

From Culture Wars to Shared Fate: A Public Health Lens on Eliminating Health Disparities



Division of Health Equity
& Planning

Andy Wessel
Community Health Planner

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What is Health Equity?

What is Leadership?



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A Starting Point

Health Equity – Everyone has a fair and just opportunity to be as healthy as possible (RWJF).

Leadership – Accepting Responsibility for Enabling Others to Achieve a Shared Purpose in the Face of Uncertainty (Marshall Ganz).



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Making It More Concrete

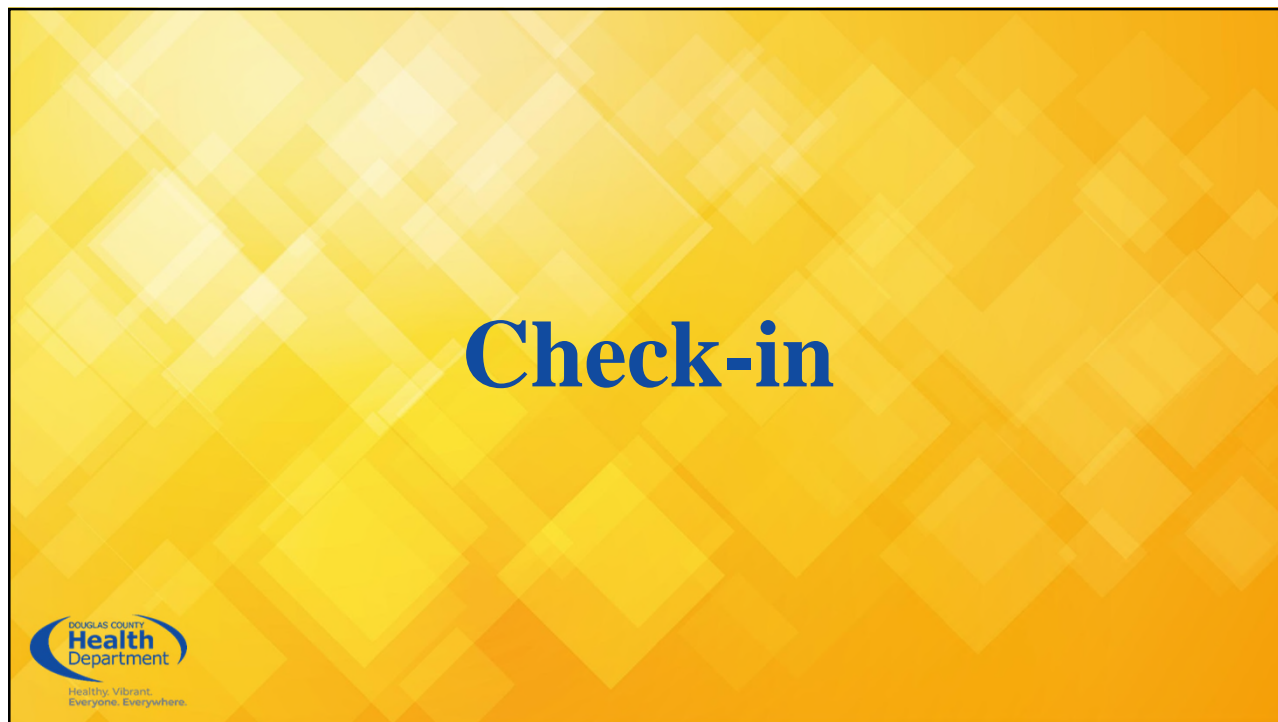
What I want for myself and my family (goals)?

Do I want that for others (fairness)?

Am I willing to work to make it happen
(leadership)?



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Us versus Them / Zero Sum and “Culture Wars” (1991)

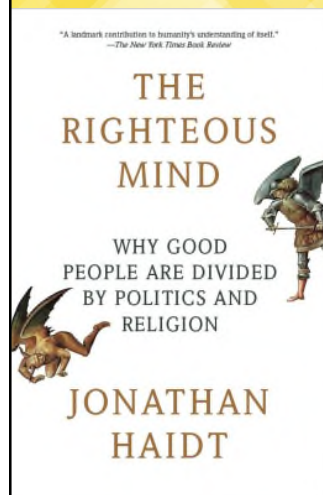


- Originally from German *kulturkampf* and referred to the battles over education between Protestants and Catholics in the late 19th Century.
- Breakdowns occurs when groups have different sources of ultimate moral authority (e.g. Scripture versus science).
- Exacerbated when methods of communication heightens division and demonization



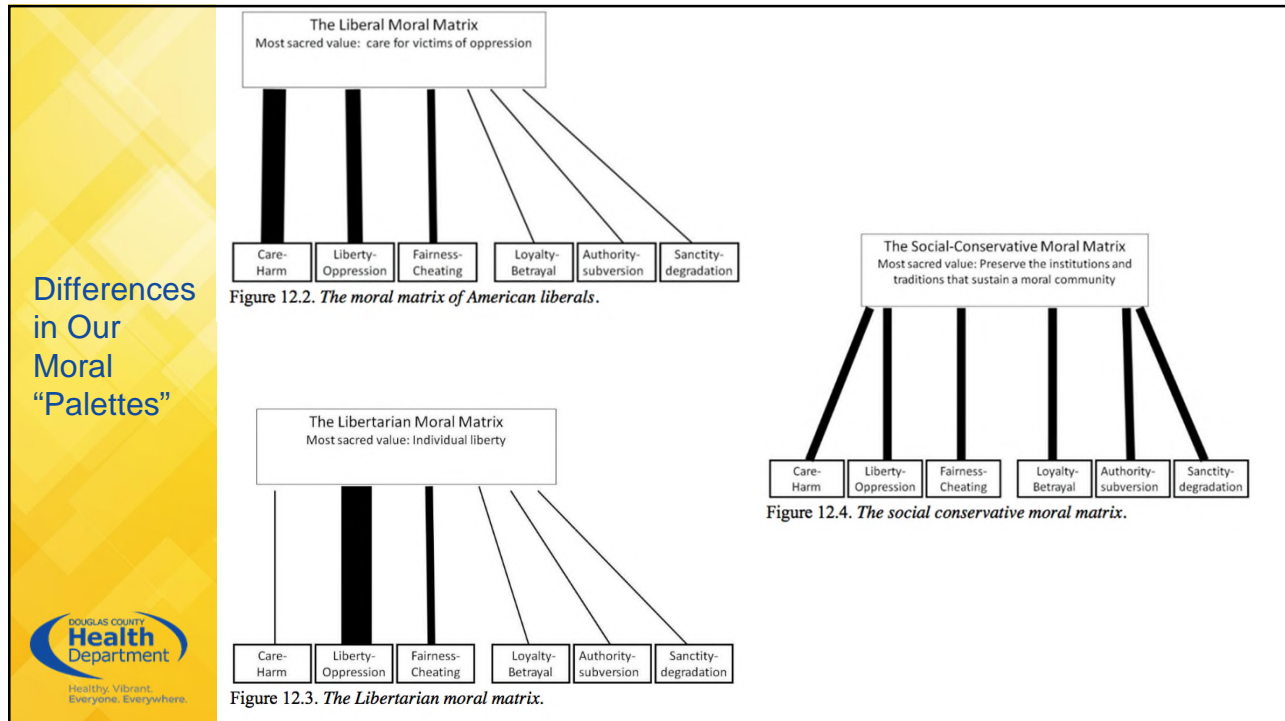
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The Righteous Mind (2012)

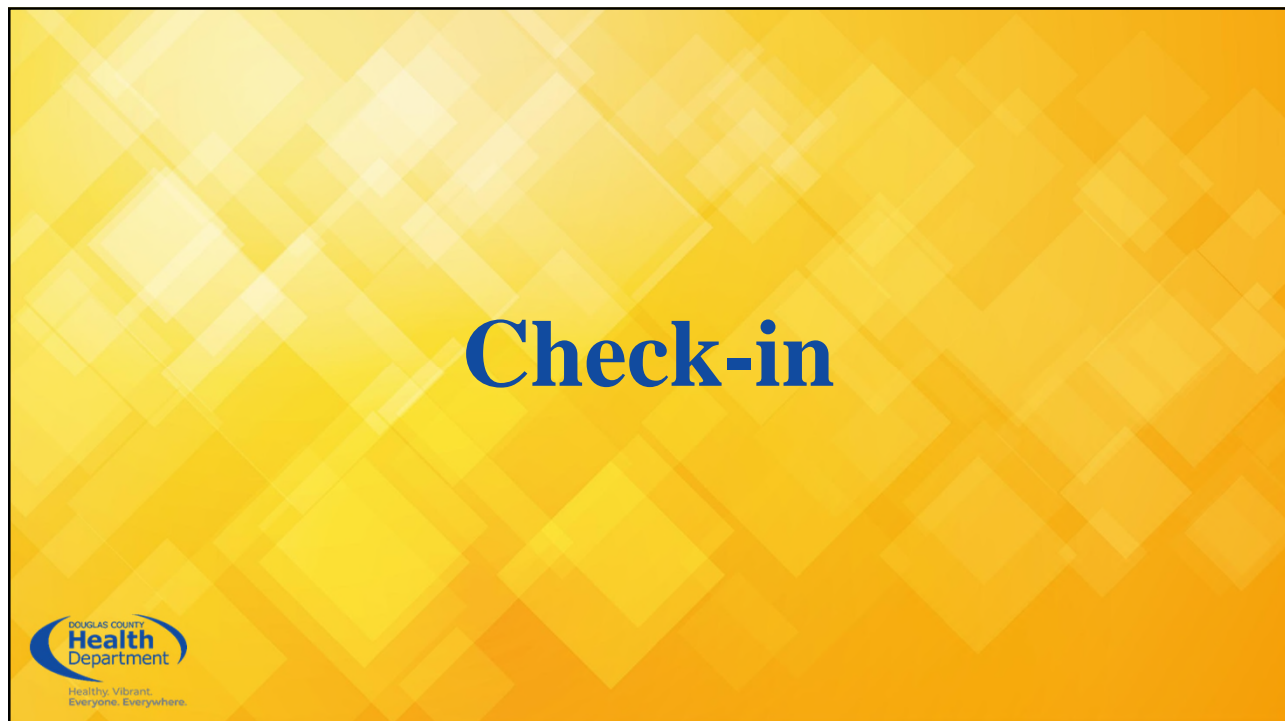


Moral Foundations Theory					
Care	Fairness	Liberty	Loyalty	Authority	Sanctity
Harm	Cheating	Oppression	Betrayal	Subversion	Degradation

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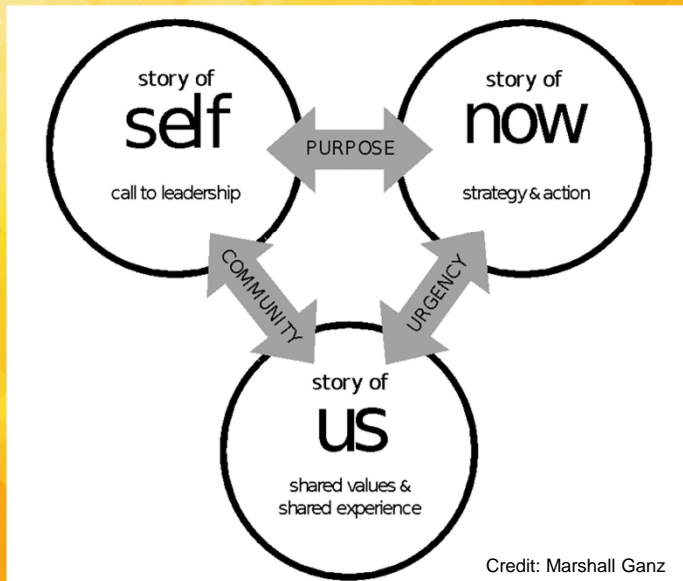
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Storytelling as Leadership:

Public narrative is about your call to leadership and how it can motivate others to join you in action on behalf of a shared purpose.



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Equity as Innovation

(Public Health Example)



Life expectancy at birth

The average life is now 42 years longer!

31 years

1800

1800

1850

1900

1950

2000

COVID-19

73

years

2023

All over the world, people live much longer lives now compared to previous generations. Thanks to lots of improvements like reduction of accidents and violence; better access to food, water and sanitation; life-saving inventions like antibiotics and vaccinations; and increased incomes, widespread public education and basic healthcare.

Data: Gapminder, based on IHME and UN Population Prospects

More info: [gapminder.org/49](https://www.gapminder.org/49)

<https://www.gapminder.org/facts/life-expectancy-increased/>

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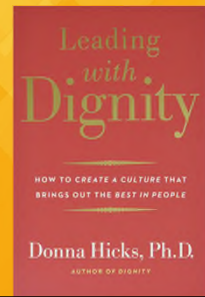
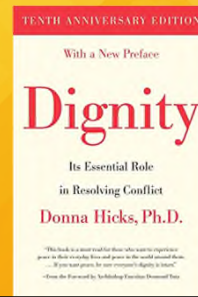
Dignity is our inherent value and worth.

While respect has to be earned, dignity is innate. We are all born with dignity and it can never be lost or taken from us.

BUT

Dignity can be either honored or violated.

From Dr. Donna Hicks's Dignity Model



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The Human Genome Project:

Revealing the Shared Inheritance of All Humankind

Francis S. Collins, M.D., Ph.D.
Monique K. Mansoura, Ph.D.

National Human Genome Research Institute, National Institutes of Health, Bethesda, Maryland.

The information derived from the Human Genome Project, an international effort to decode the information embedded in the human genome, will revolutionize the practice of medicine in the 21st century by providing the tools to determine the hereditary component of virtually all diseases. This will lead to improved approaches to predict increased risk, provide early detection, and promote more effective treatment strategies. To be ultimately successful, these improvements in research and health care must reach everyone. This success will depend on participation from a broad spectrum of the population, such as scientists, clinicians, research participants, and active discussants, in deliberations of ethics and public policy. The Human Genome Project has helped to inform us about how remarkably similar all human beings are—99.9% at the DNA level. Those who wish to draw precise racial boundaries around certain groups will not be able to use science as a legitimate justification. However, studying the 0.1% of human genetic variations, particularly the distribution of single nucleotide polymorphisms, between affected and nonaffected individuals will significantly inform biomedical researchers about the genetic contributions to complex diseases such as cancer, diabetes, and mental illness. We must all work together to ensure that the risks of such research are considered carefully and that the medical benefits are made available to all. *Cancer* 2001;91:221–225. © 2001 American Cancer Society.

Biological Basis for Human Dignity



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Doing for
Health Equity
and Mental
Health What
We've Done
for Physical
Health





Toxicity Levels

Racism and Other Supremacy Cultures

Level of Harm	Cultural Message	Cultural Impact	Example Mechanisms
Severely Toxic 	You Don't Matter	Dehumanization	Genocide Enslavement Lynching
Highly Toxic 	You Matter Less	Discrimination	Segregation Othering & Marginalization (Group) Implicit Bias
Toxic 	You Matter if...	Despair & Isolation	Shame & Anxiety Othering & Marginalization (Individual) "Us vs Them" Thinking
Healthy 	You Matter!	Dignity & Belonging	Personal Worth Shared Humanity Respect & Cooperation

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Equity as Innovation

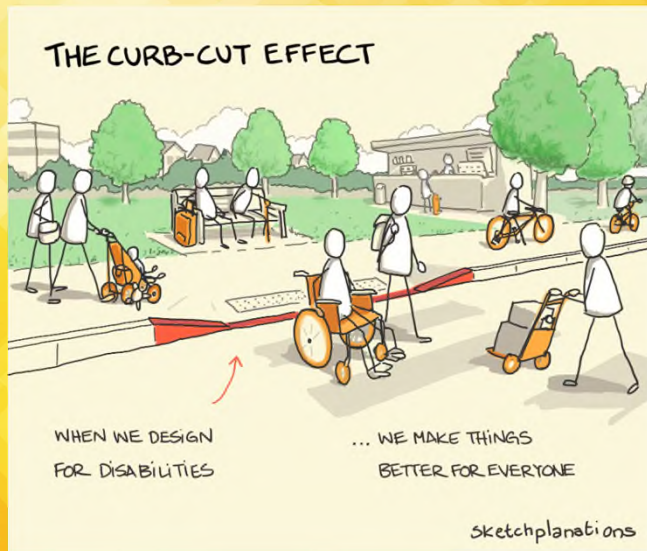


Credit - Oregon DOT



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Equity as Innovation



Credit: NYT (Boyoun Kim)



https://ssir.org/articles/entry/the_curb_cut_effect

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Equity as Innovation (Healthcare Example)

HHS Public Access
 Author Manuscript
 Published as final edited form in:
Circ Heart Fail. 2019 November ; 12(11):e006214. doi:10.1161/CIRCHEARTFAILURE.119.006214.

Identification of Racial Inequities in Access to Specialized Inpatient Heart Failure Care at an Academic Medical Center

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Abstract
Background: Racial inequities for patients with heart failure (HF) have been widely documented. HF patients who receive cardiology care during a hospital admission have better outcomes. It is unknown whether there are differences in admission to a cardiology or general medicine service by race. This study examined the relationship between race and admission service, and its effect on 30-day readmission and mortality.
Methods: We performed a retrospective cohort study from 9/2008 to 11/2017 at a single large urban academic referral center of all patients self-referred to the emergency department (ED) and admitted to either the cardiology or general medicine service with a principal diagnosis of HF, who self-identified as white, Black, or Latin. We used multivariable generalized

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 Please see Appendix for full list of contributors
 Relevance: None

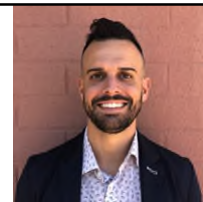
Thought that Black & Hispanic patients with heart failure at Brigham & Women's Hospital were less likely to be admitted to cardiology.

Study found that was true for Black & Hispanic but also for women and people over 75.

Three factors:

- Patients advocating for themselves
- Having a regular cardiologist
- Provider bias

When general medicine is selected for any heart failure patient in the EHR system, the physician receives a "best practice advisory" to admit them to cardiology, which they must override with justification.



Dr. Bram Wispelway



Dr. Michelle Morse

"There's this sense that one person's gain is another person's loss but all indications suggest the opposite, that when we work on improved care for the most marginalized communities, we build better systems of care for everyone."

—Kedar Mate, president and CEO of the Institute for Healthcare Improvement

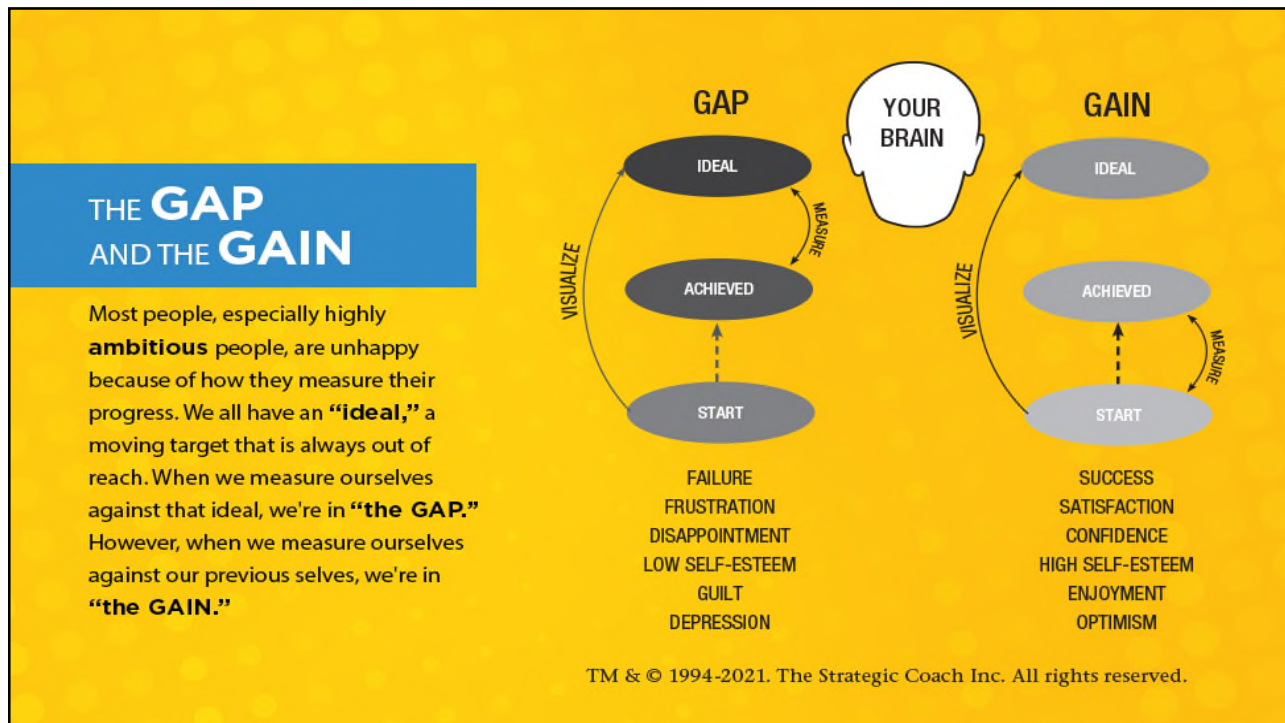


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The Stories We Tell Ourselves & Others



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Story of Self Discussion

- What times of pain taught you the world needs changing?
- What times of hope taught you that success is possible?
- What are the personal experiences and values that motivate you to action around improving health outcomes for everyone?
- Are you using a Gap or Gain perspective for that motivation?



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This work is only possible through the dedication of people like Dr. Frank Peak and Ms. Scharol Bronson, who championed health equity at DCHD for years.

Other Questions?

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