Advancing Health Equity and Optimal Health for All

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President, Association of State and Territorial Health Officials (ASTHO)
June 24, 2016
Henry Ward Beecher
Born on June 24, 1813

• Clergyman, abolitionist, and famed orator of anti-slavery and woman suffrage

• “The difference between perseverance and obstinacy is that one often comes from a strong will, and the other from a strong won't.”
June 24, 1964
Perseverance and Obstinacy

• The Federal Trade Commission announced that starting in 1965, cigarette manufacturers would be required to include warnings on their packaging about the harmful effects of smoking.
June 24, 1982 - Perseverance and Obstinacy
Equal Rights Amendment goes down to defeat

Colorado was the 13th state to ratify the ERA (April 21, 1972)
June 24, 1919 - Perseverance and Obstinacy

Pennsylvania ratifies the 19th Amendment

• 1. Wisconsin (June 10, 1919)
• 2. Illinois (June 10, 1919, reaffirmed on June 17, 1919)
• 3. Michigan (June 10, 1919)
• 4. Kansas (June 16, 1919)
• 5. New York (June 16, 1919)
• 6. Ohio (June 16, 1919)
• 7. Pennsylvania (June 24, 1919)
• 15. Minnesota (September 8, 1919)
• 22. Colorado (December 15, 1919)

• The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any State on account of sex.

• Became National Law August 26, 1920
Suffrage prior to 19th Amendment

Highest level of women's suffrage laws just before adoption of the Nineteenth Amendment

- Full suffrage
- Presidential suffrage
- Primary suffrage
- Municipal suffrage
- School, bond, or tax suffrage
- Municipal suffrage in some cities
- Primary suffrage in some cities
- No suffrage
FIGURE 1. Infant mortality rate,* by year — United States, 1915–1997


*Per 1000 live births.

*Per 100,000 live births.
19th Amendment – greatest public health achievement of the 20th century (EE perspective)

• “The philosophy behind science is to discover truth.
• The philosophy behind medicine is to use that truth for the benefit of your patient.
• The philosophy behind public health is social justice.”

• William Foege – CDC director, 1977-1983
Health Equity is the public manifestation of social justice

USA White and Black IMR: 1980-2011

White: 10.9
Black: 11.42
Disparities in Birth Outcomes are the tip of the health disparities iceberg.
Disparities in health are the tip of the societal disparities iceberg

Disparities in Health

- Social exclusion
- School suspensions
- Crime
- Lack of wealth
- Suicide
- Unemployment
- Racism
- Poverty
- Poor housing
- Violent neighborhoods
- Drug abuse
- Red lining
- Bad schools
- Incarceration
- Environmental Contamination
- Liquor stores
- Homicide
- Food deserts
- Injuries
- Substance Use
- Disrupted families
- Blight
- Immobility
- Segregation
- Lack of hope
- Disrupted families
- Lack of wealth
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- Lack of hope
Advancing Health Equity

The opportunity to be healthy is not equally available everywhere or for everyone.
"What Sets the Goals of Public Health?"

Sir Geoffrey Vickers - 1958

“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.”
Why Should People Be Concerned About Equity?

It’s a math problem

It’s a social justice problem...
Social Justice is a public health issue

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”

MLK, Jr, Letter from Birmingham Jail, April 16, 1963
“Injustice anywhere...”

Life Expectancy, by race: United States, 1970 - 2010

...is a threat to justice everywhere.”
“Injustice anywhere...”


National Center for Health Statistics, Health United States, 2009 (updated)
…is a threat to justice everywhere.”

Infant Mortality Rates U.S. and OECD Countries 1960-2010

Rank of US Infant Mortality 1960 - 12

Rank of US Infant Mortality 2015 - 38

Source: http://stats.oecd.org, accessed 6-10-16
Average Health Care Spending per Capita, 1970-2009 (Adjusted for differences in cost of living)

Source: OECD Health Data 2011 (June 2011)
How did this happen?

**Predominant U. S. Worldview**

- Decreased investment in the "commons" and the disadvantaged
- Increased polarization
- Reliance on competition
- Decreased cooperation
- Over investment in biomedical model

**Boot Straps Individualism**

- Virtue of Work

**Free Market Solutions**

- Education is for job training

**Small Government**

- Might Makes Right

**Reliance on technology/specialization**

- Structural Discrimination is a thing of the Past
Re-defining the Unacceptable Total Investment in Health and Human Services

<table>
<thead>
<tr>
<th>Country</th>
<th>Expenditures as a % of GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRANCE</td>
<td>11.9</td>
</tr>
<tr>
<td>SWEDEN</td>
<td>11.8</td>
</tr>
<tr>
<td>AUSTRIA</td>
<td>10.3</td>
</tr>
<tr>
<td>SWITZERLAND</td>
<td>10.6</td>
</tr>
<tr>
<td>DENMARK</td>
<td>10.1</td>
</tr>
<tr>
<td>GERMANY</td>
<td>10.7</td>
</tr>
<tr>
<td>BELGIUM</td>
<td>9.7</td>
</tr>
<tr>
<td>ITALY</td>
<td>8.7</td>
</tr>
<tr>
<td>FINLAND</td>
<td>9.4</td>
</tr>
<tr>
<td>NETHERLANDS</td>
<td>12.0</td>
</tr>
<tr>
<td>PORTUGAL</td>
<td>10.2</td>
</tr>
<tr>
<td>HUNGARY</td>
<td>10.9</td>
</tr>
<tr>
<td>UNITED STATES</td>
<td>16.3</td>
</tr>
<tr>
<td>NORWAY</td>
<td>8.9</td>
</tr>
<tr>
<td>GREECE</td>
<td>9.6</td>
</tr>
<tr>
<td>SPAIN</td>
<td>8.3</td>
</tr>
</tbody>
</table>

In OECD, for every $1 spent on health care, about $2 is spent on social services.

In the U.S., for every $1 spent on health care, about 55 cents is spent on social services.
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 reinforces the narrative about what creates health

• Healthcare has become the benevolent dictator of health
Public Health needs to focus on living conditions

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

The Future of Public Health
Institute of Medicine, 1988
Living Conditions Impact Health

Social Determinants of Health
The conditions and circumstances in which people are born, grow, live, work, and age. These circumstances are shaped by a set of forces beyond the control of the individual: economics and the distribution of money, power, social policies, and politics at the global, national, state, and local levels.
Changing the Conditions that Affect Health Requires the Capacity to Act

Some populations have a more difficult time than others in impacting living conditions.

Public health has few skills in fostering the capacity to act.
Structure work to achieve our overall aim: Create/Strengthen “Capacity to Act”

Organize the:

- **Narrative**: Align the narrative to build public understanding and public will.
- **Resources**: Identify/shift the resources-infrastructure-the way systems and processes are structured.
- **People**: Directly impact decision makers, develop relationships, align interests.
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

Expand Understanding of Health

- Expand Our Understanding of What Creates Health

Strengthen Community Capacity

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

Social Cohesion

- Social Cohesion
Expand our understanding about what creates health
Impact of Worldview on Communities and Health

**Worldview** – shaped by individual, cultural, and community values, beliefs, and assumptions

**Public Narratives**

**Frames**

**Messages**

David Mann
The Predominant Worldview (public sentiment) Impacts Decisions

“Public sentiment is everything. With public sentiment, nothing can fail; without it nothing can succeed...[public sentiment] makes statutes and decisions possible or impossible to be executed.”

Abraham Lincoln
Expand the Understanding About What Creates Health

The Dominant Narrative is:

• People would be healthy if they worked hard; made good choices about diet, physical activity, and substance use; and had good medical care.

• Health is the responsibility of individuals until they get sick, then it becomes the responsibility of the healthcare system.
Expand the Understanding of What Creates Health

Necessary conditions for health (WHO)
- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Mobility
- Health Care
- Social justice and equity

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


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

Poor 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
DENVER, COLORADO

Short Distances to Large Gaps in Health

Follow the discussion
#CloseHealthGaps

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Ehlinger’s beliefs about the contributions to health determinants

Determinants are created & enhanced mostly 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
Alternative Worldview for what creates health

- Interdependence
- Social Cohesion
- Virtue of Work

- Increased investment in the “commons” and the disadvantaged
- Decreased polarization
- Increased cooperation
- Reliance on collaboration
- Balanced investment in care and prevention

- Education is for enlightenment
- Social Responsibility

- Need for Generalists
- Cooperation
- Collective Action
- Necessary Government

Equity is the challenge of the present
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
- Diabetes and Income
- Incarceration and health
- Ban the Box
- Transportation Policy
- REL data
- Broadband connectivity
- E-Health Policies
- Buffer strips – Ag policy
- Water quality
- Marriage Equity
- Payday Lending
- Big 10/SHD initiative
Life expectancy by median household income group of ZIP codes, Twin Cities 1998-2002

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Life Expectancy in Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $35,000</td>
<td>74.1</td>
</tr>
<tr>
<td>$35,000 to $44,999</td>
<td>77.3</td>
</tr>
<tr>
<td>$45,000 to $59,999</td>
<td>79.6</td>
</tr>
<tr>
<td>$60,000 to $74,999</td>
<td>80.7</td>
</tr>
<tr>
<td>$75,000 or more</td>
<td>82.5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $20,000</td>
<td>26.8</td>
</tr>
<tr>
<td>$20 to $34,999</td>
<td>14.9</td>
</tr>
<tr>
<td>$35 to $49,999</td>
<td>10.0</td>
</tr>
<tr>
<td>$50 to $79,999</td>
<td>6.4</td>
</tr>
<tr>
<td>$75,000 or more</td>
<td>3.1</td>
</tr>
<tr>
<td>DK - refused</td>
<td>11.7</td>
</tr>
</tbody>
</table>

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)

Source: 2011 Behavioral Risk Factor Surveillance System
Disparities in Access to Paid Sick Leave


Source: U.S. Bureau of Labor Statistics

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

Source: Institute of Women’s Policy Research

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

Source: U.S. Census
Strengthen the Capacity of Communities to Create Their Own Healthy Future
“...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
Strengthen the Capacity of Communities to Create Their Own Healthy Future

- **Healthy Public Policy & Public Work**
- **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...

John Ciardi
born on June 24, 1916

• English dramatist, actor, author. He was an award-winning writer best known for the English translation of Dante's "Inferno."

• "A good question is never answered. It is not a bolt to be tightened into place but a seed to be planted and to bear more seed toward the hope of greening the landscape of idea."
Asking the Right Questions Can Advance Health Equity

**Expand Understanding**

- What values underlie decision-making process?
- What is assumed to be true about the world and the role of the institution in the world?

**Health in All Policies**

- What are the health and equity implications of the policy/program?
- Who is benefiting and who is left out?

**Support Community Capacity**

- Who is at the decision-making table, and who is not?
- Who is being held accountable and to whom?
Triple Aim of Health Equity in Action

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
Obesity Climbed in U.S. and States Without *PSE; Held Constant in Minnesota

% Obese

2003 2007 2010 2013

Data source: CDC Behavioral Risk Factor Surveillance System

* Refers to Policy, Systems and Environmental change supporting healthy behaviors
Triple Aim of Health Equity in Action

Central Corridor
Transit Service
Study Area

Study Area
Green Line Track
Green Line Station
Triple Aim of Health Equity in Action

ECOS President Martha Rudolph after signing an MOA on public health and environmental collaboration with ASTHO President Edward Ehlinger and U.S. EPA Acting Deputy Administrator Stan Meiburg
Asking the Right Questions Is a Path to Action for Change

• What would it look like if equity was the starting point for decision-making?
• Our work would be different.
• But it would be going back to our roots
We need to learn from history and take a different approach to creating health

1864 - 1875 - Cholera In London

Dr. John Snow

Sir Joseph Bazalgette

Rev. Henry Whitehead

Broad Street Memorial Pump

Abbey Mills Pumping Station (the Cathedral of Sewage) Board of Guardians
1915 Welch-Rose Report: Laid foundation for Schools of Public Health
1916: Johns Hopkins School of Hygiene and Public Health Established

• The Welch-Rose report: (for public health), “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.”

Abraham Flexner
1910 Flexner Report
C. E. A. Winslow - 1920

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

C.E.A. Winslow, Dean
Yale School of Public Health
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**.
1965-1967 - 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.

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

- **Expanding the understanding** of what creates health:
  - use data, reports, convening to change the narrative
- **Strengthening the capacity** of communities to create their own healthy futures.
  - Use public health tools: partnerships, engagement, convening ability, data, reports, education, policy, resources, legislation, “bully pulpit” to organize the people to create change
- **Implementing a “health in all policies”** approach with health equity as the goal
  - in program and policymaking to garner and reinvest resources
Public Policies – Community/Public Health – Healthcare Essential in Advancing Health Equity and Optimal Health for All

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