

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

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President-elect, ASTHO

National Rural Health Conference

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“Speak softly and carry a big stick.”

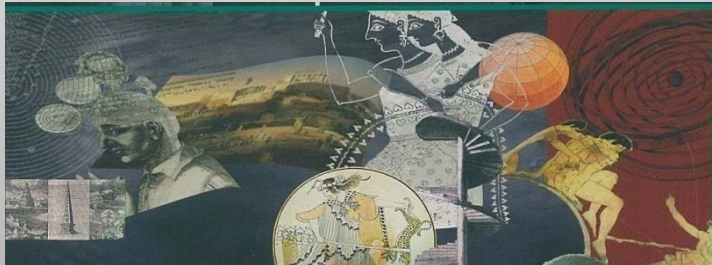
- Vice President Theodore Roosevelt first used this phrase at the Minnesota State Fair on September 2, 1901





Health is the Big Stick

- “When health is absent, wisdom cannot reveal itself, art cannot become manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be applied.”
 - Herophilus of Chalcedon, 335-280 BCE
 - Physician to Alexander the Great



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." Ottawa Charter for Health 1986

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
- Personal integrity and communal belonging (social connectedness) is the standard of quality of life.

Health Is Community

Community Conditions for Health and Quality of Life



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

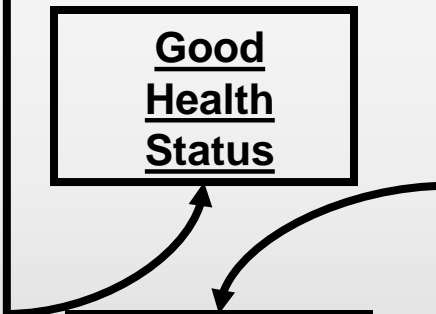
Low-Opportunity Communities

- 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:**

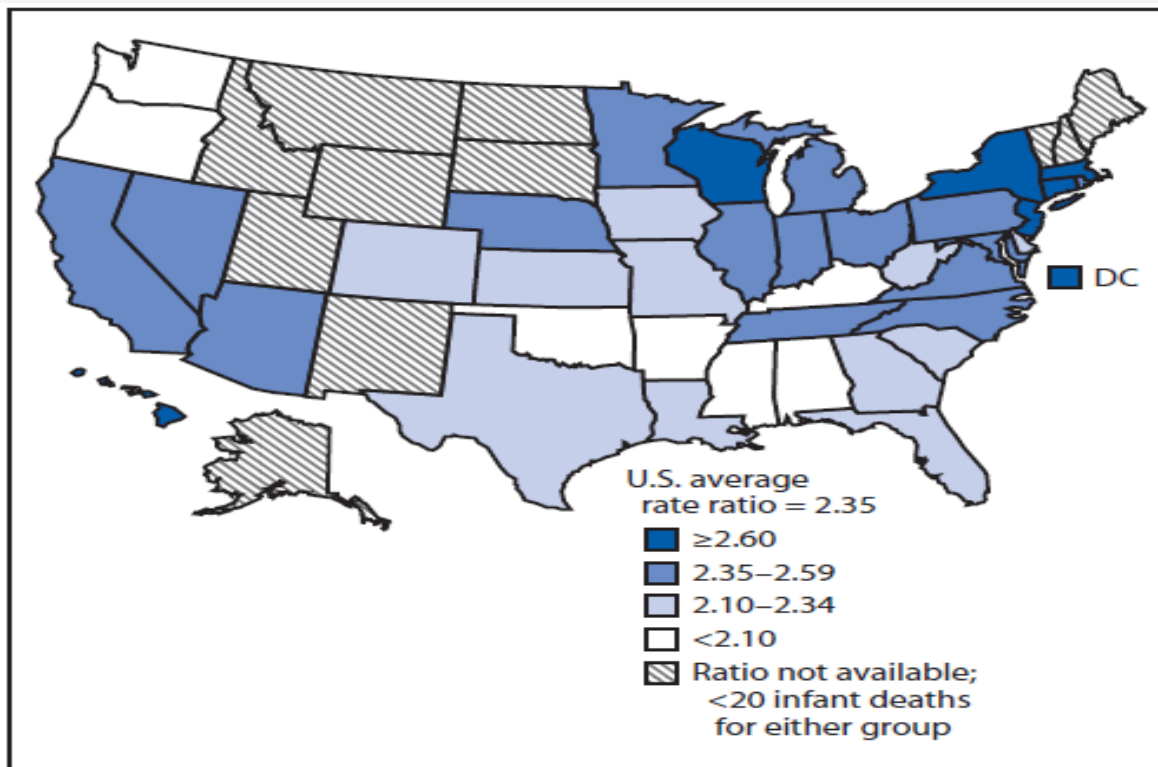
- Obesity
- Diabetes
- Cancer
- Asthma
- Injury



Advancing Health Equity

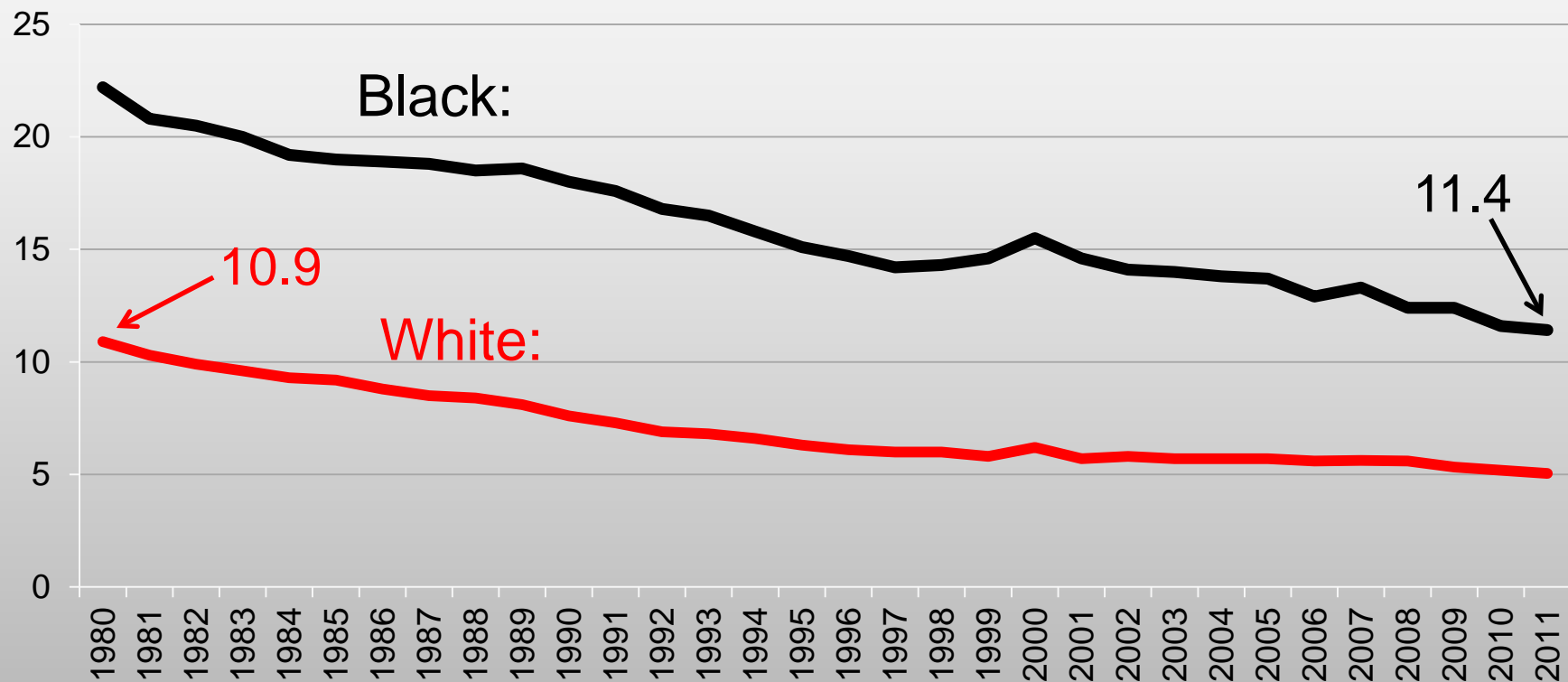
*The opportunity to be healthy
is not equally available
everywhere or for everyone.*

Ratio of non-Hispanic black and non-Hispanic white infant mortality rates,* by state — United States, 2006–2008



Source: National Vital Statistics System, NCHS, CDC

USA White and Black IMR: 1980-2011



The role of 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



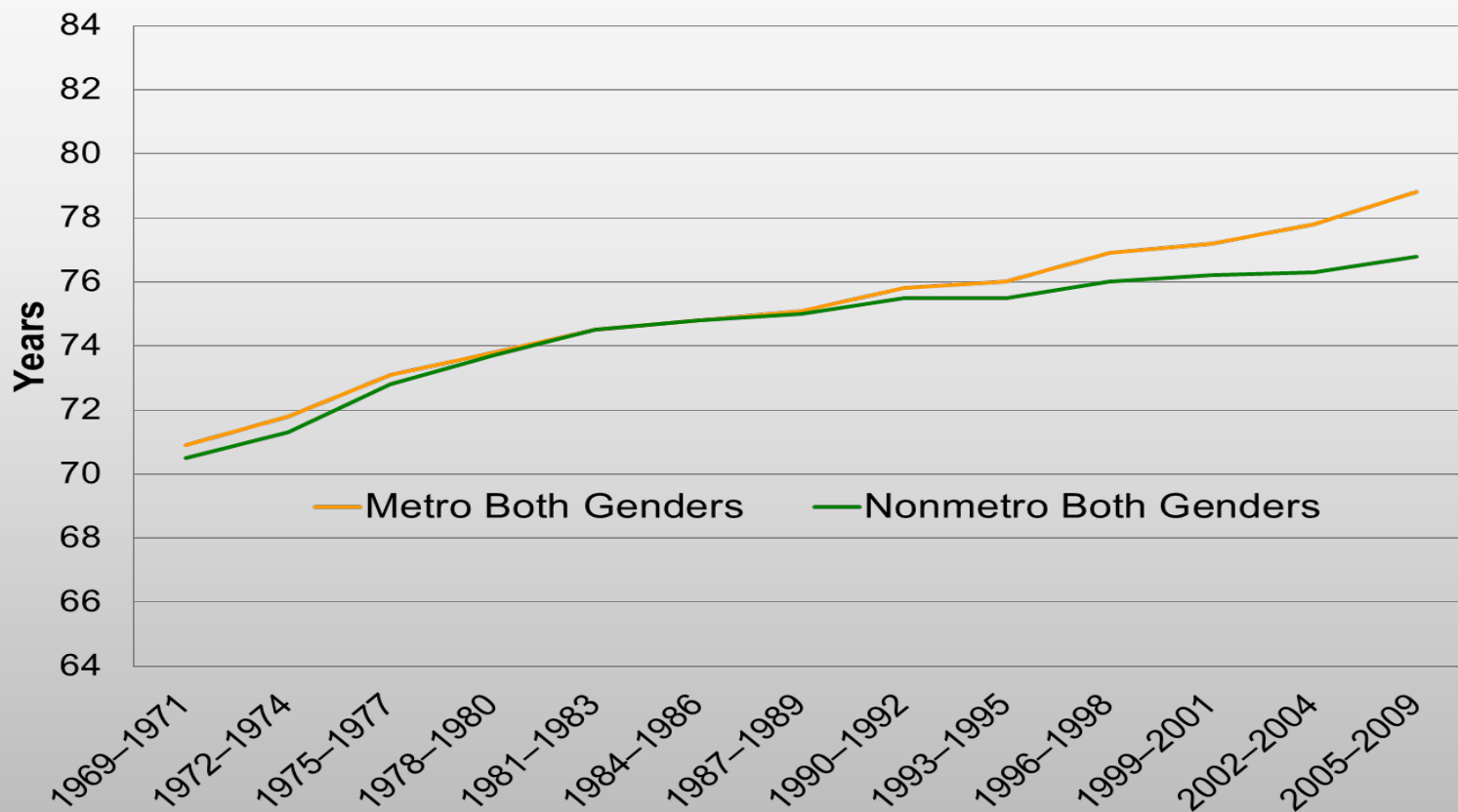
Disparities in Birth Outcomes are the tip of the health disparities iceberg



Social Determinates of Health: Rural Inequalities and Health Disparities

Alana Knudson, PhD
Michael Meit, MS, MPH

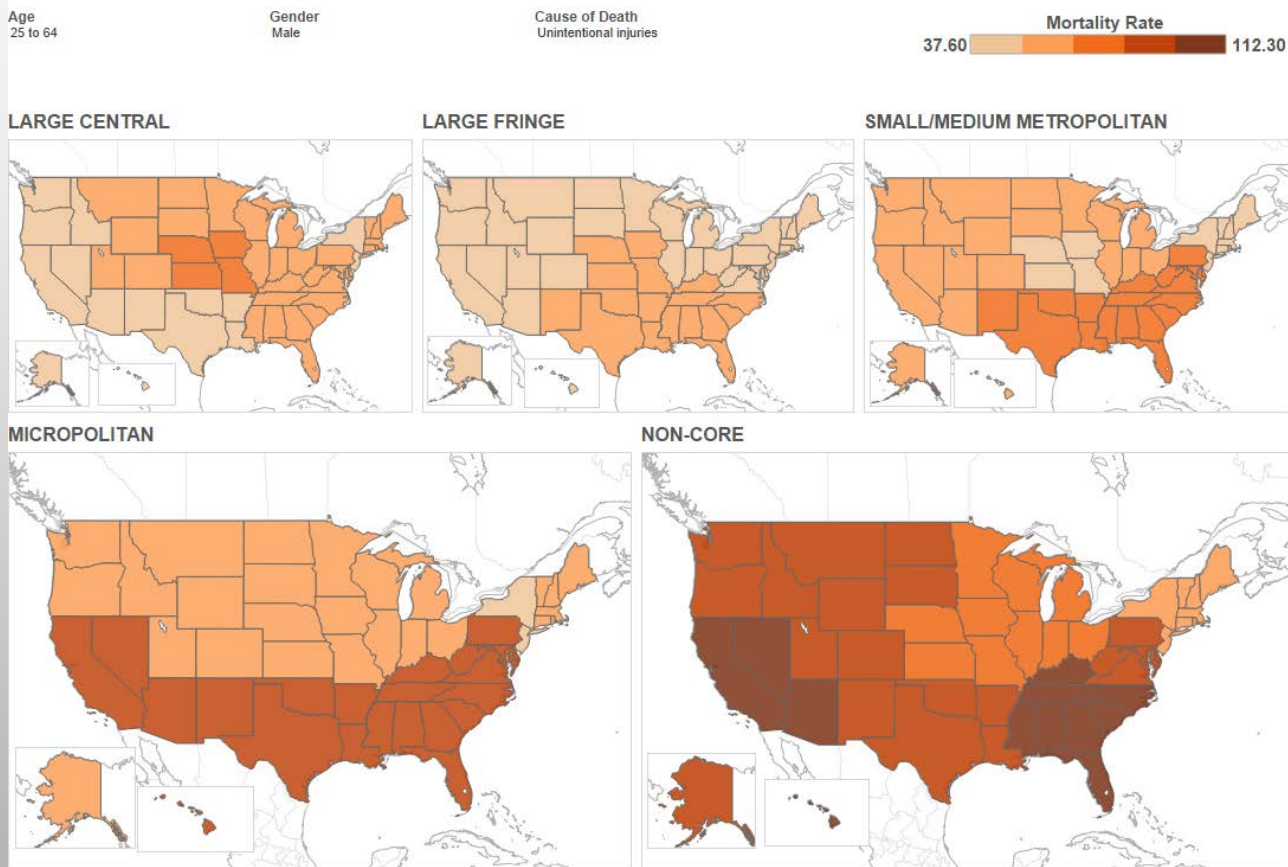
Life Expectancy at Birth in Metro and Nonmetro Areas, 1969-2009



Mortality: Unintentional Injuries – Males, 25-64 yrs

Mortality Rates (per 100,000 pop) by Age, Sex, HHS Region, Rural-Urban Status, and Cause

NOTE: Rates are age-adjusted; Areas of the US map without a color indicate that the data for that region are either unreliable or suppressed.



Disparities in health are the tip of the societal disparities iceberg



Socio-economic determinants

- Rural residents tend to be poorer than urban residents
 - Per capita income is \$9,864 less for rural (2012)
 - 21% of food stamp beneficiaries are rural (2014)
 - 27% of rural children live in poverty (21% urban)
- Rural residents' educational attainment
 - 16.6% have < high school education (13.9% urban)
 - 17.6% have a Bachelor's degree or higher (30.5% urban)

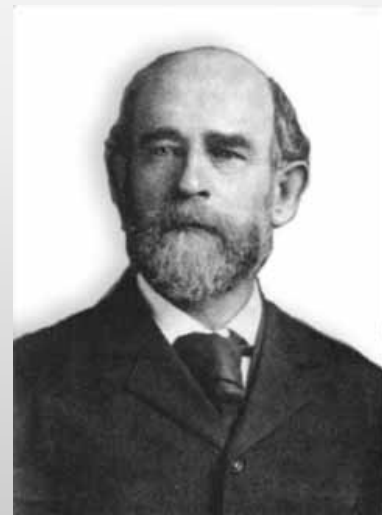
<http://www.ers.usda.gov/statefacts/US.HTM>

Source: http://www.ers.usda.gov/data-products/state-fact-sheets/state-data.aspx#.VFpOS_nF91Y

Henry George

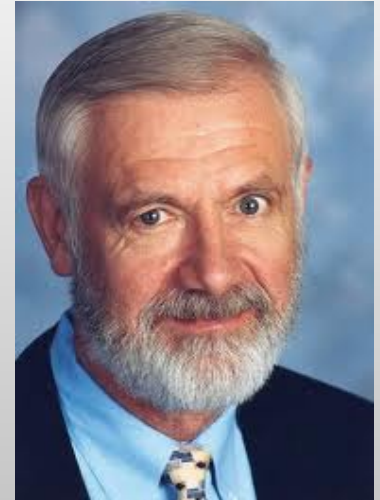
born on September 2, 1839

- US economist, journalist known for his theory of land value tax, described in "Progress and Poverty."
- *"We have made, and still are making, enormous advances on material lines. It is necessary that we commensurately advance on moral lines. Civilization, as it progresses, requires a higher conscience, a keener sense of justice, a warmer brotherhood, a wider, loftier, truer public spirit."*



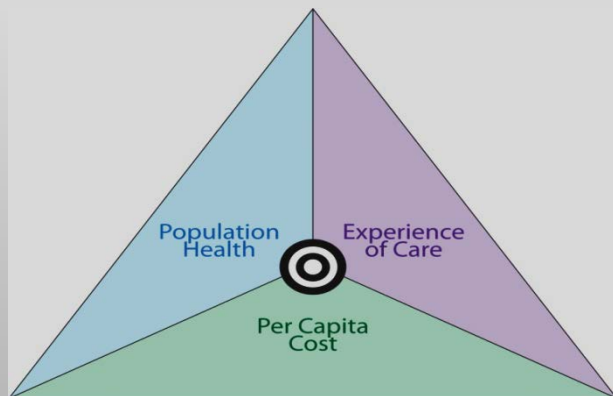
William Foege

- *“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.”*



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
- Evidence-based
 - Only certain kinds of evidence acceptable
- Standardization
- Professionalization
- Specialization
- Reliance on technology
- Bigger is better
- Profitability and Return on Investment

This model discounts the importance of communities

By itself, the Triple Aim of Healthcare could be detrimental to health – particularly rural health and health equity

- Individual health model
 - Not a community health model
- Population health aim
 - 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/reinforces the narrative about what creates health
 - Healthcare dictates where health investments are made

By itself, the Triple Aim of Healthcare could be detrimental to health – particularly rural health and health equity

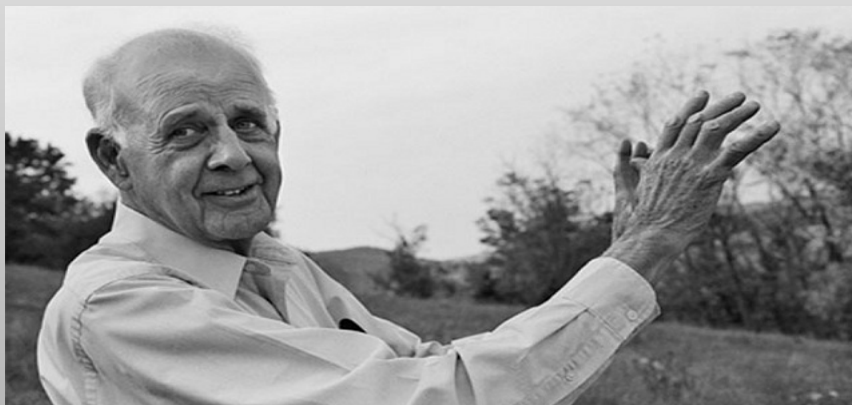
- Rural communities and health equity are particularly sensitive to the rule of healthcare
 - What's good for healthcare may not be what's best for communities (particularly rural communities) or advancing health equity.

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**

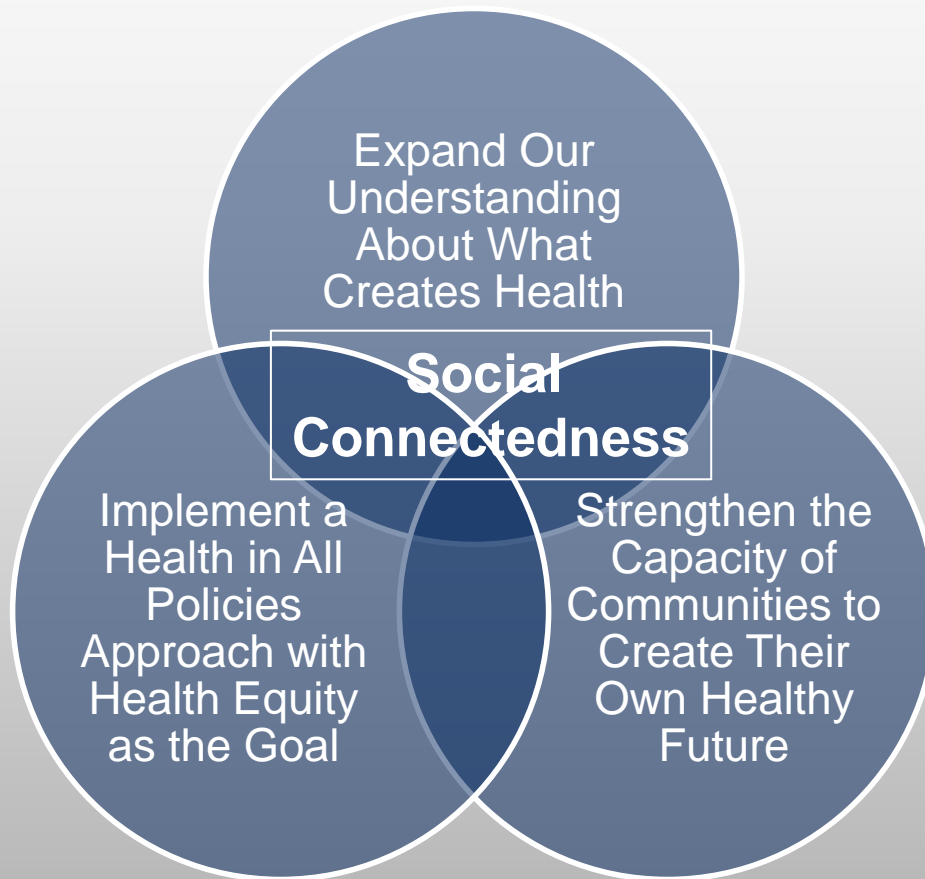


Healthcare should be
community-centered
not patient-centered.

Rural Communities are Complex



Triple Aim of Rural Health and Health Equity



Advancing Health Equity and Optimal Health for All

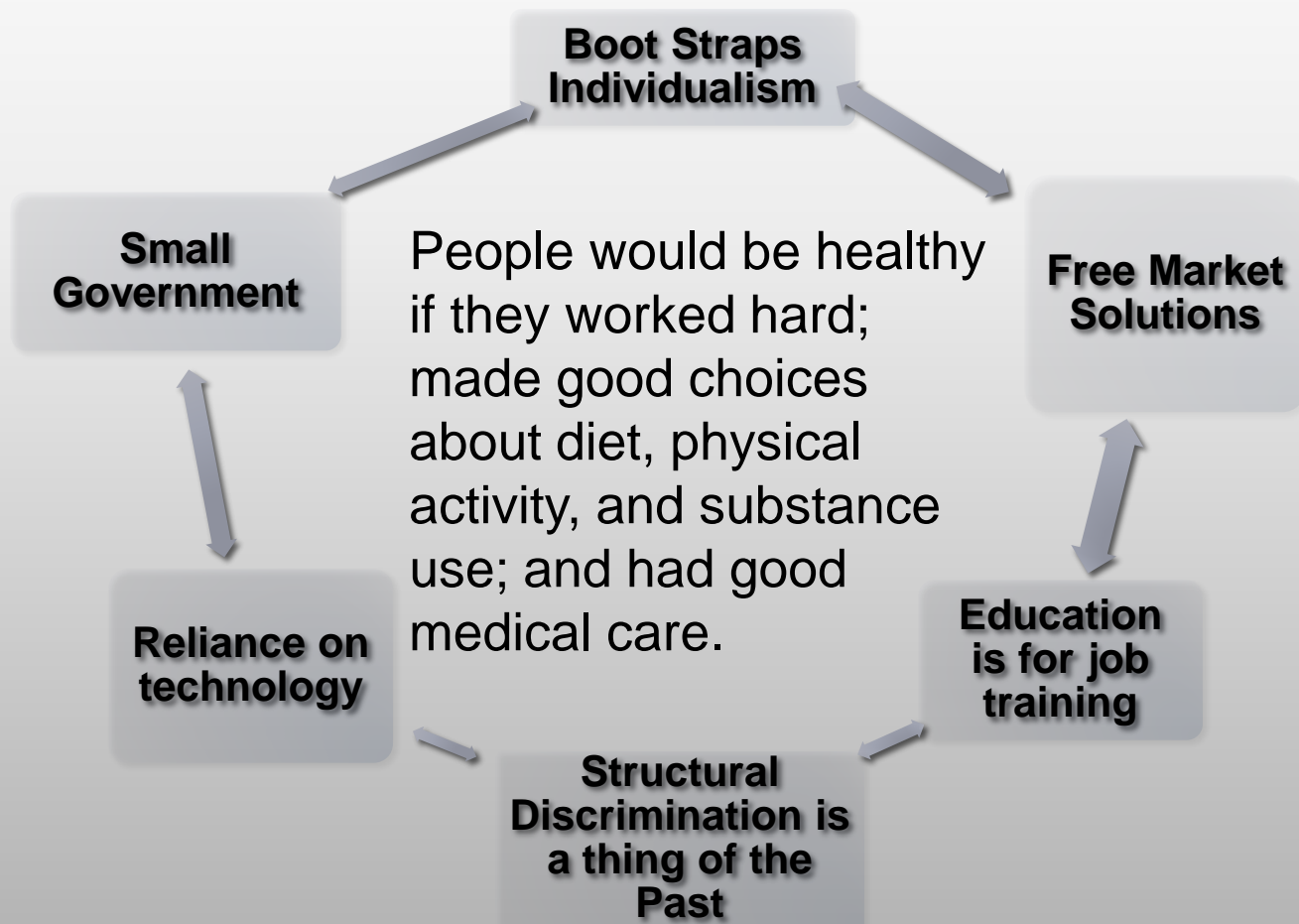
- Expand our understanding of what creates health
- Implement a Health in All Policies approach with health equity as the goal
- Strengthen the capacity of communities to create their own healthy future

Expand our understanding of what creates health

Importance of Telling the Story of Health



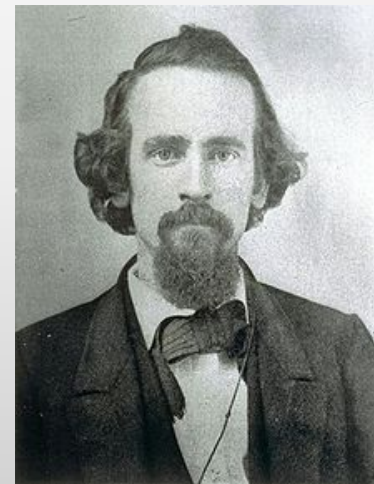
What is the Dominant Worldview/Narrative About What Determines Health?



Henry George

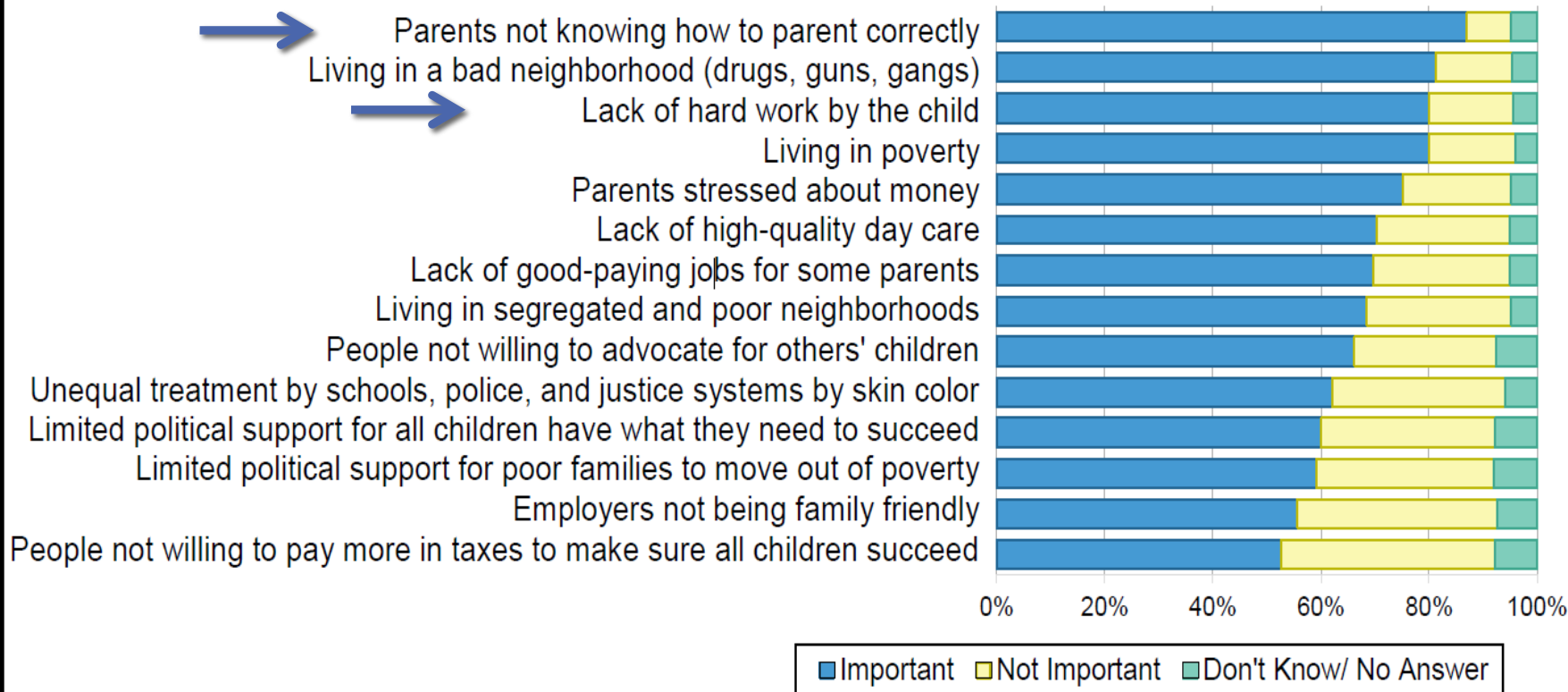
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- *“There is, and always has been, a widespread belief among the more comfortable classes that the poverty and suffering of the masses are due to their lack of industry, frugality, and intelligence...”*
- *“The fallacy is similar to that which would be involved in the assertion that every one of a number of competitors might win a race. That any one might is true; that every one might is impossible.”*



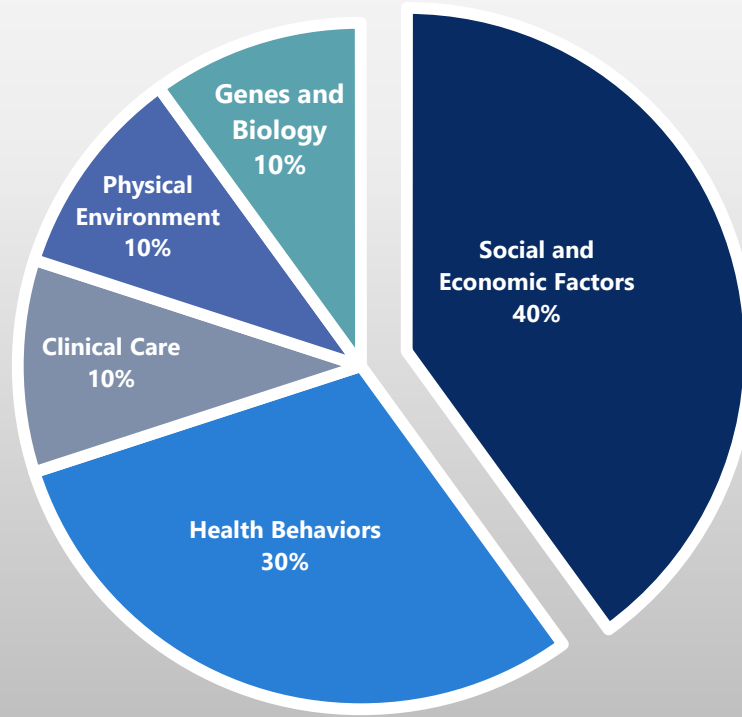
Breakthrough Initiative Survey 10/14

Public Perceptions of Narratives on Why Children Struggle



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

Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <<http://www.who.int/hpr/archive/docs/ottawa.html>>.

Communities of Opportunity

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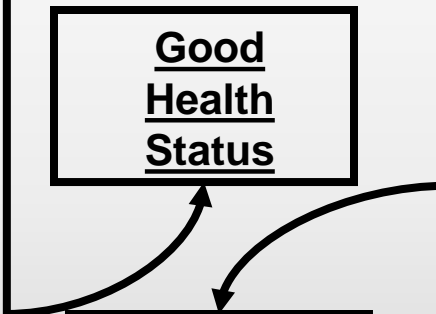
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- Injury



Expand our understanding of what creates health

Change the Narrative

- Health is not determined by just clinical care and personal choices
- Health is determined by mostly physical and social determinants
- Determinants are created & enhanced by policies and systems that impact the physical and social environment

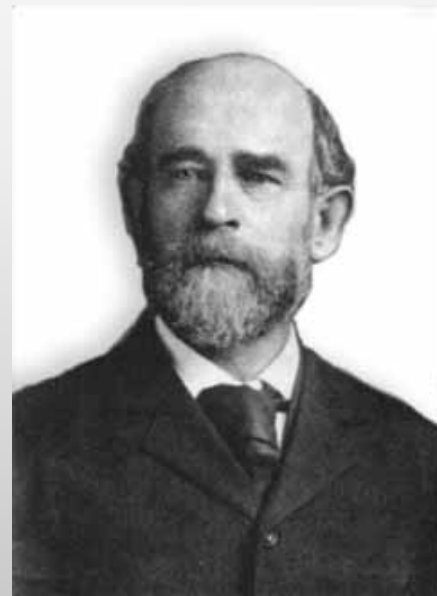
And The Real Narrative About What Creates Health Inequities?

- 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 George

born on September 2, 1839

- *“For at the bottom of every social problem we will find a social wrong.”*



Tool Kit for Expanding Our Understanding of What Creates Health

- Indicators of what creates health in Statewide Health Assessment
- Conversation with Statewide Health Improvement Partners
- Develop a Health Equity Report
- REL Data
- ACEs
- Set of questions

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?*

Health in All Policies with Health Equity as the Goal



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
- Corporation Contracting Policy
- State Agency Policy Changes
- University Research/Training objectives
 - CIC (Big 10)/SHD Initiative
- Others – depending on the opportunities
 - Data
 - Community energy
 - Partnerships

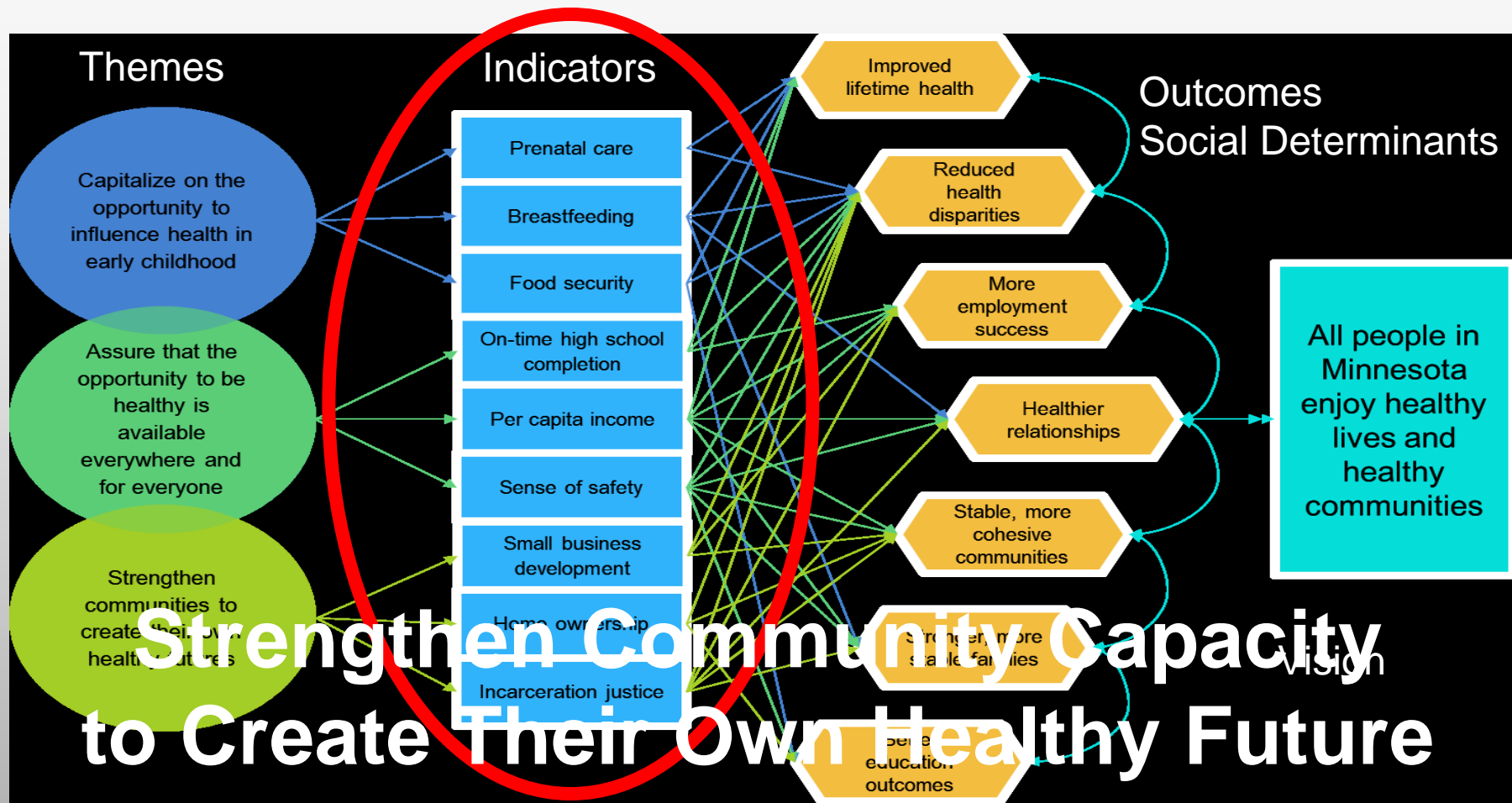
Tool kit for HiAP with Health Equity as the Goal

- State-wide Health Improvement Plans including a HIAP type of goal
- White papers on the connection between health and key conditions for health
- State funders support HIAP or HIA's
- Internal Policies alignment
- Expand capacity of staff
- Engage all cabinet members
- Set of questions

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 health and equity outcomes?*
- *What outcomes do we want?*
- *Who is benefiting?*
- *Who is left out?*
- *Who should be targeted to benefit?*

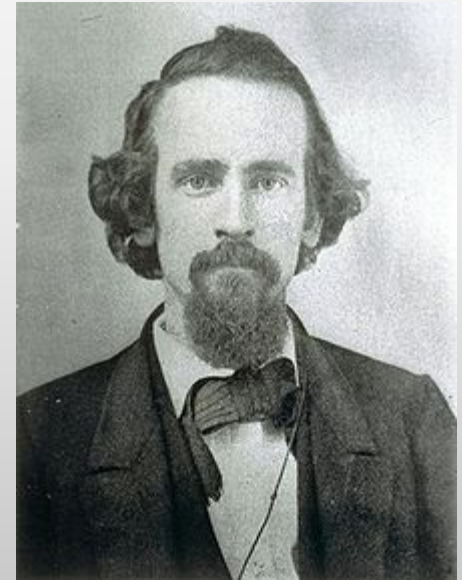
Health in all policies with health equity as the goal



Henry George

born on September 2, 1839

- US economist, journalist known for his theory of land value tax, described in "Progress and Poverty."
- *"What has destroyed every previous civilization has been the tendency to the unequal distribution of wealth and power."*



- The game we all know as *Monopoly* was originally designed to teach Georgist economics. Elizabeth Magie Phillips first patented her Landlord's Game in 1904. It was identical in layout and rules to today's *Monopoly* -- with one big difference: players could vote to switch, and play the game by single tax rules! When they did that, no one ever lost!

Tool Kit for Strengthening the Capacity of Communities to Create Their Own Healthy Future

- Community Engagement Plan
- Stakeholder identification including interests
- Advisory and Community Leadership Teams
- Community input on grant criteria
- Set of questions

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?*

Organizational Strategies for Moving Forward

- Build a shared understanding and internal capacity for advancing health equity.
- Identify and creatively address barriers to working differently.
- Change systems, structures, and policies that perpetuate inequities and structural racism.
- Authentically listen to and partner with communities.
- Improve the collection, analysis, and use of data for advancing health equity.
- Communicate our commitment to advancing health equity.

Health Equity Scorecard/Index

Assessing organizational capacity to advance health equity Essential Practices


- Expand the Understanding of Health in Word and Action
- Assess and Influence the Policy Context
- Lead with an Equity Focus
- Use Data to Drive Health Equity
- Advance Health Equity through continuous learning
- Support Successful Partnerships and Engagement
- Assure Strategic and Targeted Fiscal Resource Utilization

Scorecard Structure

Essential Practice	Definition	Critical Capabilities
Supporting Successful Partnerships and Engagement	Our organization engages multiple partners, explicitly including communities experiencing health inequities, in strategic and powerful partnerships to transform public health practice, collectively address social determinants of health, and advance health equity	<p>A. Cross-Sector Collaboration <i>The organization utilizes the social determinants of health and a health-in-all-policies approach to develop/deepen cross-sector/interagency relationships.</i></p> <ol style="list-style-type: none"> 1. To what extent does our organization's leadership reach out and engage his/her interagency counter partners to add health considerations to policies in non-traditional public health fields? 2. To what extent is the WHO definition of health embedded in our work and communications? Do we use it to support and assist in addressing social determinants of health with interagency partners? <p>B. Community Partnerships <i>The organization is actively engaged in building and maintaining relationships with multiple stakeholders (including communities experiencing inequities) in order to promote opportunities for optimal health of all people.</i></p> <ol style="list-style-type: none"> 1. To what extent is meeting community needs a priority for our organization? 2. Has our organization completed, participated, or planned a community health needs assessment in collaboration with community partners and input from individuals with lived experience of health inequity with follow up to address identified needs?



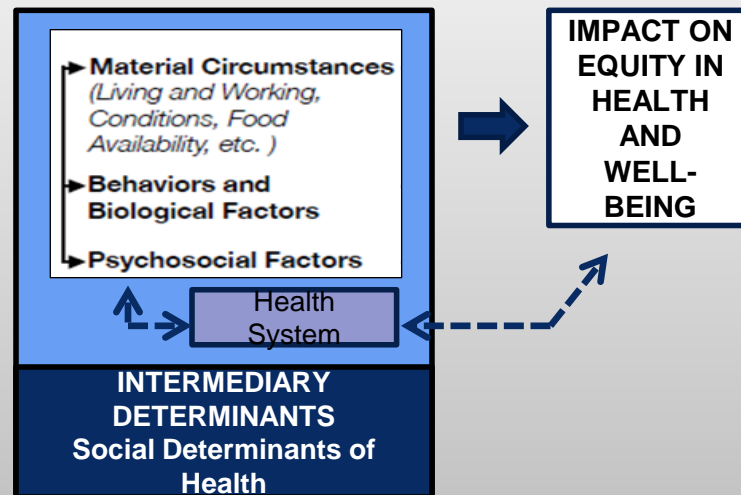
World Health Organization Commission on Social Determinants of Health



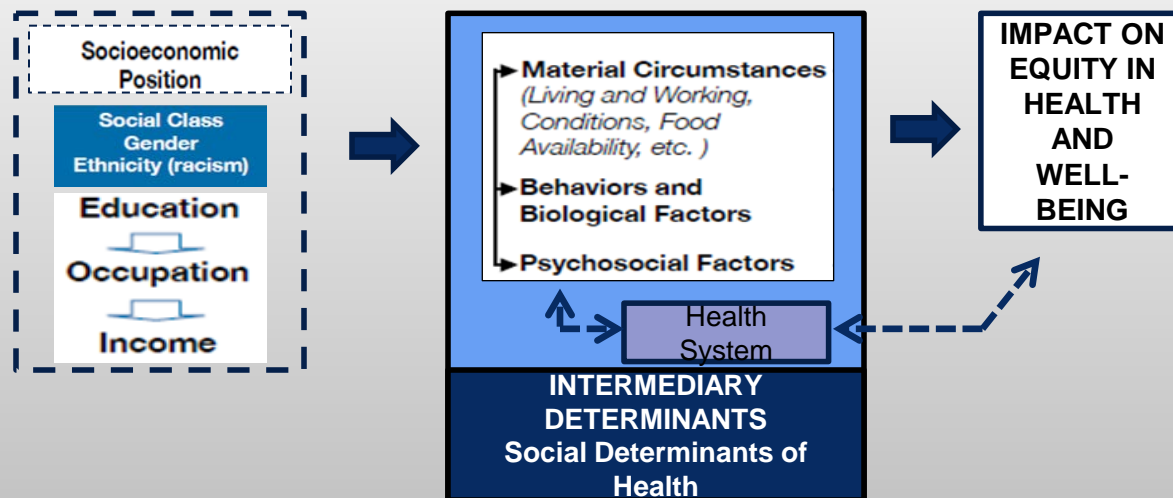
**IMPACT ON
EQUITY IN
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AND
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World Health Organization

Commission on Social Determinants of Health

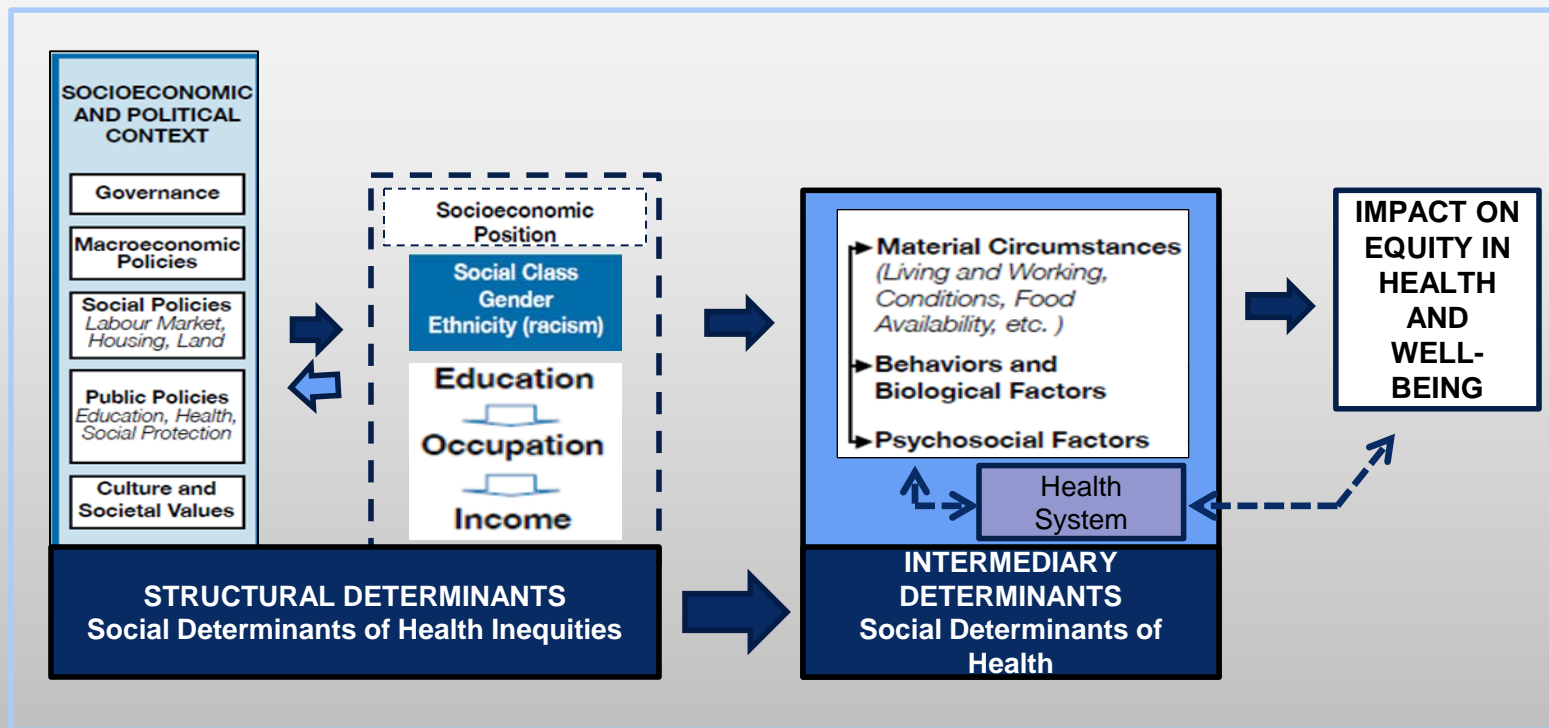


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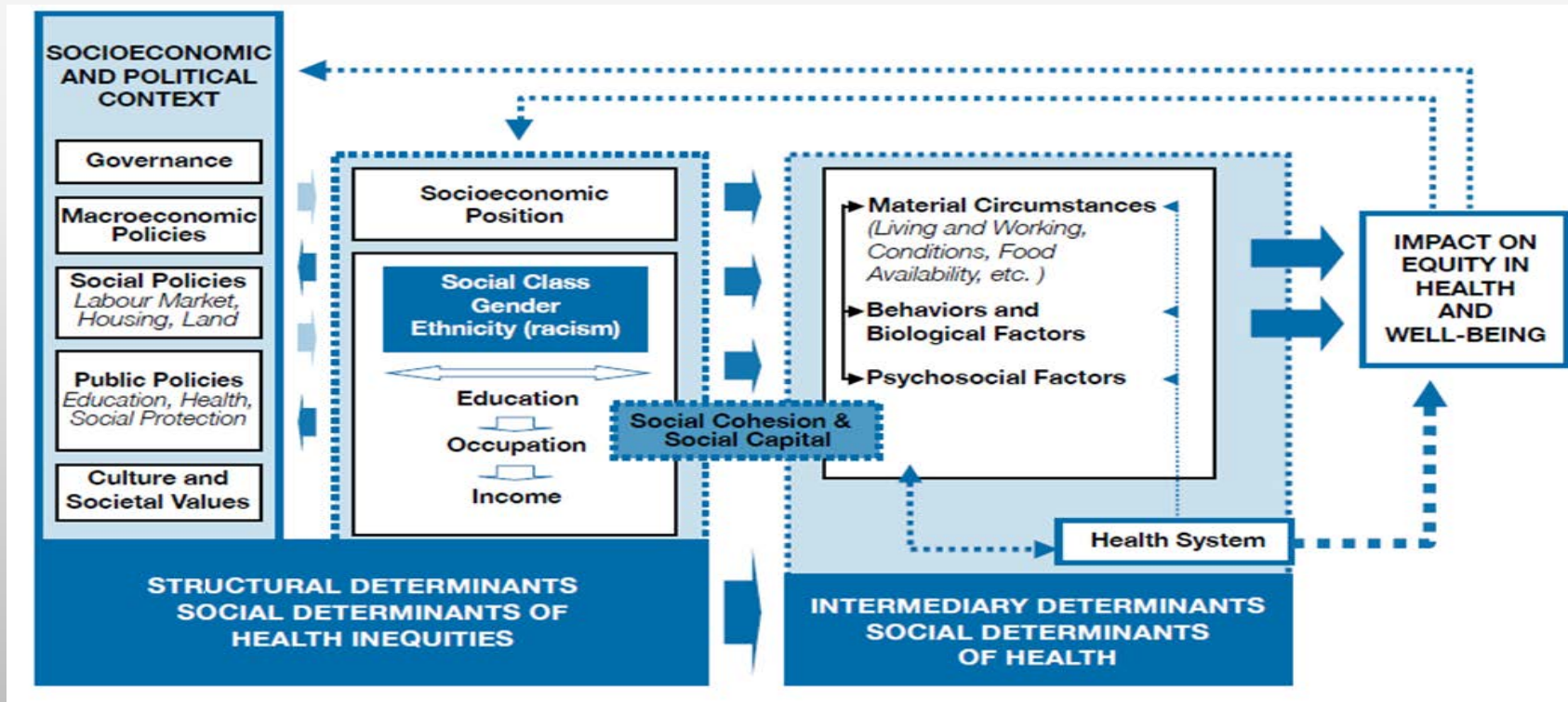


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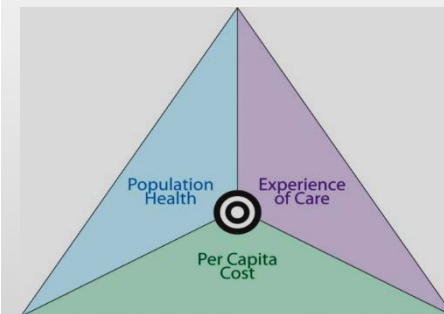
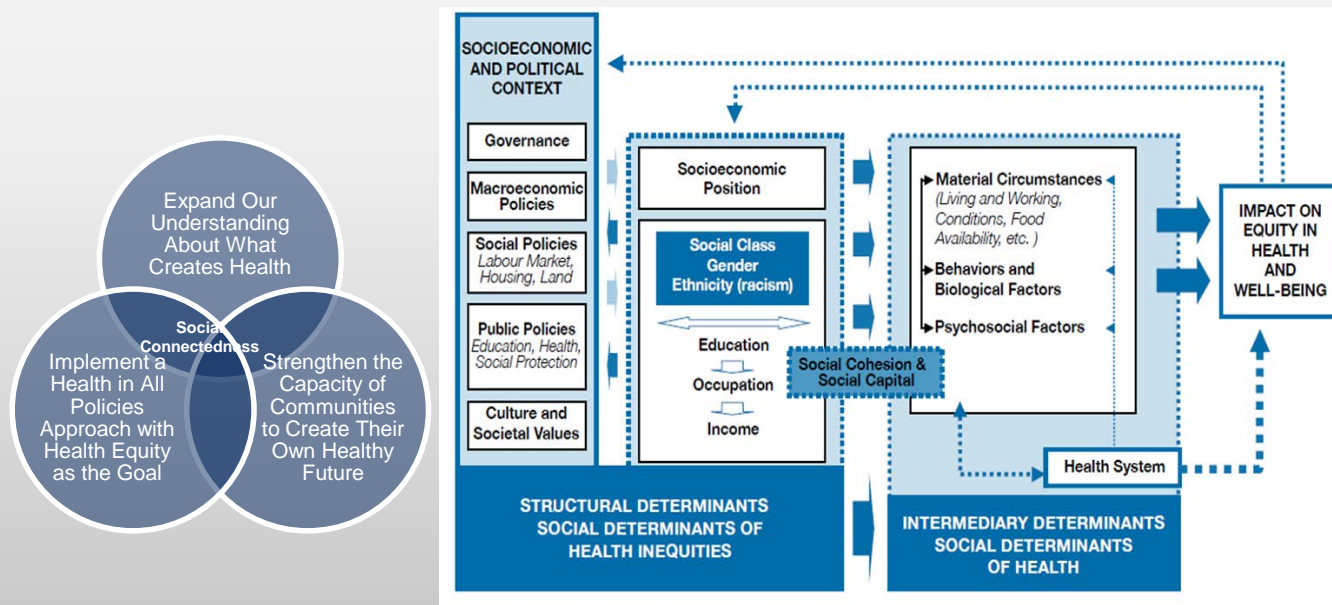


Social Determinants of Health Have the Largest Impact on Equity in Health and Well-Being



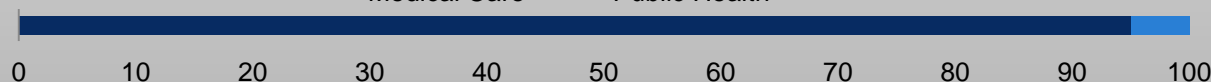
Commission on Social Determinants of Health. (2010). *A conceptual framework for action on the social determinants of health*. Geneva: World Health Organization.

Medical Care – Community/Public Health – Public Policies Essential in Advancing Health Equity and Optimal Health for All



■ Medical Care

■ Public Health



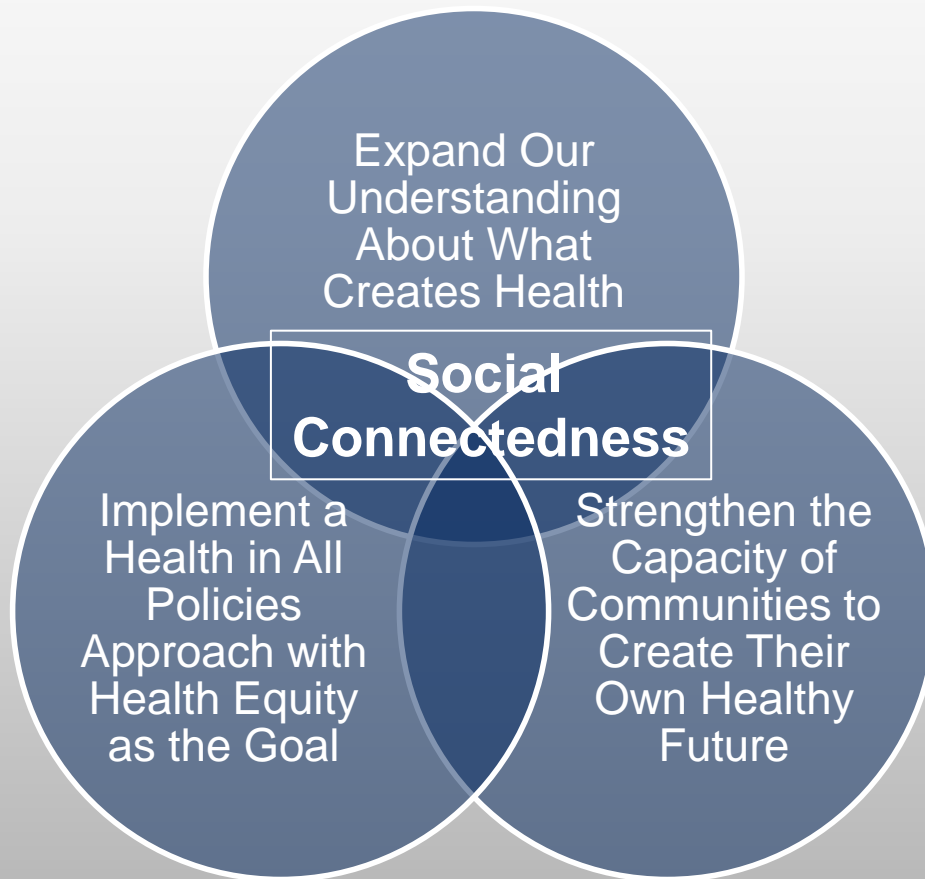
Asking the Right Questions Is a Path to Rural Health, Health Equity, and Optimal Health for All

- *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

Triple Aim of Rural Health and Health Equity



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 resources-infrastructure-the way systems and processes are structured.

Public Health: C.E.A. Winslow - 1920

- The science and art of :
 1. Preventing disease.
 2. Prolonging life, and
 3. Promoting health and efficiency through organized community effort for:



continued

Winslow - continued

- 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.



"Let no man imagine that he has no influence. Whoever he may be, and wherever he may be placed, the man who thinks becomes a light and a power."

Henry George

“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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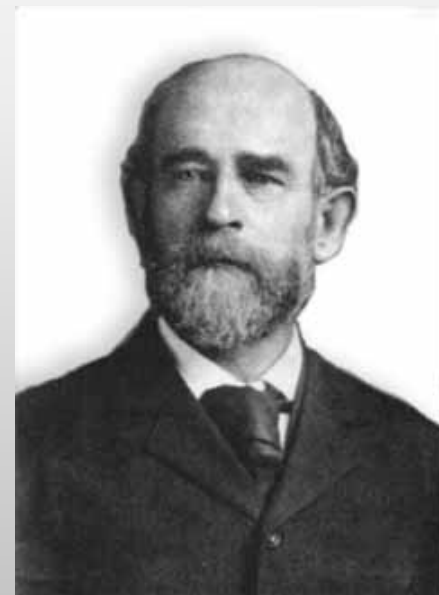
Ed.ehlinger@state.mn.us



Henry George

born on September 2, 1839

- US economist, journalist. He was known for his theory of tax on land (land value tax, described in "Progress and Poverty."
- *"There is danger in reckless change, but greater danger in blind conservatism."*



Henry George

born on September 2, 1839

- US economist, journalist known for his theory of land value tax, described in "Progress and Poverty."
- *"That which is unjust can really profit no one; that which is just can really harm no one."*

