

CITY OF MINNEAPOLIS

Equity, Health, and Community Connections

Gretchen Musicant, Minneapolis Commissioner of Health

Joy Marsh Stephens, Equity & Inclusion Manager, City of Minneapolis

Sara Chute, International Health Coordinator, Refugee and International Health

on behalf of ThaoMee Xiong, Center for Health Equity Director, Minnesota Department of Health

April 2, 2016

Agenda

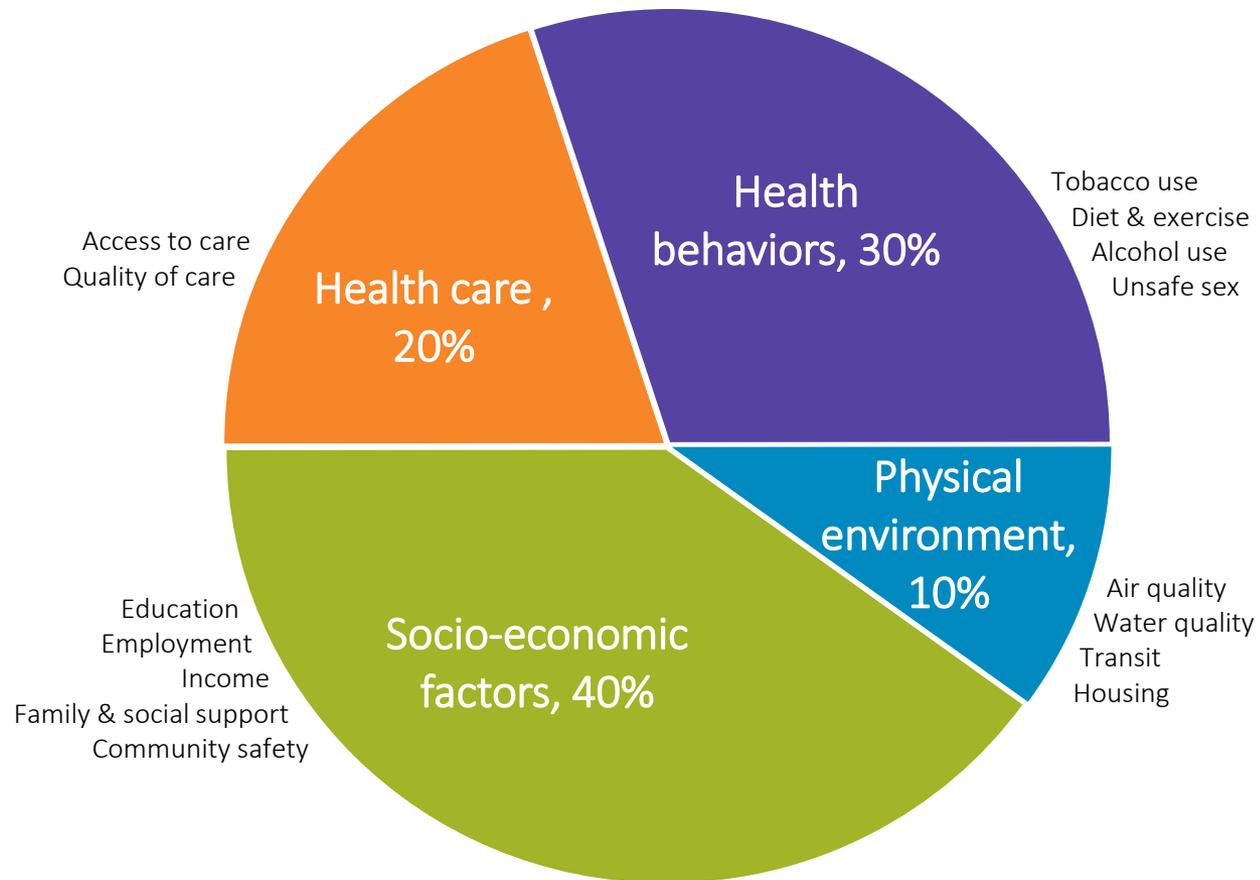
1. Welcome – Gretchen Musicant
2. Advancing Health Equity – Sara Chute
3. Equity and the Minneapolis Comprehensive Plan – Joy Marsh Stephens
4. Group discussions - All

Minneapolis Health Department

Vision: Healthy lives, health equity, and healthy environments are the foundation of a vibrant Minneapolis now and into the future.



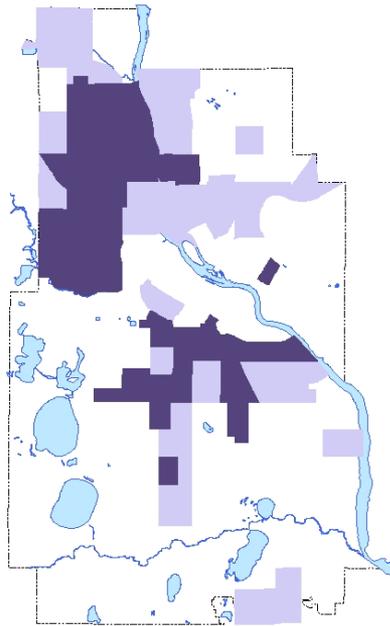
Determinants of population health



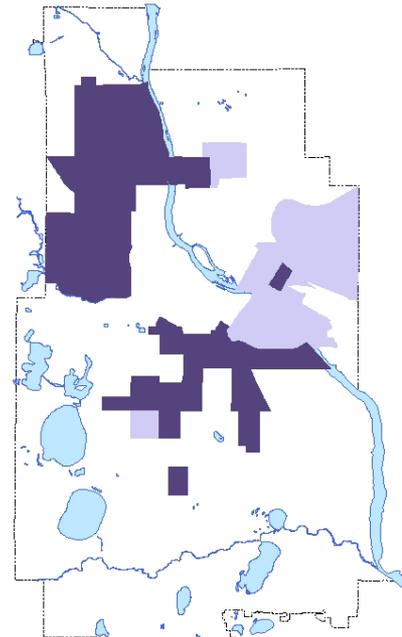
SOURCE: University of Wisconsin Population Health Institute

Highest concentrations of people of color and poverty

People of color



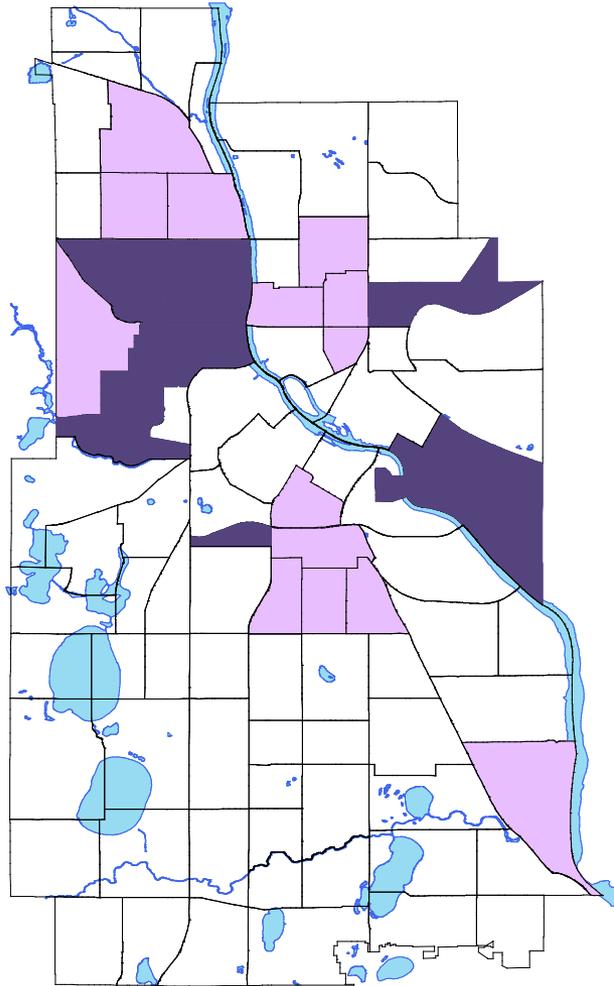
Poverty



Note: Darker shading indicates areas common to both maps, areas with the highest concentrations of both people of color and poverty

SOURCE: 2010 US Census

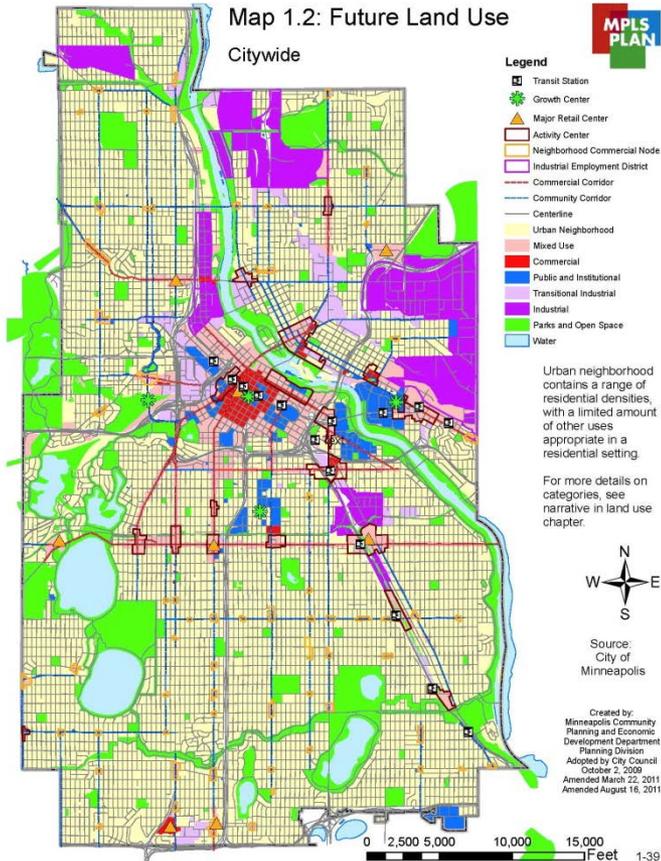
Premature death





Comprehensive Plan *Update*





- Provides **long range policy guidance** for the City
- **Legally required** by state statute & Metropolitan Council regulation
- Must be updated every **10 years**
- Must be in compliance with **regional policy plans**
 - Transportation
 - Water
 - Parks
 - Housing

The Process is:

MEANINGFUL

RELEVANT

ACCESSIBLE

INCLUSIVE

EQUITABLE

The Community is:

REPRESENTED

INFORMED

HEARD

EMPOWERED

- Meaningful and relevant dialogue
- Inclusive representation
- Access to information & opportunities
- An empowering experience
- Contributions are heard & have impact
- Effective use of resources

ADVANCING HEALTH EQUITY

Sara Chute, MPP

International Health Coordinator, Refugee and International Health

On behalf of ThaoMee Xiong, Center for Health Equity Director

Minnesota Department of Health

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

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>>.

Terminology

Health Equity: Achieving the conditions in which all people have the opportunity to attain their highest possible level of health.

Health Inequity: A health disparity base in inequitable, socially-determined circumstances.

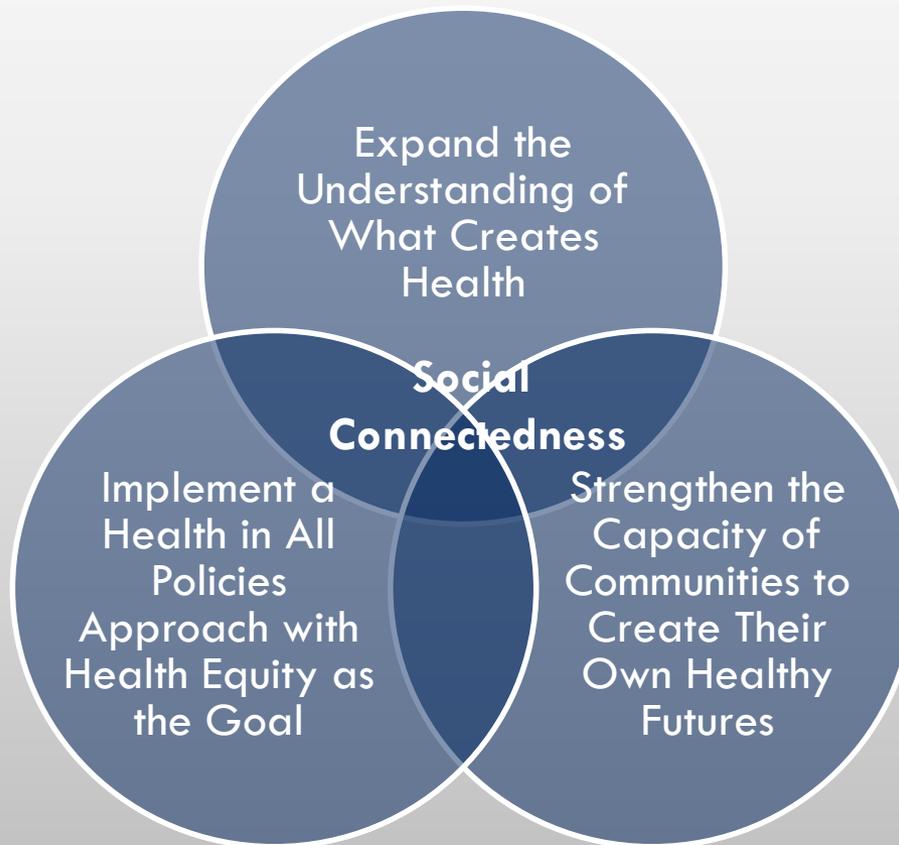
Health Disparity: A population-based difference in health outcomes.

Structural Racism v.s. Institutional Racism

Structural Racism: 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.

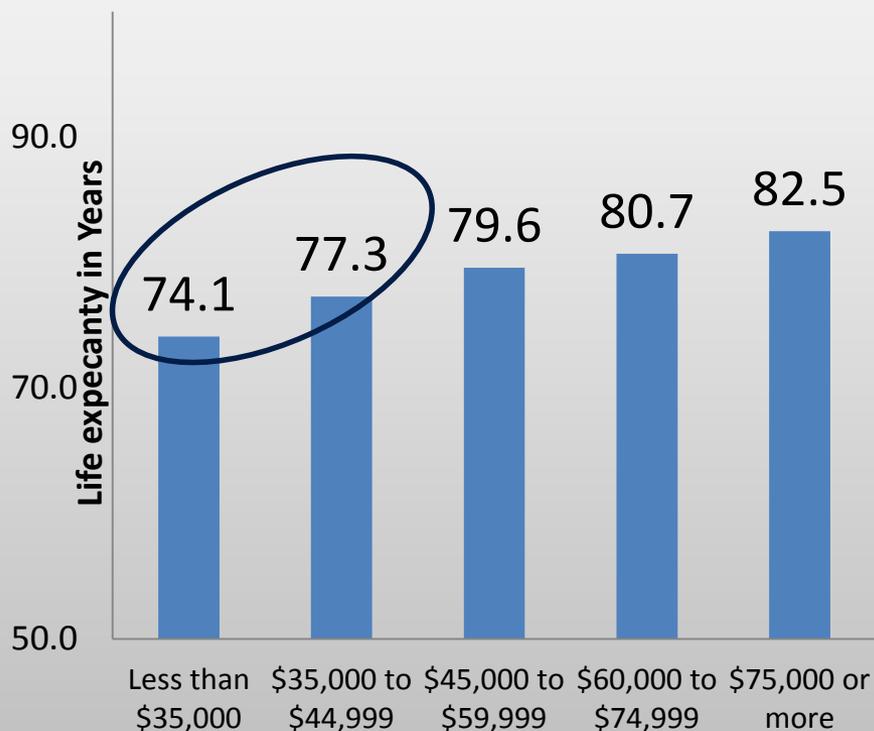
Institutional Racism: Institutional racism refers to the policies and practices within and across institutions that, intentionally or not, produce outcomes that chronically favor, or put a racial group at a disadvantage.

Triple Aim of Health Equity-Essential Practices

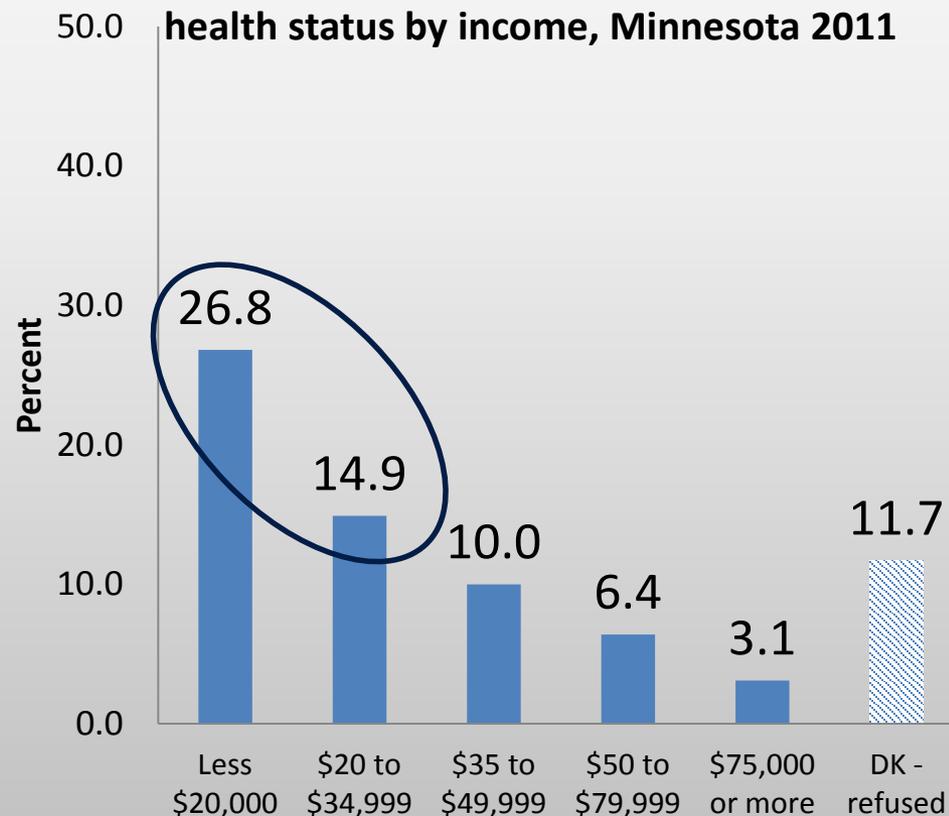


White Paper: Income and Health

Life expectancy by median household income group of ZIP codes, Twin Cities 1998-2002



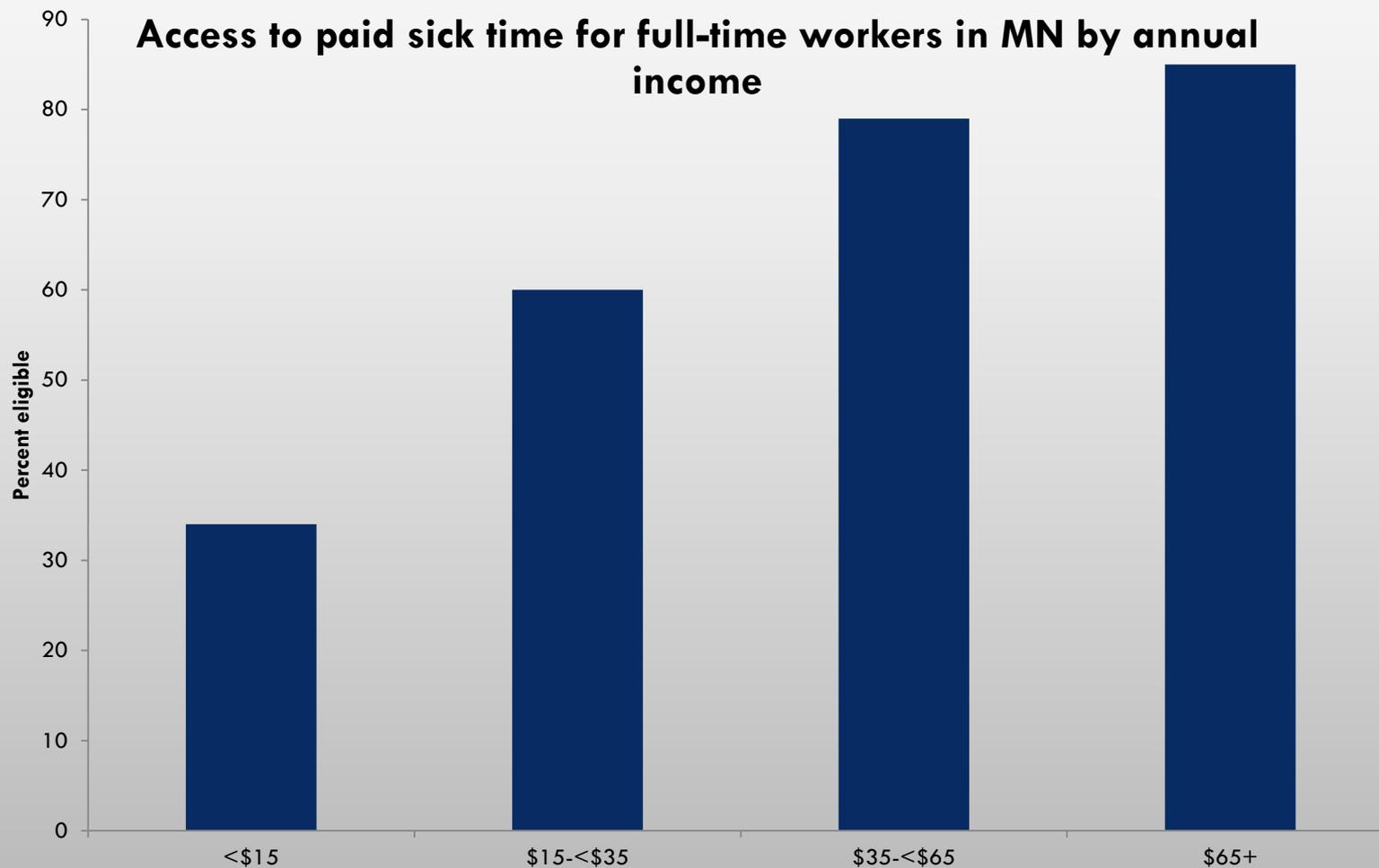
Adults 18-64 reporting "fair" or "poor" health status by income, Minnesota 2011



Source: The unequal distribution of health in the Twin Cities, Wilder Research www.wilderresearch.org
Analyses were conducted by Wilder Research using 1998-2002 mortality data from the Minnesota Department of Health and data from the U.S. Census Bureau (population, median household income, and poverty rate by ZIP code)

Source: 2011 Behavioral Risk Factor Surveillance System

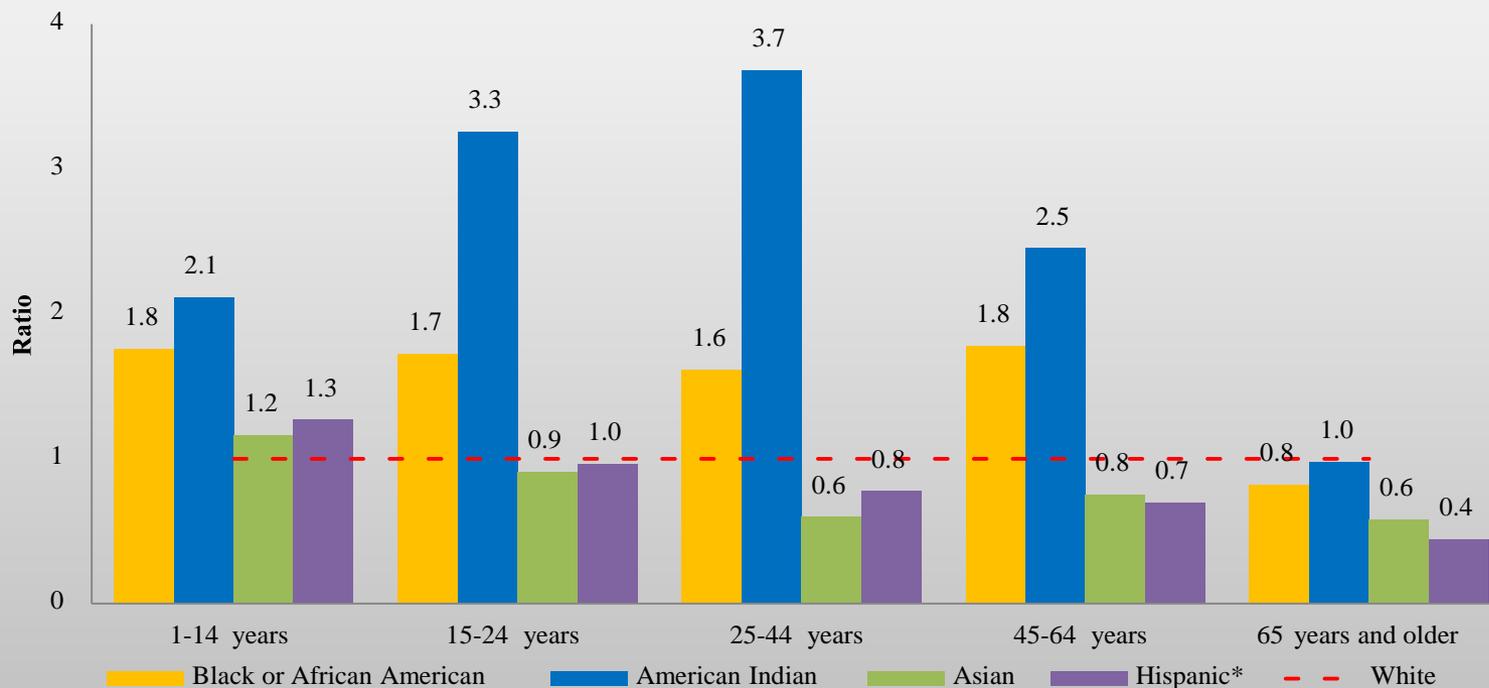
Those with lowest incomes least likely to have access to paid sick leave--MN



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

Mortality Disparity Ratios by Race/Ethnicity and Age in Minnesota, 2007 – 2011



* Hispanic may be any race.

How did we get here? Why should we care?

- Disparities are not simply because of lack of access to health care or to poor individual choices.
- Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.
- Especially, LGBTQ, low income people, and rural communities, and populations of color and American Indians

Thank You!

For more information or questions, please contact:

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MISSION STATEMENT

Minneapolis 2040:

An inspiring city growing in equity,
health, & opportunity.



Growth



Equity



Sustainability



Livability

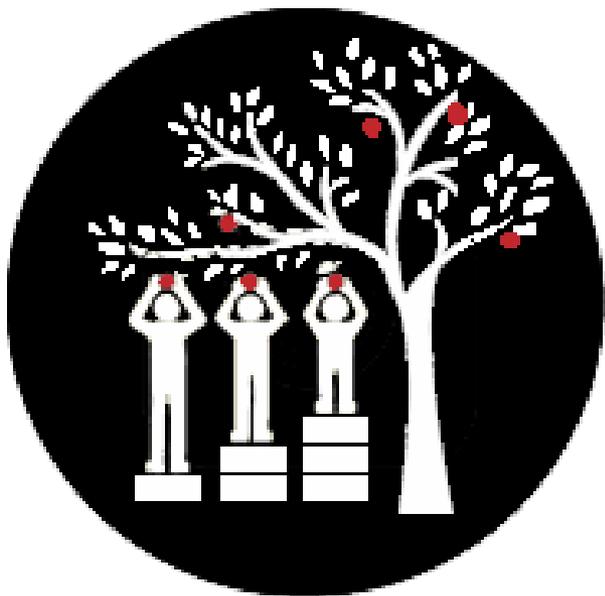


Competitiveness



Good Government





- How will this policy or initiative impact Native Americans and communities of color?
- How have we involved community members and stakeholders in understanding these impacts and identifying solutions?
- What does the data and stakeholder conversations tell us about existing racial inequities that we should consider?
- Is there an opportunity to reduce disparities?
- What is the root cause creating these racial inequities?

**“IN AMERICA THERE IS INSTITUTIONAL RACISM
THAT WE ALL INHERIT AND PARTICIPATE IN,
LIKE BREATHING THE AIR IN THIS ROOM - AND
WE HAVE TO BECOME SENSITIVE TO IT.”**

HENRY LOUIS GATES

© Lifehack Quotes

Facilitated Discussion

Part A:

Envisioning Equity in Minneapolis: Write one phrase to describe what we want Minneapolis to look like in 2040

Part B:

What are actions we need to take to get there?

Highlights from discussion



Thanks!

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