

# BRIDGING HEALTH DULUTH

## IMPROVING HEALTH IN THE NORTHLAND

### Lived Experience Stories from Historically Marginalized Communities

#### Process and Purpose

Community members who completed the 2021 Community Health Needs Assessment survey were asked to share personal experiences regarding the priority areas. One-hundred-twenty-eight community members shared personal “lived experiences” and stories related to health needs, including how to address the identified priority areas, and identifying community resources that are available.

128 Stories Collected  
48 (38%) Identify as BIPOC, LGBTQIA+, or living with a disability

The Minnesota Department of Health has found that people of color, American Indians, people who have a disability, and the LGBTQIA+ community have less opportunity for health and experience worse health outcomes in Minnesota. This analysis identifies common themes among survey respondents who chose to share their story and identified as BIPOC, LGBTQIA+, and/or living with a disability. We hope this analysis is an affirmation of those who took the time to share their story and can help inform or support existing efforts that support equity in Duluth. We hope this analysis will inform community organizations who are working towards health equity. This analysis identifies recurring themes among survey respondents who identified as BIPOC, LGBTQIA+, and/or living with a disability.

“Once I had housing, everything else seemed to fall into place easily. It is the base of what you need to start building.”

“Food security is a huge issue. I live in Lincoln Park and we don’t have a grocery store. We do have a bunch of fancy new restaurants that we can’t afford.”

“I am a recovering addict. I believe that to recover from any addiction one must have a safe place to recover in a healthy environment, like transitional housing.”



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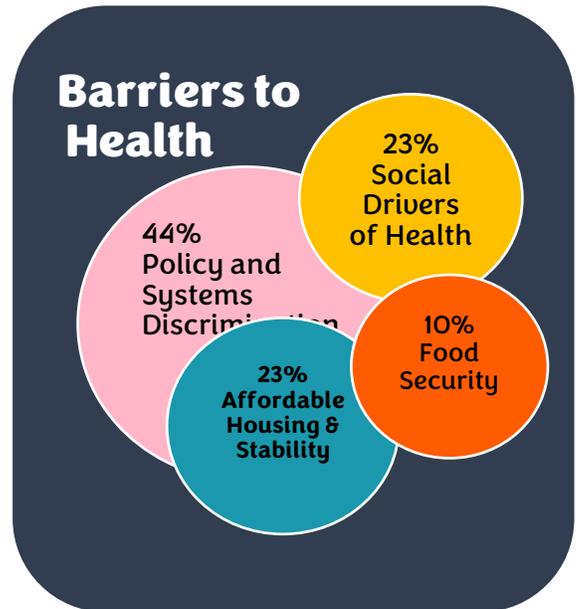
### Barriers to Health

To emphasize health equity, we focus this analysis on the 48 (38%) respondents who identified as BIPOC, LGBTQIA+, or living with a disability. Thus, the lived experience comments were examined with an exclusive focus on people of color, the LGBTQIA+ community, and people living with a disability.

### Data Collection

The 48 lived experiences were grouped into categories:

- Policy and Systems Discrimination (21)
- Social Drivers of Health (11)
- Housing affordability (11)
- Food Access and Security (5)



### Discrimination in Policy and Systems

Stories about discrimination were very prevalent.

- **Housing:**
  - Gentrification and belonging
  - Landlords who are unethical, discriminatory
- **Healthcare/Gov't/Service Providers**
  - Provider awareness of sexual identity, racial discrimination
  - Stigmatizing mental health/substance addiction
  - The need to have "privilege" or "connections to access resources for people living with mental health, substance addiction, and homelessness challenges"
  - The need to have a trauma informed approach, like domestic violence shelters do, to serve those with addiction, mental health, and other needs effectively.
- **Income:**
  - Transportation barriers for people who have a disability to access work and other resources
  - Lack of inclusive job descriptions and opportunities. Examples: ability to "reach with arms" or limitations in accommodating people who have ADHD or PTSD.

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### Social Drivers of Health



Several comments highlighted the interconnectedness of health-related factors like addiction and mental health with housing stability, income, food security, and supportive services like treatment and recovery. It is difficult to maintain stable housing and economic stability if you have poor mental health. Likewise, it is difficult to recover if you do not have stable housing or economic stability.

These comments demonstrate the significance of strategically addressing the social drivers of health— such as housing, education, food access, and transportation — that support health and can determine length and quality of life.

**Discrimination** plays a considerable role in limiting access to resources and services. Discrimination is a socially structured action that is unfair or unjustified and harms individuals and groups.

“I’ve had a horrible experience trying to find resources and navigate the system for a family member who is addicted to alcohol. There are few options, long lag times, cumbersome assessments, etc.”

### Housing Affordability and Stability



Housing affordability and stability in Duluth was frequently cited as problematic to general wellbeing. The issue of affordability likely relates to comments focused on gentrification and discriminatory landlord practices. Housing affordability and stability, though a social driver of health, was mentioned frequently enough that it is highlighted separately. Though commentors were focused on housing, several commentors correlated housing affordability with economic opportunity.

### Food Security



Some stories shed light on the lived experience of having limited access to fresh, nutritious food. Correlation between emotional health was mentioned, as well as the value but limitations of farmer’s markets that offer easy but infrequent access to fresh produce.

“Getting around is hard to do if you have a baby or toddler on the bus and paying for a cab is expensive. You could use that money for food for your kids instead.”