A CALL TO ACTION:

ADVANCING HEALTH FOR ALL THROUGH SOCIAL AND ECONOMIC CHANGE

Minnesota Health Improvement Partnership

Association for MN Counties
Business for Social Responsibility, Upper Midwest Network
Center for Population Health
Consumer Member
Health Care Education and Research Foundation
League of MN Cities
Local Public Health Association
Maternal and Child Health Advisory Task Force
MN Business Partnership
MN Chamber of Commerce
MN Council on Disabilities
MN Council of Foundations
MN Council of Health Plans
MN Council of Non-Profits
MN Department of Children, Families and Learning
MN Department of Employee Relations
MN Department of Health
MN Department of Human Services
MN Environmental Health Association
MN Hospital and Healthcare Partnership
MN Medical Association
MN Nurses Association
MN Planning
MN Public Health Association
Neighborhood Health Care Network
Population Health Assessment Work Group
Prairie Regional Health Alliance
Rural Health Advisory Committee
State Community Health Services Advisory Committee
University of Minnesota
- Center for Spirituality and Healing
- School of Public Health, Division of Epidemiology
- School of Public Health, Division of Health Services Research and Policy

REPORT SUMMARY AND RECOMMENDATIONS

This report is a multi-disciplinary, inter-sector Call to Action produced by the Social Conditions and Health Action Team of the Minnesota Health Improvement Partnership (MHIP).

The purpose of this report is to deepen understanding of the impact that social and economic conditions have on health, and identify recommendations with potential to help create more health-enhancing social and economic environments in Minnesota.

A unique contribution of this report is its focus on social and economic change as a strategy for health improvement and as a remedy to health disparity. This report examines the importance of social interactions and policies within settings (e.g., places where we live, work, learn, worship and play) and systems (e.g., education, criminal justice, human services) outside of the health sector that have a profound impact on health.

VISION: All people in Minnesota have an equal opportunity to enjoy good health.

Minnesota ranks as one of the healthiest states in the nation, but mounting evidence shows that this great state of health is not shared by all – particularly American Indians, populations of color, foreign-born populations, and people with low income.

We are one Minnesota. Health disparities affect us all. Minnesota should commit to leading the nation in the health of *all* of its citizens, not only because this is the right thing to do, but because this will contribute to the overall health and prosperity of Minnesota.

> *America's strength is rooted in its diversity. Our history bears witness to that statement. E Pluribus Unum was a good motto in the early days of our country and it is a good motto today. From the many, one. It still identifies us – because we are Americans.*
>
> - Barbara Jordan

The overall infant mortality rate in Minnesota is among the lowest in the nation. But a deeper look at the data shows that infant death rates for African Americans and American Indians are about three times that of whites. Sizeable health disparities like this have been documented in Minnesota for many leading health risks and diseases.

Health is more than not being sick. Health is a resource for everyday life – the ability to realize hopes, satisfy needs, change or cope with life experiences, and participate fully in society. Health has physical, mental, social and spiritual dimensions.

Achieving this vision is bigger than our systems of public health and health care. All individuals, systems and institutions in the community share responsibility for – and reap the rewards of – improved health.

SUMMARY OF KEY FINDINGS

Health is a product of individual factors (such as genes, beliefs, coping skills, and personal behaviors) combined with collective conditions (factors in the physical, social and economic environment).

The social and economic environment is a major determinant of population health that has not been a focus of most health improvement efforts in Minnesota.

Key aspects of the social and economic environment that affect health include income, education, and income distribution; social norms; social support and community cohesion; living conditions such as availability of affordable housing, transportation and nutritious foods; employment and working conditions; and culture, religion and ethnicity. For example:

- People with a higher income generally enjoy better health and longer lives than people with a lower income. The rich are healthier than the middle class, who are in turn healthier than the poor. This is true for people of all racial and ethnic backgrounds.

- Disease and death rates are higher in populations that have a greater gap in income between the rich and poor. The effect of income inequality on health is not limited to people in poor and low income groups. The health of people in middle (and in some studies upper) income groups is worse in communities with a high degree of inequality when compared to communities with less inequality. The health of a population depends not just on the size of the economic pie, but on how the pie is shared.

- People are healthiest when they feel safe, supported and connected to others in their families, neighborhoods, workplaces and communities. More cohesive communities (those characterized by greater civic participation, volunteerism, trust, respect and concern for others) have lower rates of violence and death.

- Workers are healthiest when they believe their job is secure, the work they do is important and valued, the workplace is safe and there are ample opportunities for control, decision-making, advancement and personal growth.

- Culture, religion and ethnicity have an overarching influence on beliefs and practices related to health, illness and healing. This includes perceptions of health and illness, beliefs about the causes of health and illness, decisions about whether to seek a health care provider, and decisions about the type of provider or healer that should be sought.

More research is needed to understand precisely how these factors affect health and health disparities, and how to translate these findings into the most promising policies and programs. Studies conducted to date point to conclusions such as:

- Social and economic factors influence a broad array of opportunities, exposures, decisions and behaviors that promote or threaten health (e.g., availability of safe and convenient parks encourage recreation and neighborhood connections; oppression and marginalization contribute to violence; high housing costs leave fewer resources for other necessities; transportation eases isolation; family leave and quality childcare promote attachment and positive development; cultural insensitivity alienates community members; the concentration of liquor outlets in low income neighborhoods encourages alcohol use and abuse).

- Discrimination and racism play a crucial role in explaining health status and health disparities, through factors such as restricted socio-economic opportunities and mobility, limited access to and bias in medical care, residential segregation (which can limit access to social goods and services), and chronic stress.

- People of color and American Indians do not experience worse health simply because they are more likely to have a lower income (although this is an important factor). *At every level of income*, their health is worse than that of their white peers.

- People with low income do not experience worse health simply because of high risk personal behavior (although this is an important factor). In one recent study, health behaviors such as cigarette smoking, alcohol use, and physical inactivity explained less than 20 percent of the difference in death rates across income groups.

The Institute on Race and Poverty reports that the Twin Cities region is among the most racially and socioeconomically segregated metropolitan areas in the U.S.

Approximately 19 percent of jobs in Minnesota pay poverty level wages (less than $8.19 per hour). This is the wage required to lift a family of four above the poverty line with fulltime, year round employment.

Minnesotans must stand together to assure that everyone has the resources and opportunities necessary to be healthy. In addition to access to health information, immunizations, and clean air and water, all people in Minnesota need a supportive social and economic environment. This includes a quality education, economic opportunity and adequate income for housing, food, and other necessities; a sense of community connectedness, individual control, and personal safety; and opportunities to fully participate in the cultural and civic life of their communities.

These findings challenge us to change the way we implement health improvement efforts, examine the health impact of social and economic forces at play outside the traditional health sector, and renew attention to the roles we play as individuals and organizations in creating and perpetuating these disparities.

CONCLUSIONS

Good health enables Minnesotans to lead productive and fulfilling lives, and contributes to the competitiveness, prosperity and social stability of the state.

Good health results from good systems of public health and medical care, from sound public policies that create social and economic conditions that support health, and from individual decisions and behaviors that value health. A comprehensive health improvement agenda addresses each of these determinants and recognizes the inter-relationships between them.

More supportive social and economic conditions are needed to eliminate disparities and achieve Minnesota's overall health improvement goals.

The links between health and factors such as income, education, living and working conditions, culture, social support and community connectedness are clear. But more research is needed to understand more precisely how these factors affect health, and how to translate these findings into the most promising policies and programs.

RECOMMENDATIONS

Identify and Advocate for Healthy Public Policy

Policies and programs have health consequences though they may not have explicit health objectives. Since investments outside the health sector have consequences for community health, the potential impact of social and economic policies on the health of Minnesotans should be an integral part of policymaking processes.

- Develop and pilot tools for Health Impact Assessment in Minnesota
- Produce briefs that summarize emerging research on the health impacts of social and economic policies

The Minnesota Department of Health (MDH) and the MHIP should focus united advocacy and action behind social and economic policies and programs with significant potential to improve or diminish health and quality of life in Minnesota. Findings of Health Impact Assessment and other avenues of evaluation and research are needed to identify the most promising policies and programs. As this research moves forward, Minnesotans should capitalize on current evidence and experience to discuss and debate the potential health affects of current and proposed policies and programs to:

- Help people move out of poverty and meet their basic needs
- Promote optimal early childhood development and attachment
- Assure opportunities for quality education and lifelong learning
- Link economic development, community development and health improvement
- Elevate the standard of living and prospects for future generations

Build and Fully Use a Representative and Culturally Competent Workforce

The MDH and the MHIP member organizations should establish and adhere to practices to recruit, retain, and promote personnel who reflect the cultural and ethnic diversity of the communities served. The following strategies will increase diversity, promote cultural competence, and enhance organizational credibility and effectiveness.

- Create diverse applicant pools of qualified people
- Create an environment where all employees feel welcome, accepted and valued
- Increase the future pool of qualified applicants
- Retain people of color in the workforce
- Measure and report progress

Build Civic Engagement and Social Capital

Health improvement programs often focus narrowly on a pre-determined disease, age group, or risk factor, for a one or two year time span. Yet research supports—and communities seem to want—programs that are more comprehensive, flexible, responsive, and enduring. Models of community development, civic engagement, and participatory evaluation and research have been developed to help communities draw on the resources and strengths of community members and organizations as the foundation for prioritizing, designing, implementing, and evaluating community health improvement initiatives.

- Identify tools, policies and approaches that more actively engage community members and community groups in health improvement; Identify and act on obstacles to their broad implementation
- Develop culturally sensitive and linguistically appropriate health education materials
- Build mutually beneficial relationships between community based organizations and larger systems and institutions
- Recognize communities and organizations with rewards and incentives for their efforts in building on the ideas in this report

Public, private and non-profit organizations in Minnesota need to collectively act on this deeper understanding of the social determinants of health, at the same time that we increase access to culturally competent health care, promote healthy behaviors and strength-en the existing public health infrastructure. To do otherwise is to further limit potential and jeopardize the health and quality of life of all residents of the state.

Health Impact Assessment, which has been used in both industrialized and non-industrialized countries, elevates system-level change, identifies inter-sector costs and benefits, and signals a shift from public health policy toward healthy public policy.

Re-orient Funding

The social and economic changes described in this report will not happen by chance. Stable funding and leadership are needed within a critical mass of organizations to support innovative, long-term collaborative efforts with potential to achieve and sustain change. Change is needed with regard to the amount of funding available to community-based organizations, as well as the terms on which it is available.

New mechanisms to deliver funding must be developed that balance accountability with maximum flexibility, community autonomy and efficiency. Because MDH operates numerous grant programs, the department is in a position to take immediate steps that will begin a long-term process of reorienting funding:

- Involve a greater variety of people in evaluating grant proposals
- Notify more community-based organizations from around the state of the availability of grant proposals
- Streamline administrative requirements
- Determine barriers to funding initiatives designed to eliminate disparities
- Require that grant applicants involve community-based organizations and/or representatives from the populations to be served in the preparation of the grant proposal, and in the implementation of the grant.

Strengthen Assessment, Evaluation and Research

More rigorous use of population health data, and more sophisticated measures and indicators of health are needed to provide a comprehensive picture of the factors that affect health. MDH, MHIP member organizations, Community Health Service (CHS) agencies, the MDH Minority Health Advisory Committee, and the MDH Population Health Assessment Work Group, should work with other interested organizations to:

- Act on the future data initiatives recommended within the 1997 Populations of Color Health Status Report and the 1998 Report to the Legislature of the MDH Minority Health Advisory Committee
- Build on lessons learned through minority health assessment grants awarded during 2000; Leverage additional resources to support similar assessment and planning initiatives across the state
- Expand traditional indicators of health to reflect the social and economic determinants of health; Collect and communicate baseline data on social and economic factors that contribute to health and health disparities
- Incorporate social and economic factors into planning and assessment processes at the state and local levels

- Link health indicators with measures of socioeconomic status and race/ethnicity. For example: Incorporate measures of income, education and race/ethnicity into health information systems; Take steps to overcome limitations of information systems that currently include some health, socioeconomic and race/ethnicity data; Assure uniform and accurate collection of socioeconomic and racial/ethnic data; Expand analysis and reporting of hospital discharge data, health plan enrollment and claims encounter data, and surveys of health plan member/patient satisfaction.

Communicate and Champion the Findings and Recommendations

- Distribute this report to key leaders and organizations
- Champion the findings and recommendations throughout MDH and the organizations, systems and networks represented on MHIP
- Create opportunities for dialogue and action

Focus Coordinated Commitment on Priority Strategies

Many groups and individuals in Minnesota are dedicated to improving the social and economic climate in Minnesota, though they may not have fully realized the health implications of their actions and advocacy. MHIP members should work jointly to mobilize action and leverage the strength of these organizations.

Take This Work to the Next Stage

MHIP and MDH should bring overall leadership and direction to this work during the next year by expanding and re-convening partners, promoting accountability, issuing "calls to action," producing issue briefs, and positioning Minnesota to capitalize on research and related activities occurring nationally.

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Social Conditions and Health Action Team

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Center for Population Health
Chicanos Latinos Unidos En Servicio
CommonBond Communities
Council on Asian Pacific Minnesotans
Ford & Associates Insurance
Health Care Education and Research Foundation
Housing Finance Agency
Joint Religious Legislative Coalition
Legal Services Advocacy Project
Local Public Health Association
Macalester College
Medica Health Plans
Medtronic Foundation
Minneapolis Department of Health and Family Support
MN Business Partnership
MN Department of Children, Families and Learning
MN Department of Economic Security
MN Department of Health
MN Department of Human Services
MN Planning
MN State Senate
Neighborhood Health Care Network
St. Paul-Ramsey Department of Public Health
The Urban Coalition
University of Minnesota
- Center for Spirituality and Healing
- Department of Pediatrics
- Institute on Race and Poverty
- School of Public Health, Division of Health Services Research and Policy

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March, 2001

A full report will be available Spring 2001. To receive a copy of the report call (651) 296-9661.

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This summary was funded in part by a Turning Point Grant from the Robert Wood Johnson Foundation.

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