

ASPPH Presents Webinar Series

The Triple Aim of Health Equity

Wednesday, June 7, 2017
11:00 a.m. - 12:00 p.m. Eastern

ASPPH.ORG

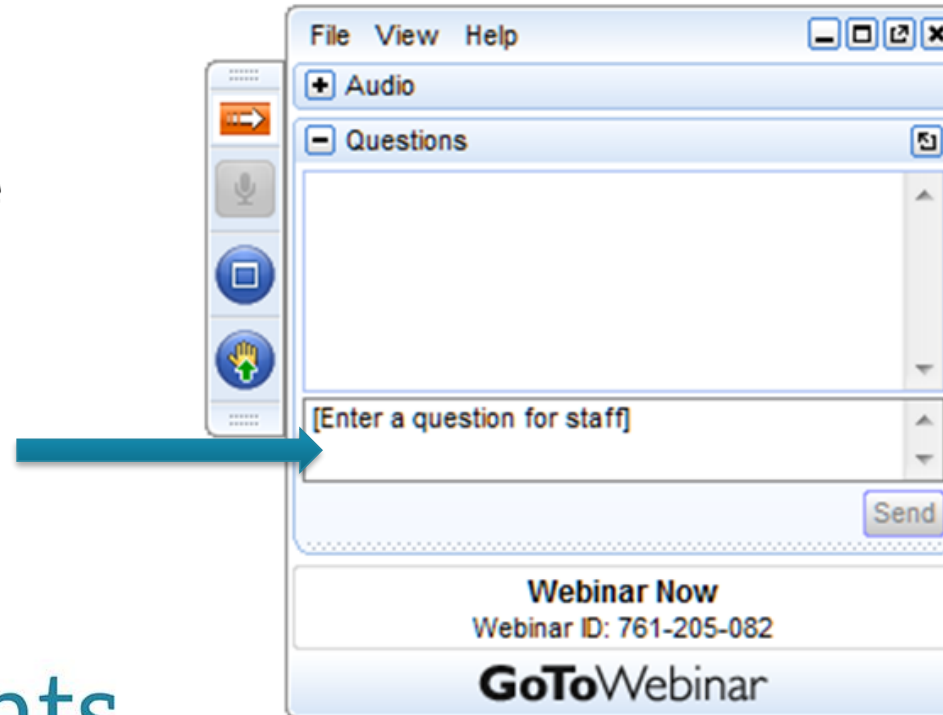
1900 M Street NW, Suite 710
Washington, DC 20036
Tel: (202) 296-1099

ASPPH Presents
 **WEBINAR**

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.



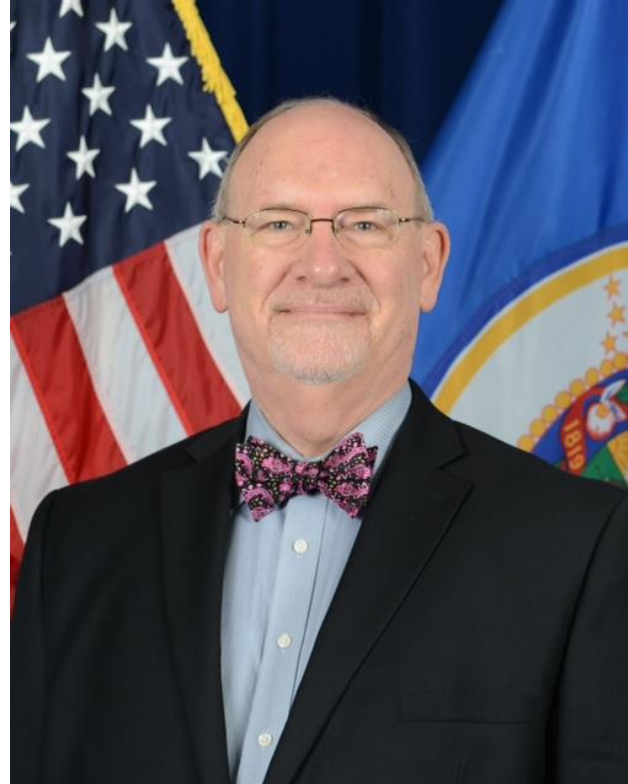
ASPPH Presents
▶ WEBINAR

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

APGAR Scoring - 1 and 5 minutes

SIGN/SCORE	0	1	2
Appearance	Blue/pale	Body pink, extremities blue	Pink
Pulse Rate	None	< 100	> 100
Grimace	None	Grimace	Cries
Activity	Limp	Some	Active
Respiration	Absent	Slow/irregular	Strong cry

Country APGAR

APGAR Scoring - 1 and 5 months

SIGN/SCORE	0	1	2
Appearance	▪ How are we looking to our citizens and the rest of the world?		
Pulse Rate	▪ Are people excited about the vision of our future?		
Grimace	▪ What is the mood of the country?		
Activity	▪ Are people working together?		
Respiration	▪ Is democracy alive and breathing?		

“Nobody, but nobody, is going to stop breathing on me.” Virginia Apgar

We have done quite well over the last 109 years

U.S. Life Expectancy at Brith 1900 to 2009

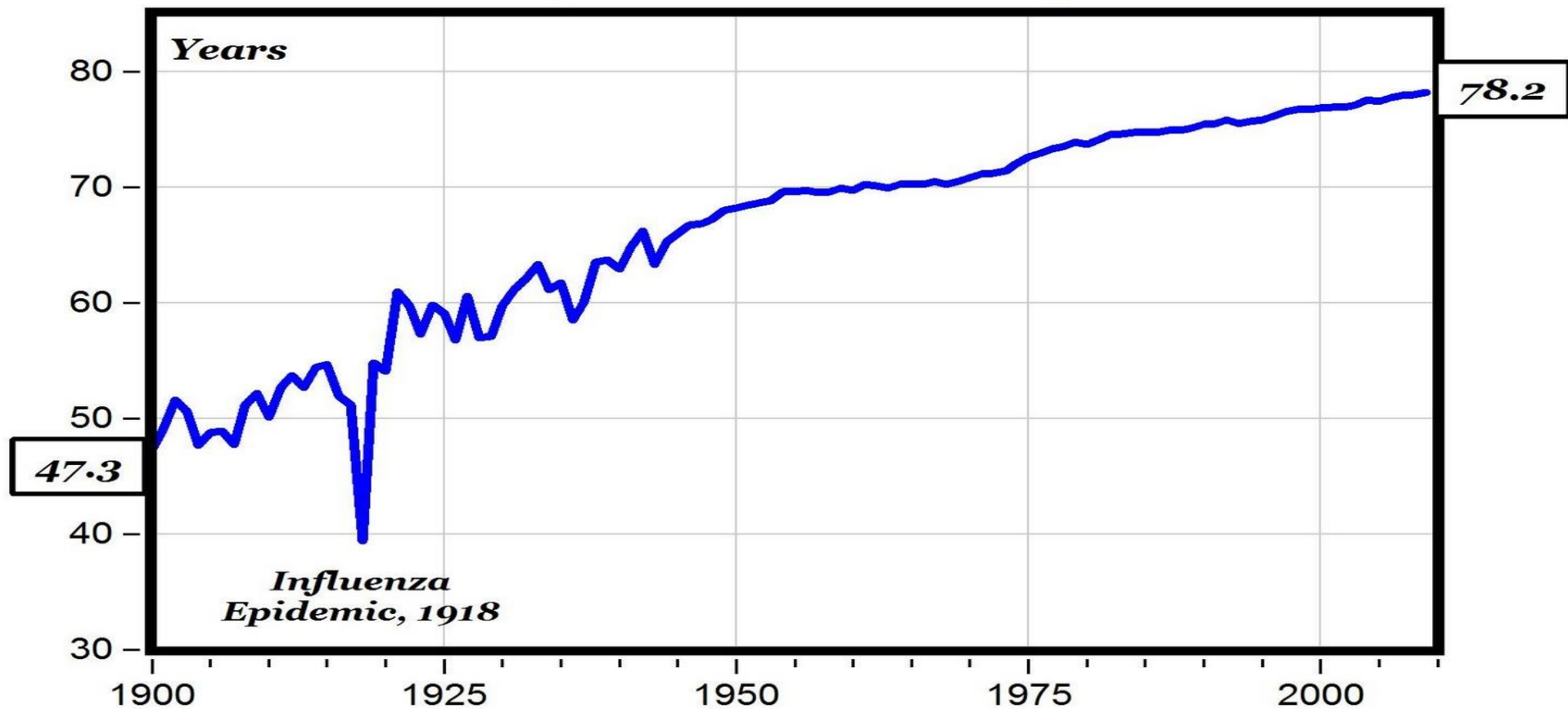
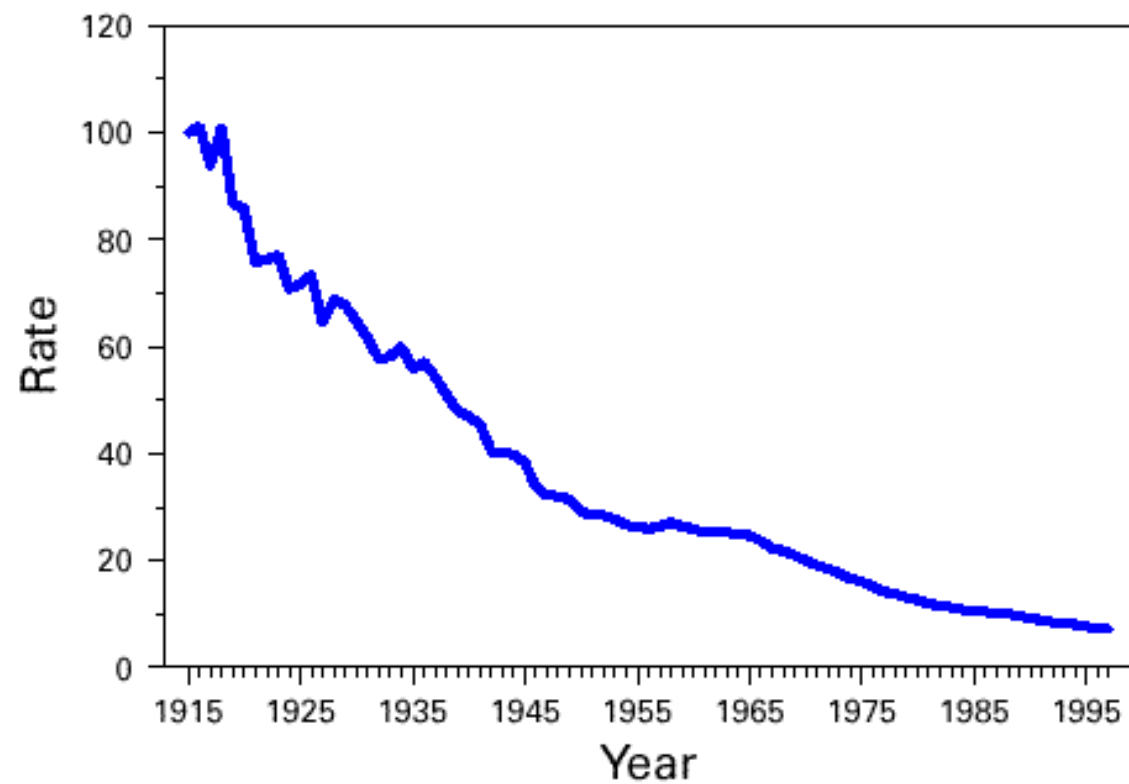
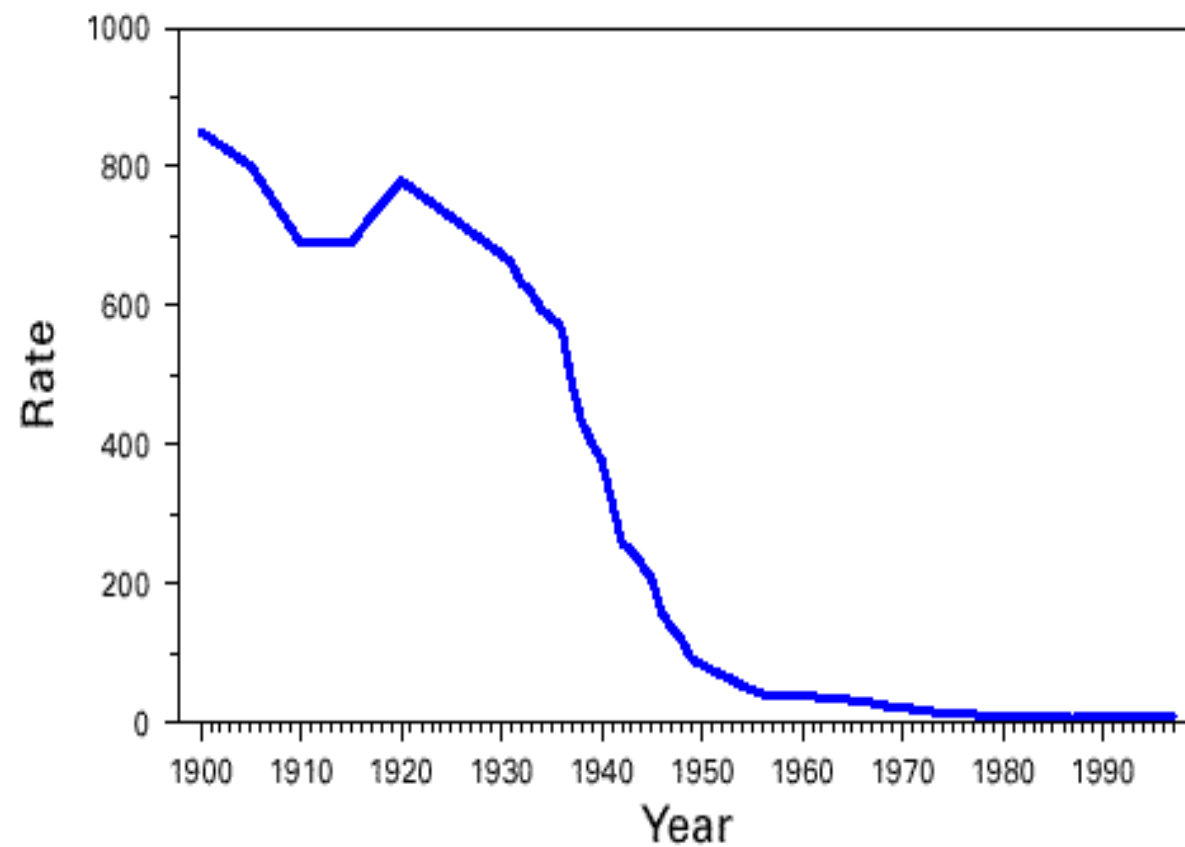


FIGURE 1. Infant mortality rate,* by year — United States, 1915–1997



*Per 1000 live births.

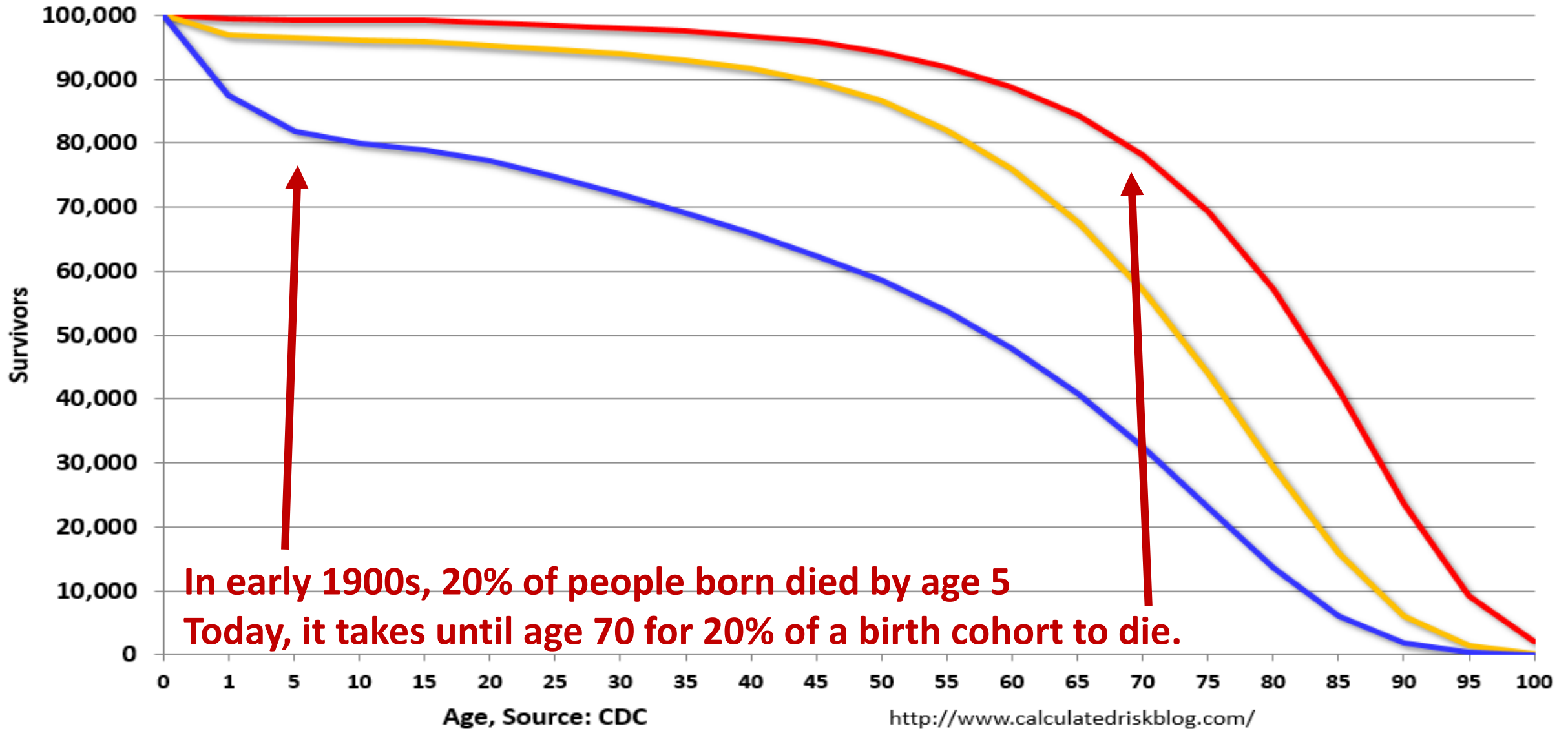
FIGURE 2. Maternal mortality rate,* by year — United States, 1900–1997



*Per 100,000 live births.

Number of survivors out of 100,000 born alive

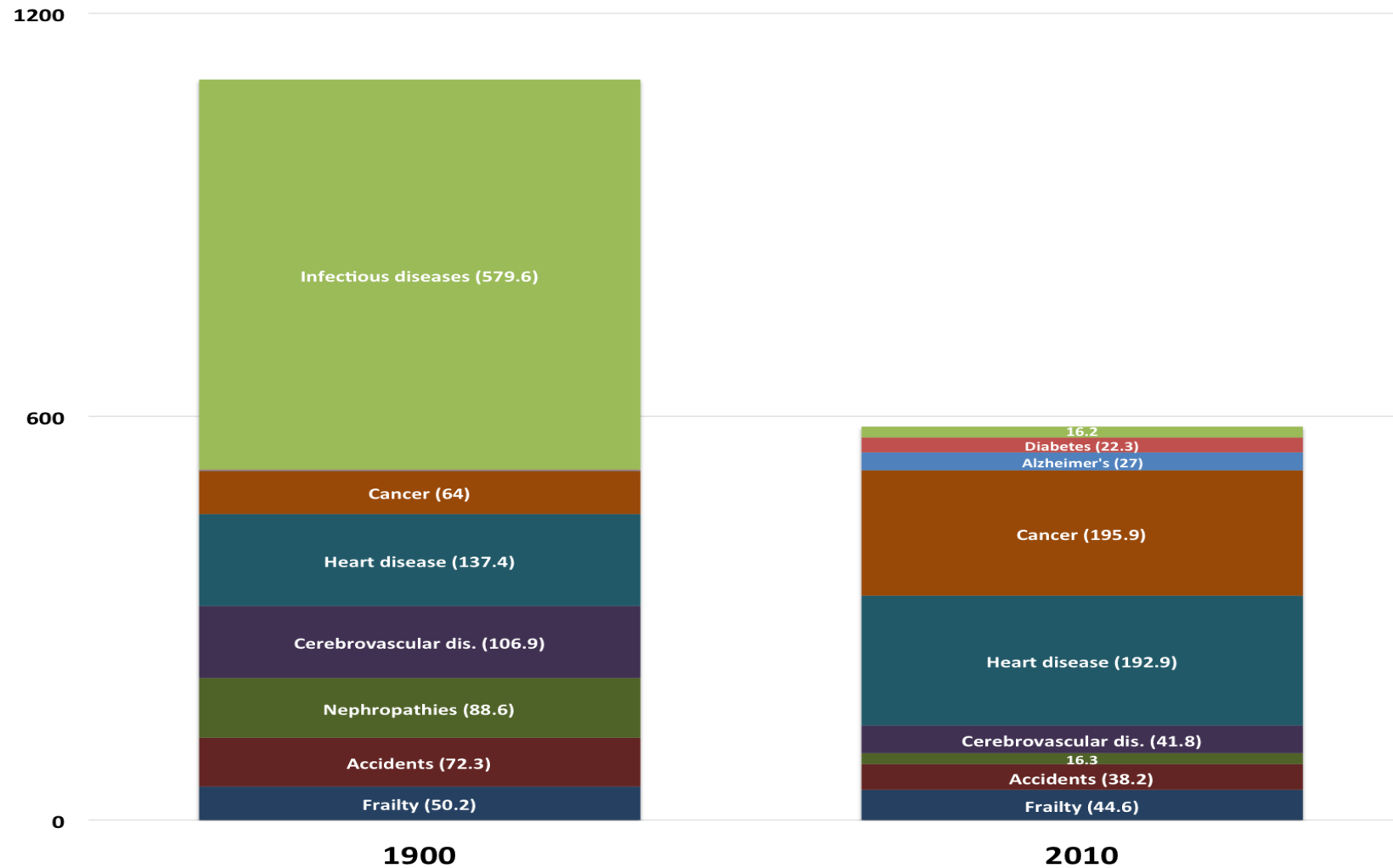
— Born in 2010 — Born 1949–1951 — Born 1900–1902



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.

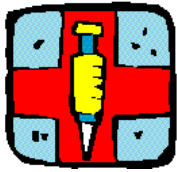
Leading Causes of Death: 1900 - 2010

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



Data source: nejm.org/doi/full/10.1056/NEJMp1113569 | Author: Randy Olson (randalolson.com / @randal_olson)

Ten Great Public Health Achievements in the 20th Century



- Immunizations



- Motor-Vehicle Safety

- Safer and Healthier Foods



- Workplace Safety

- Healthier Mothers and Babies



- Control of Infectious Diseases

- Family Planning



- Declines in Deaths from Heart Disease and Stroke

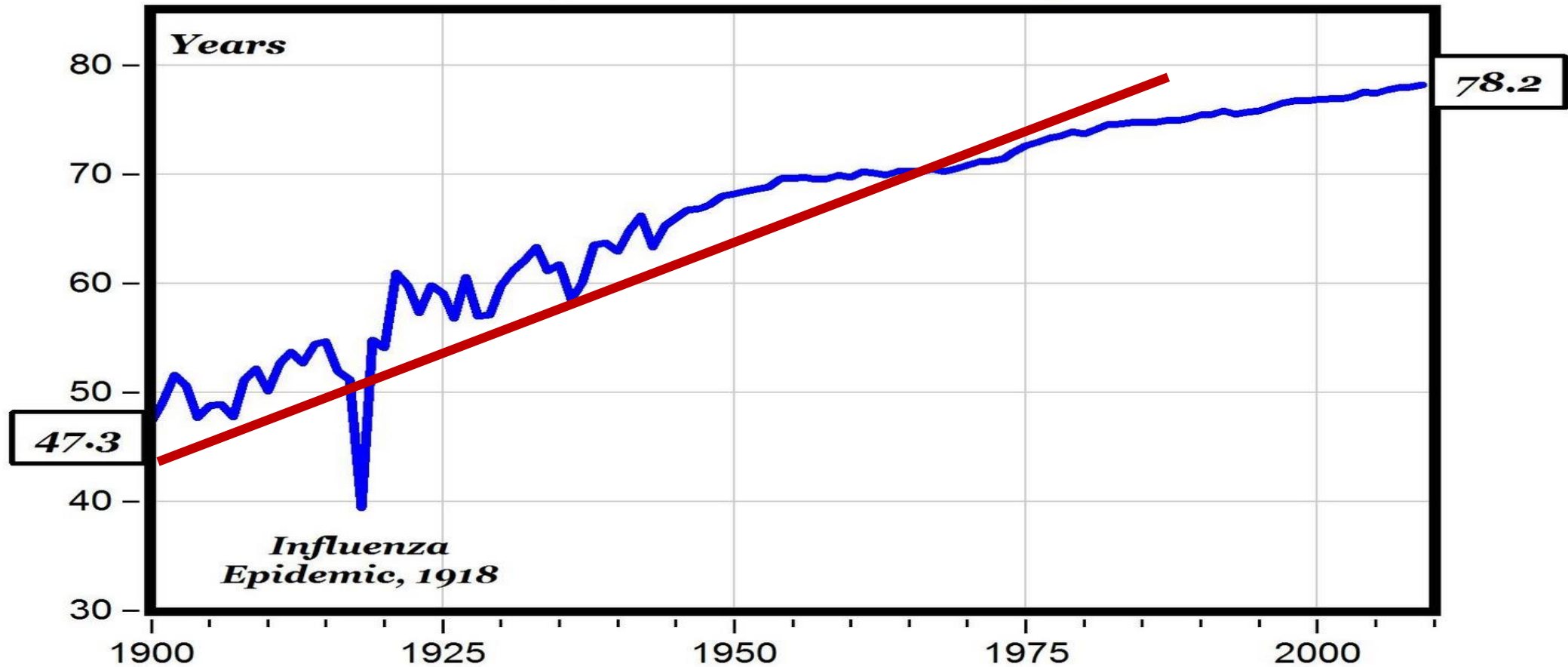
- Fluoridation of Drinking Water

- Tobacco as a Health Hazard



Improvements have slowed

U.S. Life Expectancy at Birth 1900 to 2009



80

Life expectancy fell from 78.9 to **78.8 years in 2015**

The last major decline was in 1993, when life expectancy fell by **0.3 years**

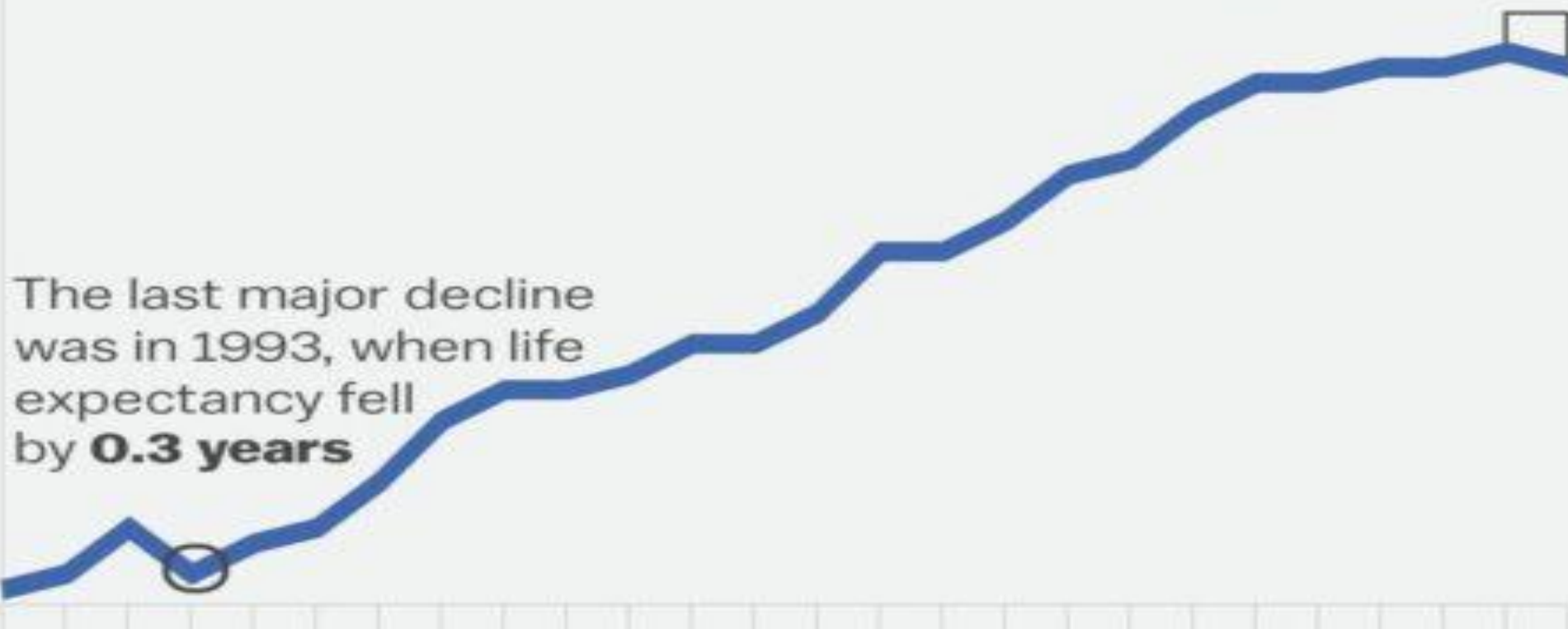
75

'90 '92 '94 '96 '98 '00 '02 '04 '06 '08 '10 '12 '14 '15

Source: National Vital Statistics System

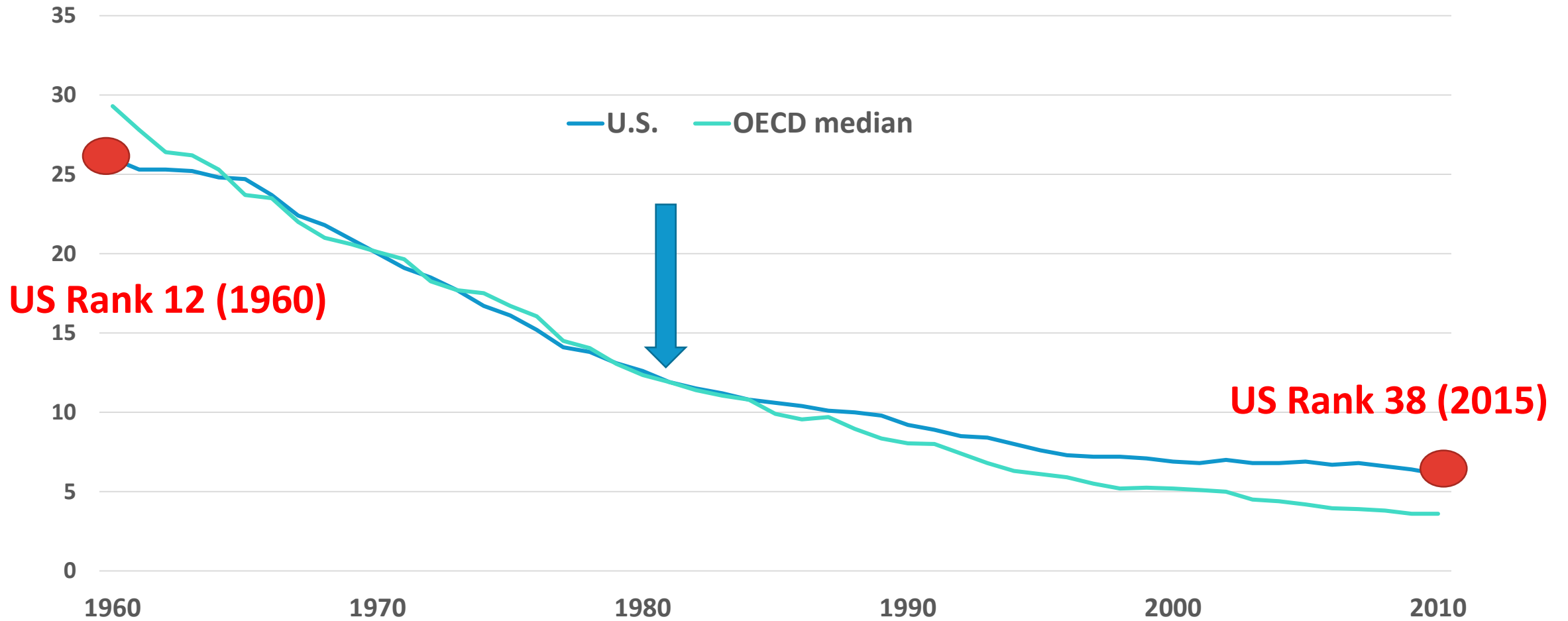
Credit: Sarah Frostenson

Vox



Improvements have slowed

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



Source: <http://stats.oecd.org>, accessed 6-10-16

Improvements slowed when our disparities increased

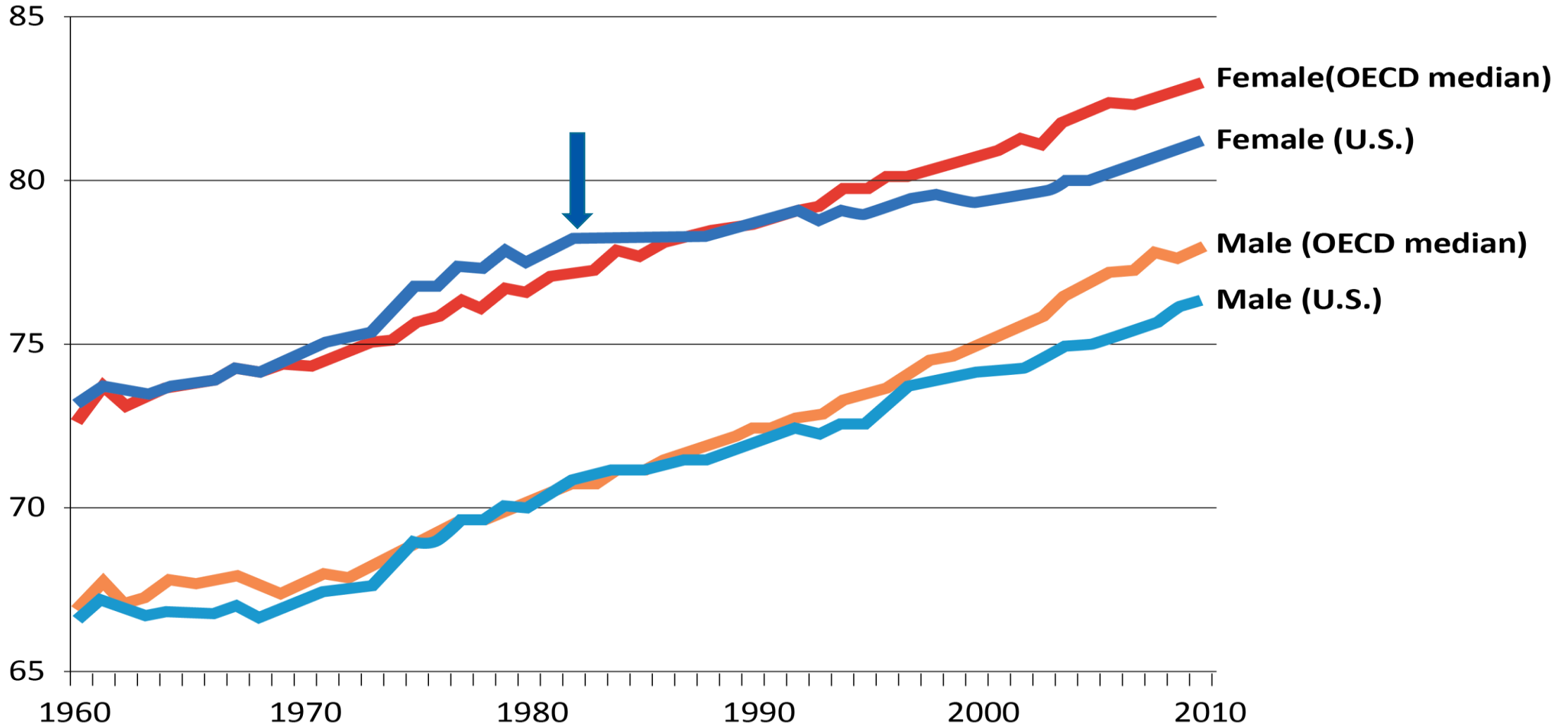
Black/White Disparity in Infant Mortality Rates, US, 1935-2007



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

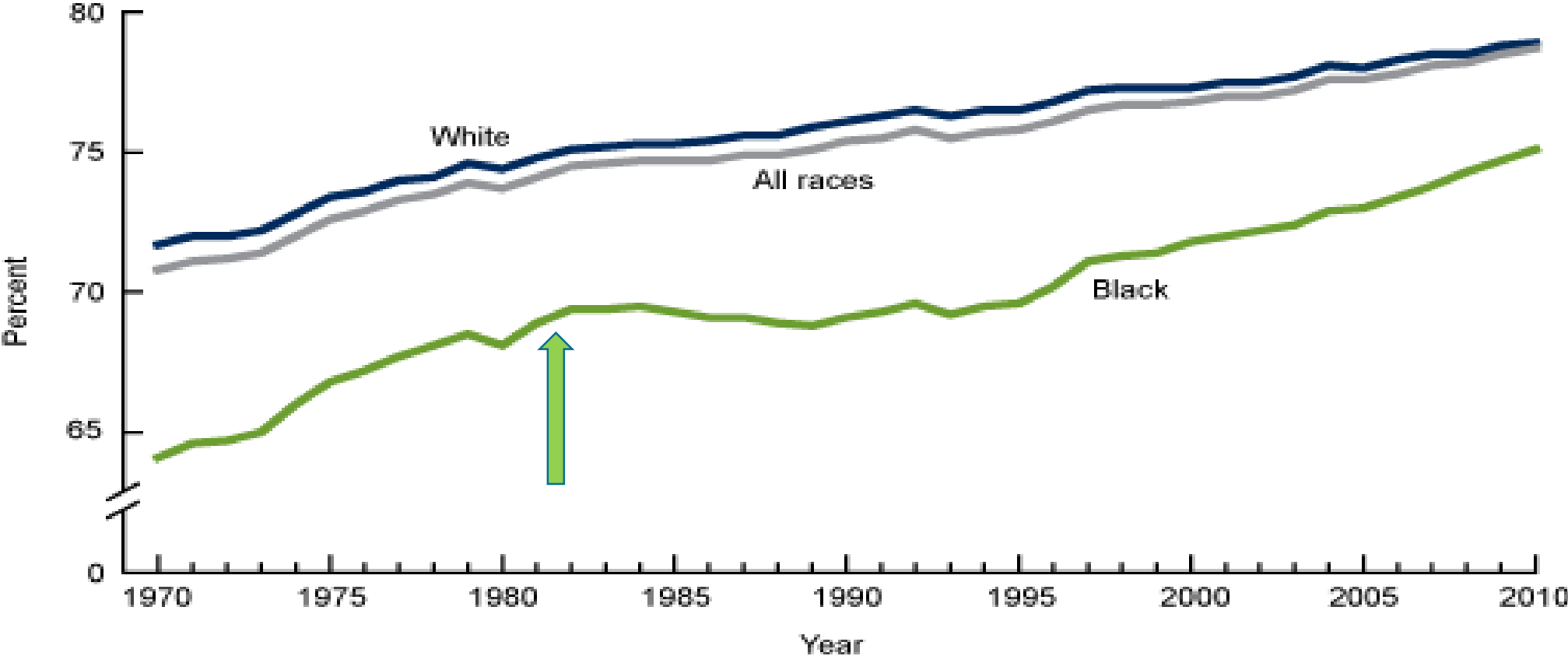
Improvements have slowed

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



Improvements slowed when our disparities increased

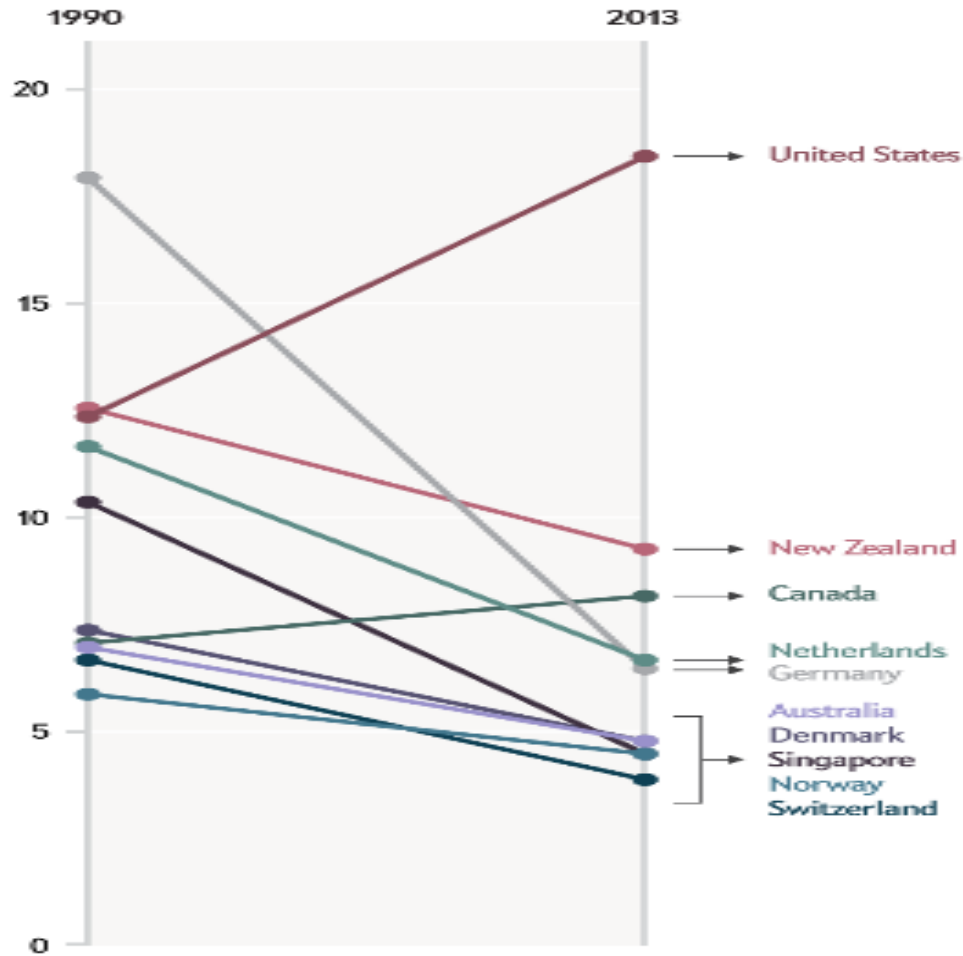
Life Expectancy, by race: United States, 1970 - 2010



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

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

Maternal Mortality Ratio (MMR) by Developed Country
Maternal deaths per 100,000 live births



Source: Institute for Health Metrics and Evaluation

Graphic by Tiffany Farrant-Gonzalez, for **SCIENTIFIC AMERICAN**

U.S. maternal mortality rates continue to climb even as other developed countries improve.

African-American women were 3.2 times more likely to die due to pregnancy/childbirth than white women.

African-American
34.8 DEATHS
per 100,000 live births



Caucasian

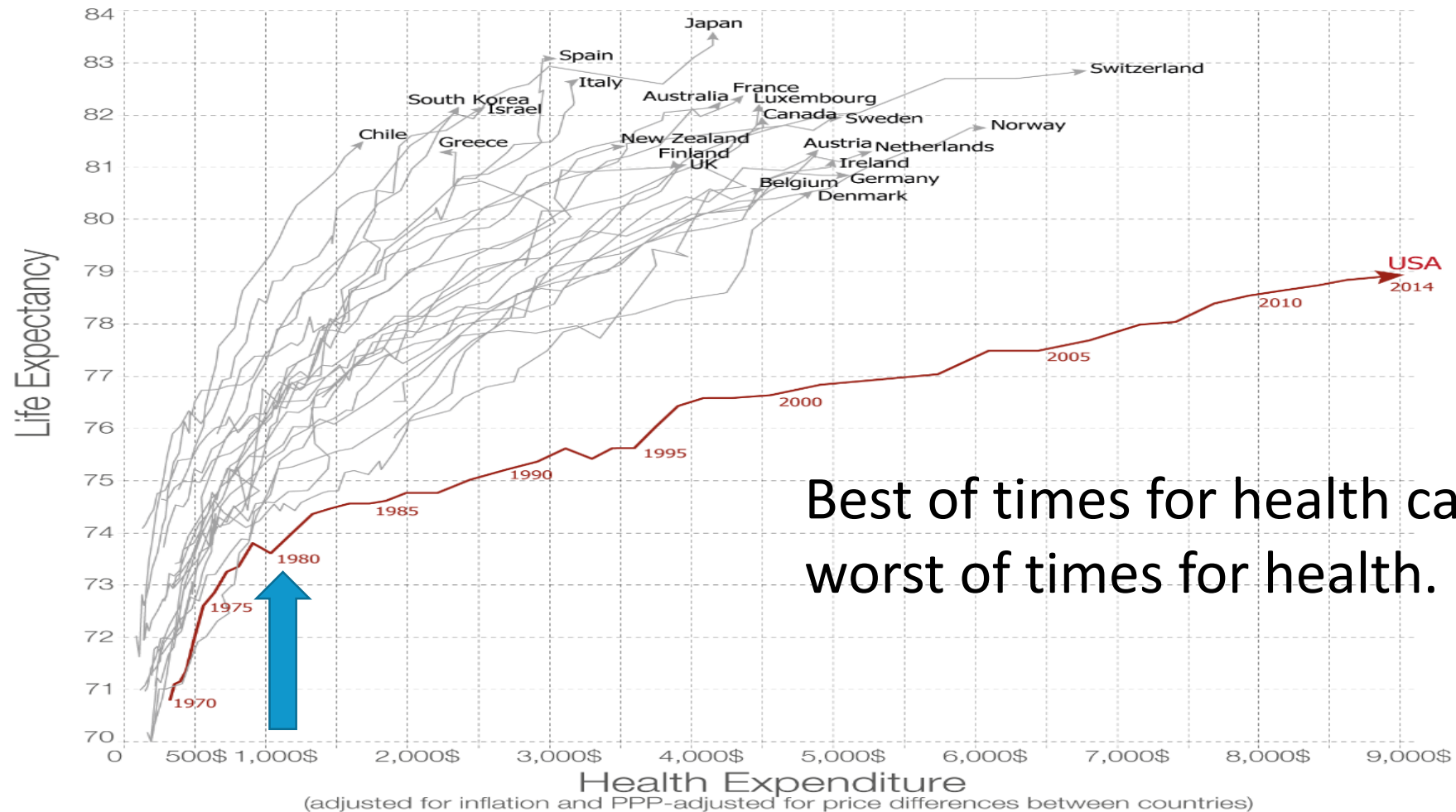
11 DEATHS
per 100,000 live births



Data from UNICEF, WHO, UN Population Fund, and World Bank with standardized methodology.

Improvements slowed when we increased our investments in healthcare

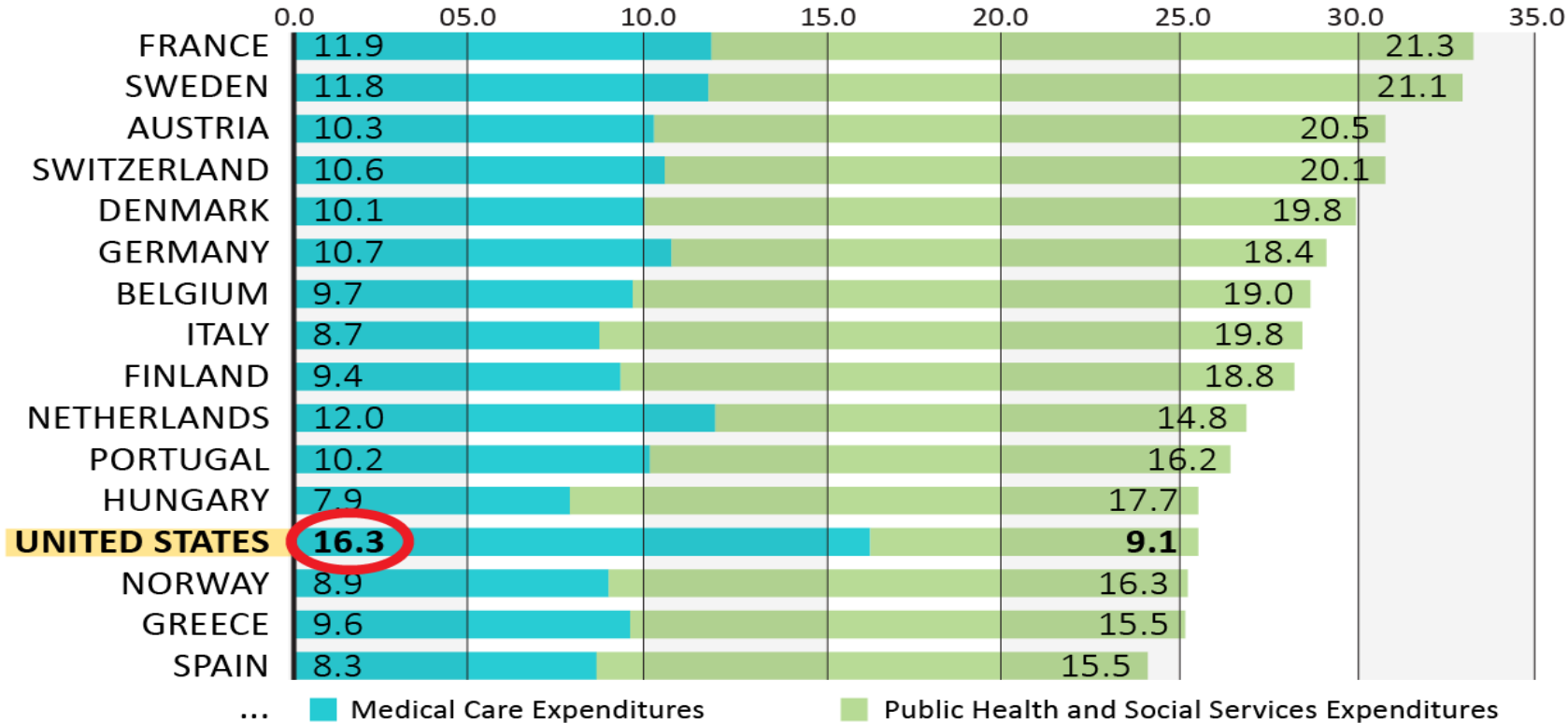
Life expectancy vs health expenditures - U.S. and OECD Countries 1970 - 2014



Best of times for health care;
worst of times for health.

Total Investment in Health and Human Services

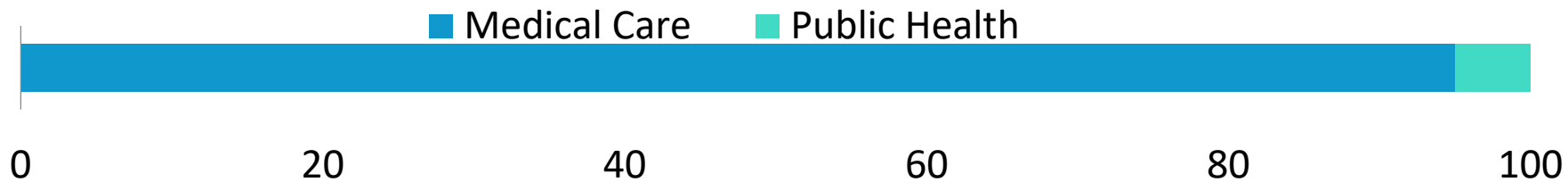
Expenditures as a % of GDP



In OECD, for every \$1 spent on health care, about \$2 is spent on social services.

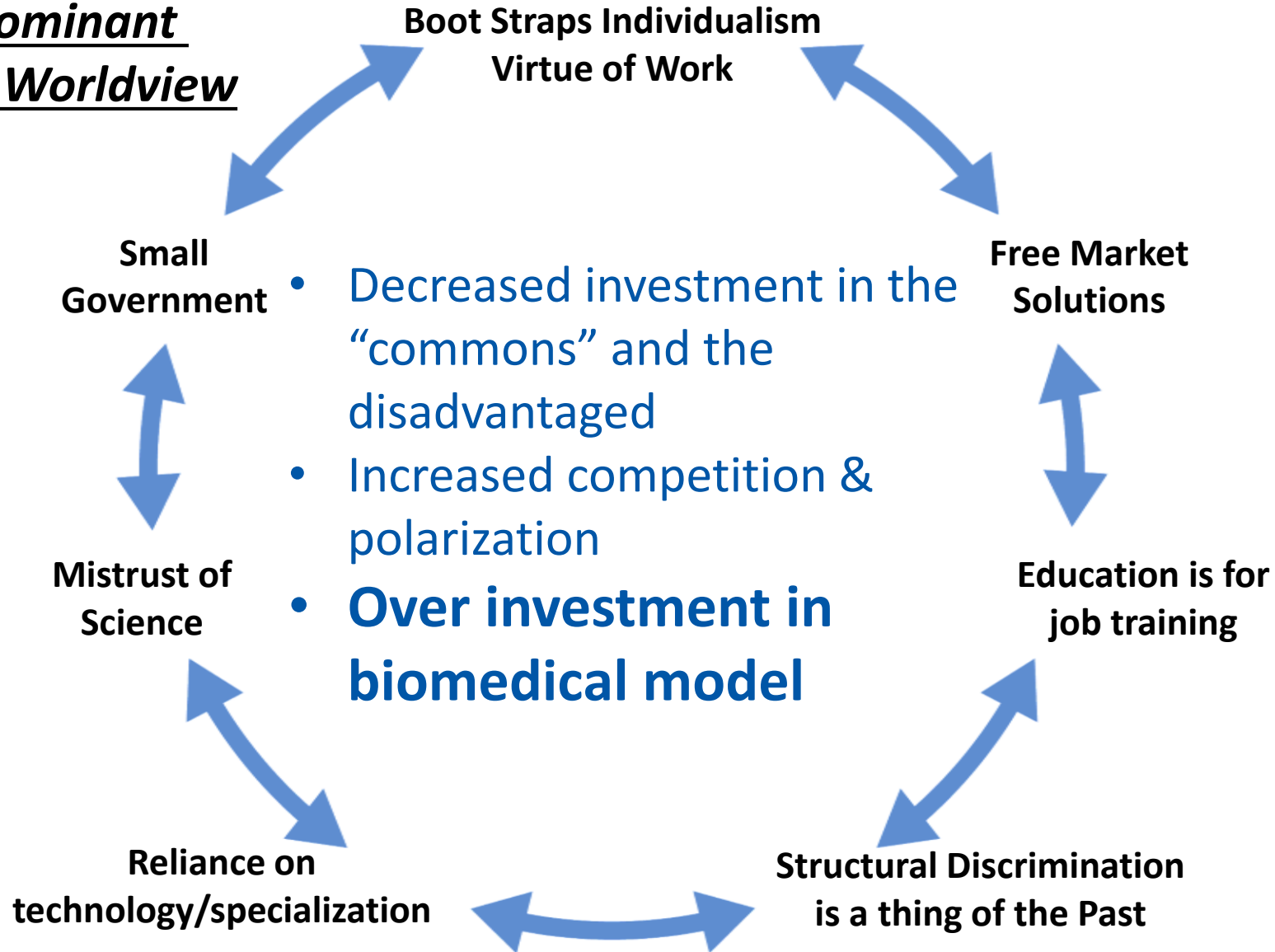
In the U.S., for every \$1 spent on health care, about 55 cents is spent on social services.

Distribution of Resources



How did this happen?

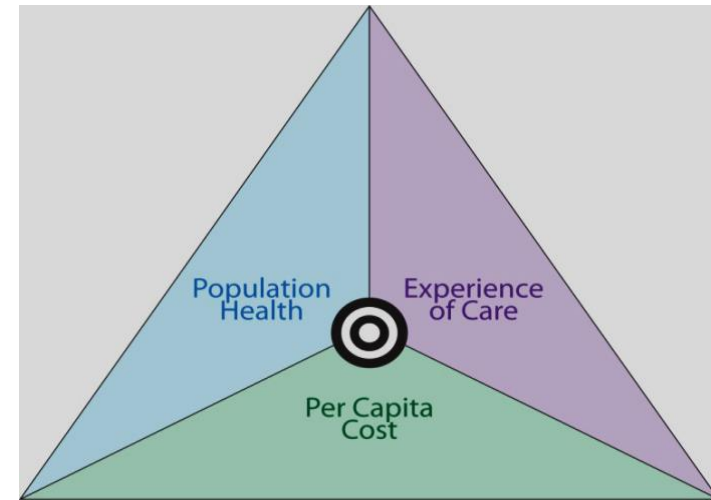
Predominant
U. S. Worldview



Triple Aim of Healthcare



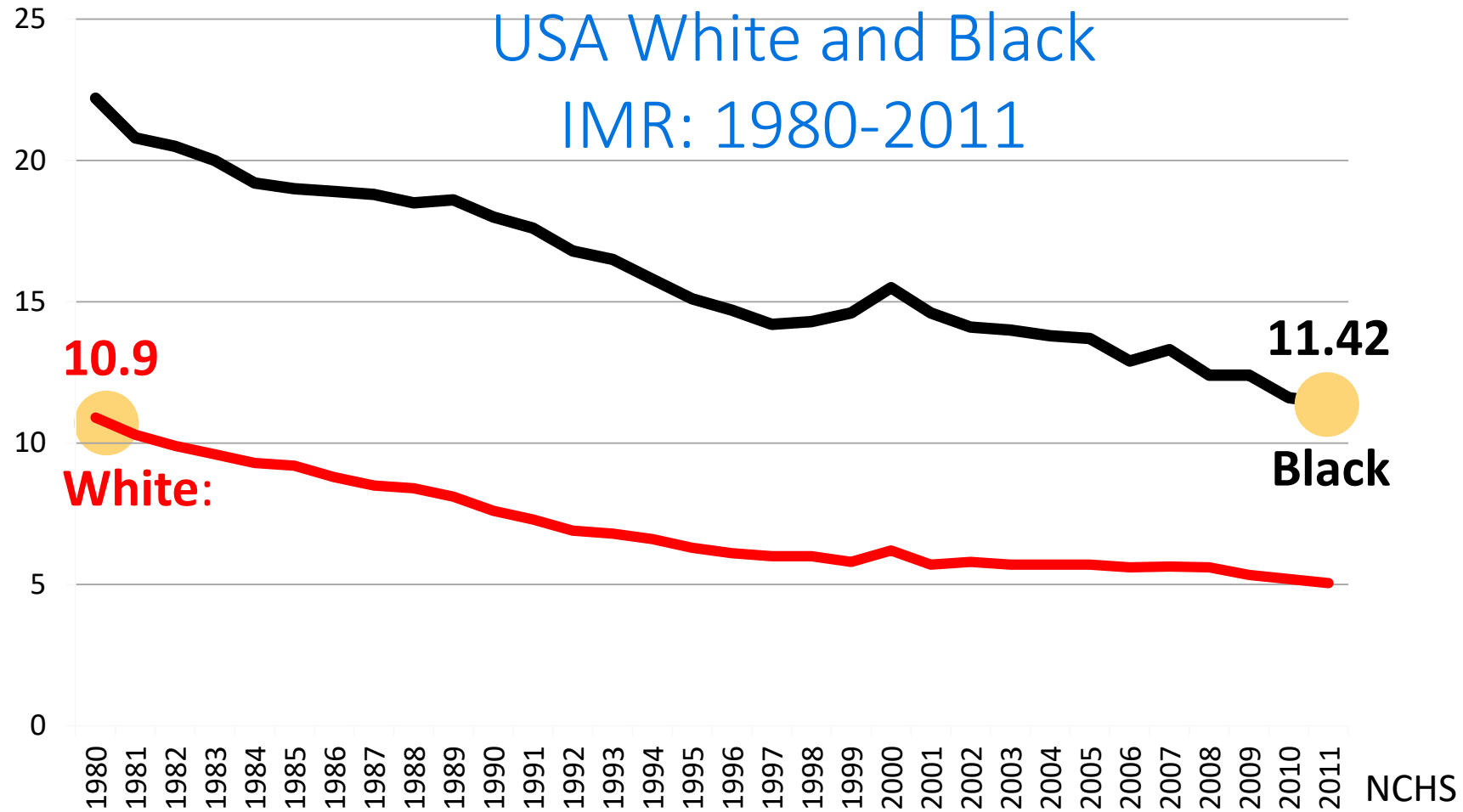
- Better care for individuals
- Lower per capita costs
- Better health for populations



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 benevolent dictator of health

We need to change how we do our work

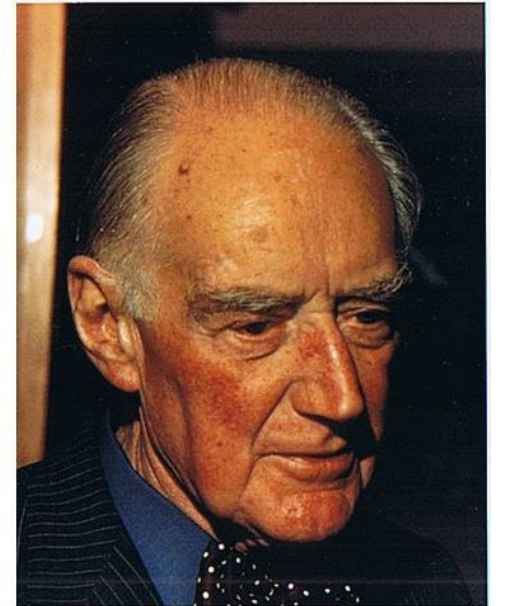


The opportunity to be healthy is not equally available everywhere or for everyone.

"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

Good Health Status

Poor Health Status

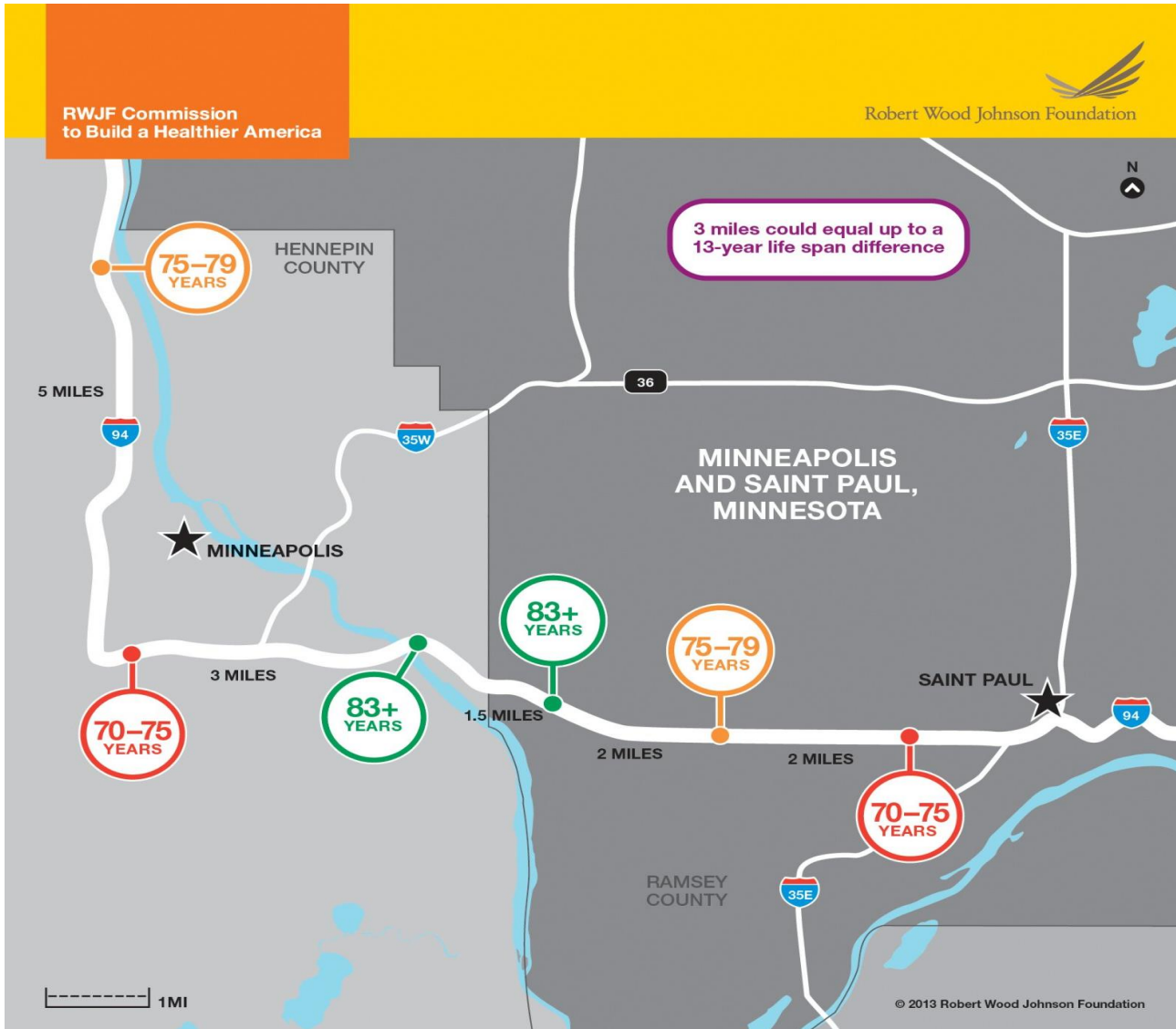
Contributes to health disparities:

- Obesity
- Diabetes
- Asthma
- Cancer
- Injury

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

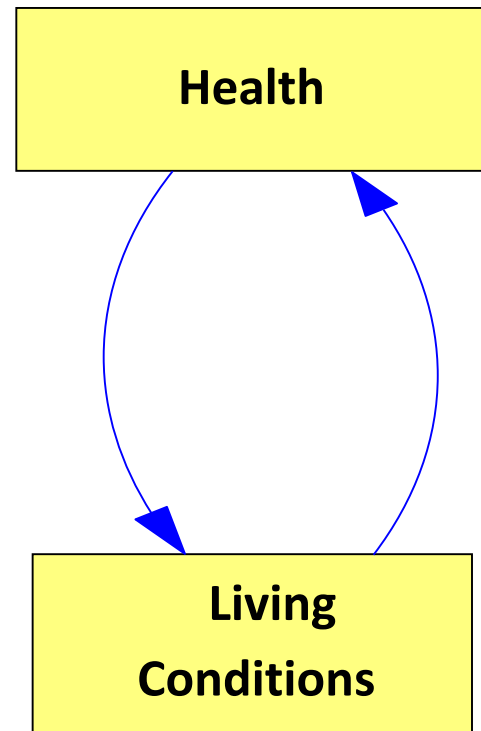
Living Conditions Impact Health



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.

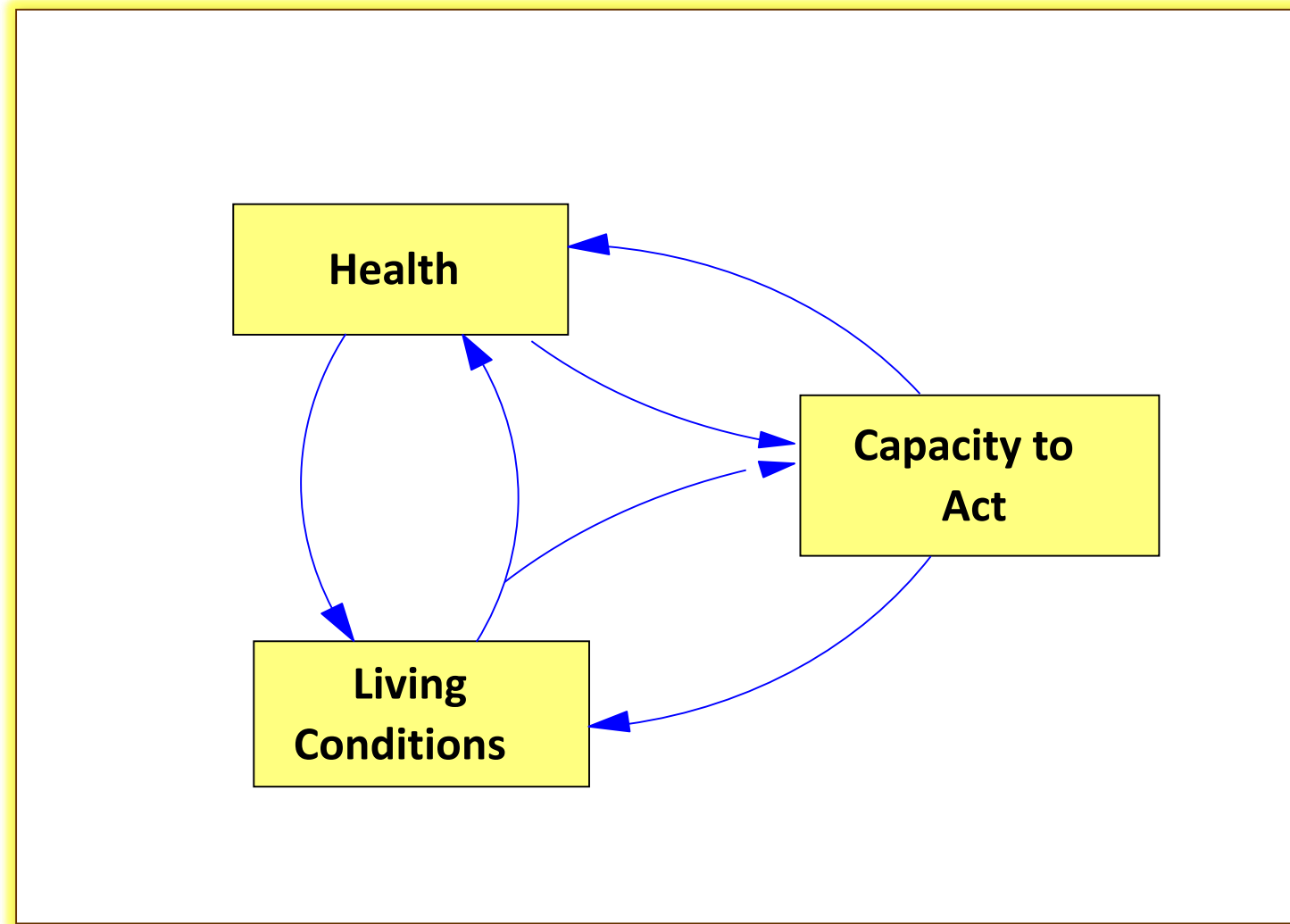
Living Conditions Impact Health



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



Structure work to achieve our overall aim:
Create/Strengthen our “Capacity to Act”

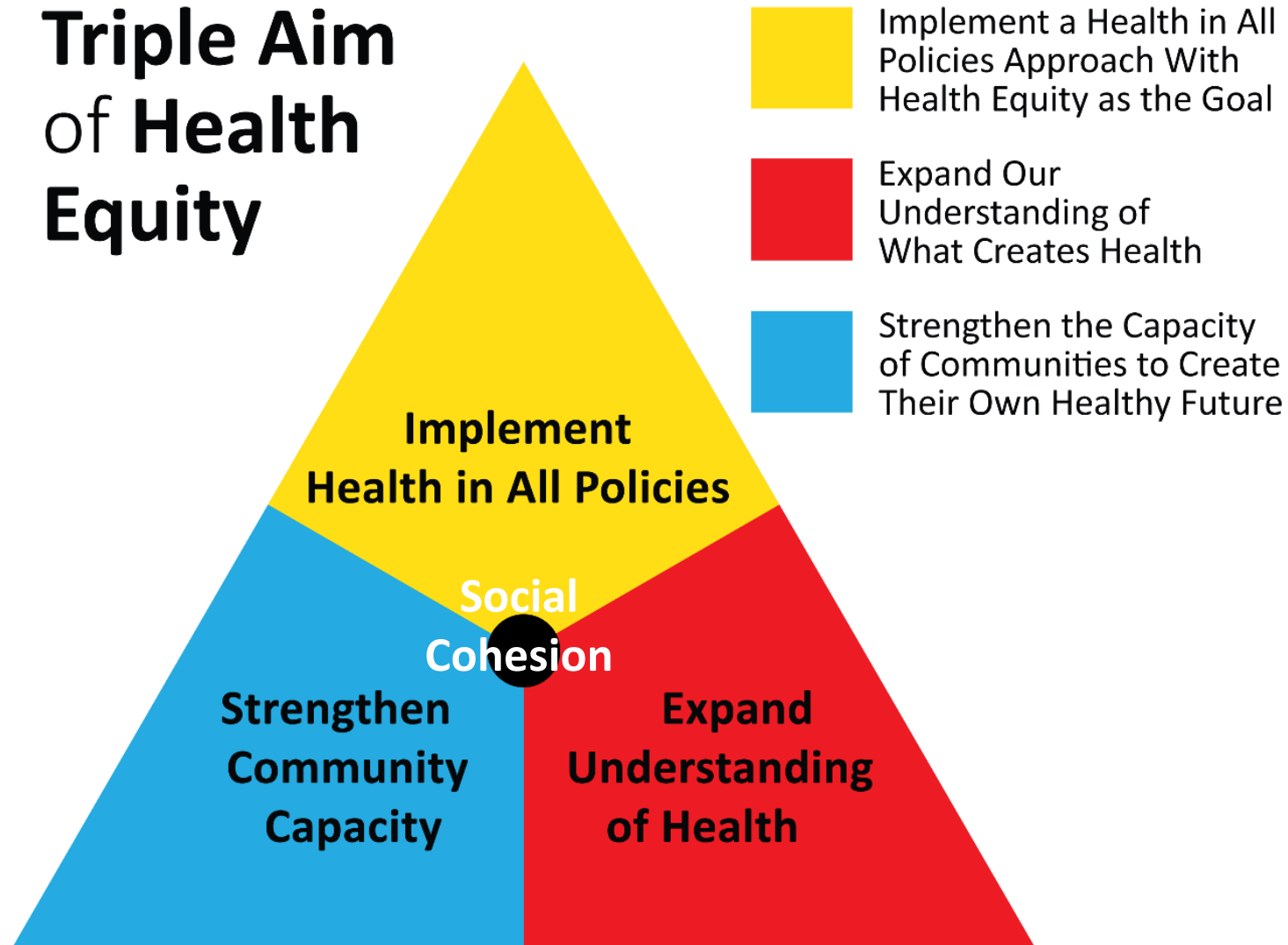
Organize the:



- **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

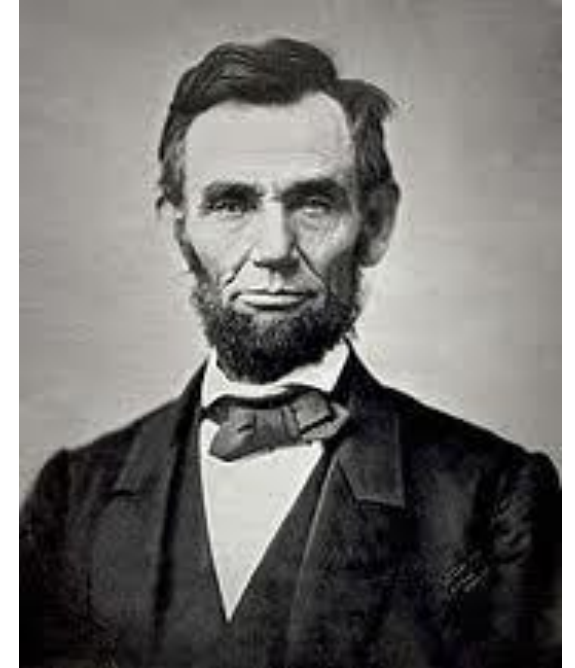


Expand our understanding about what creates health

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



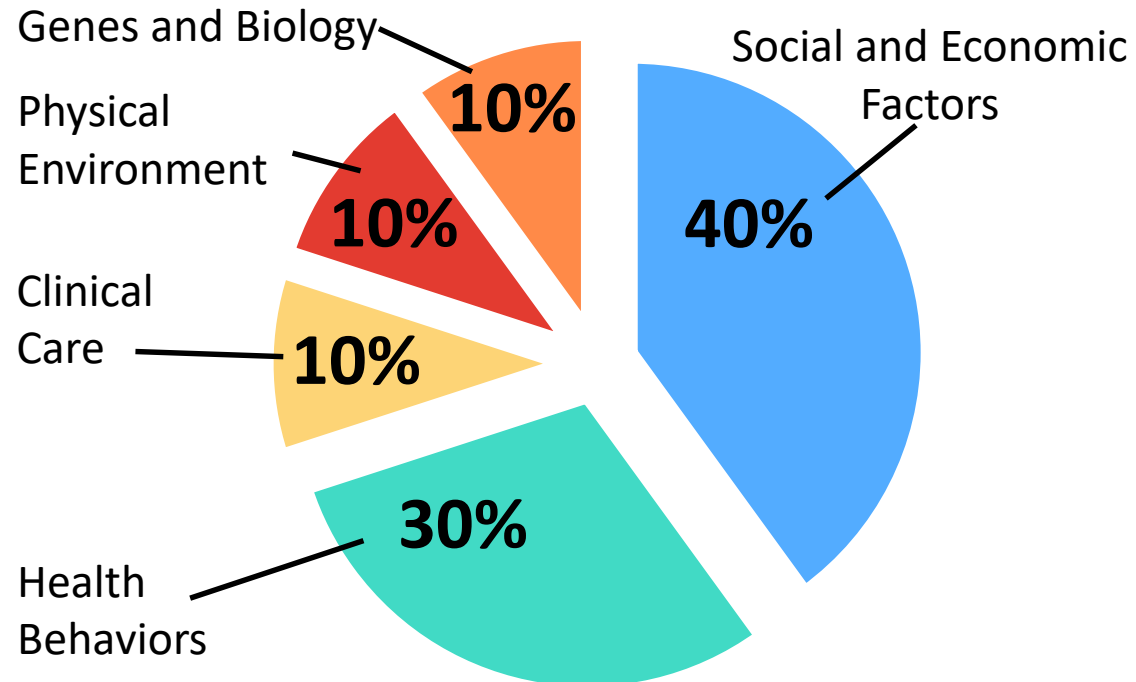
Expand the Understanding About What Creates Health.

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

Determinants of Health



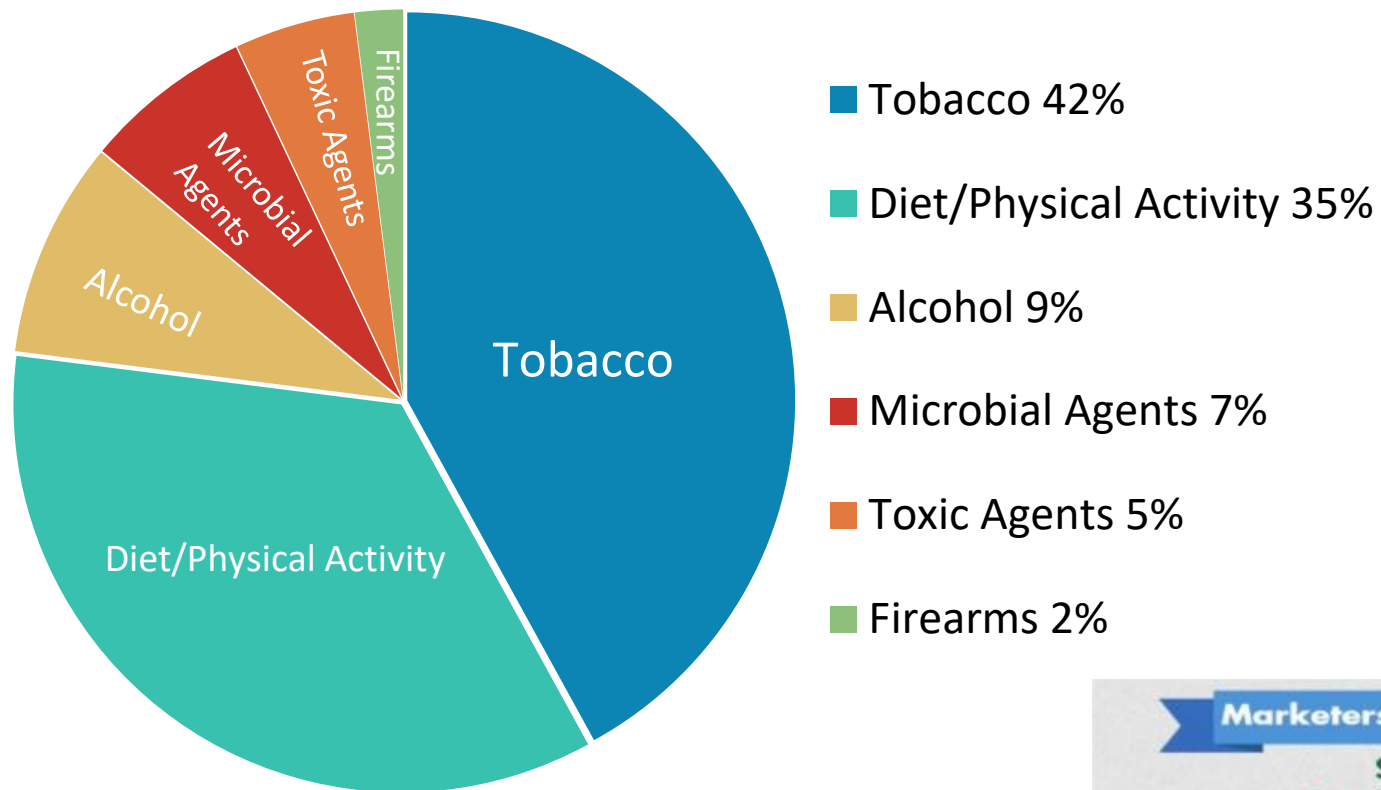
Necessary conditions for health (WHO)

- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Social justice and equity
- IT connectivity
- Mobility
- Health Care
- Social responsibility

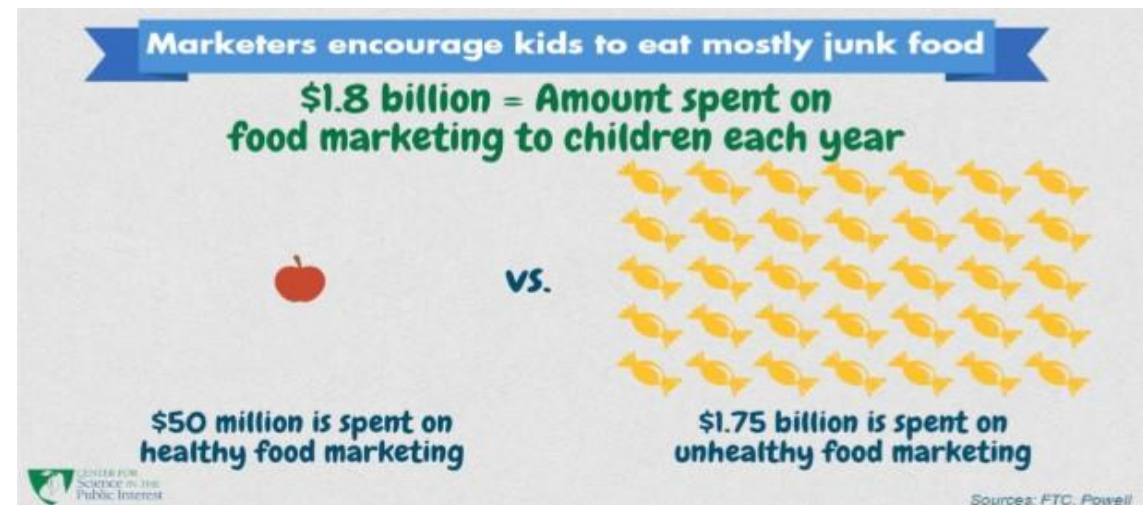
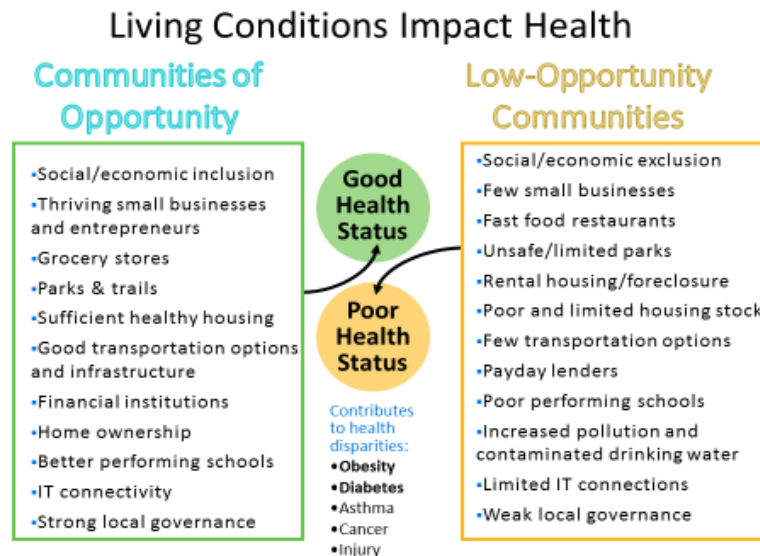
Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

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>.

Attributable Causes of Death

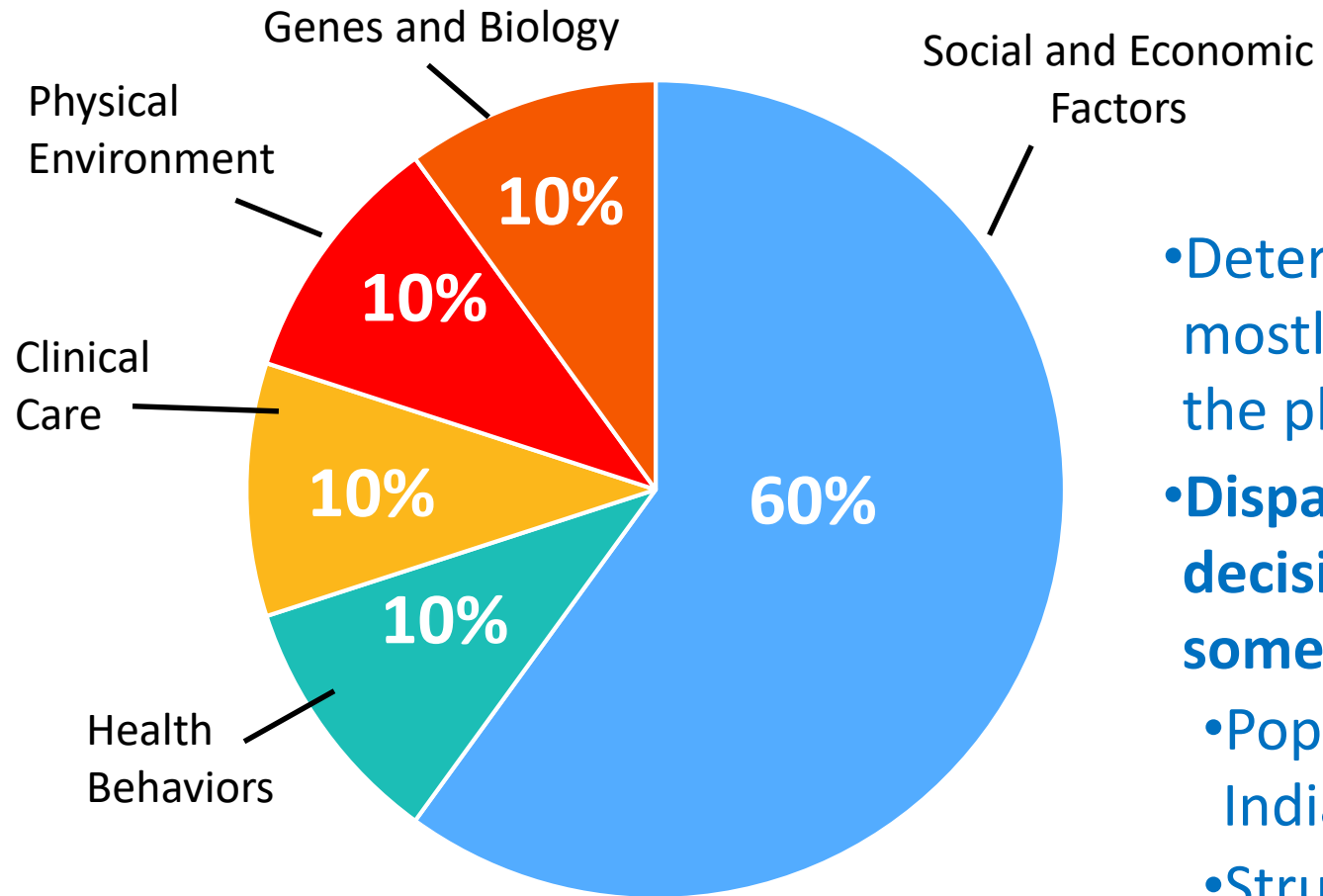


Each year in the United States:
 \$15.3 Billion is spent marketing tobacco
 \$6 Billion is spent marketing alcohol
 \$2.9 Billion is spent marketing soda (by just 1 company)



Expand the Understanding of What Creates Health

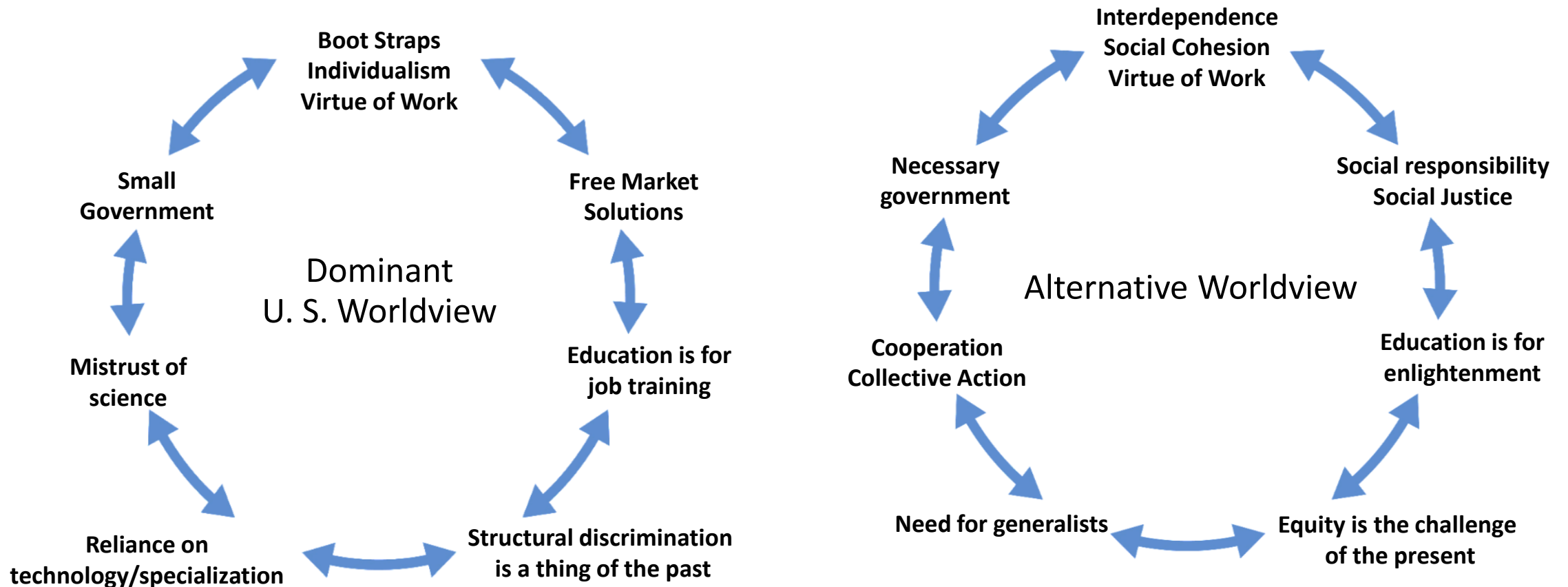
Ehlinger's beliefs about the contributions to health determinants



- 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.

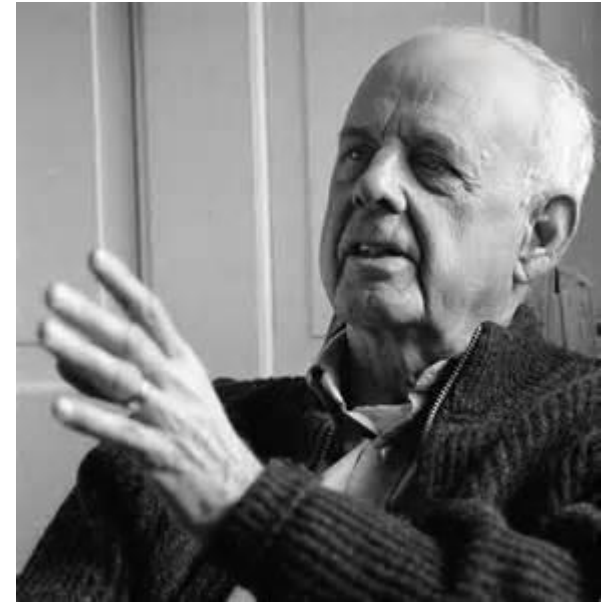
Contrasting/Alternative Worldviews



Alternative World View

“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



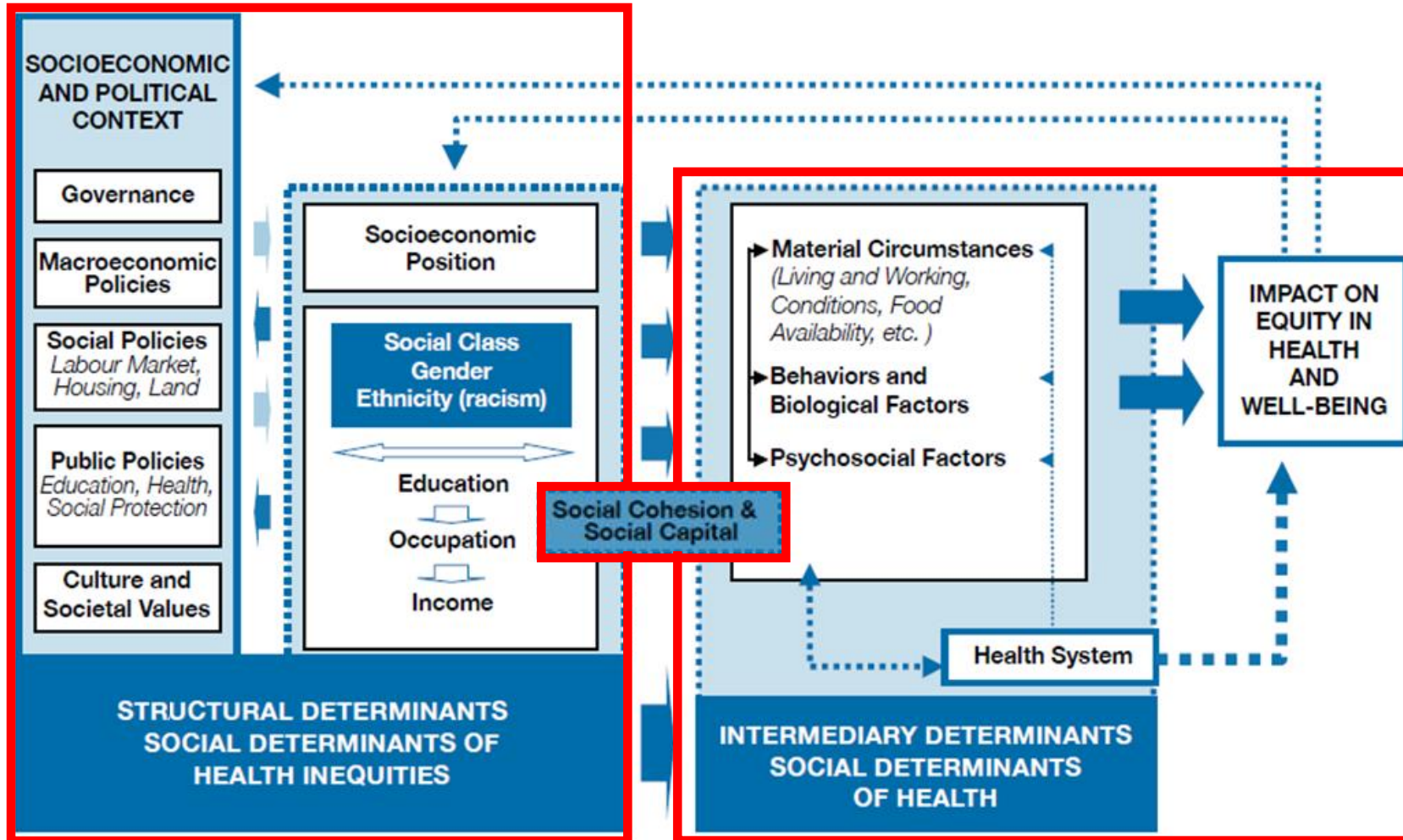
Implement a Health in All Policies Approach with Health Equity as the Goal

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



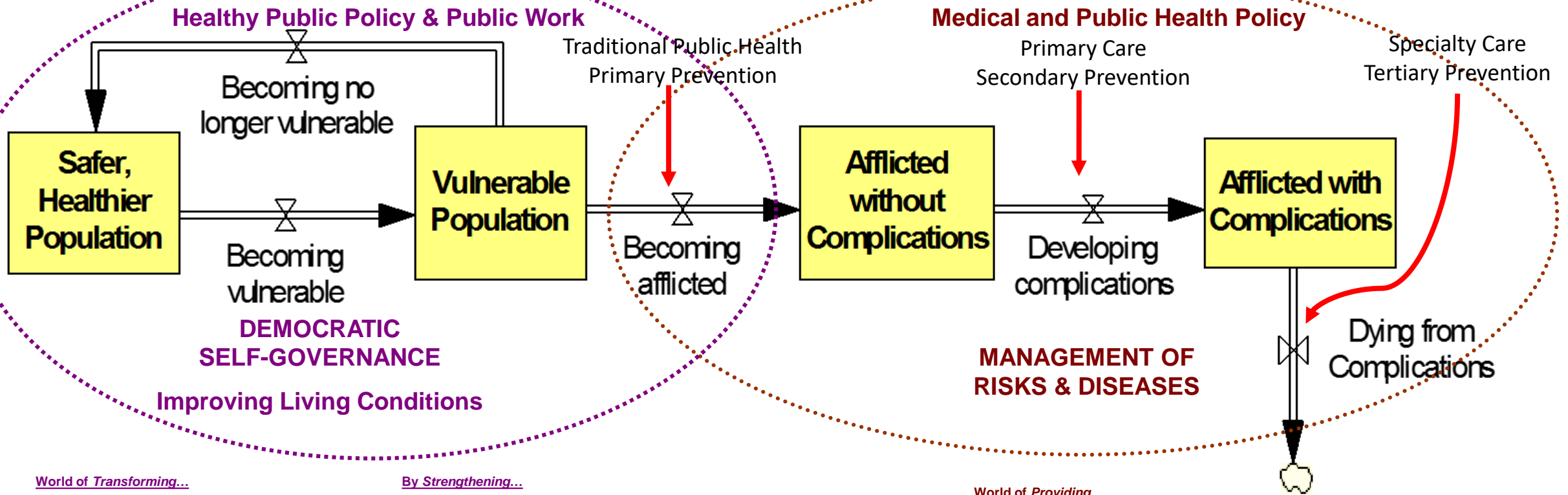
- **Air/Water quality**
- **Ag Buffer strips**
- **Food Charter**
- **Marriage Equity**
- **Payday Lending**
- **Freedom to Breathe**
- **Health Care Reform**
- **Climate Change**

Implement Health in All Policies Approach with Health Equity as the Goal



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

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?*

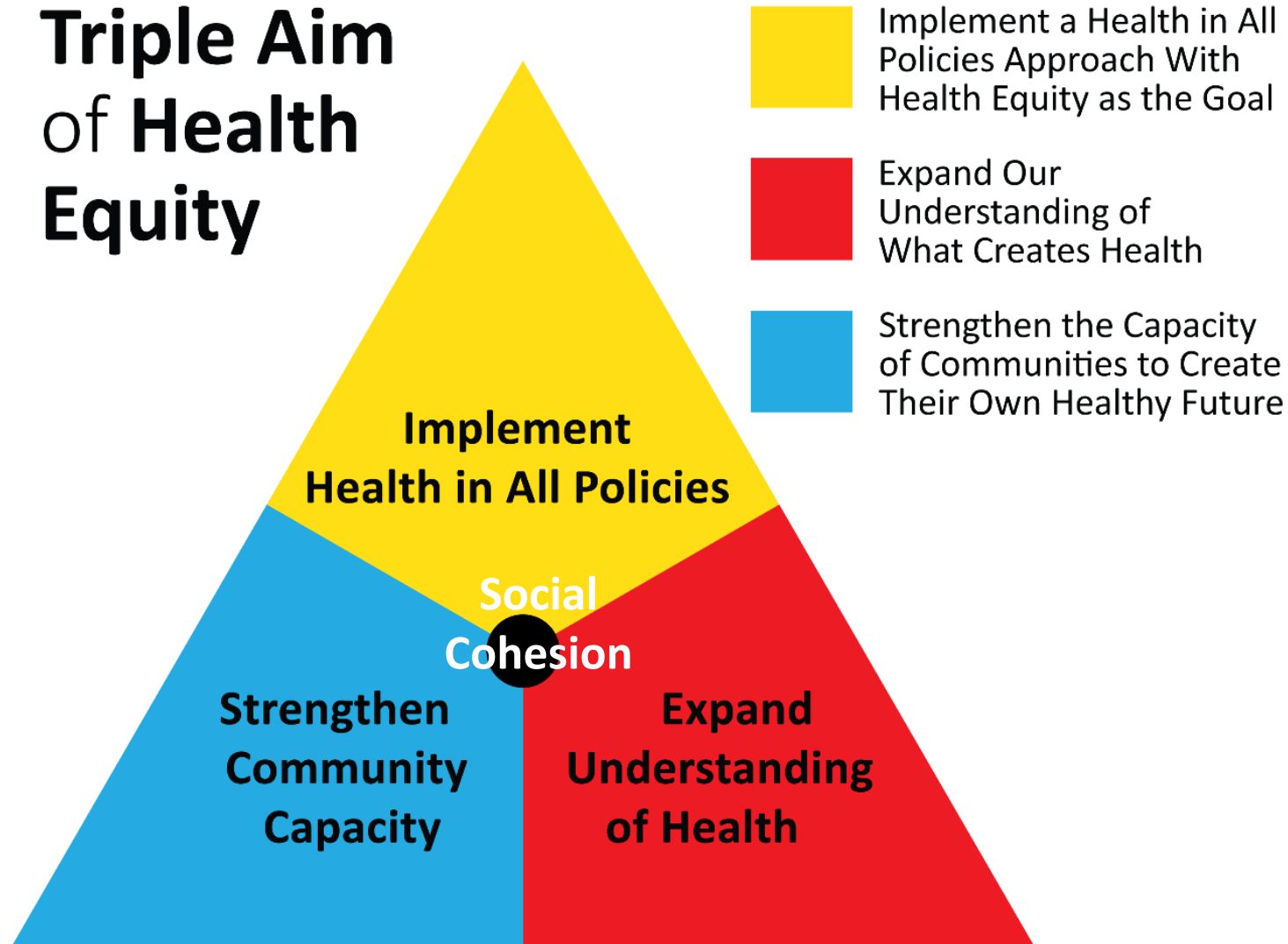
<http://www.health.state.mn.us/divs/chs/healthequity/>

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.*

Our work would be to Advance Health Equity and Optimal Health for All by:

Triple Aim of Health Equity

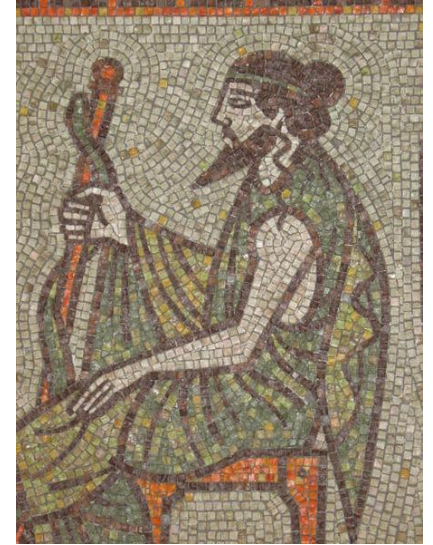


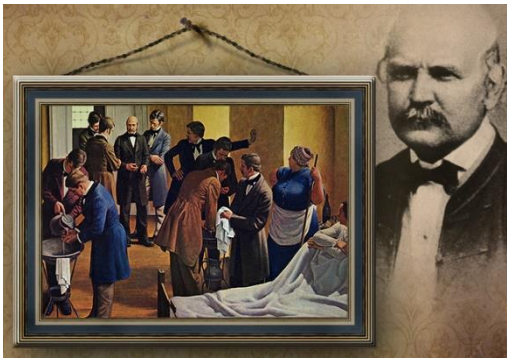
Asking the Right Questions Is a Path to Action for Change

- *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...*





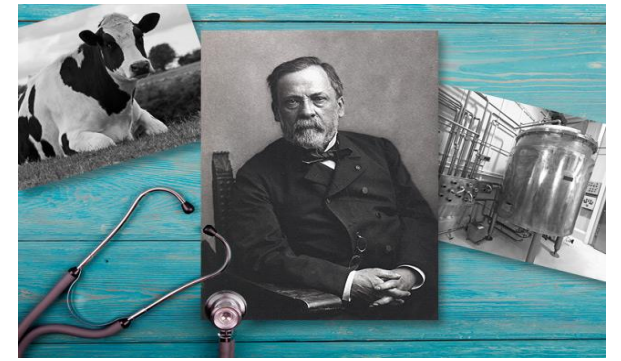
Ignaz Semmelweis (1818-1865)



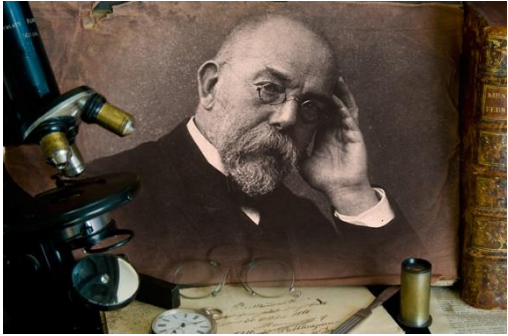
Sir Joseph Lister (1827-1912)



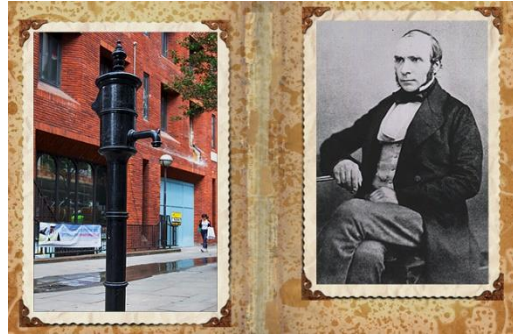
Edward Jenner (1749-1823)



Louis Pasteur (1822-1895)



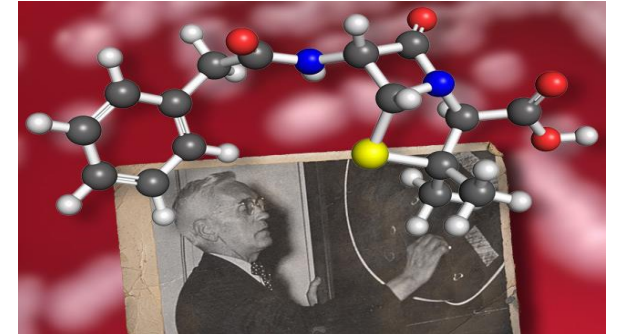
Robert Koch (1843-1910)



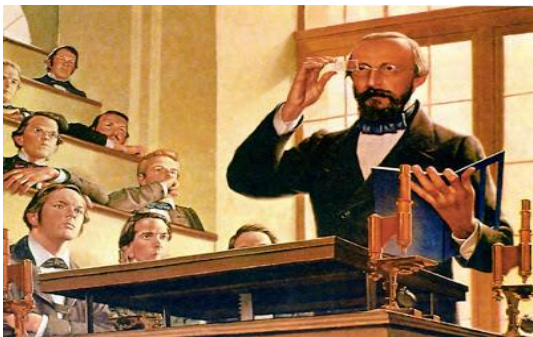
John Snow (1813-1858)



Jonas Salk (1914-1995)



Sir Alexander Fleming (1881-1955)



Rudolph Virchow (1821-1902)



Paul Ehrlich (1854-1915)



Cicely D. Williams (1893-1992)

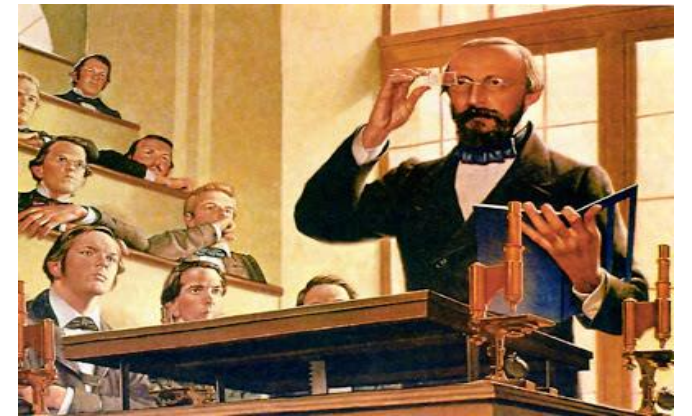


Carlos Chagas (1878-1933)

Dr. Rudolf Virchow,

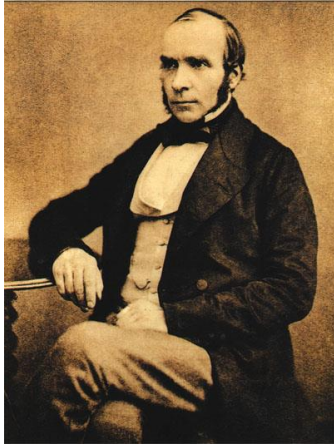
Father of Pathology and Social Medicine (the Pope of Medicine)

- *"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."*

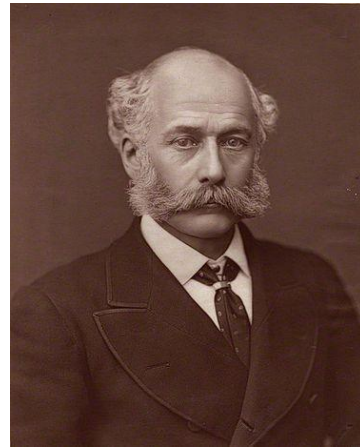


Back to the 1854 - 1865 Cholera Epidemic In London

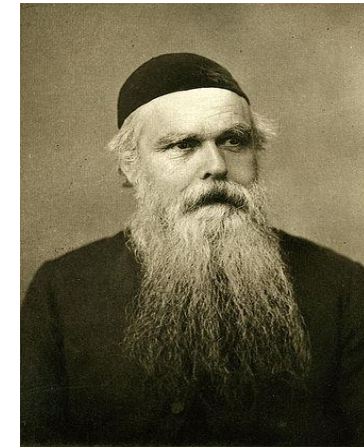
Changed living conditions



Dr. John Snow



Sir Joseph Bazalgette



Rev. Henry Whitehead



Broad Street Memorial Pump

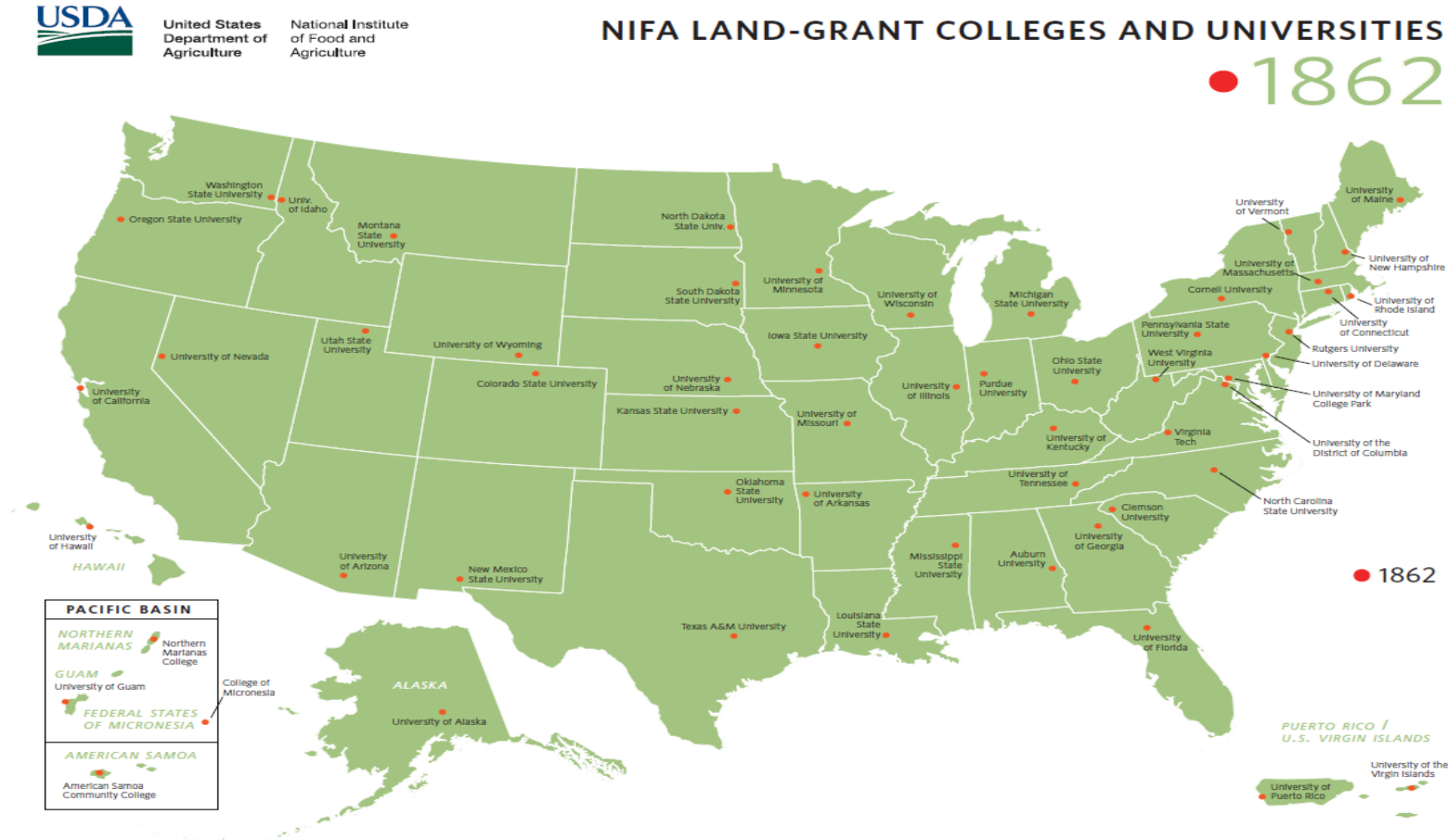


**Abbey Mills Pumping Station
(the Cathedral of Sewage)
Board of Guardians**



Water Map of London 1854

Back to our investment in public agencies to address social issues to advance the public good.



The mission of Land Grant Universities: focus on practical academic disciplines to address issues created by changing economic conditions and social class.

Back to the Children's Bureau in Department of Labor

- *"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



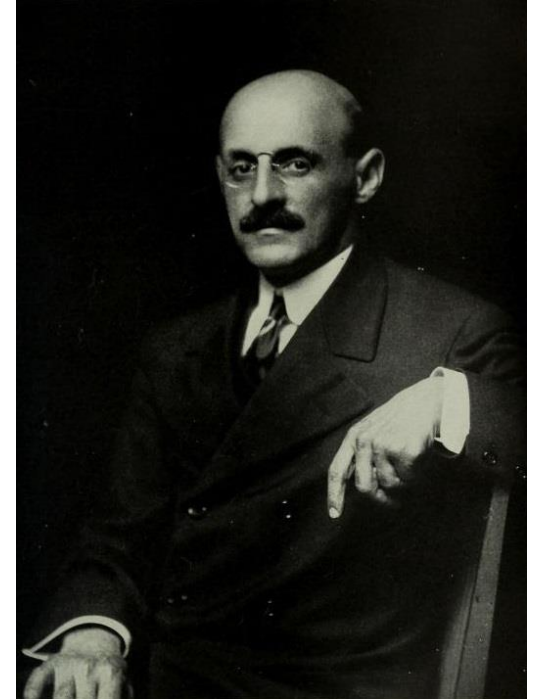
Back to Women's Suffrage which embodied the principles of the Triple Aim of Health Equity

- 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

Back to early definitions of public health - 1920



C.E.A. Winslow, Dean
Yale School of Public Health

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

- the **sanitation** of the environment
- the control of **communicable infections**
- the **education** of the individual in personal hygiene
- the organization of **medical and nursing services** for the early diagnosis and preventive treatment of disease, and
- 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.**

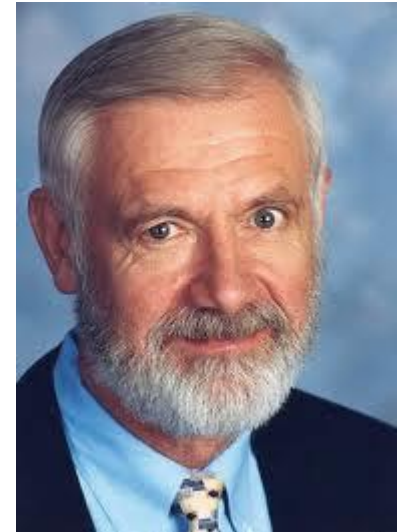
Back to a Health in All Policies approach to community health

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

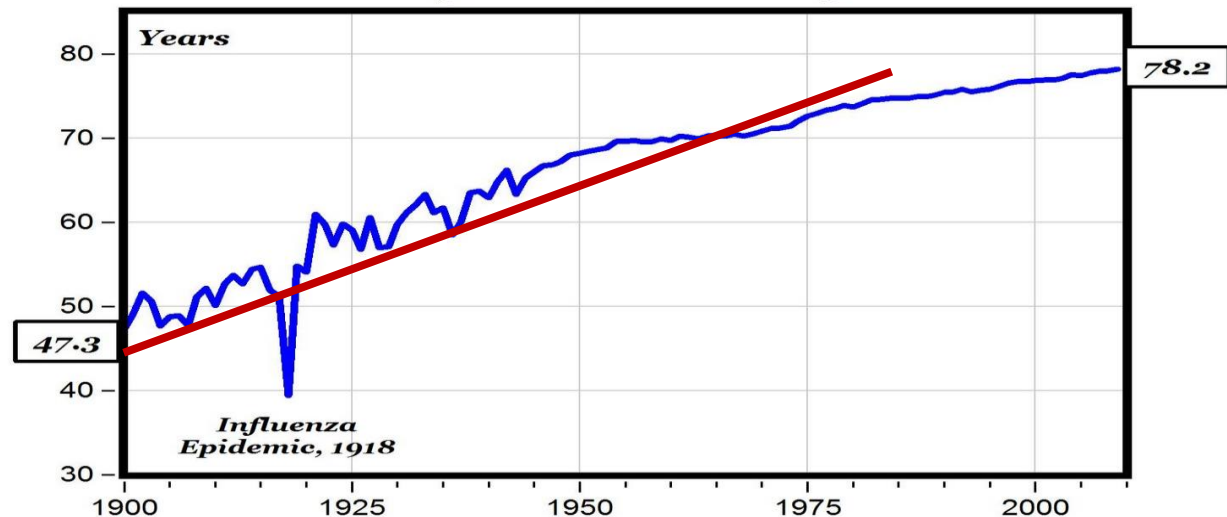
Abe Lincoln renominated for Pres by Republican Party

"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

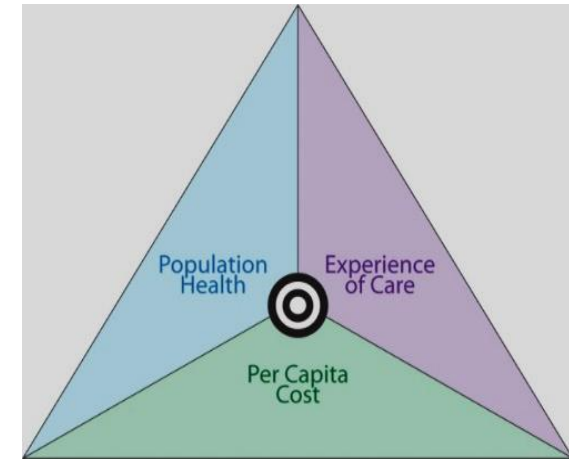
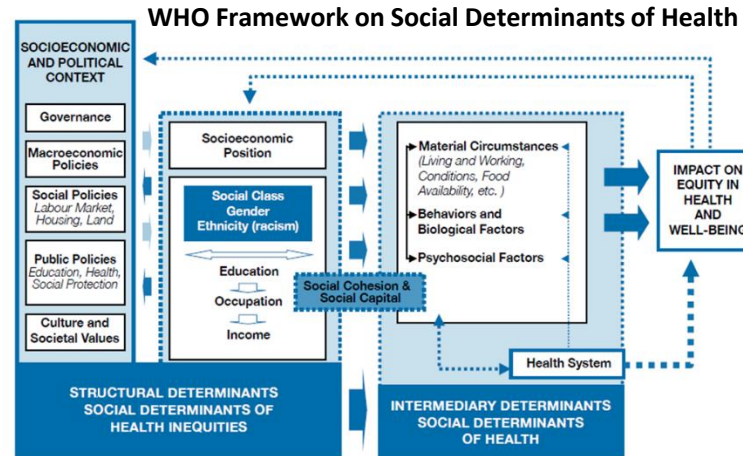
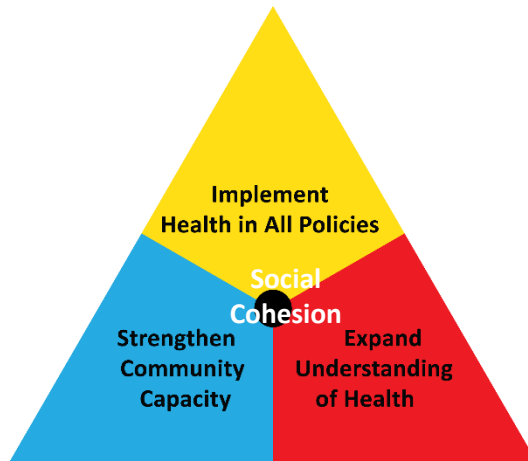


U.S. Life Expectancy at Birth 1900 to 2009



“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

Edward P. Ehlinger, MD, MSPH

Commissioner, MDH

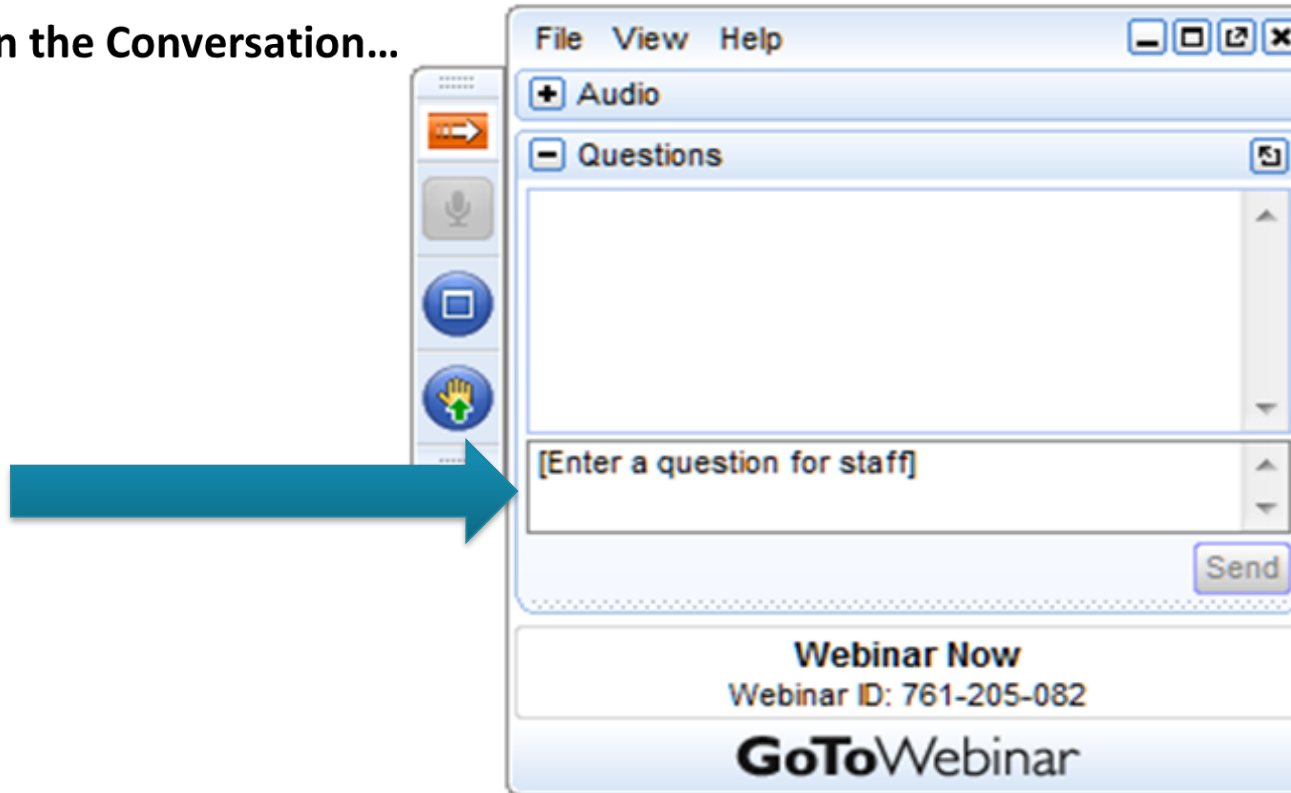
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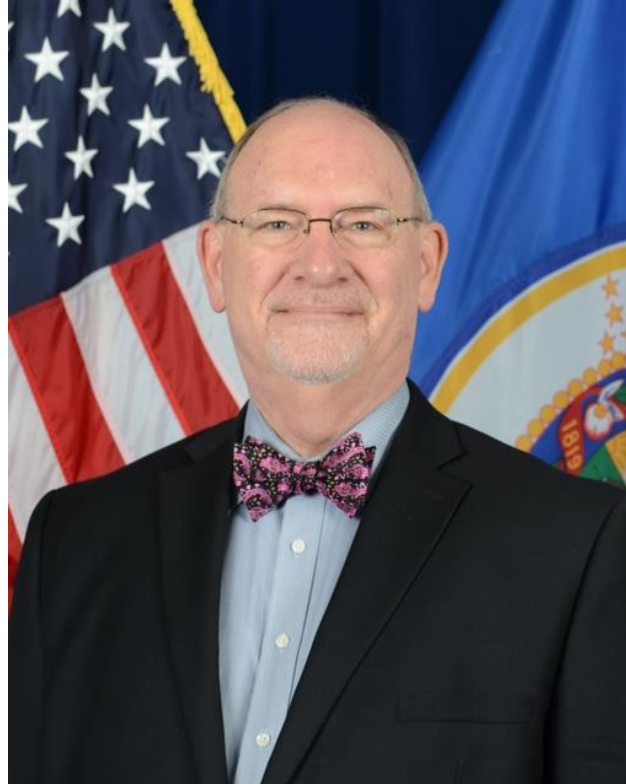
Questions or Comments?

Join the Conversation...



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/>

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Thank you!