Module 2: Lecture 1

SCRIPT

Slide 1: Hello, everyone; during this module about the Minnesota Statewide Health Assessment (SHA), we will focus on environmental health. Environmental health is a big part of this assessment and is a major factor in human health and well-being. The environment provides us with the necessities for lids such as clean air, safe water, and nutritious food.The assessment has 4 sections: People, Opportunity, Nature, and Belonging. This module will have a lecture associate with each section of the SHA. This first lecture will be based on the people section of the SHA.

Slide 2: In this lecture, we introduce the SHA and the topic of environmental health in MInnesota. Who we are is connected to environmental health – for example things like race & ethnicity, disability, homelessness, and incarceration impact our health. By the end of the lecture, you will understand how environmental health is connected to who we are and where we come from by engaging with the SHA, examples from across the state of Minnesota, looking across different groups of people and their experiences.

Slide 3: The assessment's people section looks at"who we are, where we come from, and our differences play a role in shaping health," meaning that our different identities and experiences impact our health in many different ways, from how we grow up to where we live. As this lecture progresses, you will see examples of what groups of people experience and how it impacts environmental health.

Agree with this -- and also I think we could do a better job of setting up from the outset here that it is inequities and oppressive systems and structures that allow for racism, homophobia etc to function. "racism as one of the fundamental drivers of poor health outcomes."

"However, research shows that our social conditions—the conditions in which we are born, grow, work, live, and aged — determine our health, in addition to personal preferences and lifestyle decisions.15 No matter how well-intentioned or motivated we are to be healthy, our social conditions and the political, social, and economic systems that create them influence and limit our choices. These systems help determine whether healthy food is available and affordable where we live, whether the air we breathe is clean, and what educational and job opportunities are available to us."

"Systems, help determine what resources and opportunities are available to individuals and groups within a population. For example, some health care resources are available in metropolitan areas but not rural. Systems also determine how easy or difficult it is to take advantage of the resources and opportunities that appear to be available. For example, an immigrant community may have difficulty taking advantage of government programs if government agencies do not provide materials in their native language, have failed to build trust with that community, or have instilled fear about the possible repercussions of accessing services."

Slide 4: No one chooses how they come into the world or where they live as a newborn; often, where you grow up and how you grow up is out of your control. These things are what shape us as we grow up and become adults. We model behavior that we've been shown, which leads us to make decisions we believe are right from what we know. All of these things are part of the environment we grow up in and impact our health. Specifically in Minnesota, health looks different depending on where you live, whether you are in the Twin Cities or greater Minnesota. Living in the metro can mean more accessible access to health care due to proximity. Yet, you can be exposed to more toxins due to city living, such as higher air pollution and lower proximity to green spaces. In greater MN, you may have less access to healthcare yet less exposure to environmental toxins in the air and easy access to green spaces. As of

2021, 2.6 million people were living in greater MN, whereas 3.2 million people lived in the Twin Cities area, the seven-county metropolitan area.

Slide 5: A large part of understanding health in Minnesota is grasping two important concepts. The first is "systemic racism" and the second is "generational structural inequities" such as social, economic, political, and environmental, which all play a role in creating or limiting health in MN. **These were discussed in the first lecture if you need a review.

**Nursing class: As mentioned in the "Whole person health What you need to know" article, improving health does not only mean looking at body systems. It means we need to look at all factors that impact health, including someone's race and ethnicity, and how systems and structures of our society create and contribute to inequities based on identity.

Race is a societal creation, which means it is something created by people and society rather than something that exists naturally/biologically. Socially and politically, race has been (and continues to be) used to dehumanize/devalue less powerful groups, to justify the unequal distribution of rights and resources, and to maintain power. As a result, not surprisingly the data shows that health differs significantly across different racial, cultural, and ethnic groups. For instance, in the U.S., life expectancy is lower for Black or African American residents than for white residents, and Black or African American residents experience higher rates of serious illness like heart disease and cancer. Additionally, as discussed previously, where people live play a role in their health: Communities of color often live in metro areas rather than rural areas, resulting in an uneven distribution of diversity across the state. Communities of color are estimated to increase by more than one million by 2035, suggesting that the distribution will be increasingly uneven, impacting the health of communities of color. This image is a map from Wellshare International's community health workers in MN. Wellshare is an organization in MN that works to disrupt the cycle of generational poverty, disease, and trauma by aiming to create equitable access to healthcare regardless of zip code, birthplace, or skin color. Using a community health worker (CHW) model, they work with immigrant communities in Minnesota and their programs serve people across the lifespan – including pregnant women, infants, children, youth, adults, and the elderly. Their community health worker program trains and employs community health workers who are from the communities they serve, often from refugee, immigrant, and migrant communities that face the most serious health inequities in our state. The CHWs provide individual and group health education and social service referrals to diverse clients in the Twin Cities metropolitan area and now in greater Minnesota as increasingly immigrant and refugee communities are living in communities outside the metro where there are job opportunities. Suppose you take a closer look at the map. What do you notice when you look at the map? What stands out to you? What I'd like you to notice is the number of community health workers in each county. Where are the most CHW located? The Twin Cities have the most CHW. That makes sense, given the demographic distribution of our state between urban rural areas. they experience inequities most often and aligns with the fact that it's the highest distribution of communities of color.

Slide 6: People with disabilities face challenges, specifically in their physical environments, due to systems and structures that prevent their full access to all environments equitably. For example, many environments prevent people with disabilities from full participation in social settings, like when a restaurant has multiple levels but does not have an elevator (or a door not being wide enough to get a wheelchair through). Other physical barriers for people with disabilities are access to adequate transportation, limited housing for specific needs, unequal access to programs and facilities, barriers to education and employment, and reduced income. These challenges can all impact a person's health. Specific examples of structures that impact full participation are ramps that do not have adequate

standards based on the Americans with disabilities Act (ADA) or lack of interpreters or guides for those visually or hearing impaired at events or programs.

Consider the image on the slide. What do you notice? The map shows that 51% of people living with disabilities in MN live in the Twin Cities metro area, and 49% of people with disabilities live in greater MN. The split is relatively evenly distributed, but urban vs. rural environments pose challenges due to living circumstances and available resources and supports. In the metro area, healthcare can be easier to get to in proximity, but transportation can still be difficult to obtain. In contrast, healthcare is more inaccessible in rural areas, especially for those seeking specialty care.

Slide 7: The number of people experiencing homelessness in Minnesota has decreased by 7% in MN since 2018. However, data around homelessness is difficult to obtain in our state due to limited data on homeless populations, which are often invisible to society.

There is an alarming overrepresentation of Native American, Black, and Hispanic/Latino people experiencing homelessness in both the Twin Cities metro and greater Minnesota. In 2019, American Indians were 30 times more likely to experience homelessness than their white non-Hispanic counterparts, in addition to Black or African American people being 12 times more likely to experience homelessness than their white non-Hispanic counterparts. The unhoused are exposed to communicable diseases more often, toxins, pollutants, and severe weather, all negatively impacting health. In Minnesota, the most severe weather happens in the winter, including temperatures dropping to the negatives and feet of snow. Being unhoused during that weather presents extreme challenges to health, such as hypothermia, which can result in death in the most extreme cases. In January 2022, it was found that 7,917 people reported that they were unhoused.

Across the state, a concerning number of people are spending most of their time unsheltered. People who are homeless in greater Minnesota are more precariously sheltered, spending more time doubled up, more often moving from place to place for shelter, and experiencing more repeat episodes of homelessness.

While more people experience homelessness in the Twin Cities metro, those who are homeless in greater Minnesota have higher rates of complex challenges that perpetuate the cycle of homelessness, including trauma, violence, and significant health issues.

Lack of affordable housing for very low-income people remains a top challenge to finding housing, both in greater Minnesota and the Twin Cities metro.

Slide 8: High incarceration rates and the cycle of incarceration harm communities by increasing family and neighborhood instability, reducing community attachment and investment, and reducing expectations and hopes for the future. Black or African American, American Indian, and Latino/ Latine populations are vastly overrepresented in Minnesota's prison and jail populations. This is not because of greater crime rates in these populations, but due to inequities in arrests, convictions, and sentencing (especially for drug-related crimes).

Incarceration during the pandemic had specific impacts on health, with those who were incarcerated more at risk for transmission. 250 outbreaks occurred throughout all Minnesota correctional facilities, resulting in 23,000 cases of COVID-19. Due to their environment, whether prison, jail, or juvenile facility, their health was at higher risk during the pandemic. Minnesota Prison Doula (MnPDP) project is an organization that provides trained doulas to support incarcerated folks through their pregnancy, they also offer postpartum and parenting education and support. During the pandemic those who were pregnant had less support than normal as Minnesota Prison Doula Project was forced to halt all in person services.

Slide 9: In this lecture you have seen examples of how our environment affects all of us, whether we realize it or not. In addition, who we are and what groups we belong to affect our health significantly. To limit the inequities different groups in Minnesota are experiencing, structural change is necessary to improve allMinnesotans' health.

Slide 9: As you think about everything you've learned from this lecture about people and environmental health, what changes do you think need to happen in our systems and structures to improve health and create a more equitable state?

For any additional questions ask:
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