



A Report on

2nd Annual Health Leadership Award Program

November 16, 2007

Blue Cross and Blue Shield of Minnesota Foundation

CONTENTS

Second Annual Health Leadership Award Program	3
Welcome and Opening Remarks, 3	
Introduction of the Honoree, 4	
Acceptance Speech, 5	
Introduction of the Keynote Speaker, 5	
Keynote Address — The Context of Health: What is the Role of Leadership?, 6	
Announcing the Launch of the Foundation’s Leadership Initiative, 10	
Screening/Panel Discussion: <i>Unnatural Causes: Is Inequality Making Us Sick? In Sickness and in Wealth</i> , 11	
Appendices	13
A. About the Foundation, 13	
B. Unnatural Causes: Is Inequality Making Us Sick? Did You Know?, 14	
C. Model of Health and Community: The People’s Theory, 16	

SECOND ANNUAL HEALTH LEADERSHIP AWARD PROGRAM

The Blue Cross Foundation Second Annual Health Leadership Award Program and Luncheon brought together 200 participants from across the state to recognize the recipient of the 2007 Blue Cross Health Leadership Award: Atum Azzahir, co-founder, president and executive director of the Powderhorn Phillips Cultural Wellness Center in Minneapolis. The award honored Ms. Azzahir for her innovative work focusing on the role of cultural traditions and beliefs in the development of healthy communities.

The foundation created the health leadership award to highlight the effectiveness of leadership and concrete work on upstream community conditions that determine health and well-being. We believe that recognizing the work of exemplary leaders increases its visibility and inspires others to take action. Last year's Health Leadership Award honored Winona LaDuke, Native American environmental activist, in recognition of her leadership of the White Earth Land Recovery Project. Leadership development and recognition is one of several approaches employed by the foundation to fulfill its purpose to look beyond health care today for ideas that create healthier communities tomorrow.

In addition to an address by Atum Azzahir, participants also heard opening remarks by Marsha Shotley, foundation president, the new Minnesota Health Commissioner, Dr. Sanne Magnan and Blue Cross and Blue Shield of Minnesota President Colleen Reitan. Dr. Anthony Iton, director of the Alameda County (California) public health department, presented an inspiring keynote address on how race, class, wealth, education, geography and employment affect health status. These presentations are summarized below. A DVD of the program, co-produced with Twin Cities Public Television, is available on the foundation's website, www.bsbsmnfoundation.org.

Welcome and Opening Remarks

- *Marsha Shotley, President, Blue Cross Foundation*
- *Sanne Magnan, MD, Ph.D, Commissioner of Health, State of Minnesota*

Marsha Shotley welcomed attendees to the second annual Health Leadership Award program and described the “intricate web” of social, economic and environmental factors that create health disparities for many. Ten percent of Minnesota's population, for example, spends more than 50 percent of their income on where they live, resulting in fewer options in choosing safe and healthy places to raise their children. When children aren't prepared for kindergarten, they're at risk for poorer health for the rest of their lives. And, because of their smaller size, children living in low-income neighborhoods are particularly vulnerable to the higher levels of air, soil and water pollutants found there. “At the foundation,” Ms. Shotley said, “we're determined to close the gap on these kinds of disparities.” This goal requires partnership and leadership, which is “why we're here today.”

Sanne Magnan greeted attendees and outlined the health challenges facing the state. While Minnesota continues to rank at the top of state health rankings (falling from first place to second in 2007), looking underneath this good news reveals some major “cracks.” These include health disparities, inequitable care, an obesity epidemic and increases in binge drinking. “While we have much to be proud of,” Dr. Magnan said, “we have much to do.” Her priorities include work on prevention and advocacy and attention to the social determinants of health.

Describing her prior experience working with Mark Banks, MD, CEO of Blue Cross and Blue Shield of Minnesota, Dr. Magan noted how he illustrates the characteristics of leaders: Leaders care deeply, focus on what they are trying to accomplish and help others grow so they can become leaders for tomorrow. “It will take all of us” to fulfill the mission of the Minnesota Department of Health to help maintain and improve the health of *all* Minnesotans, Dr. Magnan concluded. “I look forward to working with you in years to come to advance that cause.”

Introduction of the Honoree

Colleen Reitan, President, Blue Cross and Blue Shield of Minnesota

Colleen Reitan introduced Atum Azzahir, this year’s leadership award recipient, with a story that illustrated how Ms. Azzahir responded to concerns about a number of elderly immigrant men who were ill and homebound. Ms. Azzahir realized that isolation and fear of their new community were at the root of the men’s problems. Helping them come together, find each other and learn to navigate the neighborhood, she demonstrated that “connection to culture and community is key to health and healing for all of us.”

At the Blue Cross Foundation, Ms. Reitan said, we keep hearing the same three themes about extraordinary community leadership:

- Great leaders are often chosen by people around them. They have earned the respect of those they serve.
- Great leaders have passion, which allows them to push beyond what might be possible. They innovate in the face of adversity.
- Great leaders are courageous as individuals and gifted in inspiring courage in others. Collaboration helps things get done.

The foundation created this leadership award to recognize leaders who demonstrate passion and courage, Ms. Reitan said, and “impact health inequities face on.” Atum Azzahir is such a leader.

In addition to providing Atum Azzahir with the leadership award and an original piece of artwork created by Todd Cameron, the foundation provided a \$15,000 grant to the Powderhorn Phillips Cultural Wellness Center to further this work.

Acceptance Speech

Atum Azzahir, President and Executive Director, Powderhorn Phillips Cultural Wellness Center

Atum Azzahir accepted the award with humor and grace, noting that acknowledgement has a strange way of forcing you to consider tough questions: Do I deserve this? What for? What does it mean? Is it even about me? These questions have kept her extremely busy this past month, leading her to conclude, “It’s not really about me. People in this room are turning their lives around, showing what it takes.”

Ms. Azzahir believes she is following the same tradition that women who have gone before her have followed: “This award is about the elders, the ancestors, my family, colleagues who help me look at cultural interface, people who see it on the inside and many others who are challenged to see if we can come together to provide the kind of healing spaces so health will happen.” The award has been 15 years in the making, she said, reaching the point where “we could say culture is a resource for healing.”

“I’m glad to be a part of the network of people in this room,” Ms. Azzahir concluded. “Culture matters. Thank you very much for your work.”

Introduction of Keynote Speaker

Joan Cleary, Vice President, Blue Cross Foundation

Joan Cleary, foundation vice president, introduced Anthony B. Iton, MD, JD, MPH, the keynote speaker. Dr. Iton serves as director and health officer for the Alameda County Public Health Department in California. In addition to directing the agency’s work to prevent disease, reduce the burden of chronic illness and manage the county’s emergency preparedness, Dr. Iton has spearheaded a number of innovative programs that address health inequities through community organizing and other approaches.

Dr. Iton is a graduate of Johns Hopkins Medical School and is board-certified in both internal medicine and preventive medicine. He earned a law degree and a master’s degree in public health from the University of California, Berkeley. He has practiced medicine and law in California and previously served as a local public health officer in Connecticut.

The recipient of many awards, Dr. Iton was recently recognized by the American Public Health Association with the prestigious Milton and Ruth Roemer Prize for Creative Public Health Work. His primary interest is the health of disadvantaged populations and the contributions of race, class, wealth, education, geography and employment to health status.

Where some find complex, insurmountable challenges, Ms. Cleary concluded, Dr. Iton “sees exciting possibilities — and hope for the future.”

Keynote Address — The Context of Health: What is the Role of Leadership

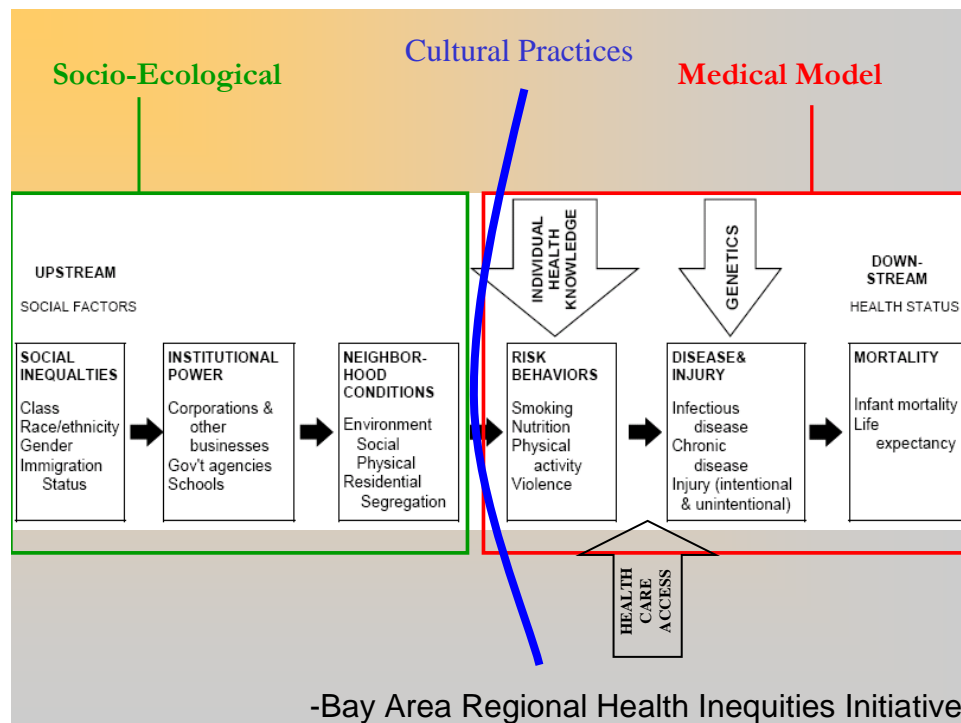
Anthony B. Iton, MD, JD, MPH, Director and Health Officer, Alameda County Health Department

Dr. Iton began his keynote address by emphasizing the importance of changing what we *do* if we are to improve the health of disadvantaged populations: “The point is not to understand the theory or to acknowledge racism, classism and bias against immigrants, but to change our practice.” Speaking of how impressed he is in that regard with the work of this year’s recipient of the Blue Cross Foundation’s Health Leadership Award — Atum Azzahir, president and executive director of the Powderhorn Phillips Cultural Wellness Center — Dr. Iton noted that building culture is a critical piece of addressing health inequities.

Dr. Iton then reviewed the compelling evidence of health disparities in life expectancy. The gap in the health between African Americans and whites, for example, is not being eliminated but actually getting worse, with the impact of chronic disease as the greatest contributor to the gap: “These are the things that kill us all, but they have a bigger impact in the African American community.”

A Framework for Changing Practice

Introducing a “framework for changing practice” that served as the structure for his presentation, Dr. Iton examined the medical model of intervention and what he believes is the more effective socio-ecological approach.



Genetics and access to health care each explain only 10 to 15 percent of the variation in disease and injury rates between African Americans and whites, with the medical model attributing the remaining 70 percent to risk behaviors — such as smoking, nutrition and physical activity. “The medical model stops at the individual,” Dr. Iton said. “Our society is blind to community, acting as if it’s irrelevant. We talk as if individuals live in a vacuum.”

The medical model is complicated by the challenges of changing individual behavior. While California managed to reduce its smoking rate to 14 percent (50 percent better than the nation as a whole), for example, the gaps in the smoking rates of African Americans and lower socioeconomic groups have persisted. In the face of the persistence of health gaps one must ask the question: How much does place — the neighborhood and community context in which we live our lives — matter?

Neighborhood Conditions

Dr. Iton then reviewed data from Alameda and Hennepin counties showing the association between poverty rates and life expectancy. Every additional \$12,500 in household income, for example, buys a year of life in the San Francisco Bay area. “This is the true poverty tax,” Dr. Iton said. “The cost of being poor is earlier death.”

Census tract data for “high, intermediate and low trajectory communities” reveals the relationship between neighborhood characteristics — including rates of high school graduation, unemployment, poverty, home ownership and percentage of nonwhite residents — and life expectancy. “That we can predict life expectancy for children born in each of these communities is outrageous,” Dr. Iton noted in pointing out the similarities between “how our society lays down patterns of illness and death” and how we distribute education, income and employment.

While the medical model blames people for adopting high risk behaviors, an understanding of the impact of the places we live raises different questions. “I’m not saying individual responsibility doesn’t matter,” Dr. Iton emphasized. “It does — but there is so much more.”

We need to intervene at the neighborhood level to address the physical and social environment and residential segregation — issues that are outside the control of individuals and have real health consequences. The prevalence of smoking billboards, liquor stores and pollution in poor neighborhoods illustrates the point: “The message is, ‘you don’t matter, you have no value, we dump our garbage on you.’”

Institutional Power

Dr. Iton went on to discuss the contribution of institutions — including schools, corporations and businesses and government agencies — to health disparities. Striking data on racial and economic disparities in educational achievement, for example, indicate the scope of a problem that we have not yet found a way to change. Citing a National Institutes of Health study that shows associations between education and health across a broad range of illnesses, Dr. Iton emphasized, “Educational attainment matters; this is a health problem.”

Disparities in household wealth, median family income and home ownership rates also have health implications, yet “we close our eyes to them and say that’s our system.” The home mortgage interest deduction is a federal subsidy, with those earning \$500,000 and above receiving the biggest subsidy. Comparing the \$81 billion this subsidy cost in 2008 to the \$30 billion that would support a high-quality, two-year preschool program for poor families, Dr. Iton stressed that “these are policy choices. We’re housing wealthy people at the expense of poor people.”

Social Inequalities

Social inequalities — race, ethnicity, class, gender and immigration status — are the final piece of the framework for changing practice. Recalling the impact of Hurricane Katrina and Chicago’s devastating 1995 heat wave on people of color and those with low income, Dr. Iton went on to speak of the “everyday emergencies” created by hazardous social conditions in “low trajectory communities.”

These communities have schools that contribute to “unlearning,” few jobs, rampant crime, segregation by race and income and low quality housing; they are places where we dump our garbage and toxins. “How much individual responsibility does a kid growing up in that community have?” Dr. Iton asked. “How does the medical model help that kid today?”

Intervening for Change

Quoting Nelson Mandela — “Like slavery and apartheid, poverty is not natural. It is man-made and can be overcome and eradicated by the actions of human beings.” — Dr. Iton considered how we can intervene effectively. The medical model posits that behaviors lead to diseases which lead in turn to death, while the socio-ecological model says that biased behaviors such as racism, classism and sexism lead to diseased societal decision making which in turn leads to “communities on life support.” “We need to intervene across the full range of the framework,” Dr. Iton said, “but right now we are spending most on the medical model.”

Culture can be health protective. Some immigrant groups can thrive in difficult situations largely because of their cultural practices. “We need to learn from them,” Dr. Iton said. “That’s how we’ll eliminate health disparities — by understanding the wisdom of communities and recognizing policies that are racist, classist, sexist.”

Just as we have interventions for the factors in the medical model, we also need interventions for the factors in the socio-ecological model. The intervention for dying communities, for example, is community capacity building. And policy advocacy is the intervention for “diseased” societal decisions. “We’ve learned that if you’re not at the table you lose the struggle,” Dr. Iton said, “and the freeway goes in your neighborhood.” Leadership can help to organize communities. Effective, sustainable leadership sometimes means working behind the community, rather than in front, and holding the system accountable.

Turning to the piece of the framework on biased behaviors (the “isms”), Dr. Iton acknowledged that he didn’t know what effective interventions would be in this area.

Healthy People 2010, current federal policy, calls for a multidisciplinary approach to achieving health equity by 2010. While this is a worthy goal, our current practice does not support it. “We need to develop a practice so we are working with people like Atum [Azzahir] and addressing root causes,” Dr. Iton said. “Til we understand how to do that, we’re lost.” Dr. Iton concluded by saying that Minnesota was better positioned than most states to add to our understanding of how to do this work: “We need to harness wisdom like Atum’s, believe it and use it.”

Announcing the Launch of the Foundation's Leadership Initiative

Joan Cleary, Vice President, Blue Cross Foundation

Summarizing the themes highlighted by the speakers at the Leadership Award Program, Joan Cleary emphasized the need for outstanding, cross-sector leadership in order to close the health and opportunity gaps in our communities, in our state, in our nation. “According to the Institute of Medicine,” she noted, “Today the need for leaders is too great to leave their emergence to chance.”

In recognition of this need for leaders, the Blue Cross Foundation is launching a new leadership initiative to:

- Recognize and support extraordinary community leaders and their organizations
- Develop collaborative leadership across our state to create healthier communities
- Provide a forum to share lessons, successes and results — work carried out by our community partners and many others — in order to help build the capacity and will to make Minnesota the healthiest state in the nation for *all* its residents

“We look forward to working with you to achieve these goals,” Ms. Cleary concluded.

Preview Screening/Panel Discussion — *Unnatural Causes: Is Inequality Making Us Sick? In Sickness and in Wealth*

- Anthony B. Iton, MD, JD, MPH, Director and Health Officer, Alameda County Health Department
- Kathleen Thiede Call, Ph.D., Director, Graduate Programs in Health Services Research, Policy and Administration, School of Public Health, University of Minnesota
- Mitchell Davis, Director, Office of Minority and Multicultural Health, Minnesota Department of Health
- Keith Parker, Senior Manager of Partnership Development, Twin Cities Public Television

Joan Cleary introduced the final segment of the Leadership Award Program — a screening and panel discussion of a four-hour PBS documentary series, *Unnatural Causes: Is Inequality Making Us Sick? In Sickness and in Wealth*. The series investigates the sources of our huge socioeconomic and racial inequities in health, showing that there is more to health than life choices, health care or genes: “The social conditions in which we are born, live and work profoundly affect our well-being and our longevity.”

The clip previewed was a rough cut of 20 minutes of the opening segment — *In Sickness and in Wealth*. The series will be finalized and aired on PBS in March and April, 2008.

Dr. Iton spoke briefly of the origins of the documentary, produced by California Newsreel, in a prior PBS series, *Race: The Power of an Illusion*. When the producer of that series began planning the current one, Dr. Iton and others helped connect him to models and case studies around the country. The theme of the series, Dr. Iton noted, is “how the social and physical environment impact health outcomes and how underinvestment in community leads to health problems.” Dr. Iton commended the documentary’s use of stories, rather than the data that is the primary focus of the public health field, because “that’s how we learn. I’ve seen the power of storytelling to change people’s understanding of complex situations.”

Themes of the Documentary Excerpt

The brief clip introduced major themes of the series, including:

- **The environment in which we live affects our health and our lives.** The introduction to the segment notes that while some think we’re primarily biological creatures determined by our genes — innately us because of who we’re born to be — that misses the fact that we grow up, develop and interact constantly with the world. “We carry our history in our bodies. How could we not?”
- **Living in America should be a ticket to good health but it is not.** We have the highest GNP in the world and spend \$2 trillion per year on medical care — nearly half of all health dollars spent in the world. But we rank 30th in life expectancy among industrialized countries. A higher percentage of our babies die in their first year of life than in Cuba and Estonia. “Written into our bodies is a lifetime of experience shaped by social conditions and policies that determine health. We could reconfigure ourselves in ways that could benefit our health.”

- **Income is a key social determinant of health.** Comparison of “excess death” rates and preventable illness in different communities illustrates that powerfully. In some areas deaths occur three, five, even 10 years earlier than others. Cancer and heart disease are found at almost twice the rates in some areas than others. College graduates live on average almost 10 years longer than high school graduates. Social and economic determinants of health affect everyone. Differences arise “as a result of policies — or absence of policies — that create the conditions in which people live.”

Panel and Audience Discussion

Panel members talked about how the documentary could inform their own work. Kathleen Call, director of graduate programs in health services research, policy and administration at the University of Minnesota’s School of Public Health, believes the documentary has the potential to shape teaching and research at the University. “It has the power to bring issues to life,” she said, “capturing our attention and allowing us to remember some of the struggles our students and colleagues have gone through.” She hopes it will spur social and political change “and that students and faculty are part of that movement.”

Mitchell Davis, director of the Office of Minority and Multicultural Health at the Minnesota Department of Health, described the community asset building model used by the Office of Minority and Multicultural Health to engage communities. “As a society we have a choice,” he said. “Address the conditions that lead us down the path of disease or pay to repair our bodies later.”

Keith Parker, senior manager of partnership development at Twin Cities Public Television, talked about the social responsibility of journalists “to dig deeper beyond doom and gloom and report good work being done.” Journalists can create documentaries like this one to explore what’s going on in our communities and in society as a whole: to identify practices to address these issues, build awareness and “stimulate a way to pay it forward.”

At the end of the session, audience and panel members discussed additional ideas for how the documentary could be used in policy and other settings. Dr. Iton described plans to introduce the series to Congressional staff. He suggested that the best way to present these ideas and the documentary itself to a partisan audience is to find sympathetic members of the group who can relate this to what they do.

Dr. Iton concluded the session with the hope that participants would leave with a sense of personal commitment to take action. “We’re past the point of describing,” he said. “We need interventions.” He urged the need to work in communities, distilling the wisdom of communities. At the same time, we need to work on policy issues because no matter how successful we are at a community level, the work is compromised if policies continue to reinforce community deprivation. “Remember that this is about power. If you take one thing away, remember that. Until you change that fundamental dynamic, you’re not getting anywhere.”

APPENDIX A

ABOUT THE FOUNDATION

The Blue Cross Foundation's purpose is to look beyond health care today for ideas that create healthier communities tomorrow. By addressing key social, economic and environmental factors that determine health — beyond genes, lifestyle and access to health care — we work to improve community health long-term and close the health gap that affects many Minnesotans. The foundation has awarded more than \$21 million since it was established 21 years ago.

We are dedicated to working collaboratively with others in the community. Fulfilling the vision of healthier communities for all Minnesotans will require the participation of many organizations and individuals. We're committed to sharing the lessons we learn along the way.

Contact us at:

651-662-3950 (in the Twin Cities)

1-866-812-1593 (toll free)

foundation@bluecrossmn.com (email)

www.bcbsmnfoundation.org

APPENDIX B

UNNATURAL CAUSES: IS INEQUALITY MAKING US SICK?

Did you know?

1. **Health is more than health care.** Doctors treat us when we're ill, but what makes us healthy or sick in the first place? Research shows that social conditions — the jobs we do, the money we're paid, the schools we attend, the neighborhoods we live in — are as important to our health as our genes, our behaviors and even our medical care.

2. **Health is tied to the distribution of resources.** The single strongest predictor of our health is our position on the class ladder. Whether measured by income, schooling, or occupation, those at the top have the most power and resources and on average live longer and healthier lives. Those at the bottom are most disempowered and get sicker and die younger. The rest of us fall somewhere in between. On average, people in the middle are twice as likely to die an early death compared to those at the top; those on the bottom, four times as likely. Even among people who smoke, poor smokers have a greater risk of dying than rich smokers.

3. **Racism imposes an added health burden.** Past and present discrimination in housing, jobs, and education means that today people of color are more likely to be lower on the class ladder. But even at the same rung, African Americans typically have worse health and die sooner than their white counterparts. In many cases, so do other populations of color. Segregation, social exclusion, encounters with prejudice, the degree of hope and optimism people have, differential access and treatment by the health care system — all of these can impact health.

4. **The choices we make are shaped by the choices we have.** Individual behaviors — smoking, diet, drinking, and exercise — matter for health. But making healthy choices isn't just about self-discipline. Some neighborhoods have easy access to fresh, affordable produce; others have only fast food joints, liquor and convenience stores. Some have with nice homes, clean parks, safe places to walk, jog, bike or play, and well-financed schools offering gym, art, music and after-school programs, and some don't. What government and corporate practices can better ensure healthy spaces and places for everyone?

5. **High demand + low control = chronic stress.** It's not CEOs who are dying of heart attacks, it's their subordinates. People at the top certainly face pressure but they are more likely to have the power and resources to manage those pressures. The lower in the pecking order we are, the greater our exposure to forces that can upset our lives — insecure and low-paying jobs, uncontrolled debt, capricious supervisors, unreliable transportation, poor child care, no healthcare, noisy and violent living conditions — and the less access we have to the money, power, knowledge and social connections that can help us cope and gain control over those forces.

6. **Chronic stress can be deadly.** Exposure to fear and uncertainty trigger a stress response. Our bodies go on alert: the heart beats faster, blood pressure rises, glucose floods the bloodstream — all so we can hit harder or run faster until the threat passes. But when threats are constant and unrelenting, our physiological systems don't return to normal. Like gunning a car, this constant state of arousal, even if low-level, wears down our engines over time, increasing our risk for disease.

7. **Inequality — economic and political — is bad for our health.** The United States has by far the most inequality in the industrialized world — and the worst health. The top 1% now owns as much wealth as the bottom 90%. Tax breaks for the rich, deregulation, the decline of unions, racism and segregation, outsourcing and globalization, as well as cuts in social programs destabilize communities and channel wealth and power — and health — to the few at the expense of the many. Economic inequality in the U.S. is now greater than at any time since the 1920s.

8. **Social policy is health policy.** Average life expectancy in the U.S. improved by 30 years during the 20th century. Researchers attribute much of that increase not to drugs or medical technologies but to social reforms — for example, improved wage and work standards, universal schooling, and civil rights laws. Social measures like living wage jobs, paid sick and family leave, guaranteed vacations, universal preschool and access to college, and guaranteed health care can further extend our lives by improving our lives. These are as much health issues as diet, smoking and exercise.

9. **Health inequalities are not natural.** Health disparities that arise from our racial and class inequities result from decisions we as a society have made — and can make differently. Other industrialized nations already have, in two important ways: they make sure absolute inequality is less (e.g., Sweden's relative child poverty rate is 4%, compared to our 22%), and they guarantee that everyone has a chance for prosperity and good health regardless of a family's personal resources (e.g., good schools and health care are available to everyone, not just the affluent). As a result, they live healthier, longer lives than we do.

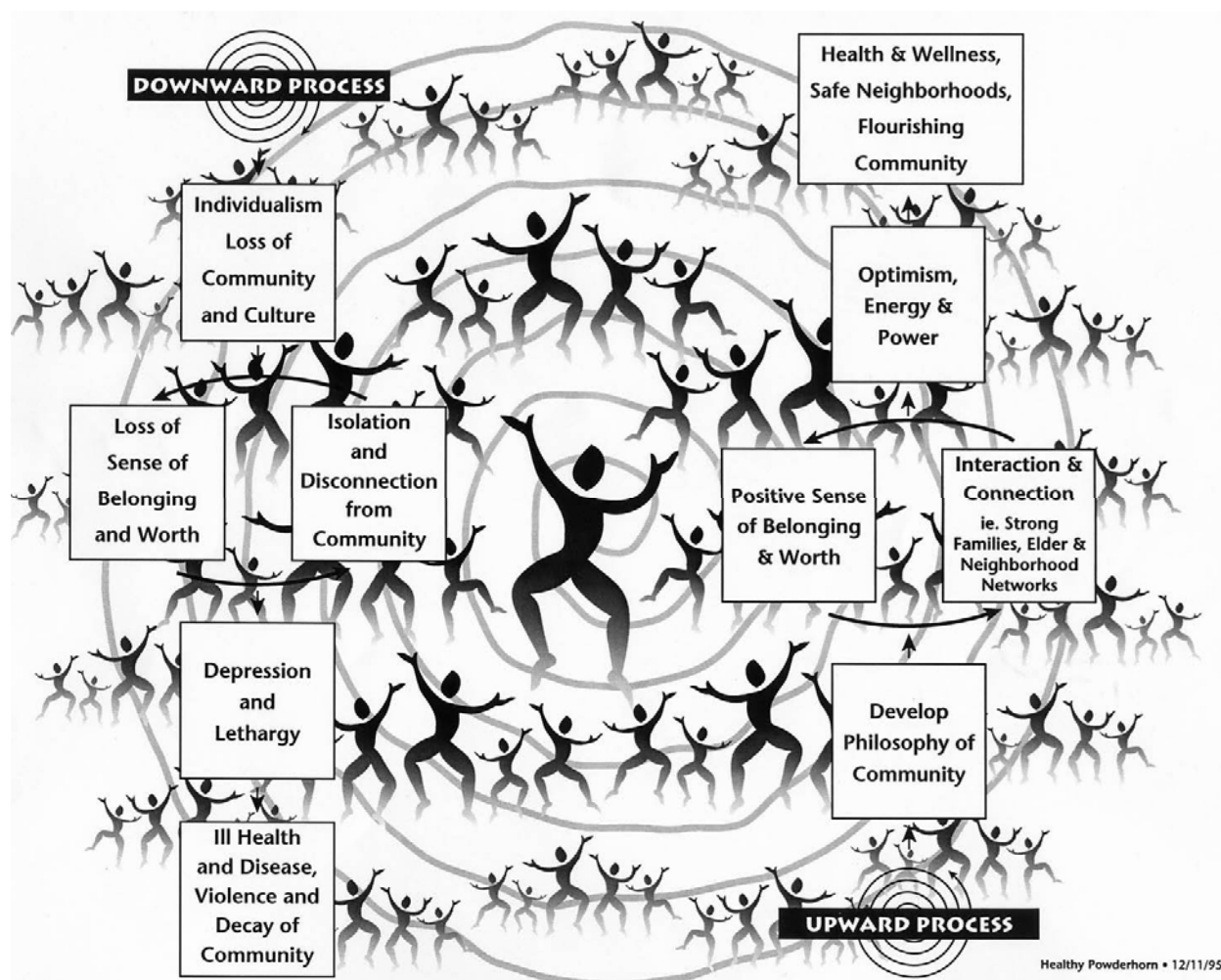
10. **We all pay the price for poor health.** It's not only the poor but also the middle classes whose health is suffering. We already spend \$2 trillion a year to patch up our bodies, more than twice per person than what the average industrialized country spends, and our health care system is strained to the breaking point. Yet our life expectancy is 30th in the world, infant mortality 31st and lost productivity due to illness costs businesses more than \$1 trillion a year.

(Reprinted with permission from California Newsreel.)

To learn more about the series and find out how you can make a difference, please visit www.unnaturalcauses.org

APPENDIX C

Model of Health and Community: The People's Theory



Reprinted with permission of the Powderhorn Phillips Cultural Wellness Center