FIHET Equity in All Policies
Webinar Series: Webinar #5

Moderators:

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August 22, 2014
Speakers

Mr. Ed Ehlinger, *Commissioner of Health*, Minnesota Department of Health

Ms. Jeanne Ayers, *Assistant Commissioner*, Minnesota Department of Health

Ms. Melanie Peterson-Hickey, *Acting Director of the Center for Health Equity*, Minnesota Department of Health
ADVANCING HEALTH EQUITY FOR A HEALTHY MINNESOTA

Edward P. Ehlinger, MD, MSPH, Commissioner
Jeanne Ayers, RN, MPH, Assistant Commissioner
Melanie Peterson-Hickey, PhD, Director Center for Health Equity

Healthy Minnesota 2020 Vision:
All people in Minnesota enjoy healthy lives and healthy communities.
EDWARD EHLINGER

Commissioner
“There is a familiar America...It has the highest mass standard of living the world has ever known... but, there is another America. In it dwells somewhere between 40,000,000 and 50,000,000 citizens of this land. They are poor... at this very moment, maimed in body and spirit, existing at levels beneath those necessary for human decency...They are without adequate housing and education and medical care.”
War on Poverty

- Social Security Act – Medicare and Medicaid July 19, 1965
- Food Stamp Act
- The Economic Opportunity Act
  - Community Action Program
  - Job Corps
  - Volunteers in Service to America (VISTA)
- Head Start
- Elementary and Secondary Education Act
- Civil Rights Act
- Voting Rights Act
- Expansion of Title V (MCH programs)
Current U.S. expenditure for healthcare is $8,666/person.
USA White and Black IMR: 1980-2011
What does the persistence of this disparity say about us?

At current rate of improvement it will be 2046 before black infants born in the USA experience the same rate of survival as white babies born today.

“...our ability to prevent infant deaths and to address long-standing disparities in infant mortality rates between population groups is a barometer of our society’s commitment to the health and well-being of all women, children and families.”...SACIM, January 2013.
What is public health?

“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.”

Geoffrey Vickers
Disparities in Birth Outcomes are the tip of the health disparities iceberg

Disparities in Birth Outcomes

Heart disease
Cancer
Hypertension
Obesity
Renal failure
Suicide

Unwanted pregnancies
Drug abuse
HIV
STDs
Substance Use

Homicide
Diabetes
Cirrhosis
Nephritis
Influenza

Injuries
COPD
Depression
Influenza
Tuberculosis
Malnutrition

Anxiety
STDs
Depression
Cirrhosis
Homicide
Healthy Minnesota 2020
Statewide Health Improvement Framework
December 2012

A Healthy Start for All • An Equal Opportunity for Health • Communities Creating Health

Minneapolis Department of Health &
Healthy Minnesota Partnership
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www.health.state.mn.us/healthpartnership
Minnesota’s Vision for Health

All people in Minnesota enjoy healthy lives and healthy communities.

- Capitalize on the opportunity to influence health in early childhood
- Strengthen communities to create their own healthy futures
- Assure that the opportunity to be healthy is available everywhere and for everyone

Healthy Minnesota 2020
"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the objective of living."
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
What Creates Health?

Determinants of Health

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

**Necessary conditions for health (WHO)**
- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Health Care
- Social justice and equity


Public Health is not about swim lanes...
Creating Health will require a Health in All Policies approach.
“...the opportunity to be healthy is not equally available everywhere or for everyone in the state.”
Health Equity

*Health equity* -- 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.

*If we are not all healthy together, none of us is as healthy as we could be.*
JEANNE AYERS
Assistant Commissioner
“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), *The Future of Public Health*
Seeing a Wider Set of Relationships

Health

Living Conditions
Prerequisite Conditions for Health

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

Seeing a Wider Set of Relationships

- Health
- Living Conditions
- Capacity to Act

Diagram shows interconnections between health, living conditions, and capacity to act.
“Power, properly understood, is the ability to achieve purpose. It is the strength required to bring about social, political, or economic changes. In this sense power is not only desirable but necessary in order to implement the demands of love and justice.”

-Martin Luther King Jr. 1967
Arenas of Power

• Align the narrative-build public understanding and public will. (narrative)

• Directly impact decision makers, develop relationships, align interests. (people)

• Identify/shift the resources-infrastructure-the way systems and processes are structured. (resources)
Three Arenas of Power

- People
- Resources
- Narrative
Arenas of Power: Narrative

• How we measure, evaluate and make meaning of the data. Everything grows out of the way we frame the issues and the problems.

• A public narrative is a story that, when told in many different ways, can shift public consciousness and change what is possible. The narrative process is fluid.
Tools to Organize Narrative

Public Health Tools to organize narrative-- Reports, data, presentations, policy, partnerships, budget, legislation

Healthy MN 2020
- Statewide Health Assessment (add links)
- Statewide Health Improvement Framework

Advancing Health Equity in Minnesota report (Add link)
Legislation: Health Equity Report

Laws of Minnesota 2013, Chapter 108, Article 12, Section 102

• Summarize data on disparities and health equity
• Identify policies, processes and systems
• Recommendations for MDH
• Identify best practices
• Recommendations for data to document and monitor and evaluate -accountability
Power of People: Community Capacity

• Strengthen community capacity to create their own healthy futures.

• Healthy public policy—Health in All Policies-----Income and Health, Governor’s Cabinet, paid leave

• How we do our work, what work we are doing, and who we do it with is centrally important.
Power of Resources/Infrastructure

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

- Develop the practice of examining Policies, Practices, Processes and Assumptions.
Asking Questions as a Path to Action

• Inquiry Questions:
  ✓ What is working?
  ✓ What policies, practices, processes create inequities at MDH 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.
Asking Questions as a Path to Action

• The central questions when looking at existing policies are:
  • What are the outcomes?
  • Who benefits?
  • Who is left out?

• The central questions to help design new policies are:
  • What outcomes do we want?
  • Who should be targeted to benefit?
Asking Questions as a Path to Action

• The central questions to examining *processes* are:
  • Who is at the decision-making table, and who is not?
  • Who has the power at the table?
  • Who is being held accountable and to whom or what are they accountable?

• The central questions to help develop *new processes* are:
  • How should the decision-making table be set, and who should set it?
  • Who should hold decision-makers accountable, and where should this accountability take place?
Asking Questions as a Path to Action

- The central questions to identify assumptions are:
  - 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?

- The central questions to define new assumptions that will create the opportunity for health and healthy communities for all are:
  - What are our values?
  - What would it look like if equity was the starting point for decision-making?
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


MELANIE PETERSON-HICKEY
Acting Director, Center for Health Equity
Populations of Color in Minnesota

Health Status Report

Update Summary
Spring 2009
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
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.
Predictors of Health by Race

The connection between systemic disadvantage and health inequities by race is clear and predictive of the future health of our community.
How do we Advance Health Equity?

- Transform institutions to address structural inequities
  - Embed health equity throughout organizations
  - Build organization capacity to advance health equity
  - Analyze and critique current practices to identify inequities
  - Provide training and technical assistance
How do we Advance Health Equity?

- Strengthen communities
  - Develop deeper relationships with stakeholders and build power among community members, particularly communities of color and American Indians.
How do we Advance Health Equity?

• Work across policy arenas (health, transportation, education, housing, etc.)
  • Cabinet-level discussions of policy issues
  • Health in all policies
What Needs to be Done

Achieving health equity and eliminating health disparities requires valuing everyone and making intentional, consistent efforts to address avoidable systematic inequalities, historical and contemporary injustices.
Advancing Health Equity in MN: Recommendations

- Adopt a “health in all policies” approach
- Change MDH grant making
- Strengthen data collection and analysis
- Provide statewide leadership
- Strengthen community relationships
- Make health equity an emphasis
- Continue efforts that work
Center for Health Equity (CHE)

Office of Multicultural and Minority Health

The Center for Health Statistics

Eliminating Health Disparities Initiative (EHDI Grants Program)
Stories of Results

• Income and Health Report---
• Translating to new arenas—Spanish—Low-Wage Workers working to improve their living and working conditions
• HiAP
• Shifting relationships with communities
• Changes to grant-making, study design, partnerships, evaluation strategies
• Communities of Learning-Engagement, narrative
Overall Lessons

• Power -- How we Talk, How we Act and Who we are in Relationship with

• Organic -- It is interwoven with all other work. It is iterative (drafts) and VERY POWERFUL

• Narrative -- Commitment to developing our skills with narrative -- building our muscle.

• Leadership -- Willingness to hold our selves accountable

• This is imperfect--incomplete work--navigating toward health equity -- give selves permission to make course corrections
Advancing health equity is not about averages
It’s about creating opportunities to be healthy
Thank you for participating in the Federal Interagency Health Equity Team’s Equity in All Policies webinar series.

Questions?