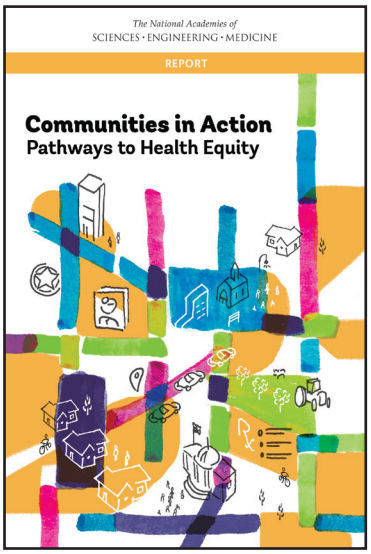
Report
HIGHLIGHTS

January 2017

Communities in Action

Pathways to Health Equity



Health equity is the state in which everyone has the chance to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or any other defined circumstance. Health equity is inextricably linked with opportunity. In the United States, the burden of disease and poor health and the benefits of well-being and good health are inequitably distributed. Although some aspects of a person's health status depend on individual behaviors and choice, health is also shaped by community-wide factors. Research shows that problems such as poverty, unemployment, low educational attainment, inadequate housing, lack of public transportation, exposure to violence, and neighborhood deterioration shape health and contribute to ongoing health inequities.

Amid national, state, and local-level policies, forces, and programs that may either enable or interfere with addressing conditions leading to health inequity, community action is a necessary and essential ingredient to enable promotion of health equity. With support from the Robert Wood Johnson Foundation, the National Academies of Sciences, Engineering, and Medicine convened an ad hoc, expert committee to identify solutions that could be developed and implemented at the local or community level to advance health equity. In the resulting report, *Communities in Action: Pathways to Health Equity,* the committee highlights promising community-based solutions in the context of: key levers, such as policies; key relationships, such as partnerships with other sectors; and other elements needed to be successful.

A *community-based solution* is an action, policy, program, or law that is driven by the community and its members to affect local factors that can influence health, and has the potential to promote health equity.

***Health inequities* are systematic differences in the opportunities groups have to achieve optimal health, leading to unfair and avoidable differences in health outcomes.**

WHY HEALTH EQUITY?

Health equity is crucial. Health equity is fundamental to the idea of living a good life and building a vibrant society because of its practical, economic, and civic implications. Promoting health equity could afford considerable economic, national security, social, and other benefits. Yet recent research demonstrates that worsening social, economic, and environmental factors are affecting the public's health in serious ways that compromise opportunity for all.

Health *in*equity is costly. Beyond significant costs in direct medical care expenditures, health inequity has consequences for the U.S. economy, national security, business viability, and public finances, considering the impact of poor health on one's ability to participate in the workforce, military service, or society. Addressing health inequities is a critical need that requires this issue to be among our nation's foremost priorities.

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COMMUNITIES IN ACTION

Health is a product of multiple determinants. The committee states that social, economic, environmental, and structural factors—and their unequal distribution—matter more than health care alone in shaping health disparities. Taking this view, the committee created a conceptual model depicting the context of structural inequities, socioeconomic and political drivers, and the determinants of health in which health inequities and community-driven solutions exist. (See figure on next page.)

While community-based interventions can be complex, there is evidence that suggests the effectiveness of community-level initiatives. The committee provides 9 examples of community-based solutions that address health inequities, taking into account the range of factors that contribute to health inequity in the United States, such as systems of employment, public safety, housing, transportation, education, and others. The 9 examples are community-driven, multi-sectoral, informed by evidence, and target a social, economic, or environmental determinant of health. As these examples illustrate, there are a number of cross-cutting elements that show promise for promoting health equity in communities, including: creating a shared vision and building trust in the community, leadership development, building a diverse network of partners through relationship building and mutual accountability, governing processes that include authentic community leadership, fostering creativity, leveraging resources, and training and commissioning technical expertise where necessary. To succeed, communities need evidence (from research), tools, and a broader context of supportive policy, resources, and political will that nurtures local efforts.

POLICY CONTEXT AND PARTNERS

The power of community actors is necessary and essential to promoting health equity, but it is not in itself sufficient. Communities operate in the context of federal and state policies that can affect local government decisions relevant to health through laws and regulations, through the allocation of resources, and by shaping political will on issues and approaches. For this reason, the committee recommends that all government agencies that conduct planning around land use, housing, transportation, and other areas that affect populations at high risk of health inequity should consider the intended and unintended health effects of all policies. Furthermore, the committee asserts the importance of authentic community engagement and community-driven collaboration.

Supportive public- and private-sector policies facilitate community action. Policymakers, from members of city councils to members of Congress, have the opportunity to lay the groundwork for community success, and the committee outlines six specific policy areas with high relevance to community-driven solutions that advance health equity: taxation and income inequality, housing and urban planning, education, civil rights, health, and criminal justice policy. Other sectors of society, from business to the education sector, can also play a role in creating supportive environments and engaging in authentic partnership with communities. The committee recommends concrete actions in many of these areas. (To read the full text of the committee's recommendations, please see the Recommendations document.)

Sustaining and elevating efforts across the government is important to help galvanize a national effort toward promoting health equity and to encourage ongoing, multi-sectoral community-driven efforts around the country.

HEALTH INEQUITY ARISES FROM ROOT CAUSES THAT COULD BE ORGANIZED IN TWO CLUSTERS:

1) **Intrapersonal, interpersonal, institutional, and systemic mechanisms** (also referred to as structural inequities) that organize the distribution of power and resources differentially across lines of race, gender, class, sexual orientation, gender expression, and other dimensions of individual and group identity.

2) **Unequal allocation of power and resources**—including goods, services, and societal attention—which manifests itself in unequal social, economic, and environmental conditions, also called the determinants of health.

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. Interventions targeting the above factors hold the greatest promise for promoting health equity.

RESEARCH NEEDS

While problems including unequal treatment in the health care system, implicit bias, and the need for increased cultural competence have been well-documented, more research is needed to inform the work of communities as well as health care organizations and other sectors across the social, economic, and environmental determinants of health.

Longer-term studies and better, more current, and more locally relevant data are needed to fully document and understand health inequities. Funding is needed to support research that studies the effects of—and effective strategies to address—the health-related harms of structural racism and implicit and explicit bias across categories of race, ethnicity, gender, disability status, age, sexual orientation, gender identity, and other marginalized statuses. Furthermore, more research is needed to understand the cognitive and affective processes of implicit bias, as well as the effectiveness of interventions to disrupt these processes.

The report also recommends that this and other related research should be publicly available via a centralized repository of evidence that could provide systematic, organized information to help inform and guide efforts to promote health equity at the community level.

CONCLUSION

System-level changes are needed to reduce poverty, eliminate structural racism, improve income equality, increase educational opportunity, and fix the laws and policies that perpetuate structural inequities. All actors in society—residents and community-based organizations, in partnership with businesses, state and local government, anchor and faith-based institutions—have the power to change the narrative and help promote health equity. This report highlights promising solutions to help create equal opportunity for health in communities, which is the foundation for health equity.

To read the full report, please visit nationalacademies.org/promotehealthequity.

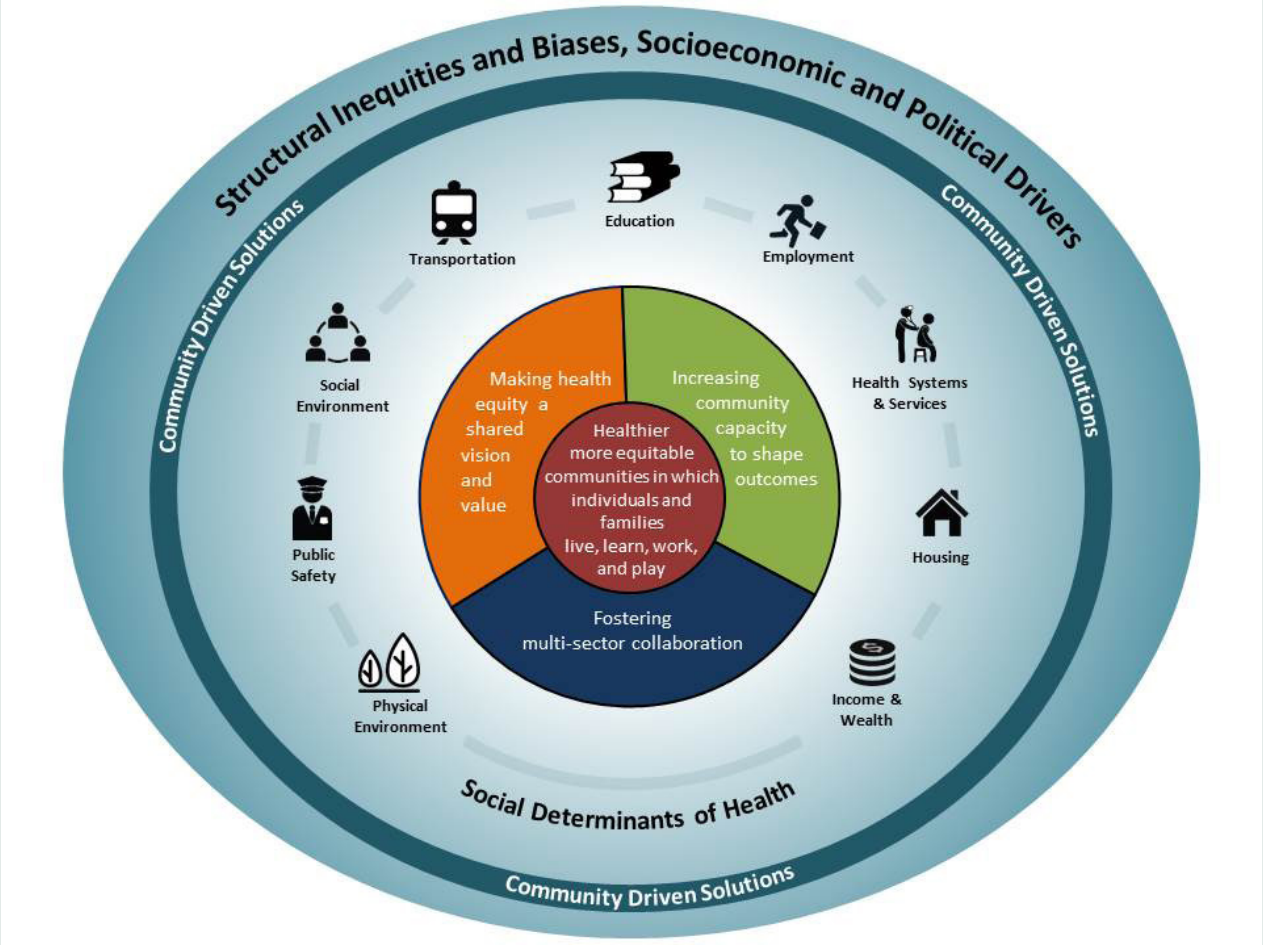

FIGURE **A conceptual model for community-based solutions to promote health equity**

Committee on Community-Based Solutions to Promote Health Equity in the United States

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