Healthcare Georgia Foundation
grantmaking for health

The Art of Leadership Effectiveness in the Science of Transformation

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A Vision of Health Equity & Wholeness

A larger Vision of Health Equity and Wholeness perhaps means:

- A quality of existence best described through both the languages of faith and health;
- The recognition that attention to the imperative of eliminating health and healthcare disparities is critically necessary, but alone insufficient.

A fuller seeing requires envisioning a future where Health Equity and Wholeness manifest not just in the absence of disease, but also the presence of other dimensions:

spiritual vitality and hope;
psychological well-being;
personal meaningfulness;
social belonging;
transformed race relations;
institutional integrity;
equitable and accountable economic and political systems.

A Quick Glance at Leadership Effectiveness

- This emerging evidence was most recently summarized in *Collaborative Leadership and Health: A Review of the Literature, from the Kellogg and Robert Wood Johnson Turning Point Initiative.*

- The central insight of this work is that leaders most directly influence group process variables by creating a collaborative (open and supportive) climate where people with different views and expertise can come together, put aside narrow interests for a larger vision and attempt to solve a larger problem and/or accomplish broader goals.

- While these leader actions directly heighten a group's performance, its potency (a group's confidence in itself and ability to achieve goals) and the effectiveness of their actual work processes; it is the enhanced group performances that are correlate with improved health outcomes from collaborative, community-based health efforts.

This pattern of evidence, reinforces efforts like the Instititute Faith & Public Health Collaborations that invest in community and public health leadership as essential antecedents to the desire change of eliminating health disparities and improving community health.

The Leadership Challenge:
Seeing Health Disparities As Adaptive Work

Ref: Heifetz, Ronald. 1994. "Mobilizing for Adaptive Work, Leadership Without Easy Answers. Cambridge, MA: Belknap Press.

Leadership requires the ability to distinguish between technical and adaptive work.

Technical challenges refer to situations and problem types where the necessary knowledge to address the issue has been developed, digested and put in the form of legitimized organizational procedures that guide what to do and specific roles and expectations related to who should do it.

Adaptive challenges refer to situations and problem types that require new knowledge, new ways of organizing human effort which may require new roles and critical shifts the balance of power (sometime away from traditional configurations).

The Nature of Health Disparities

Health disparities exist within a broader social context, and are influenced and rooted in several important health and non-health related factors. These factors include (but are not limited to):

- Racism and Discrimination
- Socioeconomic Status – income, wealth and education
- Environmental Hazards
- Individual Health Risks and Behaviors
- Barriers to Care
- Cultural Competency of Health Providers and Health Organizations
- Supply of Minority Health Professionals

Ref: Strategies for Reducing Racial and Ethnic Disparities in Health. Grantmakers in Health. Issue Brief no.5. Based on a Grantmakers in Health Issue Dialogue, Washington, DC.

The Nature of Health Disparities

- **Complex**: A multitude of factors (many outside of the control of the public health and medical communities) interact to shape populations' health and their members' specific health trajectories.

- **Socially Mediated**: Social determinants of health (i.e. poverty/income level, education, quality of home and work environments) are centrally linked to health disparities. Therefore, health disparities intervention and research require effort across multiple sectors of community and the incorporating a broad array of medical and non-medical actions and activities.

Frameworks for Understanding Disparities

Ref: Krieger, Nancy., "Theories for social epidemiology in the 21st century: an ecosocial perspective." International Journal of Epidemiology 2001;30:668-677.

Shared observations of health disparities do not necessary translate to common understandings of their causes. The fundamental tension is between theories that seek causes of social inequalities in health in the innate vs. the imposed, or the individual vs. the social.

Theorizing about social inequalities in health runs into deep, philosophical conflicts as population patterns of good and bad health mirror population distributions of deprivation and privilege.

Three main theories seek to illuminate principles capable of explaining social inequalities in health like those seen in various ethnic-racial populations health disparities – psychosocial theory, the social production of disease and multi-level perspectives.

Frameworks for Understanding Disparities

Psychosocial Theory – John Cassel's Host-Agent-Environment Model

Central Hypothesis: Key psychosocial factors (i.e. social disorganization, marginal status in society, social isolation and asset of social support) alters a host susceptibility to disease in the social environment.

Logic: Psychosocial factors - considered together – explain the puzzle of why particular social groups are disproportionately burdened by otherwise markedly distinct diseases. Therefore, the most promising interventions to reduce disease will focus on improving/strengthening social support rather than reducing exposure to stressors.

Frameworks for Understanding Disparities

Psychosocial Theory – John Cassel's Host-Agent-Environment Model

Focus: Framework directs attention to endogenous biological responses to 'stress' and on stressed people in need of psychological resources.

Limits: Framework does not attend who and what generates psychosocial insults and buffers, or how their distribution is shaped by social, political and economic policies.

Frameworks for Understanding Disparities

Social Production of Disease/Political Economy of Health

Developed in part as a critique of 'blame-the-victim' lifestyle theories which emphasize individuals' responsibility to choose healthy lifestyles and cope better with stress, without explicitly addressing the economic and political determinants of health and disease, including the structural barriers to people living healthy lives.

Central Hypothesis: Economic and political institutions and decisions create, enforce and perpetuate economic and social privileges and inequality which are the fundamental causes of social inequalities in health.

Focus: Issues of agency and accountability are revisited in analyses that examine the interdependence of institutional and interpersonal manifestations of unjust power relations. Community mobilization and social change (and not just individual empowerment) are re-framed as critical resources to counter adverse health conditions.

Frameworks for Understanding Disparities

Social Production of Disease/Political Economy of Health

Logics:

1. Improving population health requires a vision of social justice and active organizing to change unjust social and economic policies and norms.
2. Absent concerns for social equity and economic growth, public health and medical interventions may end up aggravating vs. ameliorating social inequalities in health.
3. Social inequalities in health must be rigorously monitored through data and measurement to gauge progress and setbacks in reducing health disparities.

Limits: Framework provides few principles for the biological/biomedical dimensions of health disparities. By focusing on fundamental socio-political causes, there is little systematic thinking about which specific medical and public health interventions and policies are needed to curtail social inequalities in health.

Frameworks for Understanding Disparities

Multi-Level Dynamic Perspectives

Work to combine key elements of the previous two frameworks into complementary both/and vs. competing either/or logics integrating social and biological reasoning with an appreciation of history.

Focus: Embrace a social production of disease (seeking especially to understand 'who and what' drives current and changing patterns of social inequalities health), but also aim to bring a comparably rich biological and ecological analysis.

Key Principles:

1. Embodiment – explores how populations literally incorporate (biologically) the material and social world in which we live, from conception to death. Biology cannot be understood absent knowledge of history and understanding social ways of living.
2. Pathways to Embodiment are simultaneously structured by (a) social arrangements of power and property as well as patterns of production, consumptions and reproduction and (b) the constraints and possibility of biology, as shaped by a populations' ecological context, history and trajectories of social development.

Frameworks for Understanding Disparities

Multi-Level Dynamic Perspectives

Key Principles (cont'd):

3. Interplay between exposure, susceptibility and resistance conceptualized at multiple levels (individual, neighborhood, regional) and across multiple domains (e.g. home, work, school, and other public settings.
4. Accountability and agency is conceptualized and expressed in relation to institutions (government, business and the public sector), households and individuals, as well as scientists and community leaders for the theories and practices they both use and ignore to explain social inequalities in health.

Limits: Such frameworks are fairly new and nascent. At the very beginning of empirical testing. Also, run the risk of totalizing (trying to explain everything, thereby explaining little).

Addressing Health Disparities

Grantmaking Objectives

- Strengthen/enhance Georgia's readiness and capacity to eliminate high disparity health conditions.
- Create the conditions among health and community leaders, the general public and local healthcare delivery systems to address the underlying causes of health disparities.

Addressing Health Disparities

Six Strategies

- Strengthen the base of science on Georgia-specific high disparity health conditions.
- Support strategic communications and awareness building among the general public and key groups.
- Strengthen the base of multi-stakeholder, cross-sector partnerships.

Addressing Health Disparities

Six Strategies

- Develop and enforce innovative policies, laws and regulations.
- Nurture community-based strategies for eliminating health disparities, particularly focusing on expanding access to comprehensive services.
- Help assure Georgia has an adequate, competent workforce to address future differences in health status and healthcare.

Addressing Health Disparities

Potential Types of Grants

Research:	Support the use of Community-Based Participatory Research (CBPR) methods to encourage community-driven research.
Leadership Development:	Support convenings of broad-based health leadership, community advocates and the general public
Capacity Building:	Support community-based, safety net provider organizations' effort to build their clinical and administrative capacity as well as cultural competence
Public Awareness/Education:	Support systematic efforts (i.e. public opinion polls) to deepen statewide public awareness about health disparities and their economic and social implications.

Addressing Health Disparities

Key Grantmaking Results

- Develop Georgia-specific, information that illuminates specific actions necessary to eliminate high disparity conditions at the community-level.
- Shift health professionals' perspective from healthcare services to a sharper focus on strategies that enhance community decision-making and involvement.
- Educate the general public (i.e. key stakeholders and constituents) about health disparities and their impact.