EXPANDING THE BOUNDARIES
HEALTH EQUITY AND PUBLIC HEALTH PRACTICE

Jeanne Ayers, Assistant Commissioner, Minnesota Department of Health
January 8, 2015

Healthy Minnesota 2020 Vision:
All people in Minnesota enjoy healthy lives and healthy communities.
“...the opportunity to be healthy is not equally available everywhere or for everyone in the state.”
Public Health

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

"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."
Prerequisite Conditions for Health

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

Seeing a Wider Set of Relationships

Health

Living Conditions
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.
  - WHO and CDC (adapted)
Seeing a Wider Set of Relationships

- Health
- Capacity to Act
- Living Conditions

Diagram showing the relationships between health, living conditions, and capacity to act.
Structure our work to achieve our overall aim

• How will we actually transform the “distribution of money, power, social policies, and politics at the global, national, state, and local levels.”

• Our theory of change incorporates an understanding of the importance of strengthening ---capacity to act (power)---
Three Arenas of Power

- People
- Resources
- Narrative
Arenas of Power

• Align the narrative-build public understanding and public will. (narrative)

• Identify/shift the resources-infrastructure-the way systems and processes are structured. (resources)

• Directly impact decision makers, develop relationships, align interests. (people)
Organize People
Building Networks for Health Equity

“We need a new kind of public health practice where public health professionals understand that assuring health and racial equity requires deep relationships with people who understand and build power intentionally.”

Dr Tony Iton,
Speaking at “Power to Thrive”, St Paul, MN 2011
Questions---Who?

• What type of power is needed to achieve your aim?

• Who are you in relationship with? What interests do they represent?

• Do they have a base? (A source of authority, influence, or support? People they represent that they are accountable to?)

• Different groups play different roles—all can bring value but not all the same depending upon the aim

• Be conscious of your power and impact
Eight Rungs on a Ladder of Citizen Participation

1. Manipulation
2. Therapy
3. Informing
4. Consultation
5. Placation
6. Partnership
7. Delegated Power
8. Citizen Control

Degrees of citizen power

Degrees of tokenism

Nonparticipation

A Ladder of Citizen Participation by Sherry R. Arnstein (AIP Journal, July 1969)
How you “set the table”

• Healthy Corridor for All —
  • (Agreements on roles, Technical Expert panel, Decision-makers, 1 Consultant, Convener/Organizer, physical setting....)

• Healthy Minnesota Partnership
  • Minimum Wage, Income and Health Report, Paid Sick and Family Leave, Pay Day Lending, Incarceration Justice: Ban the Box

• Advancing Health Equity in Minnesota Report
Capacity to Act: Strengthening communities to create healthy living conditions

Results in:

- Broader transformation that has potential of creating safer healthier population
- Long term sustainability and community resilience
- Ability to respond to new emerging challenges and threats
PUBLIC HEALTH IS THE CONSTANT REDEFINITION OF THE UNACCEPTABLE.

Geoffrey Vickers
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

• This is a link to a website created by University of California, Berkeley students describing Minnesota Department of Health narrative work

https://medium.com/@healthycitiesMN/organizing-the-narrative-for-healthy-equity-2d444ec84cc0
Asking the Right Questions Is a Path to Action for Change

The central questions when looking at existing policies are:
• What are the outcomes?
• Who benefits?
• Who is left out?

The central questions to help design new policies are:
• What outcomes do we want?
• Who should be targeted to benefit?
Asking the Right Questions Is a Path to Action for Change

The central questions to examining processes are:

- Who is at the decision-making table, and who is not?
- Who has the power at the table?
- Who is being held accountable and to whom or what are they accountable?

The central questions to help develop new processes are:

- How should the decision-making table be set, and who should set it?
- Who should hold decision-makers accountable, and where should this accountability take place?
Asking the Right Questions Is a Path to Action for Change

• The central questions to identify assumptions are:
  • 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?

• The central questions to define new assumptions that will create the opportunity for health and healthy communities for all are:
  • What are our values?
  • What would it look like if equity was the starting point for decision-making?