

ADDRESSING HEALTH INEQUITIES – THE ROLE OF LOCAL HEALTH DEPARTMENTS IN MINNESOTA

Melanie Peterson-Hickey, PhD

Kim Edelman, MPH

Minnesota Center for Health Statistics

Minnesota Department of Health



Learning Objectives

- Increase understanding of health disparities, health inequity (HI) and social determinants of health.
- Increase understanding of how local public health governance and structure impact the development and implementation of HI efforts.
- Increase understanding of challenges and barriers to initiating and sustaining HI efforts at the local level.

Project

- We examined the extent to which local health departments in Minnesota engage in activities to reduce health inequities and their capacity to do so.
- Our goals:
 - To increase the understanding of capacity and current efforts of Minnesota Local Health Departments to address health inequities.
 - To introduce new health inequity measures into Minnesota's annual local public health reporting system.



Methods

- Document Review
- Key Informant Interviews
- Health Inequity Survey

Definitions

Health Disparity

- Differences in burden of disease and other health status indicators between different population groups (e.g. race, age, gender).

Social Determinants of Health (SDOH)

- External environments and conditions that contribute to health or lack of health. Social determinants of health can be social (e.g. racism), economic (e.g. poverty), environmental (e.g. housing) or systems and policies (e.g. access to care).

Health Inequity

- A health inequity is a **health disparity** that is the result of **social determinants of health** that are systemic and avoidable – and thus unjust and unfair (Unnatural Causes).

Definitions



Examples of Health Inequities

Health Disparity	Social Determinant Factor
Children living in homes built prior to the 1950s have higher rates of lead poisoning	Physical Environment (neighborhood, housing)
African Americans have higher mortality rates compared to other racial/ethnic groups	Social and Economic Environment (Racism, stress, income)

Key Informant Interviews

- Purpose

- Determine general understanding of terms health disparities, health inequities and social determinants of health and help shape survey questions

- Interviews

- Eight interviews conducted: four local public health directors, two former local public health directors, one state agency staff and one group of local public health staff.
- Geography and governance and structure type were used to select interview candidates.
- Interviews took place in person and over the phone and were about 30 minutes in length.

Key Informant Interviews

- Findings:
 - Health inequity is within the framework of public health but may not be talked about in these terms.
 - The Minnesota Department of Health should provide leadership in defining, gathering information, and changing systems to make health inequity a part of the framework.
 - Financial and political support is needed to support health inequity work.
 - More data resources are needed to improve the understanding of the connection between SDOH and health status.

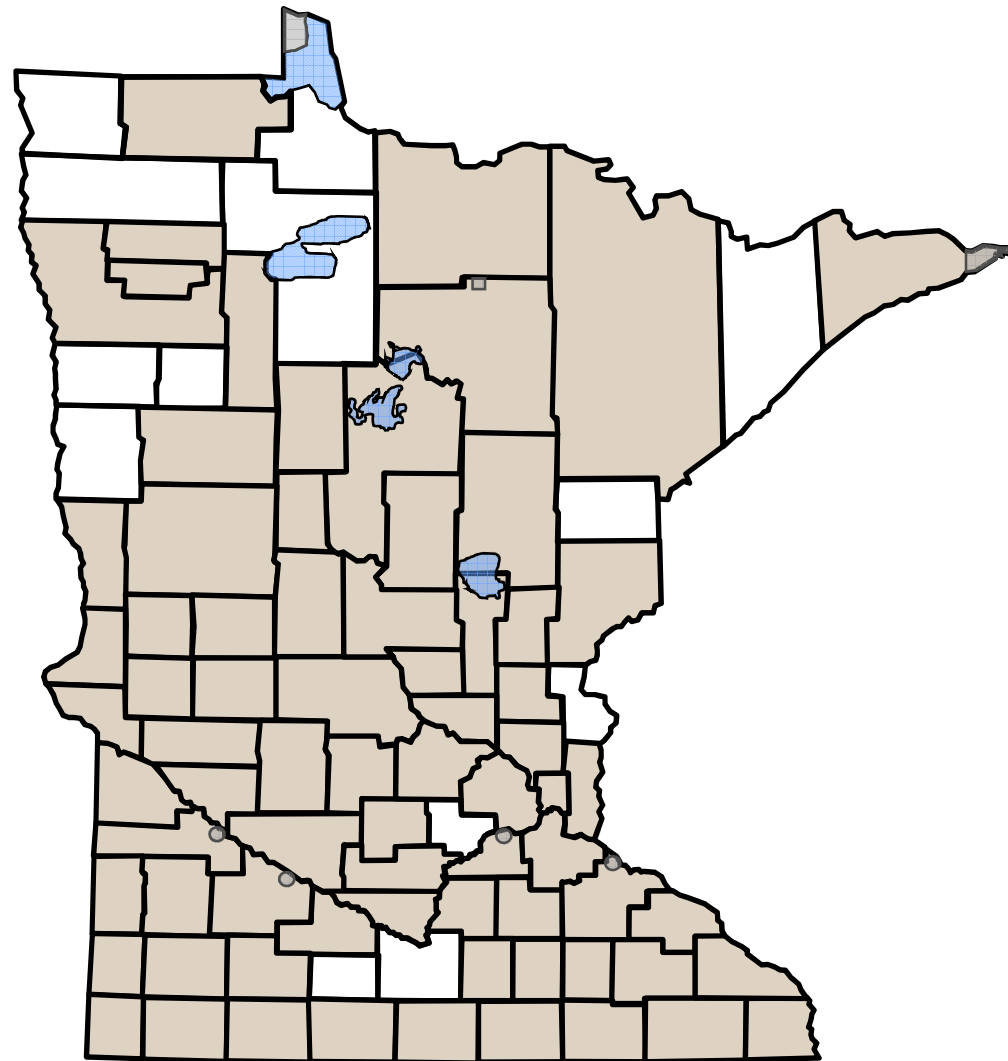
Health Inequity Survey

- Developed using KII finding and existing health equity surveys and materials.
- Survey administered late 2012 and early 2013
- Health Inequity Survey Description
 - 21 questions – 9 opened ended questions
 - 6 themes
 - Understanding of terms
 - Prioritization of health disparities and health inequities
 - Data
 - Community partnerships
 - Health inequity policy
 - Resources

Health Inequity Survey Respondents

- 77 surveys sent out, 62 responded
 - The response rate was approximately 80 percent (both full and partial completion).
 - The respondents were evenly dispersed through Minnesota.
 - Most respondents work in public health agencies with only a few working within a human service agency or a health and human service agency.
 - About 70 percent of the respondents were either directors or administrators of their agencies.

Map of Respondents



Preliminary Findings

- Respondents had a better understanding of the terms health disparities and social determinants of health and less of an understanding of health inequities.
- Respondents were more likely to use the terms health disparities and SDOH in their organizations than health inequities.
- The majority of HI activities were focused on individuals and less on upstream prevention
- LHDs encounter challenges to addressing health disparities and health inequities including funding, staffing, political support and lack of data at the local level.

LHD Activities

Percent of respondents who indicated that these five activities were a “high” or “very high priority” for their LHD with respect to health disparities (HD), social determinants of health (SDOH) and health inequities (HI)

	Health Disparities	SDOH	Health Inequities
Identifying and assessing...	77%	80%	77%
Integrating ... efforts into the work	75%	76%	63%
Allocating funds in your budget to address...	55%	48%	43%
Planning or conducting training and technical assistance for staff on addressing...	46%	52%	38%
Applying for and receiving grants focusing...	43%	41%	34%

Organizational Structure

	Stand Alone	Within Agency*
Identifying and assessing health inequities	✓	
Applying for and receiving grants focusing on health inequities	✓	
Planning or conducting training and technical assistance for staff on addressing health inequities		✓
Integrating health inequities efforts into the work of your LHD		
Allocating funds in your budget to address health inequities		

✓ - More likely to be a high or very high priority

*Within a human service agency, hospital or other organizational

Governance Entity

	Single Co. CHB	Multi-Co. CHB
Identifying and assessing health inequities		
Applying for and receiving grants focusing on health inequities		✓
Planning or conducting training and technical assistance for staff on addressing health inequities	✓	
Integrating health inequities efforts into the work of your LHD		✓
Allocating funds in your budget to address health inequities		

✓ - More likely to be a high or very high priority

Conclusion, thus far...

- There is a need to develop greater understanding of the health disparities, social determinants of health and health inequities.
- Our LHDs do not have the necessary data for documenting health inequities at the local level.
- LHDs need support from state agencies in order to successfully implement HI activities
- Finally, there are differences in structure and governance that may impact the development and implementation of HI efforts.

Implications

- Project Contributions
 - Engage public health throughout the state in discussion of health disparities, social determinants of health and health inequities.
 - Determine how we can move to upstream in our public health efforts.
 - Formulate measures into Minnesota's annual local public health reporting system.
 - Develop programming related to health inequities at the Minnesota Department of Health.

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Contact Information

- Melanie Peterson-Hickey, PhD
- Senior Research Scientist
 - Minnesota Center for Health Statistics, MDH
 - 651-201-5949
 - Melanie.peterson-hickey@state.mn.us
- Kim Edelman, MPH
- Senior Epidemiologist
 - Minnesota Center for Health Statistics, MDH
 - 651-201-5944
 - Kim.edelman@state.mn.us