

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)



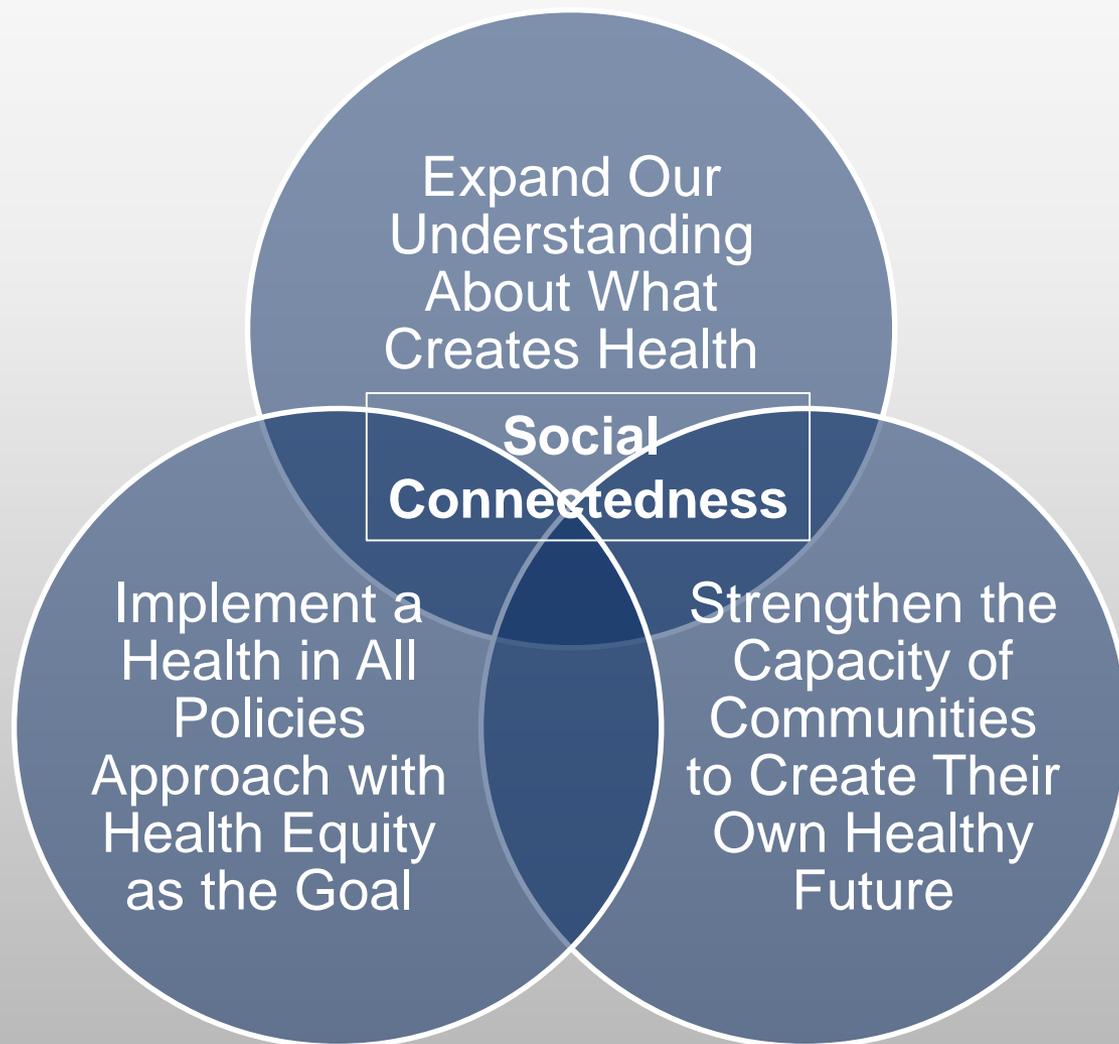
Publicity can be terrible. But only if
you don't have any.

— *Jane Russell* —

...or you don't know what to publicize

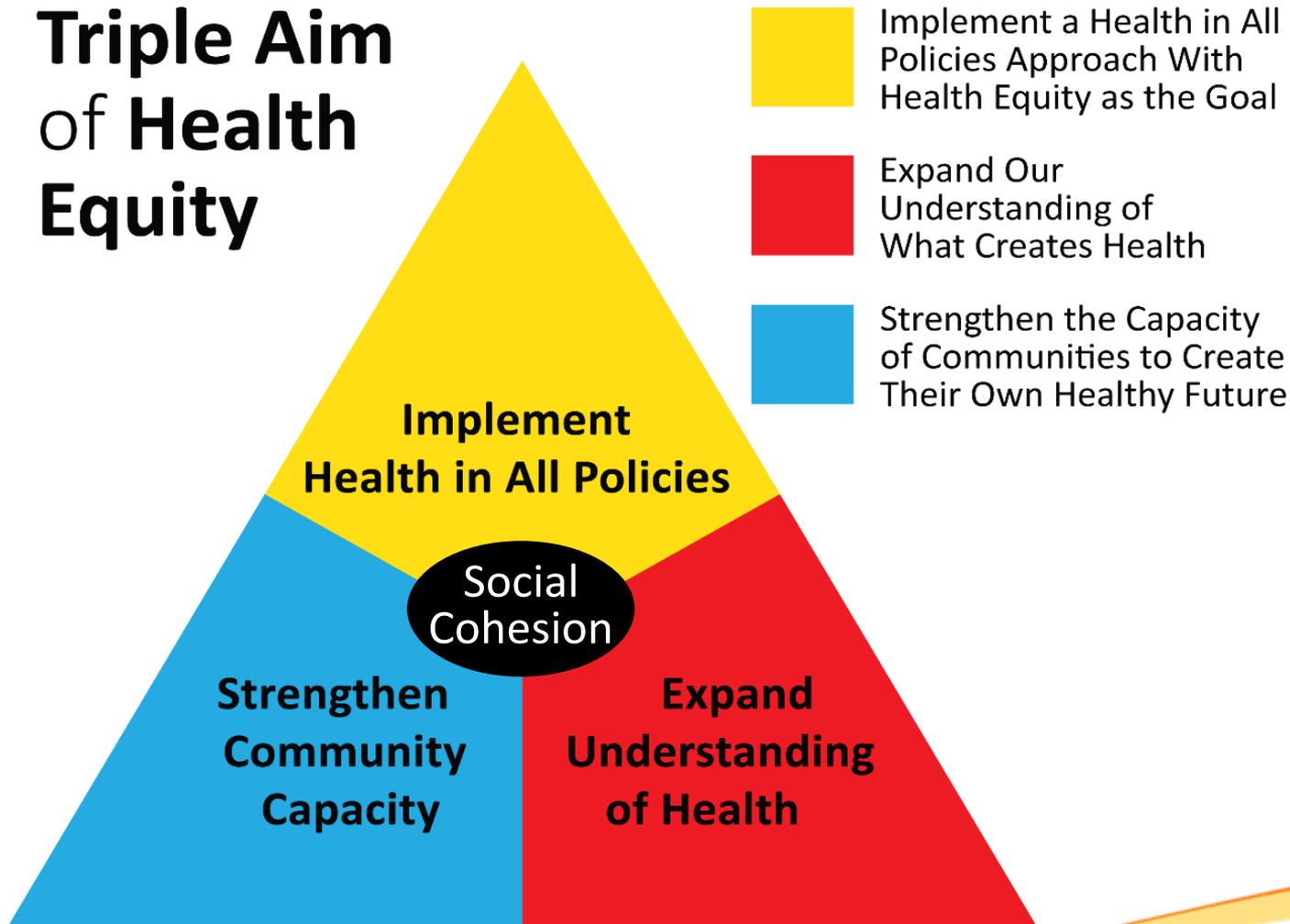
- 2011: What Creates Health In Rural Communities?
Access, Quality, Value, Community
- 2012: Bringing It All Together:
Community-Oriented Primary Care
- 2013: SIMCITY – SIMCOUNTRY
Building the Minnesota Accountable Health
Model to Transform Rural Health Care
- 2014: Advancing health equity: the Central 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



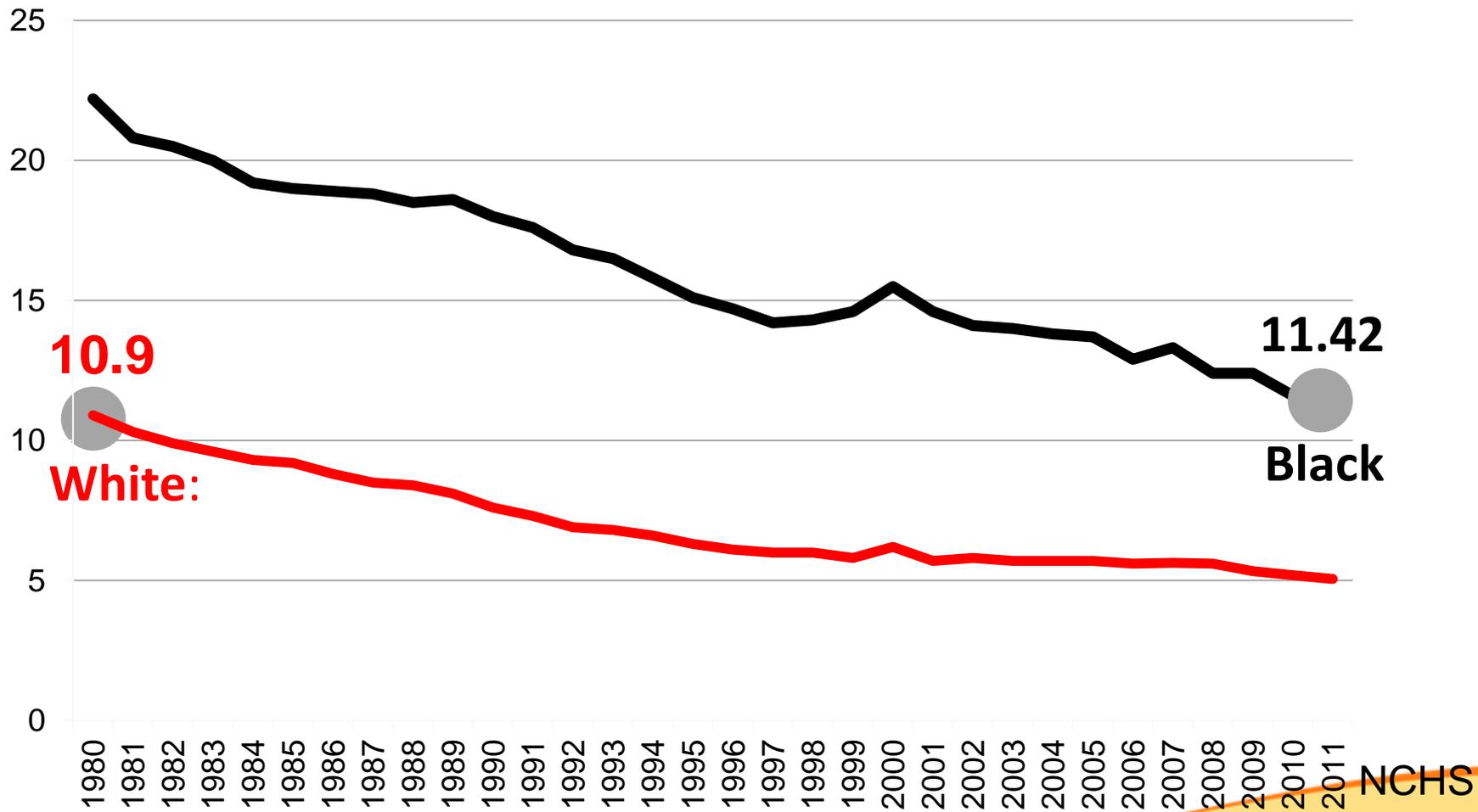
Advancing Health Equity and Optimal Health for All

Triple Aim of Health Equity



The Stimulus for the Triple Aim of Health Equity

USA White and Black IMR: 1980-2011

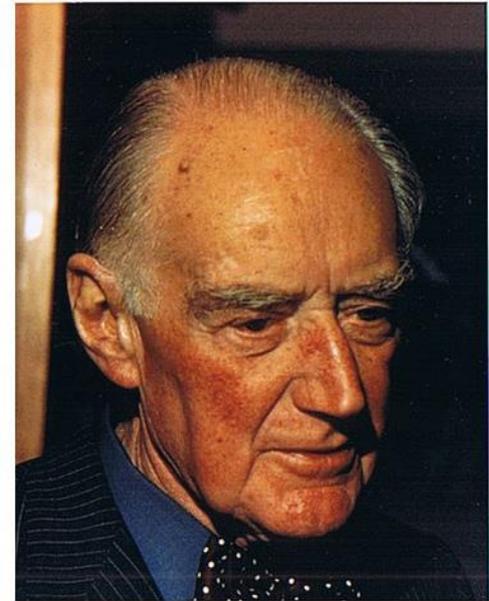


"What Sets the Goals of Public Health?"

Sir Geoffrey Vickers - 1958

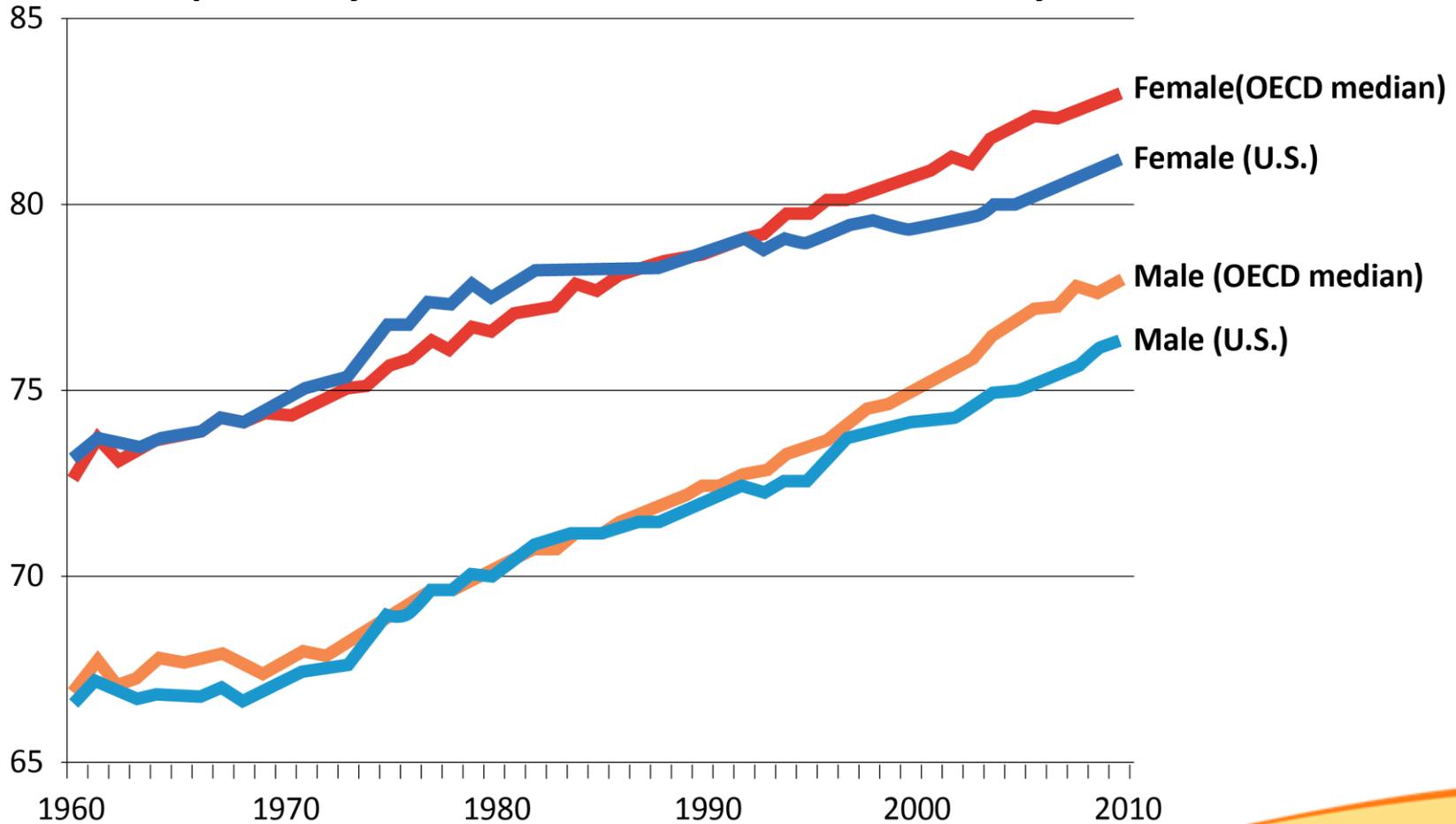
"The landmarks of political, economic and social history are the moments when some condition passed from the category of the given into the category of the intolerable.

I believe that the history of public health might well be written as a record of successive re-definings of the unacceptable."



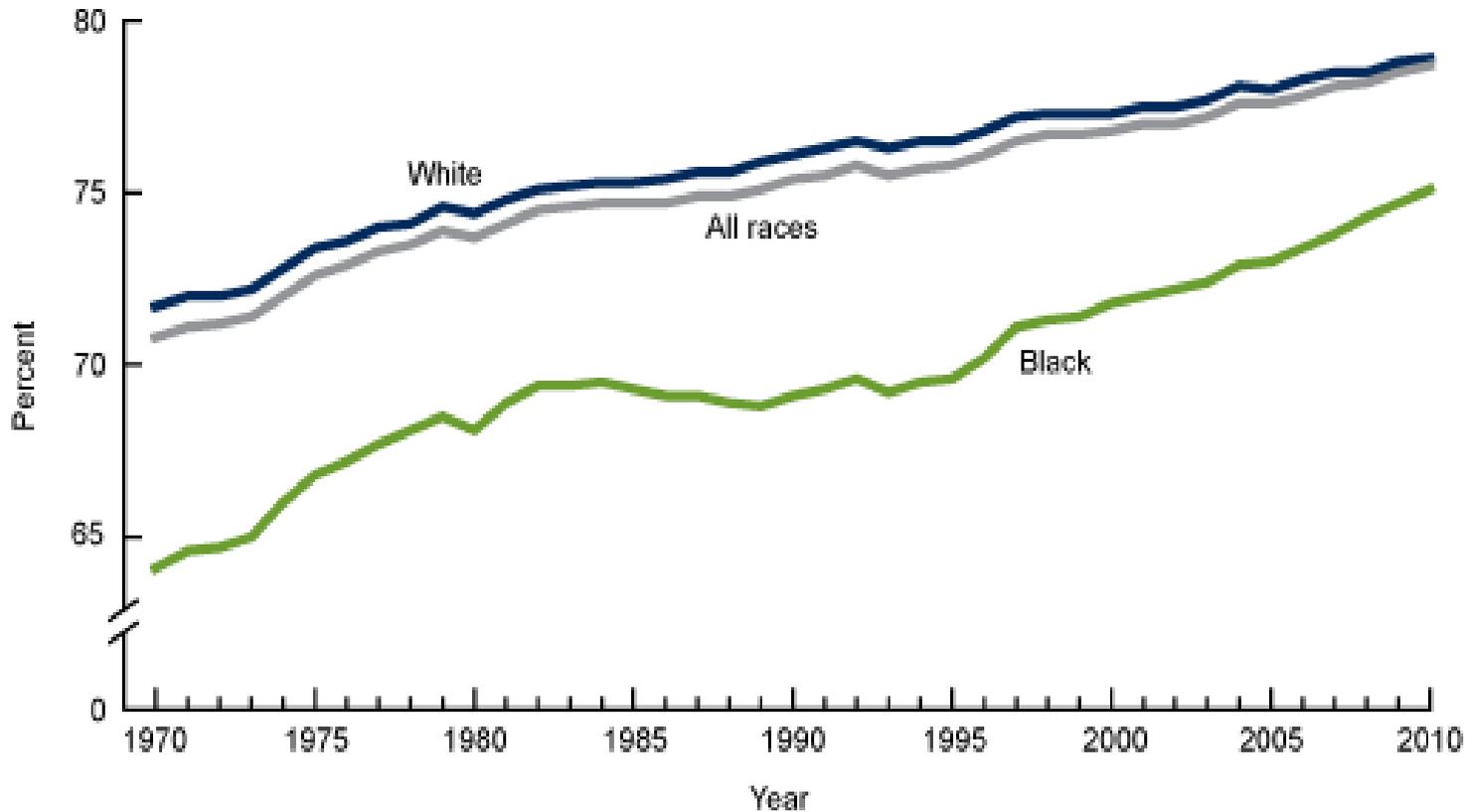
Re-defining the unacceptable

Life Expectancy at Birth US and OECD Countries by Gender 1960-2010



Category of the intolerable

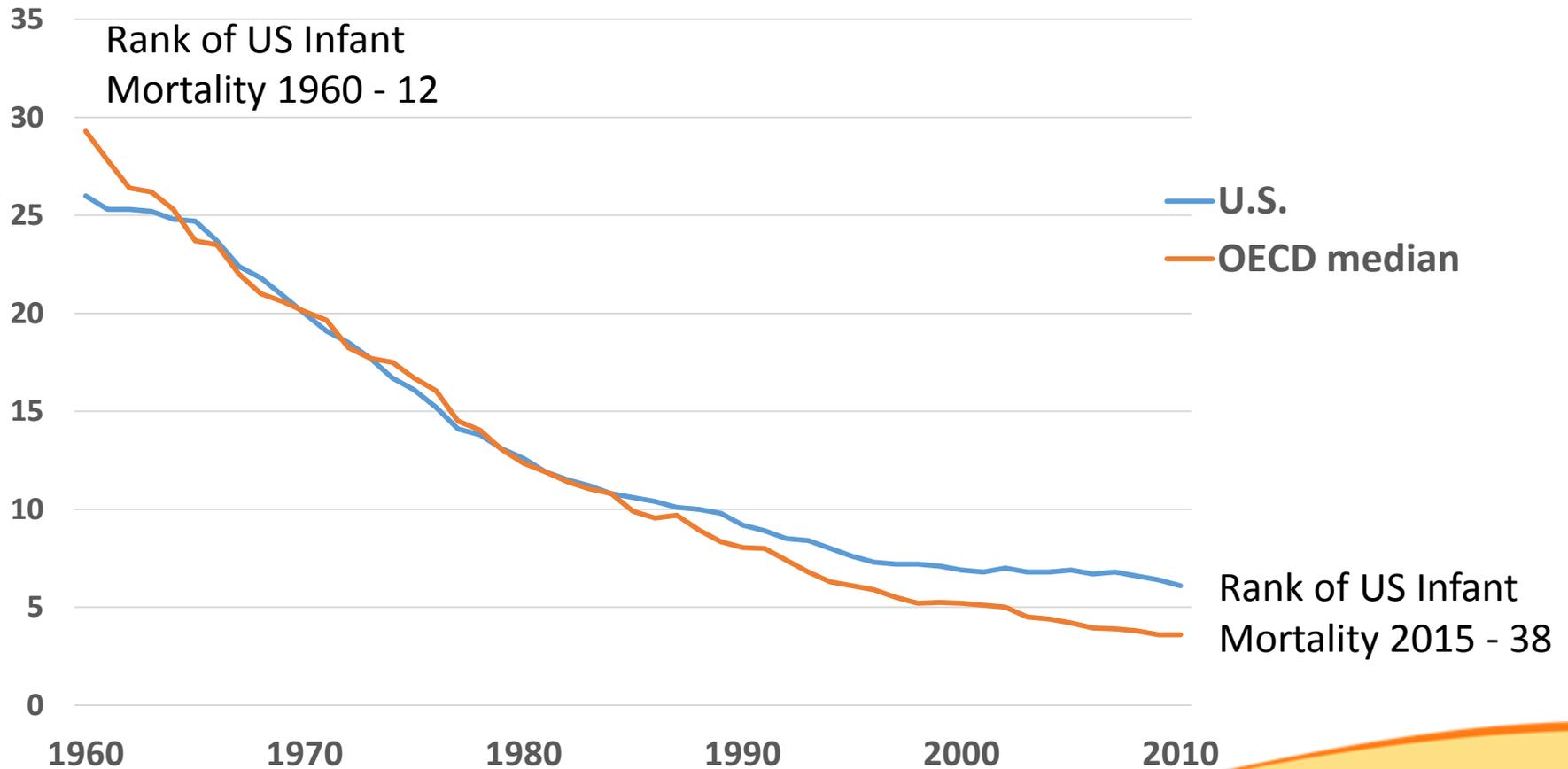
Life Expectancy, by race: United States, 1970 - 2010



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

Re-defining the unacceptable

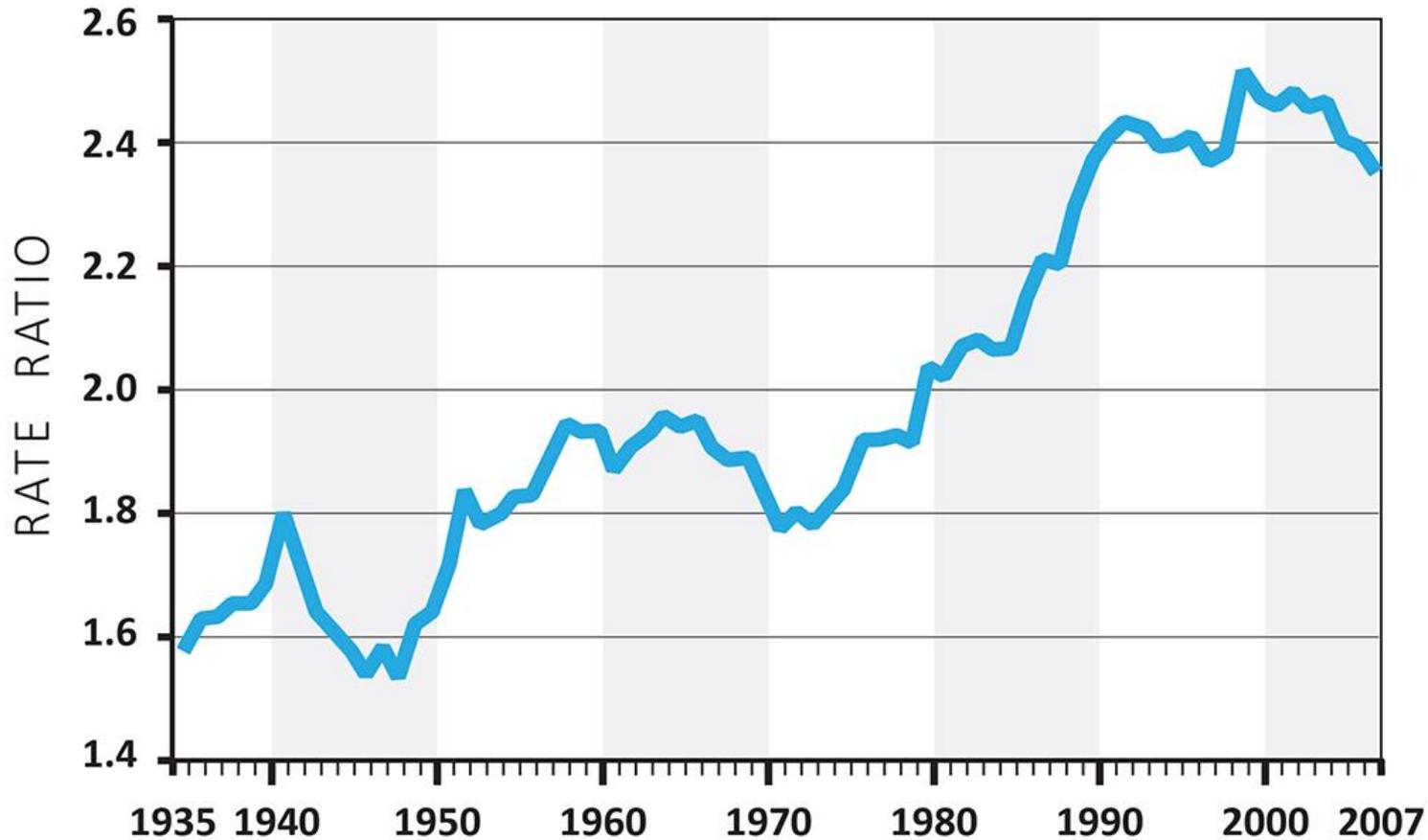
Infant Mortality Rates U.S. and OECD Countries 1960-2010



Source: <http://stats.oecd.org>, accessed 6-10-16

Category of the intolerable

Black/White Disparity in Infant Mortality Rates, US, 1935-2007

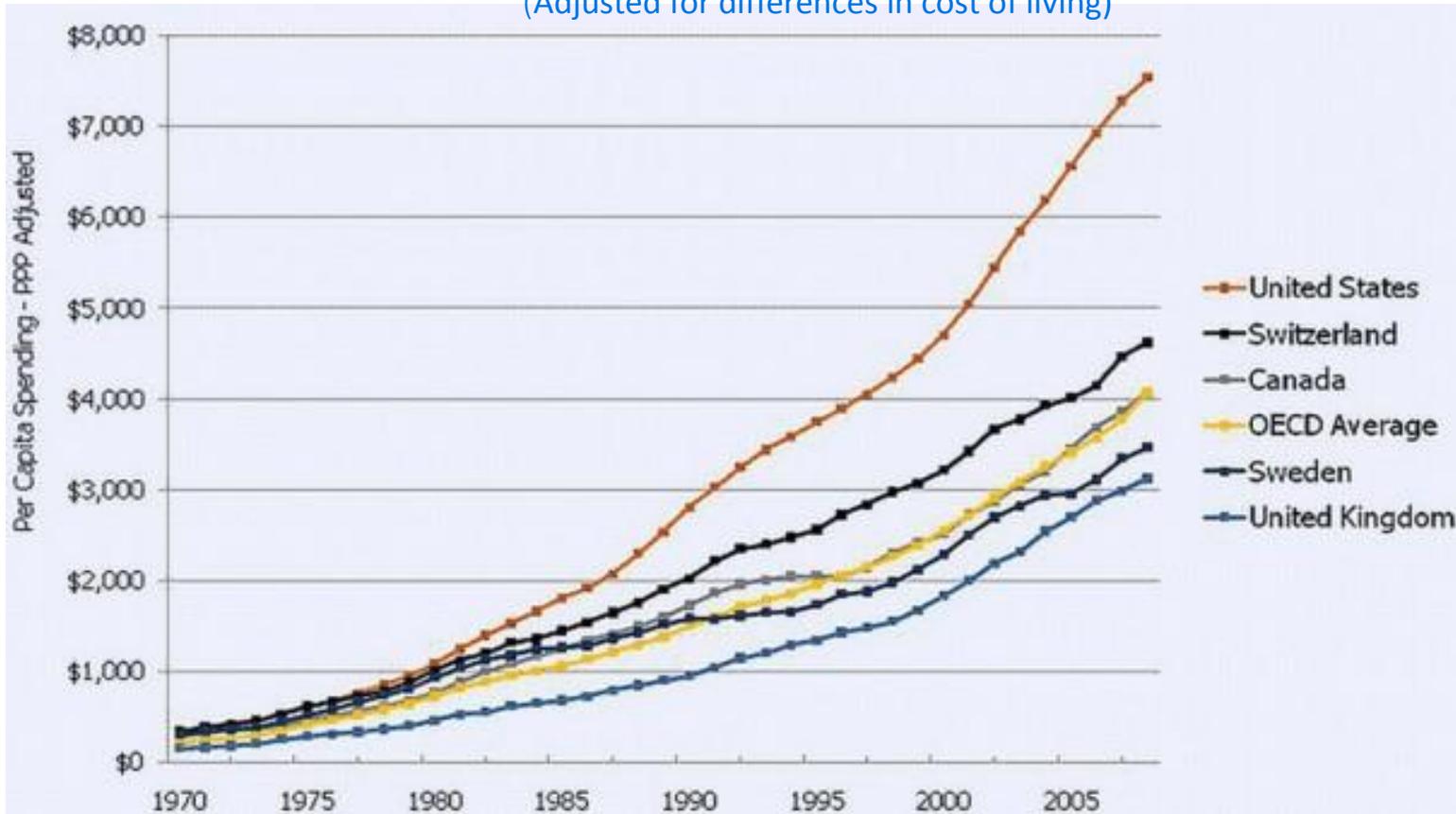


National Center for Health Statistics, Health United States, 2009 (updated)

Category of the intolerable

Average Health Care Spending per Capita, 1970-2009

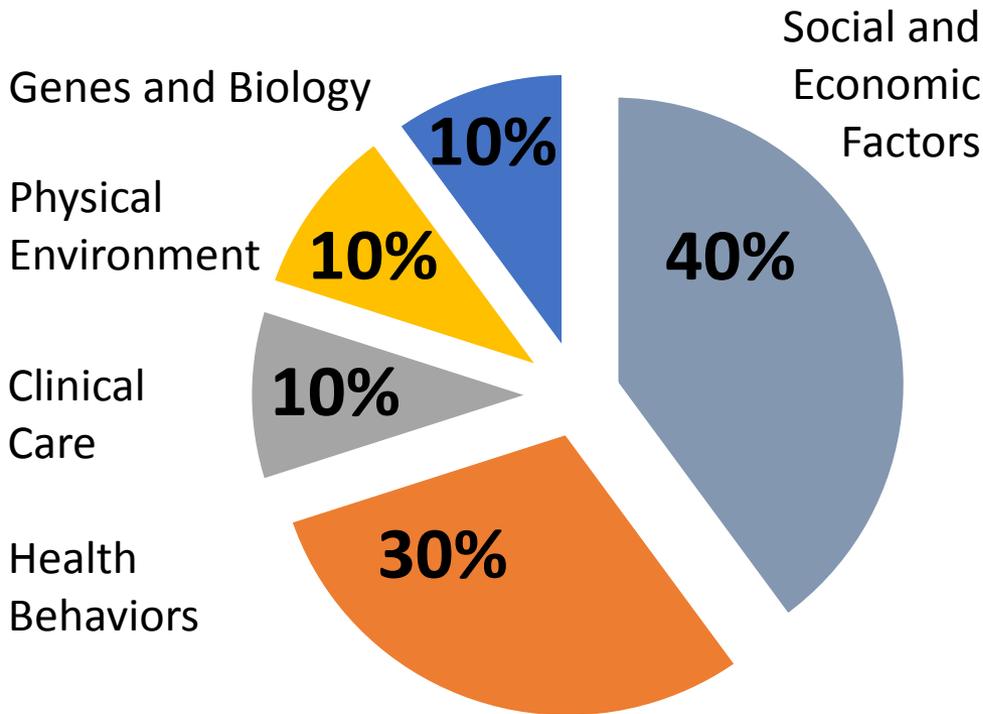
(Adjusted for differences in cost of living)



Source: OECD Health Data 2011 (June 2011)

Expand the Understanding of What Creates Health

DETERMINANTS OF 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 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>.

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

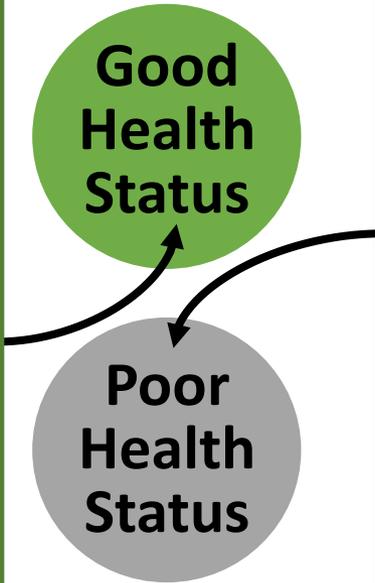


Communities of Opportunity

Strengthen the Capacity of Communities to Create Their Own Healthy Future

Low-Opportunity Communities

- 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



Contributes to health disparities:

- Diabetes
- Cancer
- Asthma
- Obesity
- Injury

- 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

President's Challenge 2015 - 2016

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PROGRAMS + EVENTS + PUBLIC POLICY + RESEARCH + MEMBER SERVICES + SEARCH [GO] *astho Search*

HEALTH EQUITY

ASTHO's 2016 President's Challenge

Advancing Health Equity and Achieving Optimal Health for All

[Sign on to support the challenge](#) | [Press release](#)

ASTHO President and Minnesota Commissioner of Health Edward Ehlinger, MD, MBPH, has issued ASTHO's 2016 President's Challenge: Advance Health Equity and Optimal Health for All.

ASTHO seeks to empower state and territorial health agencies to take up this effort via three specific objectives: 1) Implement a 'Health in All Policies' approach with health equity as the goal, 2) Expand our understanding of what creates health, and 3) Strengthen the capacity of communities to create their own healthy future.

States can do so through a variety of channels, including policy development, cross-sector collaboration, and program implementation. A collection of success stories will be compiled to highlight health equity activities around the country. The pledge card can be accessed at the above link.

- [Slide deck of President Ehlinger's presentation at the ASTHO annual meeting](#)
- [Article by Ehlinger about the Triple Aim](#)

ASTHO Resources to Support State and Territorial Action

These materials developed by ASTHO include guidance on topics including health in all policies (HIAP), environmental health, health impact assessments, and more. [View resources](#) >

The Triple Aim: What You Can Do

Implement a 'health in all policies' approach with health equity as the goal

By taking a broader view of what creates health, we can better understand how policies related to transportation, housing, education, public safety or environmental protection can affect health outcomes. The state health agencies can begin to address these factors by taking a "health in all policies" (HIAP) approach that encourages working across sectors to implement policies that broadly affect health in a variety of ways.

Expand our understanding of what creates health

This president's challenge aims to empower states to think about the impact social determinants of health (SDOH) have in health outcomes, and more importantly, the role state, local, and national policies play in shaping and addressing those determinants. By expanding our understanding of what creates health, we can begin to develop and implement innovative policies that address key determinants of health inequities.

Strengthen the capacity of communities to create their own healthy future

Strong public health leadership at the state level can empower and support communities to get involved in creating policies and systems that improve conditions for their residents. State health agencies have a unique opportunity to chart a new course as public health transitions from focusing solely on preventing disease to understanding the whole person and the impact culture, society, and the environment have on a person's health journey.

UPCOMING EVENTS

2016 Annual Meeting and Policy Summit
Sep 20-22, 2016
Minneapolis, MN
[View All Events](#) >

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PHI WINS
Public Health Workforce Interests and Needs Survey

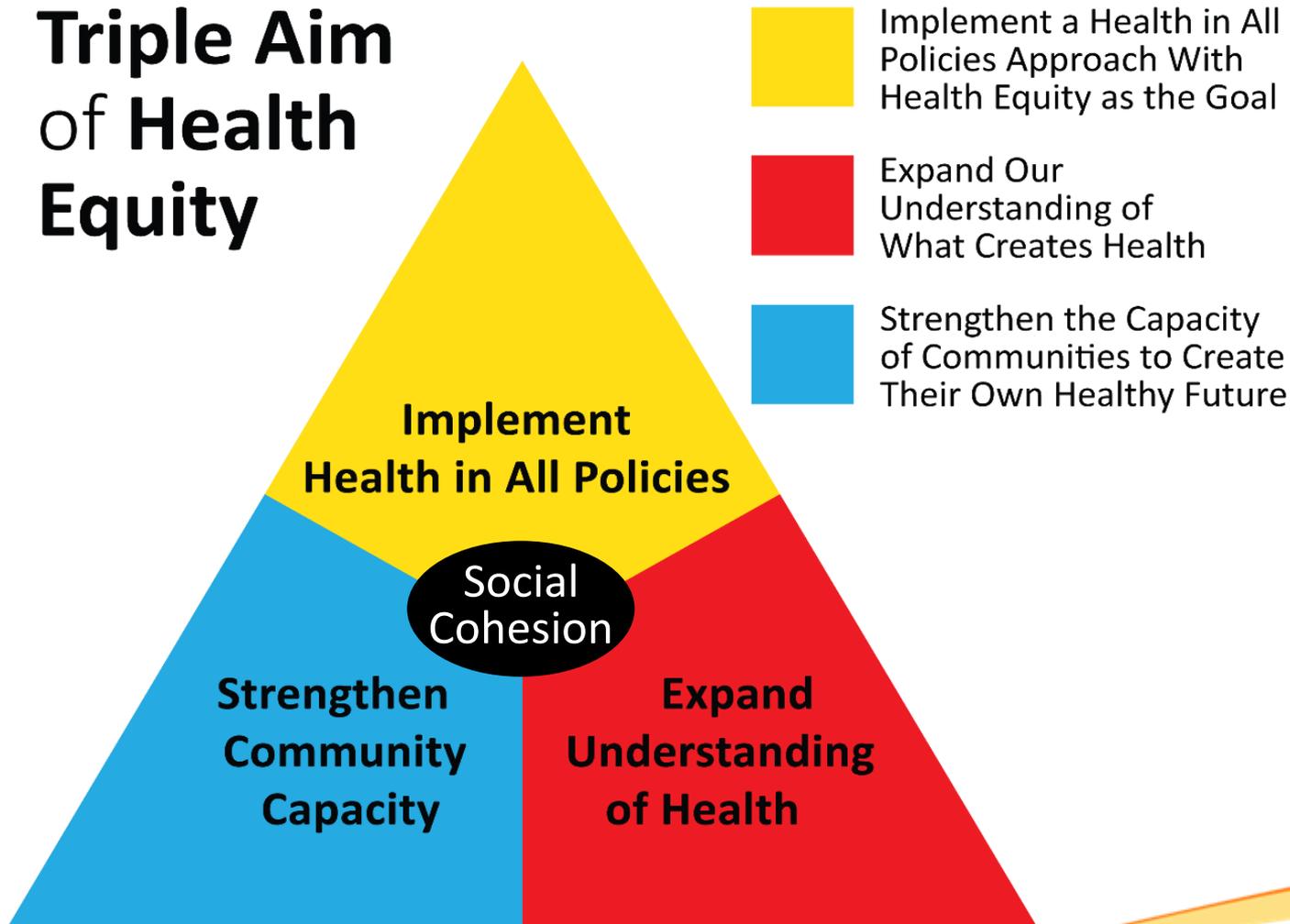
CORPORATE ALLIANCE PARTNERS

SANOFI PASTEUR

- 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



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."

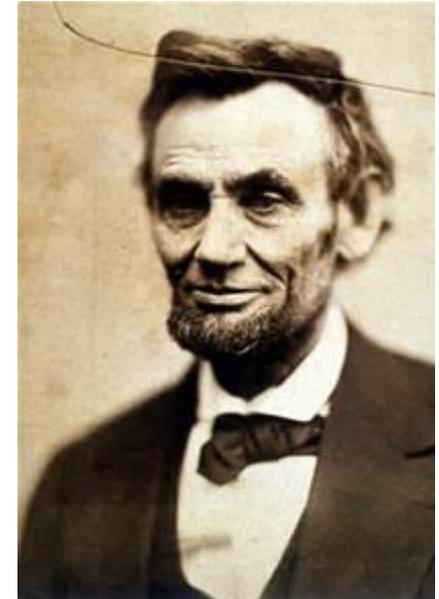
Today's paradoxes – influenced by one's worldview

- 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.”

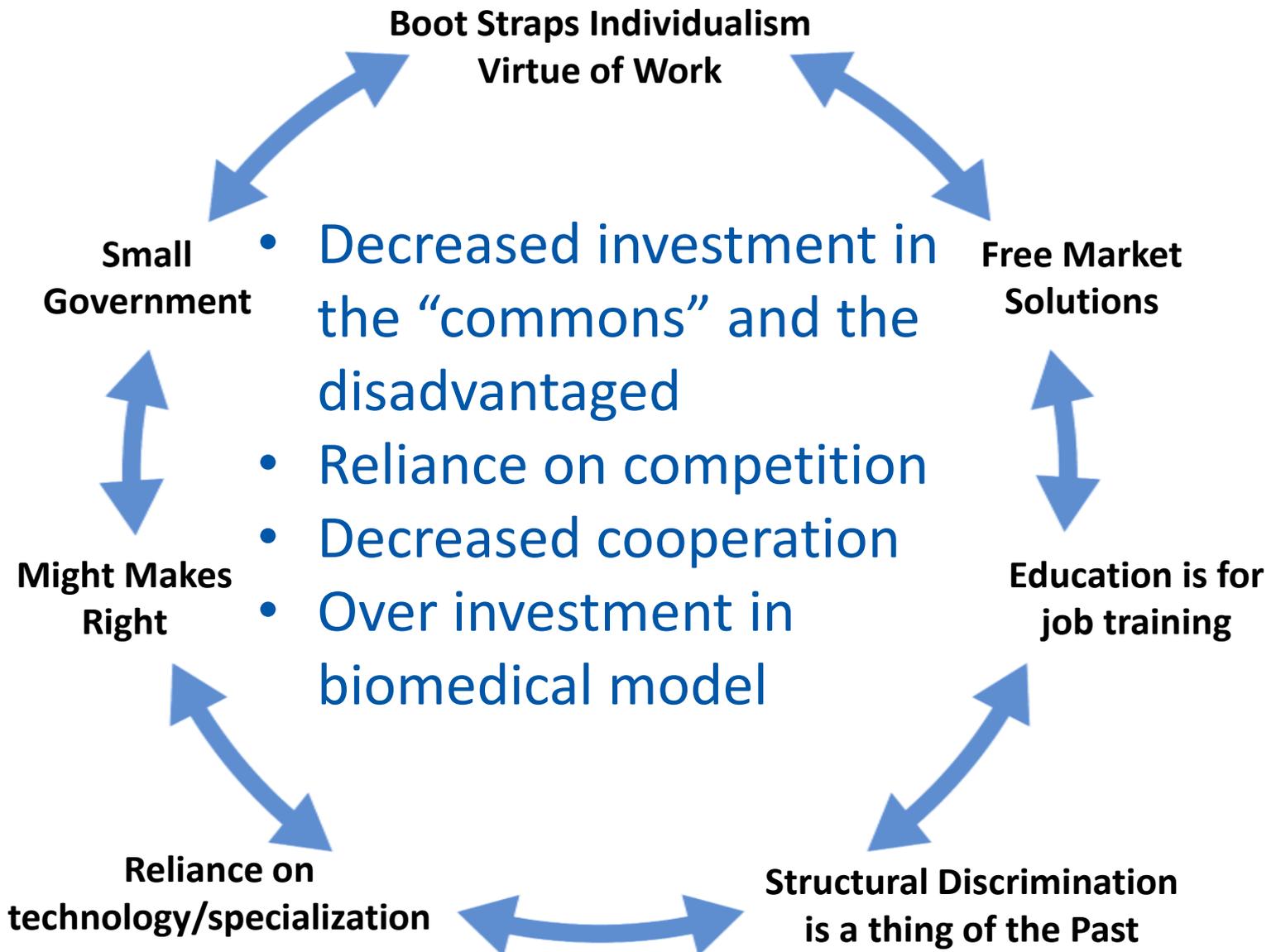
Abraham Lincoln



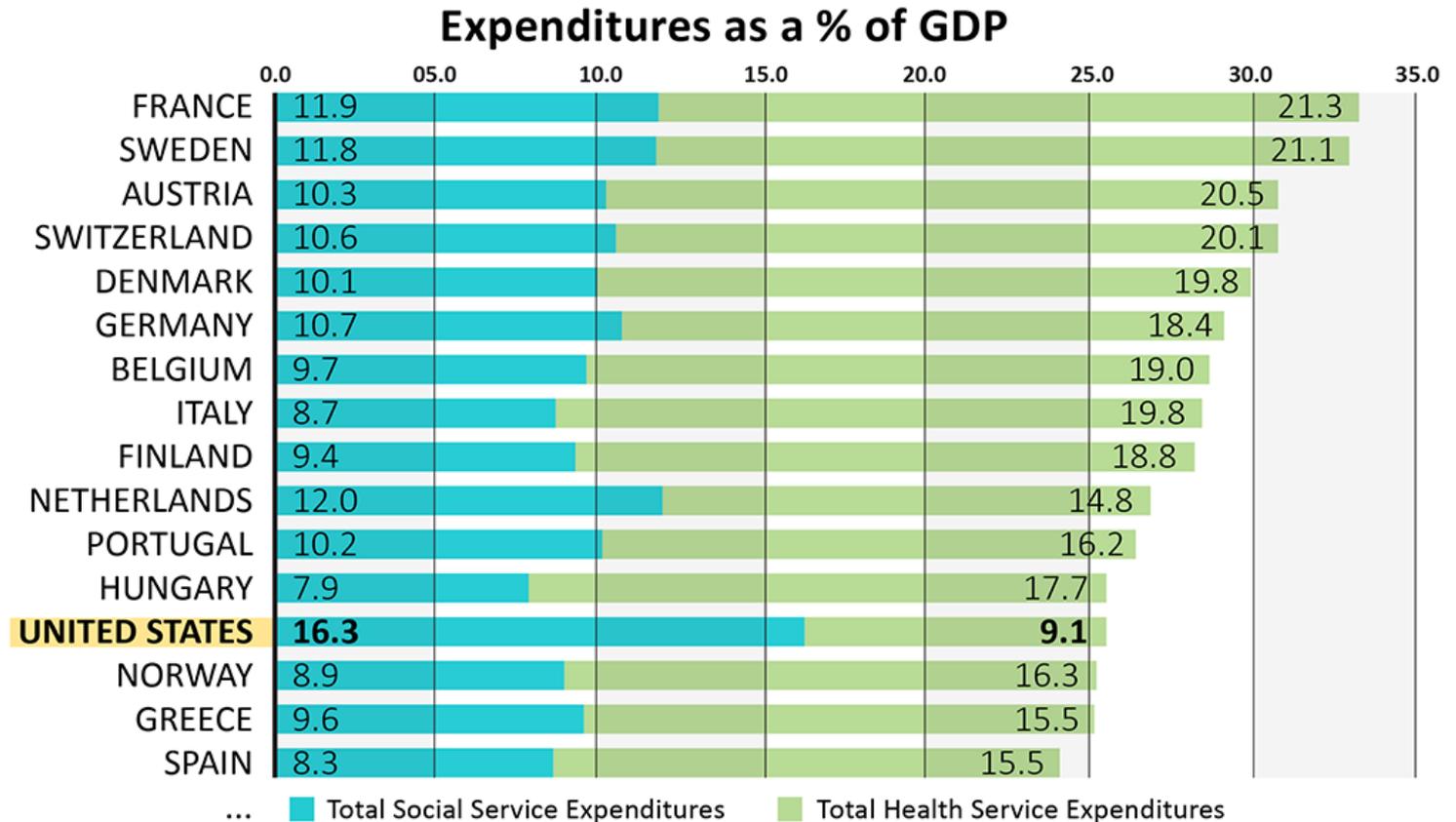
Expand our understanding about what creates health Impact of Worldview on Communities and Health



Predominant U. S. Worldview



Total Investment in Health and Human Services



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.

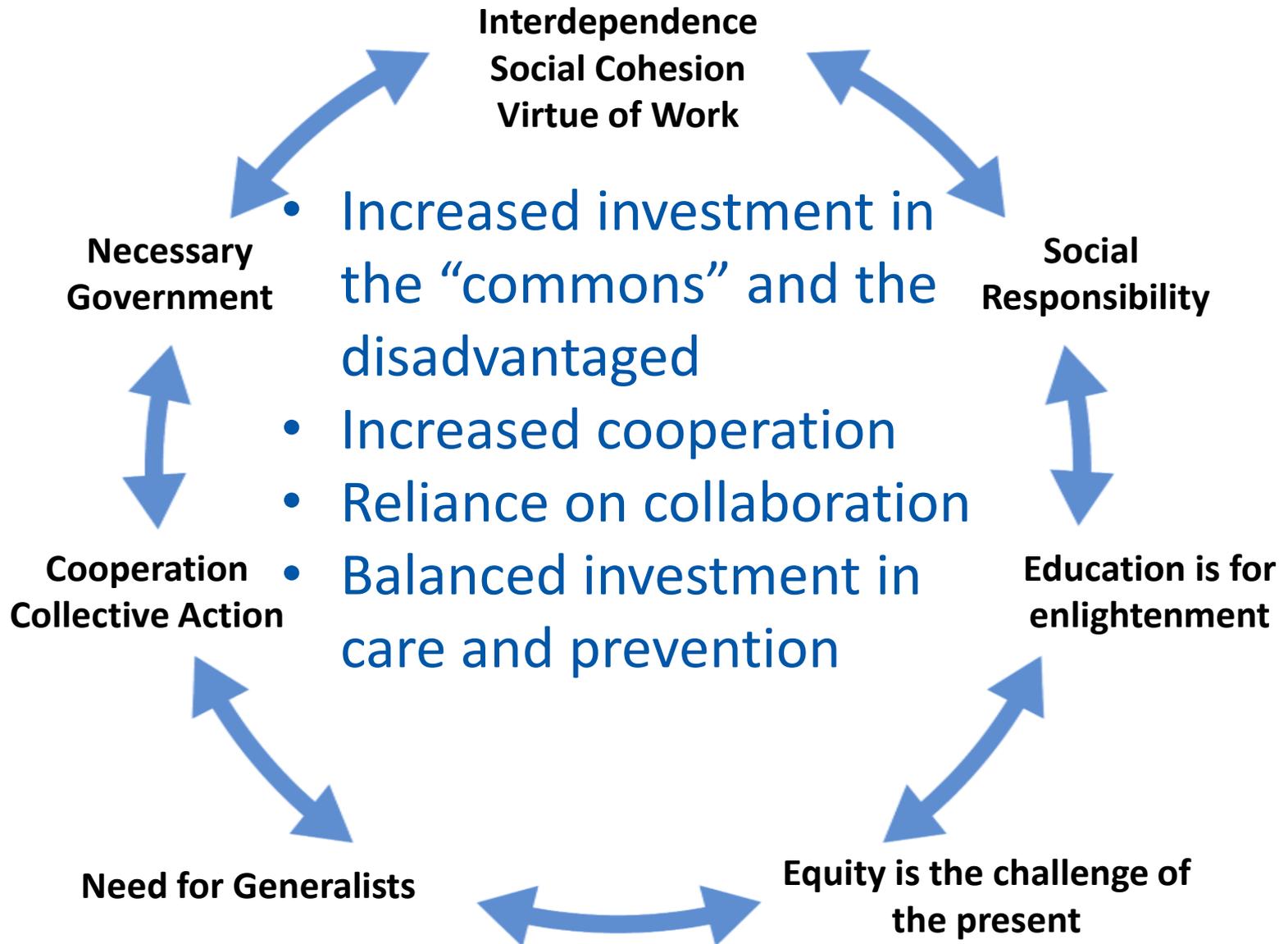
Dominant Worldview

- **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



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

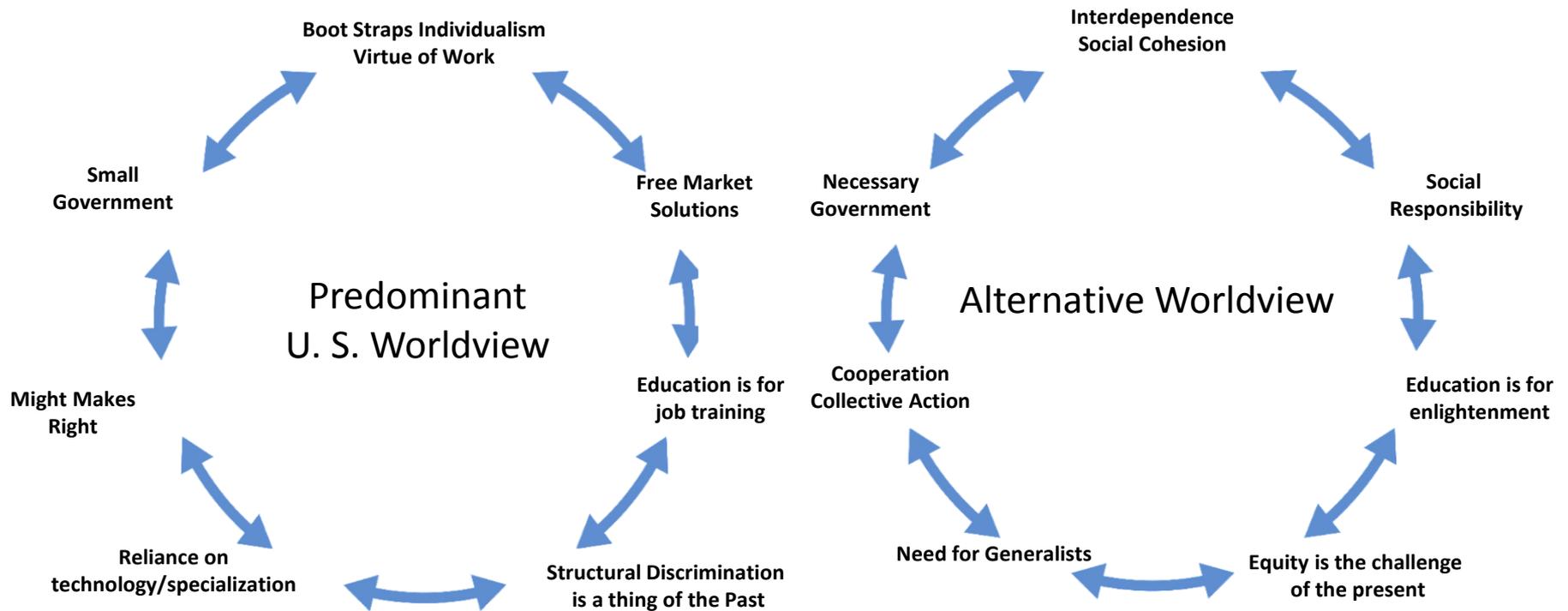
- Interdependence/Social cohesion
- Virtue of Work (connection with community and environment)
- Social responsibility
- Necessary Government
- Cooperation and Collective action
- Education is for enlightenment
- Need for generalists and integrators
- Equity is the challenge of the present
- “It takes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

Contrasting Worldviews

Which will help cultivate resilient communities?



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

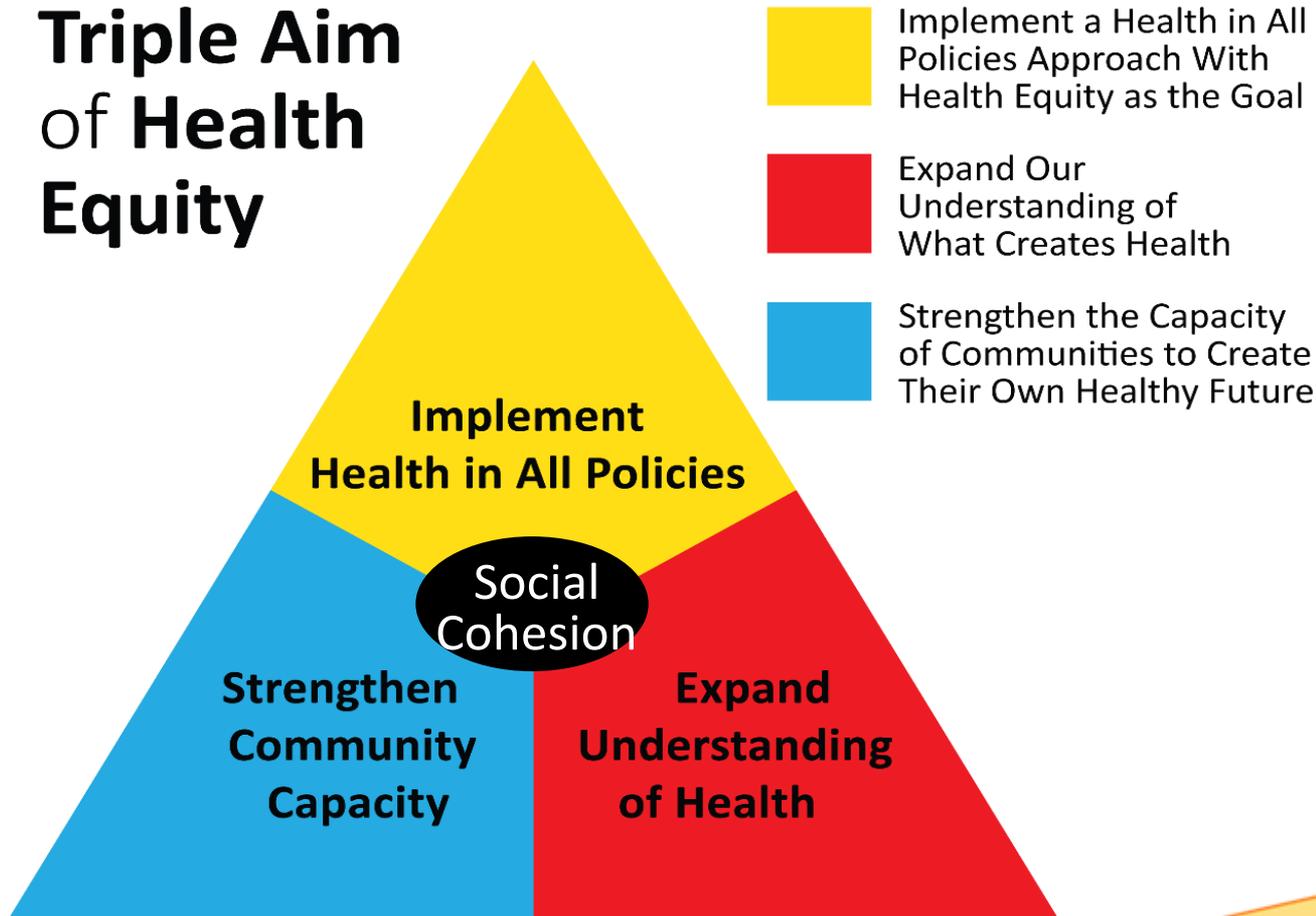
- *What are the health and equity implications of the policy/program?*
- *Who is benefiting and who is left out?*

Support Community Capacity

- *Who is at the decision-making table, and who is not?*
- *Who is being held accountable and to whom?*

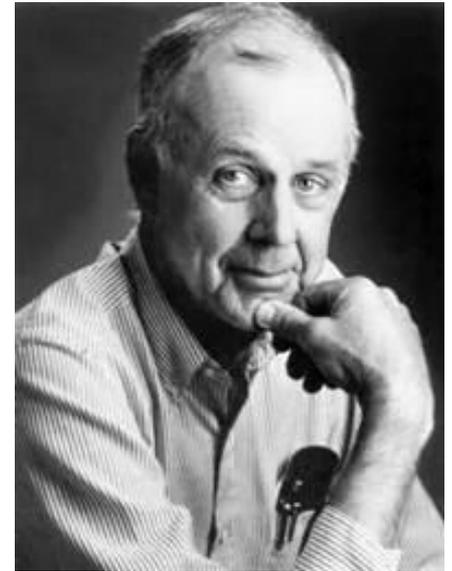
Foundation for a Worldview that supports health for all

Triple Aim of Health Equity



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



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