

Health Equity Data Analysis

Statewide Health Improvement Partnership



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Public Health

Healthy Carver for a Lifetime

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ACKNOWLEDGEMENTS

The Statewide Health Improvement Partnership (SHIP)

Focus Group Participants

Host Site Organizers

The Carver County SHIP Community Leadership Team (CLT)



DEMOGRAPHICS

Age

Race & Ethnicity

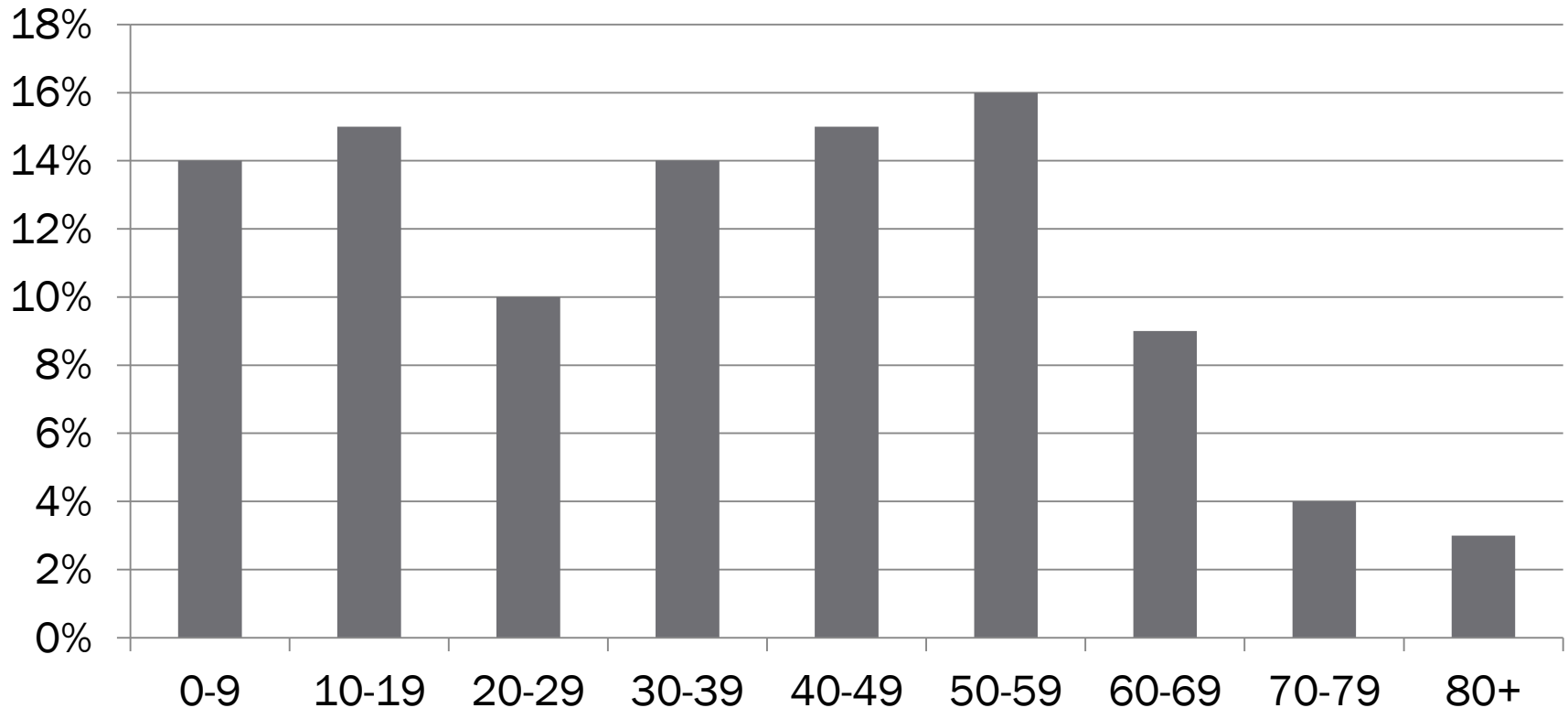
Income

Education



Carver County Demographics - Age

Population by Age Range

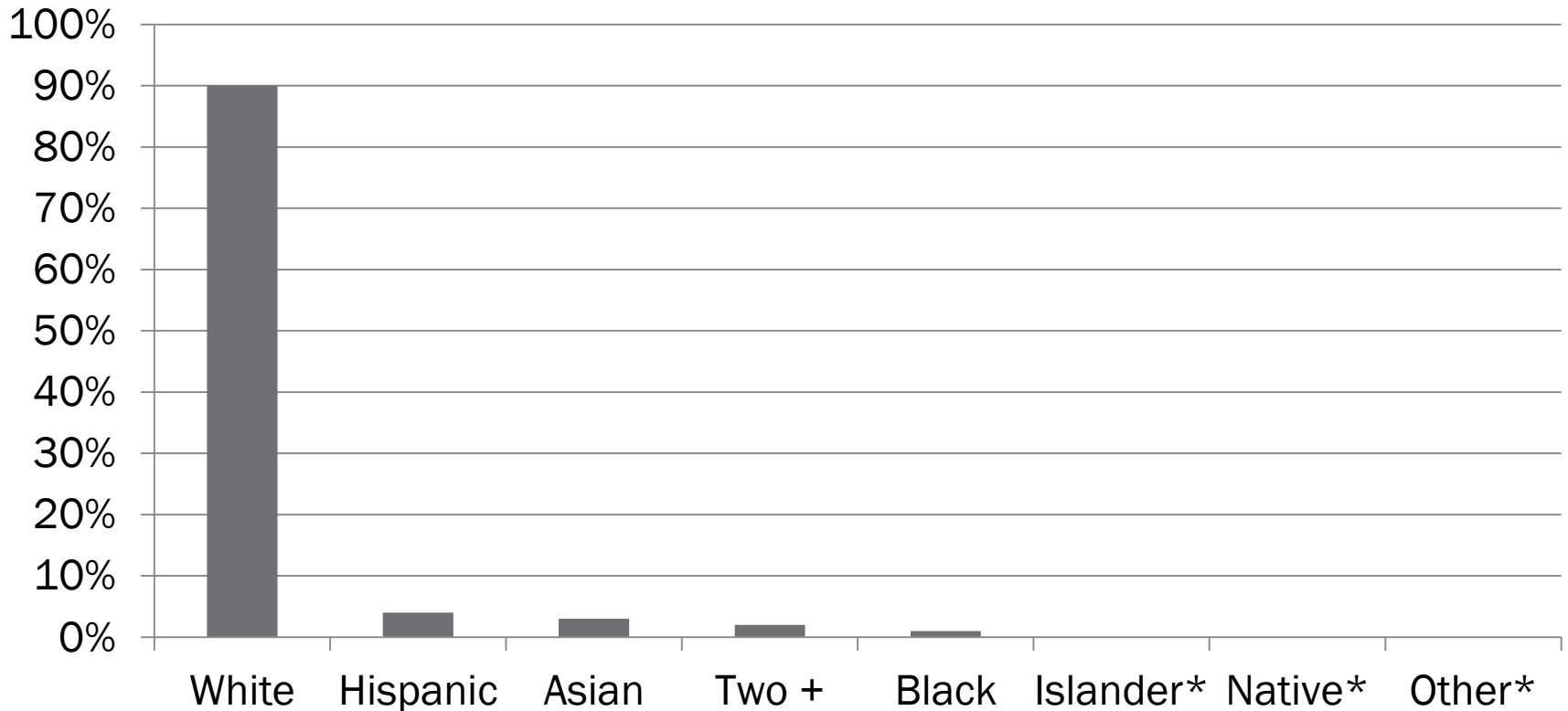


U.S. Census Bureau (2016). *American Community Survey 1-year estimates*. Retrieved from *Census Reporter Profile page for Carver County, MN* <<https://censusreporter.org/profiles/05000US27019-carver-county-mn/>>



Carver County Demographics – Race & Ethnicity

Race & Ethnicity



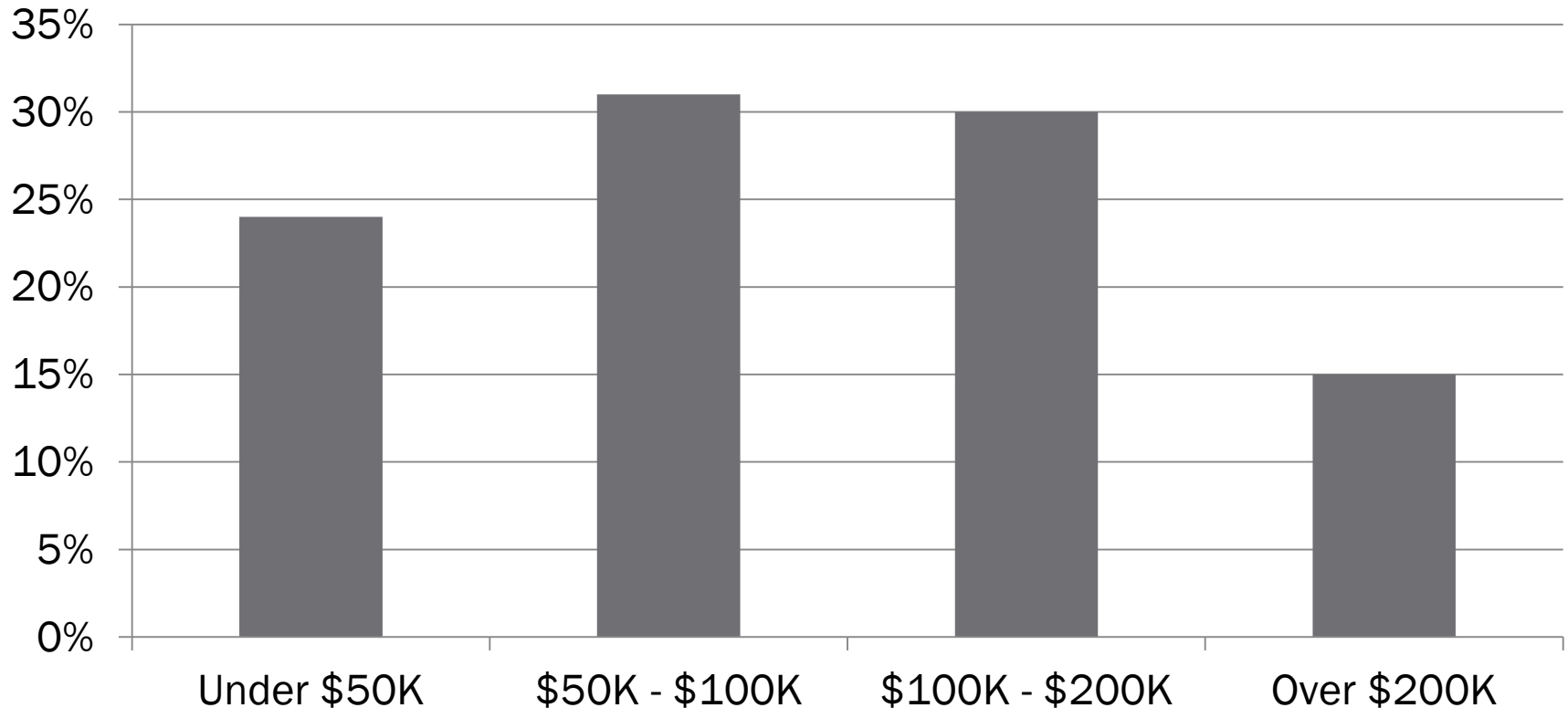
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* Margin of Error is 0% of the total.



Carver County Demographics – Income

Income

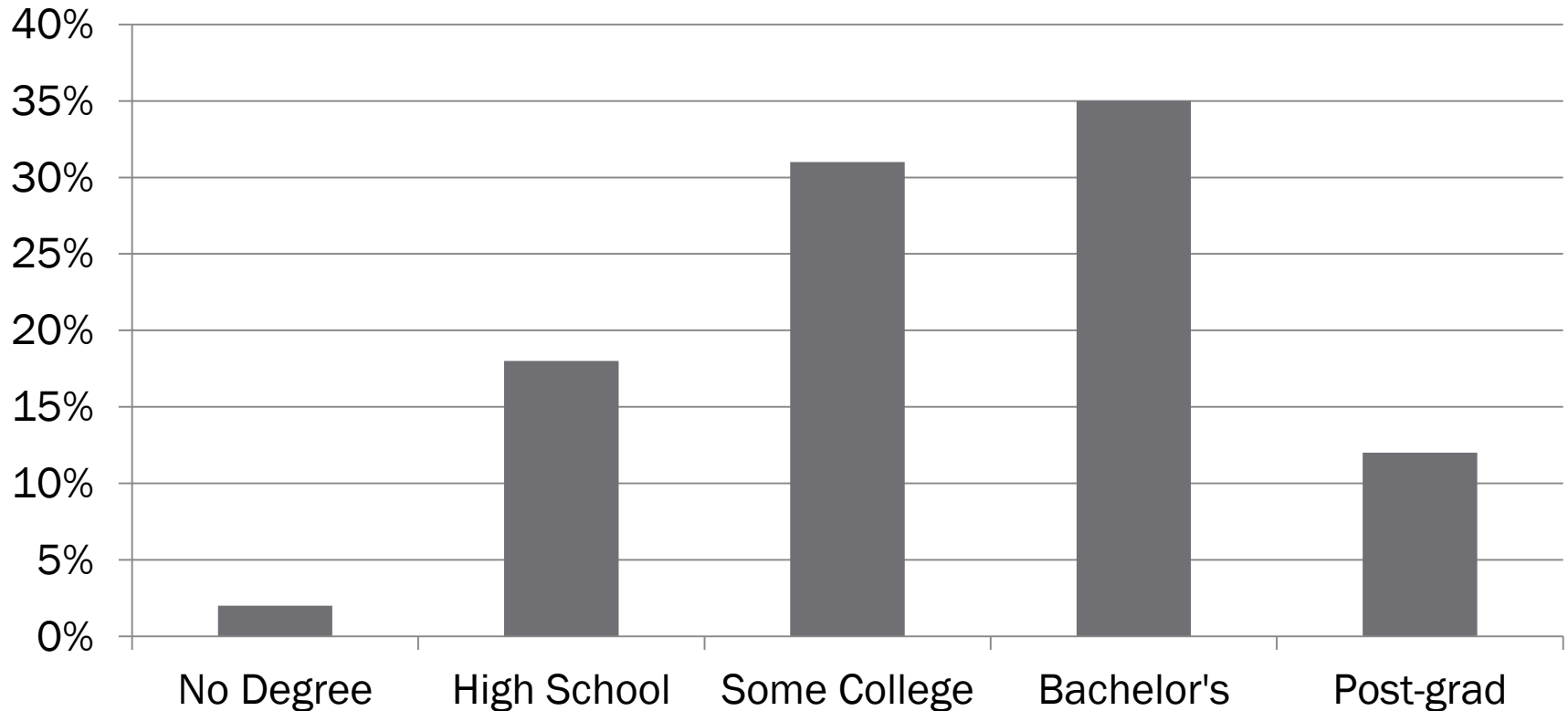


U.S. Census Bureau (2016). *American Community Survey 1-year estimates*. Retrieved from *Census Reporter Profile* page for Carver County, MN <<https://censusreporter.org/profiles/05000US27019-carver-county-mn/>>



Carver County Demographics – Education

Educational Attainment



U.S. Census Bureau (2016). *American Community Survey 1-year estimates*. Retrieved from *Census Reporter Profile* page for Carver County, MN <<https://censusreporter.org/profiles/05000US27019-carver-county-mn/>>



PURPOSE

Minnesota Statute

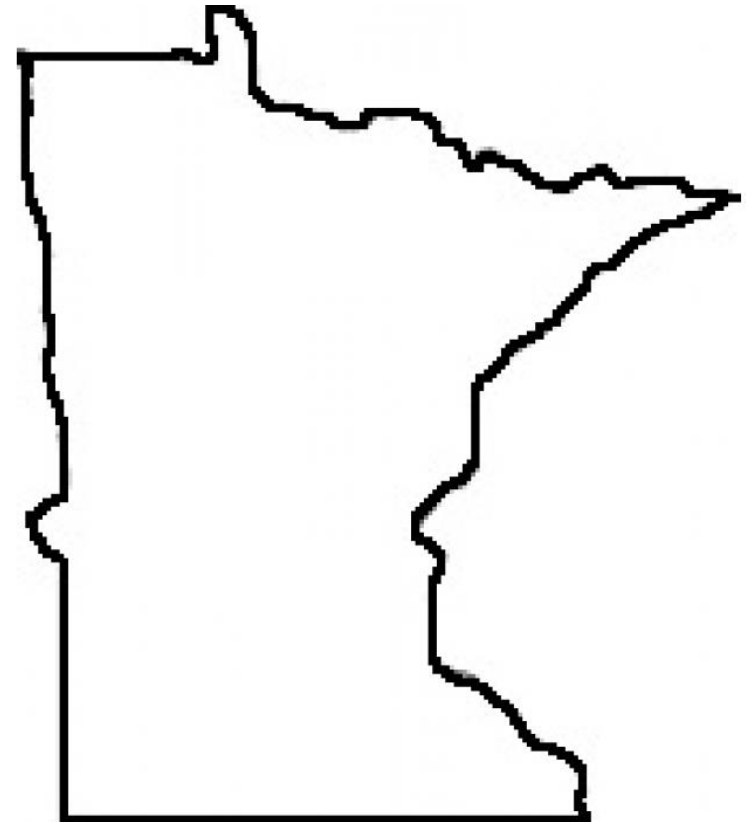
Definitions

Goals



Minnesota Statute 145.986

- One requirement of SHIP grantees is to address the health disparities and inequities that exist in the grantee's community.
- How? Health Equity Data Analysis (HEDA)



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Definitions

■ Health Equity

- Is a state where all persons, regardless of race, income, sexual orientation, age, or gender have the opportunity to reach their full health potential.

■ Health Inequity

- Is a difference (disparity) in a health outcome/behavior between two populations that is caused by systemic differences in social or economic conditions.

HEALTH EQUITY DATA ANALYSIS



Equality

doesn't mean

Equity



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Definitions

■ HEDA

- Health Equity Data Analysis
- A HEDA involves using data to identify differences in health outcomes by population groups, considering not only the individual factors, but also high-level factors (e.g. policies and systems) that may create those differences.

■ HAP

- Health and Poverty

Goals

- Expand Understanding of Health
- Strengthen Community Capacity
- Inform Future SHIP Work Plans
- Identify Potential Partners/Strengthen Existing Partners
- Build Staff Capacity in Community Engagement and Facilitation Skills

HEDA Team

- **Core Team**

- 3 Program Specialists
- Health Informatics Specialist
- SHIP Grant Coordinator

- **Oversight**

- Community Health and Promotion Unit Supervisor
- Public Health Manager

METHODS

Quantitative Data

Qualitative Data

Process



Quantitative Data

- U.S. Census Bureau
- American Community Survey
- MN Department of Employment and Economic Development
- Minneapolis/St. Paul Metro SHAPE Survey
- USDA Food Access Research Atlas
- Feeding America
- Carver County Adult Mental Health Initiative Survey

Quantitative Key Data Findings

- **Mental Health Providers in Carver County**
 - 1 per 880 people
 - 1 per 488 is the Minnesota average
- **Under 200% of the Federal Poverty Line compared to above 200% of the Federal Poverty Line**
 - Over 2x as likely to report ever being told by a provider that they have depression
 - Almost 2x as likely to report being told they have anxiety
 - 2x as likely to have experienced frequent mental distress

Qualitative Data

- **Key Informant Interviews**
 - Themes
 - Knowledge
 - Transportation
 - Basic Needs
 - Access to Health Care
 - Stigma
- **Community Leadership Team Discussions**

“I don’t have sick days. I have lack of income days.”

- Key Informant Interviewee

THE QUESTION

What causes the differences in mental health outcomes between people with low incomes compared to those with high incomes?



Question Development Process



Focus Group Main Questions

- When I say mental health, what do you think of or what comes to mind?
- How does one's income play a role in one's mental health?
- What are things in Carver County or your community that help mental health?
- What are things in Carver County or your community that make it difficult to maintain good mental health?
- If there was one thing that you could change about Carver County or your community that would make it easier to support mental health, what would it be?
- Is there anything else you would like to add about mental health in Carver County or your community?



Focus Group Participants*

Location	#'s	Ages	Race/ Ethnic Diversity	Male/Female	Additional
St. Johns UCC	6	Range of Ages	Little	Majority Female	-
First Street Center	9	Range of Ages	Little	Majority Female	Self-identified transgendered person, mental health diagnosis, disability
Workforce Center	5	Range of Ages	High	Majority Female	Self-identified mental health diagnosis, disability

* Demographic information on the focus group participants was not collected. Subsequently, through observations, comments, and self-disclosure statements during the focus groups, the HEDA Team was able to summarize an estimate as to who participated in the focus groups. Please view all demographic information of focus group participants as unverified.



RESULTS – 4 THEMES

The Mental Health System

Social Determinants of Health

Family and Social Supports

Knowledge and Awareness



THE MENTAL HEALTH SYSTEM



Mental Health System - Navigating

“Finding services [is challenging], like workers, people that – I had to find an ARMHS worker on my own to help figure that stuff out. My ARMhs worker was the one that referred me to my therapist... you’re limited on the therapists you can have here [Carver County]. And then I would have never found an ARMHS worker if I didn’t dig around to find out that I can get an ARMHS worker. Everything I did, I advocated for myself. There was no one here to help me with things.”*

*Adult Rehabilitative Mental Health Services



Mental Health System - Insurance

“If you make too much money, you can’t get insurance... what I’m trying to say is, if you’re rich, you’re fine because you can afford to take yourself to therapy. If you are poor, you can get insurance help through the county. If you’re right in that middle, you eat, or you go to therapy.”



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Mental Health System - Services

“We do have a very good hospital system out here [Carver County]. They do not deal with mental illness at all. If I go to them and say, “I am feeling like killing myself today; here’s my bag of medications.” They’ll lock me in a metal room. They won’t give me my medications; they won’t call a doctor or try to get my medications. They won’t give them to me on time; they make me wait until crisis comes, sometimes until seven in the morning. By then you’re tweaked out in this room and crisis goes, “Oh, we have a respite house in Mankato”.”



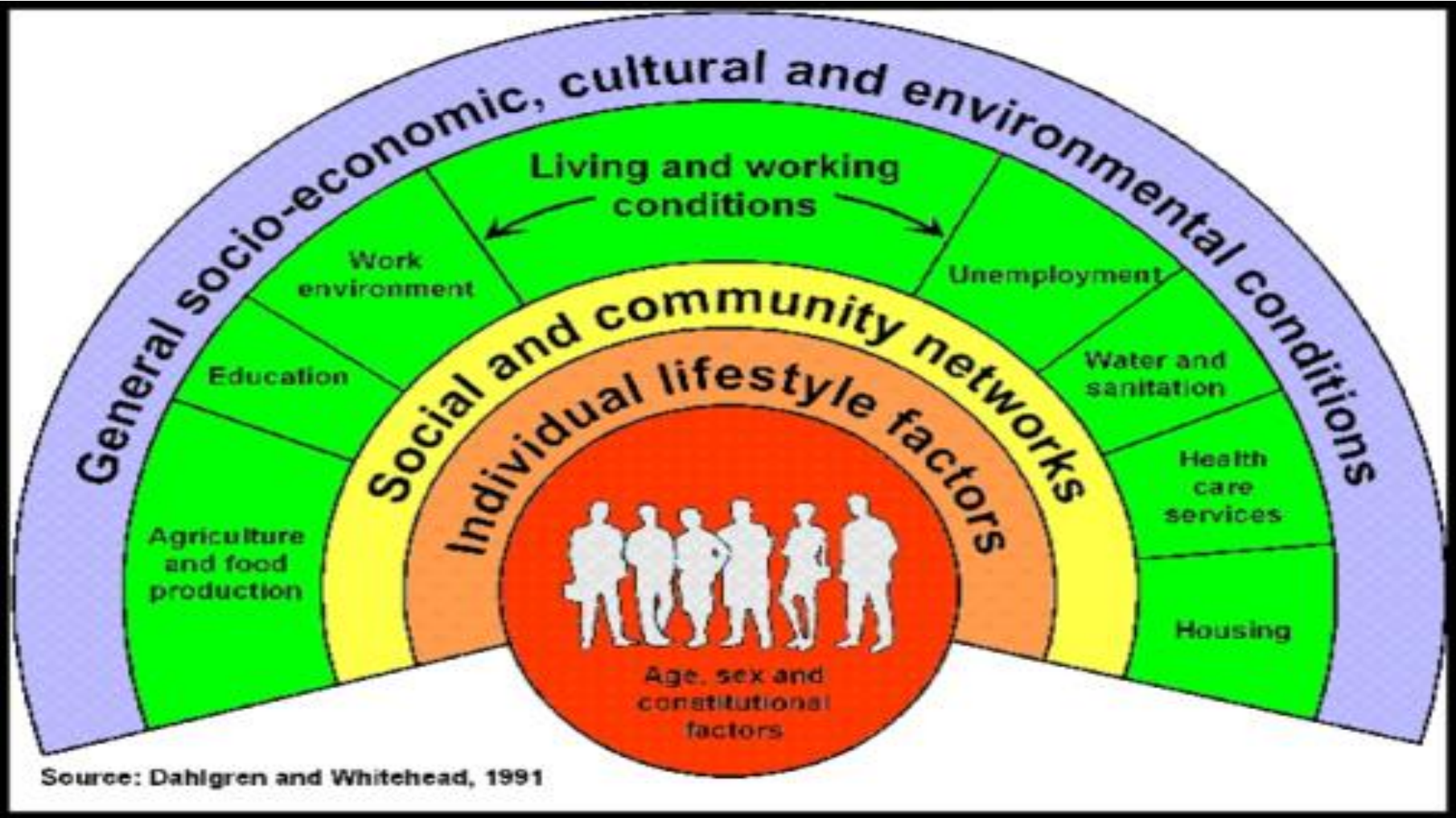
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SOCIAL DETERMINANTS OF HEALTH





Source: Dahlgren and Whitehead, 1991

Social Determinants of Health - Transportation

“There are people who can’t get to court; people can’t get to their—if they live out here [rural areas], they can’t get to their county meetings with their reps. They can’t get to the food shelf. They can’t go to job interviews. They’re going to make you feel more hopeless.”



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Social Determinants of Health – Employment

“That’s where I am right now, where I can’t work because of my mental health. Not being able to work because of my mental health, is contributing to my mental health problems, because I don’t have enough money to take care of all of my bills. My parents are having to help me out to pay for things. It’s a hopeless feeling. You don’t see a way out.”



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Social Determinants of Health – Basic Needs

“I was in there [the hospital] for two months. And, I come out, well, where’s my money, you know? So, now I have to figure out how I’m going to pay my rent. At least, when I was in Hennepin County, they had that covered. It was, “We have you on this program so you don’t have to worry about your rent. All you have to do is focus on you while you’re in the hospital. If your kids need a place to stay, we’ve got that”.”



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FAMILY AND SOCIAL SYSTEMS

“Your mental health, when you’re in a deep depression, it can affect everything, even your getting out and making friends or keeping friendships or being part of a family.”



Family and Social Systems – Relationships/Isolation

“If I had moved to Watertown, it would be harder for me to get to CSP activities, which I do need to help socialize. I will isolate if I’m not encouraged. That makes my depression worse and it goes unchecked and then I’m hospitalized.”*

*Chronic, Severe, and Persistent Mental Illness



Family and Social Systems – Life Events

“Well, I have two daughters... so I had postpartum [depression] with both of them, but in between the two, I had a miscarriage, and I struggled big time.”

“I lost my dad two years ago, and that’s when I really started having this feeling [anxiety]. And then I got molested when I was ten, so that played a big part in why I be feeling the way that I feel and stuff.”

Family and Social Systems – Family Dynamics

“You’ve got a child with disability. I have an 18-year-old, she’s got cerebral palsy. She’s in a wheelchair, so, it’s like, she don’t do things that other kids get to do. Like walk, and all that. When she’s upset and stressed, that triples my stress, and makes me feel, you know, aggravated. It’s hard, it really is. It’s hard.”



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KNOWLEDGE AND AWARENESS

“There’s no one who understands, that’s what it feels like. No one understands what you’re going through.”



Knowledge and Awareness

“A lot of our kids at school who have committed suicide have never walked into the counselor’s door to say, I’m hurting. They were the ones who they never knew were hurting. And they were the ones who, a lot of times, had the biggest smiles on their faces.”

Knowledge and Awareness – Stigma

“You have a beautiful child, right? What are you doing [being depressed]?”

“I think part of the stigma, is, “Oh you’re depressed? You’re just not taking care of yourself”, like you just aren’t eating right.” “Yeah, “Suck it up”. “Get tough.”



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Knowledge and Awareness - Providers

“I don’t think they [mental health providers] are knowledgeable in that aspect... They did not know what to do with me.”

“Mental health crisis line was called, and they actually declined to respond because they felt like they might be in danger, and not know how to deal with it.”

ADDITIONAL THOUGHTS

“Two families this past year, one had a son that passed away from melanoma, so people rallied around him and brought food. And then a coworker’s son committed suicide. Crickets.”



“Physical health, everybody seems to be able to handle. Mental health, they sweep it under the rug and pretend it isn’t there. And that’s not the way it should be done. But how do you get it turned around?”

“I’m not going to sugar-coat it. Out here [Carver County], there’s not much help for black women, black people. A lot more people, I mean, sorry more people of color, black people, we’re moving out here [Carver County] and we have no connection. There’s nothing.



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Positive Aspects

“I’ve been very impressed with the help that I’ve gotten from Carver County with my mental health. In fact, when I was out of the hospital and basically homeless I made sure that I was living somewhere in Carver County so I could stay in this county with the help and the services that I’ve been getting here. It is such a wonderful support system; it’s been life-saving for me, just the support that I’ve gotten.”



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Positive Aspects Continued

“My mental health caseworker, she kind of goes out of her way for me. She would make home visits, and she knew that I was in no mood to write stuff down, and how I had to fill out those papers for every month in order to keep my assistance stuff or medical or whatever it was. I wouldn’t, I didn’t care. I was like, I didn’t know when they were due; I didn’t want to write them down. She’d bring them to me, and basically write it down for me and say, “Okay, what is your phone say, what did you do on this day? What did you do?” And she’d write it down for me, because otherwise it wouldn’t get done. She’d make it in her calendar that, she needs to make sure this gets turned in. Because otherwise, the way my brain was going, I just, I didn’t want to open the curtains, I didn’t want to—I was just done.”



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DISCUSSION

Limitations

- **Sample**
 - Selection Bias
 - Lack of Diversity
 - Few Males
 - No Youth
- **Moderator Bias**
 - Different Moderator each Group
- **Coding Bias**

Next Steps

- **Dissemination**
 - Internal
 - Carver County Public Health
 - Carver County Community Health Board
 - External
 - Participants
 - Minnesota Department of Health
 - Carver County CLT
 - Mental Health Partners
 - Social Media
 - Anyone interested
- **Carver County Public Health**
 - Community Health Assessment
 - Community Health Improvement Plan
- **More work to come**



Questions

- Can more be done to eliminate the stigma around mental health?
- Can there be more awareness of services – basic and mental health-related?
- Can we improve the training of first responders, providers, and others?
- Can we make it easier for people to access services?
- Can we create systems to support people, and their families, when facing persistent mental health symptoms?

CONTACT

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