The Role of Health Care in Eliminating Health Inequities in Minnesota

Executive Summary

This study began by asking an audacious question: "What can be done to eliminate health inequities in Minnesota in the next decade?" Health inequities, which are rooted in unjust social and economic inequities, are pervasive and persistent in the state. While recognizing that health care as a sector does not hold sole responsibility for eliminating health inequities, it can leverage its influence through bold action done in collaboration with partners and a long-term commitment to change. This report sets a vision for the role health care can play in eliminating health inequities and describes next steps to move the framework into action.

Research clearly shows that health outcomes are strongly influenced by the social, economic, and environmental factors that shape conditions where people live, learn, work and play. These factors, called social determinants of health, are wide ranging and include income and wealth, quality housing, education, employment, racism and other forms of discrimination, public safety, transportation, access to services, and social connectedness. Together, they have a much larger impact on health outcomes than health care.

In Minnesota, across multiple measures of health and well-being, people of color, Indigenous communities, and residents in rural areas experience poorer health outcomes. Because these differences in health outcomes are caused by the unjust and unequal distribution of social determinants, we refer to them as health inequities. Minnesota has some of the worst racial inequities in the nation.

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For example, among the 100 cities in the United States with the highest number of black households, Minneapolis has the largest gap in homeownership rates between white and black residents.[1] In 2017, Minnesota's high school graduation rates for black and Hispanic students were the worst in the nation, and Minnesota was among the 10 worst states for American Indian and Asian American student graduation rates.[2]

To eliminate these inequities, it is critical to address income inequality and structural racism, two key drivers of health inequities. Socioeconomic status has been called the fundamental cause of disease and mortality because it shapes access to prevention services and treatment for health issues. Structural racism, caused by mutually reinforcing policies, practices, and social norms that perpetuate racial inequity, contributes to economic inequities in multiple ways and also impacts the delivery of health care services.

There is a moral imperative and business case for eliminating health inequities. Health inequities are unjust, unfair, and preventable. In a state rich with resources, it is unacceptable to allow these inequities to persist. Health inequities also come with great financial cost. Each year, Minnesota loses an estimated $2.26 billion because of lost lives, unemployment, and days lost to illness and low productivity.[3] Recognizing that the state is becoming more racially diverse and that income inequality is increasing in the state, now is the time for action.

Health inequities are differences in health that are unnecessary, avoidable, unfair, and unjust. Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups.

Health equity is achieved 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.

Recommendations for a future initiative

Health care is uniquely positioned to leverage its influence and work in partnership with others to help eliminate health inequities. Over the past two decades, a growing number of health care systems and payers have begun to focus on the upstream factors that impact health. Screening for social determinants now occurs in multiple settings. Many health care systems have developed approaches for referring patients to community-based resources to address unmet needs and have created new programs and initiatives to help patients and community members access resources that support health and well-being. These local strategies always need to address the unique needs of a specific community. However, the key drivers of health inequities are too large for any institution or sector to tackle independently. Instead, bold, collective action is needed to confront these issues directly. In its roles as provider, employer, community partner, and advocate, health care can influence change.

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1 McCargo, A. & Strochak, S. (2018, February 26). *Mapping the black homeownership gap* [Blog post]. Retrieved from https://www.urban.org/urban-wire/mapping-black-homeownership-gap

2 Minnesota Compass. (n.d.). *High school students graduating on time*. Retrieved from https://www.mncompass.org/education/high-school-graduation#1-12655-d

3 Allen, M., Myers, S., Ahmed, H., Durfee, T., Kent, K, Moua, V., Wilcoxon, A., & Nanney, M. S. (2018). *Economic benefit of achieving health equity in Minnesota* (Technical Report). Retrieved from University of Minnesota Health Equity in Policy Initiative website: https://drive.google.com/file/d/1Wzobe0whXA775XEdO3tSdO6freqjFzoa/view

The *Systems Transformation Framework*, developed through this study, was created to guide the health care sector's efforts to achieve health equity. It is intended to build capacity across the sector and with community partners to advance collective action initiatives and to support changes within health care systems. The framework below includes seven key elements that describe the work necessary within institutions, in partnership with communities, and at a policy level to transform systems to advance equity.

Systems Transformation Framework key elements

By adopting the framework, health care institutions and partners are committed to:
Demonstrating leadership to address inequities through resource allocation, transparency, and commitment.
Understanding and working to dismantle structures, policies, and practices that uphold inequities.
Adopting practices that support whole person care, including dimensions of culture, language, sexual orientation, gender identity, and socioeconomic status.
Diversifying its workforce and strengthening a culture of diversity, equity, and inclusion.
Sharing power with communities to set direction and make decisions.
Advancing equity by addressing the root causes of inequities in collaboration with community partners.
Optimizing or developing financial mechanisms to incentivize the elimination of health inequities.

The following steps are required to move the framework from a concept into action:

- **Establish the Eliminating Health Inequities Partnership** (EHIP), comprised of representatives from health systems, health plans, and community partners interested in and committed to eliminating health inequities through collective action.
- **Identify a backbone organization or convening entity**, responsible for convening the EHIP to share promising approaches and lessons learned, identify collective action goals, communicate progress to communities with transparency, and catalyze innovation and the expansion of effective approaches.
- **Adopt a statewide anchor mission strategy** to leverage the economic power of health care institutions through hiring, procurement, investing, and land use policies that more directly meet the needs of community residents.
- **Identify the most appropriate financial mechanisms for supporting the backbone organization and new collective action initiatives.** A pooled funding approach that includes community benefit dollars, private investment, grant dollars, and other sources is likely necessary for initial capacity building activities. For collective action initiatives, funding mechanisms that redirect positive returns into support for new initiatives, including pay for success financing or program-related investment, should be considered.

The full report, *The Role of Health Care in Eliminating Health Inequities in Minnesot*a, sets a vision for the work needed to transform systems and create a stronger infrastructure to eliminate health inequities in Minnesota. It describes how to approach work in partnership with communities to address the social and economic drivers of health inequities and the way that, through collective action, health care can help accelerate change. As options for statewide collective action are considered, the following strategies can also be advanced independently by institutions and systems:

- Use disaggregated data to identify goals and measure progress.
- Move from gathering community input to sharing power with communities to direct action.
- Identify and change internal policies and practices that contribute to inequities and uphold structural racism.
- Work to advance local, state, and federal policies that advance equity.

When it comes to addressing inequities, inaction is not neutral; it is acceptance of an unjust status quo. However, a clear path forward has been difficult to identify. There is no evidence-based model to implement in order to eliminate health inequities. Further, although promising efforts have been implemented across the state, inequities persist. By working towards the goals outlined in the framework and taking collective action to confront the key drivers of health inequities head on, health care can play a central role in advancing equity in Minnesota.

The Systems Transformation Framework presented in this report was developed by members of the Pathfinders Group (listed below), convened as an advisory committee to guide the direction of the study and inform final recommendations.

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