



Communities in Action

Pathways to Health Equity

A community is the place where we live, work, and play. It's the bedrock of health; shaping lives and behaviors, and it's the foundation for achieving important goals and building a productive society. Many communities in the United States face significant challenges—such as high rates of poverty, high unemployment, and substandard school conditions. This lack of opportunity is particularly evident in the disparities that exist in health status and outcomes between different zip codes or census tracts.

To tackle the underlying conditions and root causes of health inequities, new partners in education, housing, public health, philanthropy, business, and beyond are joining forces with community members to promote health equity. The work done to improve high school graduation rates, or access to transit, or more affordable housing options also works to improve a community's health. So whether health is the ultimate goal or the means to an end, communities can benefit by pursuing health equity.

A report from the National Academies of Sciences, Engineering, and Medicine offers promising approaches and partners for promotion of health equity.

What is the role of local, state, and federal government?

A Key Partner: How Can Government #PromoteHealthEquity?

Communities operate within the context of governmental policies and programs that can affect local decisions relevant to health through laws and regulations, through the allocation of resources, and by shaping political will on issues and approaches. While communities have the agency to promote health equity, supportive policies and programs at the local, state, and federal levels of government are needed to facilitate action across sectors.

Policy Makers and Elected Officials

Local policy makers can assess programs, initiatives, policies, and funding allocations for their potential to create or increase health inequities in their communities.

Policy decisions can have untoward effects that create conditions that contribute to health inequity. Policy makers can include elected officials at all levels of government (e.g., city council members, state legislators, or governors) and other staff of various municipal agencies or departments.

Public Health Agencies

Public health agencies can play a convening or supporting role with local community coalitions to advance health equity.

Because of existing relationships, public health may be a natural convener of health equity stakeholders. Public health agencies also have the unique ability to: use population-based health data to identify health priorities and disparities; inform and mobilize community stakeholders; and evaluate and monitor the health effects of new policies or programs.

Law Enforcement

Local law enforcement can focus on building trust between agencies and their communities.

The President's Task Force on 21st Century Policing highlighted trust as the cornerstone for just and efficient law enforcement and community safety. Public safety is an important determinant of health and health equity, particularly at the community level.

Examples of Action

Minneapolis Blueprint for Action to Prevent Youth Violence

Blueprint for Action is a community-driven, grassroots response to the issue of youth violence in Minneapolis, MN, which began with a call for governmental action by community members and stakeholders. The outcome was a coordinated and strategic plan to apply a public health approach to violence prevention through evidence-based strategies and by engaging multiple partners and stakeholders. Local government was a key partner in making this plan a success, including the mayor of Minneapolis and the city council, which passed a resolution declaring youth violence as a public health issue and created a steering committee for the strategic plan. Blueprint for Action created a youth congress, allowing a mechanism by which youth could influence decisions and policies on education, housing, safety, employment, transportation, and health. Since the inception of Blueprint for Action, over an 8-year period, the city of Minneapolis saw a 62 percent reduction in the number of youth gunshot victims.

National Partnership for Action to End Health Disparities

The National Partnership for Action to End Health Disparities (NPA) is an example of a multisector initiative spearheaded by the federal government to promote health equity. Federal leadership for NPA is provided by the Federal Interagency Health Equity Team, whose mission is to convene federal leaders to end health inequities by building capacity for equitable policies and programs, cultivating strategic partnerships, and sharing relevant models for action. The partnership includes leaders from the departments of agriculture, commerce, defense, education, housing and urban development, justice, labor, transportation, veterans affairs, and health and human services.

To learn more about health equity, visit nationalacademies.org/HealthEquityHub

Planning Agencies

Government agencies that support or conduct planning related to land use, housing, transportation, and other areas that affect populations at risk of inequities can take action.

Agencies can work to ensure robust and authentic community participation in policy development; collaborate with public health agencies and others to ensure a broad consideration of unintended consequences for health and well-being; highlight the co-benefits of considering health equity in the development of comprehensive plans; prioritize affordable housing, and implement strategies to mitigate and avoid displacement, and document outcomes.

Department of Education

The U.S. Department of Education can support states, localities, and their community partners with evidence and technical assistance on the impact of quality early childhood programs, interventions to reduce disparities in learning outcomes, and keys to successful school transitions.

Given the strong effects of educational attainment on health outcomes, providing federal assistance to improve early childhood education programs is likely to advance health equity.

Centers for Medicare & Medicaid Services (CMS)

CMS can research payment reforms that could spur accounting for social risk factors in the value-based payment programs it oversees.

As part of the Triple Aim approach, government payers and providers can expand policies aiming to improve the quality of care, improve population health, and control health care costs to include a specific focus on improving health for the most vulnerable and underserved.

Conclusion

Government is a key partner in promoting health equity in communities. Working to tackle violence, concentrated poverty, and school dropout rates can seem overwhelming to communities, but when actors in the community—residents, businesses, government at all levels, and other local institutions—work together across multiple sectors, communities gain the power to change the narrative and promote health equity through long-lasting, community-driven interventions.