ASPPH Presents Webinar Series

The Triple Aim of Health Equity

Wednesday, June 7, 2017
11:00 a.m. - 12:00 p.m. Eastern
Method for Submitting Questions

Join the Conversation...

- You can ask questions in writing anytime during the webinar.

- Simply type them in the “Questions” field on the right side of your screen.
Today’s Presenter

Introduction by:
LaVonne Ortega, MD, MPH
Centers for Disease Control and Prevention (CDC)

Edward Ehlinger, MD, MSPH
Commissioner, Minnesota Department of Health
Advancing Health Equity and Optimal Health for All

Edward P. Ehlinger, MD, MSPH
Commissioner, Minnesota Department of Health
June 7, 2017
Virginia Apgar, MD
born on June 7, 1909

▪ Anesthesiologist who developed the Apgar Score System, a method of evaluating an infant shortly after birth to assess its well-being and to determine if any immediate medical intervention is required.

▪ Ranked as the 45th most influential physician of all time by Medscape
# Infant APGAR

- 1 and 5 minutes

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<tr>
<td>Appearance</td>
<td>Blue/pale</td>
<td>Body pink, extremities blue</td>
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<td>Pulse Rate</td>
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### Country APGAR

#### APGAR Scoring

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<td>▪ How are we looking to our citizens and the rest of the world?</td>
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<td>▪ Are people working together?</td>
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“Nobody, but nobody, is going to stop breathing on me.” Virginia Apgar
We have done quite well over the last 109 years.
FIGURE 1. Infant mortality rate,* by year — United States, 1915–1997

*Per 1000 live births.


*Per 100,000 live births.
In early 1900s, 20% of people born died by age 5. Today, it takes until age 70 for 20% of a birth cohort to die.
Leading Causes of Death: 1900 - 2010

Deaths per 100,000 people in the U.S.A. by cause, 1900 and 2010

- **1900**
  - Infectious diseases (579.6)
  - Cancer (64)
  - Heart disease (137.4)
  - Cerebrovascular diseases (106.9)
  - Nephropathies (88.6)
  - Accidents (72.3)
  - Frailty (50.2)

- **2010**
  - Cancer (195.9)
  - Heart disease (192.9)
  - Cerebrovascular diseases (41.8)
  - Accidents (38.2)
  - Frailty (44.6)

Data source: nlm.nih.gov/ncbi/pmc/mypmcid/1113540 | Author: Randy Olson (randalolson.com / @randal_olson)
Ten Great Public Health Achievements in the 20th Century

- Immunizations
- Motor-Vehicle Safety
- Workplace Safety
- Control of Infectious Diseases
- Declines in Deaths from Heart Disease and Stroke
- Safer and Healthier Foods
- Healthier Mothers and Babies
- Family Planning
- Fluoridation of Drinking Water
- Tobacco as a Health Hazard
Improvements have slowed

U.S. Life Expectancy at Birth
1900 to 2009

Influenza Epidemic, 1918
The last major decline was in 1993, when life expectancy fell by 0.3 years.

Life expectancy fell from 78.9 to 78.8 years in 2015.

Source: National Vital Statistics System
Credit: Sarah Frostenson
Improvements have slowed

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

US Rank 12 (1960)

Source: http://stats.oecd.org, accessed 6-10-16
Improvements slowed when our disparities increased


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

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

Female (OECD median)
Female (U.S.)
Male (OECD median)
Male (U.S.)
Improvements slowed when our disparities increased

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

U.S. Ranked 49th in Maternal Mortality in 2008

Data from UNICEF, WHO, UN Population Fund, and World Bank with standardized methodology.
Improvements slowed when we increased our investments in healthcare.

Life expectancy vs health expenditures - U.S. and OECD Countries 1970 - 2014

Best of times for health care; worst of times for health.
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.
How did this happen?

**Predominant U. S. Worldview**

- Decreased investment in the “commons” and the disadvantaged
- Increased competition & polarization
- **Over investment in biomedical model**

**Boot Straps Individualism**

- Virtue of Work

**Free Market Solutions**

- Education is for job training

**Structural Discrimination**

- is a thing of the Past

**Small Government**

- Mistrust of Science

**Reliance on technology/specialization**
Triple Aim of Healthcare

- Better care for individuals
- Lower per capita costs
- Better health for populations
The Triple Aim of Healthcare has not moved us to better health or health equity

- Individual health model – not a community health model
- What’s good for healthcare may not be what’s best for communities or advancing health equity
- Reinforces the narrative about what creates health
- Makes healthcare the benevolently dictating force of health
We need to change how we do our work

USA White and Black
IMR: 1980-2011

The opportunity to be healthy is not equally available everywhere or for everyone.
"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.”
To Advance Health Equity, We Need a Different Approach

“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”

The Future of Public Health
Institute of Medicine, 1988
Living Conditions Impact Health

**Communities of Opportunity**

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

**Low-Opportunity Communities**

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

**Good Health Status**

**Poor Health Status**

Contributes to health disparities:
- Obesity
- Diabetes
- Asthma
- Cancer
- Injury
Living Conditions Impact Health

Social Determinants of Health

The conditions and circumstances in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, social policies, and politics that are beyond the control of the individual.
Living Conditions Impact Health

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

Public health has few skills in changing living conditions.
Changing the Conditions that Affect Health Requires the Capacity to Act

- Health
- Capacity to Act
- Living Conditions
Structure work to achieve our overall aim: Create/Strengthen our "Capacity to Act"

Organize the:

- **Narrative**: Align the narrative to build public understanding and public will.
- **Resources**: Identify/shift the way resources, systems and processes are structured.
- **People**: Directly impact decision makers, develop relationships, align interests.
The Public Health Approach to Advancing Health Equity and Optimal Health for All

**Triple Aim of Health Equity**

- **Implement Health in All Policies**
  - Implement a Health in All Policies Approach With Health Equity as the Goal

- **Expand Understanding of Health**
  - Expand Our Understanding of What Creates Health

- **Strengthen Community Capacity**
  - Strengthen the Capacity of Communities to Create Their Own Healthy Future

**Social Cohesion**
Expand our understanding about what creates health
Importance of Narrative

“Public sentiment is everything. With public sentiment, nothing can fail; without it nothing can succeed. Consequently he who molds public sentiment, goes deeper than he who enacts statutes or pronounces decisions. He makes statutes and decisions possible or impossible to be executed.”

-Abraham Lincoln
Expand the Understanding About What Creates Health.  
The Dominant Narrative is:

- People would be healthy if they worked hard; made good choices about diet, physical activity, and substance use; and had good medical care.

- Health is the responsibility of individuals until they get sick, then it becomes the responsibility of the healthcare system.
Expand the Understanding of What Creates Health

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


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)

Ehlinger’s beliefs about the contributions to health determinants

- Genes and Biology: 10%
- Physical Environment: 10%
- Clinical Care: 10%
- Health Behaviors: 10%
- Social and Economic Factors: 60%

• Determinants are created & enhanced mostly by policies and systems that impact the physical and social environment.

• Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.
  - Populations of color and American Indians, GLBT, immigrants, refugees
  - Structural Racism
Expand the understanding about what creates health. Contrasting/Alternative Worldviews

**Dominant U. S. Worldview**

- Boot Straps
- Individualism
- Virtue of Work
- Small Government
- Mistrust of science
- Reliance on technology/specialization
- Structural discrimination is a thing of the past
- Education is for job training
- Free Market Solutions

**Alternative Worldview**

- Interdependence
- Social Cohesion
- Virtue of Work
- Necessary government
- Social responsibility
- Social Justice
- Education is for enlightenment
- Cooperation
- Collective Action
- Need for generalists
- Equity is the challenge of the present

- Expand the understanding about what creates health.
“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.”

Wendell Berry
Implement a Health in All Policies Approach with Health Equity as the Goal

- Minimum Wage
- Paid Leave
- Criminal justice
- Energy
- Transportation
- Broadband connectivity
- E-Health
- Housing/Homelessness

- Air/Water quality
- Ag Buffer strips
- Food Charter
- Marriage Equity
- Payday Lending
- Freedom to Breathe
- Health Care Reform
- Climate Change
Implement Health in All Policies Approach with Health Equity as the Goal

Strengthen the Capacity of Communities to Create Their Own Healthy Future

World of Transforming...
- Deprivation
- Dependency
- Violence
- Disconnection
- Environmental decay
- Stress
- Insecurity
- Etc...

By Strengthening...
- Democracy
- Mutual accountability
- Leaders and institutions
- Plurality
- Freedom
- Foresight and precaution
- The meaning of work
- Etc...

World of Providing...
- Health education
- Screening tests
- Disease management
- Pharmaceuticals
- Clinical services
- Physical and financial access
- Etc...

"...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

Social Cohesion

“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
Asking the Right Questions Can Advance Health Equity

**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?

http://www.health.state.mn.us/divs/chs/healthequity/
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:

**Triple Aim of Health Equity**

- Implement Health in All Policies
- Social Cohesion
- Strengthen Community Capacity
- Expand Understanding of Health
- Strengthen the Capacity of Communities to Create Their Own Healthy Future
- Implement a Health in All Policies Approach With Health Equity as the Goal
- Expand Our Understanding of What Creates Health
Asking the Right Questions Is a Path to Action for Change

- What would it look like if equity was the starting point for decision-making?
- Our work would be different.

- But it would also be going back to our roots
Back to the Original Hippocratic Oath

I swear by Apollo, the healer, Asclepius, Hygeia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment, the following Oath and agreement...
Ignaz Semmelweis (1818-1865)
Sir Joseph Lister (1827-1912)
Edward Jenner (1749-1823)
Louis Pasteur (1822-1895)

Robert Koch (1843-1910)
John Snow (1813-1858)
Jonas Salk (1914-1995)
Sir Alexander Fleming (1881-1955)

Rudolph Virchow (1821-1902)
Paul Ehrlich (1854-1915)
Cicely D. Williams (1893-1992)
Carlos Chagas (1878-1933)
Dr. Rudolf Virchow,  
Father of Pathology and Social Medicine (the Pope of Medicine)

- "Medicine is a social science, and politics is nothing else but medicine on a large scale."
- “The physicians are the natural attorneys of the poor, and the social problems should largely be solved by them.”
Back to the 1854 - 1865 Cholera Epidemic In London
Changed living conditions

Dr. John Snow

Sir Joseph Bazalgette

Rev. Henry Whitehead

Broad Street Memorial Pump

Abbey Mills Pumping Station
(the Cathedral of Sewage)
Board of Guardians

Water Map of London 1854
The mission of Land Grant Universities: focus on practical academic disciplines to address issues created by changing economic conditions and social class.
"Work for infant welfare is more than a philanthropy or an expression of good will. It is a profoundly important public concern which tests the public spirit and the democracy of a community."

Julia Lathrop, director of Children’s Bureau, 1912-1921

“Justice for all children is the high ideal in a democracy.”

Grace Abbott, director of Children’s Bureau, 1921-1934
Back to Women’s Suffrage which embodied the principles of the Triple Aim of Health Equity

- Demonstrated the need to engage all members and all sectors of society in creating health
- Demonstrated the power of engaged communities to create the conditions for health
- Changed the conversation about what creates health
Back to our professional values and mission

“...the physician’s function is fast becoming social and preventive, rather than individual and curative...(do) not to forget that directly or indirectly, disease has been found to depend largely on unpropitious environment...a bad water supply, defective drainage, impure food, unfavorable occupational surroundings...(these) are matters for ‘social regulation,’ and doctors have the duty to promote social conditions that conduce to physical well-being.”

Abraham Flexner 1910
Public health is the science and art of:
Preventing disease. Prolonging life, and Promoting health and efficiency through organized community effort for...

a. the sanitation of the environment
b. the control of communicable infections
c. the education of the individual in personal hygiene
d. the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and
e. the development of the social machinery to insure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity.
Back to a Health in All Policies approach to community health
1965-1967 - 89th Congress War on Poverty

- Expanded Title V – C and Y, MIC, and FP Projects
- Head Start
- Medicare and Medicaid
- Neighborhood health centers
- Food stamps
- The Voting Rights Act
- Job Corps
- VISTA
- Peace Corps
- School lunch program
- Older Americans Act
- Elementary & Higher Education Act
- Housing & Urban Development Act
- Vocational Rehabilitation Act
- The Freedom of Information Act
- Cigarette labeling and advertising act
- Public Works and Economic Development Act
- National Foundation on the Arts and the Humanities Act
- Immigration and Nationality Act
- Motor Vehicle Air Pollution Control Act,
- Highway Beautification Act,
- National Traffic and Motor Vehicle Safety Act
- National Historic Preservation Act,
- National Wildlife Refuge System Act,
- Department of Transportation Act,
- Etc.
Back to the core philosophy of Public Health

“The philosophy behind science is to discover truth.
The philosophy behind medicine is to use that truth for the benefit of your patient.
The philosophy behind public health is social justice.”

William Foege – CDC director, 1977-1983
June 7, 1864
Abe Lincoln renominated for Pres by Republican Party

“I have not permitted myself, gentlemen, to conclude that I am the best man in the country; but I am reminded, in this connection, of a story of an old Dutch farmer, who remarked to a companion once that 'it was not best to swap horses when crossing streams.”

Lincoln Acceptance Speech
“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*

“We all do better when we all do better.” MN Senator Paul Wellstone

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Questions or Comments?

Join the Conversation...

[Image: Webinar interface with a text box for entering questions and a button to send them.]
Thank you to Today’s Presenter

Now taking questions.

Edward Ehlinger, MD, MSPH
Commissioner, Minnesota Department of Health
Thank You!

See the webinar event page on the ASPPH website for a link to the archived webinar:

http://www.aspph.org/event/aspph-presents-the-triple-aim-of-health-equity/

Contact: webinars@aspph.org
Coming Attractions...

**ASPPH Presents Strategies for Effective Teaching of a Target Skill to Undergraduate Public Health Students**
Thursday, June 15, 1 – 2:00 p.m. Eastern

**ASPPH Presents Engaging Stakeholders in Undergraduate Curriculum Development**
Thursday, July 13, 1 – 2:00 p.m. Eastern

For more information about and to register for upcoming webinars, visit the ASPPH Events page:
http://www.aspph.org/events/category/webinar/
Thank you!