

PULLING IT ALL TOGETHER: HEALTH EQUITY AND YOUR PRACTICE

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2018 Template Objectives for MCH

- Objective 7: Health Equity
 - Implement and evaluate a strategy to increase health equity in MCH-funded activities.
 - Utilize a self-assessment and a quality improvement process to increase health equity in MCH-funded objectives and activities.
 - Complete a self-assessment
 - Select a health equity strategy
 - Work with stakeholders to implement strategy
 - Evaluate success

Health Disparities, Inequities, Equity

Health Disparity

A difference in health between groups of people.

By itself, *disparity* does not address the chain of events that produces it.

Health Inequity

Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.

- Margaret Whitehead

Health Equity

A fair, just *distribution* of the social resources and social opportunities needed to achieve well-being.

-ASTHO, 2000

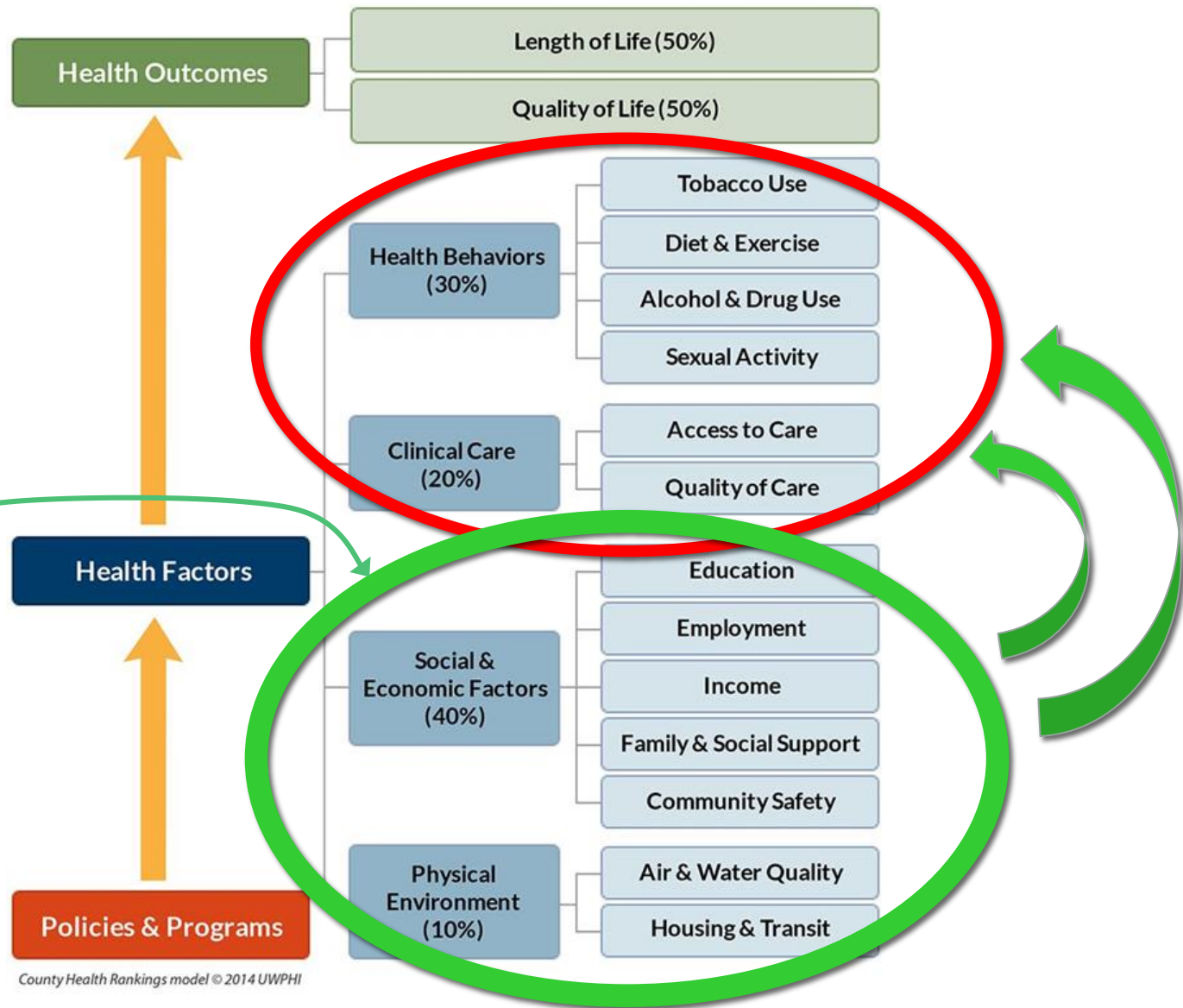
An environment where everyone has a fair and just opportunity to be healthy.

-Paula Braveman, 2017

This slide based on consensus definitions originally compiled by Ingham Co, MI

Addressing Inequity Requires Closing Gaps in Social Determinants

SDoH = the conditions in which people are born, grow up, live, work, and age. (WHO)



SDoH – health pathways

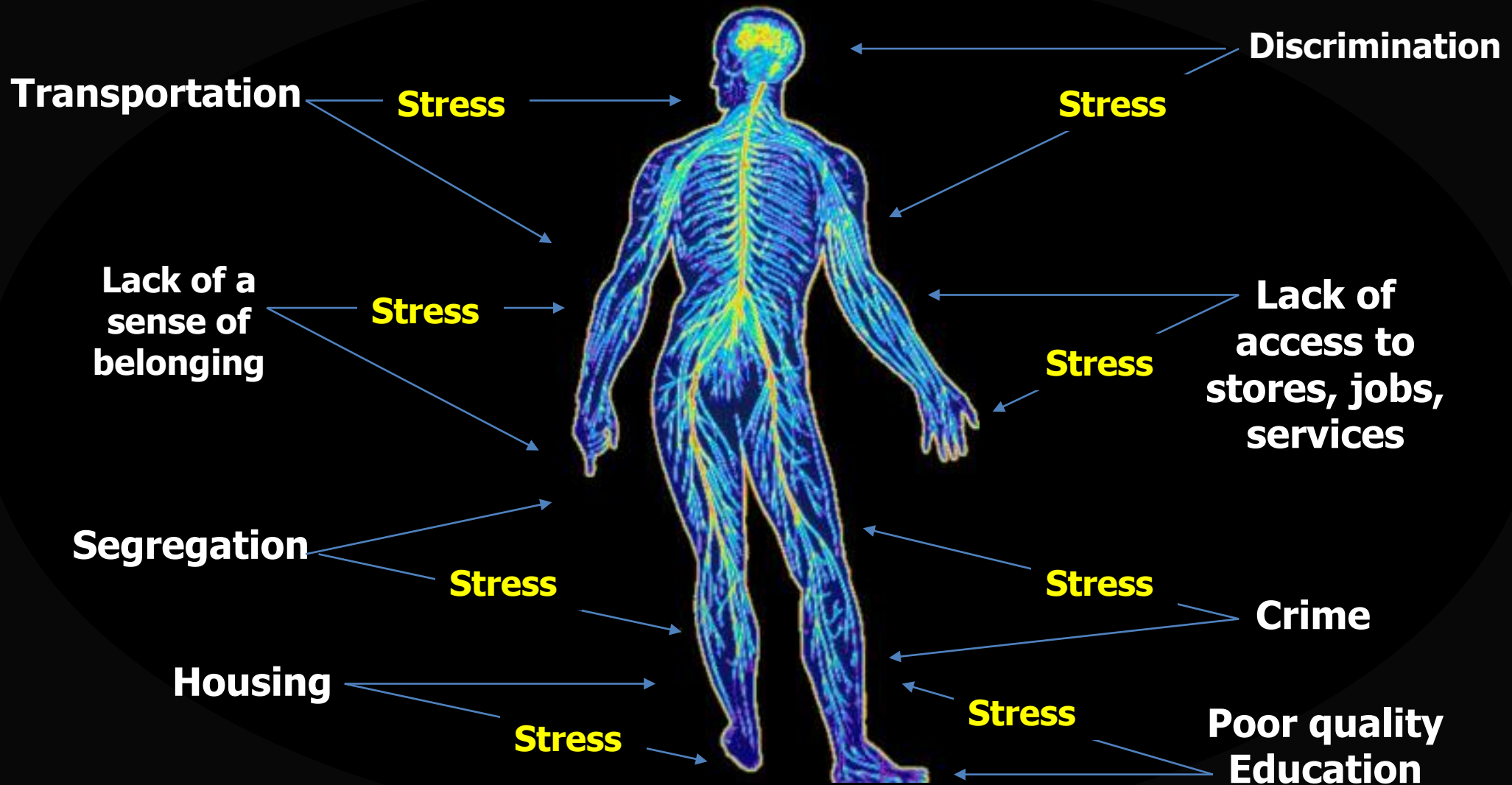
1. SES affects access to & quality of healthcare
2. SDoH affect likelihood of healthy behaviors (e.g., diet and exercise)
3. SDoH affects one's biology directly
 - Example: toxic physical environments
 - Example: toxic stress -> chronic stress hormone elevation -> ↑BP, glucose metabolism, immune dysfunction, fetal issues
 - Example: epigenetic mechanisms / DNA methylation
4. Racism - - and other forms of discrimination - - have additive effects over and above the effects of SES, probably also through the effects of chronic stress hormone elevation

A word about “chronic stress”

- ❑ Everybody has stress, but some people have resources (income, education, a safe house and neighborhood, affordable healthy food, etc.) to mitigate that stress.
- ❑ AKA: “toxic stress”, “unmitigated stress”

When the External Becomes Internal: How Health Inequities Get Inside the Body

Modified from: Alameda County Department of Public Health and Prevention Institute

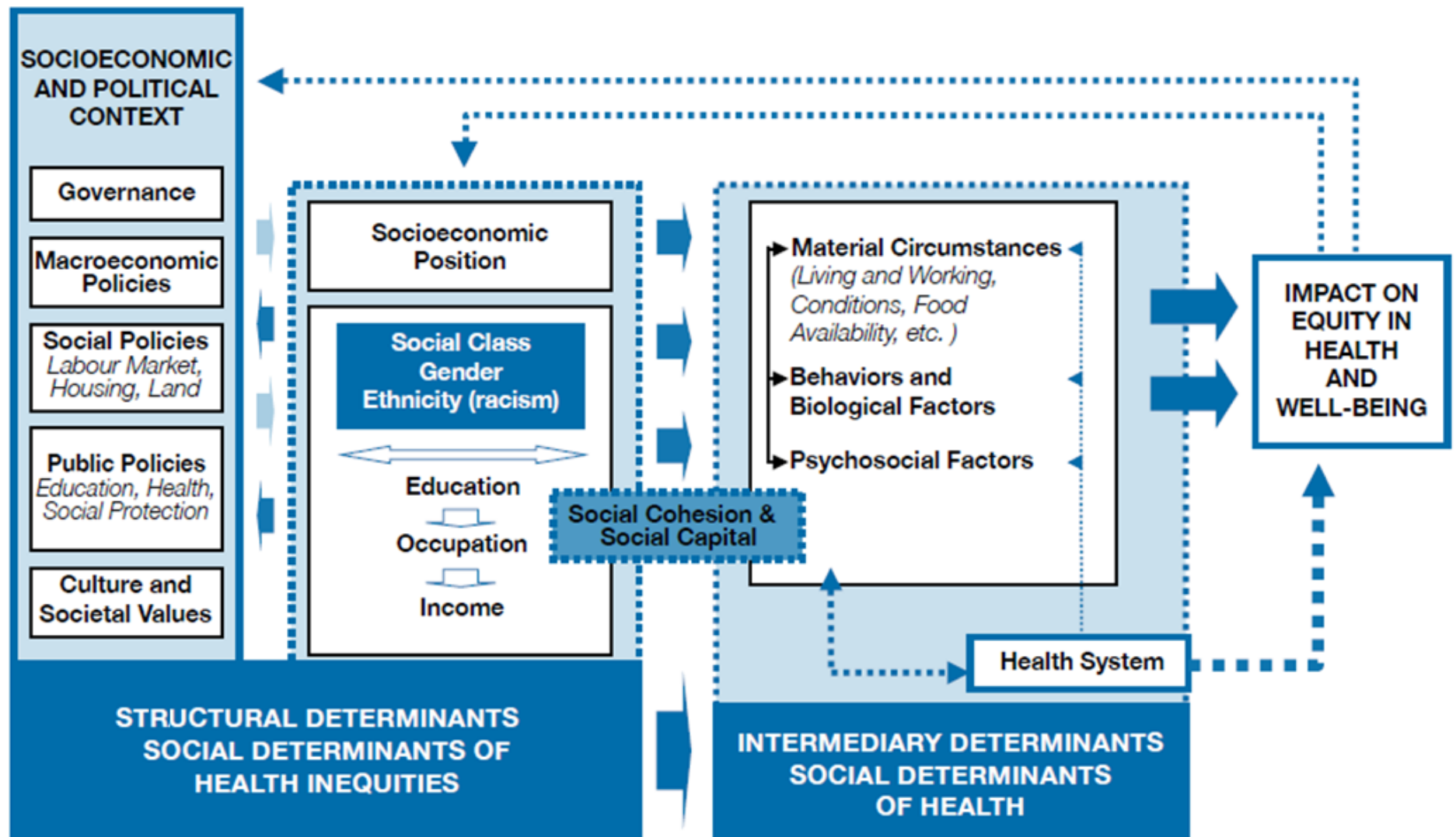


Models

“All models are wrong. Some are useful.”

- George Box, Professor of Statistics, UW-Madison, 1976

World Health Organization Commission on Social Determinants of Health



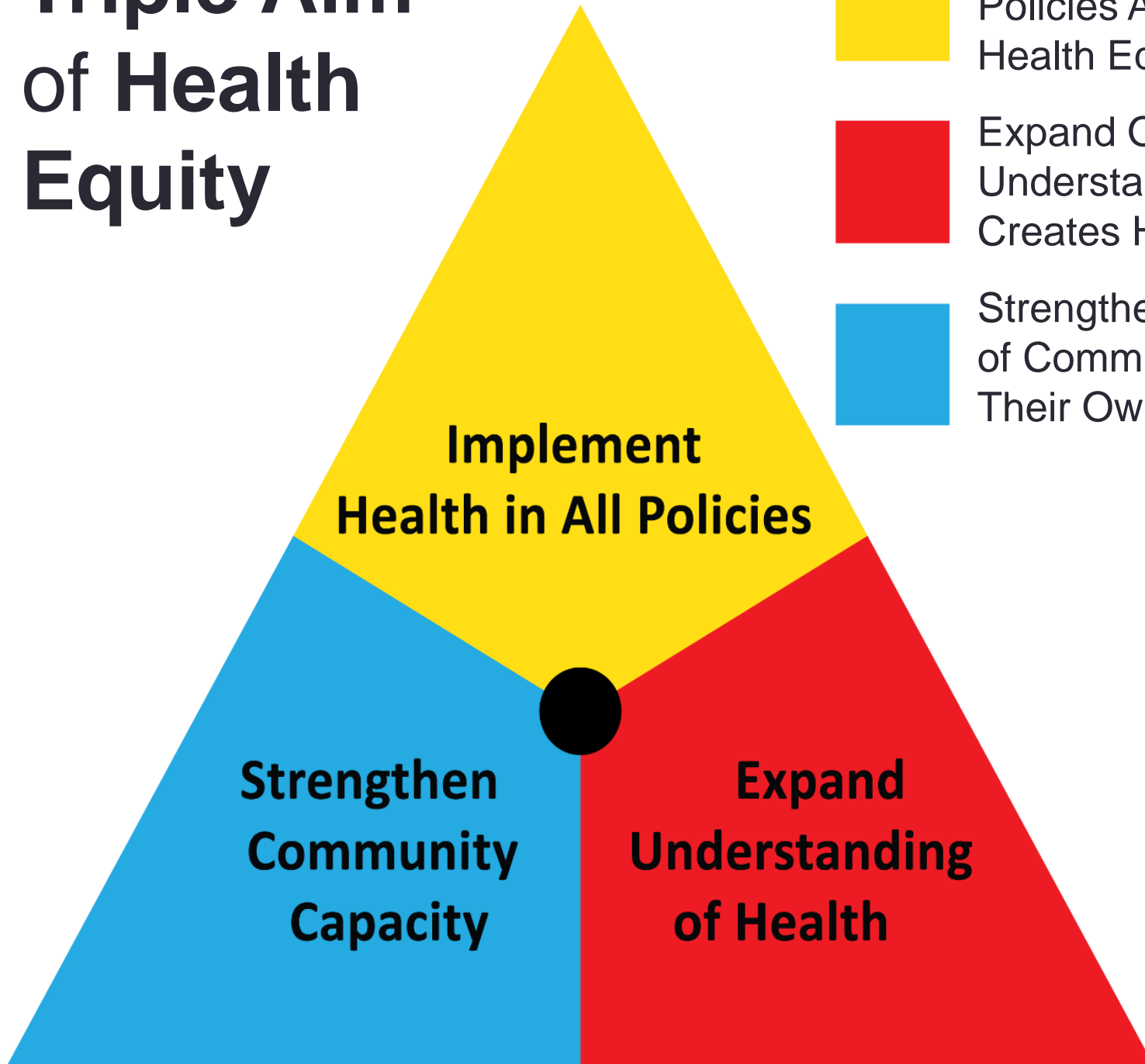
Commission on Social Determinants of Health. (2010). *A conceptual framework for action on the social determinants of health*. Geneva: World Health Organization.

WHO CSDH Domains

- **Structural Determinants: Socioeconomic Political Context.** The structural, cultural, and functional policies and processes that shape how societies are organized—governance structures, macroeconomic policies, social policies, etc.
- **Structural Determinants: Socioeconomic Position.** This domain describes how structural policies and processes interact to effectively assign socioeconomic position based on social characteristics (e.g., race/ethnicity, gender) through more or less access to essential resources including education, occupation, and income.
- **Intermediary Determinants.** Broadly encompassing living and working conditions (material circumstances), this domain also includes psychosocial, behavioral and biological characteristics, as well as the health system.
- **Cross-cutting Determinants (social capital and social cohesion).** This domain acknowledges human agency and the role of people in the shaping of policies and processes that effectively determine how societies are organized.
- **Health Equity:** fairness in the distribution of social resources and opportunities (and power) needed to achieve well-being between groups with differing levels of social disadvantage (ASTHO); an environment where everyone has a good chance to be healthy.

Triple Aim of Health Equity

-  Implement a Health in All Policies Approach with Health Equity as the Goal
-  Expand Our Understanding of What Creates Health
-  Strengthen the Capacity of Communities to Create Their Own Healthy Future

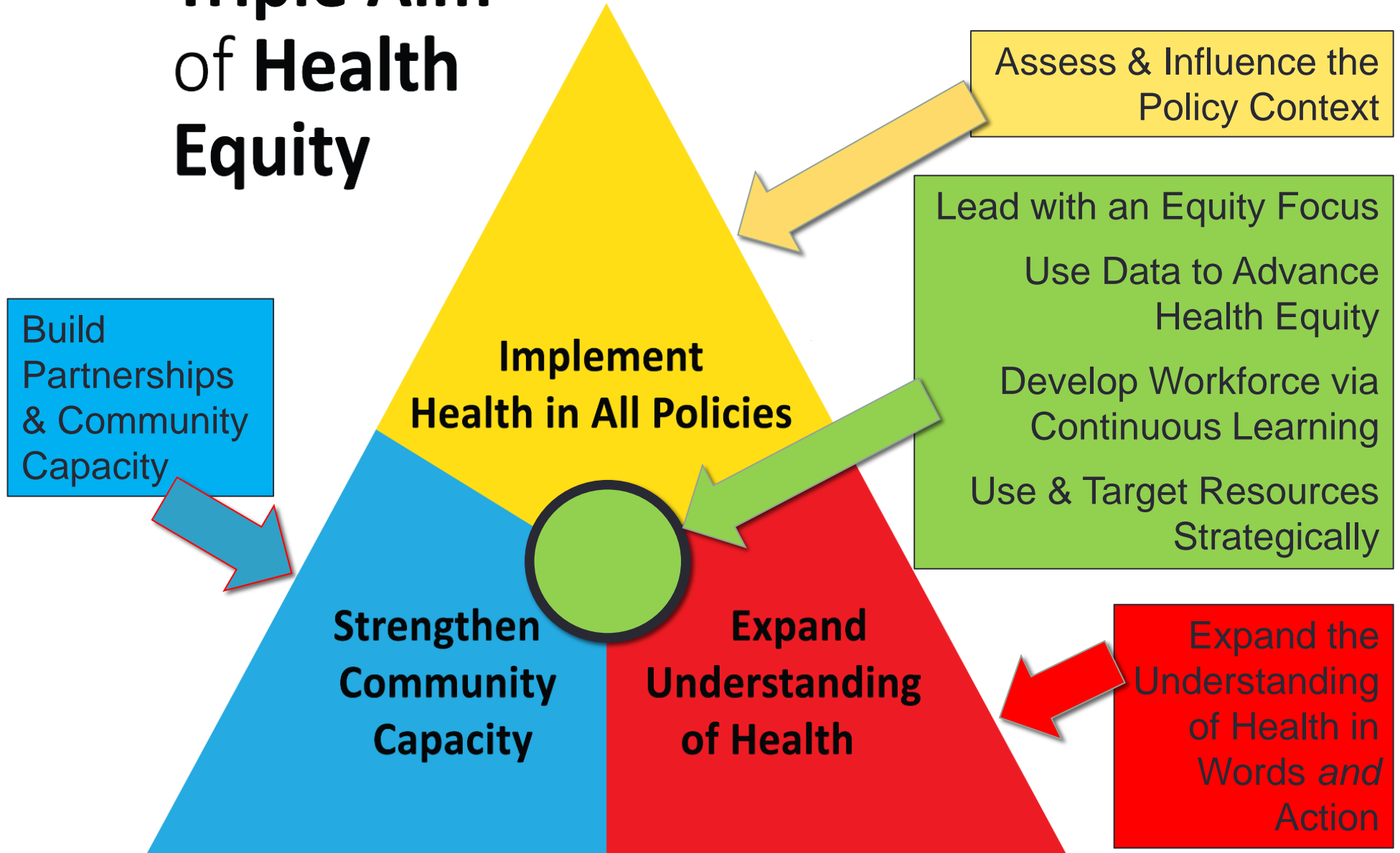


Seven Foundational Practices for Advancing Health Equity

- I. Expand the Understanding of Health
- II. Assess & Influence the Policy Context
- III. Lead with an Equity Focus
- IV. Use Data to Advance Health Equity
- V. Develop Workforce via Continuous Learning
- VI. Build Partnerships & Community Capacity
- VII. Use & Target Resources Strategically

Triple Aim of Health Equity

Crosswalk to the 7 Foundational Practices



Strategies for Health, Healthcare, and Public Health Professionals

In what ways can our conceptual frameworks about what drives health inequities inform our public health practice?

What can we do to address Health Equity?

Exciting Ideas From This Summit

Here are some “health equity high points”
I heard at this Summit

Your Turn!

What Will You Do Differently – In Your Work Going Forward – To Advance Health Equity?

What Challenges and Opportunities Do You See To Advance Health Equity?

Maybe consider these questions using the Triple Aim or the 7 Foundational Practices framework (handout)

Questions / Concerns

Discussion / Idea Generation

Strategies for Health, Healthcare, and Public Health Professionals

In what ways can our conceptual frameworks about what drives health inequities inform our public health practice?

What can we do in practice – *individually and collectively* – to address Health Equity?

Individual Level

Clinical level

- Screen during clinical interactions for socioeconomic issues and access to basic needs (food, employment, benefits, education). Screening tools include the mnemonic IHELLP (for income, housing, education, legal status, literacy, and personal safety)
- Coordinate services for individual patients by partnering with social workers, health advocates, community health workers, legal aid agencies, and other professionals
- Assure implementation of CLAS Standards (Culturally and Linguistically Appropriate Services)

Organizational Policy Level

- HR policies for diverse workforce recruitment, retention, and development
- Career development programs & policies, e.g. career ladders/pipelines in low income communities
- Procurement policies to support local businesses
- Living wage, paid sick leave, paid family & medical leave (employees *and* contractors)
- Anti-racism / implicit bias mitigation programs (See Harvard Implicit Association Test - IAT)

Community Level

- Be active in and provide support to community-wide programs and initiatives that address the social determinants of health
- Provide support to local community-based organizations whose mission focuses on addressing the social and economic needs of community members, e.g.:
 - financial support
 - serving on the advisory boards of advocacy or social service organizations
- Engage in cross-agency, cross-sector collaborations

Local, State & Federal Policy Level (1)

- Speak out on the importance of SDoH; help decision-makers better understand the health impact of *all* policies (including those far beyond healthcare policies).
- Develop relationships with and educate policy-makers directly
- Focus media appearances (e.g., TV interviews, radio show call-ins, and writing op-eds and letters to the editor) on Equity and SDoH.

Local, State & Federal Policy Level (2)

- Work collectively
 - Leverage organizational power (healthcare systems, professional organizations, governmental agencies, etc.)
 - Work across sectors, break down silos.
 - Partner with community and faith-based organizations with overlapping interests, education sector leaders, business leaders, community organizers, public safety officials, etc.

14 Inside and Outside Strategies to Advance Health Equity

- <https://humanimpact.org/14-inside-and-outside-strategies-to-advance-health-equity-within-local-public-health-practice/>

6 Outside Strategies (Human Impact Partners)

1. Build partnerships with communities experiencing health inequities in ways that intentionally share power and decision-making, and that allow for meaningful participation
2. Build alliances and networks with community partners to protect against risk and build power
3. Build alliances with other public agencies
4. Engage strategically in social justice campaigns and movements
5. Change the administrative and regulatory scope of public health practice
6. Join broader public health movements to advance equity

8 Inside Strategies (Human Impact Partners)

1. Focus on addressing the “causes of the causes of health inequities” – oppression and power
2. Prioritize improving the social determinants of health through policy change
3. Build understanding of and capacity to address equity across the organization
4. Support leadership, innovation, and strategic risk-taking to advance equity
5. Change the narrative of what leads to health
6. Commit the organization and its resources to advance equity
7. Use data, research, and evaluation to make the case
8. Change internal practices such as hiring & contracting

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Conclusion

- Health Equity work is not a cookbook, it's not a "diet" you can follow for 30 days and then be done.
- Health Equity work is a "lifestyle change." It requires focus, transformative thinking, broad partnerships, and continually improving the way we do our work.
- It means moving from "helping people beat the odds" to "working with communities to *change the odds.*"
- **Together, we can transform public health practice in Wisconsin - - and create the conditions for health equity!**

Questions / Discussion