Hello Meeker-McLeod-Sibley Community Partners and Stakeholders,

As a collaborative we are working hard to provide you with the most current information related to the work we are doing in our community. Each quarter, Healthy Communities will distribute a media toolkit that will be shared with those we work with.

This quarter we are sharing information on choice, culture and behavior in our communities and how that affects health equity. Please look through the attached materials. Feel free to distribute this to your staff, partners and clients to educate them on the work we are doing to make the communities we provide services in a healthier place to be.

Also remember to share the work you’re doing around this topic or an event related to this topic with us via our website Share a Story or Share an Event. Also watch for more toolkits to come out during 2019.

If you have questions about the content of this toolkit or want to become involved with the Healthy Communities Collaborative you can contact Kerry Ward at kerry.ward@co.mcleod.mn.us or via phone at 320-864-1512

Thank you,

Lori Rice
Meeker-McLeod-Sibley Healthy Communities Chair
Partners Call to Action: Creating health is a community effort! Health equity is expanding the understanding of what creates health. Health – and health equity – are created in the community by people working together to create just economic, social and environmental conditions that promote health. Conditions in the community are created by the policies and systems that shape social and physical environments. Let’s work together to strengthen the capacity of communities to create their own healthy futures.

Purpose of coalition
Working together to advance health equity in Meeker-McLeod-Sibley Counties and close avoidable health gaps related to health outcomes. The coalition works collaboratively with community partners that have interest and experience in health equity. We work together on a comprehensive approach to tackle health inequalities.

Newspaper Article:
Advancing Health Equity
What is health equity?
Health equity is 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 (Minnesota Department of Health).

Meeker McLeod Sibley Healthy Communities along with its supporting partners are addressing health equity in its Community Health Assessment and Improvement Plan. In 2014, 40% of people of color in our region are more likely to have a lower income compared to 29% of white, non-Hispanic residents. Results in Meeker McLeod Sibley’s 2014 Community Health Assessment demonstrated the health inequities between income groups. Residents with an income at or below 35,000 were more likely to report having chronic diseases such as diabetes and heart trouble (MMS Community Health Survey). Taking a collective action approach, Healthy Communities is working together through a Health Equity Coalition to address health inequities.

The Health Equity Coalition is dedicated to advancing health equity in Meeker McLeod and Sibley counties by identifying health gaps related to health outcomes and providing ongoing community education and awareness across the three counties.

Together we can advance Health Equity
Together we can all work to address health inequities. This three county coalition will drive people to the Healthy Communities website where tool kits and other resources are available to help educate people on health equity.

For more information about the Health Equity Coalition and to learn more regarding health equity please visit the website at https://www.mmshealthycommunities.org/collective-action/health-equity/
Health Equity Coalition information:

Meeting Dates:
- March 25th, 2019; 3-4pm
- April 22nd, 2019; 3-4pm
- May 2019 TBD
- June 24th, 2019; 3-4pm
- July 22nd, 2019; 3-4pm
- August 26th, 2019; 3-4pm
- September 23rd, 2019; 3-4pm
- October 28th, 2019; 3-4pm
- November 25th, 2019; 3-4pm
- December 2019 TBD

Members:
- Becky Thomes – Health Educator
- Nicole McLain – Public Health Nurse
- Soraida Palacios – Hispanic Outreach Coordinator, Sibley East
- Cecilia Zendejas – GFW Cultural Liaison
- Heidi Schwarze – Nurse at TriValley
- Nancy Mellsmoen – TriValley, Early Childhood Coach
- Jade Blekestad-Kral – Social Work/Family Facilitator
- Julie Kloekl – Emergency Preparedness Coordinator
- Lynn Tollefson – Minnesota Valley Action Council, Family Resource Coordinator
- Charlie Eichten – Chief of Police
- Nick Olson – Sibley East, Family Facilitator
- Lennie Albers on the Glencoe Food Shelf
- Nicole Mourgos Attorney at Southern Minnesota Regional Legal Services, Inc

Facebook Post: Did you know that your zip code matters more than your genetic code when it comes to determining how long you’ll live? Where you live shouldn’t determine how long you live, but it does. In fact, health has more to do with place than doctors’ visits. The odds are stacked against low-income communities and communities of color. Many communities have neighborhood environments conspire to harm resident. These environments lack basic health protective amenities like parks, grocery stores, decent schools, functioning transportation systems, affordable and decent housing, living wage jobs, and even potable water in some instances. Find out more here
**Twitter Post:** What is health equity? Health equity means achieving the conditions in which all people have the opportunity to realize their health potential — the highest level of health possible for that person — without limits imposed by structural inequities.
**Additional Resources:**

**Social Determinants of Health:**
The conditions in which you live, learn, work and age affect your health. Social determinants such as neighborhood, education and health care can influence your lifelong well-being. More information can be found at the American Public Health Association article: [http://thenationshealth.aphapublications.org/content/46/5/1.3.full](http://thenationshealth.aphapublications.org/content/46/5/1.3.full)

**Minnesota Department of Health (MDH):**
Health equity is achieved when every person has the opportunity to attain their health potential, and no one is unjustly kept from achieving this potential. The work to advance health equity is in direct line with the history of local health departments acting as a key force with their communities to shape the conditions for population health. [http://www.health.state.mn.us/divs/opi/healthequity/](http://www.health.state.mn.us/divs/opi/healthequity/)

**Center of Disease Control and Prevention (CDC):**
One of the primary goals of CDC’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) is to achieve health equity by eliminating health disparities and achieving optimal health for all Americans. NCCDPHP addresses health equity through its programs, research, tools and resources, and leadership. [https://www.cdc.gov/chronicdisease/healthequity/index.htm](https://www.cdc.gov/chronicdisease/healthequity/index.htm)

**American Public Health Association (APHA):**
Creating health equity is a guiding priority and core value of APHA. By health equity, we mean everyone has the opportunity to attain their highest level of health. [https://www.apha.org/topics-and-issues/health-equity](https://www.apha.org/topics-and-issues/health-equity)

**Triple Aim of Public Health:**
The “Triple Aim of Health Equity,” is a multi-pronged approach to improve health equity by:
- Expanding our understanding of what creates health
- Implementing a Health in All Policies approach with health equity as the goal
- Strengthening the capacity of communities to create their own healthy future
See the worksheet attached or for more information visit: [http://www.ihi.org/Topics/Health-Equity/Pages/default.aspx](http://www.ihi.org/Topics/Health-Equity/Pages/default.aspx)

**Health in All Policies fact sheet:**
Health in All Policies (HiAP) is a collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people. HiAP recognizes that health is created by a multitude of factors beyond healthcare and, in many cases, beyond the scope of traditional public health activities. The HiAP approach may also be effective in identifying gaps in evidence and achieving health equity. See the fact sheet attached or for more information visit [https://www.cdc.gov/policy/hiap/index.html](https://www.cdc.gov/policy/hiap/index.html)

**Meeker McLeod Sibley Health Equity Infographic:** See attached

**Picture a Healthier Community Brochure:** See attached
Toward a Healthier Hennepin County: Health in All Policies

People want to live in a vibrant community where they feel safe and are close to friends, family, schools, jobs, clinics, parks, stores, and transportation options including walking, biking, and transit. These qualities make communities great. They also make communities healthy.

Many of the fundamental decisions that create health are made outside the health care sector. That is why Hennepin County, along with the state of Minnesota, is joining our peer counties and states around the country in working to create a culture of health through Health in All Policies.

What is Health in All Policies?

Health in All Policies (HiAP) institutionalizes the consideration of health, eliminating disparities, and sustainability into decision-making across all sectors and at all levels to improve the health of communities and people (California HiAP task force 2010 and American Public Health Association).

Health in All Policies asks questions such as:

- Is it possible to walk or bike to work or school in my community?
- Do people feel safe and connected to their neighbors?
- Can people find jobs nearby that pay a livable wage?
- Are there places to get affordable, healthful food?
- Is there a mix of housing types and affordability?

These Social Determinants of Health play a larger role in determining health outcomes than genetics, individual choices, or even access to a doctor (Minnesota Department of Health 2015).

Your ZIP code matters greatly in terms of how long you will live and how healthy you will be, as this map of Hennepin County demonstrates: [http://hennepin.maps.arcgis.com/apps/Viewer/index.html?appid=0ecebed3c8394799a7a6baebf8b4d17c](http://hennepin.maps.arcgis.com/apps/Viewer/index.html?appid=0ecebed3c8394799a7a6baebf8b4d17c).

Hennepin County’s role in Health in All Policies

All business lines and departments at Hennepin County influence the social determinants of health, and all have a role to play in fostering healthier residents in healthier communities. Taking an HiAP approach at the county means bringing people together across business lines and departments to examine how our work impacts health and how we can collaborate to produce better health outcomes for residents. Health in All Policies incorporates health, and sustainability into decisions made in areas such as transportation, land-use planning, community and economic development, environment, criminal justice, housing, human services, and more.

Health in All Policies is a culture shift in how we think about the complex issues of community health and eliminating disparities, and the impact of our decisions on communities. Successful HiAP includes the following:

- Strong visionary leadership and commitment.
- A permanent organizational structure for Health in All Policies.
- A task force with representatives across business lines and departments.
- A clearly articulated vision, shared goals, objectives, and timelines.
- Indicators that are incorporated into our current decision-making processes.

By incorporating these attributes, our county will foster vibrant, healthy communities for all.
Advancing Health Equity Worksheet: Applying a New Approach Using the Triple Aim of Health Equity

Individually select a specific program or activity you are familiar with. Describe how work in this area might look different if you were to apply the approaches listed below. Be as specific as you can.

Program/Activity: ________________________________________________________________

- *Implement a health in all policies approach with health equity as the goal*

- *Expand understanding about what creates health and health equity*

- *Strengthen the capacity of communities to create their own healthy futures*

Small group discussion:
- Share and discuss ideas.
- Select and develop one example to share with the large group.
Health Inequity in Meeker McLeod and Sibley Counties

Everyone deserves equal opportunities for health to achieve health equity.

What do people need??
- Healthy living conditions and community space
- Equitable opportunities in education, jobs and economic development
- Reliable public services and safety
- Non-discriminatory practices in organizations

Inequities and Health Outcomes

Results show inequities between income groups in most of the chronic diseases and associated risk factors included in the 2014 community health survey.

![Figure 1: Health outcomes among MMS adult residents by income group](image)

Source: 2014 Meeker McLeod Sibley Healthy Communities Survey

- According to the 2010-2014 American Community Survey 5 year estimates, close to 1/3 of households in Meeker (31%), McLeod (29%) and Sibley (30%) counties have an income less than $35,000.
- People of color in our region are more likely to be lower income - 40% of non-white and/or Hispanic residents have income of less than $35,000 while only 29% of white, non-Hispanic residents have an income of less than $35,000.

Social Determinants of Health

Health is generated through the interaction of individual, social, economic, and environmental factors and in systems, policies, and processes encountered in everyday life.

These 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.
What we know....

Meeker-McLeod-Sibley Community Health Services selected heart trouble or angina and diabetes mellitus as our two focus outcomes.

These focus areas were chosen due to data showing that Meeker, McLeod, and Sibley Counties residents are rated higher than the overall rate for adults in Minnesota. Sources: MMS Community Health Survey and BRFSS.

What our residents are telling us....

Those interviewed were asked about the living and working conditions that contribute to worse health outcomes such as heart disease and diabetes for residents with lower incomes and challenges this population faces that prevent them from being as healthy as they want to be. The following themes emerged from these conversations:

- Social and community networks
  - Competing priorities: health is often a lower priority than more immediate concerns such as housing, paying bills, providing any food vs healthy food

- Material circumstance
  - Lack of education
  - Lack of healthcare
  - Lack of quality affordable housing
  - Proximity issues to affordable physical activity options & healthy food options

- Policies, governance, and environmental conditions
  - Less flexible, less paid time from job
  - The lack of policy for healthy living in rental units

Essentially, these conversations indicate that barriers to health for low-income populations comprise lack of access to healthy food, health care, and routine medical care, but go beyond factors we typically think of as impacting health, such as limited access to transportation and quality affordable housing. These barriers make it challenging for people with low income to focus on health.

Next steps....

Meeker-McLeod-Sibley Community Health Service's role is to:

- Increase community awareness and understanding of the social determinants of health that impact the health of residents living in Meeker McLeod and Sibley Counties.
- Continue to identify sub-populations negatively impacted by social determinants of health.
- Work with local partners
- Build workforce knowledge and skills on health inequities in order to incorporate a health equity lens into all public health programs
- Strengthen workforce capacity by exploring emerging health profession that address health inequities like a community health worker (CHW)
What can you do?:

1. **Smoke-free multi-unit buildings keep residents safe from secondhand smoke.**

   - **What can you do?:**
     - Help your friends and family stop smoking.
     - Support policies that protect your children and future generations.

2. **Healthier and active adults can help people avoid type 2 diabetes.**

   - **What can you do?:**
     - Help media cover the health impacts of secondhand smoke.
     - Support tobacco-free workplaces.

**Investments that keep kids in school can help improve health.**

- **What can you do?:**
  - Support schools and community programs that keep children healthy and active.

**Even a few years of additional education reduces health risks.**

- **What can you do?:**
  - Encourage adult education programs that help people eat better and eat better.

**Quality schools = better health!**

- **What can you do?:**
  - Support programs that train teachers to help students stay healthy.

**Eating healthier and being more physically active can help people avoid type 2 diabetes.**

- **What can you do?:**
  - Help your friends and family incorporate healthy eating and physical activity into their daily lives.

Strengthening every community builds a healthier future for all. And, we all have a part to play in shaping our community for health.

Learn how you can make a difference. Start a conversation with family, friends and neighbors about creating health in your community.
Good health starts long before we go to the doctor’s office. In fact, health is created where we live, work, learn and play.

We can create opportunities to be healthy all around us.