

# Minnesota Statewide Health Assessment Introduction

## POWER POINT SCRIPT

**Slide 1:** This is the introduction lecture which prepares students for the language, framing, and theories engaged in the 2024 Minnesota Department of Health (MDH) Statewide Health Assessment (SHA).

**Slide 2:** This lecture introduces the MDH SHA and gives background information on the approach, language, and concepts used in the SHA. This lecture will provide definitions, such as what health is, how systems impact health, the impacts of structural racism on health, and provide the MDH SHA definitions of health equity and intersectionality,

While it was not the intention of the MDH to specifically spotlight Covid-19 in the SHA the findings of many parts of the SHA point to the impact of Covid-19 on Minnesotan's health. . The intention of this lecture is to help you understand what we need to be healthy, and to provide an overview of all four sections of the assessment: people, opportunity, nature, and belonging.

**Slide 3:** The Minnesota Department of Health, and this assessment, are in agreement with the World Health Organization, which defines health as: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This means everything in our lives, such as our families, homes, workplaces, etc. must support our health.

Health is a resource for our everyday lives and when we have good health it allows us to be present with family and friends at work or school and participate actively in society. We can shape our health by connecting and interacting with people and the natural world.

Many of us believe that health is an individual responsibility and that if we make healthy choices, it will lead to a healthy life, which is why public health often seeks to implement behavior changes. There is lots of evidence and research which shows that many other things contribute to and determine health. We need to shift our thinking about health from an entirely individual understanding or lens to a systems lens. For example, where we are born, grow up, work, and live contribute greatly to our health, our personal preferences and lifestyle choices also impact our health; but even if we set out to try to be healthy the social conditions, as well as political and economic systems create or influence and even limit our choices.

**Slide 4:** A system consists of many things that work together, such as the transportation system, where roads, cars, and licensed people must learn to follow the rules to keep it functioning correctly. These things work together to lead to a function, so when you have a road and car available and understand how to drive, you can work to get from point A to point B.

Some impacts of a system are intentional, and some are not. Such as, when talking about the healthcare system which functions with the intention to diagnose and treat disease, but unintentionally, it creates and contributes to health inequities and disparities because of systemic racism. An example of systematic racism happens in medical care. In the United States, insurance policies and practices influence the flow of healthcare resources. Private and public options are available, but most Americans receive insurance through their employer. A "better" job often results in greater access to health care, with lower-paying jobs often providing less desirable, more costly insurance options.

For systemic changes to happen, many conditions must shift, such as:

- policies that guide institutions
- practices of those institutions
- how resources flow that determine how resources are distributed and allocated
- power dynamics that determine who have decision-making authority
- relationships and connections that shape how we communicate and relate to each other,
- and mental models which are subconscious beliefs and narrative that influence our thoughts and actions as individuals and groups.

These conditions determine who benefits from opportunities and services. For example, a person's economic opportunity partly depends on education opportunities, which are also shaped by policies and resource flows that determine how education is funded and that funding often determines the quality of education you are getting.

**Slide 5:** Race is a social construction that was created by people and society rather than something that exists naturally. That means, the easily observable physical characteristics, like skin color, eye color and shape, and hair color and texture, have been used to group people into races, and races have been conceived as innately different from each other. However, research shows that people within the same racial group can be more genetically different than people from different racial groups, and genetic differences are not generally aligned with racial differences. Race has been used to dehumanize/devalue less powerful groups to justify unequal distribution of rights and resources to maintain power.

Racism on the individual level is a belief that one's race is superior to another, which leads to poor treatment, such as an individual making prejudicial comments or discriminatory actions. Institutional and systemic racism is present when racism is embedded into policies, practices, and procedures that work better or privilege one group of people over another

The figure shows the three levels of racism starting with the individual, then institutional, and leading to systemic or structural, which would be considered the social, political, and economic systems of many individuals and institutions. Racism on any level impacts health; inequitable health outcomes occur when systems do not distribute benefits and resources equitably.

It is important to examine racism at all levels, but MDH SHA shows examples of systemic racism: it focuses on factors that influence health at the population level, and systemic racism plays a central role in producing inequitable health outcomes for different racial and ethnic groups within Minnesota's population. To better understand these impacts, the field of public health must move beyond measuring race and examining data by race and ethnicity, to measuring racism. Scholars are beginning to develop methods of measuring systemic racism, and a growing body of research shows how systemic racism is a root cause of health inequities.

Data and research demonstrate health inequities exist due to racism; one example is the life expectancy for a Black or African American resident is lower than that of white residents, and Black or African Americans have higher incidence of serious illness. This is a start to understanding and explaining the complexities of the impacts of structural racism on health. I would encourage you to explore the citations in the assessment to learn more about the extensive research which exists on this topic.

**Slide 6:** Intersectionality is a concept which was developed by [Kimberlé Crenshaw](#), and is "basically a lens ... for seeing the way in which various forms of inequality often operate together and exacerbate

each other. We tend to talk about race inequality as separate from inequality based on gender, class, sexuality or immigrant status. What's often missing is how some people are subject to all of these, and the experience is not just the sum of its parts." -- Professor Crenshaw, Time Magazine

Discrimination can be based on things, in addition to and other than race; such as disability, gender identity, sexual orientation, religion, culture, and more, which all impact health equity. Research shows that the constant stress associated with discrimination can generate changes in our bodies that lead to more chronic disease, a higher rate of infant death before a first birthday, and earlier death for adults. Those who are seen as different (disabled; female; older adult; immigrant; lesbian; gay; bisexual; transgender; previously incarcerated; having mental illness; having lower income or social class) may have needs ignored, and if they are a person of color, in addition, institutional, systemic, and structural racism can intensify these challenges.

Additional ways to present intersectionality:

- **\*\*Intersectionality** refers to the complex and cumulative way that the effects of different forms of discrimination (such as racism, sexism, classism, etc) combine, overlap, and yes, intersect—especially in the experiences of marginalized people or groups.
- **\*\*It is the acknowledgment** that different forms of identity-based discrimination can combine to give rise to unique brands of injustice.

**Slide 7:** As we all know, the COVID-19 pandemic started in late 2019 and officially lasted three years, impacting everyone's daily lives. The virus changed us; it impacted our health, families, and communities, as well as our understanding of who we are and how we respond collectively to the real and perceived threats of disease. The MDH SHA aims to recognize the influence COVID-19 had on the many issues highlighted in the assessment, but the report is not solely focused on COVID-19. We must recognize the impact the pandemic had on the data included in this report. When possible, this report includes comparison data. Still, any data before or during the pandemic should be interpreted with caution i due to that period of time being so different than ever before.

**Slide 8:** This assessment is divided into four sections that reflect what we need to be healthy: people, opportunity, nature, and belonging.

The People section covers who we are and where we have come from, as well as our differences (real and perceived) which shape our health.

The Opportunities section engages how unequal social and economic opportunities impact our health—in terms of education, employment, income, housing, transportation, and more. Data exposes the persistent inequities that continue to affect some groups more than others and cause generations of poor health.

The Nature section demonstrates how our health is shaped by our connection to and interactions with the natural environment. This includes environmental benefits (such as green spaces, tree canopy, clean air, and clean water) and exposure to environmental dangers (such as air pollution, waste, and contaminated water).

The Belonging section shows how being included in our communities as well as and our connections with each other can improve or weaken our lifelong health.

**For any additional questions ask:** Dr. Susi Keefe (MPH Director) email: [slkeefe162@stkate.edu](mailto:slkeefe162@stkate.edu)  
Audrey Hanson, MPH (SHA Project Manager) email: [Audrey.Hanson@state.mn.us](mailto:Audrey.Hanson@state.mn.us)  
Kaitlin Corey (MPH student) email: [kncorey484@stkate.edu](mailto:kncorey484@stkate.edu)