Social Determinants:
How can hospitals and public health turn the tide on poor health outcomes?

Healthcare Financial Management Association – Indiana Chapter
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with special thanks and credit to
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Assistant Commissioner, Minnesota Department of Health

(Association of Community Health Nurse Educators
Association of Public Health Nurses
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Learning Objectives

Participants will be able to **identify the social determinants of health** that shape health outcomes and the **role of hospitals** in addressing population health needs.
"I diagnosed abdominal pain when the real problem was hunger. I confused social issues with medical problems in other patients’, too. I mislabeled the hopelessness of long-term unemployment as depression and the poverty that causes patients to miss pills or appointments as noncompliance. In one older patient, I mistook the inability to read for dementia. My medical training had not prepared me for this ambush of social circumstance. Real-life obstacles had an enormous impact on my patients’ lives, but because I had neither the skills nor the resources for treating them, I ignored the social context of disease altogether."

Laura Gottlieb, MD
San Francisco Chronicle 8/23/10
IN THESE DAYS OF DIFFICULTY, WE AMERICANS EVERYWHERE MUST AND SHALL CHOOSE THE PATH OF SOCIAL JUSTICE... THE PATH OF FAITH, THE PATH OF HOPE, AND THE PATH OF LOVE TOWARD OUR FELLOW MAN.
3.18. Perceived health status among adults, 2013 (or nearest year)

<table>
<thead>
<tr>
<th>Country</th>
<th>Good or very good</th>
<th>Fair</th>
<th>Bad or very bad</th>
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</tr>
<tr>
<td>Korea</td>
<td>46</td>
<td>19</td>
<td>5</td>
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</tbody>
</table>

1. Results for these countries are not directly comparable with those for other countries, due to methodological differences in the survey questionnaire resulting in an upward bias. In Israel, there is no category related to fair health.


StatLink: http://dx.doi.org/10.1787/688933260801
3.19. Perceived health status by income level, 2013 (or nearest year)

% of population aged 15 years and over reporting to be in good health

Note: Countries are ranked in descending order of perceived health status for the whole population.

1. Results for these countries are not directly comparable with those for other countries, due to methodological differences in the survey questionnaire resulting in an upward bias. In Israel, data by income group relate to the employed population.


Information on data for Israel: http://oe.cd/israel-disclaimer

StatLink is: http://dx.doi.org/10.1787/888933280801

Note: The data for most countries are based on a minimum threshold of 22 weeks of gestation period (or 500 grams birthweight) to remove the impact of different registration practices of extremely premature babies across countries.


3.1. Life expectancy at birth, 1970 and 2013 (or nearest years)


StatLink http://dx.doi.org/10.1787/888933280727
9.1. Health expenditure per capita, 2013 (or nearest year)

Note: Expenditure excludes investments, unless otherwise stated.
1. Includes investments.
2. Data refers to 2012.

StatLink: http://dx.doi.org/10.1787/888933281252
<table>
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<th>Country</th>
<th>Total public coverage</th>
<th>Primary private health coverage</th>
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<td>100.0</td>
</tr>
<tr>
<td>Canada</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Czech Rep.</td>
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<tr>
<td>Denmark</td>
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<td>100.0</td>
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<td>Japan</td>
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<tr>
<td>Korea</td>
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<tr>
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<tr>
<td>France</td>
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<td>Spain</td>
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<td>10.0</td>
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<td>Germany</td>
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<td>8.4</td>
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<td>United States (2014)</td>
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<td>65.5</td>
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<td>Greece</td>
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<td>26.1</td>
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StatLink: http://dx.doi.org/10.1787/888933281052
In 1944, President FDR proposed an Economic Bill of Rights. They were:

SECOND BILL OF RIGHTS
EVERY AMERICAN HAS THE RIGHT TO:
1. A JOB
2. AN ADEQUATE WAGE AND DECENT LIVING
3. A DECENT HOME
4. MEDICAL CARE
5. ECONOMIC PROTECTION DURING SICKNESS, ACCIDENT, OLD AGE OR UNEMPLOYMENT
6. A GOOD EDUCATION
A Tale of Two Cities
Worlds Apart

What is Health?
What is Health?

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the objective of living."

From WHO 1948 and Ottawa Charter for Health 1986
What is Population Health?
What is Population Health?

“the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”

*Kinder and Stoddard, 2003*
“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
The World Health Organisation (WHO) defines the social determinants of health as the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.
## Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
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<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
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<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
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<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Higher education</td>
<td>Community engagement</td>
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<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
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<td>Discrimination</td>
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<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td>Provider linguistic and cultural competency</td>
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<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td></td>
<td>Quality of care</td>
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</tr>
</tbody>
</table>

**Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

What is required for Health?
What is necessary for Health?

- Peace
- Income
- Shelter
- Stable eco-system
- Education
- Sustainable resources
- Food
- Social justice and equity

Factors that determine health

- Social and Economic Factors, 40%
- Health Behaviors, 30%
- Clinical Care, 10%
- Physical Environment, 10%
- Genes and Biology, 10%

Institute Of Medicine Reports U.S. Spends Too Little On Public Health Initiatives
Factors that Affect Health

- Socioeconomic Factors
  - Poverty, education, housing, inequality
- Long-lasting Protective Interventions
  - Fluoridation, 0g trans fat, folic acid fortification, iodization, smoke-free laws, tobacco tax
- Changing the Context to make individuals’ default decisions healthy
  - Immunizations, brief intervention, cessation treatment, colonoscopy
- Clinical Interventions
  - Rx for high blood pressure, high cholesterol, diabetes
- Counseling & Education
  - Eat healthy, be physically active

Source: Tom Frieden, Director, CDC
Indiana 2015 –
A State that Works, for some

- 41st in State Health Rankings
- 36th for Infant mortality rate (7/1,000)
- 44th for Smoking rate (22.9% of adults)
- 15th for Obesity (31.3% of adults)
- 13th for Diabetes (11.4% of adults)
- 48th for PH funding
Health inequities in Indiana are significant and persistent, by race

In Indiana, an African American infant has more than twice the chance of dying in the first year of life as a white baby.
Percent of Low Birthweight Infants by Age and Race/Ethnicity of Mother Indiana Residents, 2014
## Table 8b-14 Infant, Neonatal, and Postneonatal Mortality by Race:
### Five-Year Totals, 2010–2014

<table>
<thead>
<tr>
<th>REPORTED RACE/ETHNICITY</th>
<th>NUMBER</th>
<th>RATE per 1,000 Live Births</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Live Births</td>
<td>Infant Deaths (≤1 yr)</td>
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<tr>
<td>All Races</td>
<td>83,927</td>
<td>597</td>
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<tr>
<td>White</td>
<td>68,822</td>
<td>403</td>
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<tr>
<td>Black</td>
<td>10,390</td>
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<tr>
<td>Other</td>
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<tr>
<td>Hispanic</td>
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<table>
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<tbody>
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<td></td>
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<td>All Races</td>
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<td>3,020</td>
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<tr>
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<tr>
<td>Other</td>
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<tr>
<td>Hispanic</td>
<td>35,860</td>
<td>275</td>
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</table>

ISDH Epidemiology Resource Center Data Analysis Team
Disparities in Birth Outcomes are the tip of the health disparities iceberg
Obesity Rates by Race, Indiana, 2015

<table>
<thead>
<tr>
<th>Race</th>
<th>Obesity Rate (2015)</th>
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<tbody>
<tr>
<td>White</td>
<td>31.3%</td>
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<tr>
<td>Black</td>
<td>41.5%</td>
</tr>
<tr>
<td>Latino</td>
<td>31.4%</td>
</tr>
</tbody>
</table>

Health inequities in Indiana are significant and persistent, by income and education

39.6% of Hoosier adults with less than a high school education were current smokers in 2014, compared with 7.4% of college graduates.

42.0% of those reporting an annual household income of less than $15,000 were current smokers in 2014, compared with 10.5% of those earning over $75,000 annually.
Indiana Adult Smoking Rates by Race/Ethnicity,*
BRFSS 2011-2014

* African American and White categories include only non-Hispanic individuals. Hispanics may be of any race.
Changes in Race- and Ethnicity-Adjusted Life Expectancy by Income Group, 2001-2014

Roots of Inequities - how did we get here?

- Disparities are not simply 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, GLBTQ, and low income
  - Structural Racism

MDH
Predictors of Health by Race and Socioeconomic status

The connection between systemic disadvantage and health inequities by race and socioeconomic status is clear and predictive of the future health of our community.
Lead Poisoned Children
Indiana, 2010

Figure 2-10: Indiana’s Children Age 0-7 by Race, 2010

Figure 2-11: Indiana Children Age 0-7 with Elevated Blood-Lead Levels, by Race, 2010

An Indiana city is poised to become the next Flint
Disparities in health are the tip of the societal disparities iceberg
What does “health equity” mean?

Health equity means achieving the conditions in which all people have the opportunity to realize their health potential — the highest level of health possible for that person — without limits imposed by structural inequities.
Communities of Opportunity

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

Good Health Status

Contributes to health disparities
- Diabetes
- Cancer
- Asthma
- Obesity
- Injury

Low-Opportunity Communities

- Social/economic exclusion
- Few small businesses
- Payday lenders
- Few transportation options
- Rental housing/foreclosure
- Poor performing schools
- Poor and limited housing stock
- Increased pollution and contaminated drinking water
- Fast food restaurants
- Limited IT connections
- Weak local governance
- Unsafe/limited parks
The Role of Hospitals in Addressing the Social Determinants of Health
Moving from Contribution to Accountability

Do good things
- Assure access to care
- Support community organizations
- Educate

Make an impact
- Address determinants of health in physical, social, natural environments
- Measure impacts

Accountable for all impacts
- Understand our social, ecological, and economic footprint, and its impact on community health
- Leverage all our assets

Developed by Raymond J Baxter, Senior Vice President, Community Benefit, Research and Health Policy, Kaiser Permanente.
Deploying All Kaiser Permanente Assets for Total Health

Bringing together mission, brand, knowledge, and capabilities

Physical and mental health care
“Body, Mind, and Spirit”

Clinical prevention

Health education

Healthy eating
Active living

Research and technology

Access to social and economic supports

Purchasing and employment practices

Worksite/workforce wellness

Community health initiatives

Environmental stewardship

Public Policy

Public information

Living wage payroll

Facilities

Individual/Family

Home/School/Worksite

Neighborhood/Community

Society

Asking Questions as a Path to Action

• Inquiry Questions:
  ✓ What is working?
  ✓ What policies, practices, processes create inequities within our organizations and more broadly?
  ✓ Identify areas where structural inequities and structural racism are creating inequitable health outcomes.

• Develop the practice of examining Policies, Processes and Assumptions.
Structure work to achieve our overall aim: Create/Strengthen “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.
Foundational Practices to Advance Health Equity

- Purposefully expand the understanding and conversation of what creates health to include the “opportunity for health” (organize narrative-knowledge)

- Strengthen the capacity of communities to create their own healthy futures. Use public health tools: partnerships, engagement, convening ability, data, reports, education, policy, resources, legislation, “bully pulpit” (organize people)

- Implement a “health in all policies” approach with health equity as the goal in program and policymaking (organize resources-and how systems work)
Expand the understanding of what creates health: Change the Narrative

• Health is not determined by just clinical care and personal choices

• Health is determined mostly by physical and social determinants affecting individuals and communities

• Determinants are created & enhanced by policies and systems that impact the physical and social environment
And The Real Narrative of What Creates Health Inequities?

- Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.
  - Especially, populations of color and American Indians, LGBTQ, and low income
  - Structural Racism
Health in All Policies
Tools in Health in All Policies Approach

- Data
- Reports
- Internal Policy Alignment
- White Papers
- Health Notes
- Health Impact Assessments
- Community Engagement--partners
- Asking Questions
Health in all Policies:
Questions to ask to advance health equity

- What do we know about who will benefit?
- What health impacts can we anticipate? Who will experience these impacts?
- What and whose values, beliefs and assumptions are guiding or influencing the decision?
- What do we know about impact(outcome) versus intent of the policy?
- Would the issue/policy benefit from further study or a health impact assessment (HIA)?
Minimum Wage

“We all benefit from and have a role in creating healthier communities. It’s time for us to come together to implement a minimum wage that further enhances the health benefits of employment...It will be a great investment in the health of individuals, families, communities, and our state.”

- Ehlinger Commentary in MinnPost
Paid Parental and Sick Leave
Linked to Improvements in:

- Infant mortality
- Mom and baby health
- Breastfeeding
- Vaccinations
- Well child check-ups
- Maternal depression
- Occupational injuries
- Routine cancer screenings
- Emergency room usage
- Days lost due to illness

“I go to work sick all the time because if I don't then my bills don't get paid. I feel guilty putting other people at risk, but I have to support my family. I can’t even stay home to care for my children when they are sick, either. What has this world come to?”

— Cindy, Whiting, Indiana
## WHO GETS PAID SICK LEAVE—AND WHO DOESN'T
Data from private U.S. companies, March 2014.

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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</thead>
<tbody>
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<td><strong>PERCENTAGE WITH ACCESS TO SICK LEAVE</strong></td>
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</tr>
<tr>
<td>Private industry (Total)</td>
<td>61%</td>
</tr>
<tr>
<td>Management, professional, and related</td>
<td>82%</td>
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<td>Service</td>
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<td>Sales and office</td>
<td>63%</td>
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<tr>
<td>Natural resources, construction, and maintenance</td>
<td>54%</td>
</tr>
<tr>
<td>Production, transportation, and material moving</td>
<td>56%</td>
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<tr>
<td>Full time</td>
<td>74%</td>
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<tr>
<td>Part time</td>
<td>24%</td>
</tr>
<tr>
<td>Union</td>
<td>70%</td>
</tr>
<tr>
<td>Nonunion</td>
<td>60%</td>
</tr>
<tr>
<td>Lowest 10 percent (Avg. wages)</td>
<td>20%</td>
</tr>
<tr>
<td>Lowest 25 percent</td>
<td>30%</td>
</tr>
<tr>
<td>Second 25 percent</td>
<td>64%</td>
</tr>
<tr>
<td>Third 25 percent</td>
<td>73%</td>
</tr>
<tr>
<td>Highest 25 percent</td>
<td>84%</td>
</tr>
<tr>
<td>Highest 10 percent</td>
<td>87%</td>
</tr>
</tbody>
</table>

Health in All Policies Approach Helps Strengthen Community Capacity

- Information Technology
- Recreation & Open Spaces
- Public Transit & Active Transportation
- Quality & Affordable Housing
- Green Sustainable Development
- Healthcare
- Healthy Food
- Complete Neighborhoods
- Economic Opportunity
- Fair Justice System
- Safe Public Spaces
- Community Oriented Media
- Quality Environment
- Sustainable Development
- Safe Public Spaces
- Economic Opportunity
Tool Kit for Strengthening the Capacity of Communities

- Community engagement plan
- Stakeholder identification including interests
- Community governance models
- Advisory and Community Leadership Teams
- Community input on grant criteria
- Community benefit accountability
- Participatory Budgeting
- Set of questions
Asking the right questions helps strengthen a community’s 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?
Overall Lessons

- Organic – must be interwoven with all other work - recognize it is iterative
- Must be intentional
- Commitment: Requires commitment to *building our organizational and community capacity* -- skills
- Leadership – Hold ourselves and each other accountable - bring more people into decision-making
- Imperfect - incomplete work -- navigating toward health equity -- permission to make course corrections
Place Matters   Success Stories
<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana Indicators</td>
<td>Indiana community data</td>
<td><a href="http://indianaindicators.org/">http://indianaindicators.org/</a></td>
</tr>
<tr>
<td>Listening to Patients: Cultural and Linguistic Barriers to Health Care Access</td>
<td>Peer reviewed article on cultural competency and access to care</td>
<td><a href="https://www.stfm.org/fmhub/fm2005/March/Donald199.pdf">https://www.stfm.org/fmhub/fm2005/March/Donald199.pdf</a></td>
</tr>
<tr>
<td>Population Health Success Stories</td>
<td>Video vignettes of regional population health improvements</td>
<td><a href="http://www.greatlakesPHTC.com/stories">www.greatlakesPHTC.com/stories</a></td>
</tr>
<tr>
<td>Robert Wood Johnson’s Culture of Health</td>
<td>Building a culture of health</td>
<td><a href="https://www.cultureofhealth.org/">https://www.cultureofhealth.org/</a></td>
</tr>
</tbody>
</table>
Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny, whatever affects one directly, affects all indirectly.

*Martin Luther King, 1963*
Links to Referenced Reports

- The Health of Minnesota: Statewide Health Assessment:
  http://www.health.state.mn.us/healthymnpartnership/sha/

- Healthy Minnesota 2020: Statewide Health Improvement Framework:
  http://www.health.state.mn.us/healthymnpartnership/hm2020/#fw

- Advancing Health Equity: Report to the Legislature Report:
  http://www.health.state.mn.us/divs/chs/healthequity/index.htm

- White Paper on Income and Health:
Links to Referenced Reports

- **MDH 2015-2019 Strategic Plan and Community Engagement Plan**
  - [http://www.health.state.mn.us/about/strategicplan.pdf](http://www.health.state.mn.us/about/strategicplan.pdf)
  - [http://www.health.state.mn.us/divs/opi/community/plan/](http://www.health.state.mn.us/divs/opi/community/plan/)
Links to Referenced Reports

- Association of State and Territorial Health Officers (ASTHO)  http://www.astho.org/Programs/Health-Equity/

- ASTHO-Dr Ehlinger’s President’s Challenge:  
  http://www.astho.org/Health-Equity/2016-Challenge/

- Big 10 Committee on Institutional Cooperation Health Equity Initiative:  https://www.cic.net/projects/health-equity-initiative