



IN SOLIDARITY INSIGHT

Introducing a new model of health

Featuring Michael Stevenson, co-director of County Health Rankings & Roadmaps.

Transcript

[00:00:00.50] [MUSIC PLAYING]

[00:00:05.99] This is In Solidarity, a podcast where we draw connections between power, place, and health and discuss how our lives, our fates, are all interconnected.

[00:00:18.65] Hi, everyone, and welcome to In solidarity. A podcast from County Health Rankings and Roadmaps A program from the University of Wisconsin population Health Institute, I'm your host, Beth silver. Coming to you from our studio in Madison, Wisconsin, to bring you another episode in which we delve into the timely topics facing and hopefully advancing public health today.

[00:00:43.61] In this episode, we're covering a monumental shift in the way we're thinking about public health. We've said before, we know that many conditions shape how long and how well people live. Having a job that pays a living wage, where you live, your opportunities to get a good education to eat nutritious food. These factors are what the public health field calls social determinants of health.

[00:01:09.31] The community conditions that affect our health and well-being. And for over a decade, CHR&R has measured these conditions, through data and our model of health. Now, we're looking beyond community conditions in a new model of health that we've just released. The model captures the role that power and society's rules play in creating conditions that impact all of our health.

[00:01:33.94] The model encourages us to look at how these conditions came to be and how we can change them. People who hold more power shape the rules we live by. Whether those rules are written into law, or even the unwritten rules that we live by, the norms and the conditions. People with more power also determine how these rules are applied, based on what society values and what the people in society believe.

[00:01:59.85] This model is the culmination of years of work and thinking. And my colleague Michael Stevenson is here joining us today to guide us through these changes. This new way of understanding what shapes community Michael is one of our co-directors at CHR&R And before joining us, he was the director of Health strategy at the city of Milwaukee Health department.



[00:02:22.68] He's a lifelong learner committed to centering racial and health equity in research and practice. So with that, we're so happy to have him with us, to walk us through this brand new model of health. Michael, good to see you. Thanks so much for joining us.

[00:02:41.19] Yeah, it's great to be in conversation with you today.

[00:02:43.92] Michael, can you talk about the new model of health that CHR&R is debuting along with this year's annual data release. What's the big takeaway?

[00:02:53.15] Yeah, so we're really excited about the new model that we introduced this year. And this model builds on more than two decades of scholarship at the University of Wisconsin population Health Institute. Which focuses on how the conditions where we live, learn, work, and play influence our health. What's important about this new model is that it really broadens our view of health by examining how those conditions came to be.

[00:03:17.88] So we're asking questions like how are policies, laws and budgets being leveraged to hold those conditions in place? Who shaped those conditions and why? And how can we continue to move upstream to address the root causes of health inequities? So, Beth, you asked what's the big takeaway from the new model? I would say it's this, that the community conditions needed for healthy, thriving communities do not happen by chance. They are created and maintained.

[00:03:47.93] Michael, how is the model of health different from CHR&R previous model of health?

[00:03:54.02] So we build and expand on that previous model. So this new model reflects the latest evidence and theory. Something that previous model really got right and was one of the main messages of that model, was that health is more than health care. So it showed that factors such as quality, well-funded schools, affordable housing and accessible transportation are needed for healthy communities.

[00:04:19.65] So in this new model, we continue to build out those conditions. So we add concepts like climate, which over the past decade has emerged in the evidence base as having really clear connections with health. So we continue to refine those conditions that were so essential in that first model. But what this new model does is really expand beyond that.

[00:04:40.54] So it shows that these conditions don't happen by chance. They are the result of things like laws and policies, governance structures and budgets that are applied. And shape how well and how long we live. These rules, these laws and policies are set and held by people with power. So let me just share one quick example.

[00:05:01.95] So in our previous model, we know that, access to nutritious affordable food is really essential to healthy communities. Yet many communities, both rural and urban, have limited access. They don't live near a grocery store or another food retailer. And we sometimes refer to these areas as food deserts. We know that this is bad for our health. So there's really strong evidence that says living in a



food desert increases the risk for diabetes, things like cardiovascular disease, and can contribute to premature death.

[00:05:33.33] The new model calls on us to examine how that condition came to be. So what are those written and unwritten rules wielded by people who have power that resulted in some communities not having access to affordable, nutritious food? So when we look deeper, we find that food deserts are, in fact, not a natural result of the communities where people live.

[00:05:54.12] And this can actually be traced back to the 1980s in the Reagan administration, when they abandoned a law. That for almost 50 years leveled the playing field between large grocery store chains and independent grocers. This law made it illegal for suppliers to charge large grocery stores less for products. With the Reagan administration's change, corporate food chains took advantage and negotiated lower prices, and this meant that small grocers were left behind.

[00:06:20.26] So prior to 1982, almost every small town had at least one grocery store, and low income communities of color had multiple. But the change in how the policy was enforced had devastating consequences. So as we ask how these conditions were created, and who created it, as our new model calls us to do. We see a broader view of the systemic nature of the problem, and this also helps us better identify solutions to take action.

[00:06:47.55] Interesting so the model is based on a concept that may be new to some of our listeners. The structural determinants of health. What are the structural determinants, and what role do these determinants play in the new model?

[00:07:02.58] So really simply put. The social determinants of health are the conditions where we live, learn, work, and play something that the field of Public Health has focused on for quite some time. The structural determinants of health are the rules, that are set and held by people who wield power, that create those conditions. So let me say a little bit more about what we mean.

[00:07:24.76] So people implement rules to guide our lives. So they include things from city and county policies or ordinances. They include zoning regulations and even things like court rulings. And these reflect worldviews, and norms, and long held cultural beliefs of those around us. So when groups or people hold power, they set those rules. They drive the decisions that determine which communities have the resources they need to thrive and which do not.

[00:07:53.08] So when we talk about people who hold power, we're talking about lawmakers. Or are we talking about the people who got those lawmakers into office?

[00:08:01.33] We all have power. And we all express our power in different ways. So decision makers, elected officials of course, have more power in some contexts. But you and I also have power. And we can use that power to influence the decision making processes of others.



[00:08:19.86] Very interesting. In what ways will practitioners see structural determinants show up, and in what ways can they use this new model?

[00:08:29.07] Yeah so the terminology might feel new, but these concepts are very familiar to public health. And the structural determinants are all around us. And I think one of the easiest ways to really illustrate this, is to take a look back at one of the greatest achievements that public health has contributed to. And that is around tobacco use, the decrease of tobacco use in the US.

[00:08:52.12] So for a long time, tobacco policy was influenced by profit driven tobacco manufacturers. Even when we knew it was detrimental to our health. So powerful tobacco companies, lobbied local governments against enacting laws that would make tobacco less accessible. Tobacco companies invested in advertisements that shifted world views about tobacco use and made it feel like a luxury.

[00:09:19.71] And tobacco companies also use their power to hide evidence of the harmful effects. Big tobacco went even as far as funding public health initiatives and research and education. However, over time, public health leaders, nonprofits, community members mobilized and took action. And through their advocacy, they helped increase tobacco taxes, which made tobacco less accessible.

[00:09:45.04] They helped pass indoor smoke free laws, which made it safer to go to a restaurant and enjoy food and not be burdened by secondhand smoke. And they helped place restrictions on advertising and marketing. And that all contributed to the dramatic decrease in tobacco use in the US.

[00:10:02.40] So this new model calls on us to more closely examine how those conditions came to be. And we know that health equity is possible when we can address those root causes. when we shift power, as we did in that example I just shared.

[00:10:15.82] Yeah. It's a great example. Power plays a central role in the structural determinants, as you've said. Why is that and how is it connected to health?

[00:10:25.80] Yeah. So I think it's important to define power. So power is the ability to achieve a purpose and to create change. And what's important about power, is that it's a fundamental driver of health. So power helps reveal how those community members and decision makers shape the conditions for health. And as I've said before, these community conditions don't happen by chance.

[00:10:48.10] They aren't set in stone. So they're the result of collective action and decision making processes. So by adding power to the model, it really illustrates how groups or people with power set the rules. Which in turn shape the conditions, which are needed for communities to thrive.

[00:11:07.44] How is this new model of health connected to social solidarity, and in what ways does it reflect our interconnectedness? The idea that our fates are all shared.

[00:11:19.74] So social solidarity is really at the heart of our work at County Health Rankings and Roadmaps. And this new model shows that population health and well-being is something that we create



as a society. Not something an individual can attain in a clinic or be responsible for alone. So individuals and groups with power can create change, and reinforce societies, written and unwritten rules.

[00:11:44.37] And they can support or hinder everyone's right to thrive. So this new model really encourages us, as public health and health care practitioners, to look at ways we can work together, to collaborate with others, to build power, to make sure that everyone has what they need to thrive.

[00:12:00.75] Why now Michael? Why are these changes needed now, and how does it feel relevant in this moment in time. In this moment of such challenge and change in the world.

[00:12:13.09] So I think I would start by saying that the changes that we are making to the model are really grounded in evidence and theory. But as you mentioned, the changes are really timely. And I think what's important about these changes, is that they can help us unpack what's happening in the world and help us navigate this current context.

[00:12:31.34] So I'm talking to you in early 2025, and we see power being contested in really clear and explicit ways in the United States. We see some elected officials. We see the wealthy using their power to restructure the rules that we live by. So let me give you a couple of examples. We're seeing worldviews and norms around science being challenged.

[00:12:56.41] We're seeing people in power defund services and programs that are essential for communities to thrive. We're seeing the breaking and reforming of institutional practices at the federal level to advance a policy agenda. This model can help us unpack and understand what's happening in the world. So the model also, though, gives us clues about how to show up in this moment. And it calls on public health to remember its history.

[00:13:26.69] That's grounded in social, economic, and political reform. So I think we often forget that in the late 19th and 20th centuries, a coalition of physicians, reformers, advocates had organized around urbanization and industrialization. They organized around this really broad mandate, that there was a moral need to address the social problems that made some people more susceptible to disease.

[00:13:54.01] And they understood that health was the product of social, economic, and political reform. So this coalition used its power that it had organized around to challenge corporate interests. To create systems that led to clean water, to less crowded housing, to save for working conditions. These are among some of the greatest public health achievements.

[00:14:15.28] Public health started to move away from these roots in the 20th century. As we continued to increase on individual health. Scientific advancements also contributed to this, so we started to focus on clinical interventions and vaccines. Those were once seen as apolitical. They aren't necessarily in today's context.

[00:14:34.12] These scientific advancements became core to public health work, and they continue to be core today. But it's what's clear is that we need to embrace a both/and approach. So we can use our scientific expertise as public health and health professionals, and we must build power to advance health.



We must return to those roots in organizing around social, economic, and political reform to achieve health equity.

[00:15:01.90] Well, Thank you so much, Michael. I appreciate all of the reminders of everything that public health can achieve and of the importance of the new model and of power.

[00:15:12.76] Yeah, Thanks for having me.

[00:15:17.95] It was great to have Michael talk us through our new model of health, and why the public health and health fields need to understand, use, and build power so that everyone has what they need to thrive. Stay tuned for future episodes on topics important to public health. And as always, thank you for joining us on In Solidarity

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