ADVANCING HEALTH EQUITY: POLICY AND PROGRAM STRATEGIES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

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Infant Mortality Rate in Minnesota, 1980-2011
White and U.S. Born African American

* Rates not calculated for less than 20 events
Disparities in Birth Outcomes are the tip of the health disparities iceberg

- Heart disease
- Hypertension
- Cancer
- Asthma
- Unwanted pregnancies
- Diabetes
- Drug abuse
- HIV
- Influenza
- COPD
- STDs
- Tuberculosis
- Depression
- Anxiety
- Malnutrition
- Substance Use
- Dementia
- Stroke
- Cirrhosis
- Homicide
- Nephritis
- STDs
- Alcoholism
- Anxiety
“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.”

Geoffrey Vickers
Erica Jong
born on March 26, 1942

- Author of "Fear of Flying" and "Parachutes and Kisses."
- “Advice is what we ask for when we already know the answer but wish we didn't.”
- The answer is that we need to change how we do our work.
Advancing Health Equity: Achieving Optimal Health for All

- Expand the understanding about what creates health
- Strengthen community capacity to create their own healthy future
- Promote a Health in All Policies approach with health equity as the goal
Expand the understanding about what creates health

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

*Public Narratives*

*Frames*

*Messages*

David Mann
Themes of Dominant Worldview/Narrative

- Boot Straps
- Individualism
- Science is suspect
- Education is for job training
- Structural Discrimination is a thing of the Past
- Small Government
- Free Market Solutions

Adapted from David Mann
Start with a broad definition of health

• "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."    WHO 1948

• “Health is a resource for everyday life, not the objective of living.”

    Ottawa Charter for Health 1986
Define Individual Health in Context of Community Health

Community Indicators for Health and Quality of Life

1. Access to Recreation and Open Space
2. Access to Healthy Foods
3. Access to Medical Services
4. Access to Public Transit and Active Transportation
5. Access to Quality Affordable Housing
6. Access to Economic Opportunity
7. Completeness of Neighborhoods
8. Safe Neighborhoods and Public Spaces
9. Environmental Quality
10. Green and Sustainable Development and Practices
Consider What Creates Health

Determinants of Health

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


Spending Mismatch: Health Care and Other Key Determinants of Health

Determinants

- Social Circumstances, 40%
- Healthy Behaviors, 30%
- Environment, 10%
- Genetics, 10%
- Access to Care, 10%

National Health Expenditures

- Medical Services, 88%
- Other, 8%
- Prevention, 4%

Source: NEHI, 2012
Advancing Health Equity in Minnesota

“...the opportunity to be healthy is not equally available everywhere or for everyone in the state.”
The Real Narrative About 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, and low income

• Structural Racism
Asking the Right Questions About Assumptions Helps Change the Narrative About What Creates Health

• The central questions to identify assumptions are:
  • □ 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?
Strengthen community capacity to create their own healthy future

Health is not determined solely by medical care and personal choices but mostly by living conditions.
Improving Living Conditions and Health: Organize the Capacity to Act

- **Narrative:**
  - Align the narrative to build public understanding and public will.

- **People:**
  - Directly impact decision makers, develop relationships, align interests.

- **Resources:**
  - Identify/shift the resources-infrastructure—the way systems and processes are structured.
Asking the Right Questions Can Help Empower Communities

• The central questions when looking at **policies** are:
  - ☐ What are the outcomes? What outcomes do we want?
  - ☐ Who is benefiting?
  - ☐ Who is left out?
  - ☐ Who should be targeted to benefit?

• The central questions to examining **processes** are:
  - ☐ 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?
Promote a Health in All Policies approach with health equity as the goal

WHO Strategies for Organizing Programs/Policies

- Strategies that alter social stratification
- Strategies that decrease people's exposure to health damaging factors
- Strategies that decrease the vulnerability and increase the resiliency of disadvantaged groups
- Strategies that intervene through the health care delivery system to reduce the differential consequences of ill health
INDICATORS FOR ASSURING CONDITIONS THAT SUPPORT THE PREVENTION AND APPROPRIATE TREATMENT OF CANCER


SOCIO-ECONOMIC & POLITICAL CONTEXT

Governance
- Redistricting / Voting policies

Macroeconomic policies (state)
- EITC / Child Tax credit
- Income tax threshold

Labor Market Policies (state)
- Minimum wage / Living wage / Sick leave / Family-friendly work policies

Housing Policies (state)
- Inclusionary zoning laws
- Incentives for affordable housing

Education Policies (state)
- Fair school funding

Environment Policies
- Siting of power plants, was disposal facilities, industry,

Social Protection & Health Policies (state)
- OSHA/TANF eligibility & benefits
- Child care subsidies

Culture & societal values
- Family friendly policies
- Role of government

SOCIOECONOMIC POSITION

Family SES
- Income inequality: GINI
- Racial segregation
- Children & adults in poverty
- Poverty by race
- Perceived discrimination
- Inequities in health literacy
- Inequities in HS graduation
- Unemployment
- Upward mobility

Neighborhood Conditions
- Concentrated disadvantage
- Environmental quality
- Safety

Living Conditions
- Food insecure
- Homeless
- Housing quality/radon
- Households in poverty

Psychological Factors
- Distrust of medical care system
- Historical trauma

Behaviors
- Tobacco use
- Dietary practices
- Physical activity
- Substance abuse

OUTCOMES

Cancer death rates
- Total
- By race/ethnicity
- By SES

Cancer incidence
Stage at diagnosis

Health services
- Access to smoking cessation
- Screening & referral
- Evidence-based programs

Collective Efficacy: % Voter turnout

STRUCTURAL DETERMINANTS

INTERMEDIARY DETERMINANTS

OUTCOMES
CollN Social Determinants of Health Scorecard

• “The purpose of this scorecard is to assist your organization/agency/department in assessing its capacity to address social determinants of health (SDOH) and advance health equity. The scorecard is a tool that can track progress over time within a dynamic process of learning and continuous improvement. This tool is to be completed by an individual (or team of individuals) with significant knowledge of the organization’s structures and functions who can provide a fair evaluation of your organization’s/agency’s capabilities to address SDOH and advance health equity.“ (DRAFT)
CollN Social Determinants of Health Scorecard

Themes:

• Building common understanding (organizing the narrative through data, reports, education, etc)

• Performing a policy analysis and strategically looking for ways to expand their effort and impact

• Strategically partnering with a broader set of stakeholders with the intention of building community strength to assure the changes in the broader policy arena
CollIN Social Determinants of Health Scorecard

Areas of focus:

• Leadership

• Resource Utilization

• Policy

• Partnerships—community engagement

• Data

• Learning Systems

• Communications

• System Redesign: Changing The Way We Work

• Implementation
Promote a Health in All Policies approach with health equity as the goal — tools include:

• Collect REL(D) data

• Develop capacity to do Health impact Assessments and support others in doing HIAs

• Develop white papers, reports, commentaries on SDOH

• Organize those who create/influence policies

• Make Equity the central question.
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?
Minnesota!
Where the women are strong,
The men are good looking,
And all our health statistics
are above average –
Unless you are
a person of color or
an American Indian.
Healthy Minnesota 2020
Statewide Health Improvement Framework  December 2012
A Healthy Start for All • An Equal Opportunity for Health • Communities Creating Health
Narrative / Community Engagement / HiAP

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

Outcomes

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

Social Determinants

Vision

All people in Minnesota enjoy healthy lives and healthy communities
Income and Health

Life expectancy by median household income group of ZIP codes, Twin Cities
1998-2002

Life expectancy in Years

74.1
77.3
79.6
80.7
82.5

Less than $35,000
$35,000 to $44,999
$45,000 to $59,999
$60,000 to $74,999
$75,000 or more

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)
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

Source: U.S. Bureau of Labor Statistics

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

Source: Institute of Women’s Policy Research

Source: U.S. Census
Policy and System Changes Related to Social Determinants of Health (selected)

- Marriage Equity
- Ban the Box
- Minimum Wage
- Target Corporation Contracting Policy
- Federal Transportation Policy
- REL(D) data
- Paid Leave – Family and Sick (pending)
- Cabinet Embracing a HiAP Approach
- State Agency Policy Changes
- CIC (Big 10)/SHD Initiative
- Others — depending on the opportunities
  - Data
  - Community energy
  - Partnerships
Public Health is not about swim lanes...
Populorum progressio
(On the Development of Peoples)

• Encyclical by Pope Paul VI released on March 26, 1967

• “Development of the individual necessarily entails a joint effort for the development of the human race as a whole.”
“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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