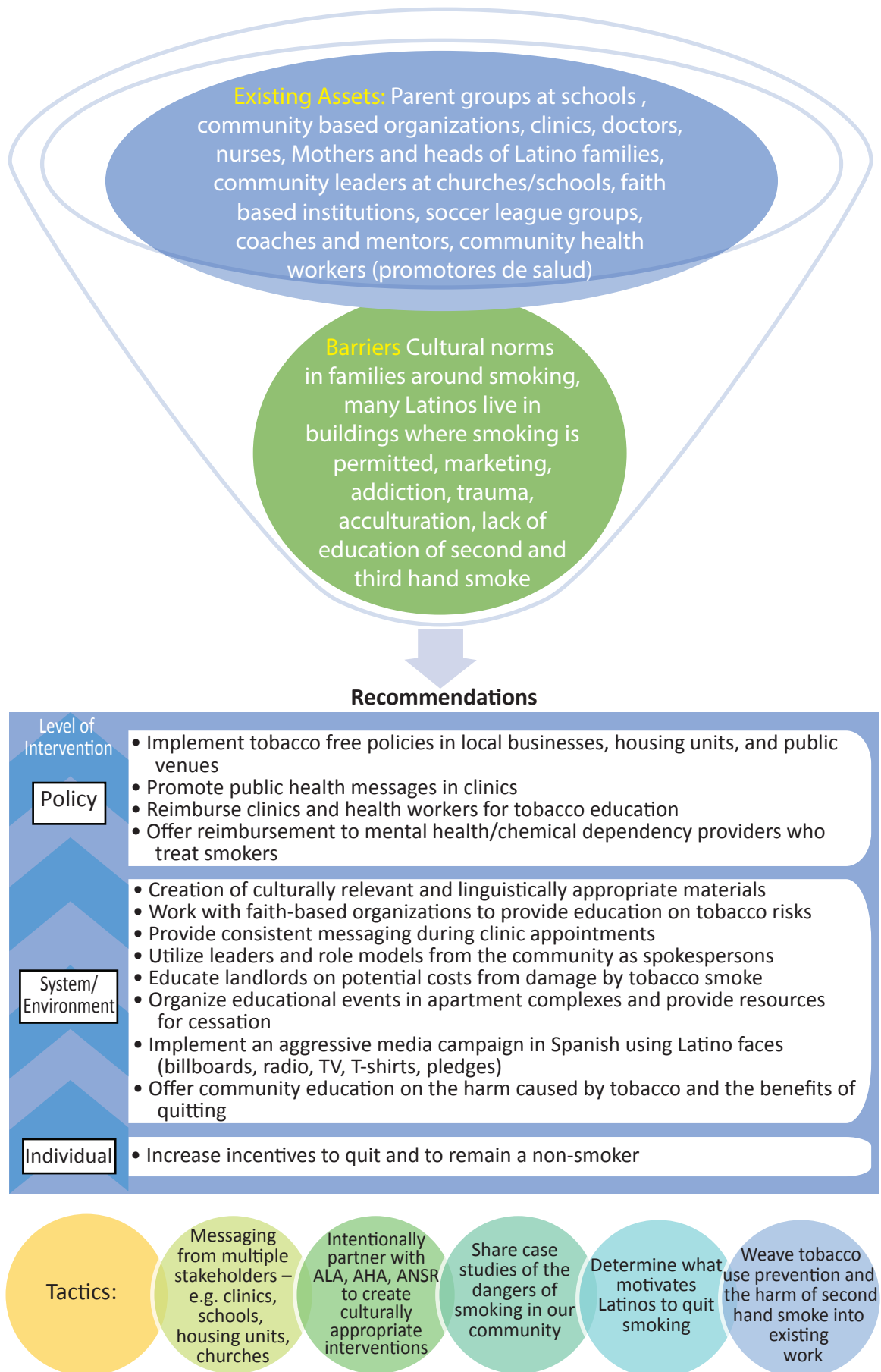
²⁴ Using Shared Use Agreements and Street-Scale Improvements to Support Physical Activity among Latino Youths, July 2013. <http://salud-america.org/sites/salud-america/files/Active-Spaces-Research-Review.pdf>.

²⁵ Safe Routes to School National Partnership. Retrieved from: <http://saferoutespartnership.org/>

²⁶ Smart Growth America. National Complete Streets Coalition. Retrieved from: <http://www.smartgrowthamerica.org/complete-streets>

Figure 8

Tobacco-free living barriers, assets, and recommendations



TOBACCO FREE LIVING FINDINGS

The rate of tobacco use continues to show a significant disparity among Latinos. The barriers identified reflect both the barriers to quitting smoking as well as factors that influence someone to start smoking. The tobacco industry spends nearly \$200 million each year to market products in Minnesota, and marketing efforts continue to target communities of color at disproportionate rates.²⁷ Additionally, the rate of exposure to second/third hand smoke continues to be of concern in the Latino community.

Interventions need to be culturally and linguistically relevant and draw upon community advocates and other assets. Individual education and public awareness continues to be a need given the general lack of understanding of second/third hand smoke and its health impact. Strategies to reach families where they live have been successful and were suggested as a best practice. See Figure 8 for a summary of findings.

Tobacco use continues to be the leading preventable cause of death and disease in Minnesota.²⁸ According to the Minnesota Adult Tobacco Survey (MATS) report released in January 2015, there is a decreasing statewide prevalence of tobacco use in Minnesota's general population at 14.4%; however, the Minnesota Cancer Facts and Figures reports that Latinos smoke at a higher rate (26%). Smoking causes coronary heart disease, the leading cause of death in the United States.²⁹ Chronic diseases that impact the Latino community are exacerbated when consuming tobacco products and/or exposure to second and third hand smoke.

The tobacco industry spends an estimated \$157 million a year to market its products in Minnesota,

and its marketing continues to target communities of color at disproportionate rates.

TOBACCO FREE LIVING ACTION PLAN RECOMMENDATIONS

Policy initiatives identified:

The policy recommendations aim to address chronic disease and illness caused by tobacco use among Latinos. Themes identified leverage existing capacity and community resources around tobacco cessation while acknowledging cultural norms, culturally tailored tobacco cessation education, and support through intentional collaborative partnerships.

- Implement tobacco-free outdoor space policies where residents live, eat, work, play, and worship.
- Implement tobacco-free policies in behavioral health clinics, faith-based organizations, multi-unit housing, and corner stores/mercados to prevent non-smokers from becoming smokers, influence current smokers to consider quitting or reduce their consumption, and support those community members who may be trying to quit.

Systems and Environmental initiatives identified:

- Increase state and local policies that restrict the sale, advertising, and promotion of tobacco products. Significant tobacco marketing campaigns and ads can be found at corner stores and mercados where under-resourced Latinos live.
- Partner with local government and other stakeholders to increase culturally tailored messages in stores and neighborhoods by raising public awareness of the dangers of tobacco use at the point of sale and limiting tobacco advertisements.

3rd Hand Smoke

Third hand smoke is residual nicotine and other chemicals left on a variety of indoor surfaces (e.g. furniture, drapes, carpet, etc.) by tobacco smoke. This residue creates a toxic mix that contains cancer-causing substances, posing a potential health hazard to nonsmokers who are exposed to it, especially children.²⁷

²⁷ Tobacco Use Prevention, January 2015. Retrieved from: http://www.health.state.mn.us/divs/hpcd/tpc/docs/tobacco2015leg_w.pdf

²⁸ Ibid.

²⁹ Health Effects of Cigarette Smoking, 2014. Retrieved from: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/

Behavioral health

of the Latino community must be taken into account in order to achieve positive results in moving the needle toward a healthier community.

- Engage tenants from multi-unit housing complexes to inform the policy process and share tobacco cessation resources.
- Implement culturally and linguistically appropriate public awareness campaigns that highlight dangers of tobacco use and exposure to second and third hand smoke.
- Invest and collaborate with Latino community health workers (promotores de salud), and other community liaisons to advocate for PSE change initiatives.
- Increase education on the adverse health effects of electronic cigarettes (both health impacts and fire hazard-combustion).



OTHER HEALTH TOPIC IDENTIFIED

Throughout the community input sessions, there were multiple occasions when behavioral health was brought forward as a concern that greatly impacts the Latino community. Mental health status and addiction can influence healthy eating, active living and tobacco use. And in return, chronic disease and illness can impact both a person's mental health status and addiction. Many studies have shown that individuals who experience high levels of stress, anxiety, and depression, also tend to be less active, have poor eating habits, and use tobacco and substances at higher rates. Although it is beyond the scope of this Community Action Plan to provide recommendations regarding behavioral health concerns, future efforts are needed to move towards healthier communities for Latinos.

V. Conclusions

Public health is what we, as a society do to collectively to assure the right conditions are in place for all people to be healthy.³⁰ Partnering and strengthening current public health efforts with state, local, and community stakeholders to address health inequities faced by Latinos in Ramsey County is necessary to foster sustainable and equitable health in all policies.

Promoting PSE change initiatives provides an opportunity to address health disparities and to reduce chronic disease within communities. It is important to note that the disparities faced by Latinos in Minnesota and Ramsey County are not unique. In fact, other communities of color face similar, if not worse health inequities. It is our hope that this Community Action Plan can offer replicable strategies that can be used by others as they work towards equitable resolutions for their own communities who may be disproportionately affected by chronic diseases.

Incorporating PSE change initiatives in communities is essential in combating chronic disease and to ensure that health policies are sustainable. In order to accomplish these recommendations, it is essential that opportunities for synergy and collaboration are created and built upon. Organizations that need to be at the table include community-based organizations, schools, local government, clinics, parks and recreation, faith-based organizations, landlords/housing, and community leaders. We encourage local coalitions and community groups to utilize this Community Action Plan as a tool to advocate for change within their communities and beyond.



³⁰ Institute of Medicine. The Future of Public Health. Committee for the Study of the Future of Public Health; Division of Health Care Services 1988.

APPENDICES

APPENDIX A. AUTHORS AND ACKNOWLEDGMENTS

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APPENDIX B. RESOURCES

Ramsey County Community Health Assessment

http://www.co.ramsey.mn.us/ph/docs/2013_community_health_assessment_14_527.pdf

Ramsey County Community Health Improvement Plan

http://www.co.ramsey.mn.us/ph/docs/CHIP_report_final_2014_2018.pdf

Salud America

<https://salud-america.org/>

ClearWay MN

<http://clearwaymn.org/>

State of Obesity: Obesity Prevention in Latino Communities

<http://www.stateofobesity.org/disparities/latinos/>

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

<http://www.cdc.gov/brfss/>

Minnesota Department of Health

<http://www.health.state.mn.us/divs/hpcd/chp/cdrr/physicalactivity/facts.html>

Robert Wood Johnson Foundation-Recommendations for Healthy Beverages

<http://www.rwjf.org/en/library/research/2013/03/recommendations-for-healthier-beverages.html>

Robert Wood Johnson Foundation – Shared Use Agreements

<http://www.rwjf.org/en/library/articles-and-news/2012/11/joint-use-agreements.html>

Recommended Community Strategies and Measurements to Prevent Obesity in the US

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

Understanding Policy, Systems and Environmental Change to Improve Health

<http://www.health.state.mn.us/healthreform/ship/techassistance/pse02222012.pdf>

APPENDIX C. COMMUNITY “INPUT SESSION” ACTIVITY - CHALK TALK

Chalk Talk

(Developed by Hilton Smith, Foxfire Fund; adapted by Carla Kohler and Brittany Kellerman)

Purpose:

Chalk Talk is a silent way to reflect, generate ideas, develop projects, sprout new innovative projects, or solve problems. It can be used with any group including staff and colleagues, workshop participants, or committees. Since Chalk Talk is a completely silent activity, it provides individuals within groups the opportunity to reflect and encourages thoughtful contemplation.

Time:

Varies; 10 minutes to an hour.

Process:

1. Facilitator explains briefly that Chalk Talk is a silent activity. No one may talk at all but anyone may add to the Chalk Talk with words, symbols, or graphics. Comments on other people's ideas and input can be made by drawing a connecting line to the comment.
2. Facilitator writes the relevant question(s) in a circle on the board (refer to sample questions below).
3. Facilitator either distributes chalk or a marker to each person, or places them at the board.
4. Participants write as they feel moved. Expect long silences- it is natural. Allow plenty of time during this phase before moving on.
5. How the facilitator chooses to interact with the Chalk Talk influences its outcome. The facilitator can stand back and let it unfold or expand thinking by:
 - Circling other interesting ideas, thereby inviting comments to broaden,
 - Writing questions about a participant's comment,
 - Adding her/his own reflections or ideas, or
 - Connecting two interesting ideas/comments together with a line and adding a question mark.Actively interacting invites participants to do the same kinds of expansions. A Chalk Talk can be an uncomplicated silent reflection or a spirited, but silent, exchange of ideas.
6. When it's done, it's done.
7. The Chalk Talk can be considered complete at this point or it can become the basis for a further discussion. Questions to raise with the group after the Chalk Talk activity may include:
 - What do you notice about what was written?
 - What do you wonder about now?
 - What was the Chalk Talk experience like for you?

Examples of Chalk Talk questions:

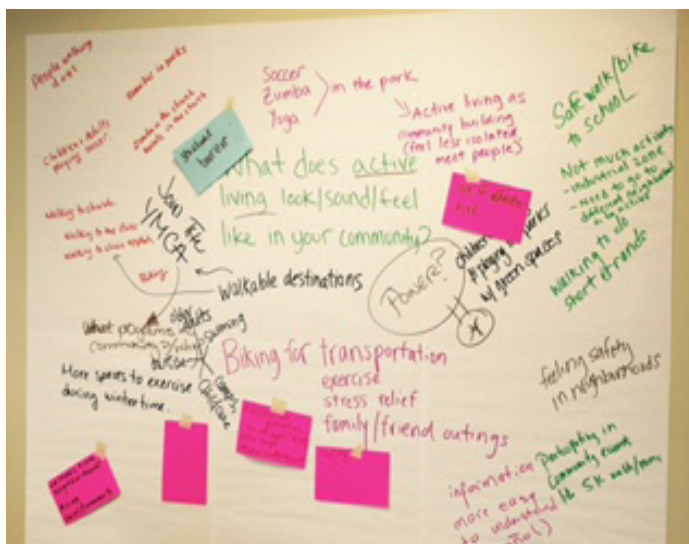
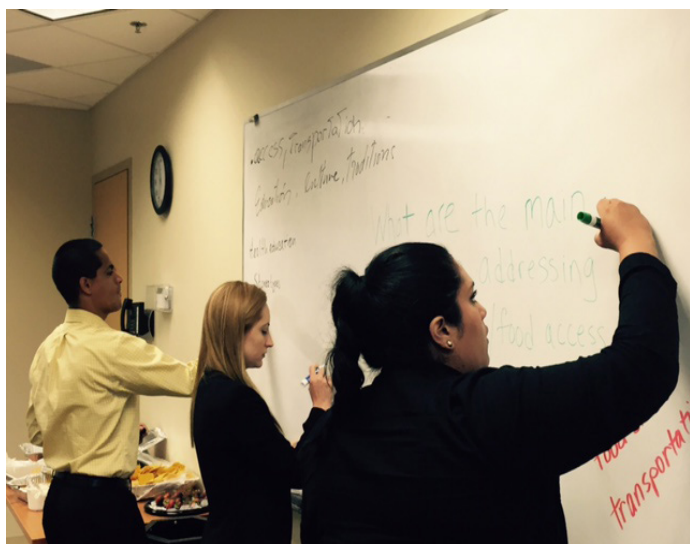
- What does success look/feel/sound like when thinking about interventions that positively impact Latino communities?
- What are the main barriers to addressing healthy eating/food access in Latino communities?
- What would a community intervention look/sound/feel like that leverages community assets to address healthy eating in the Latino community?
- What community assets can be leveraged to address tobacco use in low socio-economic communities.

- Describe what the assets look like, the characteristics they possess, or the common threads that connect them.
- How would you create an intervention to impact low socio-economic status (SES) tobacco use that is culturally appropriate?
- What does active living look/sound/feel like in your community?
- What would a community intervention look/sound/feel like that leverages community assets to increase active living in the Latino community?

Small Group Discussion Steps:

After the Chalk Talk activity, community “input session” members broke into small groups to identify common themes and potentially add more ideas to the Chalk Talk board.

1. Break into groups of 2-3. Discuss what you noticed about what was written.
2. Identify two common themes from your group.
3. Write down common themes on post-it notes and post on Chalk Talk board.



APPENDIX D. DEFINITIONS

Health disparity: A population-based difference in health outcomes (e.g., women have more breast cancer than men).

Health inequity: A health disparity based in inequitable, socially-determined circumstances (for example, American Indians have higher rates of diabetes due to the disruption of their way of life and replacement of traditional foods with unhealthy commodity foods). Because health inequities are socially-determined, change is possible.

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

Health literacy: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

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).

Social determinants of health: Health is determined through the interaction of individual behaviors and social, economic, genetic and environmental factors. Health is also determined by the systems, policies, and processes encountered in everyday life. Examples of social determinants of health include job opportunities, wages, transportation options, the quality of housing and neighborhoods, the food supply, access to health care, the quality of public schools and opportunities for higher education, racism and discrimination, civic engagement, and the availability of networks of social support.

PSE change: Policy, systems, and environmental changes impact change at a higher level, rather than solely impacting individual change.

Policy change: Strategies may be a law, ordinance, resolution, mandate, regulation, or rule (both formal and informal). Example: Organizational policies that provide time off during work hours for physical activity.

Systems change: Strategies are changes that impact all elements of an organization, institution, or system. Types of systems include school, transportation, etc.

Environmental change: Strategies involve physical or material changes to the economic, social, or physical environment. Example: Incorporating sidewalks, paths, and recreation areas into community design.

Socioecological model (SEM): The SEM depicts the relationship between health behaviors and individual, interpersonal, organizational, community, and social subsystems. It effectively links the complexities of health determinants and environmental influences on health. For more information refer to slide five for image and description: <http://www.health.state.mn.us/healthreform/ship/docs/UnderstandingPSE.pdf>

Shared use agreement: A formal contract between entities that outline terms and conditions for sharing public spaces for physical activity.

Third hand smoke: A residual nicotine and other chemicals left on a variety of indoor surfaces (e.g. furniture, drapes, carpet, etc.) by tobacco smoke. This residue creates a toxic mix that contains cancer-causing substances, posing a potential health hazard to nonsmokers who are exposed to it, especially children.³¹

³¹ Mayo Clinic. Retrieved from: <http://www.mayoclinic.org/healthy-lifestyle/adult-health/expert-answers/third-hand-smoke/faq-2-0057791>
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