

Building our Collective Capacity to Act

Jeanne Ayers

**Assistant Commissioner, Chief Health Equity Strategist
Minnesota Department of Health**

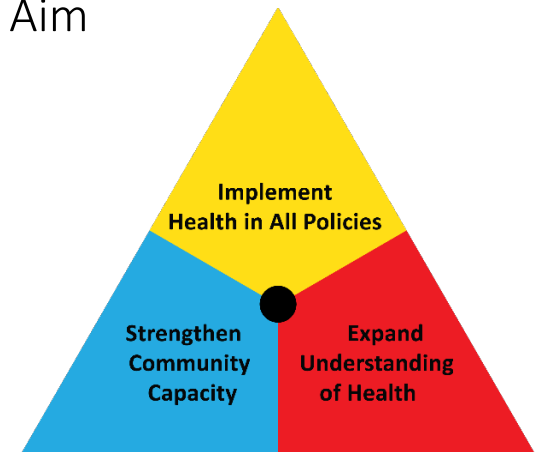
**Community Voices and Solutions
October 2, 2017**



Minnesota
Department of Health

Presentation

- **Strengthen our collective capacity to create our healthy futures through a community organizing and systems approach.**
- **Introduce the three practices of the Triple Aim of Health Equity and demonstrate through examples in action.**
 - Expanding the understanding of health
 - Implement Health in All Policies with Equity as the Aim
 - Strengthen community capacity



What is Health?

From WHO 1948 and Ottawa Charter for Health 1986

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the objective of living."



What is required for Health?

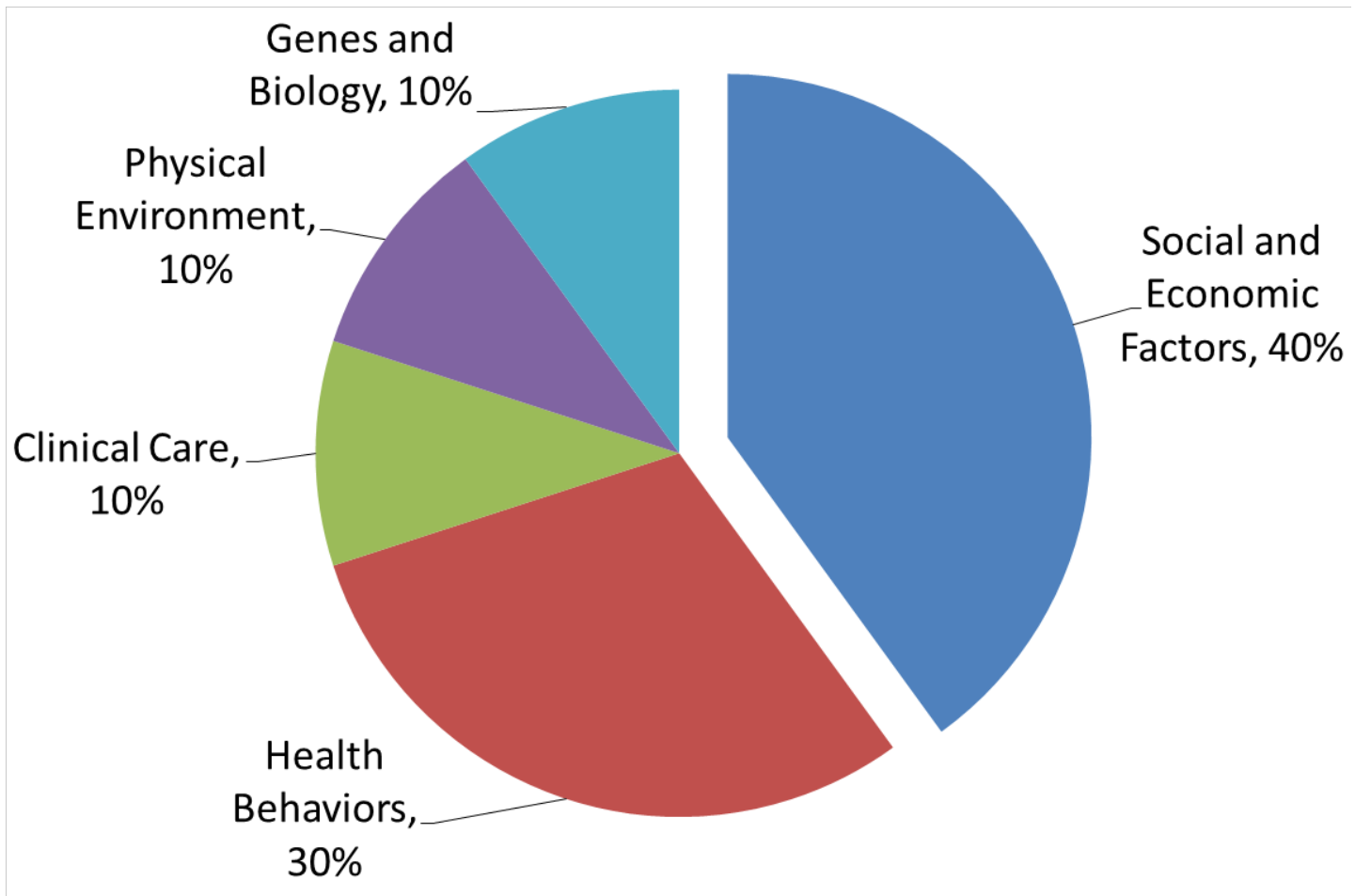


What do families need to thrive?

- ☀ **Peace**
- ☀ **Shelter**
- ☀ **Education**
- ☀ **Food**
- ☀ **Income**
- ☀ **Stable eco-system**
- ☀ **Sustainable resources**
- ☀ **Social justice and equity**
- ☀ **Safe**
- ☀ **Stable**
- ☀ **Nurturing**
- ☀ **Relationships**
- ☀ **Environments**

World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <<http://www.who.int/hpr/archive/docs/ottawa.html>>.

Factors that determine health





Advancing Health Equity in Minnesota

Report to the Legislature

“...the opportunity to be healthy is not equally available everywhere or for everyone in the state.”

Health inequities in Minnesota are significant and persistent, especially by race:

In Minnesota, an African American or Native American infant has more than twice the chance of dying in the first year of life as a white baby.

Disparities in Birth Outcomes are the tip of the health disparities iceberg

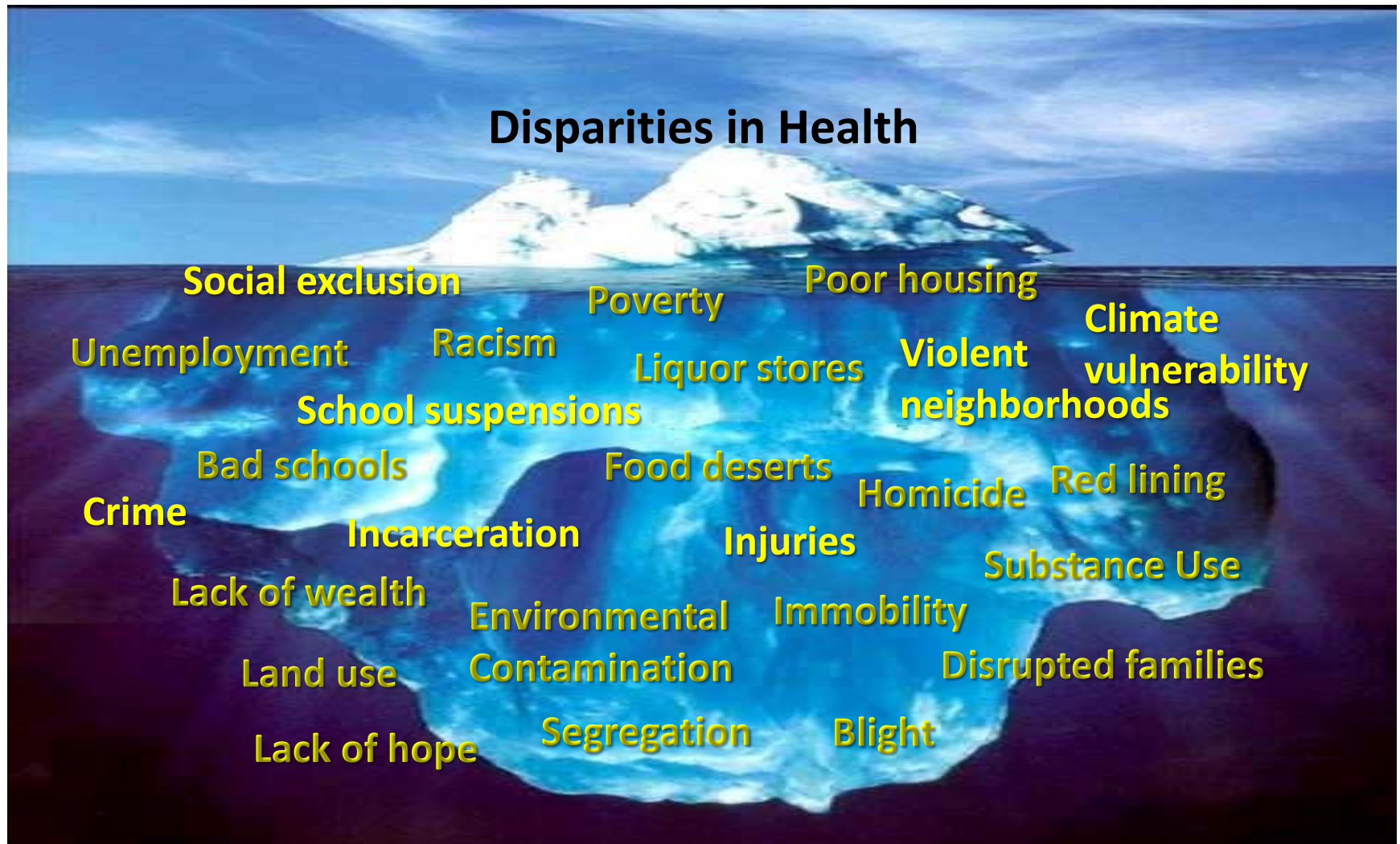




Predictors of Health by Race

Health disparities and the the persistent connection between systemic inequities and disadvantage by race is clear and **predictive of the future health** of our community.

Disparities in health are the tip of the societal disparities iceberg



What does “health equity” mean?

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.

Communities of Opportunity

- Social/economic inclusion
- Thriving small businesses and entrepreneurs
- Financial institutions
- Good transportation options and infrastructure
- Home ownership
- Better performing schools
- Sufficient healthy housing
- Grocery stores
- IT connectivity
- Strong local governance
- Parks & trails

MDH

Good Health Status

Poor Health Status

Contributes to health disparities:

- Diabetes
- Cancer
- Asthma
- Obesity
- Injury

Low-Opportunity Communities

- Social/economic exclusion
- Few small businesses
- Payday lenders
- Few transportation options
- Rental housing/foreclosure
- Poor performing schools
- Poor and limited housing stock
- Increased pollution and contaminated drinking water
- Fast food restaurants
- Limited IT connections
- Weak local governance
- Unsafe/limited parks

Roots of Inequities - how did we get here?

- Disparities are not simply because of lack of access to health care or poor individual choices.
- Mostly the result of policy decisions that systematically disadvantage some populations over others.
 - Especially, populations of color and American Indians, GLBTQ, and low income
 - Structural Racism



Advancing Health Equity in Minnesota

Report to the Legislature

- Things are the way they are – because we designed them that way. The roots are deep in historical policies—Structural Racism
- Not a new program but a commitment, a commitment to fundamental shifts in paradigms about what constitutes evidence, who is involved in decision-making, and what creates health
- Greatest potential for change is effective policy development

Laws of Minnesota 2013, Chapter 108, Article 12, Section 102



Let's Talk

Take a few minutes in pairs:

- Name core values and beliefs that have shaped you
- How were these beliefs and values formed?
- How are your values and beliefs related to your involvement in this initiative?

As a group discuss where you feel your values and beliefs about health are being violated.



Public Health

“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”

Institute of Medicine (1988), Future of Public Health

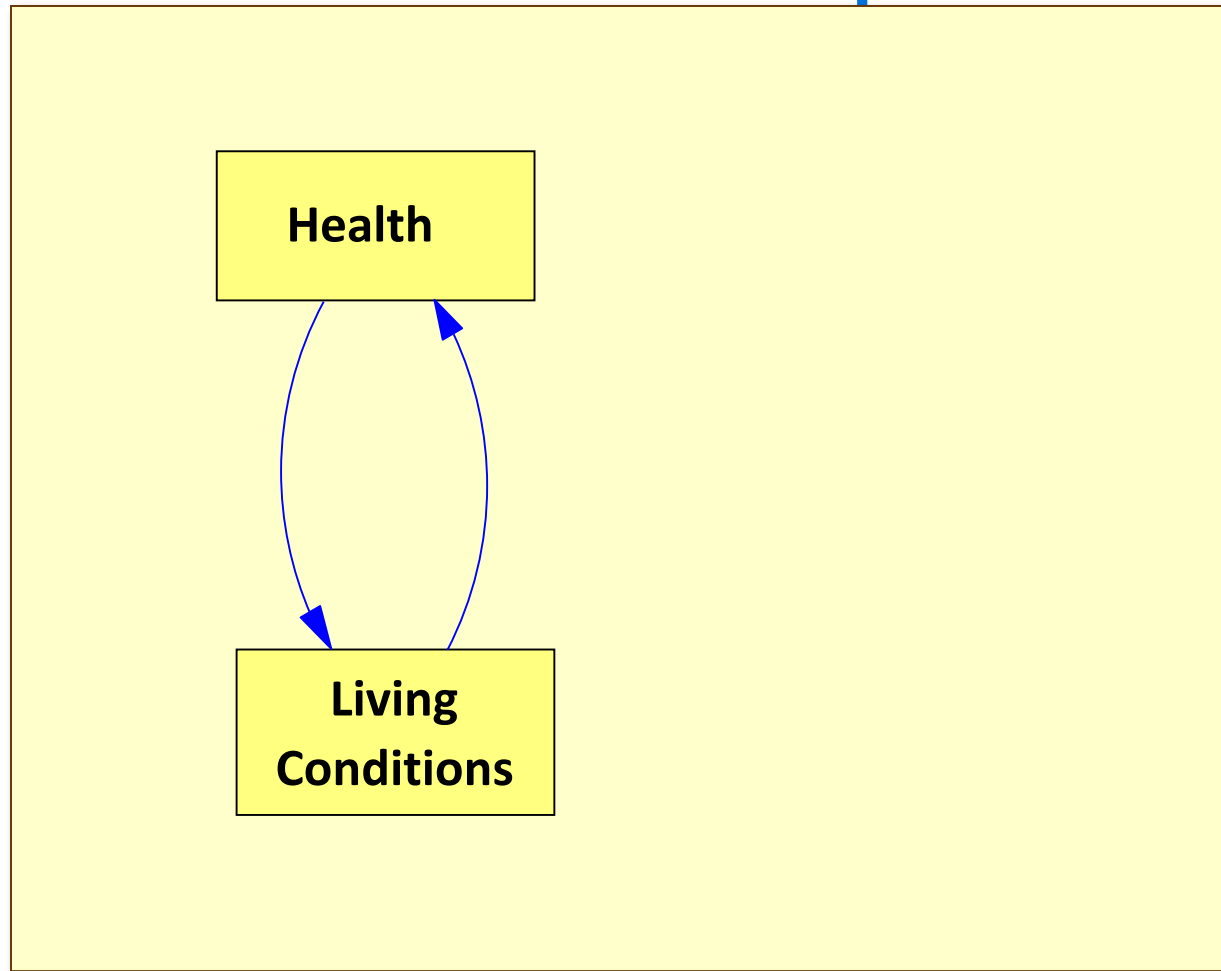


What is our Theory of Change?





“Assuring Conditions” requires Seeing the System of Relationships



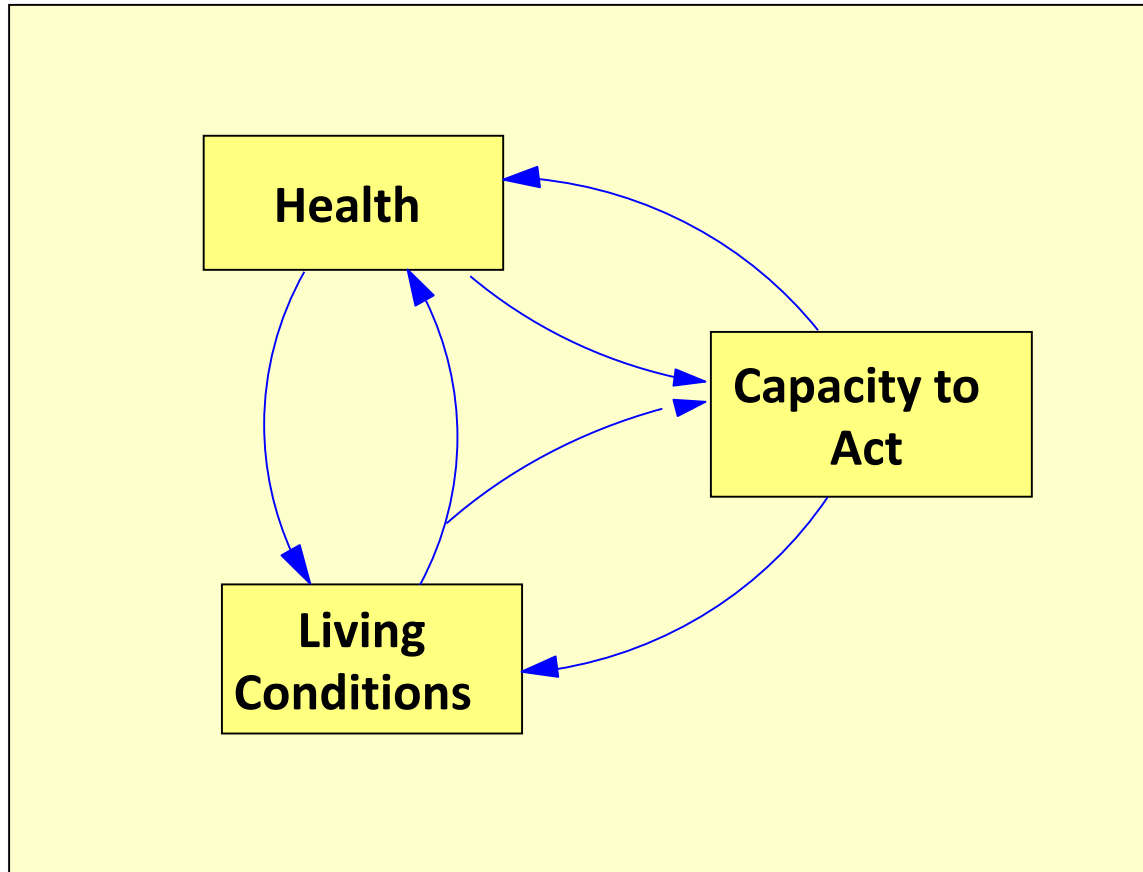


Social Determinants of Health

The conditions and circumstances in which people are born, grow, live, work, and age. These circumstances are **shaped by** a set of forces beyond the control of the individual: economics and the **distribution of money, power, social policies, and politics** at the global, national, state, and local levels.

- WHO and CDC (adapted)

Changing the Conditions Requires the Capacity to Act



Public health must build its skills to foster the “capacity to act” (power)



Power (ability to act) one view

- **Power is limited—the more power that I have, the less you have.**
- **Power is controlling**
- **Power is all or nothing—a person is either powerful or powerless**
- **Power is corrupting or immoral**
- **Power is sourced in money, force, law, or status**
- **Power is what can be done NOW**

“Power, properly understood, is the ability to achieve purpose.

It is the strength required to bring about social, political, or economic changes.

In this sense power is not only desirable but necessary in order to implement the demands of love and justice. ”



-Martin Luther King, Jr

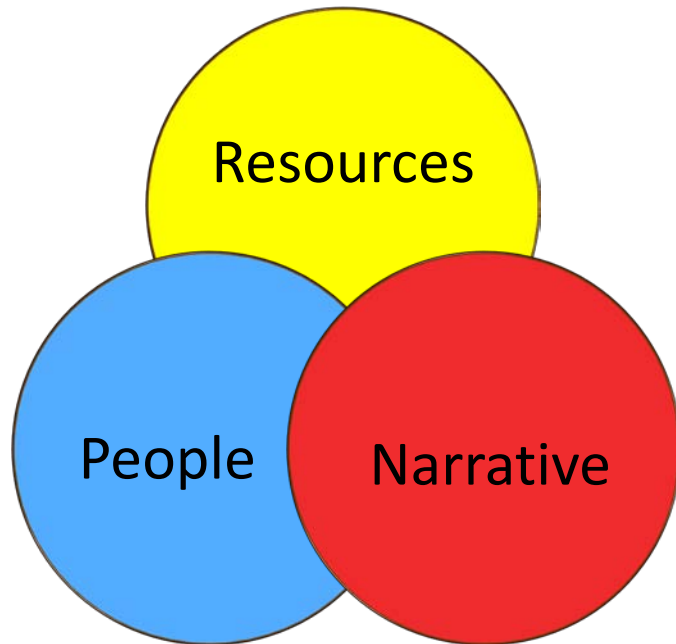


Power (ability to act) –Another view

- **Power can be relational**
- **Together, we have more power**
- **Power can be varied**
- **Power can be used for the good of all**
- **Power can be sourced in respect, relationships, creativity, and organization.**
- **Power can be built over time and achieved in the long term**

Structure work to achieve our overall aim: Create/Strengthen “Capacity to Act”

Organize the:



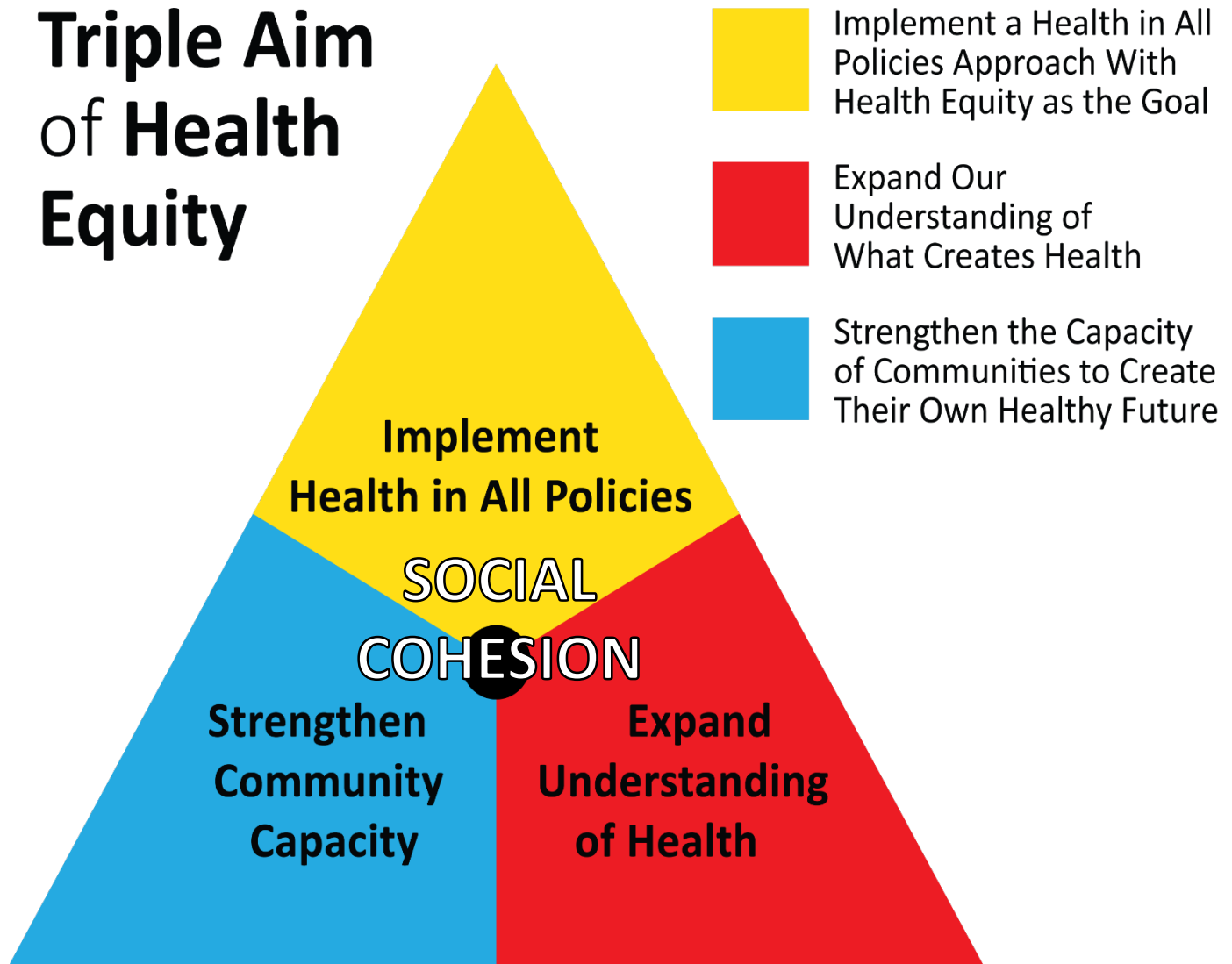
- Narrative: Align the narrative to build public understanding and public will.
- People: Directly impact decision makers, develop relationships, align interests.
- Resources: Identify/shift the resources-infrastructure-the way systems and processes are structured.

Three Practices to Advance Health Equity

- **Expand the understanding** of what creates health to include the “opportunity for health” (**organize narrative-knowledge**)
- **Strengthen capacity of communities** to create their own healthy futures. —Process and Partnerships-(**organize people**)
- Implement a “**health in all policies/places**” approach with equity as the goal (**organize resources-and how systems and places work**)



Triple Aim of Health Equity





Structure our work to advance health equity

The Triple Aim of Health Equity is based upon a theory of change that blends an understanding of power and systems change

Create change in a system through 3-7 practices versus specific programs or services!

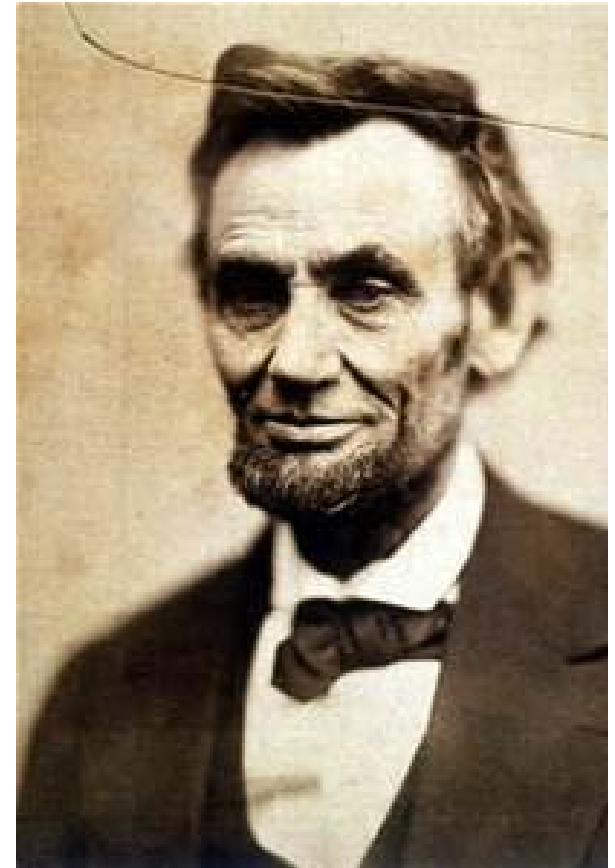


Exercise: Recognizing the dominant narrative

**Public sentiment is everything.
With public sentiment, nothing
can fail; without it nothing can
succeed...**

**...[public sentiment] makes
statutes and decisions possible
or impossible to be executed.**

Abraham Lincoln





Swim Lane





*Healthy Minnesota 2020:
Statewide Health Assessment
and Statewide Health
Improvement Framework*

**Minnesota Department of Health
and the Healthy Minnesota
Partnership**

Healthy Minnesota 2020
Statewide Health Improvement Framework December 2012

A Healthy Start for All • An Equal Opportunity for Health • Communities Creating Health



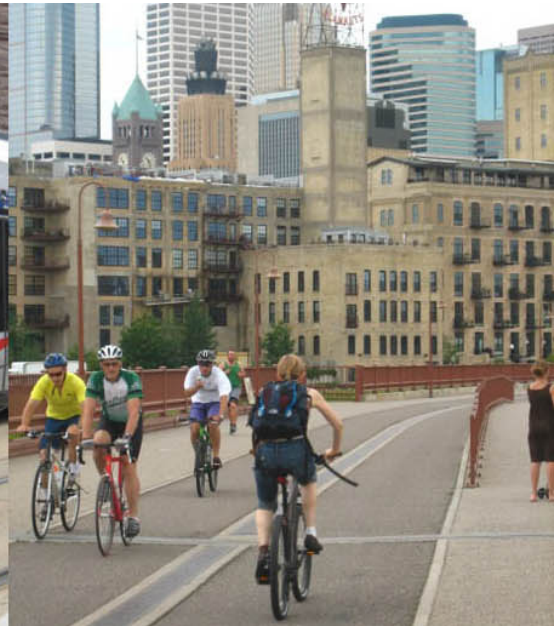
Minnesota Department of Health &
Healthy Minnesota Partnership
PO Box 64975 | 625 Robert Street N
Saint Paul, MN 55164-0975
Phone: (651) 201-5000
www.health.state.mn.us/healthymnpartnership



[Healthy Minnesota 2020](#)



Health in All Policies





What do families need to thrive? - 2

- Job opportunities
- Fair Wages, scheduling, paid leave
- Transportation
- Affordable, quality housing and neighborhoods
- Affordable, healthy food
- Access to affordable, quality health care, childcare
- Quality schools and opportunities for higher education
- Freedom from racism and discrimination
- Inclusion- Civic participation
- Social support, social cohesion
- Family Support



Health in all Policies:

Asking questions to advance health equity

- Who benefits?
- What health impact? Who impacted?
- What and whose values, beliefs and assumptions?
- Outcome versus intent?
- Need further study?

Expanding Narrative and Health in all Policies Helps Strengthen Community Capacity





Strengthen Community Capacity to achieve our overall aim

- **Grounded in our own discontent –Self-interest**
- **Aim to transform the “distribution of money, power, social policies, and politics at all levels—*Apply a systems approach*”**
- **Intentionally build our “capacity to act”**
- **Tension and partnership work together**



Community Partnerships-Where do we start?

- Conduct an analysis of our own power and networks and those of our partners
- Who do we work WITH, Who do we work FOR or on BEHALF OF?
- What relationships or alliances do we need?



Community Partnerships-Where do we start? - 2

- **What is our aim? What pattern do we want to influence in the long term?**
- **Short term aim. Select using Triple Aim of Health Equity—Organizing narrative, policy, people**
- **Be strategic—How do we work on our short-term aim to build our relationships and power to achieve our long term aims?**



Community Partnerships - Where do we start?

- **What relationships do we have? What interests do they represent?**
- **Do they have a base?** (*A source of authority, influence, or support? Accountability-People they represent that they are accountable to? For what?)*
- **Different groups play different roles—all can bring value but not all the same depending upon the aim**



Strengthen Community Capacity

How we “set the table” matters

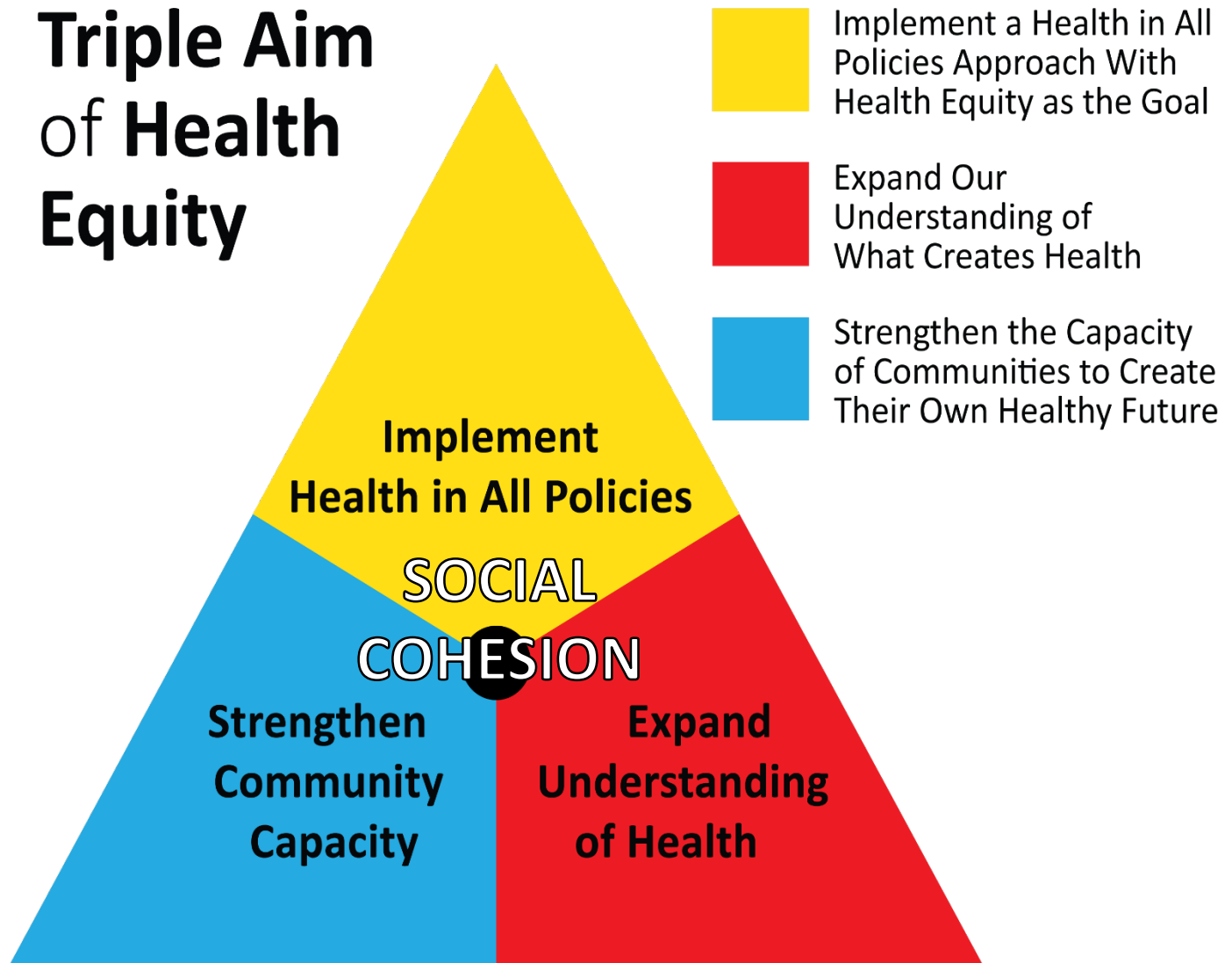
- **Evaluate roles - eye to building power for change**
- **Organize narrative, broaden relationships invest in alignment of partners**
- **Deepen authentic relationships with communities experiencing greatest health inequities**
- **Asking questions**



Creating health: a community effort

Health – and health equity - are created in the community by people working together to create just economic, social and environmental conditions that promote health.

Triple Aim of Health Equity



Next Steps

- Amplify the broader narrative of health
- Identify and intentionally influence policy and patterns of decision-making
- Be an ally and partner—with communities experiencing the greatest inequities
- Be explicit about race and commit to addressing the structural and racial inequities



Overall Lessons

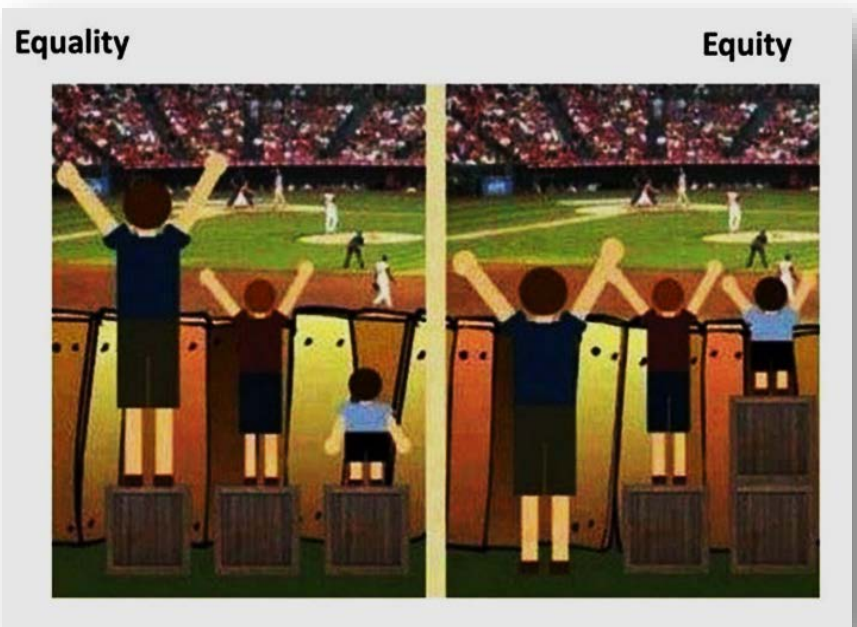
- Organic – must be interwoven with all other work-recognize it is iterative
- Must be intentional
- Commitment: Requires commitment to *building our organizational and community capacity --skills*
- Leadership – Hold our selves and each other accountable-bring more people into decision-making
- Imperfect-incomplete work--navigating toward health equity -- permission to make course corrections

“Public health is the constant redefinition of the unacceptable”

Geoffrey Vickers

Jeanne Ayers BSN MPH
Assistant Commissioner,
Chief Health Equity Strategist
Minnesota Department of Health

Jeanne.Ayers@state.mn.us



Links to Referenced Reports

- **The Health of Minnesota: Statewide Health Assessment:**
<http://www.health.state.mn.us/healthymnpartnership/sha/>
- **Healthy Minnesota 2020: Statewide Health Improvement Framework:**
<http://www.health.state.mn.us/healthymnpartnership/hm2020/#fw>
- **Advancing Health Equity: Report to the Legislature Report:**
<http://www.health.state.mn.us/divs/chs/healthequity/index.htm>
- **White Paper on Income and Health:**
<http://www.health.state.mn.us/divs/opa/2014incomeandhealth.pdf>

Links to Referenced Reports - 2

- **White Paper on Paid Leave and Health** <http://www.health.state.mn.us/news/2015paidleave.pdf>
- **MDH 2015-2019 Strategic Plan and Community Engagement Plan**
 - <http://www.health.state.mn.us/about/strategicplan.pdf>
 - <http://www.health.state.mn.us/divs/opi/community/plan/>
 - http://www.health.state.mn.us/divs/opi/community/plan/docs/ce_workplan_2016_final.pdf