

Communities in Action: Pathways to Health Equity

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The committee

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*Denotes committee members in attendance.

The Robert Wood Johnson Foundation asked the committee to:

Review the state of health disparities in the United States and explore the underlying conditions **and root causes** contributing to health inequity and the interdependent nature of the factors that create them.

Identify and examine a minimum of six examples of community-based solutions that address health inequities, drawing both from deliberate and indirect interventions or activities that promote equal opportunity for health, spanning health and non-health sectors accounting for the range of factors that contribute to health inequity in the US (e.g., systems of employment, public safety, housing, transportation, education).

Identify the major elements of effective or promising solutions and their key levers, policies, stakeholders, and other elements that are needed to be successful.

Recommend elements of short- or long-term strategies and solutions that communities may consider to expand opportunities to advance health equity.

Recommend key research needs to help identify and strengthen evidence-based solutions and other recommendations as viewed appropriate by the committee to **reduce health disparities and promote health equity**.

Committee process

-Hosted 3 information gathering meetings

- Received input from a broad range of invited speakers
- Open to the public

-Held 5 deliberative committee meetings

-Prepared nine chapter report

- Underwent external peer review by 14 expert reviewers, mirroring the committee's own expertise

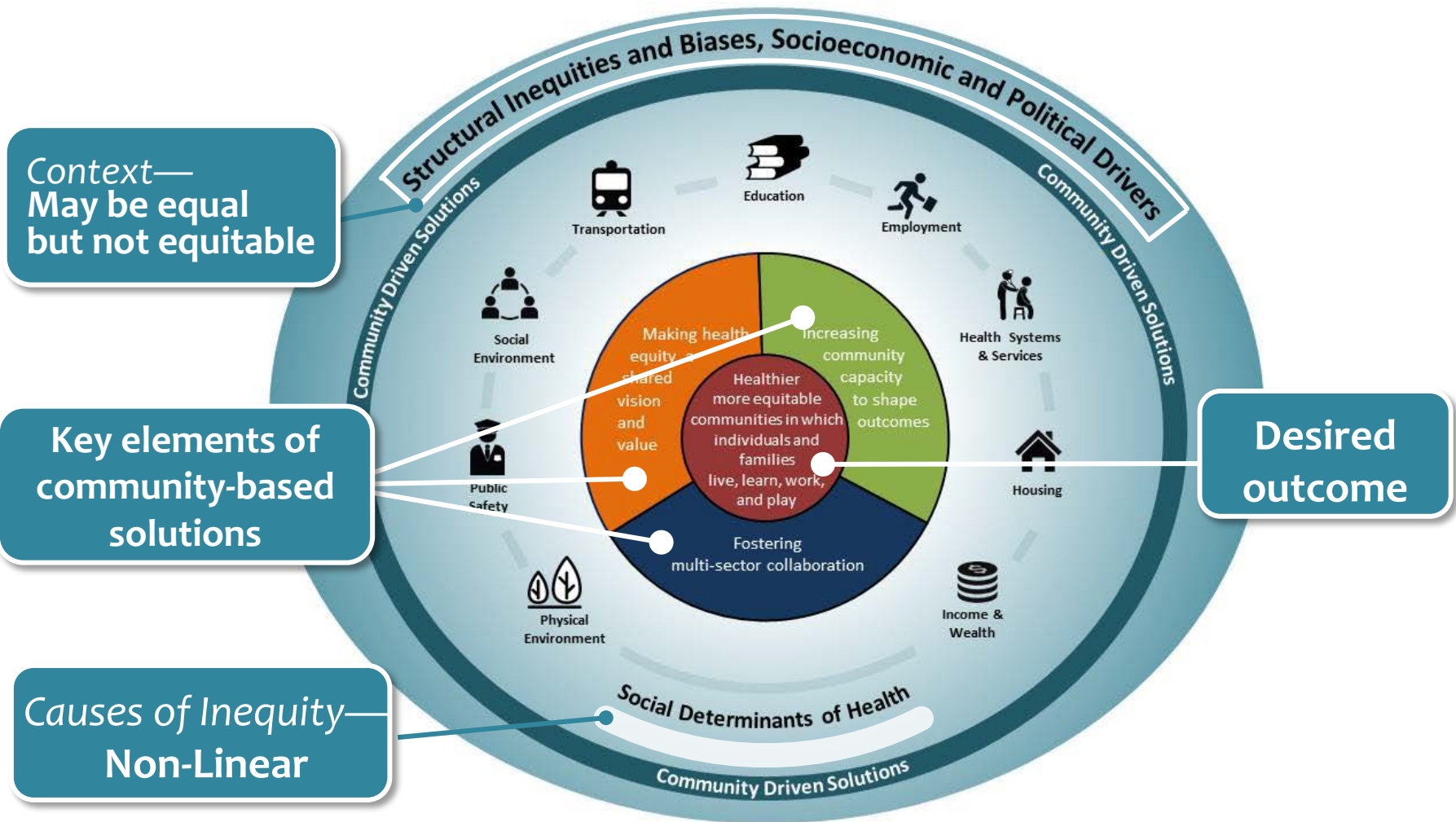


The report in brief

9 chapters, 15 recommendations

- A. Health equity is crucial for the wellbeing and vibrancy of communities. *Chapter 1 & 2*
- B. Health is a product of multiple determinants. *Chapter 3*
- C. Health inequities are in large part a result of poverty, structural racism, and discrimination. *Chapter 3*
- D. Communities have agency to promote health equity. *Chapters 4 & 5*
- E. Supportive public and private policies (at all levels) and programs facilitate community action. *Chapter 6*
- F. The collaboration and engagement of new and diverse (multi-sector) partners is essential to promoting health equity. *Chapter 7*
- G. Tools and other resources exist to translate knowledge into action to promote health equity. *Chapter 8*

Report conceptual model



Preface

Our founders wrote, that all people are created equal
with the right to

“life, liberty and the pursuit of happiness.”

Equality and equal opportunity are deeply rooted in
our national values, wherein everyone has a fair shot
to succeed with
hard work.

Health inequities in the U.S.

Infant mortality rates, 2013 select examples

Race/Ethnicity	Infant Mortality Rate (per 1,000 live births)
African Americans	11.1
Native Americans	7.61
Puerto Ricans	5.93
Whites*	5.06

SOURCE: Mathews et al., 2015.

*In 2012, IMR was 7.6 per 1,000 for white infants in the Appalachian region.

Children's Defense Fund, 2016

Note: Infant mortality is one of the indicators of overall health

Health inequities in the U.S.

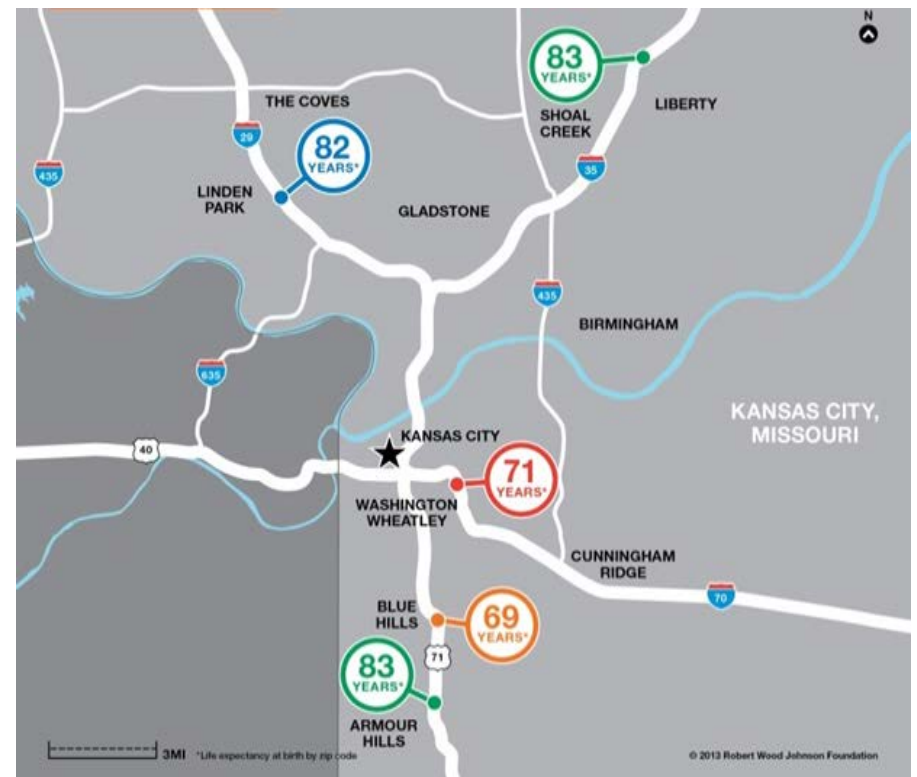
Disparities in life expectancy have increased alongside the rise in income inequality.

- 2001-2014, life expectancy for top 5 percent of income earners rose by 3 years, while the bottom 5 percent saw no increase.
- Gap in life expectancy between richest 1 percent and the poorest 1 percent:
 - 14.6 years for men
 - 10.1 years for women

(Chetty et al., 2016)

Health inequities in the U.S.

Geography Matters



Life expectancy disparities in New Orleans, LA and Kansas City, MO
SOURCE: RWJF, 2013.

Note: Age adjusted death rates and life expectancy are indicators of overall health

Health inequities in the U.S.

Conclusion 1-1

Health disparities and health inequity have profound implications for the country's overall

health, economic vitality, and national security.

Addressing health inequity is a critical need that requires this issue to be among our nation's foremost priorities.

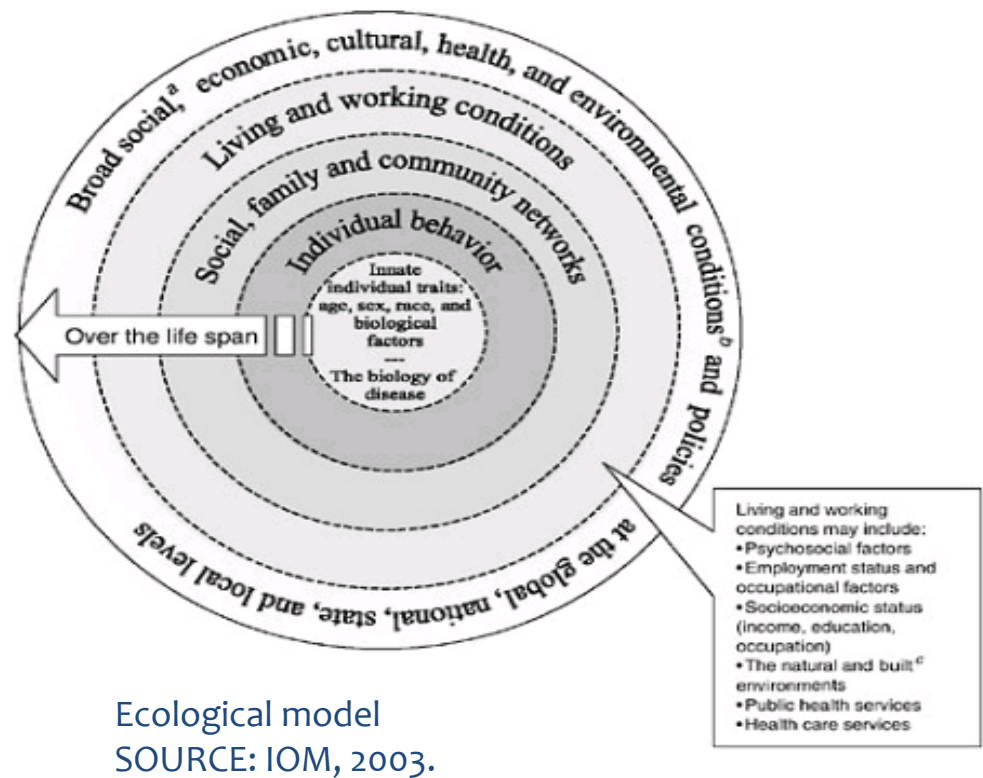
- The Urban Institute projects from 2009-2018:
Racial disparities in health cost approximately \$337 billion.
Reducing such disparities would save \$229 billion.
- **75% or 26 Million Americans (ages 17-24) cannot qualify to serve in the Military:** due to persistent health problems (*drugs, prescription and non prescription, poorly educated, convicted of a felony, obesity*).

Health inequities in the U.S.

Conclusion 3-2

The evidence is that health inequities are the result of more than individual choice or random occurrence.

They are the result of the **historic and ongoing interplay of inequitable structures, policies, and norms** that shape lives.







Understanding health inequities

Recommendations 3-1 & 3-2







Funders should support:

- (a) **health disparities research** re: the multiple effects of structural racism and implicit/explicit bias across different categories of marginalized status on health and health care delivery
- (b) **strategies to mitigate the effects** of explicit and implicit bias
- (c) **multidisciplinary research teams** that include non-academics to:
 - (1) understand the cognitive and affective processes of implicit bias and
 - (2) test and learn from interventions that disrupt and change these processes toward sustainable solutions

Communities promoting health equity

Name <i>Location</i>	Primary Social Determinant(s) of Health Targeted, Data on outcomes *
<p>Blueprint for Action <i>Minneapolis, MN</i></p> 	<p>Public safety 2007 -2015 Preventing youth violence: Results = Reductions reported 62% in youth gunshot victims; 36% youth victim crimes; 76% youth arrest with guns</p>
<p>Delta Health Center <i>Mound Bayou, MS</i></p> 	<p>Health systems and services From 2013 -2015 Low birth weight babies decreased from 20.7% to 3.8%</p>
<p>Dudley Street Neighborhood Initiative <i>Boston, MA</i></p> 	<p>Physical environment 2014 -2015 % HS students at or above grade level : Math from 36% to 63% Graduation Rate 51% to 82% Percent enrolled in college 48% to 69%</p>
<p>Eastside Promise Neighborhood <i>San Antonio, TX</i></p> 	<p>Education Child care available 80% to 100% Work with others to improve neighborhood 58% to 83% Safe places for Kids 48% to 67%</p>

Communities promoting health equity

Name <i>Location</i>	Primary Social Determinant(s) of Health Targeted, Data on outcomes*
Indianapolis Congregation Action Network <i>Indianapolis, IN</i> 	Employment; Public safety 76% more civic duty than avg. resident Reduction in incarceration and increased jobs
Magnolia Community Initiative <i>Los Angeles, CA</i> 	Social environment 2016 57% children 0-5 had access to place vs ER 78% graduated from H.S. ; 45% College 75.7% report feeling safe, to and from school
Mandela Marketplace <i>Oakland, CA</i> 	Physical environment 641,000 lbs. of produce; 76%  consumption \$5.5 M new revenue; 26 + job ownership opportunities---sustainability
People United for Sustainable Housing <i>Buffalo, NY</i> 	Housing Regional mapping process: # of employed workers, # housing units for redeveloped, carbon emission reduction; utility bills
WE ACT for Environmental Justice <i>Harlem, NY</i> 	Physical environment New policies around air quality, use of harmful chemicals, pesticides, flame retardants

Communities promoting health equity



Bryant market mural, 2011, community mosaic project designed by Sharra Frank.
Blueprint for Action, Minneapolis, MN.



Two of WE ACT's rallying in 1988 to protest the North River Sewage Treatment Plant.
WE ACT, West Harlem, NY.

Guiding principles for communities

- **Leverage existing efforts** whenever possible
- Adopt strategies for authentic **community engagement, ownership, involvement,** and **input**
- **Nurture** the next generation of leadership
- Foster **flexibility, creativity,** and **resilience** where possible
- Seriously consider **non-traditional** community partners
- Commit to **results,** systematic **learning,** cross-boundary **collaboration, capacity** building, and **sustainability**
- **Partner** with public health agencies

Using evidence to drive action

Recommendation 4-1

A public–private consortium should create a publicly available repository of **evidence** and provide **technical assistance** to inform and guide efforts to promote health equity at the community level.

The report provides existing models and examples.

Policies to support community solutions

Recommendation 6-1

All government agencies involved in planning related to land use, housing, transportation, and other important areas should:

- Add requirements to outreach processes to ensure robust and authentic community participation in policy development.
- Collaborate with public health agencies to ensure 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.



Policies to support community solutions

Recommendation 6-3

To support schools in collecting data on student and community health, tax exempt hospitals and health systems and public health agencies should:

- Make schools aware of existing health needs assessments to leverage the current data collection and analyses.
- Assist schools and districts in identifying and accessing data on key health indicators that should inform school needs assessments and any related school improvement plans.

Policies to support community solutions

Recommendation 6-4

Hospitals and health care systems should focus their community benefit dollars to pursue long-term strategies to

- build healthier neighborhoods
- expand access to housing
- drive economic development and
- advance other upstream initiatives aimed at eradicating the root causes of poor health.



Policies to support community solutions

Conclusions 6-1 & 6-2

Civil rights approaches have helped mitigate the negative impacts of many forms of social and health discrimination. Continuing this work is needed to overcome discrimination and the structural barriers that affect health.

Using civil rights approaches in community solutions to promote health equity can guard against unjustified and unnecessary discriminatory impacts in programs that affect health.

Partners in promoting health equity

Recommendation 7-1

Foundations and other funders should support community interventions to promote health equity by:

- Supporting community organizing around important social determinants of health;
- Supporting community capacity building;
- Supporting education, compliance, and enforcement related to civil rights laws; and
- Prioritizing health equity and equity in the social determinants of health through investments in low-income and minority communities.

Partners in promoting health equity

Recommendation 7-3

Anchor institutions* should make expanding opportunities in their community a strategic priority. This should be done by:

- Addressing multiple determinants of health on which anchors can have a direct impact or through multi-sector collaboration; and
- Assessing the negative and positive impacts of anchor institutions in their communities and how negative impacts may be mitigated.

*Anchor institutions include health care organizations, universities, and businesses based in a communities, employing residents, etc.



Partners in promoting health equity

Recommendation 7-4

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



Partners in promoting health equity

Recommendation 7-7

The committee recommends that key federal efforts, such as the Community Solutions Council, that are intended to support communities in addressing major challenges, consider integrating health equity as a focus.

Thank you!



Questions?

For the full report, slides, and related resources, visit nationalacademies.org/promotehealthequity

Additional Recommendations

6-2: State departments of education should provide guidance to schools on how to conduct assessments of student health needs and of the school health and wellness environment. This guidance should outline a process by which schools can identify model needs assessments, including those with a focus on student health and wellness.

6-5: Government and non-government payers and providers should expand policies aiming to improve the quality of care, improve population health, and control health care costs to include a specific focus on improving population health for the most vulnerable and underserved. As one strategy to support a focus on health disparities, the Centers for Medicare & Medicaid Services could undertake research on payment reforms that could spur accounting for social risk factors in value-based payment programs it oversees.

7-5: The committee recommends that public health agencies and other health sector organizations build internal capacity to effectively engage community development partners and to coordinate activities that address the social and economic determinants of health. They should also play a convening or supporting role with local community coalitions to advance health equity.

Additional Recommendations

7-2: To improve the knowledge base for informing and guiding communities—

- Research funders should support communities and their academic partners in the collection, analysis, and application of evidence from the experience of practitioners, leaders of community-based organizations, and from traditionally underrepresented participants who are typically left out of such partnerships.
- Universities, policy centers, and academic publications should modify current incentive structures to encourage and reward more research on the social distribution of risks and resources and the systematic generation and dissemination of the evidence needed to guide the complex, multi-faceted interventions that are most likely to reduce inequities in health outcomes.
- Academic programs should promote the development of and dialogue on theory, methods, and the training of students to create a more useful knowledge base in the next generation of researchers on how to design, implement, and evaluate place-based initiatives to improve community health.

7-6: Given the strong effects of educational attainment on health outcomes and their own focus on equity, the U.S. Department of Education Institute for Educational Science and other divisions in the department should support states, localities, and their community partners with evidence and technical assistance on the impact of quality early childhood education programs, on interventions that reduce disparities in learning outcomes, and on the keys to success in school transitions.