Minnesota Public Health Association
Moving Health Equity Forward
Critical Conversations and Bold Action

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The Urgency for Addressing Disparities
What is disparity?

Disparity is a difference in health that is closely linked with social, economic, or environmental disadvantage. Health disparities impact groups that systematically experience greater obstacles including communities of color, American Indians, and persons with disabilities.
Equity is achieved when every person in a community has the opportunity to reach their full health potential and not one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”
Health encompasses many aspects, including physical, mental, social and spiritual well-being (HHS, HIS, HHS OSG et al, 2012; WHO, 1946). Health is “not merely the absence of disease or infirmity” (WHO, 1946). How individuals experience health and define their well-being is greatly informed by their cultural identity.
What is the reason for such disparities?

“WHEN WE REJECT THE SINGLE STORY.
WHEN WE REALIZE
THAT THERE IS never
A SINGLE STORY ABOUT ANY PLACE.
WE REGAIN A KIND OF
PARADISE.”

–CHIMAMANDA NGOZI ADICHIE
Tell us a story

How am I making my ancestors (people, tribe, cultural group, those I love) proud in the work I currently do?
Health in All Policies: “Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas...Ultimately the Health in All Policies approach seeks to institutionalize considerations of health, equity, and sustainability as a standard part of decision-making processes across a broad array of sectors.”

https://www.apha.org/~media/files/pdf/factsheets/health_inall_policies_guide_169pages.ashx
Engagement is a process of collaboration and inclusion in which entities build ongoing relationships for the purpose of applying a collective vision to solve complex problems.
Using Participatory Leadership in Community Engagement

• Those who are affected by a decision have a right to be involved
• Public participation = public’s contribution will influence decision
• Promote sustainable decisions including the needs and interests of all
• Facilitate the involvement of those affected by the decision
• Seeks input from participants in the design
• Participants have the information they need to participate
• Communicate to the participants how input affected decision
Urgency for Addressing Disparities

• Low birth weight among African Americans
• Infant mortality rates twice as high in African Americans and American Indians relative to whites
• American Indians experience some of the greatest health disparities
• Nationally, Blacks in Minnesota experience the greatest disparities in Quality of Care
Family income: among fourth graders eligible for free and reduced school lunch, 80% did not meet proficient reading level

Adequate prenatal care is inversely proportional to infant mortality

Over half of all children (all races) aged 3-4 are not enrolled in a preschool program

High quality, comprehensive early learning programs lessen the impact of poverty on a child’s development
• Outcomes for whites were better than statewide average across all quality measures

• Asian population had higher quality in health outcomes

• American Indians and African Americans were below state averages for all outcomes, except for overweight counseling and adolescent mental health screening, where they were above state average

• Highest quality of health outcomes measures are higher in the East and West regions, lowest quality measures and lower patient experience in the Northwest and Southwest regions

• Rural regions experience barriers: cost of care, transportation, language
Cultural and Ethnic Communities Leadership Council (CECLC)

- Established into law 2013 to advise the commissioner of human services on disparities reduction
- In 2015 advanced a series of recommendations framed under the NPA: Awareness, Leadership...
- 2016: equity policy developed from the series of recommendations in one document
- 2017: commissioner Piper approves policy on Equity: Health in all policy approach: inequities cut across many sectors, social determinants of health, core to consult with communities when programs are designed, implemented, and evaluated
Purpose: *statistically valid reports of the outcomes of the reduction of disparities*

- Use of authentic community engagement strategies
- Effort in defining and measuring inequities through data system, performance measurement development and survey research efforts
- Use of evidence-based practices and known strategies to understand and address racial and ethnic inequities
- Increased organizational, service and system reform efforts to better impact inequities on a structural or systematic level
Challenges:

• Capacity to sustain equity promotion and disparity reduction efforts
• Dedicated resources at DHS and across service networks
• Culturally diverse workforce of providers to reflect the users of services
• Adequate measurement to reflect decline in disparities
• Qualitative indicators to understand impact of programs and services
Annual Equity Review: Remedies

• Bush Foundation Community Innovation Grant (community engagement, community empowerment, community collaboration)
  • American Indians, Historical and Current Trauma/Sovereignty Issues
  • American Indians and the Opioid Summit
  • MFIP and gap in successful completion for African Americans
  • Somali Elders: preferences in choices of supportive services to stay at home longer
  • Community Health Workers: exploration of their role as cultural bridge builders in disparities reduction
  • Community input on information technology modernizations developments

• Policy on Equity – Implementation and culture change
Context for a policy on equity

• A commitment from the agency to:
  • Engage and empower all agency employees to advance equity through their daily work
  • Identify standards, processes, metrics and systems of accountability to advance equity goals, including:
    • Link agency service delivery of human services to the determinants of health
    • Institutionalize an equity focus in decision-making: HiaP
    • Promote fairness and opportunity in agency practices
    • Collaborate across program areas, and
    • Build community trust and capacity
    • Invest in human, capital and infrastructures to meet the needs of communities experiencing inequities.
Elements of Policy on Equity

- Equity Committee charged with advising leadership on advancing equitable outcomes for all people
- Equity Analysis: reviewing impact of policy on populations
- Equity liaisons
- Workforce and Leadership development: underrepresented group members at all levels
- Contracting, Procurement and Legal Compliance: equity criteria throughout contracting, grants, procurement process
- Community engagement and inclusion: inclusion of communities
- Enhanced Cultural and Linguistically Appropriate Services (CLAS) standards
Children and Families

- All Children in Minnesota: 1.3 million
- Health Care: 421K
  - Child Protection: 47K
- MN Family Investment Program and Diversionary Work Program: 113K
- Supplemental Nutrition Assistance Program: 300K
Adults in MFIP and DWP by Race/Ethnicity, December 2014

- Black: 42%
- White: 36%
- Hispanic: 6%
- Asian: 6%
- American Indian: 8%
- Multiple: 2%
- Other: 1%

Total: 27,723
Rate of child protection involvement: highest for American Indian and African American. Asian/Pacific Islander and White children lowest
Next Steps

Implementation of the policy with CECLC collaborating

Creation of equity committees agency wide with a coordinating leadership body

Yearly progress reports to community

Improvement in diverse employee hiring and retention

Continued collaboration with the CECLC as an advisory, monitoring and representative role
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