Advancing Health Equity and Optimal Health for All
2016 ASTHO President’s Challenge

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Twelfth Night
by William Shakespeare
Shakespeare died 400 years ago this year

• “Be not afraid of greatness. Some are born great, some achieve greatness, and others have greatness thrust upon them”
Epiphany

...a sudden, intuitive perception of or insight into the reality or essential meaning of something, usually initiated by some simple, homely, or commonplace occurrence or experience.

- Oxford Dictionaries · © Oxford University Press
USA White and Black IMR: 1980-2011

White: 10.9
Black: 11.42
"What Sets the Goals of Public Health?"
Sir Geoffrey Vickers

“The landmarks of political, economic and social history are the moments when some condition passed from the category of the given into the category of the intolerable. I believe that the history of public health might well be written as a record of successive re-definings of the unacceptable.”
Edward Michael Harrington
February 24, 1928 – July 31, 1989
President Lyndon B. Johnson – State of the Union Address
January 4, 1965
Outlined Great Society Program/War on Poverty
1965 - 89th Congress

• Head Start
• Medicare and Medicaid
• Neighborhood health centers
• Food stamps
• The Voting Rights Act
• Job Corps
• VISTA
• Peace Corps
• School lunch program
• Older Americans Act
• Elementary & Higher Education Act
• Housing & Urban Development Act
• Vocational Rehabilitation Act
• The Freedom of Information Act

• Cigarette labeling and advertising act
• Public Works and Economic Development Act
• National Foundation on the Arts and the Humanities Act
• Immigration and Nationality Act
• Motor Vehicle Air Pollution Control Act,
• Highway Beautification Act,
• National Traffic and Motor Vehicle Safety Act
• National Historic Preservation Act,
• National Wildlife Refuge System Act,
• Department of Transportation Act,
• Etc.
Improve Health Equity and Population Health Outcomes Through Transformational Leadership

- Support S/T Health Officials as Successful Transformational Leaders
- Strengthen the Capacity of S/T Public Health
- Serve as the Collective Voice
- Promote a Culture of Health and Safety Across Sectors
- Increase ASTHO Organizational Effectiveness and Sustainability

- Provide Effective, Efficient and Sustainable SHO Onboarding
- Provide Ongoing Support Across the SHO Experience
- Enhance Peer Connections and Mentoring
- Provide Expert Consultation and Technical Assistance
- Engage S/THOs With Other Leaders In Public Health and Across Sectors
- Develop Informatics Capability
- Prioritize and Develop Evolving Capabilities and Skills
- Cultivate Diversity, Inclusion and Cultural Competence

- Serve as the Collective Voice
- Foster the Coordination of Public Health and Health Care
- Represent the Voice of Members with Governmental and Cross-Sector Partners
- Serve as a Thought Leader on S/T Public Health Practice, Policy, Research & Analytics
- Increase Collaboration and Alignment with Affiliates
- Disseminate Innovative and Evidence-Based Approaches

- Disseminate Innovative and Evidence-Based Approaches
- Build a Sustainable Financial and Organizational Model
- Strengthen and Expand Situational Awareness
- Strengthen the Mechanisms to Amplify the Voice of ASTHO
- Implement an Enterprise-Wide Knowledge Management System
- Strengthen Workforce Development and Management
- Strengthen Board Governance

Strengthen Partnerships Across the Public Health Enterprise
Expand the Understanding of What Creates Health and Engage with Key Partners
Cultivate Continuous Quality Improvement

Association of State and Territorial Health Officials Strategic Map: 2016-2018

Approved 09/28/15

ASTHO Central Challenge
Health Equity is the Central Challenge for the U. S.
Multiple efforts underway.
Why should people care about health equity?

• “Injustice anywhere is a threat to justice everywhere.”
• Letter from Birmingham Jail, April 16, 1963

“Injustice anywhere...”

Disparities Affect the Health of Everyone
Trend in Life Expectancy at Birth
US and OECD Countries by Gender

...is a threat to justice everywhere.”

“Injustice anywhere..."
Disparities Affect the Health of Everyone

...is a threat to justice everywhere.”
Top Decile Income Share in the United States, 1917-2007

Growing income disparity

In 2007, top decile includes all U.S. families with annual income above $109,600.

Average Health Care Spending per Capita, 1970-2009
(Adjusted for differences in cost of living)

Source: OECD Health Data 2011 (June 2011)
The Cost of a Long Life

Average Life Expectancy

United States

Per Capita Spending

Life Expectancy vs. Per Capita Spending (International Dollars)
Triple Aim of Healthcare

• Better care for individuals
• Lower per capita costs
• Better health for populations
By itself, the Triple Aim of Healthcare has not moved us to health or health equity

- Individual health model – not a community health model
- What’s good for healthcare may not be what’s best for communities or advancing health equity
- Healthcare has become the benevolent dictator of health
- Healthcare reinforces the narrative about what creates health
Advancing Health Equity and Optimal Health for All

Triple Aim of Health Equity

- Implement Health in All Policies
  - Implement a Health in All Policies Approach With Health Equity as the Goal

- Strengthen Community Capacity
  - Strengthen the Capacity of Communities to Create Their Own Healthy Future

- Expand Understanding of Health
  - Expand Our Understanding of What Creates Health

Social Cohesion
What Creates Our Understanding about What Creates Health?

Our Worldview

- Bootstraps
- Individualism
- Free Market Solutions
- Education is for job training
- Small Government
- Might makes right
- Reliance on technology
- Structural Discrimination is a thing of the past

People would be healthy if they worked hard; made good choices about diet, physical activity, and substance use; and had good medical care.
Expand the Understanding of What Creates Health

Determinants of Health

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

Necessary conditions for health (WHO)

- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Mobility
- Health Care
- Social justice and equity


Communities of Opportunity

- Social/economic inclusion
- Thriving small businesses and entrepreneurs
- Financial institutions
- Good transportation options and infrastructure
- Home ownership
- Better performing schools
- Sufficient healthy housing
- Grocery stores
- IT connectivity
- Strong local governance
- Parks & trails

Good Health Status

Contributes to health disparities:
- Diabetes
- Cancer
- Asthma
- Obesity
- Injury

Low-Opportunity Communities

- Social/economic exclusion
- Few small businesses
- Payday lenders
- Few transportation options
- Rental housing/foreclosure
- Poor performing schools
- Poor and limited housing stock
- Increased pollution and contaminated drinking water
- Fast food restaurants
- Limited IT connections
- Weak local governance
- Unsafe/limited parks

Poor Health Status
Expand the Understanding of What Creates Health

Determinants of Health
- Genes and Biology
- Physical Environment
- Clinical Care
- Health Behaviors

Social and Economic Factors

Determinants are created & enhanced by policies and systems that impact the physical and social environment.


And The Real Narrative of What Creates Health Inequities?

- Disparities are not just because of lack of access to health care or to poor individual choices.
- Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.
  - Especially, populations of color and American Indians, GLBT, immigrants, and refugees
  - Structural Racism
Asking the Right Questions About Assumptions Can Help Change the Narrative

• *What values underlie the decision-making process?*

• *What is assumed to be true about the world and the role of the institution in the world?*

• *What standards of success are being applied at different decision points, and by whom?*
Tools for Expanding Our Understanding of What Creates Health

- Indicators of what creates health included in Statewide Health Assessment
- Expanded group of partners in developing Statewide Health Improvement Plan
- Health Equity Report
- REL Data
- ACEs (adverse childhood experiences)
Change the Narrative about What Creates Health Indicators in Statewide Health Assessment/Framework

Themes
- Capitalize on the opportunity to influence health in early childhood
- Assure that the opportunity to be healthy is available everywhere and for everyone
- Strengthen communities to create their own healthy futures

Indicators
- Prenatal care
- Breastfeeding
- Food security
- On-time high school completion
- Per capita income
- Sense of safety
- Small business development
- Home ownership
- Incarceration justice

Social Determinants
- Improved lifetime health
- Reduced health disparities
- More employment success
- Healthier relationships
- Stable, more cohesive communities
- Stronger, more stable families
- Better education outcomes

Outcomes
- All people in Minnesota enjoy healthy lives and healthy communities

Vision
Implement Health in All Policies Approach with Health Equity as a Goal

Policy and System Changes Related to Social Determinants of Health (selected)

- Minimum Wage
- Paid Leave
- Transportation Policy
- REL data
- Broadband connectivity
- E-Health Policies
- Buffer strips – Ag policy
- Marriage Equity

- Ban the Box – post incarceration issues
- State Agency Policy Changes
- University Research/Training objectives
Life expectancy by median household income group of ZIP codes, Twin Cities 1998-2002

Life expectancy in Years

Less than $35,000: 74.1
$35,000 to $44,999: 77.3
$45,000 to $59,999: 79.6
$60,000 to $74,999: 80.7
$75,000 or more: 82.5

Source: The unequal distribution of health in the Twin Cities, Wilder Research [wilderresearch.org](http://www.wilderresearch.org)
Analyses were conducted by Wilder Research using 1998-2002 mortality data from the Minnesota Department of Health and data from the U.S. Census Bureau (population, median household income, and poverty rate by ZIP code)

Adults 18-64 reporting "fair" or "poor" health status by income, Minnesota 2011

Percent

Less $20,000: 26.8
$20 to $34,999: 14.9
$35 to $49,999: 10.0
$50 to $79,999: 6.4
$75,000 or more: 3.1
DK - refused: 11.7

Source: 2011 Behavioral Risk Factor Surveillance System
Paid Parental and Sick Leave Linked to Improvements in:

- Infant mortality
- Health of infants and mothers
- Breastfeeding
- Vaccinations
- Well child check-ups
- Maternal depression
- Occupational injuries

- Routine cancer screenings
- Emergency room usage
- Days lost due to illness
Disparities in Access to Paid Sick Leave


Access to Paid Sick Leave by Race and Ethnicity: Minnesota, 2012


Mother's Access to Paid Leave by Education: U.S. 2006-2008

Source: U.S. Bureau of Labor Statistics

Source: Institute of Women's Policy Research

Source: U.S. Census
Asking the right policy questions helps support a Health in All Policies approach

• What are the health implications of the policy/program?
• What are the health and equity outcomes?
• What outcomes do we want?
• Who is benefiting?
• Who is left out?
• Who should be targeted to benefit?
Tool kit for HiAP with Health Equity as the Goal

• State-wide Health Improvement Plans including a HIAP type of goal
• State funders support HiAP or HIA’s
• White papers on the connection between health and key conditions for health
• Internal Policies alignment
• Engagement of all cabinet members
• Accountable Communities for Health
Strengthen the Capacity of Communities to Create Their Own Healthy Future

Healthy Public Policy & Public Work

- Safer, Healthier Population
- Vulnerable Population
- Afflicted without Complications
- Afflicted with Complications

Medical and Public Health Policy

- Traditional Public Health
- Primary Prevention
- Primary Care
- Secondary Prevention
- Specialty Care
- Tertiary Prevention

World of Transforming...
- Deprivation
- Dependency
- Violence
- Disconnection
- Environmental decay
- Stress
- Insecurity
- Etc...

By Strengthening...
- Democracy
- Mutual accountability
- Leaders and institutions
- Plurality
- Freedom
- Foresight and precaution
- The meaning of work
- Etc...

World of Providing...
- Health education
- Screening tests
- Disease management
- Pharmaceuticals
- Clinical services
- Physical and financial access
- Etc...

DEMOCRATIC SELF-GOVERNANCE

Strengthen the Capacity of Communities to Create Their Own Healthy Future

Health is Community

“...the community in the fullest sense is the smallest unit of health...to speak of the health of an isolated individual is a contradiction in terms.”

Wendell Berry in Health is Membership
Asking the right policy questions helps strengthen community capacity to create their own healthy future

• *Who is at the decision-making table, and who is not?*

• *Who has the power at the table?*

• *How should the decision-making table be set, and who should set it?*

• *Who is being held accountable and to whom or what are they accountable?*
Policy Tool Kit for Strengthening the Capacity of Communities to Create Their Own Healthy Future

- Community health indicators
- Community engagement plan
- Stakeholder identification including interests
- Community governance models
- Advisory and Community Leadership Teams
- Community input on grant criteria
- Community benefit accountability
Other Tools for Health Departments and Other Agencies

• Organizational Strategies for Moving Forward – Strategic Plan
• Health Equity Assessment of Organizational Capacity to Advance Health Equity
Asking the Right Questions Is a Path to Health Equity and Optimal Health for All

• What would it look like if equity was the starting point for decision-making?

• Our work would be different.
Our Work Would be to Advance Health Equity and Optimal Health for All By:

- Implement Health in All Policies
- Social Cohesion
- Strengthen Community Capacity
- Expand Understanding of Health
1915 Welch-Rose Report
Laid foundation for Schools of Public Health

The Welch-Rose report:
“...unity is to be found in the end to be accomplished.”
“...the physician’s function is fast becoming social and preventive, rather than individual and curative...(do) not to forget that directly or indirectly, disease has been found to depend largely on unpropitious environment...a bad water supply, defective drainage, impure food, unfavorable occupational surroundings...(these) are matters for “social regulation,” and doctors have the duty to promote social conditions that conduce to physical well-being.”
C.E.A. Winslow,
Dean, Yale School of Public Health
Public Health (1920):

The science and art of:
1. **Preventing** disease.
2. **Prolonging** life, and
3. **Promoting** health and efficiency through **organized community** effort for:

*continued*
Winslow – definition of public health continued

a. the sanitation of the environment,
b. the control of communicable infections,
c. the education of the individual in personal hygiene,
d. the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and
e. the development of the social machinery to insure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity.
Integrate medicine and public health

• *I swear by Apollo, the healer, Asclepius, Hygieia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment, the following Oath and agreement...*
Most of the Gains were due to a Health in All Policies approach with the integration of Public Health and Medical Care.

25 of the 30 years of life gained in the 20th Century resulted from public health accomplishments.

Life Expectancy at Birth, United States, 1900 - 1996

Most of the Gains were due to a Health in All Policies approach with the integration of Public Health and Medical Care.
Public Policies – Community/Public Health – Healthcare Essential in Advancing Health Equity and Optimal Health for All

Triple Aim of Health Equity
- Expand the understanding of what creates health
- Implement a Health in All Policies approach with health equity as the goal
- Strengthen the capacity of communities to create their own healthy future
“Nothing happens unless first a dream.”

• Carl Sandburg
  • Born January 6, 1878

“In dreams begin responsibility”

• William Butler Yeats
“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”

-Institute of Medicine (1988), *Future of Public Health*

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Health is essential to the success of our society

• “When health is absent, wisdom cannot reveal itself, art cannot become manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be applied.”

• Herophilus of Chalcedon, 335-280 BCE
• Physician to Alexander the Great
The success of all sectors of our society is essential to our health

• “Health is absent when wisdom cannot reveal itself, art cannot become manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be applied.”
  
  • Ed Ehlinger, 12/10/2015 CE
  • Physician to the State of Minnesota