IMPROVING HEALTH, LOWERING COSTS: TRANSLATING POPULATION HEALTH INTO EFFECTIVE STATE POLICY

THE NEED FOR A TRIPLE AIM OF HEALTH EQUITY

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Lewis Mumford
born on October 19, 1895

- US urban planner, historian. He analyzed the effects of urbanization and technology on human societies.

“The city is a fact in nature, like a cave, a run of mackerel or an ant-heap. But it is also a conscious work of art...Mind takes form in the city; and in turn, urban forms condition mind.”

“The clock, not the steam-engine, is the key-machine of the modern industrial age.”
Thomas Browne
Born on October 19, 1605

- "We carry within us the wonders we seek without us. We have that (which) can convert poverty to riches, adversity to prosperity."

"Improving Health, Lowering Costs: Translating Population Health Into Effective State Policy"

Triple Aim of Healthcare

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

Institute of Medicine
By itself, the Triple Aim of Healthcare could be detrimental to health and health equity

- The Triple Aim of Healthcare discounts the importance of community
- Healthcare is made the benevolent dictator of health
  - Assumes healthcare is responsible for population 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

- What’s good for healthcare may not be what’s best for communities or advancing health equity.
  - Think: Critical Access Hospitals, Specialty vs. Primary Care, Community Benefit Dollars, Infant Mortality
Expand our understanding of 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.

Expand our understanding of what creates health

• Start by considering 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 Is Community

Determinants of Health

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

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.
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.

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
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
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

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
Disparities in health are the tip of the societal disparities iceberg

Thomas Browne
Born on October 19, 1605

• English physician, writer. Best known for his book of reflections, "Religio Medici."
  “By compassion we make others' misery our own, and so, by relieving them, we relieve ourselves also.”

• “We all do better when we all do better.”
  • Paul Wellstone, MN Senator
Policy Tools for Expanding Our Understanding of What Creates Health

• Indicators of what creates health included in Statewide Health Assessment
• Expanded group of partners in developing Statewide Health Improvement Plan
• Health Equity Report
• REL Data
• ACEs (adverse childhood experiences)
• 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

• “The chief function of the city is to convert power into form, energy into culture, dead matter into the living symbols of art, biological reproduction into social creativity.”

  Lewis Mumford
  born on October 19, 1895

Determinants of Health and Health Inequities

Policy and System Changes Related to Social Determinants of Health (selected)

- Minimum Wage
  - Corporation Contracting Policy
- Paid Leave
- Transportation Policy
- REL data
- Broadband connectivity
- E-Health Policies

- Buffer strips
- Marriage Equity
- Ban the Box
- State Agency Policy Changes
- University Research/Training objectives
  - CIC (Big 10)/SHD Initiative
State Innovation Model (SIM) Initiatives

**Payment models**
- Medicaid ACOs payment models based on quality, patient experience and cost performance measure

**Coordinated care**
- Practice facilitation support, learning collaboratives & funding for coordinated care transformation. Support to integrate new provider types

**HIT & data**
- Data analytics and HIT/HIE support to accelerate adoption and remove barriers to integrate care.

**Accountable Care**
- Within ACOs, integrate with long term care, behavioral health, public health and social services

**Community Partnerships**
- Community partnerships through Accountable Communities for Health that identify health and cost goals and strategies to meet goals

Strengthening Community Capacity
Embedding Healthcare in the Community
Policy 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
- Community Governance Models
- Engagement of all cabinet members
- Accountable Communities for Health
- 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?*
Strengthening the Capacity of Communities to Create Their Own Healthy Future

• “The way people in democracies think of the government as something different from themselves is a real handicap. And, of course, sometimes the government confirms their opinion.”
  - Lewis Mumford, born on October 19, 1895

Change the Narrative – Health in All Policies

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

Indicators
- Prenatal care
- Breastfeeding
- Food security
- On-time high school completion
- Per capita income
- Sense of safety
- Small business development

Outcomes
- Social Determinants
  - Improved mental health
  - Reduced health disparities
  - Better employment outcomes
  - Healthier relationships
  - Safer and more cohesive communities

All people in Minnesota enjoy healthy lives and healthy communities
Obesity Climbed in U.S. and States Without *PSE; Held Constant in Minnesota

Data source: CDC Behavioral Risk Factor Surveillance System
* Refers to Policy, Systems and Environmental change supporting healthy behaviors

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

- Community health indicators
- Community engagement plan
- Stakeholder identification including interests
- Community governance models
- Advisory and Community Leadership Teams
- Community input on grant criteria
- Community benefit accountability
- 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

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

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

Expand Our Understanding About What Creates 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

Asking the Right Questions Is a Path to 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 Through the Triple Aim of Health Equity

Expand Our Understanding About What Creates Health

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Social Connectedness

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:
• 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.

“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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