



# **Health Equity Working Committee**

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# What is health equity

- “Shoes that fit”

but also...

- Shoes that are designed by the people who will wear them
  - Purpose
  - Culturally appropriate design
  - Ownership



# Health in All Policies

## OPPORTUNITIES

*“We get shoes!!”*

- Adapting institutions and systems to create equal benefit (health outcomes) for all regardless of identity
- Consideration of human impact of policy where such connection may not have been previously made
- Increased discussion of disparities and ability to see the compounded cumulative impact of policies on specific communities

## CAUTIONS

*“What do we do with these?”*

- Exclusion of communities culturally marginalized and hidden by data
- Misinterpreted data if communities are not involved in assessments of the “health” impact in policies
- Accountability to identify and implement mitigations and adaptations that will ensure equitable health from all policies

# Who is the Health Equity Working Committee (HEWC)?



*The Minnesota Health Equity Working Committee (HEWC), a collaborative of nonprofits, academia, and community leaders from or serving **Asian, African, African American, American Indian, Latino, LGBTQ and allied communities**, emerged in 2010 to hold the State accountable to its commitment to eliminate health disparities. The HEWC has since expanded its purpose with a mission to promote health equity by **providing community supported solutions to decision makers** and bringing actionable information back into the communities. Our vision is for **educated and motivated communities** to fully engage in decision making and the implementation of measures and actions that achieve full health equity.*



# How HEWC does it ...

- Community leadership development
- Education of community
- Education of decision makers
- Participating in public engagement opportunities
- Partnerships
- Health Equity Day



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- ***EXPERIENTIAL LEARNING***

# The budding of HEWC in 2010



Communities of color lost significant \$\$ (translated capacity) to reduce health disparities

- Agitate
  - Elevated and assembled voices
- Aggravate
  - Together we shared concerns about the impact of this loss on our communities
- Educate
  - Sought to understand the process by which this happened
- Organize
  - Worked in partnership across communities and with (then) Representative Hayden to convene special legislative committee hearing to let Legislature know changes and limitations to the implementation of their Eliminating Health Disparities Statute and the impact of on those communities most impacted



# HEWC in 2011

- Asian, African, African American, Latino, American Indian, and LGBTQ communities saw power in our joining to eliminate health disparities
- Saw need to hold institutions accountable to eliminating health disparities across all institutions that include social determinants of health
- Created the Health Equity Working Committee
- Organized first Health Equity Day in partnership with (then) Representative Bobby Joe Champion



# 2013 Health Equity Reform Agenda



## **EQUITY** **Health ~~Care~~ Reform**

1. Foster Health Insurance Exchange (HIE) policies and funding that build on and **promote the integral role of culturally-competent, diverse and community-based In-Person Assistors and Navigators** who are trusted and already embedded in community.

2. **Expansion of Medicaid and improvement of MinnesotaCare**

3. **Reduce the impact and use of commercial tobacco among racial, ethnic and LGBTQ communities**

4. **Expand and sustain the community health worker (CHW) workforce**

5. **Expand and standardize the collection and reporting of race, ethnicity, primary language, sexual orientation, and gender identity data across all State agencies Health Equity Reform agenda**

# HEWC and the Tobacco Tax 2013



## **3. Reduce the impact and use of commercial tobacco among racial, ethnic and LGBTQ communities**

Significant tobacco tax increases have been proven to decrease the number of youth who begin to smoke. However, smoking rates within Minnesota's racial communities and LGBTQ community remain significantly higher than the overall smoking rate of Minnesota and there are few initiatives culturally tailored to help reduce the impact and use of commercial tobacco in our communities. Therefore, due to the disproportionate amount that our racial and LGBTQ communities would pay with the tobacco tax increased, the HEWC the State dedicate funding to support culturally tailored tobacco control initiatives in communities most impacted by tobacco.

# HEWC , “HiAP” & Tobacco Tax

## SF 1300 (Hayden) / HF 1499 (Moran)



### OPPORTUNITIES

- Deepened relationships
- Increased civic engagement
- Developed emerging leaders
- Elevated discussion of racial, ethnic, cultural & LGBTQ disparities
- Deepened analysis of “equity” in taxes and develop model solution

### LESSONS

- Take risks
- Immersive leadership development
- Communication not just internally but with other stakeholders
- Value of campaign rooted in community