PREFACE

This book owes its origins to my experience of founding and directing an interdisciplinary health policy research institute at Northern Arizona University between 2008 and 2015. The institute brought together anthropologists, biologists, health scientists, hospital administrators, insurance executives, medical faculty, physicians, political scientists, psychologists, state legislators, public health officials, social workers, and many others. Amazingly, I never had to recruit any of them. Once word got out that we were working across disciplinary boundaries, dozens of talented people called, wanting to be involved. Every one of them was special. Each intuitively understood that no matter how great their individual achievements, large-scale solutions would require collaboration with others from across the health system—that health encompasses all dimensions of life and is therefore inescapably interdisciplinary. And that because of our incessant efforts to partition expertise into ever-more specialized fields we are losing sight of the big picture that is imperative to wise policy making.

As the director I had the privilege of participating in many institute projects and events. Two of them were especially formative to this book's emphasis on the social determinants of health and the potential for state action to improve them. In 2012, the public health researchers Priscilla Sanderson and Nicky Teufel-Shone won a large, multiyear grant from the National Institutes of Health to create the Center for American Indian Resilience (CAIR). Priscilla asked me to chair the executive advisory board, a group of eminent Native American leaders and health experts. Never before in my life has it been clearer to me that I should listen and that I should talk only when necessary. Native American leaders understand like no one else that health is about community. Unlike some of my other institute meetings where physicians were present, Navajo, Hopi or Tohono O'odham doctors never arrogated for themselves an outsized role in the struggle against serious health conditions. They spoke with expertise about medical matters yet yielded to others on the equal importance of poverty, racism, and the absence of opportunity. I came away from every CAIR board meeting with a deeper appreciation of the social determinants of health and a resolve to bring those understandings to my own research.

The institute also held health policy roundtables for the stakeholders of Arizona's health system. We modeled these annual events on the Aspen Institute Seminar. Participants agreed in advance to ground rules that included confidentiality, empathetic listening, and the objective of finding common ground. By far, the deepest policy division of the time was whether Arizona should expand its Medicaid program under the 2010 Affordable Care Act. With a Republican governor and Republican majorities in control of both houses of the state legislature it seemed unlikely that Arizona would go along with Obamacare. Our roundtables included the state's Medicaid director and the governor's health policy advisor. Also in attendance were Democratic and Republican state legislators, rural hospital CEOs, insurance executives, large hospital CMOs, physicians, researchers, county health directors, and others; we capped attendance at thirty-two. In facilitating the roundtables, I was surprised to learn that today's health politics resemble those of the nineteenth and early twentieth centuries. Ideological and partisan divides are important, but they are joined by many other concerns. In June 2013, Arizona governor Jan Brewer worked with Democratic lawmakers and a few moderate Republicans to defeat her own party's legislative majorities to expand Arizona

Medicaid under the Affordable Care Act. Her action extended health coverage to over three hundred thousand low-income workers and their children. When diverse stakeholders unite, they can influence state power in surprising ways. The following history recounts many such instances in hopes of illuminating the potential for future state action to improve the opportunity for all to live healthy lives.

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