

Data can help redefine the unacceptable.

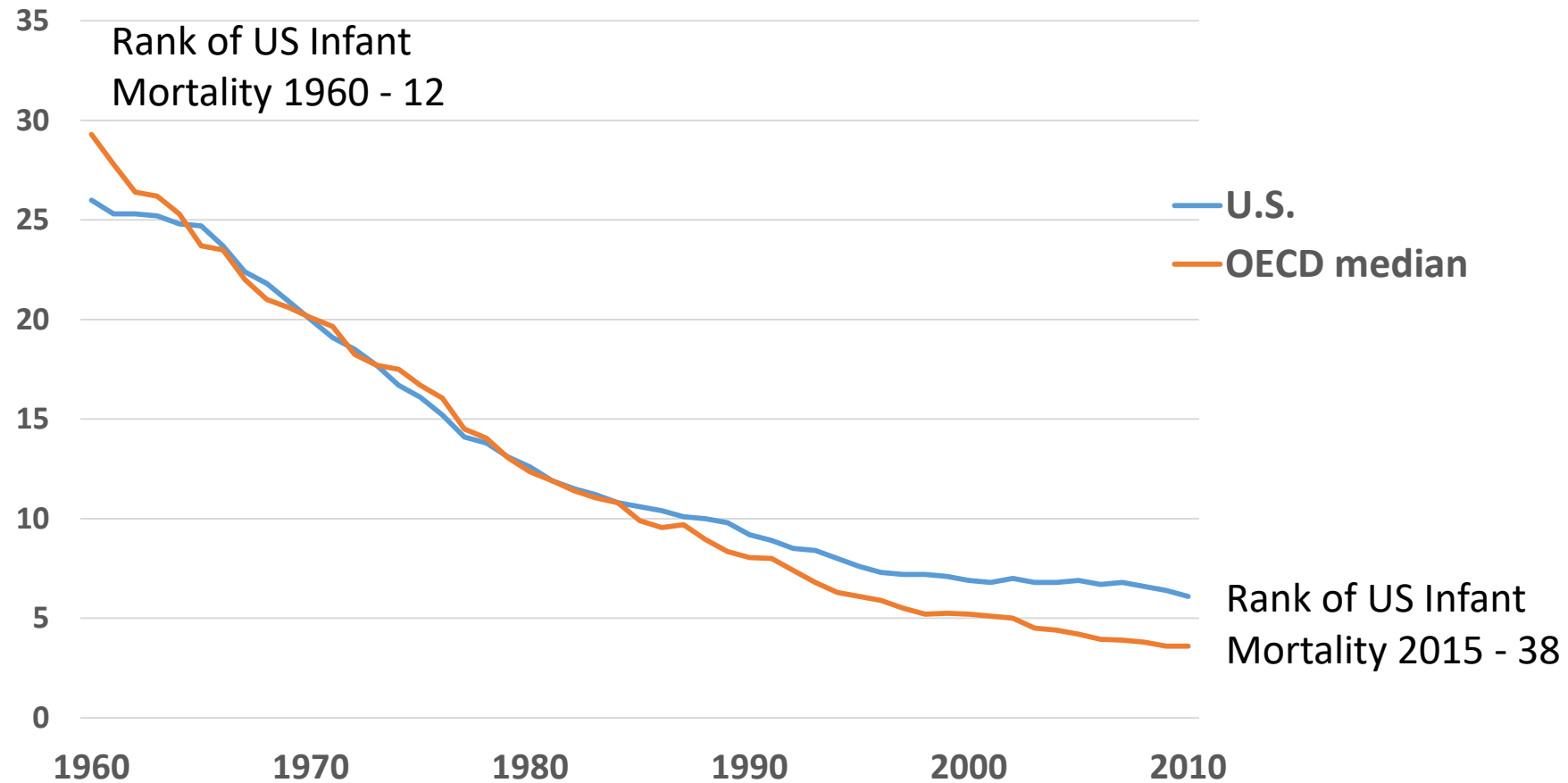
Black/White Disparity in Infant Mortality Rates, US, 1935-2007



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

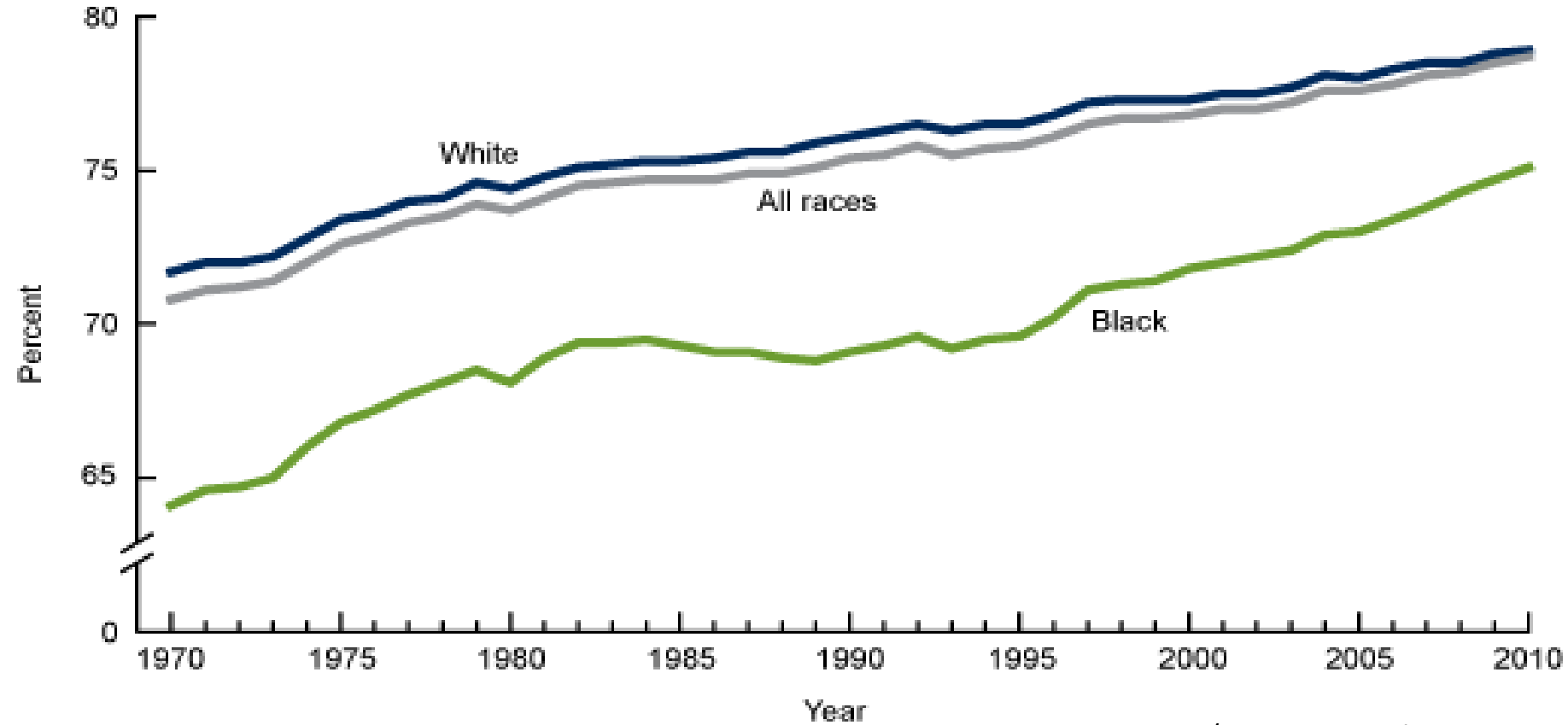
Data can show how inequities affect all of us

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



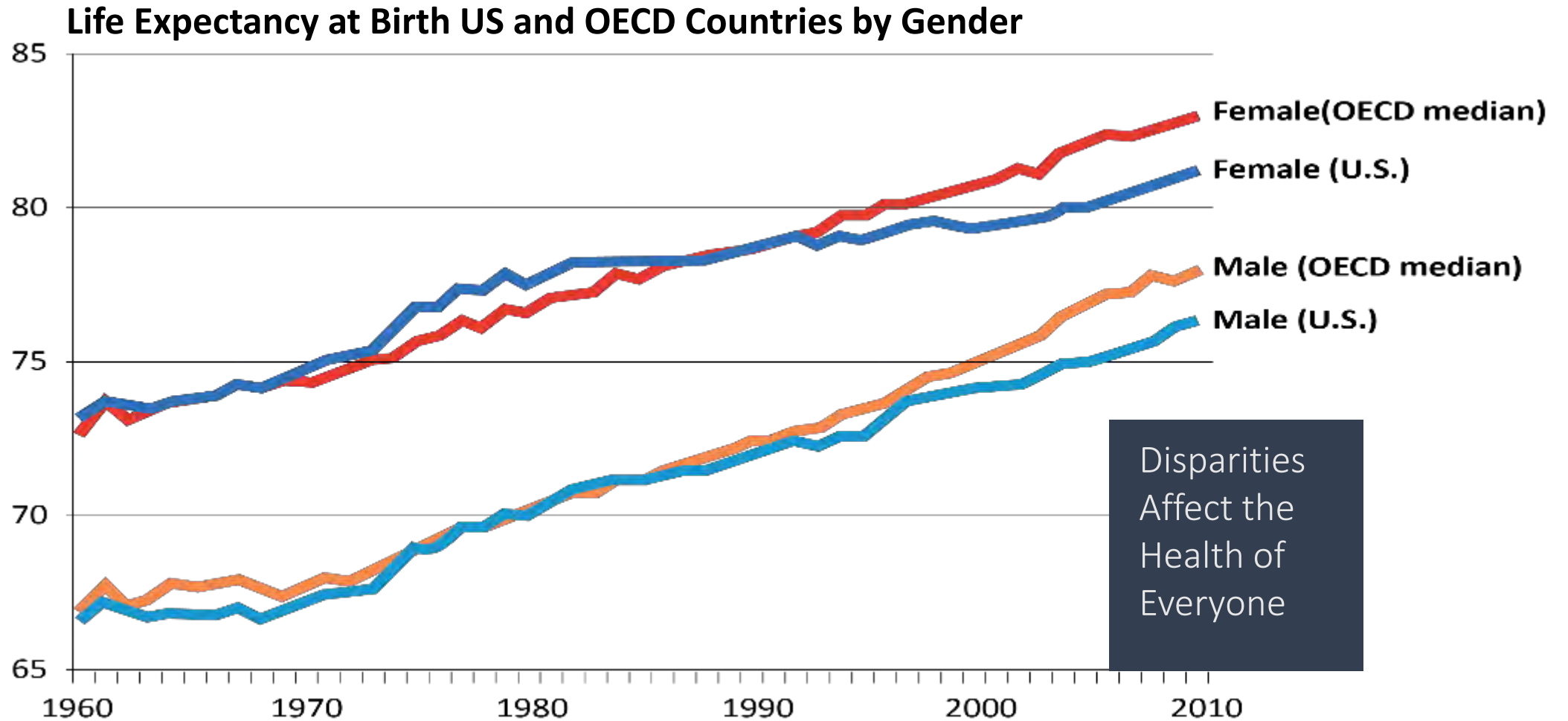
Data can help redefine the unacceptable.

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



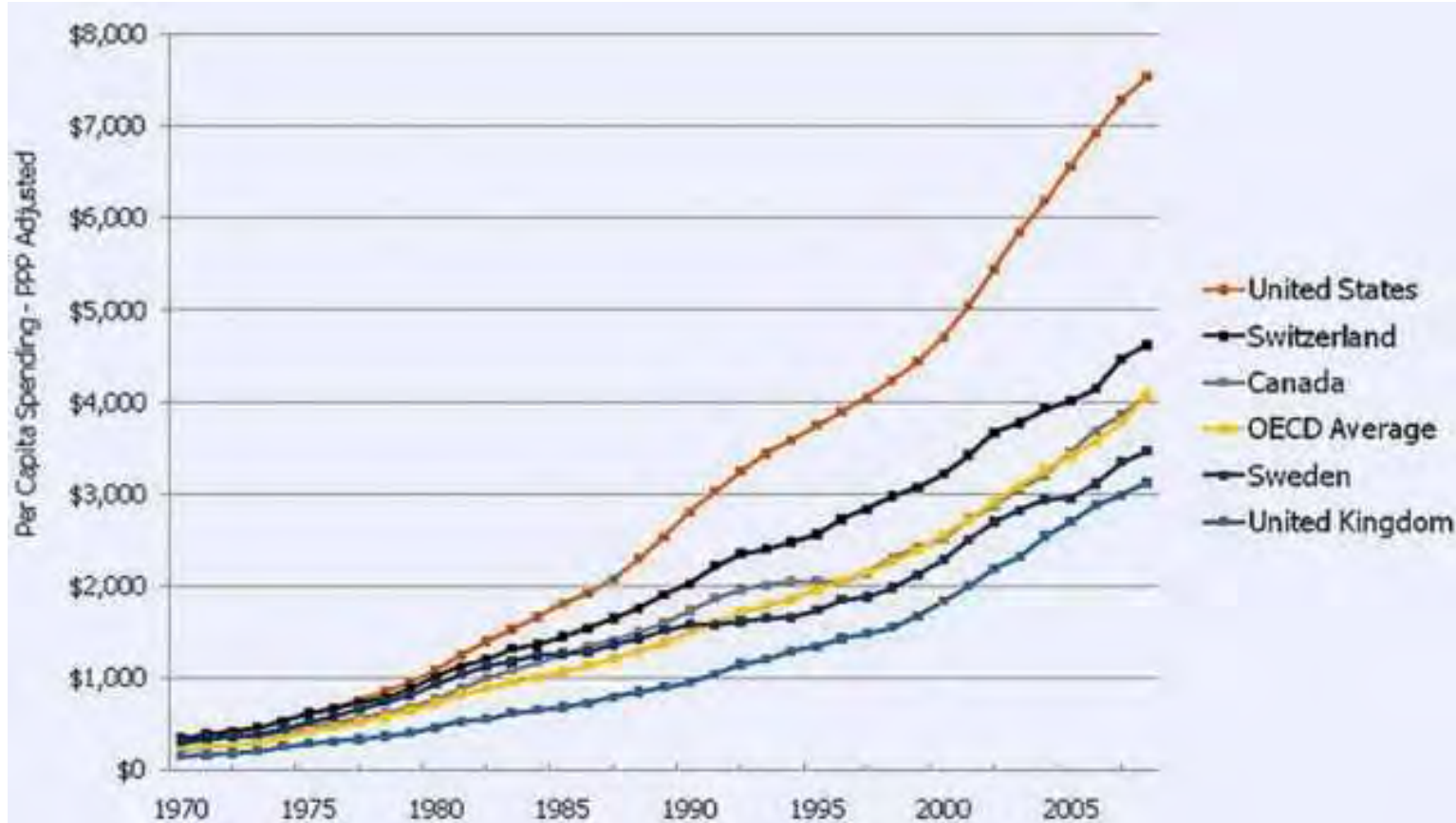
SOURCE: CDC/NCHS, National
Vital Statistics System, Mortality.

Data can show how inequities affect all of us



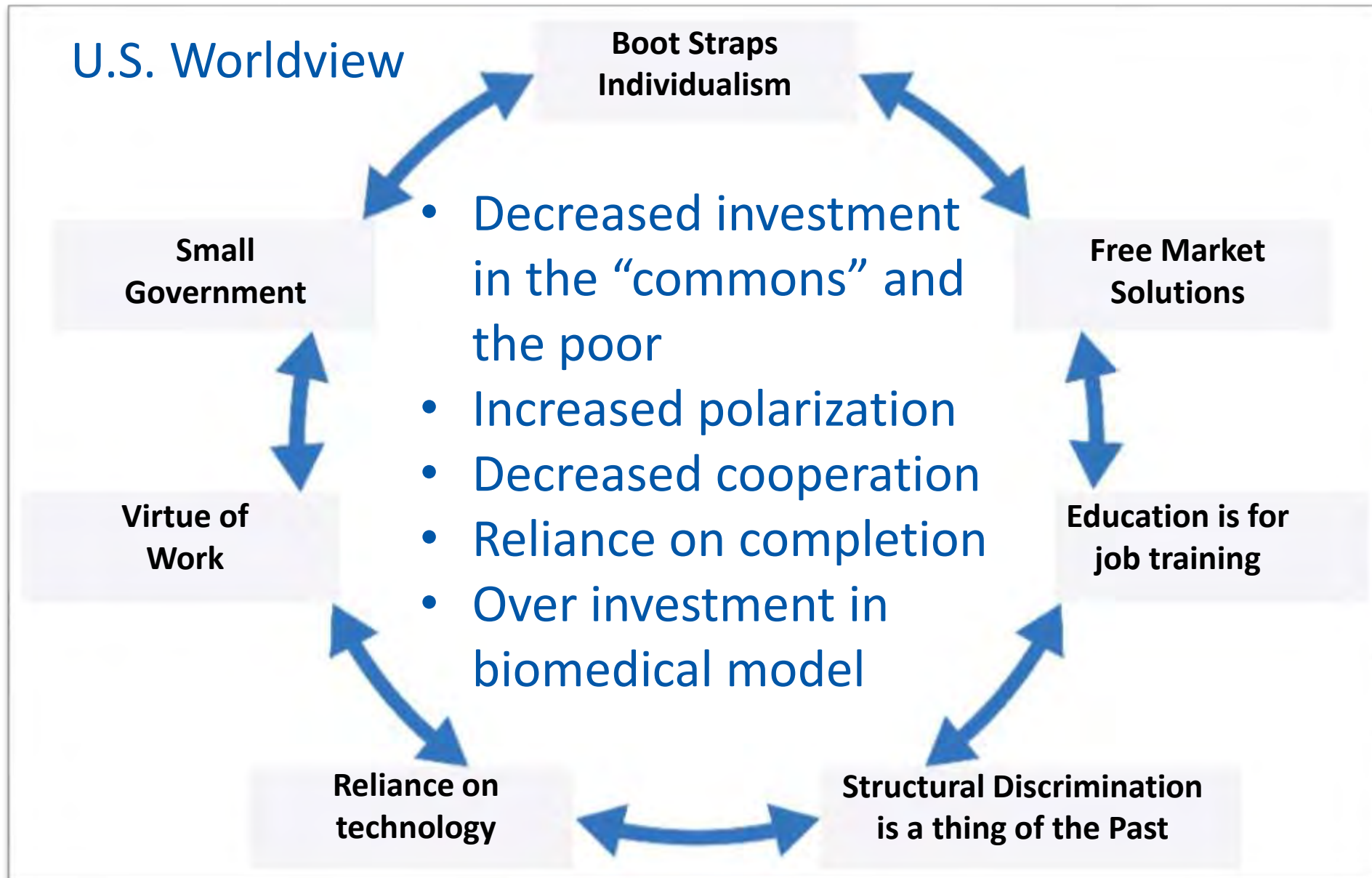
Average Health Care Spending per Capita, 1970-2009

(Adjusted for differences in cost of living)



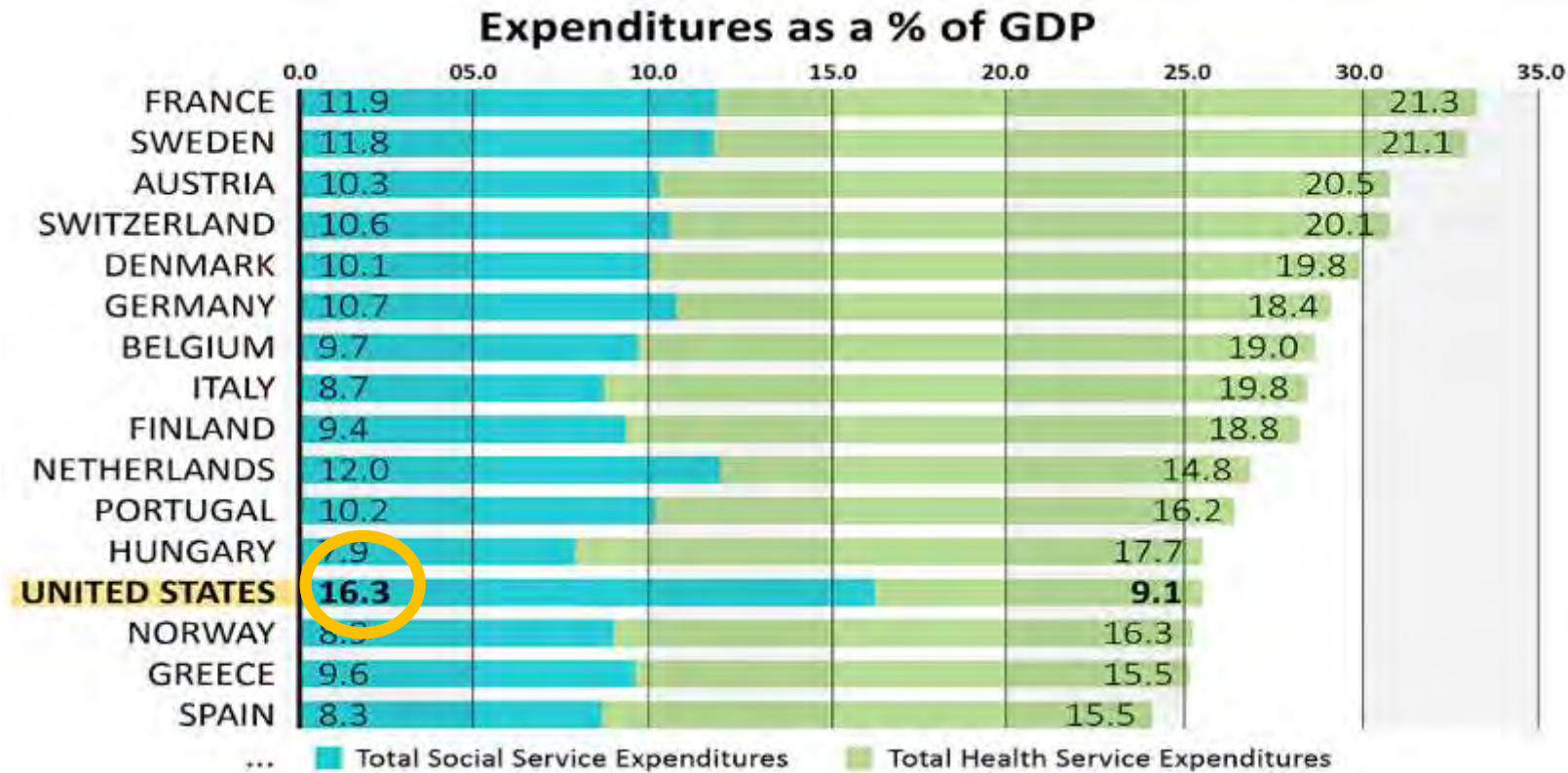
Source: OECD Health Data 2011 (June 2011)

How did this happen?



Re-defining the Unacceptable

Total Investment in Health and Human Services



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

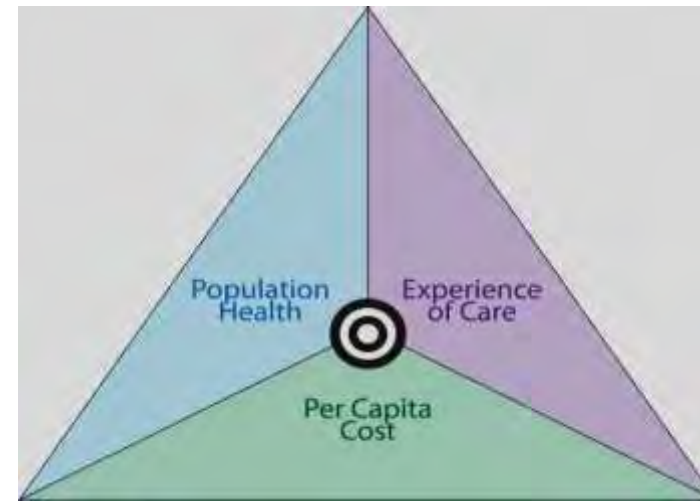
Medical Care Public Health



Triple Aim of Healthcare



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



Our data collection efforts have followed where we've invested our resources.

Welcome To Minnesota and the NAHDO Conference

*Beyond the Ballot: Non-partisan Approaches for Healthcare Data, Tools,
and Ideas to Inform Health Policy*

*Beyond Healthcare: Multi-sector Approaches to
Data and Ideas to Create Healthy Communities*

Edward P. Ehlinger, MD, MSPH
Commissioner, Minnesota Department of Health
October 27, 2016

Public Health needs to do its work differently

“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*

What are the conditions that affect health and well-being?

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

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

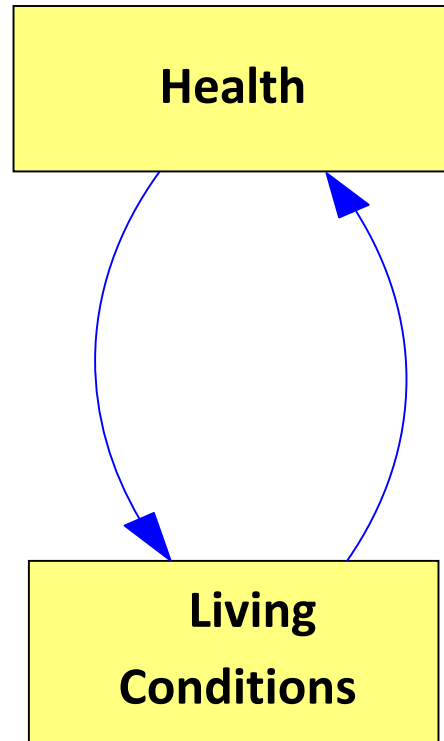
Good Health Status

Poor Health Status

Contributes to health disparities:

- Diabetes
- Cancer
- Asthma
- Obesity
- Injury

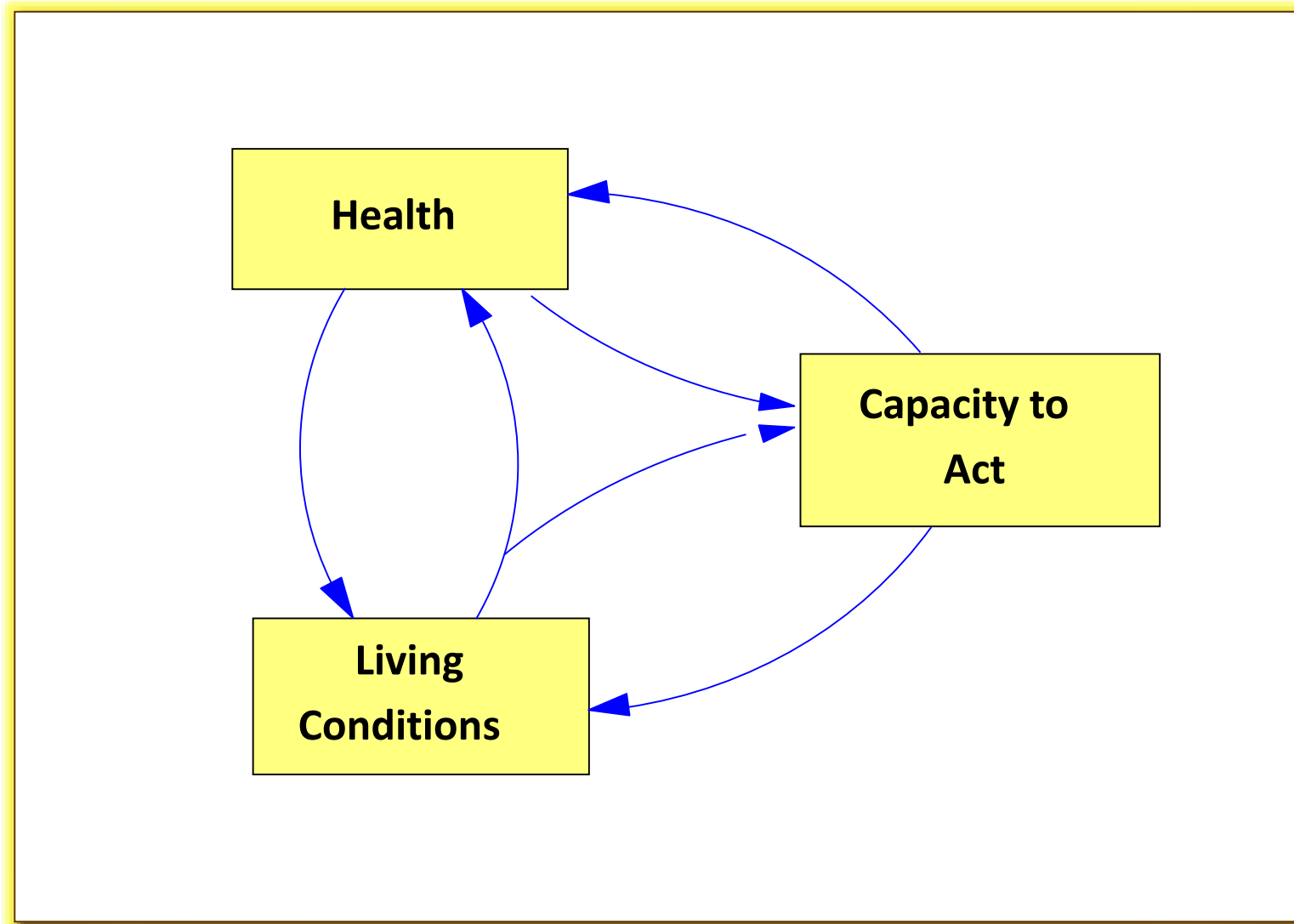
Living Conditions Impact Health



Social Determinants of Health

The conditions and circumstances in which people are born, grow, live, work, and age. These circumstances are shaped by a set of forces beyond the control of the individual: economics and the distribution of money, power, social policies, and politics at the global, national, state, and local levels.

Changing the Conditions that Affect Health Requires the Capacity to Act



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

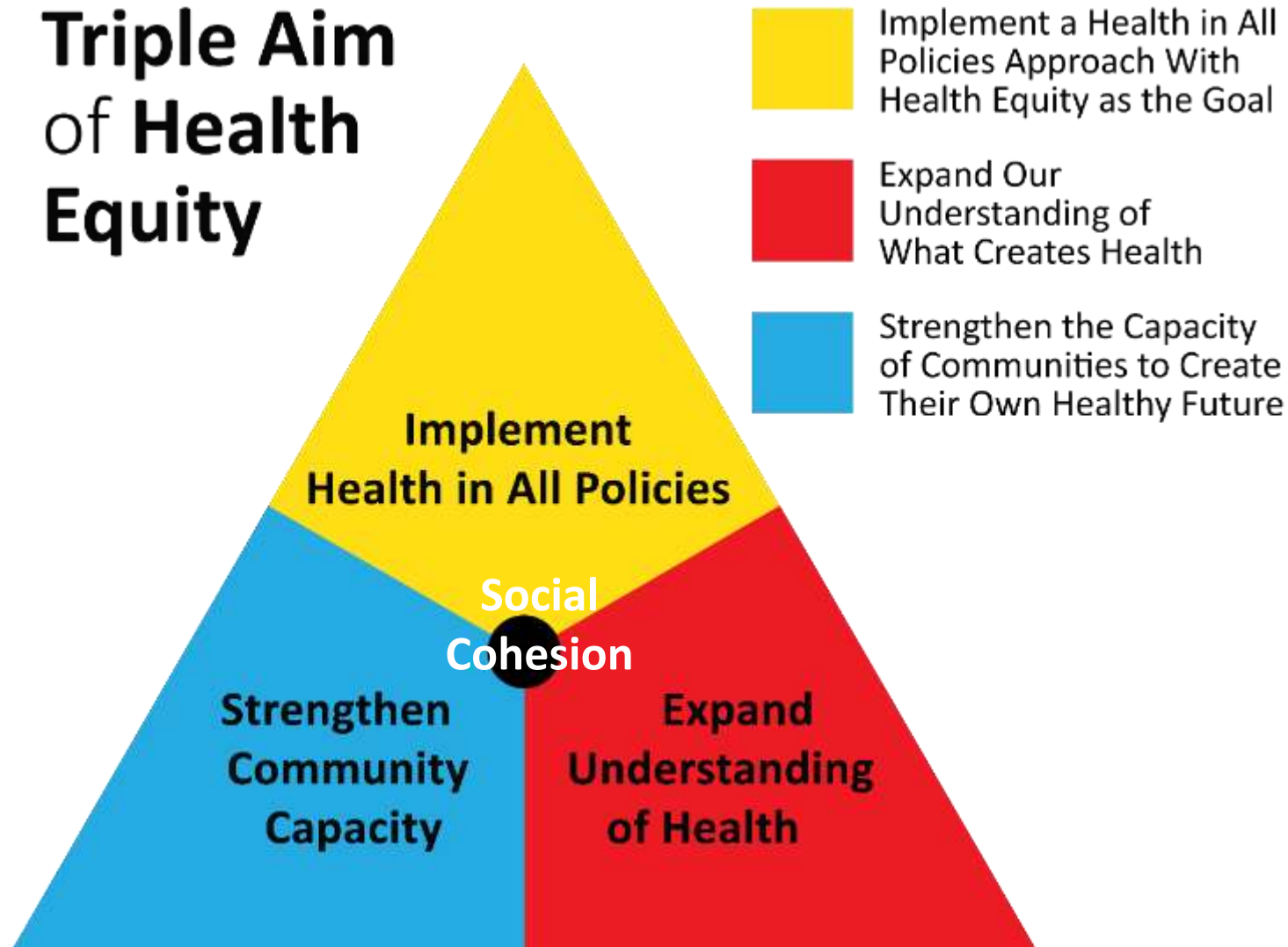
Organize the:



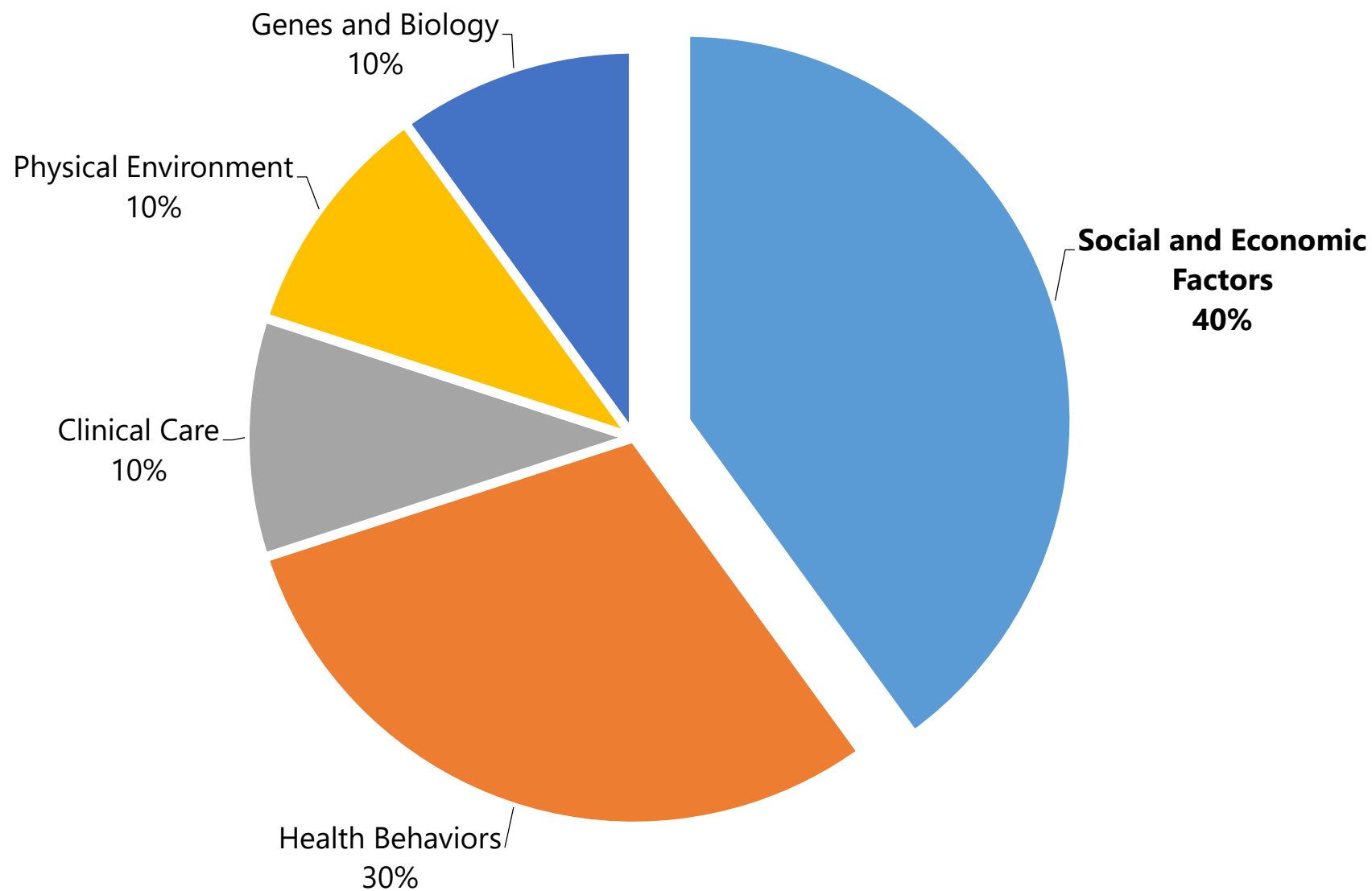
- **Narrative:** Align the narrative to build public understanding and public will.
- **Resources:** Identify/shift the resources-infrastructure-the way systems and processes are structured.
- **People:** Directly impact decision makers, develop relationships, align interests.

Advancing Health Equity and Optimal Health for All

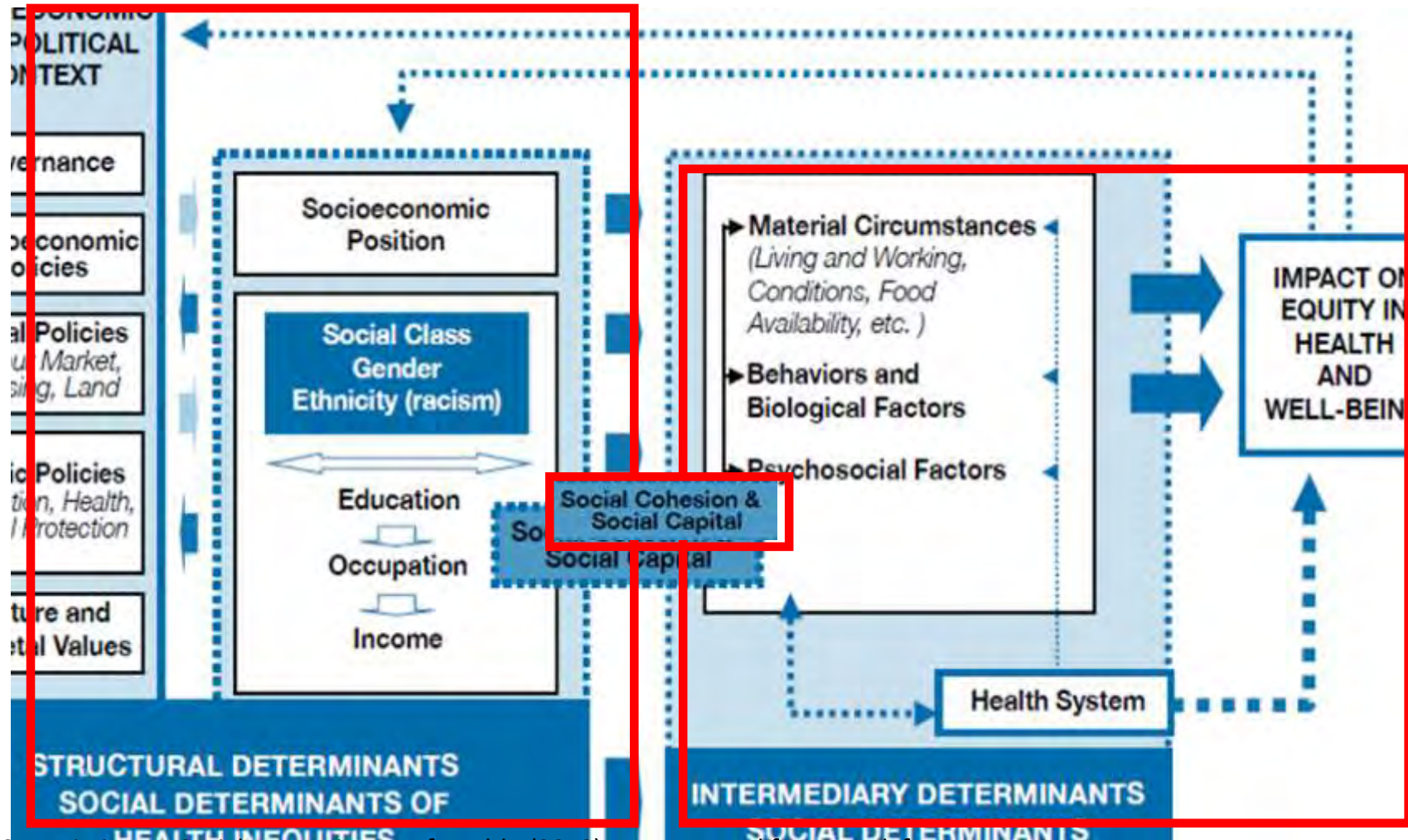
Triple Aim of Health Equity



Expand our understanding about what creates health



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



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



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

- Minimum Wage
- Paid Leave
- Income and Diabetes
- Incarceration and health
- Ban the Box
- Transportation Policy
- Broadband connectivity
- E-Health Policies
- Ag Buffer strips
- Marriage Equity
- Payday Lending
- Air/Water quality
- RELD data

Strengthen the Capacity of Communities to Create Their Own Healthy Future



“...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*

How do we measure that smallest unit of health?

Asking the Right Questions Can Advance Health Equity.

How can data help answer these questions?

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

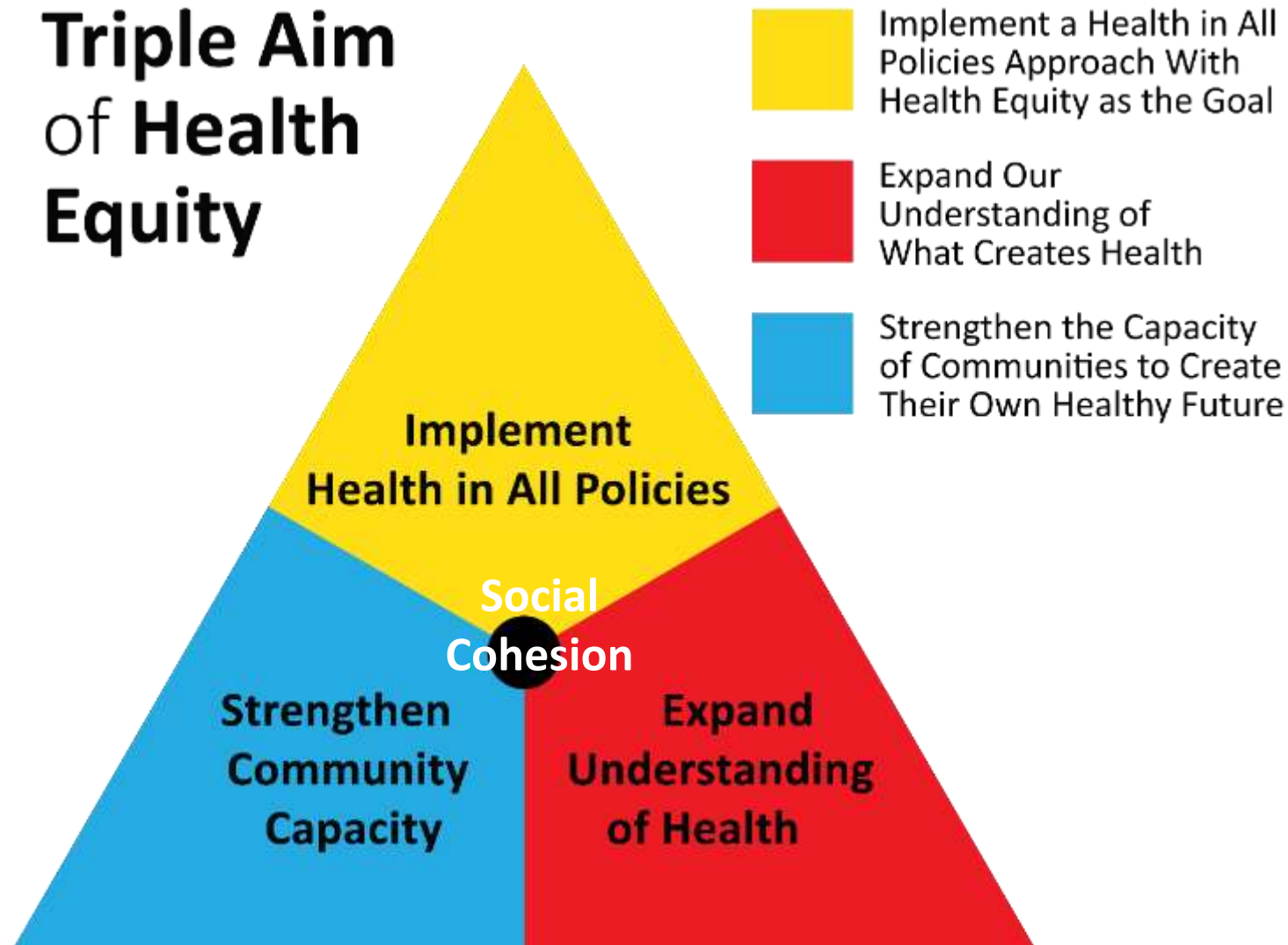
- *Who is at the decision-making table, and who is not?*
- *Who is being held accountable and to whom?*

Asking the Right Questions Is a Path to Action for Change

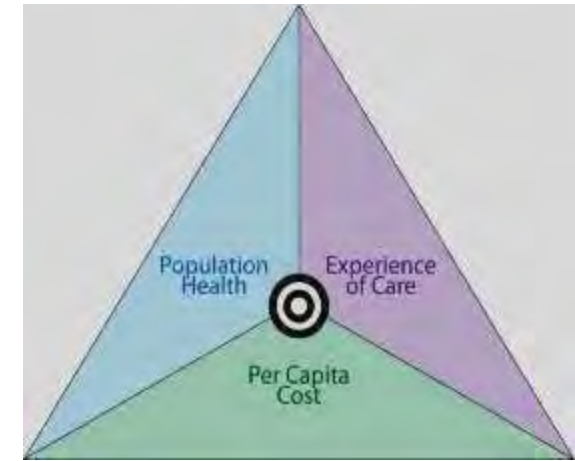
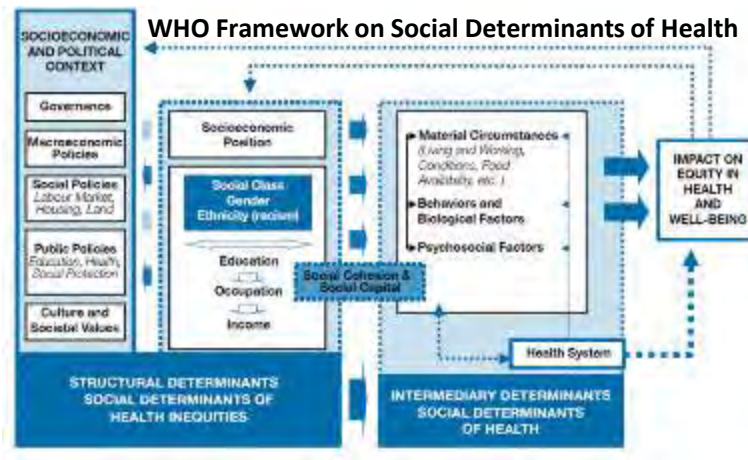
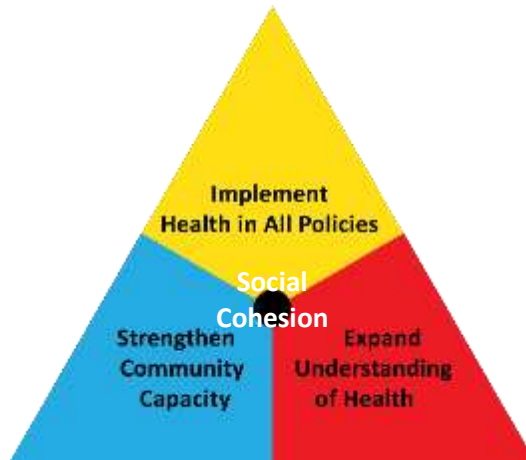
- *What would it look like if equity was the starting point for decision-making?*
- *Our work would be different.*

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

Triple Aim of Health Equity



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



Edward P. Ehlinger, MD, MSPH
Commissioner, MDH
President, ASTHO
P.O. Box 64975
St. Paul, MN 55164-0975
Ed.ehlinger@state.mn.us

Using Informatics to Improve Health

