ADVANCING HEALTH EQUITY: POLICY AND PROGRAM STRATEGIES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH
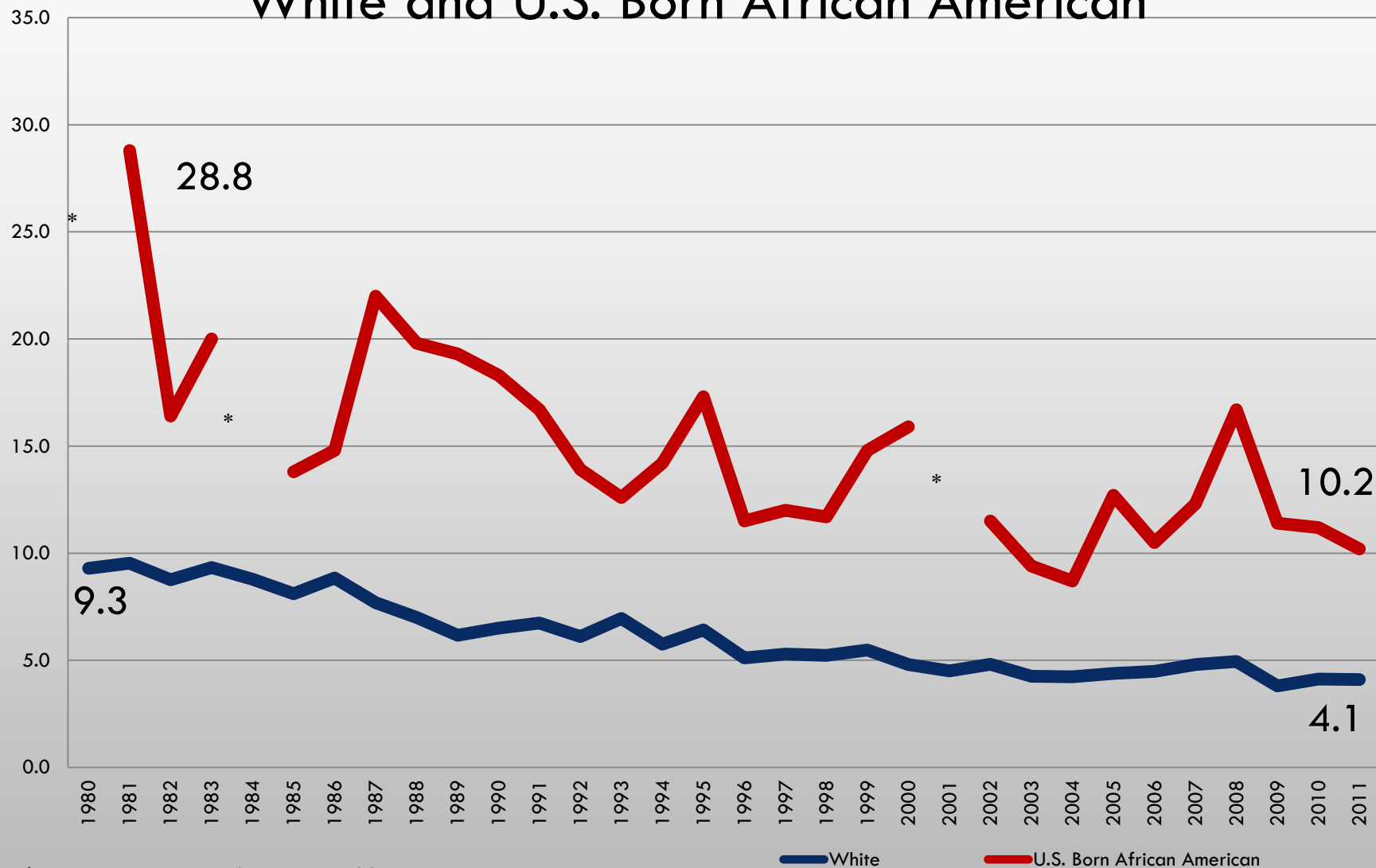
Edward P. Ehlinger, MD, MSPH

Commissioner, Minnesota Department of Health

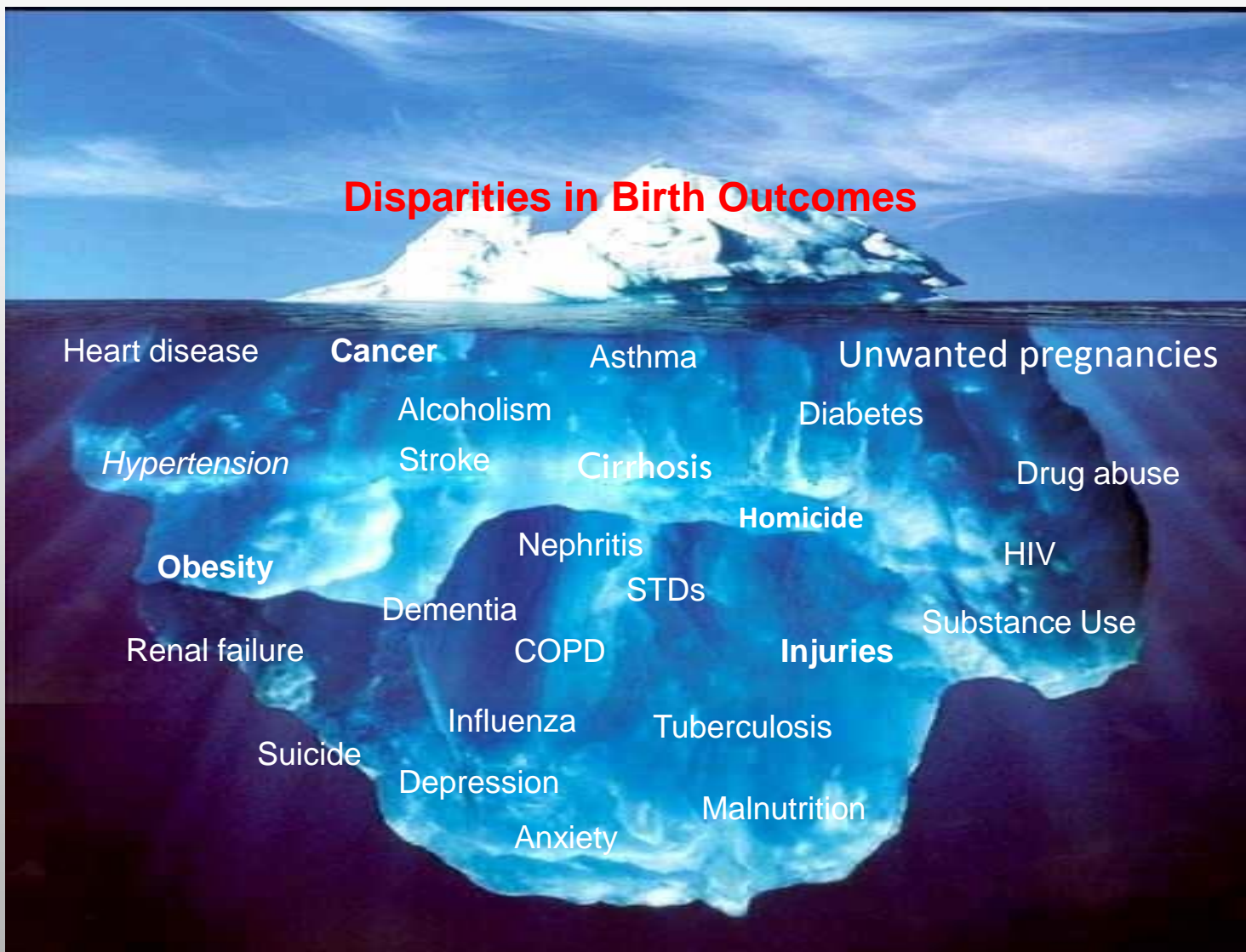President-elect, ASTHO

March 26, 2015

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

The role of public health

"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
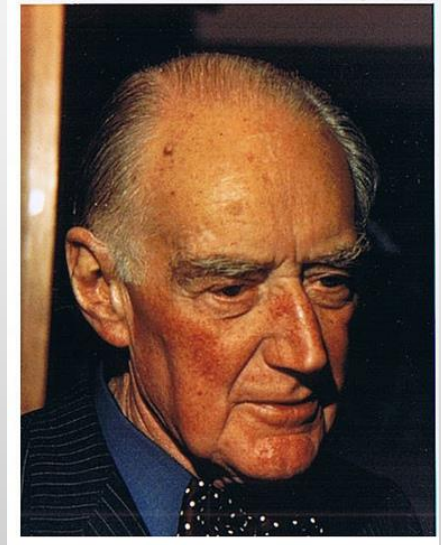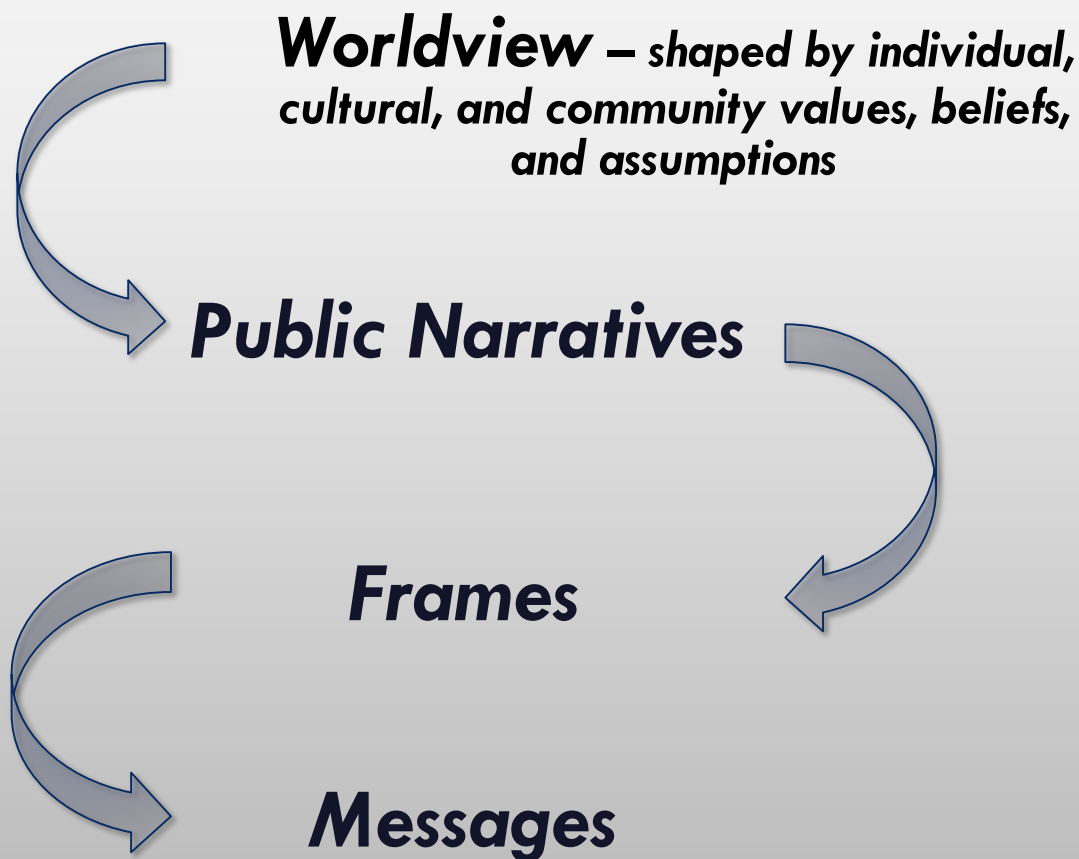
Erica Jong

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

Small Government

Free Market Solutions

Education is for job training

Structural Discrimination is a thing of the Past

Adapted from David Mann
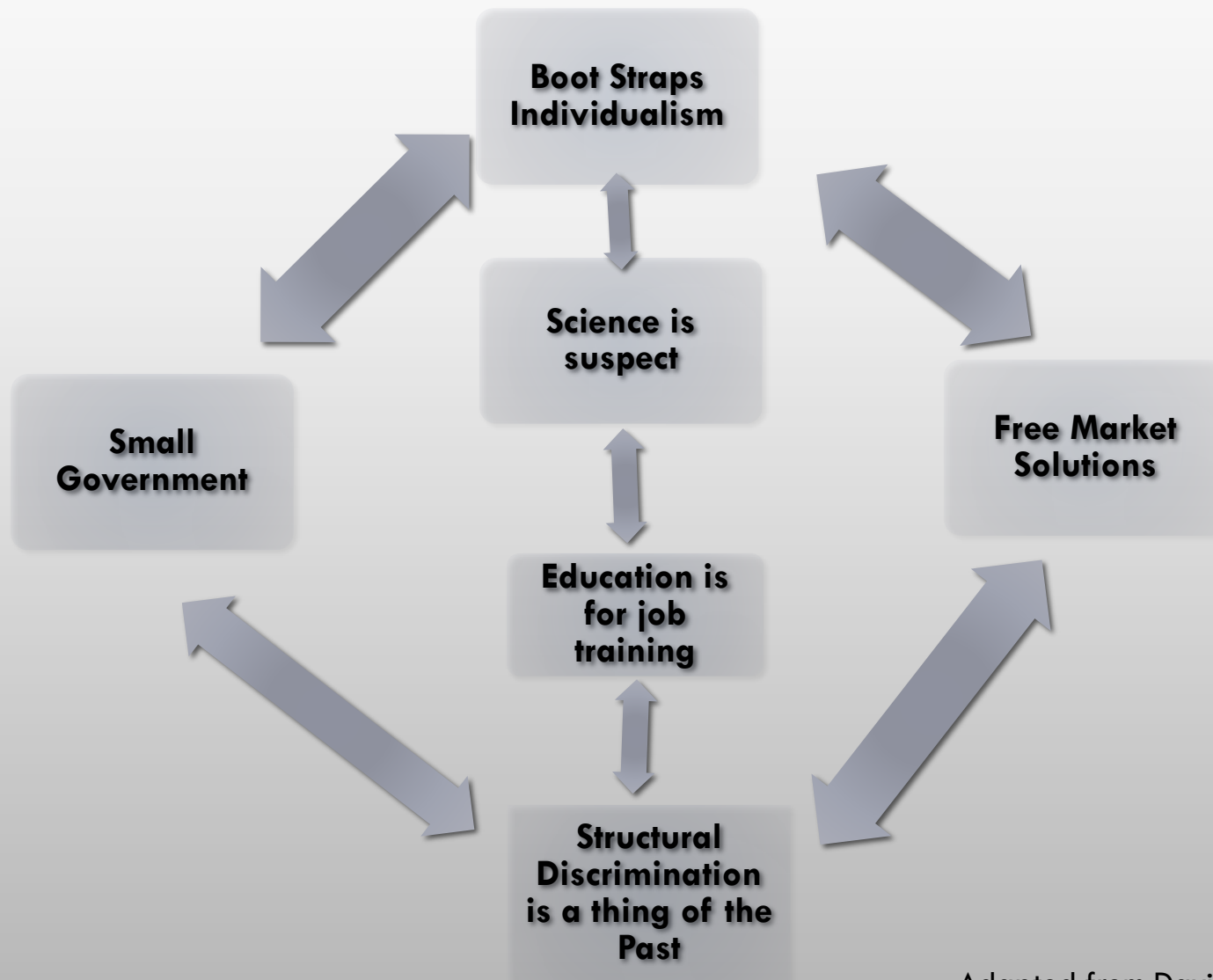
Start with a broad definition of health

- *"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."*
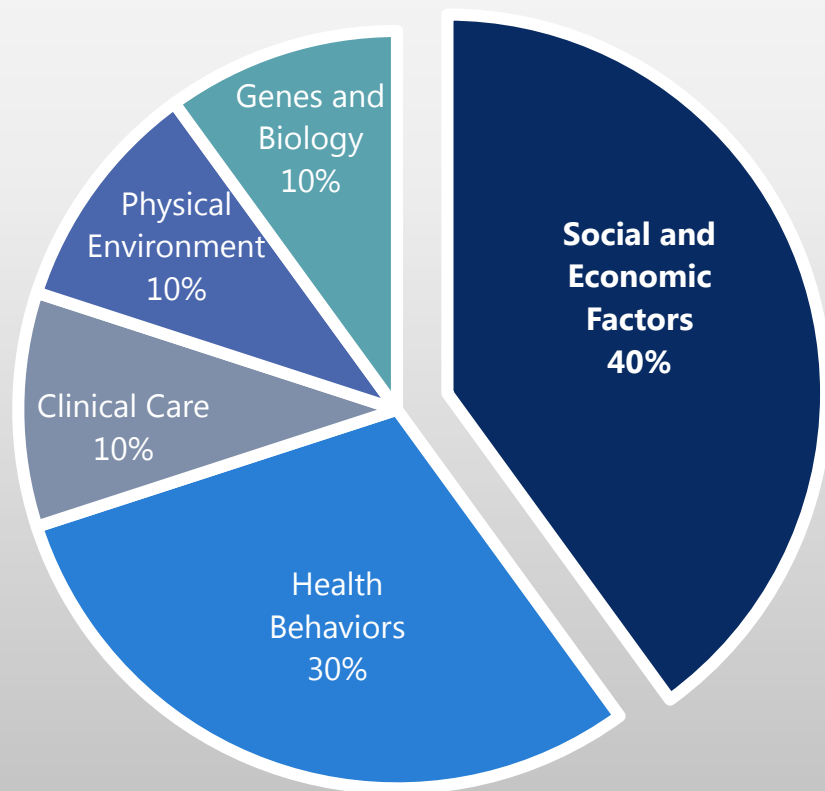
  Ottawa Charter for Health 1986

Define Individual Health in Context of Community Health

Consider What Creates Health

Determinants of Health

Genes and Biology 10%

Physical Environment 10%

Clinical Care 10%

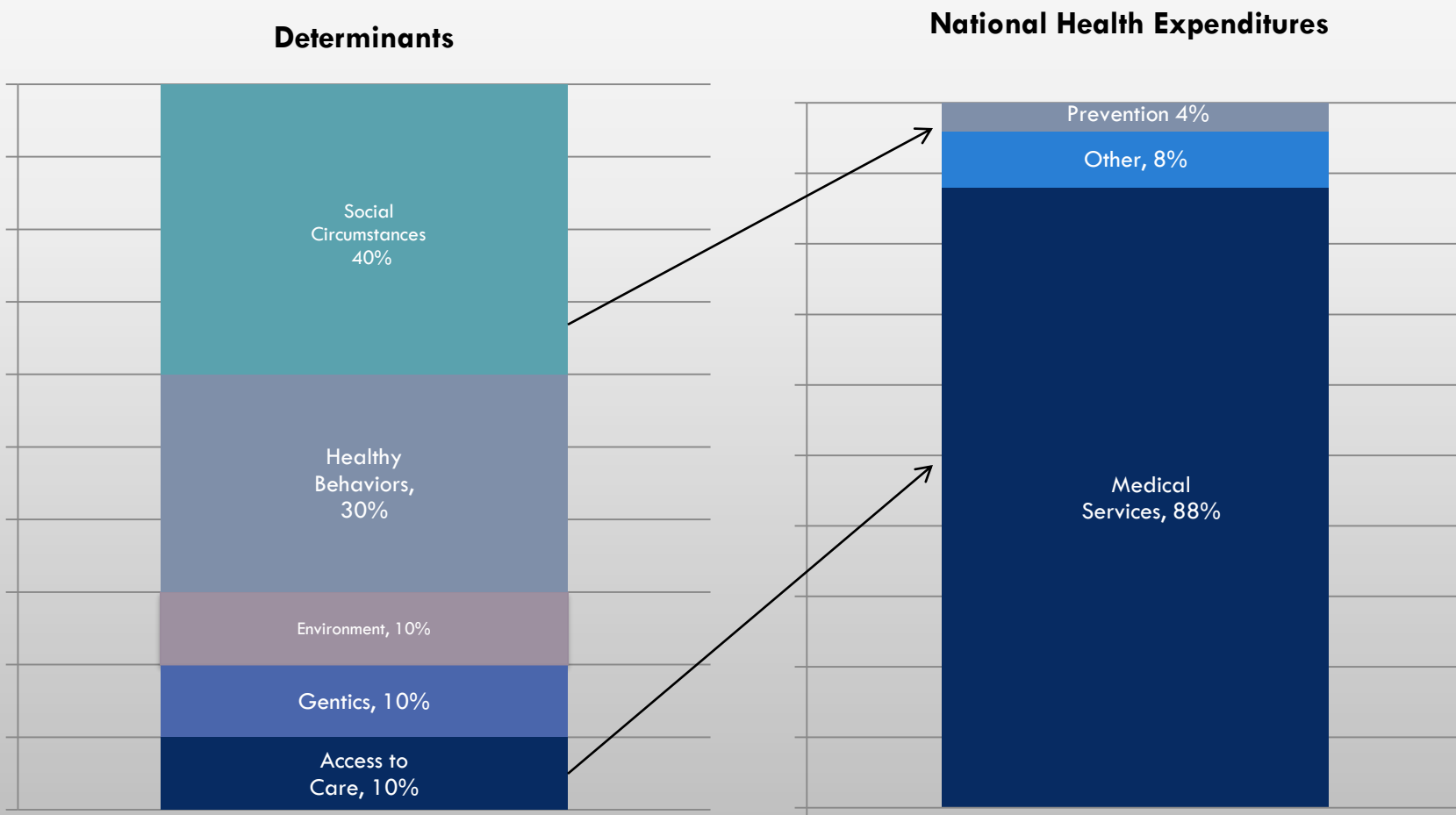Social and Economic Factors 40%

Health Behaviors 30%

- **Necessary conditions for health (WHO)**

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

Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <http://www.who.int/hpr/archive/docs/ottawa.html>.

Spending Mismatch: Health Care and Other Key Determinants of Health

Determinants

National Health Expenditures

Social Circumstances 40%

Healthy Behaviors, 30%

Environment, 10%

Gentics, 10%

Access to Care, 10%

Prevention 4%

Other, 8%

Medical Services, 88%

Source: NEHI, 2012

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
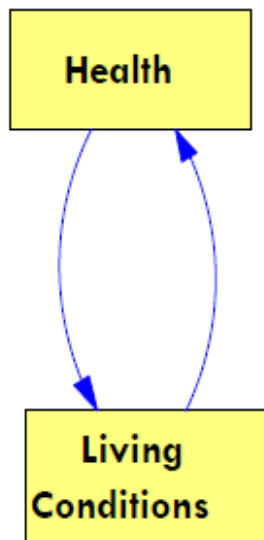
Health is not determined solely by medical care and personal choices but mostly by living conditions.

Improving Living Conditions and Health: Organize the Capacity to Act
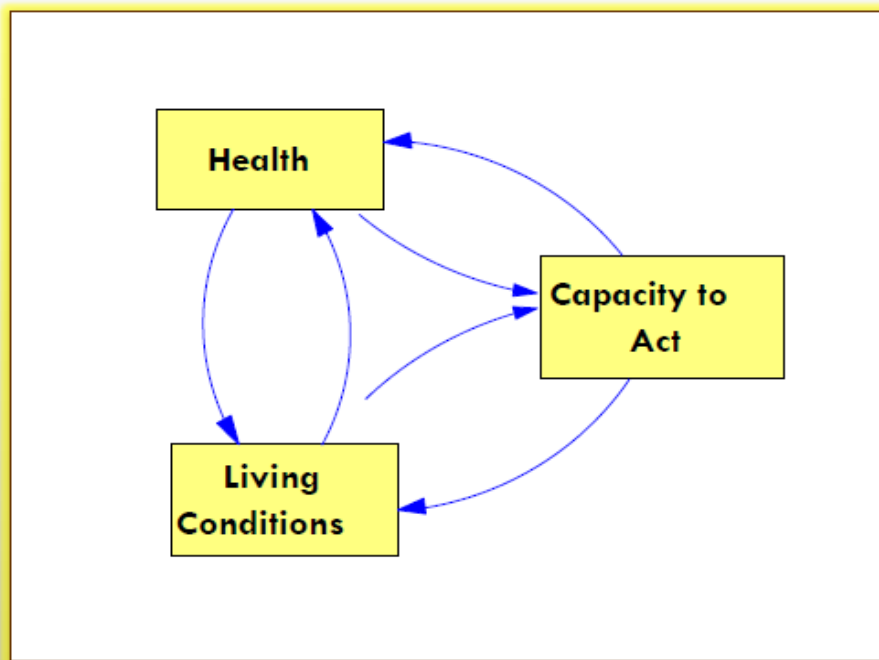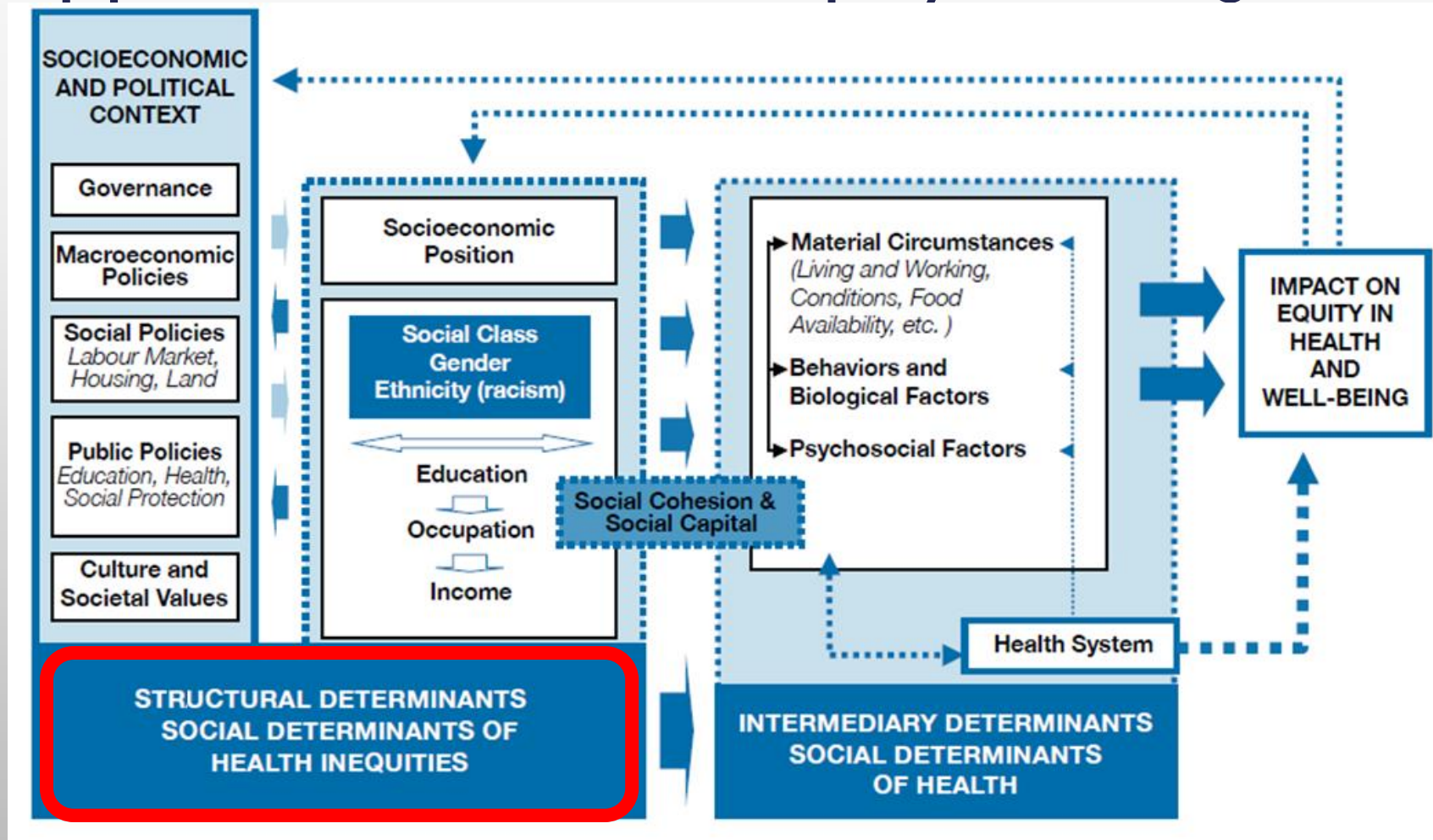

- Narrative:
  - Align the narrative to build public understanding and public will.

- 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

Commission on Social Determinants of Health. (2010). *A conceptual framework for action on the social determinants of health.* Geneva: World Health Organization.
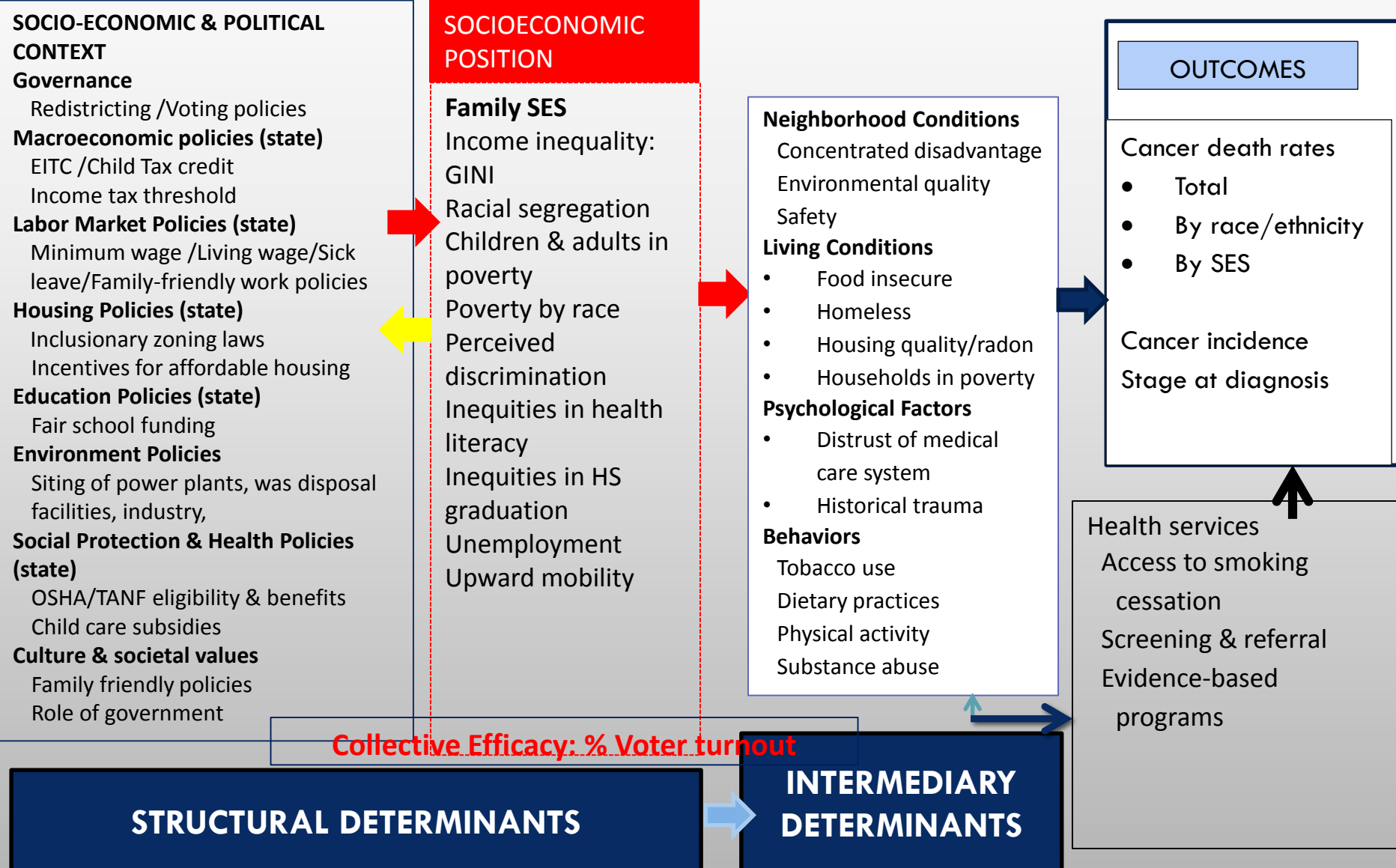
WHO Strategies for Organizing Programs/Policies

- 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

MINNESOTA MDH

INDICATORS FOR ASSURING CONDITIONS THAT SUPPORT THE PREVENTION AND APPROPRIATE TREATMENT OF CANCER

Division of Violence Prevention, Centers for Disease Control and Prevention. (2014). Essentials for Childhood.

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

CoIIN 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

CoIIN 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?*

NEWS FROM LAKE WOBEGON
BY GARRISON KEILLOR
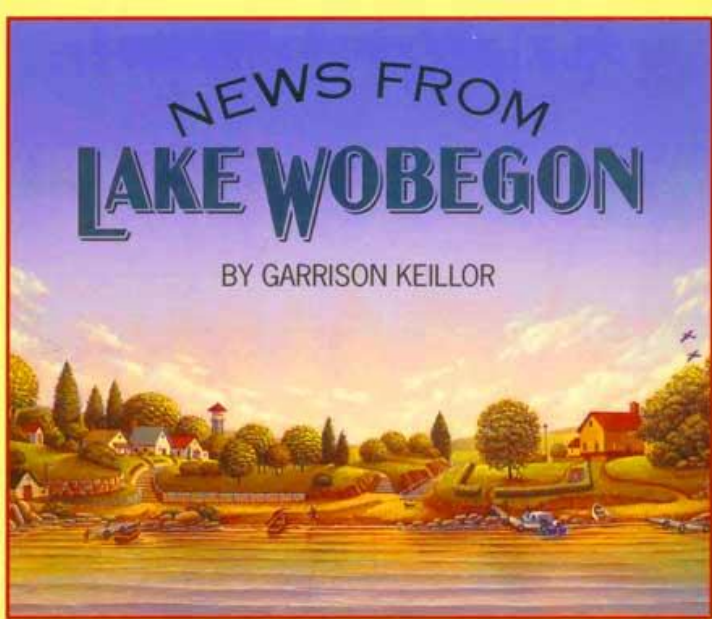
Minnesota!

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
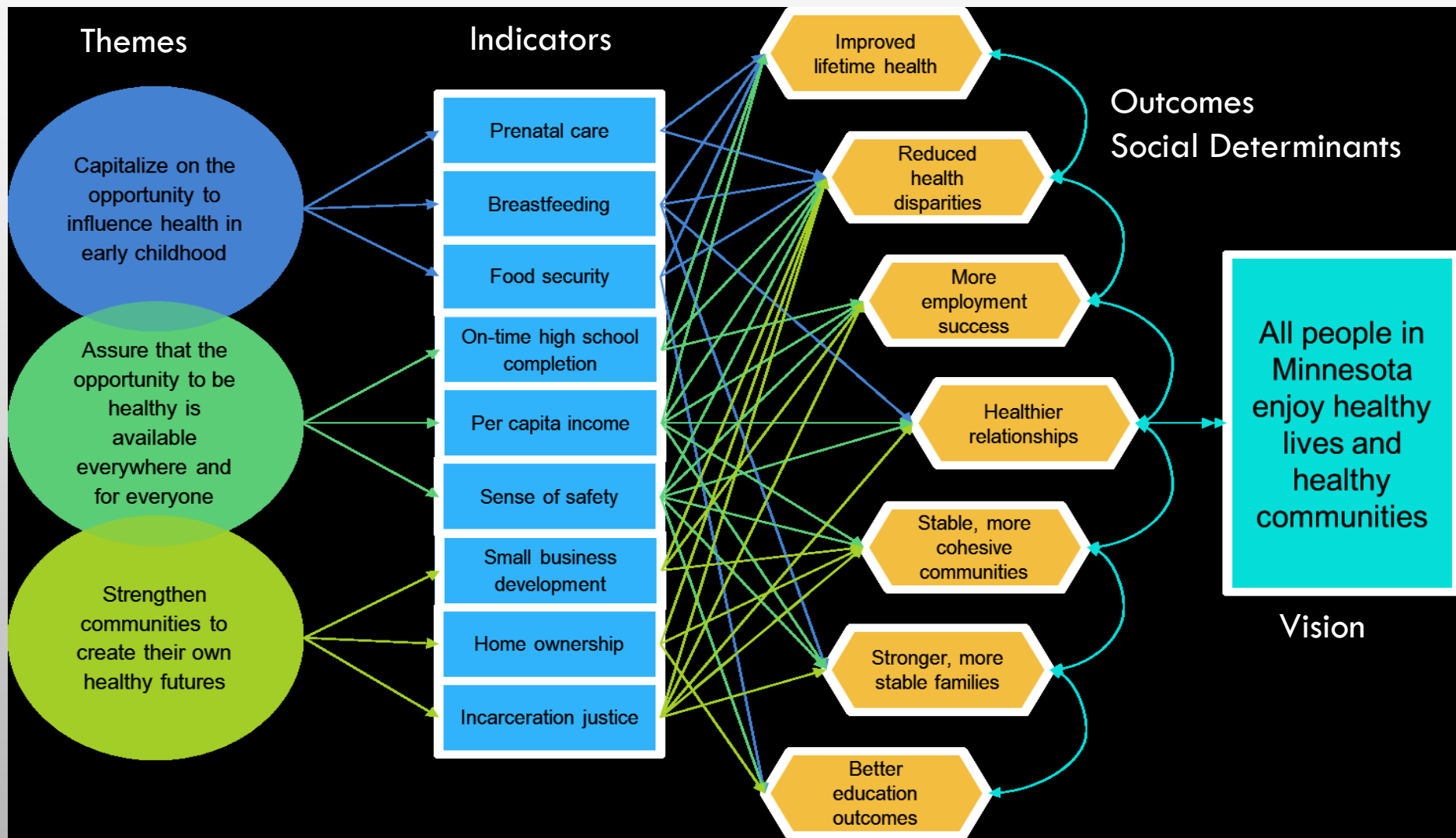
Income and Health

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

Bar chart with y-axis labeled "Life expecanty in Years" (50.0, 70.0, 90.0):

- 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

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
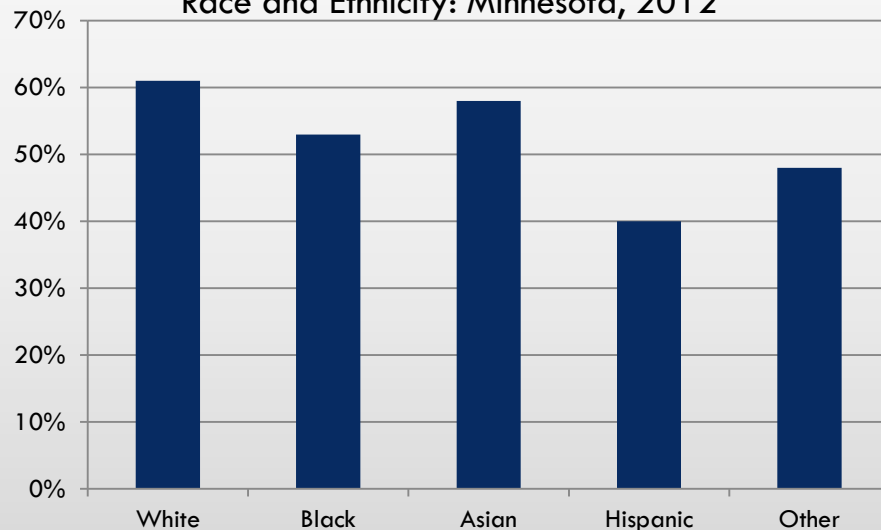- Emergency room usage
- Days lost due to illness

Disparities in Access to Paid Sick Leave

Access to Paid Sick Leave by Income - Rates for All Civilian Employees, U.S. (2014)
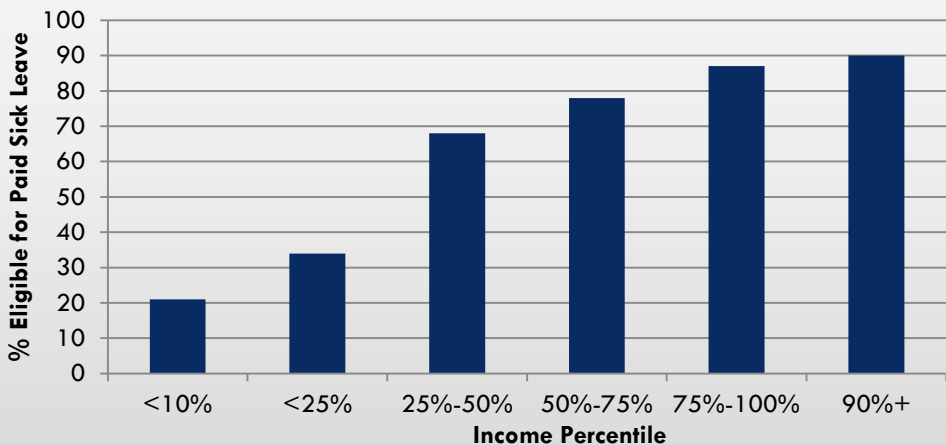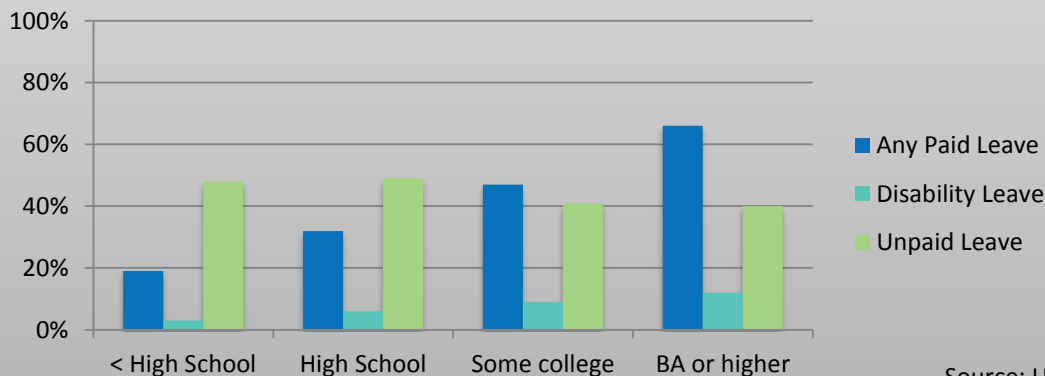

Source: U.S. Bureau of Labor Statistics

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

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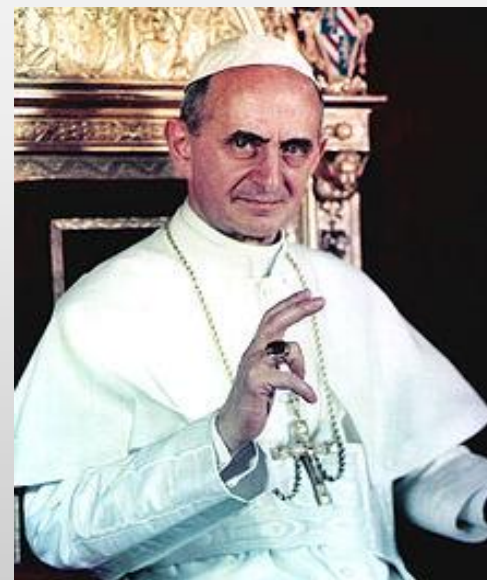
"Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy."

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

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