HEALTH IS COMMUNITY: ADVANCING THE TRIPLE AIM OF RURAL HEALTH AND HEALTH EQUITY

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Rural Health Conference
Partnerships in Progress
June 30, 2015
June 30 – Major Public Health Events
Policies related to working conditions

• 1906 - Pure Food & Drug Act & Meat Inspection Act adopted
  • Inspired by “The Jungle” by Upton Sinclair

• 1936 - 40 hour work week law approved
June 30 – Major Public Health Events

Policies related to civic engagement

• 1971 - Ohio was the 38th state to approve lower the voting age to 18 thus ratifying the 26th amendment

• 1982 - Federal Equal Rights Amendment fell 3 states short of ratification
Ann Taylor
Born on June 30, 1782

- Children's author, poet. With sister Jane wrote: "Original Poems for Infant Minds" – (Twinkle, Twinkle, Little Star)

Though man a thinking being is defined,
Few use the grand prerogative of mind.
How few think justly of the thinking few!
How many never think, who think they do!”
What Do You Think Health Is?

“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
Health Is Community

Community Conditions 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

Community Health and Wellness
Communities of Opportunity

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

Low-Opportunity Communities

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

Good Health Status

Poor Health Status

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

Communities of Opportunity and Low-Opportunity Communities contribute to health disparities and disparities in health outcomes.
The opportunity to be healthy is not equally available everywhere or for everyone.
Health

• Old English word root "hal" meaning
  • "health," "whole," "holy."
• To be healthy is to be whole
• Our sense of wholeness is not just individual completeness but connection to others and to place
• Singular integrity and communal belonging (social connectedness) is our personal standard of quality living.
John Gay
Born on June 30, 1685

• Poet, dramatist, best known for "The Beggar's Opera."

• “When we risk no contradiction,
  It prompts the tongue to deal in fiction.”
Triple Aim of Healthcare

- Better care for individuals
- Lower per capita costs
- Better health for populations

Institute of Medicine
Triple Aim of Healthcare

• Focus is on individuals
  • Care for individuals – patient-centered care
  • Per capita costs
  • Health for populations – collection of individuals

• Focus is on efficiency
  • An industrial/technology model
  • No focus on community impacts outside of healthcare
Healthcare is built on an industrial/technological model of health

- Individualistic
  - Assumes person can be healthy independent of outside factors
- Standardization
- Evidence-based
  - Only certain kinds of evidence acceptable
- Professionalization
- Specialization
- Reliance on technology
- Bigger is better
- Profitability and Return on Investment
- This model discounts the importance of communities
Triple Aim of Healthcare is detrimental to health – particularly rural health

- Individual health model – not a community health model
- Population health
  - Assumes healthcare is responsible for population health
- Healthcare is made the benevolent dictator of health
  - All of health is viewed through the lens of healthcare
  - Healthcare determines and reinforces the narrative about what creates health
  - Healthcare dictates where health investments are made
- Rural communities and health equity are particularly sensitive to the rule of healthcare
  - What’s good for healthcare may not be what’s best for communities (particularly rural communities) or advancing health equity.
Health Is Community

“...the community in the fullest sense is the smallest unit of health... to speak of the health of an isolated individual is a contradiction in terms.”

- Wendell Berry in *Health is Membership*

Healthcare should be community-centered not patient-centered.
Learning Tracts at 2015 Rural Health Conference

Conference Learning Tracks
• Care Coordination
• Health Equity
• Mental Health
• Triple Aim (Value Based Care)
• Workforce

What sessions addressed an individual, workforce, or a community-centered approach to health?
Sponsors of 2015 Rural Health Conference
Rural Communities are Complex

Ownership and pride
Food access
Conservation
Entertainment
Water use
Education
Market forces
History
Transportation
Changing values
Industrialization
Wildlife
Agriculture
Safety and Security
Economic development
Recreation
Healthcare
Technology
Wetlands

Research
Land use
Comprehensive planning
Relationships
Spirituality
Arts
Demographic changes
Social connections
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

- 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
All three are necessary to create healthy people and healthy communities

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Expand our understanding about what creates health

Importance of Telling the Story of Health

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

**Public Narratives**

**Frames**

**Messages**

David Mann
What is the Dominant Worldview/Narrative About What Determines Health?

People would be healthy if they worked hard; made good choices about diet, physical activity, and substance use; and had good medical care.
Public Perceptions of Narratives on Why Children Struggle

- Parents not knowing how to parent correctly
- Living in a bad neighborhood (drugs, guns, gangs)
- Lack of hard work by the child
- Living in poverty
- Parents stressed about money
- Lack of high-quality day care
- Lack of good-paying jobs for some parents
- Living in segregated and poor neighborhoods
- People not willing to advocate for others' children
- Unequal treatment by schools, police, and justice systems by skin color
- Limited political support for all children have what they need to succeed
- Limited political support for poor families to move out of poverty
- Employers not being family friendly
- People not willing to pay more in taxes to make sure all children succeed

Color symbols: ColorBrewer2.org
Consider 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


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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
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
Health in All Policies Approach Helps Strengthen Community Capacity
Policy and System Changes Related to Social Determinants of Health (selected)

- Marriage Equity
- Minimum Wage
- Paid Leave – Family and Sick
- Federal Transportation Policy
- REL(D) data
- Broadband connectivity
- E-Health Policies
- Ban the Box
- Buffer strips

- Target Corporation Contracting Policy
- Cabinet HiAP Approach
- State Agency Policy Changes
- CIC (Big 10)/SHD Initiative
- Others – depending on the opportunities
  - Data
  - Community energy
  - Partnerships
World Health Organization
Commission on Social Determinants of Health

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Social Determinants of Health Have the Largest Impact on Equity in Health and Well-Being

To change the living conditions that impact health, people need the capacity to act.

Organize the:

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

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

- **Resources**: Identify/shift the way systems and processes are structured.
Asking the Right Questions About Assumptions Can Help Change the Narrative

- 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?
Asking the right policy questions helps strengthen community capacity to create their own healthy future

- **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?**
Asking the right policy questions helps support a Health in All Policies approach:

- What are the health implications of the policy/program?
- What are the outcomes?
- What outcomes do we want?
- Who is benefiting?
- Who is left out?
- Who should be targeted to benefit?
Asking the Right Questions Is a Path to Rural Health, Health Equity, and Optimal Health for All

• What would it look like if equity was the starting point for decision-making?
• Our work would be different.
Our Work Would be to Advance Health Equity and Optimal Health for All by:

- Expanding our understanding about what creates health
- Implementing a Health in All Policies approach with health equity as the goal
- Strengthening the capacity of communities to create their own healthy future
• How pleasant it is, at the end of the day, No follies to have to repent;  
  But reflect on the past, and be able to say, That my time has been properly spent.
“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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John Gay
Born on June 30, 1685

- Poet, dramatist, best known for "The Beggar's Opera."
- “Life is a jest; and all things show it. I thought so once; but now I know it.”
Lena Horne
Born on June 30, 1917

• Singer, actress, civil rights activist.

• “You have to be taught to be second class; you're not born that way.”

• “It's not the load that breaks you down, it's the way you carry it.”
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• It's not the load that breaks you down, it's the way you carry it.
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.