

# RESHAPING HEALTH & COMMUNITIES THROUGH EQUITY

Dr. Craig Samitt, President & Chief Executive Officer

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# WELCOME & INTRODUCTIONS

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# AGENDA

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- Our Strong Partnership
- Blue Cross and COVID-19
- Health Equity: A Primer
- The Social Determinants of Health
- Role of Local Government and Mayors in addressing SDoH
- The Mayor of Blue Cross
- The Power of Cities
- Call to Action



# OUR STRONG PARTNERSHIP

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## BCBSMN Sponsorship of the Regional Council of Mayors through the Urban Land Institute Minnesota District Council

Blue Cross & Blue Shield of Minnesota first became a sponsor of the Regional Council of Mayors in 2008. Our support, made possible through tobacco settlement dollars, has helped ensure that the RCM and other ULI participating organizations better understand and embrace the health implications of community design.

Over the last decade we've all come to better appreciate the important role that walkable and bikeable cities, stable affordable housing, and conveniently accessible healthy foods play in maintaining a healthy Minnesota. The Regional Council of Mayors is an important partner in our efforts to correct health disparities across the state.



# OUR COVID-19 RESPONSE

## OVER \$3M IN FUNDING AS WELL AS EMBEDDING EQUITY



- **\$750K** to Second Harvest Heartland for emergency food response
- **\$100K** to the Minnesota Disaster Recovery Fund from the Blue Cross Foundation
- **\$75K** to the Willmar school district to provide emergency food to families and childcare centers
- **\$25K** to the Willmar Area Community Foundation to address broader food insecurity issues
- **\$15K** to both Northpoint Health and Wellness and Minneapolis American Indian Center to assist in their emergency food programs
- **\$175** through partnerships with WellShare International and the Minnesota Community Health Worker Alliance (MCHWA) to expand the reach of community health workers to help reduce COVID health disparities.
- **\$750K** from the Blue Cross Foundation creating a Rapid Response funds to support childcare, food security, anti-xenophobia, housing and economic immediate needs related to COVID-19
- **\$100K** to the Coalition of Asian American Leaders to address anti-Asian racism heightened by COVID-19
- **\$100K** to the Headwaters Foundation for Justice - Communities First Fund
- Creating Health Equity guidelines for use during pandemic
- Development of language access contingency plan during the pandemic

# HEALTH EQUITY

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# THE GOOD NEWS

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The fittest city in America?  
It's Duluth actually



Minneapolis-St. Paul  
is the fittest city in  
the U.S.

**MINNPOST**

Minnesota cited as 4th 'healthiest  
state' for second year in a row

**SCTimes**  
PART OF THE USA TODAY NETWORK

Minnesota ranks as healthiest  
state for seniors





# AND THE BAD

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Hundreds of thousands of  
Minnesotans live in ‘food deserts’  
More than 1.6 million Minnesotans lack access to a grocery store.

## MINNESOTA DAILY

Experts say “fittest” award may gloss  
over health disparities in Twin Cities

## MINNPOST

Minnesota has major racial and ethnic  
health inequalities, report finds





# Health Equity

All people, regardless of race, income, ZIP code or other factors, should have opportunities to live the healthiest lives possible.

# COST OF HEALTH INEQUITIES



<https://youtu.be/HJeUnHGE4IE>

# WHERE WE ARE TODAY

## INEQUITIES

### WORST QUARTILE

4<sup>th</sup>

Minnesota ranked in the 4<sup>th</sup> (worst) quartile across the U.S. for **disparities in quality of care by race**<sup>9</sup>



43<sup>rd</sup>

Minnesota ranked 43<sup>rd</sup> of the 50 states in **mentally ill adults reporting unmet need**<sup>13</sup>

17x

MN American Indians and Blacks experience homelessness at 17 times the rate of Whites<sup>10</sup>



1.6M

Minnesotans **lack easy access to healthy food** – almost 1/3<sup>rd</sup> population<sup>14</sup>

30%

of **children live in poverty** in some MN counties (compared to 4% in others)<sup>11</sup>



15/17

MN African-Americans experience **disparities in 15 of 17 health indicators**<sup>16</sup>

23%

of MN American Indians **without health insurance**, compared to 4% of white non-Hispanic<sup>12</sup>



766

MN lives would be saved per year by eliminating health inequities<sup>17</sup>

## HEALTH IMPACTS



65%

of Minnesotans are **obese or overweight**<sup>1</sup>



\$5.06 B

Estimated human and economic **costs associated with alcohol use** in MN – 17x greater than alcohol tax revenue<sup>5</sup>



80%

of MN adults **do not meet the weekly guidelines for physical activity**



17%

of MN women **consumed at least half a serving of alcohol during their last pregnancy**<sup>6</sup>



\$4.4B

**Annual MN spending on diabetes**<sup>3</sup>



26%

The percent increase of mortality from **social isolation**<sup>15</sup>



46.3%

MN adults age 18-25 who reported **binge drinking** in the past month<sup>4</sup>



12%

of students in 8<sup>th</sup>-11<sup>th</sup> grade have **seriously considered suicide**<sup>8</sup>

MN has fallen in the American Health Rankings from #1 in the nation to #7 from 2000-2018

# SOCIAL DETERMINANTS OF HEALTH

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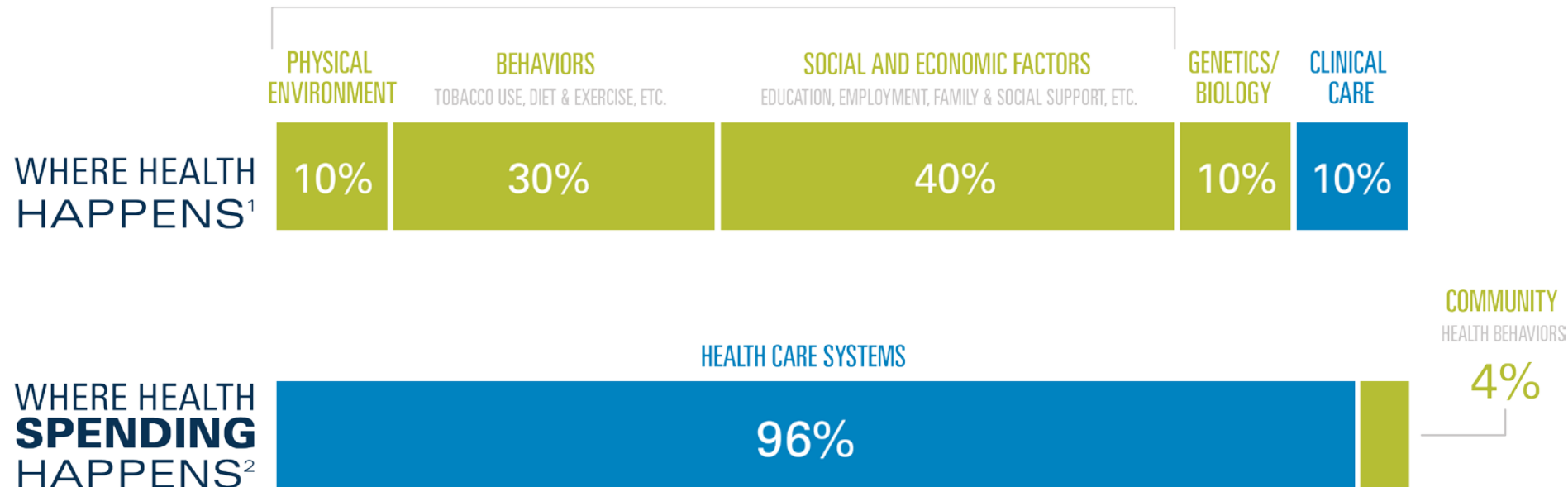


The background of the slide is a photograph of a group of children running outdoors. A young girl in the foreground is running towards the camera, smiling broadly. She is wearing a green tank top and dark shorts. Behind her, several other children are also running, though they are out of focus. The entire image is overlaid with a semi-transparent orange filter.

**90%**

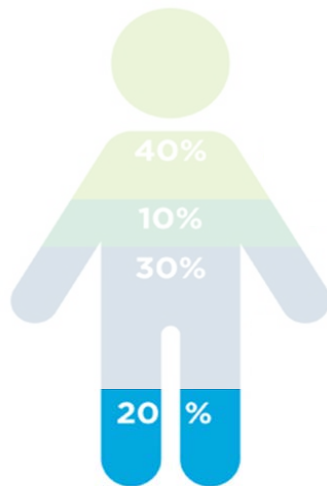
**of health happens  
outside the  
doctor's office**

# HEALTH HAPPENS - BREAKDOWN

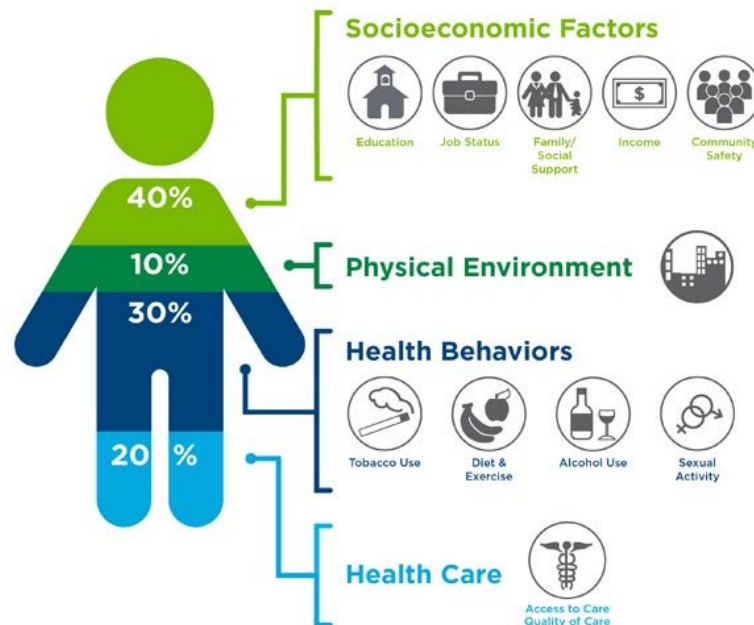


# WHAT NEEDS TO CHANGE & CONTINUE

## Reinvent Healthcare + Improve Community Conditions



Care Delivery System where sickness is more profitable than wellness and disparities are rampant



Health Delivery System focusing on all drivers of health, wellness is more profitable and optimal health is in reach for everyone



# HOW LOCAL GOVERNMENT CAN IMPACT

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# MARIA REGAN GONZALEZ

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## Mayor of Richfield & Blue Cross and Blue Shield Associate

- Education in Public Health & Public Policy
- Community Integration focus at Blue Cross
- Building healthy, thriving and prosperous communities in both roles

**What does it look like to lead with health and equity?**

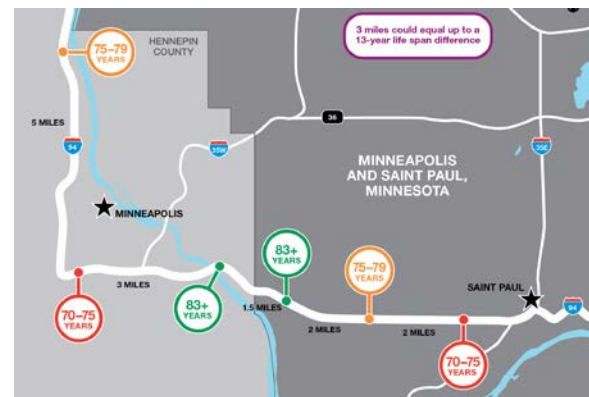




# WHY INEQUITIES EXIST IN COMMUNITIES

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# COMMUNITY DESIGN

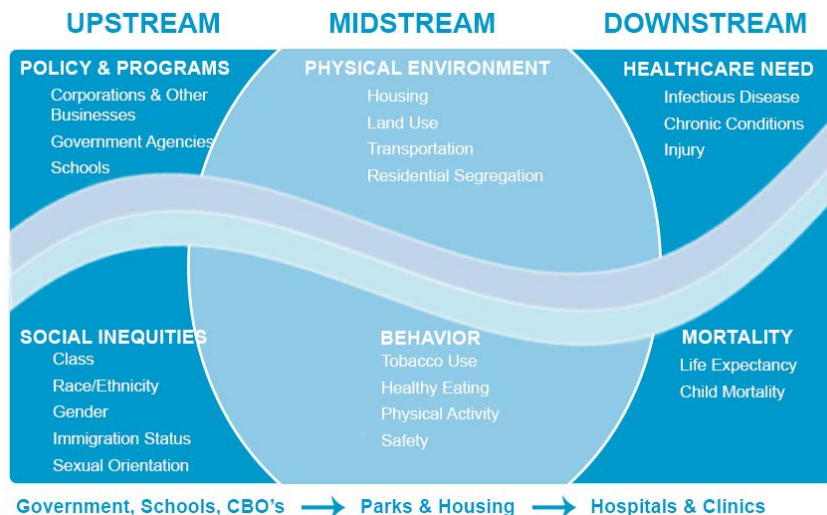


Data Source: <http://collections.mnhs.org/cms/largerimage.php?irn=10334262&catirn=10706254&return=>

# COMMUNITY INFRASTRUCTURE



# THE POWER MAYORS & CITIES HAVE



# CALL TO ACTION

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**A Health in All Policies (HiAP)** approach to state and local government and nonprofit planning and decision-making takes health perspectives into account in decisions made in all sectors.

Implementation of HiAP is built around a core set of key ideas.

These ideas are:





# QUESTIONS

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