ADVANCING HEALTH EQUITY:
THE CENTRAL CHALLENGE FOR MINNESOTA - FOR ALL OF MINNESOTA

HOW DO WE MAKE IT HAPPEN?

Edward P. Ehlinger, MD, MSPH
Commissioner
Minnesota Department of Health
June 24, 2014
John Ciardi
born June 24, 1916

• English dramatist, actor, author. He was best known for the English translation of Dante's "Inferno," 1954.

• “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.”
Anniversary of the closing of Resurrection City - June 24th, 1968

- The **Poor People's Campaign** was an effort to gain economic justice for the poor in the U.S.
- It was organized by
  - Martin Luther King, Jr.,
  - Ralph Abernathy
  - Jesse Jackson
  - Marion Wright
  - Southern Christian Leadership Conference (SCLC)
- The participants set up a 3000-person tent city (Resurrection City) on the Washington Mall, where they stayed for six weeks.
Minnesota Is a Healthy State

Minnesota’s State Health Ranking

Source: United Health Foundation
Overall Life Expectancy at Birth – #2
Male life expectancy - #1
Female life expectancy - #2

MN Infant Mortality Rate is Best in the US

MN Black Infant Mortality Rate among the Best in the US
MN has 6th longest length of life after age 65

1. Hawaii
2. Florida
3. California
4. Arizona
5. Connecticut
6. Minnesota
Health of MN Seniors Ranked #1

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Minnesota</td>
<td>0.796</td>
</tr>
<tr>
<td>2.</td>
<td>Vermont</td>
<td>0.592</td>
</tr>
<tr>
<td>3.</td>
<td>New Hampshire</td>
<td>0.548</td>
</tr>
<tr>
<td>4.</td>
<td>Massachusetts</td>
<td>0.542</td>
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<tr>
<td>5.</td>
<td>Iowa</td>
<td>0.533</td>
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<td>6.</td>
<td>Hawaii</td>
<td>0.500</td>
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<td>7.</td>
<td>Connecticut</td>
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<td>8.</td>
<td>Colorado</td>
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<td>9.</td>
<td>Utah</td>
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<tr>
<td>10.</td>
<td>Maryland</td>
<td>0.394</td>
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</table>

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>41.</td>
<td>Tennessee</td>
<td>-0.376</td>
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<tr>
<td>42.</td>
<td>Nevada</td>
<td>-0.394</td>
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<tr>
<td>43.</td>
<td>Georgia</td>
<td>-0.451</td>
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<tr>
<td>44.</td>
<td>Alabama</td>
<td>-0.499</td>
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<td>45.</td>
<td>Kentucky</td>
<td>-0.537</td>
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<td>46.</td>
<td>Arkansas</td>
<td>-0.603</td>
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<td>47.</td>
<td>West Virginia</td>
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<td>48.</td>
<td>Louisiana</td>
<td>-0.702</td>
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<tr>
<td>49.</td>
<td>Oklahoma</td>
<td>-0.801</td>
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<tr>
<td>50.</td>
<td>Mississippi</td>
<td>-0.885</td>
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</tbody>
</table>
MN #1 in Health Care System Performance
Access, Quality, Cost, Outcomes

Exhibit 4. Overall State Health System Performance: Scorecard Ranking, 2014

Overall performance, 2014
- Top quartile (13 states)
- Second quartile (11 states + D.C.)
- Third quartile (14 states)
- Bottom quartile (12 states)

Source: Commonwealth Fund Scorecard on State Health System Performance, 2014.
So, what is the problem?

“The sparrow is sorry for the peacock at the burden of his tail.”

- Rabindranath Tagore
  Bengali poet, novelist, composer. Nobel Prize for literature in 1913.
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.
Advancing Health Equity in Minnesota

“...the opportunity to be healthy is not equally available everywhere or for everyone in the state.”
Life Expectancy in Twin Cities

Robert Wood Johnson Foundation

3 miles could equal up to a 13-year life span difference
Not all communities have equal opportunities for health
MN: Mortality Ratios by Race or Ethnicity

- Mortality ratios for different age groups and racial/ethnic categories are shown.
- The graph compares mortality rates for Black or African American, American Indian, Asian, Hispanic, and White populations across different age groups.
- The ratios are presented for age groups 1-14 years, 15-24 years, 25-44 years, 45-64 years, and 65 years and older.
- *Hispanic may be any race.
Disparity in Healthy Life Expectancy After age 65 is 3rd Greatest
Black Infant Mortality

<table>
<thead>
<tr>
<th>Regions</th>
<th>Deaths per 1,000</th>
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</thead>
<tbody>
<tr>
<td>All Other</td>
<td>12.55</td>
</tr>
<tr>
<td>OH</td>
<td>14.54</td>
</tr>
<tr>
<td>MI</td>
<td>14.86</td>
</tr>
<tr>
<td>IN</td>
<td>14.47</td>
</tr>
<tr>
<td>IL</td>
<td>13.64</td>
</tr>
<tr>
<td>WI</td>
<td>14.07</td>
</tr>
<tr>
<td>MN</td>
<td>11.04</td>
</tr>
<tr>
<td>Total</td>
<td>14.07</td>
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</table>
Black Infant Mortality

Deaths per 1,000

<table>
<thead>
<tr>
<th>Regions</th>
<th>All Other</th>
<th>OH</th>
<th>MI</th>
<th>IN</th>
<th>IL</th>
<th>WI</th>
<th>MN*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>12.55</td>
<td>14.54</td>
<td>14.86</td>
<td>14.47</td>
<td>13.64</td>
<td>14.07</td>
<td>14.05</td>
<td>14.07</td>
</tr>
</tbody>
</table>

* U.S.-born mothers
Infant Mortality Black-White Disparity in MN is one of the highest in the US

Rate Ratio: 2.32
Population Attributable Fraction: 16%

Regions:
- All Other: 7.14
- OH: 8.24
- MI: 8.94
- IN: 8.01
- IL: 8.14
- WI: 8.71
- MN*: 9.45
- Total: 8.28

Rate Ratio:
- OH: 2.31
- MI: 2.51
- IN: 2.24
- IL: 2.48
- WI: 2.63
- MN*: 3.05
- Total: 2.43

Population Attributable Fraction:
- OH: 18%
- MI: 22%
- IN: 13%
- IL: 20%
- WI: 14%
- MN*: 11%
- Total: 18%

*US-born Black mothers
Uninsurance Rates in Minnesota by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>7.6</td>
<td>5.7</td>
</tr>
<tr>
<td>Non White</td>
<td>18.8</td>
<td>20.2</td>
</tr>
</tbody>
</table>
Congenital hearing loss

Days to Diagnosis

- Baby of black mother: 120 days
- Baby of white mother: 66 days

Percent Diagnosed within 3 months

- Baby of black mother: 37%
- Baby of white mother: 64%

Median days to hearing aid fitting

- Child of black mother: 71 days
- Child of Asian mother: 61 days
- Child of white mother: 51 days
Why is addressing disparities important? 50 years of growing diversity

Percent Of Color 1960-2010

Source: mncompass.org
A portrait of Minnesota, 2011

White (non-Hispanic) and Of Color Population
Minnesota, 2011

Population change by race
Twin Cities 7-county region and MN, 2000-2010
We are diversifying state-wide

Percent of Color
20%+
- Hennepin, Ramsey, Mahnomen, Beltrami, Watonwan, Nobles

15-19%
- Scott, Dakota, Mower, Olmsted

5-14%
- 54 additional counties

Source: mncompass.org
What Would It Take To Assure the “Good Life” for All Minnesotans?
What is 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. Health is a positive concept emphasizing social and personal resources, as well as physical capacities."  Ottawa Charter for Health 1986
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
To address disparities ask: What Creates Health?

- Social and Economic Factors: 40%
- Health Behaviors: 30%
- Clinical Care: 10%
- Physical Environment: 10%
- Genes and Biology: 10%
More Education, Longer Life

For both men and women, more education often means longer life. College graduates can expect to live at least five years longer than individuals who have not finished high school.

Higher Income, Longer Life

Adult life expectancy increases with increasing income. Men and women in the highest-income group can expect to live at least six and a half years longer than poor men and women.

Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities at the University of California, San Francisco; and Norman Johnson, U.S. Bureau of the Census.

*This chart describes the number of years that adults in different education groups can expect to live based on the United States Census Bureau’s American Community Survey (ACS).


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Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco; and Norman Johnson, U.S. Bureau of the Census.

*This chart describes the number of years that adults in different income groups can expect to live beyond age 25. For example, a 25-year-old woman whose family income is at or below 100 percent of the Federal Poverty Level can expect to live 51.5 more years and reach an age of 76.5 years.

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www.commissiononhealth.org
Well being increases as economic well being increases.
Life expectancy by median household income group of ZIP codes, Twin Cities 1998-2002

- 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

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

- Less $20,000: 26.8
- $20 to $34,999: 14.9
- $35 to $49,999: 10.0
- $50 to $79,999: 6.4
- $75,000 or more: 3.1
- DK - refused: 11.7

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
Owner Occupied Housing, 2012 ACS

Black  US Black  White/Black Disparity Ratio

<table>
<thead>
<tr>
<th>State</th>
<th>Percent of Owner Occupied Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL</td>
<td>39.4</td>
</tr>
<tr>
<td>IN</td>
<td>38.2</td>
</tr>
<tr>
<td>IA</td>
<td>29.8</td>
</tr>
<tr>
<td>MD</td>
<td>50.6</td>
</tr>
<tr>
<td>MI</td>
<td>42.8</td>
</tr>
<tr>
<td>MN</td>
<td>21.3</td>
</tr>
<tr>
<td>NE</td>
<td>32.6</td>
</tr>
<tr>
<td>NJ</td>
<td>40.2</td>
</tr>
<tr>
<td>OH</td>
<td>36.3</td>
</tr>
<tr>
<td>PA</td>
<td>27.8</td>
</tr>
<tr>
<td>WI</td>
<td>22.6</td>
</tr>
<tr>
<td>US</td>
<td>42.5</td>
</tr>
</tbody>
</table>

Big Ten States
Four Year High School Graduation, SY 2010-2011

Graduation Rate

<table>
<thead>
<tr>
<th>State</th>
<th>Graduation Rate</th>
<th>White/Black Disparity Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL</td>
<td>74</td>
<td>1.2</td>
</tr>
<tr>
<td>IN</td>
<td>75</td>
<td>1.2</td>
</tr>
<tr>
<td>IA</td>
<td>73</td>
<td>1.2</td>
</tr>
<tr>
<td>MD</td>
<td>76</td>
<td>1.2</td>
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<tr>
<td>MI</td>
<td>57</td>
<td>1.4</td>
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<tr>
<td>MN</td>
<td>49</td>
<td>1.7</td>
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<tr>
<td>NE</td>
<td>70</td>
<td>1.3</td>
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<tr>
<td>NJ</td>
<td>69</td>
<td>1.3</td>
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<tr>
<td>OH</td>
<td>59</td>
<td>1.4</td>
</tr>
<tr>
<td>PA</td>
<td>65</td>
<td>1.4</td>
</tr>
<tr>
<td>WI</td>
<td>64</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Big Ten States:

IL, IN, IA, MD, MI, MN, NE, NJ, OH, PA, WI
Social Vulnerability Index Themes

Housing/Transportation Theme

Socioeconomic theme

Minority status/Language Theme
Attributable Causes of Death

- Tobacco: 42%
- Diet/Physical Activity: 35%
- Alcohol: 9%
- Microbial Agents: 7%
- Toxic Agents: 5%
- Firearms: 2%

Each year in the United States:

- $15.3 Billion is spent marketing tobacco
- $6 Billion is spent marketing alcohol
- $2.9 Billion is spent marketing soda (by just 1 company)
What’s the problem in Minnesota?

Disparities in Minnesota

• 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
Henry Ward Beecher
born on June 24, 1813

US clergyman, abolitionist, famed as an orator of anti-slavery and woman suffrage.

“You and I do not see things as they are. We see things as we are.”
Structural/Institutional Racism

• Structural racism is the normalization of an array of dynamics — historical, cultural, institutional and interpersonal — that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color and American Indians.
Structural Racism

- Ignores differential impacts on racial populations
- Ignores differences among racial populations (e.g. accumulated wealth, homeownership, transit dependence, employment, education, geography)
- Focuses on ‘efficiency’, cost, numbers to the exclusion of other criteria such as community impact
- Raises barriers to resources, such as grants or contracts
- Is based in dominant culture norms, experiences, approaches or expertise, which devalue, excludes or disadvantages other norms, experiences, approaches or expertise
- Reflects lack of cultural knowledge/background/awareness.
What Would It Take To Assure the “Good Life” for All Minnesotans?

• Change the narrative about what creates health
  • Health is not determined by just clinical care and personal choices
  • Health is determined by:
    • policies, systems, and the physical and social environment
What Would It Take To Assure the “Good Life” for All Minnesotans?
Rebalance our investment in health

Determinants of Health
- Health Care: 10%
- Environment: 10%
- Genetics: 10%
- Socio-Economics: 40%
- Behaviors: 30%

Distribution of Resources
- Medical Care: 95%
- Public Health: 5%
In OECD, for every $1 spent on health care, about $2 is spent on social services. In the US, for $1 spent on health care, about 55 cents is spent on social services.
Ratio of Human Service Spending to Health Care Spending
What Would It Take To Assure the “Good Life” for All Minnesotans?

• Adopt a Health in All Policies approach
• Hold decision-makers accountable for policies, programs
• Organize resources to advance health/health equity
What Would It Take To Assure the “Good Life” for All Minnesotans?

- Engage all of the population in creating health
- Empower communities to create the conditions for health
- Create expectation that we can and will address social determinants
Healthcare is a Social Determinant

• “…when appropriately designed and managed, health systems can address health equity…when they specifically address the circumstances of socially disadvantaged and marginalized populations, including women, the poor and other groups excluded through stigma and discrimination…and they may be influential in building societal and political support for health equity.”

• The World Health Organization’s Commission on the Social Determinants of Health
Health care levers to influence disparities

- Stability of coverage
- Networks to include
  - Community health centers
  - Community providers
  - Behavioral and mental health services
- Services to include:
  - Care coordination
  - Preventive services
  - Home visiting
  - Community Care Teams
- Workforce
  - Interpreters
  - Navigators
  - Community Health Workers
  - Other kinds of providers
- Emphasis on primary care
- Transportation
- Individual and community education
- Data collection on race, ethnicity, and language
- Tracking of progress
- Cultural Competence
- Integration with public health and social services
Henry Ward Beecher
born on June 24, 1813

“Greatness lies, not in being strong, but in the right using of strength; and strength is not used rightly when it serves only to carry a man above his fellows for his own solitary glory. He is the greatest whose strength carries up the most hearts by the attraction of his own.”
Use your professional and civic roles to affect the conditions necessary for health

<table>
<thead>
<tr>
<th>Peace</th>
<th>Stable eco-system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter</td>
<td>Sustainable resources</td>
</tr>
<tr>
<td>Education</td>
<td>Health Care</td>
</tr>
<tr>
<td>Food</td>
<td>Social justice and equity</td>
</tr>
<tr>
<td>Income</td>
<td></td>
</tr>
</tbody>
</table>

Midway in our life's journey, I went astray from the straight road and woke to find myself alone in a dark wood. How shall I say what wood that was! I never saw so drear, so rank, so arduous a wilderness! Its very memory gives a shape to fear.

Death could scarce be more bitter than that place! But since it came to good, I will recount all that I found revealed there by God's grace.
“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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