Cultivating Health Equity and Optimal Health for All In Resilient Rural Communities

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Cultivating Resilient Communities

• Rural Health Lifetime Achievement Award:
  • Dr. Paul Van Gorp
  • 40+ years of service as a family practice provider at CentraCare Health in Long Prairie.

• Rural Health Hero:
  • Dr. Matthew E. Bernard
  • Co-founder and medical director at The Center Clinic in Dodge Center

• Rural Health Team Award:
  • The Morrison County Prescription Drug Task Force in Little Falls
Jane Russell

Born June 21, 1921 in Bemidji, MN
(Ernestine Jane Geraldine Russell)

Publicity can be terrible. But only if you don't have any.

— Jane Russell —
...or you don’t know what to publicize

• 2011: What Creates Health In Rural Communities? Access, Quality, Value, Community

• 2012: Bringing It All Together: Community-Oriented Primary Care

• 2013: SIMCITY – SIMCOUNTRY Building the Minnesota Accountable Health Model to Transform Rural Health Care

• 2014: Advancing health equity: the Central challenge for Minnesota - for all of Minnesota

• 2015: Health is community: Advancing The triple aim of rural health and health equity
Triple Aim of Rural Health and Health Equity

Expand Our Understanding About 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

Social Connectedness
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 Our Understanding of What Creates Health
  - Strengthen the Capacity of Communities to Create Their Own Healthy Future

- Strengthen Community Capacity

- Expand Understanding of Health

Social Cohesion
The Stimulus for the Triple Aim of Health Equity
USA White and Black IMR: 1980-2011
"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.”
Re-defining the unacceptable

Life Expectancy at Birth US and OECD Countries by Gender 1960-2010
Category of the intolerable

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

Re-defining the unacceptable

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
Category of the intolerable


National Center for Health Statistics, Health United States, 2009 (updated)
Category of the intolerable

Average Health Care Spending per Capita, 1970-2009

(Adjusted for differences in cost of living)

Source: OECD Health Data 2011 (June 2011)
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


Implement a Health in All Policies Approach with the Goal of Health Equity
Communities of Opportunity

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

Low-Opportunity Communities

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

Strengthen the Capacity of Communities to Create Their Own Healthy Future

Good Health Status

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

Poor Health Status
President’s Challenge 2015 - 2016

- MDH Strategic Plan
- National Academy of Science /Institute of Medicine
- CIC/SHD
- CDC
- Federal Public Health Enterprise Initiative
- RWJF
- NACDD
- NACCHO
- Congressional hearings
- Etc.
A Challenge to Today’s Dominant Worldview

Triple Aim of Health Equity

Implement Health in All Policies

- Implement a Health in All Policies Approach With Health Equity as the Goal
- Expand Our Understanding of What Creates Health
- Strengthen the Capacity of Communities to Create Their Own Healthy Future

Strengthen Community Capacity

Expand Understanding of Health

Social Cohesion
June 21, 1633 – In Support of the Dominant Worldview at the Time

• Galileo Galilei forced by Inquisition to "abjure, curse, & detest" his Copernican heliocentric views.

• “By denying scientific principles, one may maintain any paradox.”

Cristiano Banti's 1857 painting Galileo facing the Roman Inquisition

“Eppur si muove.”
Today’s paradoxes – influenced by one’s worldview

• Climate Change/Global Warming
• Mass Shootings/Gun Control
• Environmental quality/Industrial agriculture
• Person, family, community-centered healthcare/Industrial medicine
• Medicare/Role of government in healthcare
• Healthcare costs/Financing system
• Team-based, integrated care/Data privacy
• What Creates Health and Disparities/Investment in medical care and public health
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 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
Predominant U. S. Worldview

- Decreased investment in the “commons” and the disadvantaged
- Reliance on competition
- Decreased cooperation
- Over investment in biomedical model

Bootstraps Individualism
Virtue of Work

Small Government
Might Makes Right
Reliance on technology/specialization
Structural Discrimination is a thing of the Past

Free Market Solutions
Education is for job training
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.
Dominant Worldview

• **Milton Friedman**: “I’m not an anarchist, but I am persuaded that the problem of our society today is too much government, not too little.”

• **Andrew Carnegie**: “And while the law of competition may be sometimes hard for the individual, it is best for the race, because it ensures the survival of the fittest in every department.”

• **John Kenneth Galbraith**: “The affluent society makes no meaningful distinction between luxury and necessity.”
Dominant Worldview

• **Ivan Boesky**: “I think greed is healthy. You can be greedy and still feel good about yourself.”

• **Scott Walker**: “For our two sons for the careers they want, college is valuable. But I also think for other young men and women, a two-year technical or community college degree is important. For others, an apprenticeship is going to be important.”

• **Mark Twain**: “Training is everything. The peach was once a bitter almond; cauliflower is nothing but cabbage with a college education.”
Alternative Worldview

- Interdependence
- Social Cohesion
- Virtue of Work

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

Necessary
Government

Cooperation
Collective Action

Need for Generalists

Social Responsibility

Education is for enlightenment

Equity is the challenge of the present
Alternative Worldview

• **Theodore Roosevelt**: “The great corporations which we have grown to speak of rather loosely as trusts are the creatures of the State, and the State not only has the right to control them, but it is duty bound to control them wherever the need of such control is shown.”

• **A Philip Randolph**: “A community is democratic only when the humblest and weakest person can enjoy the highest civil, economic, and social rights that the biggest and most powerful possess.”
Alternative Worldview

• **Louis Brandeis**: “We can either have democracy in this country or we can have great wealth concentrated in the hands of the few; but we can’t have both.”

• **Robert Reich**: “The liberal idea is that everyone should have fair access and fair opportunity. This is not equality of results. It’s equality of opportunity. There’s a fundamental difference.”

• **Woodrow Wilson**: “You are not here merely to prepare to make a living. You are here to enrich the world, and you impoverish yourself if you forget the errand.”
Alternative Worldview

• **Wendell Berry:** “...we need to change our present concept of education. Education’s proper use is not to serve industries, either by job-training or by industry-subsidized research. Its proper use is to enable citizens to live lives that are economically, politically, socially, and culturally responsible.”

• “We have lived by the assumption that what was good for us would be good for the world. We have been wrong. We must change our lives so that it will be possible to live by the contrary assumption, that what is good for the world will be good for us.”
Contrasting Worldviews

- Boot Straps individualism
- Virtue of Work (work is the opposite of being lazy)
- Free market solutions
- Small Government
- Might makes right
- Education is for job training
- Reliance on technology and specialists
- Discrimination is a thing of the past

- Interdependence/Social cohesion
- Virtue of Work (connection with community and environment)
- Social responsibility
- Necessary Government
- Cooperation and Collective action
- Education is for enlightenment
- Need for generalists and integrators
- Equity is the challenge of the present
Predominant Worldview – impact on communities

- Boot Straps individualism
- Virtue of Work (work is the opposite of being lazy)
- Free market solutions
- Small Government
- Might makes right
- Education is for job training
- Reliance on technology and specialists
- Discrimination is a thing of the past
- Success depends on individual hard work and making good choices about economic options
- If you are poor, you need to work harder
- Industrial agriculture/big box
- No regulations
- Bigger is better/consolidation
- STEM curriculum/technical training
- Quick fixes
- Color blind
Predominant U. S. Worldview – impact on health

- Boot Straps individualism
- Virtue of Work (work is the opposite of being lazy)
- Free market solutions
- Small Government
- Might makes right
- Education is for job training
- Reliance on technology and specialists
- Discrimination is a thing of the past
- Individual is responsible for health
- Employer-based insurance
- Industrial medicine
- No public option/under resourced public health
- Bigger is better/Consolidation
- Healthcare workforce pipeline – increased technical training
- Specialization
- Disparities persist
Alternative Worldview – impact on communities

- Interdependence/Social cohesion
- Virtue of Work (connection with community and environment)
- Social responsibility
- Necessary Government
- Cooperation and Collective action
- Education is for enlightenment
- Need for generalists and integrators
- Equity is the challenge of the present
- “It takes a village” mentality
- Value placed on all forms of work
- Family farms / small businesses
- Practices include social and environmental protections
- Diversity in all areas
- Humanities and arts included with STEM
- Long-term community investments
- Path to equity is path to economic and societal well-being
Alternative Worldview – impact on health

- Interdependence/Social cohesion
- Health is a joint individual and societal responsibility
- Virtue of Work (connection with community and environment)
- Universal right to healthcare
- Social responsibility
- Community-oriented primary care
- Necessary Government
- Balance investment in healthcare and public health/Single-payer
- Cooperation and Collective action
- Medicine is a science and an art
- Education is for enlightenment
- Health in all policies and all educational programs
- Need for generalists and integrators
- Primary care is central to healthcare system
- Equity is the challenge of the present
- Equity is the focus of action
- Cooperation and Collective action
- Education is for enlightenment
- Need for generalists and integrators
- Equity is the challenge of the present
- Equity is the focus of action
Contrasting Worldviews
Which will help cultivate resilient communities?

Predominant U. S. Worldview
- Boot Straps Individualism
- Virtue of Work
- Small Government
- Might Makes Right
- Reliance on technology/specialization
- Structural Discrimination is a thing of the Past
- Education is for job training
- Free Market Solutions
- Necessary Government

Alternative Worldview
- Interdependence
- Social Cohesion
- Social Responsibility
- Education is for enlightenment
- Need for Generalists
- Equity is the challenge of the present
- Cooperation Collective Action
- Cooperation
Asking the Right Triple Aim of Health Equity Questions Can Help With The Decision

**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?
Foundation for a Worldview that supports 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 ➔ Resilient Communities

• “A proper community is a commonwealth: a place, a resource, an economy. It answers the needs, practical as well as social and spiritual, of its members - among them the need to need one another. The answer to the present alignment of political power with wealth is the restoration of the identity of community and economy.

  • Wendell Berry, The Art of the Commonplace: The Agrarian Essays
A Healthy Community is Enhanced by the Triple Aim of Health Equity

Implement Health in All Policies

Social Cohesion

Strengthen Community Capacity

Expand Understanding of Health

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