RESHAPING HEALTH & COMMUNITIES THROUGH EQUITY

Dr. Craig Samitt, President & Chief Executive Officer
Maria Regan Gonzalez, Senior Health Improvement Project Manager
WELCOME & INTRODUCTIONS
AGENDA

• 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
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
THE GOOD NEWS

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

StarTribune
The fittest city in America? It’s Duluth actually

MINNPOST

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

SCTimes
Minnesota ranks as healthiest state for seniors
AND THE BAD

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

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

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**

4th

Minnesota ranked in the 4th (worst) quartile across the U.S. for disparities in quality of care by race.

17x

MN American Indians and Blacks experience homelessness at 17 times the rate of Whites.

30%

of children live in poverty in some MN counties (compared to 4% in others).

23%

of MN American Indians without health insurance, compared to 4% of white non-Hispanic.

**43rd**

Minnesota ranked 43rd of the 50 states in mentally ill adults reporting unmet need.

1.6M

Minnesotans lack easy access to healthy food – almost 1/3rd population.

15/17

MN African-Americans experience disparities in 15 of 17 health indicators.

HEALTH IMPACTS

65%

of Minnesotans are obese or overweight.

$5.06 B

Estimated human and economic costs associated with alcohol use in MN – 17x greater than alcohol tax revenue.

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.

$4.4B

Annual MN spending on diabetes.

26%

The percent increase of mortality from social isolation.

46.3%

MN adults age 18-25 who reported binge drinking in the past month.

12%

of students in 8th-11th grade have seriously considered suicide.

766

MN lives would be saved per year by eliminating health inequities.

MN has fallen in the American Health Rankings from #1 in the nation to #7 from 2000-2018.
SOCIAL DETERMINANTS OF HEALTH
90% of health happens outside the doctor’s office
HEALTH HAPPENS - BREAKDOWN

WHERE HEALTH HAPPENS

- Physical Environment: 10%
- Behaviors: 30%
- Social and Economic Factors: 40%
- Genetics/Biology: 10%
- Clinical Care: 10%

WHERE HEALTH SPENDING HAPPENS

- Health Care Systems: 96%
- Community Health Behaviors: 4%
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
MARIA REGAN GONZALEZ

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
COMMUNITY DESIGN


Confidential and proprietary.
COMMUNITY INFRASTRUCTURE
THE POWER MAYORS & CITIES HAVE
CALL TO ACTION

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:

1. Promoting Health Equity Outside of the Health Sector
2. Collaborating Across Sectors
3. Benefiting Multiple Partners
4. Engaging with the Community and Other Stakeholders
5. Modifying Existing Structures and Procedures
QUESTIONS