DEPARTMENT OF HEALTH
CENTER FOR HEALTH EQUITY

2019 health equity summit
Strengthening the Web

2019 Health Equity Summit

SUMMIT OVERVIEW

March 26, 2019

Health Equity Summit Overview

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Contents

Acknowledgements

We would like to thank our generous co-sponsors of the event:

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MEDICAL SCHOOL
UNIVERSITY OF MINNESOTA
Driven to Discover®
PROGRAM IN HEALTH DISPARITIES RESEARCH

DEPARTMENT OF HUMAN SERVICES

The Catalyst Initiative at the Minneapolis Foundation

We would like to thank everyone who helped make the event a success, including:

- Rainbow Research (event logistics)
- Katie Troyer, Claim Our Space (event coordination and facilitation, summary)
- Anne Gomez (event coordination and visual harvesting)
- Neighborhood House for hosting us
- Adair Mosley, Pillsbury United Communities (keynote speaker)

Overview

On March 26, 2019, a Health Equity Summit was being hosted by the MN Department of Health Center for Health Equity (CHE), Eliminating Health Disparities Initiative (EHDI) grantees, and the Health Equity Leadership Network (HELN). Co-sponsors included: Blue Cross Blue Shield Center for Prevention; MN Department of Human Services; UMN Program in Health Disparities Research; the Catalyst Initiative at the Minneapolis Foundation. The Summit brought together 220 leaders from across sectors, geographies, communities, and experiences. The theme of the summit was: *"Strengthening the Web: Building Our Networks to Activate Health Equity".*

Over the past seven months, CHE convened 25 health equity leaders from across the state to form the Health Equity Leadership Network (HELN). The purpose of this group was to come together across diverse experiences, sectors, communities and geographies to think through how we can better align our work in order to advance health equity in MN. This is a community-driven group and co-created process. At the Summit, HELN members shared what they've co-created over the past seven months and invited attendees to partner in continuing to build out what the network should look like and what impact it should have.

The goals of the summit were to:

- Connect - Build connections to others advancing health equity in MN
- Strengthen – Begin mapping connections and gaps in who is doing what in MN
- Amplify - Leverage collective power to think differently about what is needed and what is possible to advance health equity in MN

Summit Attendees

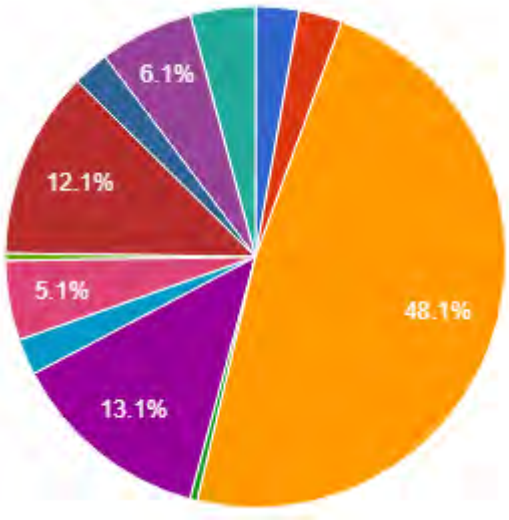
Of the 220 people who attended the Health Equity Summit (HES), here is the demographic breakdown *(*Attendees could select more than one category therefore percentages may total over 100%)*:

Issue Areas Focused On:

- Health and Health Care (77%)
- Social and Community Context (51%)
- Education (27%)
- Economic Stability (15%)
- Neighborhood and Built Environment (9%)

Affiliation:

- Non-profit (48%)
- Medical/Clinical care (12%)
- Community member (6%)
- Academic institution (5%)
- Other (4%)
- Corporation (3%)
- Foundation (3%)
- Local/State/Tribal government (3%)
- Small business (2%)
- Health plan (2%)
- Elected official (0.5%)
- Faith/Religious community (0.5%)

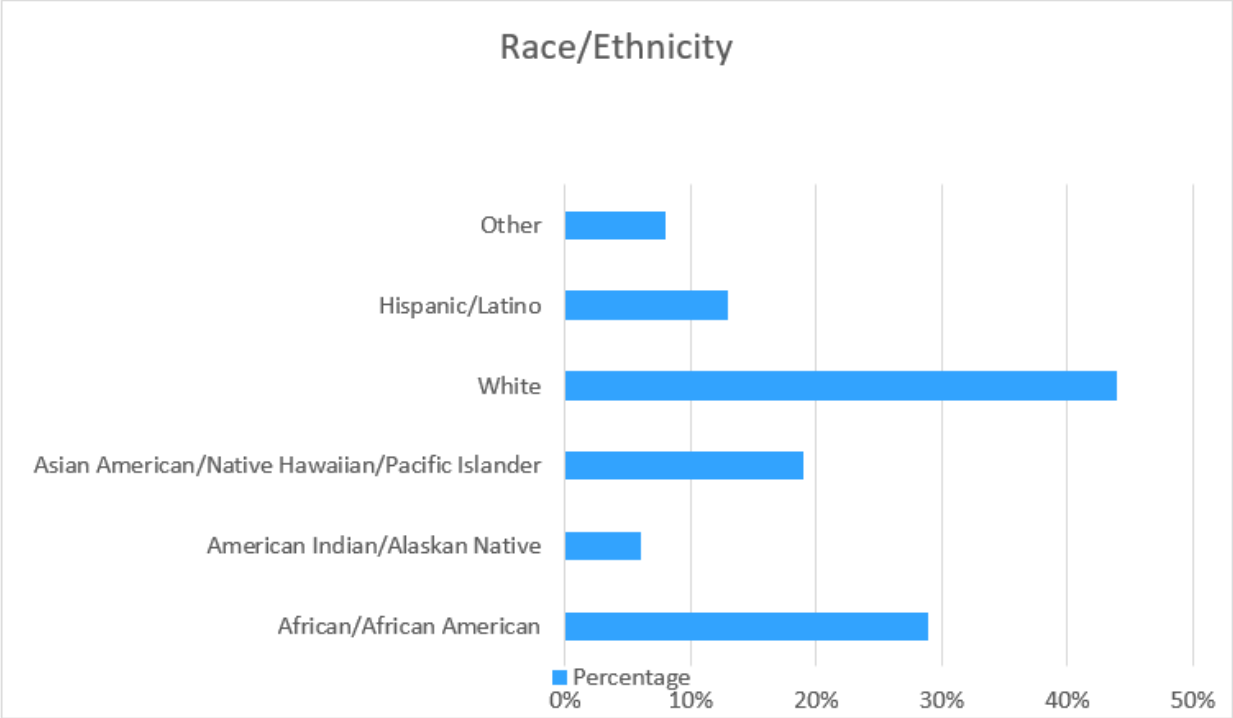


Geography:

- Urban (76%)
- Suburban (26%)
- Rural (22%)
- Other (1%)

Race/Ethnicity:

- White (44%)
- African / African American (29%)
- Asian American / Native Hawaiian / Pacific Islander (19%)
- Hispanic or Latino (13%)
- Other (8%)
- American Indian / Alaskan Native (6%)



Gender Identity:

- Female (75%)
- Male (23%)
- Genderqueer / non-binary (3%)
- Transgender (3%)

Sexual Orientation:

- Heterosexual (80%)
- Queer (7%)
- Bisexual (4%)
- Gay (4%)
- Pansexual (4%)
- Asexual (2%)
- Lesbian (1%)

Health Equity Leadership Network Presentation

Members of the Health Equity Leadership Network presented an overview of the Network within the following areas:

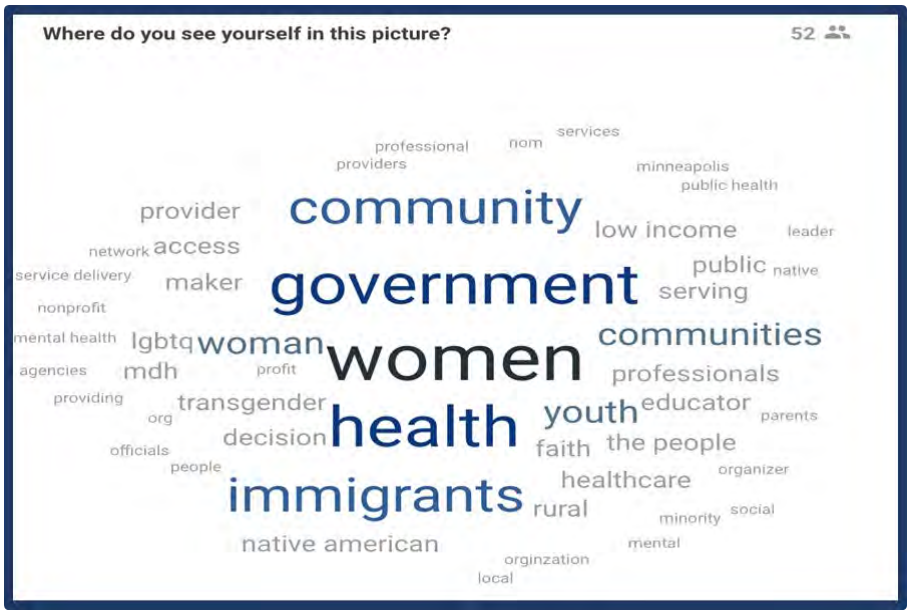
- Who are the communities that the Network is comprised of;
- What issues are impacting the communities the Network is comprised of; and
- Who needs to be brought to the Network's table?

The audience was then asked to participate in virtual polls in response to the visual created to when the Health Equity Network was established in 2018 that represents who the network is.

**Image of Health Equity Leadership Network visual harvest from August 2018.*

Poll results are shown on pages 9-10 of this overview.

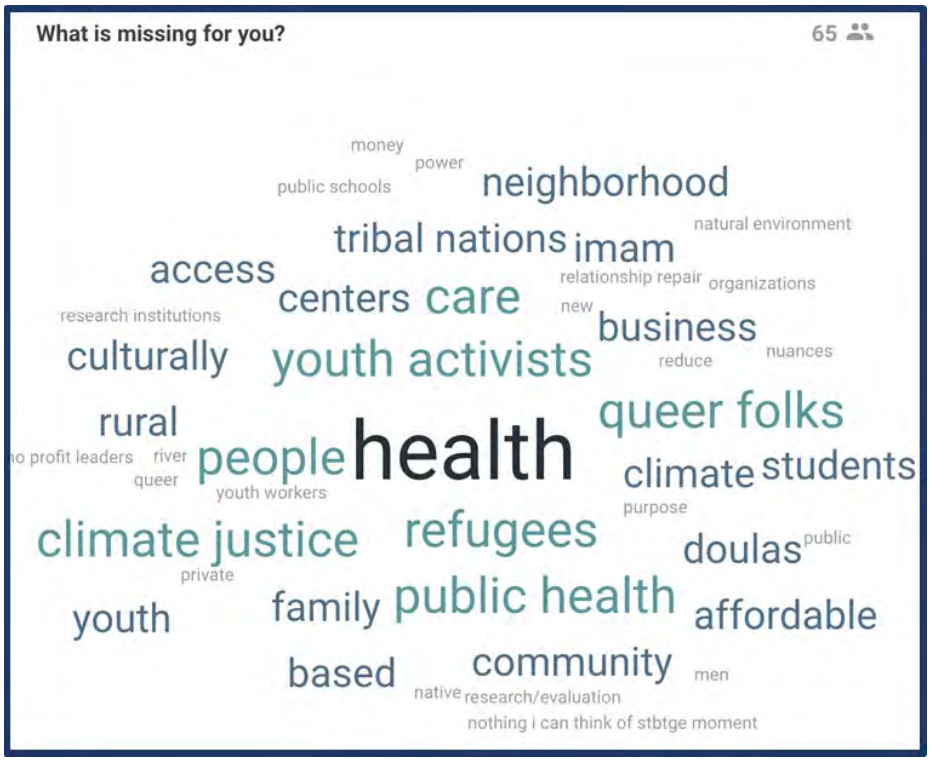
Question 1 (52 Participants):



The results to Question 1 were captured in a word cloud. Results were weighted by the amount of times guests submitted a word or phrase. The following topics received the indicated amount of mentions:

1	2-4	5 or More
• Web • Bridge • Uninsured • Mental Health • Community Health Worker • Elder • Intersectional • Officials • Nonprofit • Minneapolis • Public health • Leader • Native • Social determinants of health • Local • Service Delivery • Investor • Parent • Bi • Agencies • Network • Black • Latina • Professional • Network • Native	• Transgender • Healthcare • Providers • Public Health • Educator • Rural • Youth • MDH • Nonprofit • Low Income • The People	• Indigenous • Immigrant • Women • Government

Question 2 (65 Participants):



The results to Question 2 were captured in a word cloud. Results were weighted by the amount of times guests submitted a word or phrase. Please note some topics were captured single words, despite being submitted as multi-word phrases. The following topics received the indicated amount of mentions:

1	2-3	3 or More
• Money • Power • Public Schools • Natural environment • Relationship repair • Nuances • Organizations • Reduce • Purpose • Public • Men • Native • Research/evaluation • Nothing • Private • Youth workers • Nonprofit leaders • Research Institutions	• Neighborhood • Tribal nations • Imam • Business • Climate • Students • Doulas • Affordable • Community • Family • Youth • Rural • Access • Students	• Health • Care • Youth Activists • Queer folks • Refugees • Public health • Climate Justice • People

Identifying Priorities

When participants registered for the summit, they were asked to identify what they believed to be the greatest barrier to health equity. Below are the top responses provided:

- Economic Barriers
- Access
- Cultural & Linguistic Responsiveness
- Institutional Racism
- Housing
- Transportation
- Discrimination
- Food Security
- Historical Trauma
- Mental Health
- Anti-Immigrant Policies and Beliefs
- Distrust Between Communities & Systems

Network members had the opportunity to participate in a facilitated conversation focused on these topics. This was done in two rounds, thus attendees could participate in at least two conversations. Participants were asked to share their thoughts on the following two questions:

1. What needs to be **shed or let go** of within this topic in order to change the system to achieve health equity in Minnesota?
2. What do we need to be working on together within this topic in order to **foster growth** toward health equity in Minnesota?

Participants were also encouraged to pose questions we need to be thinking about for each topic. The results from these conversations can be found on pages 11-28 of this overview.

Prioritizing the Work

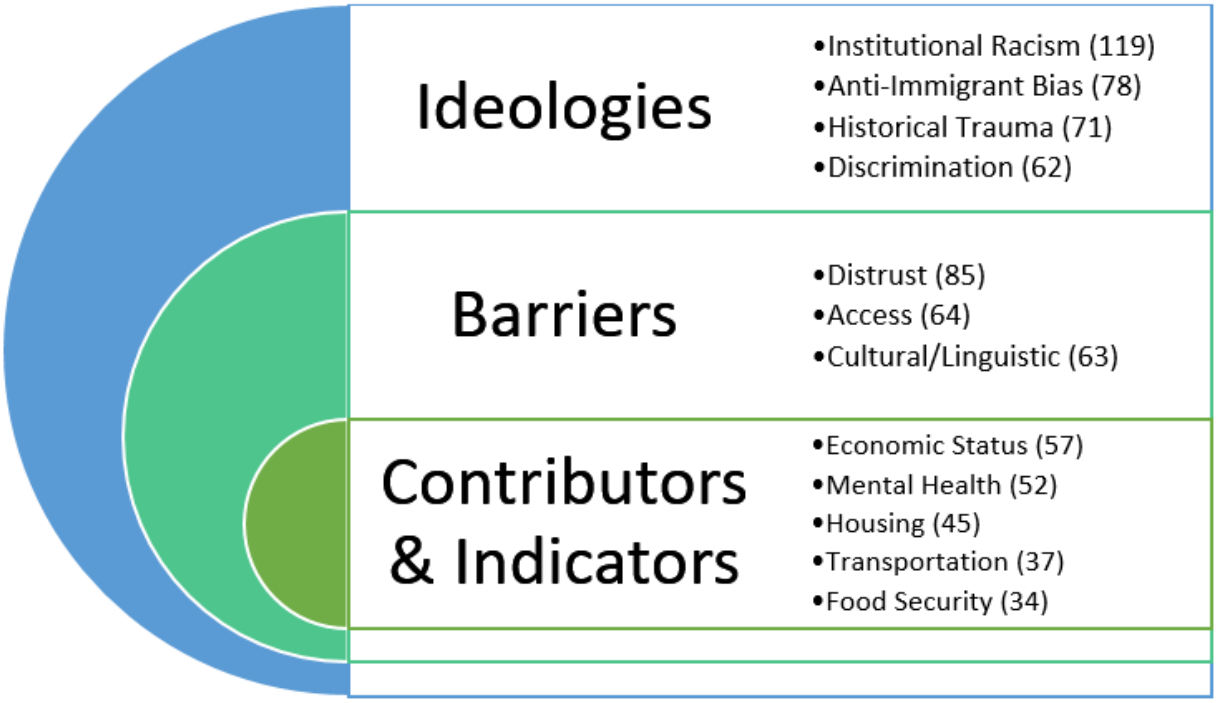
Following the group discussions, participants were given the opportunity to vote on the topics they believe the Health Equity Leadership Network should prioritize. Each person was given 6 dots to vote as many times on any topic. The topics received the following votes:

- Institutional Racism: 119
- Distrust Between Communities & Systems: 85
- Anti-immigrant Policies and Beliefs: 78
- Historical Trauma: 71
- Access: 64
- Cultural & Linguistic Responsiveness: 63
- Discrimination: 62
- Economic Barriers: 57
- Mental Health: 52
- Housing: 45
- Transportation: 37
- Food Security: 34

Making Meaning of the Priorities

CHE and members of the original HELN cohort met to discuss the priorities and how to make sense of them. Imagine a thriving, living, interconnected ecosystem where health equity abounds as a set of interconnected trees.

Using this analogy, below is a working model of how we can think about the priorities:



Ideologies:

The priorities in this area could be called ideologies, beliefs, or underlying frameworks. Language aside, what they all have in common is that they *must be acknowledged and transform* in order to achieve health equity. A healthy ecosystem cannot thrive if these ideologies are not addressed.

These toxic ideologies are like *pollution or acid rain*; we often cannot see it, but it is all around, slowly killing the trees and preventing them from thriving.

Barriers:

These priorities create *barriers* to achieving health equity. In an ecosystem, these barriers *block sunlight and nutrients* from reaching the trees.

Contributors & Indicators:

These priorities are both *contributors* to health equity and *indicators* of the presence or absence of health equity. These are often discussed as social determinants of health (SDOH). On trees, these could be thought of as the *fruit*. Healthy trees will bear many fruit. Trees not supported by their environment will not bear fruit or only have dried up, small fruit.

Identifying Leverage Points

In network leadership, one of the strategies to addressing systemic issues is to identify the leverage points within the systems where disruption can occur. This disruption can lead to breakthroughs to stop cycles of injustice or inequity. The following pages are the compilation of all of the information shared in small group break out discussions during the day. These are the "leaves" that were placed on the trees. Each tree represented a priority area. Each bullet on the following pages represents a leaf. The leaves were then categorized into recurring themes.

Attendees were asked to answer the two questions of what needs to be let go and what needs to grow in order to achieve health equity in Minnesota. Within each priority, there are tables shaded in grey under the grouping of what needs to be let go. After these tables is a grouping of what needs to grow; these tables are shaded in orange and also marked with an asterisk.

IDEOLOGIES

INSTITUTIONAL RACISM (119)

What needs to be LET GO…

White Supremacy	Individualistic Approaches
• Equity as a cover to avoid talking about racism and white supremacy • Guilt. Does this mean I'm not a "good person"? • White people "need" to be comfortable and liked • White supremacy culture • Lack of understanding of treaty rights and native people • Expert knowledge from institutions • White silence	• Evidence-based practice • One size fits all approaches • Tokenism • One size fits all • Individual narratives rather than historical communal narratives

Emotional Barriers
• Denial • Judgment • Passing judgment on people in poverty • Feeling threatened of differences • Fear • Stereotypes • Defensiveness • White fragility • Fear of losing power • Let go colors/race discrimination bias, prejudice • Minnesota nice • Discomfort

What needs to GROW…*

Authentic Relationships*	Healing from Trauma*
• Starting communication across religion and ethnic lines designed to address systems change (action) • Relationship with other ethnic groups • Treating each person unique • Communication • Courage • Shared power • Creating room at tables of power • Trust • Identify biases • Be braver • Call out racism	• Embodied healing from racial trauma • Cancel culture: people are not disposable, so conflict is not a problem • IPOC (Indigenous/People of Color) time and space to heal in our own way/time • Brave spaces for whites understanding racism • Understanding historical foundation of healing in equity • Acknowledging racism as an interpersonal level and advance the conversation to systems

Leadership Development*	Racial Equity-Centered Policy Making*
• Equitable decisions • Humility and ownership • Time for leaders and providers to have a conversation about bias • Prevent burnout amongst professionals	• Address policies that perpetuate racism in institutions: (working, hiring, retention, except) • Build political power • Intentional caucusing: POC to heal; white folks to undo racism • Address bias in policymaking

Organizational Change*
• Hiring practices at the C-suite level • Better understand where systems are developed • Develop systems thinking • Transparency in hiring and pay • Transparency in promotion and recruitment decisions

ANTI-IMMIGRANT POLICIES & BELIEFS (78)

What needs to be LET GO…

Fear	Discrimination
• Fear of unknown and belonging • Ignorance • Language barriers • Fear of immigrants • Reduce fear of immigrants	• White supremacy, ignoring real history • Ignorance and stereotypes • Assuming that all American citizens understand the naturalization process • Us versus them mentality • Anti-black and brown immigrants narrative of "drain on resources" • Wealth/money/resources. Threshold against obtaining legal citizenship • Discrimination • Unfair immigration laws

Systems
• How do we effect change on the large system-wide level? • How can we overcome racist and anti-immigrant systems? • What immigration systems do we need to improve to achieve health equity? • How do we motivate institutions like hospitals and insurance companies to speak up and act on this issue?

What needs to GROW…*

Access to Care*	Collective Action*
• Access to healthcare regardless of your status/race • Healthcare for all. No barriers. • Change determination for access to healthcare • Healthcare and social systems that support everyone • Healthcare access regardless of immigration status • What is the cost to not giving immigrants access to care?	• Team work • Build community power and connections • How do we engage beyond the usual folks that are already on board with dismantling white supremacy? • How do we engage deeply with people who have anti-immigrant believes to promote a shift in their ideologies without entering a space that feels unproductive? • Organize • Address structural racism & micro aggression between cultures • Activate those who remain silent

Narrative Change*	Policy Change*
• Association of poor health outcomes with immigrants • Immigrants only take away from systems and don't contribute • Abundance versus scarcity • Wrong concept of neighbor • Negative Rhetoric • Research that negates that immigrants bring disease • Amplify stories that go against fear-based narrative • Change narrative regarding immigrant advocate • Understand education • Cultural exchange and education • Willingness to learn • Education in all levels • Building more understanding education • Shift narrative from deficit base towards strength and contributions of immigrant population • How do we bust down how so many hide behind Minnesota nice? • How do we shift such a divisive narrative from us/them, givers/takers and two narratives that foster appreciation of connectedness and complexity? To empathy and humanism? • Immigrants tell their own stories • Which voices are elevated in the creation of the immigration narrative?	• Driver's license requirement • Invest in POC/immigrant business, money, power • Municipal ID • Expand insurance coverage for immigrants • How do anti-immigrant systems show up in different communities how do we resolve those issues differently? • Social Security number requirement, driver's license, and other documents

HISTORICAL TRAUMA (71)

What needs to be LET GO…

Systems Barriers	Fragility and Privilege
• Not willing to learn about someone else's background • Systems • Structural racism in systems • Dismantling traditional educational structure that does not allow BIPOC (Black, Indigenous, People of Color) students to learn their histories and explore their identities • Biased status quo • How can we re-imagine what patriotism and restructuring systems look like? • Stop thinking of trauma only as a specific event	• Shed superficial interactions • Discrimination • Assumptions • Misunderstanding from false assumptions • Making assumptions • Denial of trauma • Ignorance • White fragility • Fragility • Lack of cultural humility • Public funding that contributes to hist. trauma • How to make people aware of their own privilege • Ideology that because you haven't seen it doesn't mean it's not real • Assumption of what the community needs or how to serve them

What needs to GROW…*

Healing Practices*	Narrative Change*
• Acceptance that historical trauma exists • Expand reproductive justice work • Practice healing • Recognize and understand historical intergenerational trauma healing takes families and communities • Optimism • Healing centered engagement • Shift narrative • Grieve so we can work on letting go of anger • How do we move from trauma-informed to healing-centered engagement? • How do we build recovery and healing systems? • Where are the spaces to target historical trauma? • How can we initiate conversations as providers with people who experience different levels of trauma?	• Encourage voice • Stories; Creating new narratives • Address implicit biases • Acknowledge trauma. Let story out. Learn what the trauma and history is • Challenge dominant narrative; false narratives and self-defeating behaviors • Need a historical narrative • How can we teach authentic history to our youth from elders? • What will you leave behind? • How do we make sure that diverse and critical narratives are central to policy/decision making?

Trauma-Informed Approaches*

- Trauma-informed approach
- Listen deeply
- Be mindful of time in order to mend and build relationships. Patience when doing trauma-informed work
- Historical trauma is real and has an impact today
- Science behind trauma
- Full history
- How do we engage in trauma-informed approaches to policy making?
- Learn to move forward
- Explicit comprehension
- Definition of historical trauma
- Intersection of racism and trauma
- True allyship
- Open mindedness to growing research and new findings
- Seeing people as whole selves not just traumatized bodies
- More education with families
- Drawing on resilience, cultural strengths and healing practices
- Learn history to prevent trauma from repeating
- Engage young people
- Intergenerational healing
- Holistic healing

DISCRIMINATION (62)

What needs to be LET GO…

Discriminatory Laws & Policies	Dominant Narrative
• Must advocate on behalf of immigrants • Exclusive legal focus on equality versus equity	• Recognize that the people who raised you passed their ideologies onto you • "Pull yourself up by your bootstraps" mentality • Media perpetuates • Shed top-down approaches

White Supremacy	Denial
• Anti-immigrant hiring practices at clinics, hospitals health systems • White supremacy culture. Decrease white-centered approaches • Insensitive communication	• That discrimination doesn't exist • Preconceived notions that everything is "fixed and working" • Name it and involve all parties in solutions without shaming and downplaying

Stereotypes
• Pre-judgment • Our prejudices • Stereotypes • Bias • Lack of resources to understand others • Regimental • Medical model of disability

What needs to GROW…*

Education*	Healthcare*
• Training inclusion • Empowering people through education • Cultural health system navigators - know rights • Respecting culture • Increase understanding of diverse needs increases creativity	• The social model of disability in the healthcare sector • Understanding of health impacts

Inclusion*	Truth Telling*
• Social economics • Diverse workforce	• Pleasant and explicit acceptance of discrimination • Truth • Authenticity • Trying

Sharing & Honoring Cultural Knowledge*	Funding*
• Sharing about my culture • Interactive education	• The funding for programs (all)

BARRIERS

DISTRUST BETWEEN COMMUNITY & SYSTEMS (85)

White Privilege/Dominant Culture	Systems Barriers
• White privilege/judgment • Predominately white, cisgender, straight providers • Driven by dominant culture • Professionals as experts • Come into community with the plan! • Unintuitive services • Top down approach • Let go of ideas and initiate planning • Need to let go of judgment/stigma/shaming of people who need services or ask for help • Status quo • Unjust policies • Distinction between them and us • Research as extraction from community (in all communication forms) • Idea that people need to be "fixed" • Don't want to assume community wants to build trust with current systems; need new systems to be created	• Scarcity • Technical or programmatic fixes to systemic problems • Old system • The idea of systems know best • How we define systems change • Disbelief in peoples negative experiences with systems • Legal status creates trauma and distrust • Current payment structure • Current payment systems • How to get systems and the leaders of the systems to understand knowledge and power of communities • How are state bodies complicit intentionally or unintentionally in preventing change? • Structural/linguistic barriers • Barriers to trust by not making personal connections • The separation of "professional life and personal life" • Deficiency based approach • Moving too fast for community • Do away with robot answering services

What needs to be LET GO…

Stereotypes	Inaction
• Rigid roles and definitions • Internal bias • Assumptions about what we think we know about community • Inertia of systems not designed by and for community • Placing people and their situations in a box • The belief that there is only one truth • The medical model of disability	• Asking same questions, doing nothing • Give up belief that the process is set in stone

What needs to GROW…*

Education*	Trauma-Informed Approaches*
• How can we navigate the both/and of community knowledge and understanding and systems knowledge and wisdom? • Educate and train formal family and friend caregivers and community to do some level of medical help; shift funds to programs and services to address this • Education and provide knowledge to the community to build trust • How do we support non-evidence-based initiatives? • Provide opportunities to collect data • Why can't systems players do their homework before coming to community again and again and again?	• Cannot build trust without acknowledging there is lived and historical trauma • Acknowledge truth of the impact of money • Heal from historical trauma before we can build trust • Heal relationships

Funding*	Authentic Relationships*
• Demand more funding • Equitable funding and support • Shift funding to solutions in healthcare • Don't withhold needed info • Sustained funding for training staff across sectors who represent the communities most impacted by inequities • Unrestricted dollars for community to determine focus	• Be clear about your self interest • Authenticity • Spend time working together more • Living/working outside of walls, intentionality • Bringing ourselves as whole people to relationships • Cultural humility • Cultural responsiveness • Intentionality and authenticity • Individual and group relationship building and intentionally • Trust, transparency, authenticity • Increased transparency • Accountability of systems to community

Healthcare*	Representation*
• Equal access for all to healthcare • Campaign to change hearts and minds so that access to health and healthcare is seen as a right not a privilege • Universal healthcare, single payer	• How are we reflective of the community we serve? • Increasing diversity in the healthcare sector • Providers who look like those they serve

Authentic Community Engagement *
• Documenting community engagement and resulting change • Knowing what true engagement is • Know community • Take time to be in community • Cross agency collaboration • Community informs systems so that system actually works for the community • Using strength and knowledge of community • Generous mutually beneficial relationships • Incorporate community values into org/institutional structures and systems • What has community already asked us to do? How are we honoring and responding to those requests?

ACCESS (64)

What needs to be LET GO…

Mindset
• Closed mindedness! • Privilege mentality • Institutionalized health inequity • We know best mentality from organizations with power • Scarcity mindset • Current systems to assess services perpetuates all issues addressed today making people prove big and tell story over and over to get what they need is the problem • Judgment • Stigma • Access is the whole story

Practices
• Burdensome forms • Too many regulations • DHS stop adding more layers of forms/assessments to be equitable. It creates less person centeredness when we have to ask everyone the same questions that's equity but no equality and perpetuates the systemic racism • Gate keeping knowledge and resources • Move away from centralized settings

What needs to GROW…*

Funding*	Power and Institutions*
• Go beyond budget focus • Change funding systems for early childhood supports • Resources funding • Eliminate constraints on funding in order to truly meet community needs	• Community power • Shared power • Transparency from real decision makers

Policy and Regulation*	Community Voice*
• Invest in people • Go beyond English only throughout the healthcare process • Need a public service education campaign about how to access system • Community health worker funding • Lawmakers open ears • Access to political/racial and intersectional access is wealth	• New ways of doing our work • Embrace innovation and change • Voices • Inspiring community voice • Challenge each other to grow and change • Which voices are not being heard in spaces of power?

Representation*	Authentic Relationships*
• Increasing the number of clinicians of color • Mindset that we cannot build from within • Authentic engagement • Authentic community partnered decision making • Youth • Where are the young people? • Who is lacking access? • Why are people reluctant to approach business community?	• Relationship building • Partnership: leading together • Improving relationships between resources • Cultures inclusive

Education*	Collaboration*
• Break down barriers and education awareness • Access is education, knowing • Build wealth of knowledge • Creating spaces where people can access many things • How do we empower the people we serve to shift the programs they need and want? • Can we get to a common understanding of access? • How are we educating clinicians about access to care? • Share complete picture of all resources available	• Knowledge sharing • Creating authentic partnerships • Further community involvement • We need to coordinate opportunities • Information sharing • Resource sharing • Resource sharing makes organizations stronger • How do you encourage authentic and bold collaboration and how do you get funded? • How can public sector/government staff share resources, services and information to people who need it the most? • What is the vision for the collective future?

CULTURAL & LINGUISTIC RESPONSIVENESS (63)

What needs to be LET GO…

Dominant Culture Mentality	Deficit Thinking
• Stop seeing language issues as a burden • Idea that "white is right" and conformity • Shed the idea of culture in racial groups as homogeneous • Cultural special "training" • Don't see it as a burden or something you go out of your way to provide • Bridge sense of time- Eurocentric • Eurocentric attitude • Dismantle payment systems and structures • Adherence to evidence-based curriculum • Evaluate intelligence based on English proficiency • Lack of cultural awareness among healthcare providers • Let go of dominant white culture	• Scarcity mindset • Focus on money, limited numbers, funding requirements • One-time training • Idea that translation is end-all solution; what also matters are relationships, culture, literacy level • Interpreters are not replacement for cultural and linguistic responsiveness • Assuming English language mastery is a measure of intelligence • Let go of one size fits all approach for POC cultural linguistic responsiveness • Perfectionism and silos • Assuming we all have the same needs • Limited support for rural culturally diverse businesses

What needs to GROW…*

Organization/Agency Collaboration	Community Engagement*
• How agencies can coordinate the work • Health organizations need to collaborate with community leaders to address cultural appropriate services • Support and utilize community-based organizations • Bring together community organizations with same vision; strength in numbers • Coordination of efforts • Do our health resources, production and distribution focus on culture and language? • Building collaborations to build shared resources and vision to create change. Utilize skills and knowledge.	• Reach diverse community through local leaders • Identify community cultural needs • Partner with communities affected • Focus on growth and relationships and taking chances in what the community wants • Heal and invest in community relationships • Place importance on listening sessions and focus groups

Curriculum Design*	Inclusion*
• Go beyond only planning and designing programs in English • Have a workforce that reflects the communities we serve • More materials in different languages • Holding planning and design workshops in communities' languages	• Commitment to integration • Continuity • Commitment to inclusion • Include in other languages diversity at all events/services • Include lens of deaf and hard of hearing or disability by including them • Create opportunities to explore immersed in culturally inclusive opportunities

Multicultural/Multilingual Assets*	Policy and Structural Changes*
• Recognizing assets that exist across multiple cultures • Provide competitive compensation for individuals that are multilingual and multicultural • Appropriate funding for interpreter services • Can we act and be intentional to increase diverse healthcare providers in the area as we have more diverse communities?	• Policy needs to be patient-centered • Licensing regulation flexibility for mental health therapist for API • Legal liabilities for clinics/hospitals health systems not providing linguistic responses • Training not as check the box • How do we ensure that our efforts to be culturally and linguistically responsive do not perpetuate systems of institutional racism? • How much do our health policies consider cultural differences?

Cultural Awareness and Cultural Humility*
• Cultural humility/respect • To collaborate and be more culturally competent • Make sure responsiveness is defined and understood across different cultures and languages • Cultural awareness and understanding on deeper level • Cultural humility and value • Identify how our differences make us stronger • Cultural competency • How do we get to cultural humility? • How are we responding to the issues of mental health for young people in different cultural communities? • How do we address the need of trained/qualified interpreters across linguistic groups in a culturally competent way? • How can we shift more from cultural competency and diversity training to cultural responsiveness and humility? • How do we providers use the strength and cultural wisdom within our community to transition power and enhance our knowledge?

CONTRIBUTORS & INDICATORS

ECONOMIC BARRIERS (57)

What needs to be LET GO…

Greed	Dominant Narrative
• Old money thinking in wealthy organizations • Redistribute to real community needs • Greed. Expensive medical insurance • Misapplication of funds • Shift funding and priorities • Ignorant of needs of diverse communities • Shed tying health insurance to employment status • Disconnected culture • What can be done to address the gender and racial pay gap? • Why do we punish women for bearing and feeding our next generation by limiting them economically? • What economic barriers exist for people with disabilities? • Loosening the grip on money • How are we going to address the racial wealth gap in Minnesota?	• Narrative of meritocracy • American concept of pull yourself up by bootstraps • Individuality versus community • Individual mindset • Assumptions about immigrants who do not speak fluent English cannot understand business language. • Burdensome requirements for social support programs. For example, using child care assistance requires continual submission of work schedule changes. • Unemployment and under employment for deaf and hard of hearing • How do we help communities create their solutions to economic barriers and challenges by identifying their strength and resources, creating innovative ideas, connecting them to funders and policymakers?

Systems Barriers
• Unjust policies hindering economic progress • Discrimination towards youth employment • Fragmentation and silos among financing streams and economic development programs • Barriers against living productively • Policies/rules that are not practical • System barriers on access to education and healthcare • How can systems be improved to access services? • Access to information

What needs to GROW…*

Education*	Funding*
• Understand how bankruptcy is related to healthcare expenses • How can we change the educational system to give children practical tools for life? • How can we decrease the disconnection between income and people? • Exposure to different realities • Financial literacy	• How are funds given to organization (grants)? Sometimes only the most literate get funds for knowing how to apply and good ideas or other projects get left out for not knowing how to apply. • What are ways we can motivate financial gatekeepers to give more? • Make accessible start up/seed funding

Business Opportunities*	Healthcare*
• Creating business opportunities for others to join the growth process • Promote ownership and capital investment at all levels with and within community • Rethink business liability insurance requirements for small businesses seeking to do business with big organizations • How to engage business people to hear our concerns • Clear understanding of requirements for immigrants for business ownership • Understanding how businesses/corporations can encourage economic advancement in a culturally relevant manner • Business having clear understanding of disability	• Evolve the programs to support our current ecosystem • Affordability: make healthcare available to all regardless of employer sponsored health care access. Minnesota Care buy in. • Universal health care coverage • Healthcare education and training for informal family caregivers. Change system and funding. • Improve affordable hearing healthcare • Healthcare includes caregivers • Opportunities for advancement/promotion regardless of vocation • Paid family leave • Affordable childcare • Paid caregiver/leave mandate at every level • Robust infants at work policy

Policy Change*
• Recognize education and work experience of immigrants in their home country • Accept international education • Equal opportunity to earn income • Political will • National policy for economic stability • When is breaking point? Are we waiting for national collapse before making authentic meaningful change? • How can we engage policymakers more effectively • Higher standards for contributions from the wealthy • Provide transportation for workers facing challenges

Mental Health (52)

What needs to be LET GO…

Stigma	Systems Barriers
• Thinking of "mental health" as separate from physical/holistic health • Shame • Homophobia • Stigma • Silence • Perpetuating the idea that mental health is a weakness • Worries • Fears • Get rid of the mindset that "kids now days have so many behavior problems"; move toward "how do we help" and all become equipped • Blaming individuals and families	• Amount of materials only in English • Government plus business. Greedy taking advantage of poor • Prescribe housing and diversion from justice to jail involvement • Irrational immigration laws • Stop Reducing reimbursement rates • Mental health as a health silo • Drop idea or practice that one to two counselors are sufficient in schools

What needs to GROW…*

Building Community Support*	Education*
• Provide a secure place/event where people can meet, share and enjoy life • Trust • Network • Community building • More activities for mental health youth • Community-based, community-wide initiatives that give common language coordinated strategies for many partners to be a part of	• Education, working with community leaders • Put more counselors and less police officers in school • Community education • More education about mental health • Community education • Accessible affordable education • Lack of availability and therapist • Access • Looking at the importance of nutrition, sleep and stress among other factors and supporting that • Community conditions that support mental health • Thinking young people don't know as much • Substance news and trauma

Access to Mental Health Services*	Cultural Responsiveness*
• Creating programs and incentives to incorporate mental health • Access to health insurance for all • Better mental health services in rural areas • Better access to counselors	• Cultural responsiveness & humility training • Improve cultural responsiveness of existing providers • Need more providers who speak multiple languages (Kente circle is example)

Funding for Mental Health*
• Need easy access to mental health services • Alternative billing system • Equitable funding • Show importance with funding • $$$ • Funding

HOUSING (45)

What needs to be LET GO…

Barriers to Access Housing	Assumptions Around Housing
• Using punishing methods to allow someone to rent • Income percentage + mortgage limitations • Unneeded thresholds • Policy that enforce separation of family • Eliminate unlawful detainers • Traditional housing ideals • Punitive systems, credit, mass incarceration • Limited choices and autonomy and support • Silo data • Remove barriers to individual autonomy • How do we address tension between housing and wealth building and housing affordability? • What are we doing to address abusive conflictual relationships between landlords and tenants?	• False assumptions about diverse housing • Housing as a (white) privilege • We need to shed the belief that someone who is homeless deserves it because of a "choice" they made • Housing as commodity • We need to expand our understanding of what drives someone into homelessness • Solely single-family homes for nuclear families • Housing has to be earned • Shift narrative around "subsidy" • That we can just build more housing to address housing affordability • Persons value based on income

What needs to GROW…*

Community Focused Approaches*	Funding*
• Community informed policies that are equitable • Curate space and the tables of decision-making for community input • More folks impacted making decisions about development and community planning • Understanding family systems • Customer orientation • Trauma-informed support • What is the application of people who have already built tremendous wealth/stability from the housing market?	• Funding • Educate and train in former family core guides to give direct services in home, shift and prioritize funding to help • How are resources used and framed? Allocation of a higher percentage of funds spent on healthcare to address the social determinants of health including housing.

Investment Opportunities*	Housing Rights*
• More education to inform for more investment • Greater diversity of housing options • More larger space housing example 3, four-, five-, six-bedroom housing • Housing being a strong indicator for health outcomes	• Housing as right • Homes for all • Make housing more affordable • Housing is a basic human right • Who is falling through the cracks? Youth aging out of foster care, seniors who are caregiver

Policy Approaches*
• Limits to increase of rent • Data; positive case studies • Uncover in balance of housing supports from government • Advocacy and more leadership and policies that affect housing and low-income families • Focus on prevention of homelessness • Does MDH collaborate or think about intersections with Met Council on the municipal authorities? • Re-design systems, programs, services to better address needs of being healthy in one's home including condition of home (help and resources to address) • How do we connect with legislators and hold them accountable or ask them to lead conversations about housing? • How do we reduce the requirements of housing and other services and better and empower people? • Bring back job training and child care subsidies for low income families like JT PA

Transportation (37)

What needs to be LET GO…

Assumptions
• We need to let go of the assumption that everyone has access to a vehicle • The assumption that everyone has access to transportation • All of the old ways of thinking about transportation • Idea that it's simple • We need to let go of the idea that everyone from same area are all the same • Assumption that tribes are rich because of casinos • The idea that everyone can navigate uncared-for sidewalks • Urban ideas of the world problems • Fear of a gas tax

What needs to GROW…*

Safety*	Investment*
• Safety transportation • Teens need to learn safety issues, such as phones • Rural. Safety for cyclists, motorcyclist increase transit routes • Safety • Safe • Clean, even sidewalks	• Acknowledge transportation is not always equal or accessible • Invest in rural transit systems • Mobile clinics/services • Dollars & investments • Cars as individual assets • How can we leverage emerging technology to solve transportation problems? For example, grocery delivery and Uber etc. • How can we use the abundant resources we have (cars per capita) creatively?

Funding*	Climate Impact*
• State funding for transportation in/on income/access areas • Request funding for transportation from clinics	• Transit technology • Clean transit • Walkable-2 • Riding with others

Policy Approaches*
• Health in all policies • Clean energy intro and inter-state transit. Trains! • Liability and restrictions • Collective power to change payer policy • Design communities to be localized • Curate new innovation solutions and public programs • Permit requirement for horse riding

FOOD SECURITY (34)

What needs to be LET GO…

Dominant Narrative
• Over 60% of food shelf users are elders on a fixed income. This population will determine the growth till 2030. We need to work together to increase income or give elders more food • Eating practices rooted in colonization • Unhealthy foods • White-centered perspective • Negative mindset • Stigma • The capitalistic system that value profits over individual well-being • Racism

What needs to GROW…*

Funding*	Cultural Competency and Perspective*
• Funding • Funding and education for urban food cultivation • Funding for both larger food shelves and smaller culturally-based food shelves	• Getting back to our connection to the earth and whole foods sources • Believe everyone needs are the same • Business taking advantage of people who have low socioeconomic status • Housing plans become part of the solution • Education

Access*	Community*
• Access/affordability/knowledge • Access • Rigid criteria for SNAP eligibility • Food deserts • Healthy affordable food in rural areas • Broad access to food • Linked access to fresh affordable food • Cheap and healthy fast food • Access to education/awareness	• Community farms • Community gardens and community meals • Building political power • Storytelling of lived experience

Impact & Evaluation

At the end of the Health Equity Summit, 102 people completed the evaluation form. Of those who completed the evaluation, results indicated that:

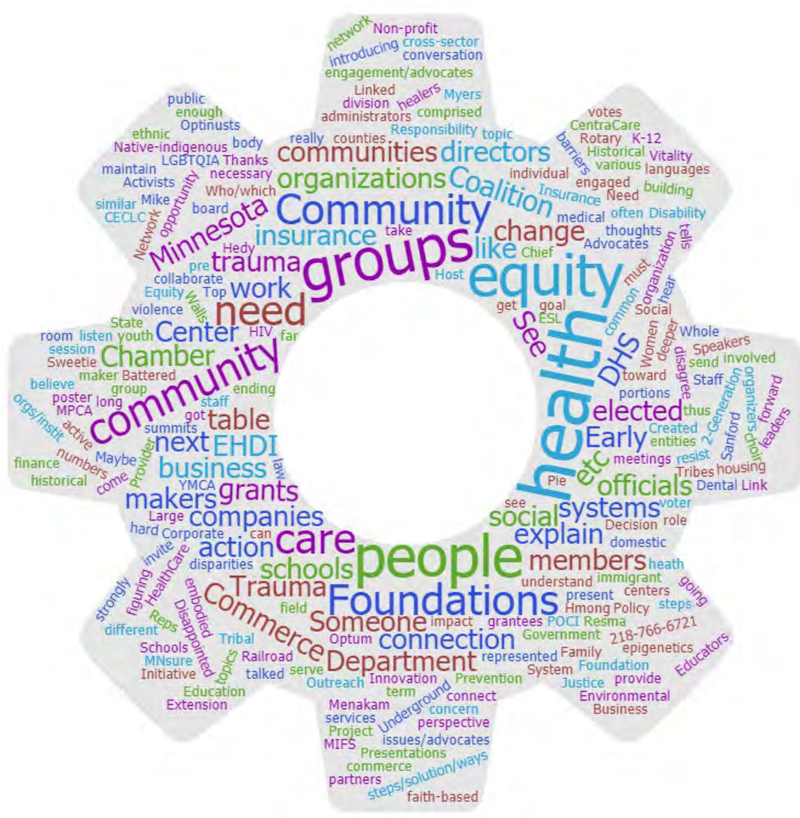
- 95% agreed the topics discussed **apply to their work**
- 82% believe the Health Equity Leadership Network has the potential to **create the systems change** needed to advance health equity in MN
- 86% connected with someone ***in*** their field/sector who they did not know before
- 82% connected with someone ***outside*** of their field/sector who they did not know before

Below are word clouds based upon the responses to the following evaluation questions:

What did you gain most from the Health Equity Summit?

Please share any recommendations or ways to improve the Health Equity Summit

If there are other initiatives or groups we should be talking to or engaging, please list them:



A commitment form was also distributed at the end of the summit. Of attendees, 109 completed the commitment form. Here is a summary of their responses:

- 81% want to stay connected to HELN via the online platform Mobilize
- 53% said yes and 40% said they may be interested in moving the work forward by participating in future planning meetings
- 88% said yes and 12% said they may be interested in attending future meetings/trainings hosted by the network
- 97% indicated they will bring this information and the opportunity back to their communities and networks
- 44% said yes and 48% said they may be able to provide resources to sustain the network

Next Steps

The next steps for HELN include the following:

- All summit attendees will receive this overview report and be invited to join HELN
- Those who already indicated interest in joining will be added to the HELN Mobilize online platform. This is an online community where members can post, chat, share resources and connect to one another.
- HELN will host monthly meetings (in-person in the Metro and video/phone conference for those not able to attend in person) to debrief the summit and discuss next steps.
- We are following a network leadership emergent process, therefore where there is energy within the network is where we will focus. Possible next steps include:
    - Continuing to map the network and identify leverage points for systems change based on the priorities identified in this report
    - Identify current initiatives already tackling the priorities
    - Identify activation projects that bring together diverse groups to address priorities

Stay Connected

- Sign up on Center for Health Equity's listserv (https://www.health.state.mn.us/communities/equity/) to stay up to date with CHE & HELN.

- Sign up for Health Equity Leadership Network's online platform Mobilize (https://health-equity-leadership-network.mobilize.io/registrations/groups/29792) to stay engaged with the 100+ current members.

- To learn more about network leadership to advance health equity, there is a national community of practice hosted by Leadership Learning Community and supported by Robert Wood Johnson Foundation. More information is available on the Leadership Learning Community website (http://www.leadershiplearning.org/blog/deborah-meehan/2018-03-30/leading-network-mindset-training-opportunities)