Next Steps in Health Equity: Addressing Racial and Economic Inequality

Jeanne Ayers
Assistant Commissioner, Minnesota Department of Health

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Presentation

- Present a framework and theory of change for an emerging public health practice to advance health equity.

- Identify the core elements of the Triple Aim of Health Equity, describe the practices, tools and illustrate practices in action.
  - Expand the understanding of health
  - Implement Health in All Policies with Equity as the Aim
  - Strengthen community capacity
Advancing Health Equity Requires Navigating Complexity

- Identify existing patterns, create or strengthen patterns with the potential to create transformative change.

- Introduce and strengthen practices versus specific programs or services.

- Triple Aim of Health Equity - theory of change blends an understanding of power and systems change.
Triple Aim of Health Equity

- Implement Health in All Policies
- Expand Understanding of Health
- Strengthen Community Capacity

- 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
Public Health

“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
What is necessary for Health?

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

Factors that determine health

- Social and Economic Factors, 40%
- Health Behaviors, 30%
- Clinical Care, 10%
- Physical Environment, 10%
- Genes and Biology, 10%

“...the opportunity to be healthy is not equally available everywhere or for everyone in the state.”
Health inequities in Minnesota are significant and persistent, especially by race:

In Minnesota, an African American or Native American infant has more than twice the chance of dying in the first year of life as a white baby.
Disparities in Birth Outcomes are the tip of the health disparities iceberg.
Roots of Inequities - how did we get here?

- Disparities are not simply 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, GLBTQ, and low income
  - Structural Racism
Disparities in health are the tip of the societal disparities iceberg.
What does “health equity” mean?

Health equity means achieving the conditions in which **all people have the opportunity to realize their health potential** — the highest level of health possible for that person — without limits imposed by structural inequities.

A feature not of persons but of systems!
Communities of Opportunity

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

Good Health Status

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

Low-Opportunity Communities

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

- 75% of white population in Minnesota owns their own home, compared to:
  - 21% of African Americans
  - 45% of Hispanic/Latinos
  - 47% of American Indians
  - 54% Asian Pacific Islanders

Source: Advancing Health Equity Report 2014
“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
“Assuring Conditions” requires Seeing a Wider Set of Relationships
Social Determinants of Health

- The conditions and circumstances in which people are born, grow, live, work, and age. These circumstances are shaped by a set of forces beyond the control of the individual: economics and the distribution of money, power, social policies, and politics at the global, national, state, and local levels.
  - WHO and CDC (adapted)
Changing the Conditions that Affect Health Requires the Capacity to Act

Some populations have a more difficult time than others in impacting living conditions.

Public health must build its skills to foster the “capacity to act”

Structure work to achieve our overall aim: Create/Strengthen “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 resources-infrastructure-the way systems and processes are structured.
Triple Aim of Health Equity

Implement Health in All Policies

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Social Cohesion

- Strengthen Community Capacity
- Expand Understanding of Health
Healthy Minnesota 2020: Statewide Health Assessment and Statewide Health Improvement Framework

- Minnesota Department of Health and the Healthy Minnesota Partnership

http://www.health.state.mn.us/healthymnpartnership/hm2020/
Advancing Health Equity in Minnesota
Report to the Legislature
Advancing Health Equity in Minnesota
Report to the Legislature

- Things are the way they are – because we designed them that way. The roots are deep in historical policies—Structural Racism

- Not a new program but a commitment, a commitment to fundamental shifts in paradigms about what constitutes evidence, who is involved in decision-making, and what creates health

- Greatest potential for change is effective policy development

Laws of Minnesota 2013, Chapter 108, Article 12, Section 102
Health in All Policies
Asking Questions as a Path to Action

- Inquiry Questions:
  - What is working?
  - What policies, practices, processes create inequities within our organizations and more broadly?
  - Identify areas where structural inequities and structural racism are creating inequitable health outcomes.

- Develop the practice of examining Policies, Processes and Assumptions.
Policy and System Changes Related to Social Determinants of Health (selected)

- Income-Minimum Wage
- Paid Leave – Family and Sick
- State and Federal Transportation Policy
- Race Ethnicity Language data
- Broadband connectivity
- E-Health Policies
- Criminal Justice-Ban the Box-Sentencing reforms
- Education- Bullying—School Discipline policies
- State and Foundation Grant-making and contracting
- Minnesota Food Charter
- State Agency Policy Changes
- Statewide Health Improvement Program (SHIP)-complete streets, safe routes to school, smoke-free policies.....
Health in All Policies Approach Helps Strengthen Community Capacity

Information Technology

Recreation & Open Spaces

Healthy Food

Public Transit & Active Transportation

Quality & Affordable Housing

Green Sustainable Development

Healthcare

Economic Opportunity

Complete Neighborhoods

Community Oriented Media

Quality Environment

Fair Justice System

WE LOVE PUBLIC SPACE

Safe Public Spaces

Healthy Food

Quality Environment

Public Transit & Active Transportation

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Community Oriented Media

Recreation & Open Spaces

Information Technology
Overall Lessons

- Organic – must be interwoven with all other work- recognize it is iterative
- Must be intentional
- Commitment: Requires commitment to building our organizational and community capacity -- skills
- Leadership – Hold our selves and each other accountable-bring more people into decision-making
- Imperfect-incomplete work--navigating toward health equity -- permission to make course corrections
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“Public health is the constant redefinition of the unacceptable”

Geoffrey Vickers

Jeanne Ayers
Assistant Commissioner, MDH
P.O. Box 64975
St. Paul, MN 55164-0975

Jeanne.Ayers@state.mn.us
Links to Referenced Reports

- **The Health of Minnesota: Statewide Health Assessment:**
  http://www.health.state.mn.us/healthymnpartnership/sha/

- **Healthy Minnesota 2020: Statewide Health Improvement Framework:**
  http://www.health.state.mn.us/healthymnpartnership/hm2020/#fw

- **Advancing Health Equity: Report to the Legislature Report:**
  http://www.health.state.mn.us/divs/chs/healthequity/index.htm

- **White Paper on Income and Health:**
Links to Referenced Reports

- MDH 2015-2019 Strategic Plan and Community Engagement Plan
  - http://www.health.state.mn.us/about/strategicplan.pdf
  - http://www.health.state.mn.us/divs/opi/community/plan/
Links to Referenced Reports

- Association of State and Territorial Health Officers (ASTHO)  http://www.astho.org/Programs/Health-Equity/

- ASTHO-Dr Ehlinger’s President’s Challenge:  http://www.astho.org/Health-Equity/2016-Challenge/

- Big 10 Committee on Institutional Cooperation Health Equity Initiative:  https://www.cic.net/projects/health-equity-initiative