

NATIONAL
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Sciences
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Medicine

Communities in Action: Pathways to Health Equity

Report Released January 2017

#promotehealthequity

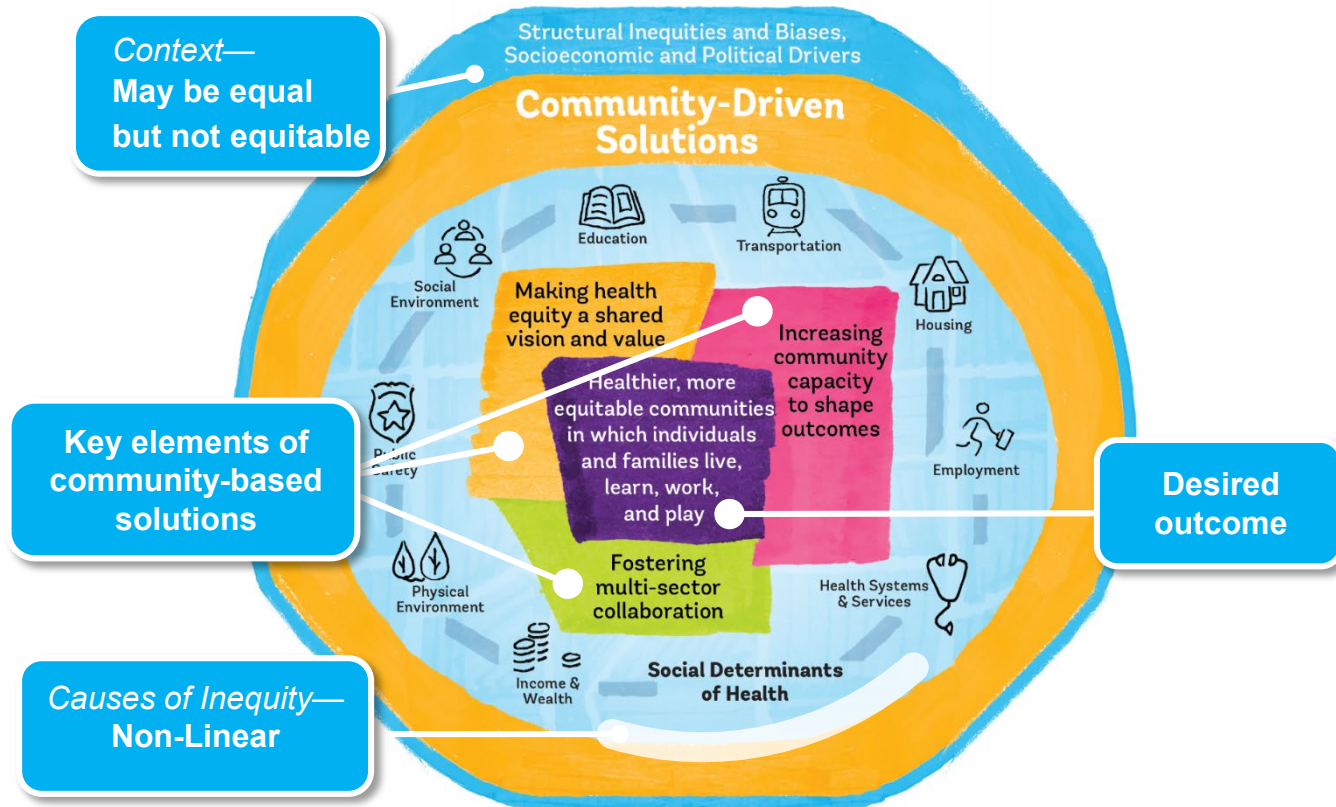
JUNE 28, 2022



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A Dynamic Conceptual model



Health inequities in the United States

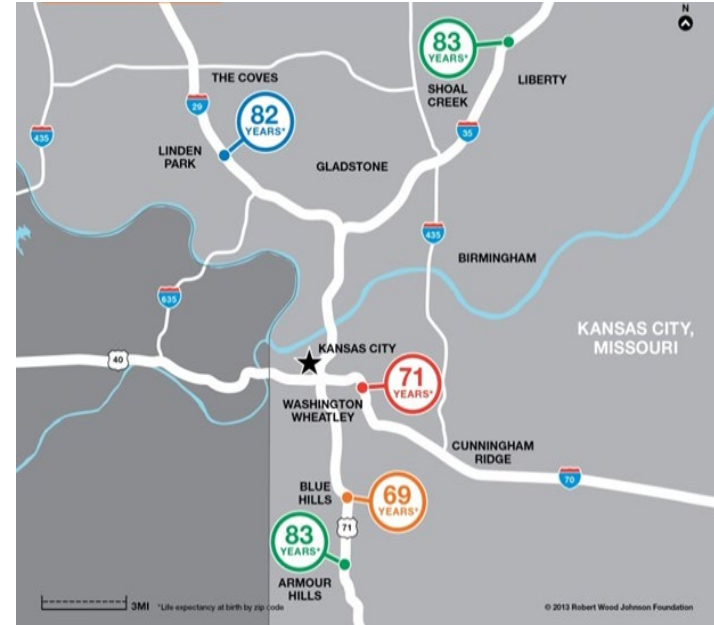
Infant mortality rates, 2019 select examples

Race/Ethnicity	Infant Mortality Rate (per 1,000 live births)
Black or African American	10.6
Native Hawaiian or other Pacific Islander	8.2
American Indian/Alaska Native	7.9
Hispanic or Latino	5.0
Non-Hispanic White	4.5
Asian	3.4

SOURCE: CDC, 2022

Health inequities in the United States

Geography matters



Life expectancy disparities in New Orleans, LA and Kansas City, MO

SOURCE: RWJF, 2013

Life expectancy in Tennessee



Health inequities in the United States

Conclusion(s)

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.

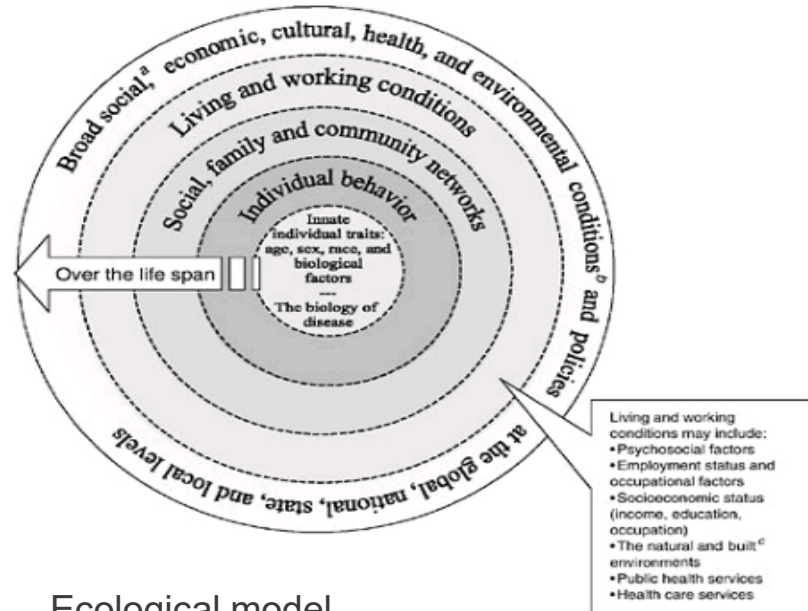
- The Urban Institute projects from 2009-2018:
Racial disparities in health cost approximately \$337 billion.
Reducing such disparities would save \$229 billion.
- **75% or 26 Million Americans (ages 17-24) cannot qualify to serve in the Military:** due to persistent health problems (drugs, prescription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

Root causes of health inequities

Conclusion

The evidence shows 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.



Ecological model

SOURCE: IOM, 2003.



Thank you!

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

*For the new report hub, visit
<http://www.nationalacademies.org/healthequityhub>.*

*Contact:
Amy Geller, Study Director, ageller@nas.edu*

What does health equity mean?

Health equity is the state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.

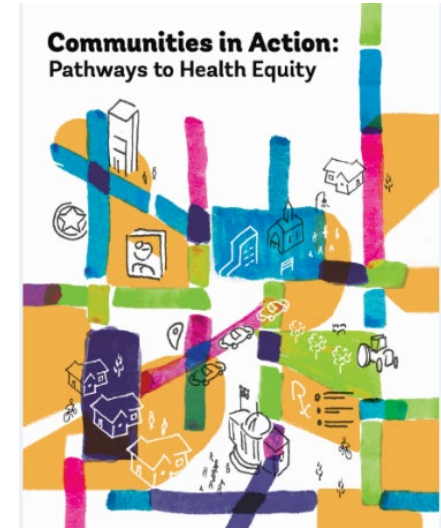
Promoting health equity means creating the conditions where individuals and communities have what they need to enjoy full, healthy lives.

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.



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 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 comprehensive plans.
- Prioritize affordable housing and implement strategies to mitigate and avoid displacement and document outcomes.



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.

What can public health do?

public health

Communities in Action

Pathways to Health Equity
The Role of State and Local Public Health

Communities in Action: Pathways to Health Equity

Addressing health inequities will mean intentionally investing in resources and support in the communities and populations with the greatest need. This approach is not new to public health agencies accustomed to using infectious disease data to guide their investments in prevention and treatment measures to the people and communities at highest risk. Many public health agencies are working to address the full range of factors that shape health outcomes, including education, transportation, housing, and employment opportunities, by working with traditional and novel partners that are primarily responsible for addressing these social and economic factors. Existing relationships with a large array of stakeholders make them well-positioned to advance health equity in the communities they serve.

How Can State and Local Public Health Agencies #PromoteHealthEquity?

By using population-based health data to identify health priorities and disparities; help mobilize groups to address those priorities; and evaluate and monitor the health effects of new policies and changes to the built environment.

- ✓ **Access nontraditional data sources and share data.**
 - Nontraditional data sources on the social determinants of health, like high school graduation rates, poverty levels, affordable housing availability, median family income, unemployment rates, and limited English proficiency could be considered core public health data.
 - To support schools in collecting data on student and community health, public health agencies can make schools aware of existing health needs assessments to help them leverage current data collection and analysis. They could also help schools and school districts in identifying and accessing data on key health indicators to inform school needs assessments and improvement plans.
- ✓ **Improve engagement with community development partners.**

Public health agencies and other health organizations could:

 - Build internal capacity to effectively engage community development partners and to coordinate activities that address the social and economic determinants of health.
 - Play a convening or supporting role with local community coalitions to advance health equity.
 - Hire staff who have community development knowledge and experience.
 - Tap into the expertise of community development organizations and community development financing institutions when creating their community health plans.
- ✓ **Encourage braided funding streams to create new ways to provide services.** Creating new ways to provide services is achievable through restructuring how funding is allocated toward improving conditions related to the social determinants of health. Funding streams to remediate problems like lead poisoning, poor housing conditions that exacerbate asthma, and physical risk from poor housing structures can be complicated to apply for and may require several funding sources and applications.
- ✓ **Public health agencies can act as conveners of and/or partners with other health equity stakeholders.** Public health agencies can be the natural conveners of health equity stakeholders including health care systems, community organizations, and health insurance companies. Because they have the data needed to link nontraditional partners' work and interests to health and to share with them evidence-based approaches, public health agencies can also be partners with and/or conveners of community development organizations, faith-based organizations, businesses, and other governmental agencies (e.g., transportation, housing, education).

- Access nontraditional data sources and share data
- Encourage braided funding streams to create new ways to provide services
- Improve engagement with community development partners
- Public health agencies can act as conveners of and/or partners with other health equity stakeholders.

Communities promoting health equity

Name Location	Primary Social Determinant(s) of Health Targeted, Data on outcomes *
<p>Blueprint for Action Minneapolis, MN</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 Mound Bayou, MS</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 Boston, MA</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 San Antonio, TX</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 Location	Primary Social Determinant(s) of Health Targeted, Data on outcomes*
Indianapolis Congregation Action Network Indianapolis, IN	Employment; Public safety 76% more civic duty than avg. resident Reduction in incarceration and increased jobs
Magnolia Community Initiative Los Angeles, CA	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 Oakland, CA	Physical environment 641,000 lbs. of produce; 76% consumption \$5.5 M new revenue; 26 + job ownership opportunities---sustainability
People United for Sustainable Housing Buffalo, NY	Housing Regional mapping process: # of employed workers, # housing units for redeveloped, carbon emission reduction; utility bills
WE ACT for Environmental Justice Harlem, NY	Physical environment New policies around air quality, use of harmful chemicals, pesticides, flame retardants

Pathways to Health Equity

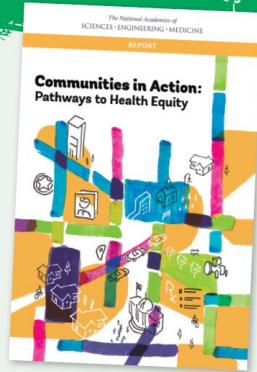


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Click on the tabs above to get started.



The National Academies of
SCIENCES • ENGINEERING • MEDICINE

What You Can Do



The systemic root causes of health inequities in this country can seem overwhelming to local communities who tackle unemployment, concentrated poverty, and school dropout rates. Yet when people from multiple sectors together, communities have the power to change the narrative.

Click any button below to learn more about what that sector can do to promote health equity.

COMMUNITIES

GOVERNMENT

Local Government

State Government

Schools and State DOEs

Civil Rights

State and Local Public Health

OTHER COMMUNITY-BASED PARTNERS

Land Use & Housing

Transportation

Faith-Based Organizations

Researchers

FINANCE

Foundations

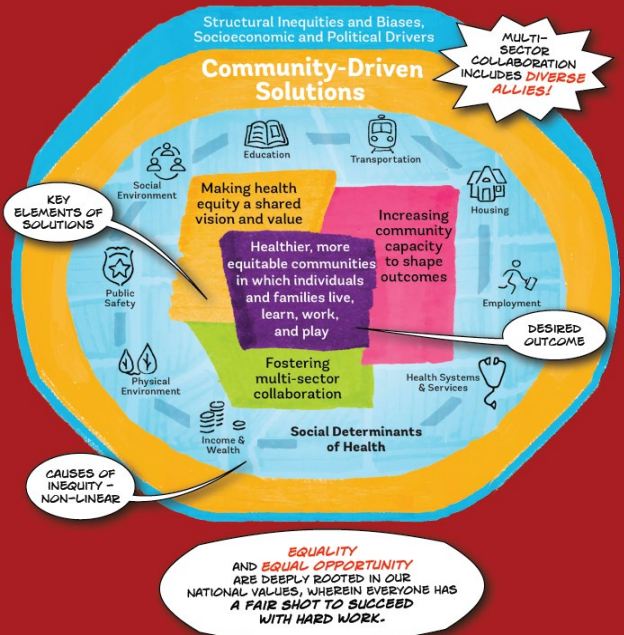
Businesses

ANCHOR INSTITUTIONS

Hospitals and Health Care Systems

Academic Institutions

THE CONCEPTUAL MODEL...



Communities in Action

Pathways to Health Equity

Opportunities for the Business Sector

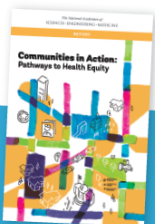


When it comes to important health metrics, your zip code may matter more than your genetic code.

Communities in Action

Pathways to Health Equity
Opportunities for the Business Sector

business



When it comes to important health metrics, your zip code may matter more than your genetic code. For example:

- life expectancy in the U.S. can vary by 15 years, depending on income level, education, and where a person lives.
- while the mortality rate for non-Hispanic white babies is 5 in every 1,000, that rate jumps to 11 in every 1,000 for African Americans.
- rates of serious conditions like obesity, heart disease, cancer, and stroke are substantially higher in the poorest parts of the country.

Disparities like these stem from systems and structures that make it a lot harder for poor people to live healthy lives. Health inequities are a problem for us all, adversely

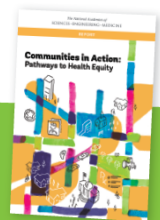


A healthy workforce
is a prerequisite to
a thriving economy.

Communities in Action

Pathways to Health Equity
Exploring the Root Causes of Health Inequity

root causes



Our nation's well-being depends in part on the well-being of its communities. Yet many communities are facing the challenges of insufficient access to jobs, healthy food options, safe and affordable housing, parks and open space—the needed conditions to fully thrive. This lack of equitable opportunity gives rise to the disparities that exist in health status and health outcomes between different areas of our country.

Health equity is when everyone has the opportunity to attain full health potential. Health inequities stem from structural inequities, the systemic disadvantage of one social group compared to other groups. Structural inequities are deeply embedded in the fabric of society, encompassing policy, law, governance, and culture. Health inequities are in large part a result of historic and ongoing poverty, structural racism, and discrimination. Yet these inequities can be mitigated by policies and community action in powerful ways. A report from the National Academies of Sciences, Engineering, and Medicine offers promising approaches for promotion of health equity. **What are the root causes of health inequity?**

Where Does Health Inequity Come From?

What's at Stake?