2019 HUP SPRING MIXER: Health Equity

March 7, 2019

Background:
A team from Hennepin County's Department of Public Health, in conjunction with the Hennepin-University Partnership, developed the following topics as key areas for discussion on identifying strategies to move forward with advancing health equity in the county.

Existing structural inequities limit specific population groups living in Hennepin County from realizing their health potential. This situation is evident in health and other disparity data—differences in health outcomes are linked to systematic economic, social, and/or environmental disadvantages. To fully address health equity in the county, priority populations include: 1) African American and American Indian populations; 2) African American and Latino gay and bisexual men and men who have sex with men; 2) School districts with >30% students on free and reduced lunch, 3) Geographic communities where ≥50% of residents are people of color or American Indian, 4) Communities where >20% of families are below 200% of FPL, and 5) people with mental illness/chemical dependency, and developmental delays, 6) Seniors

Topic Title	Overview/Description	Table Discussion Ideas (for table hosts)
Corrections and Public Health **(Violence Prevention)**	A gap exists in public health and public safety paradigms. These two fields are distinct in terms of philosophy, policy, and practice. There is growing recognition that the social determinants of health and the impact disparities in these areas disproportionately impacted communities. This includes a recognition that there needs to be a relationship between our public safety and public health entities. Public health interests should not stop when someone becomes involved in the correctional system. Identifying opportunities for collaboration is critical to the health of our community. While Jim Crow legislation has been legally dismantled, a racial caste system has taken a different form through incarceration. Moreover, Jails and prisons have become the de facto treatment facilities for people with mental illness, substance use disorder and brain injuries.	What are the opportunities for public safety and public health to work together? How does Hennepin County compare with other parts of the country? What can Hennepin County do using public health approaches to prevent people from entering the corrections system? What can Hennepin County do to address the needs of those in the corrections system?

Topic Title	Overview/Description	Table Discussion Ideas (for table hosts)
	Partnerships between public safety and public health can help ensure that scarce resources are achieving optimum benefits by preventing correctional involvement, tracking incidents, treating inmates with evidence-based services and ensuring successful community connections and reentry to improve the overall health of the entire community.	What can Hennepin County do to address the needs of those individuals transitioning back to the community?
Trauma-Informed Prevention Approaches to Promote Child and Family Health	The physiological response to frequent and/or intense stress (trauma) increases physical, mental and behavioral issues. Adverse Childhood Experiences (ACEs) such as parental separation, household mental illness/substance use, abuse/neglect, and experience of violence are widespread. Trauma-informed approaches increasingly recognize the widespread impact of trauma, identify and respond to the signs and symptoms of trauma, and integrate knowledge about trauma into policies, procedures, and practices. Understanding health behaviors as adaptations to adversity address the social and mental health aspects of disease prevention, and provide opportunities to examine how structural factors affect community experience of trauma.	How does racism and discrimination mediate trauma experience and affect health equity in communities? How can trauma-informed approaches improve community engagement to address health equity? What systems of resiliency have evolved in communities to cope with trauma, and how can these be strengthened to improve health equity? How can county programs and services align to prevent trauma experience?
Evidence-based Approaches to Eliminating Disparities in Sexually Transmitted Infections and Blood-borne Pathogens including HIV and Hepatitis C.	Rates of sexually transmitted infections and blood-borne pathogens including HIV, Hepatitis C, Syphilis and Gonorrhea are 3-60 times higher for African Americans, immigrants born in African and Latin American countries, American Indians, and men who have sex with men compared to whites and men who do not have sex with men. For example, if the trajectory of the HIV epidemic does not change, 50% of African American men who have sex with men will acquire HIV in their lifetime. High impact biomedical advances in HIV treatment and prevention such as antiretroviral therapy and PrEP provide the tools to eliminate HIV transmissions yet progress towards ending these disparities is stymied by inequitable access to critical prevention and treatment tools. Public health policies and strategies continue to fail	How can Hennepin County and University of Minnesota health and social scientists partner to develop and implement more effective models of reaching disproportionately impacted populations with high impact prevention, treatment and support services to eliminate disparities? Are there scientific approaches to resource allocation in the area of infectious disease prevention and treatment that can be employed to advance STI, HIV and Hepatitis C

Topic Title	Overview/Description	Table Discussion Ideas (for table hosts)
	to effectively focus efforts and resources on the populations in most critical need of STI, HIV and Hepatitis C diagnosis, prevention and treatment services. Adopting evidence-based approaches grounded in sound epidemiological, health and social sciences can advance health equity in this area.	health equity among racial, ethnic and sexual minorities in Hennepin County?
Strategic approaches to equitable access to and consumption of nutritious food and community environments that lead to healthier lifestyles	There are certain aspects of the environment in many low-income communities that are adverse to people's health. Eating well, being active and avoiding tobacco are the keys to healthy living. However, it's difficult to make these choices if our surroundings don't support them. Lack of physical activity, an unhealthy diet, and tobacco use or exposure are the leading causes of preventable death and disease in the United States. To make it easier for residents to choose healthy lifestyles, changes need to be made to the places where people live, work, learn and play. By making these changes, we would see improvements in the health status of the populations living in those environments. Active participation of those community residents that are most impacted by these adverse environmental conditions would help build more resilient communities.	Where do community deficits come from? Do individuals cause community deficits? What patterns have you observed regarding which communities have been subjected to health-harming conditions? How can we democratize land use policies through greater public participation to ensure healthy living conditions? How can Hennepin County and University of Minnesota faculty partner to develop healthy community models? Who else needs to be at the table to plan for healthy communities by making PSE changes?
Community Based Participatory Research (CBPR)	Medical advances have provided people in America with the potential for longer, healthier lives. However, persistent and well-documented health disparities exist between different racial and ethnic populations and health equity remains elusive (HHS, 2012). Elimination of racial and ethnic health disparities requires an understanding of the characteristics and cultural specific needs of communities. This information will inform the systems change needed to eliminate racial and ethnic disparities. Effective community engagement and partnership, therefore, is vital to bridging community specific health needs with public health goals. However, due to historical trauma and past racist policies, the biggest challenge is establishing trust. The community based participatory research (CBPR) model may be the	How can the county work with the university to support and inform community engagement efforts with the CBPR model in order to eliminate racial and ethnic disparities and advance health equity? What are the skills and competencies needed to implement CBPR? Who are the subject matter experts?

Topic Title	Overview/Description	Table Discussion Ideas (for table hosts)
	best fit as a long established method that centers on social justice. CBPR requires communities' equitable involvement and shared decision making/ownership. CBPR projects were found to be highly successful in the literature. "Marcus and others (2004) explain that with a CBPR framework, the researcher fulfills the role of facilitator and new knowledge is discovered through the interactions of all participants," (Parrill & Kennedy, p. 152).	What are the limitations and weaknesses of CBPR? Are there other models to community engagement that should be considered?
Internal Infrastructure to Advance Health Equity	The social determinants of health by definition affect all facets of life. The systemic and institutionalized policies and practices that create these health imbalances across populations can only be fixed through strategic frameworks and communication systems that cross sectors. Hennepin County, as the most populous county in Minnesota, and the University of Minnesota, as one of the country's most highly ranked research universities, have the potential to make a big impact on advancing health equity in the county and to serve as a model for the rest of the country. A coordinated effort on the part of both of these large institutions could greatly move the dial on the social determinants of health for county residents given the reach, experience, influence, and expertise that each has.	How important is cross-sector engagement in reducing health disparities? What more can Hennepin County and the University of Minnesota do internally and in partnership to help advance health equity throughout the county's infrastructure? How advanced or absent are Hennepin County and the University of Minnesota in taking action in putting research into practice to advance health equity? Given the reach of both institutions, how can both HC and the University better perform community engagement in work on reducing health disparities?
Housing as Healthcare	The worlds of health and housing are quite disparate despite being inextricably linked. Housing is coming to be recognized nationally as a key driver and a major social determinant of health. Not only does homelessness put one at risk for poor health, but poor health puts one at risk for homelessness (NHCHC). Housing instability and substandard housing are also health concerns and lead to increased poor health outcomes in already vulnerable populations. People of color and American Indians are disproportionately affected by	What would a "Housing First" approach look like in Hennepin County? How can health care encounters serve as a point of access to assistance with housing instability?

Topic Title	Overview/Description	Table Discussion Ideas (for table hosts)
	homelessness and housing instability. For example, an estimated two-thirds of those receiving HUD affordable housing support are racial/ethnic minorities. Housing instability and homelessness can be especially detrimental to those with chronic health conditions. For example, people living with HIV/AIDS experiencing homelessness are more likely to postpone HIV care, have poorer access to regular care, and are less likely to keep up with their HIV treatment (NHCHC).	What systems are in place in the County that perpetuate the structural barriers to secure and affordable housing for many people of color? How can Hennepin and the university both advance policies that support housing as health care?
Creating Culturally Responsive Health Care	Some of the roadblocks to achieving equitable health care access are based in cultural differences, of both consumers and practitioners. These differences, which stem from factors such as cultural differences in communication, belief systems, and values, can significantly impact health services delivery and operations. When practitioners do not have a clear understanding of the consumer's resistance to certain health options, it could limit their ability to offer alternatives that better serve the consumer. In addition, how the interaction proceeds could affect the consumer's future receptiveness and ease of seeking health care, especially consumers from communities not accustomed to Western medicine or the culture of health care in the United States.	In what ways can county practitioners improve their understanding of the cultural beliefs within the communities they serve, that impact the consumer's receptiveness to certain health care options? How can communication about prevention and treatment of diseases be more culturally responsive? How can the barriers of culturally different approaches to health care be better addressed, without disrespecting the respective cultures involved? Are there ways to ease access of those consumers who have larger gaps between their cultural health beliefs and existing health care options?
To Be Determined	There will be an opportunity at the Mixer for attendees to add other topics of interest for discussion.	