Leadership in Public Health: Promoting Best Practice in the Absence of Best Practice

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The Cliff

“If people are constantly falling off a cliff, you could place ambulances at the bottom of the cliff, or build a fence at the top of the cliff. We are using all together too many ambulances

Dr. Dennis Burkitt
Infant Mortality

- ISDH Key Performance Indicator
- Consistently in lowest decile
- Lens to the health of a community
- Complex intersection of social determinants and health behaviors
- “Proven winners” exist in isolation
Infant Mortality Rates by Race
Indiana 2005 - 2014

Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [February 23, 2016]
Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team
Scott County HIV Outbreak

- **Rural injection of Rx oral opioid = largest ever HIV outbreak in IN, largest IDU HIV outbreak in US**
- 205 HIV cases in a rural county that never had more than 3 in one year
- Almost all cases report injection of the opioid analgesic oxymorphone (Opana® ER and generic ER)
- Male = female, all white, significant poverty (19.0%), unemployment (8.9%), lack of education (21% no high school), and lack of insurance. SEPs illegal in IN
HIV Infection: Tip of a High-Mortality Iceberg

HIV Infection
- 200 diagnoses

Overdose, Bacterial Infections
- 5 deaths during contact tracing

Hepatitis C virus Infection
- 282 total, 95% coinfected

Substance Abuse and Injection Drug Use
- Network of over 525 PWID

Social Determinants of Health
- Paying attention now?
HP 2020: Prioritizing Evidence Based Practice

• “Utilize scientific knowledge for public health interventions.”

• Limitations:
  – Crisis
  – Scope
  – Resource constraints

• Hmmmm…
Example: College outbreak of mumps

- RE-AIM – Reach Effectiveness, Adoption, Implementation, Maintenance
- Is the population vaccinated?
- Is testing available?
- Is the public and provider network educated?
- Is there anything new in an outbreak?

Reimbursed?
Infrastructure?
Acuity?
Scope?
Equity?
Leading from the cliff

- Activism and advocacy are not the same.
- Views of health equity and potential policy look different to different groups.
- Leadership matters: set the tone and inject an equity discussion.
- Workforce development and retention are underappreciated aspects of health equity initiatives.
Advocate or Activist?

It’s a painful confession: I am no longer an activist. I am an advocate.

There is a role for the advocate willing to sit across the table from an object of a protest to build a road map for reform. These days, the most successful models demonstrate that you have to reform the system from within the system to change the system.

http://www.huffingtonpost.com/melissa-schwartz/the-difference-between-ac_b_7658884.html

Melissa Schwartz Vice President, Strategy & External Affairs, The Bromwich Group
What is (Health) Equity?

• More than racial / ethnic
• Preferred language, gender, LGBT
• Socio-economic, language, military, disability, urban vs rural
• “Attainment of the highest level of health for all people.”
• Leadership challenge: anticipating the unintended consequences
What is Policy?

• Data collection, research, and program implementation?
  – The “science” of health equity
  – Must prove it’s true/ works, and is replicable

• Laws, regulations, and funding addressing the above initiatives
  – Depend on convincing funders and rule makers (non-profits, legislators, and VOTERs)
  – Must prove that it is of benefit to the decision maker
Different Policy Approaches for Different Regions?

• Yankeedom: Founded on shores of Mass Bay by Calvanists as “new zion,” emphasis on perfecting civilization through social engineering, denial of self for the common good, and assimilation of outsiders. Prizes education, broad citizen participation.

• Greater Appalachia: founded by settlers from war ravaged northern Ireland, England and Scotland, warrior ethic, value personal sovereignty, individualism. Detests social engineering, Joins with deep south in believing states rights > federal, and distrust of northern policy.

Colin Woodard, “The 11 American Nations”
Who is your audience?

- We too often use the wrong language/ speak to ourselves/ alienate decision makers
- Behavior change requires alignment to audience
- When you’re accustomed to (relative) privilege, equity feels like oppression
What do you see in this picture?
Strong Groups for the Democratic and Republican Parties

% of each group that identifies as ...

<table>
<thead>
<tr>
<th>Groups that Tilt Republican</th>
<th>Democrat/Lean Democrat</th>
<th>Republican/Lean Republican</th>
<th>Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mormon</td>
<td>22</td>
<td>70</td>
<td>+48R</td>
</tr>
<tr>
<td>White evangelical Protestant</td>
<td>22</td>
<td>68</td>
<td>+46</td>
</tr>
<tr>
<td>White southerners</td>
<td>34</td>
<td>55</td>
<td>+21</td>
</tr>
<tr>
<td>White men, some college or less</td>
<td>33</td>
<td>54</td>
<td>+21</td>
</tr>
<tr>
<td>White</td>
<td>40</td>
<td>49</td>
<td>+9</td>
</tr>
<tr>
<td>Silent generation (ages 69-86)</td>
<td>43</td>
<td>47</td>
<td>+4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Groups that Tilt Democratic</th>
<th>Democrat/Lean Democrat</th>
<th>Republican/Lean Republican</th>
<th>Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>80</td>
<td>11</td>
<td>+69D</td>
</tr>
<tr>
<td>Asian</td>
<td>65</td>
<td>23</td>
<td>+42</td>
</tr>
<tr>
<td>Religiously unaffiliated</td>
<td>61</td>
<td>25</td>
<td>+36</td>
</tr>
<tr>
<td>Post-graduate women</td>
<td>64</td>
<td>29</td>
<td>+35</td>
</tr>
<tr>
<td>Jewish</td>
<td>61</td>
<td>31</td>
<td>+30</td>
</tr>
<tr>
<td>Hispanic</td>
<td>56</td>
<td>26</td>
<td>+30</td>
</tr>
<tr>
<td>Millennial generation (ages 18-33)</td>
<td>51</td>
<td>35</td>
<td>+16</td>
</tr>
</tbody>
</table>

Note: Whites and blacks include only those who are not Hispanic; Hispanics are of any race. Asians are non-Hispanic and English-speaking only.
Source: All Pew Research Center political surveys from 2014. Based on the general public.

PEW RESEARCH CENTER
2015 State Gubernatorial Map
Transformative public health leadership is less about knowing what to do, and more about knowing how to get people to do it...

- Surveyed 3000 likely voters over 4 yrs about “social determinants”
- Goal: “To avoid language that falls flat.”
  - Phrases like “social determinants” and “social factors” failed to engage respondents
  - Describing actual disparities consistently evokes negative reactions- especially when based on race or ethnicity. Same for equal, equality, injustice,
- Audiences flat out didn’t believe the statement, “America is not among the top 25 countries in life expectancy,” and responded negatively to that statement.

RWJ, A new way to talk about social determinants of health
Learn how to effectively talk about social determinants

- Incorporate the role of personal responsibility. Public safety vs public health.
- “Our opportunities for health begin where we live, learn, work and play.”
- “All Americans should have the opportunity to make choices that allow them to live a long, healthy life, regardless of income, education, or ethnicity”
- “Your neighborhood or job shouldn’t be hazardous to your health.”
Learn to ride the wave

• Find something people do want to talk about, and point out the role health inequity plays in its cause/solution.
  – Infant mortality, opioid epidemic, ebola, zika, prison overcrowding, economic development

• “To sustain a focus on health equities, align health equity activities with existing efforts, such as CDC winnable battles.”
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- Economic development matters more than health equity (or health for that matter) to most politicians, voters
- Talking to legislators, businesses, chambers of commerce to make the case that “health means business.”
- Volkswagen plant in Chattanooga TN.
  - On the clock fitness program due to obesity
  - 35% black or African American
Stack the boxes, Build the fence

- People, place, environment determines need
- Evidence requires a local narrative to move through RE-AIM
- Leadership required to guide the culture
Infant Mortality

• Create a culture that anticipates health disparity
• Analyze data quality
• Capitalize on momentum
• Look for uncommon partners
• Communicate urgency
Levels of Care and Survey Status
For Indiana Birthing Hospitals
Maternal and Child Health, Indiana State Department of Health

As of March 1st, 2016

Applied Level of Care (LOC)
\( n=90 \)

\[ \text{I} \quad \text{II} \quad \text{III} \quad \text{IV} \]

Hospital Locations
Surveyed \( (n=30) \)

OB Neo LOC LOC

In Que \( (n=60) \)

\( \text{C} = \text{Critical Access (CAH)} \)
(21% of hospitals)
IN HIV Outbreak

• Listen - People need to know you care before they care what you know
• Partner – law enforcement, faith based community, business community
• Think about Social Determinants
• Push the evidence boundary – PrEP, hep C ECHO, SEP
Leadership Matters

Sustaining a Focus on Health Equity at the Centers for Disease Control and Prevention Through Organizational Structures and Functions

Hazel D. Dean, ScD, MPH, FACE; George W. Roberts, PhD; Karen E. Bouye, PhD, MPH, MS; Yvonne Green, MSN, RN, CNM; Marian McDonald, DrPH, MPH, MA

Leadership is a key factor in determining the institutional response to health disparities and inequalities. Leaders make the decisions and convey through their language, tone, and examples what is important for achieving health equity. For some public health leaders, addressing health equity is seen as a complementary aspect to the work of public health, rather than as fundamental to achieving the goals of population health.
Leadership

• Walk the talk
• Leaders have power to convene
• Support a culture of workforce diversity
• Be present
Leaders Can Convene

• Discussions / meetings about health equity
• Advocate for the disadvantaged
• Help advocates for the disadvantaged gain an audience with decision makers
  – Non profits, legislators, regulators, agency leaders, educators.
Workforce Development

• Important for internal and external policy
• Training for everyone!
  – We do a decent job at workforce diversity training, but do a poor job of diverse workforce training
• Health disparity best anticipated by those who live or have lived it
Helping employees succeed

• As leaders, need to help people get in the door
  – Don’t always have the traditional qualifications
  – Don’t always have the necessary connections (power to convene, arrange a meeting)

• Are often passed over for promotion due to lack of professional development

• Often terminated or driven out due to “not fitting in”
Take it home

• Views of health equity and potential policy look very different to different groups
• Evidence and innovation are iterative, don’t be afraid of either
• Leadership matters: set the tone and inject an equity discussion into everything
• Workforce development and retention are underappreciated aspects of health equity initiatives