Toward better health for all

ThaoMee Xiong, JD, MPA, has seen health inequity at close range. Her mother, who is a native of Laos and a limited-English speaker, was diagnosed with diabetes 10 years ago and still struggles to communicate with her health care providers. “To this day, she doesn’t understand how to control her diabetes,” Xiong says.

In observing her mother’s challenges, Xiong noticed that the health care system allows clinicians little time to connect with patients, regardless of their communication skills, or to address needs beyond the clinic that can affect a person’s health. “This can magnify the challenge of managing a disease like diabetes,” she points out.

As the new director of Minnesota’s Center for Health Equity, Xiong’s job will be to look for ways to prevent such situations from happening and, ultimately, reduce health disparities between white Minnesotans and those of color.

Such disparities are a concern in the state, which is otherwise known for the good health of its citizens. A recent report to the Legislature by the Minnesota Department of Health found that despite its high ranking on certain health measures, Minnesota was home to some of the widest health disparities in the United States—disparities that result from inequities built into systems and policies, rather than genetics and personal choices.

Those findings led Minnesota Commissioner of Health Ed Ehlinger, MD, MSPH, to establish the center within the Department of Health in December 2013.

Xiong, who took over as the center’s director in June, brings to her new job experience with public policy as it relates to poverty and other factors that contribute to metrics such as an infant mortality rate for African Americans that is double that for whites in the state. She notes that health care typically determines only 10 percent to 20 percent of a person’s health.

Xiong says rectifying health inequities requires a comprehensive solution that includes public investment in housing, education and other social determinants. Her overall goal is to make the center a resource for communities experiencing the greatest health disparities and to expand people’s understanding of what creates good health. This includes encouraging community-based and community-led solutions and encouraging health department leaders to view all of their activities through a lens of health equity.

“There needs to be a new way of thinking about how we provide health care services because our old model is not working for the people experiencing the highest rates of health disparities,” she says. – JANET CASS

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