

# Communities in Action: Pathways to Health Equity

May 5, 2017

*#PromoteHealthEquity*

**Community Driven**

# The committee

- James Weinstein (chair)
- Hortensia de los Angeles Amaro
- Elizabeth Baca
- B. Ned Calonge
- Bechara Choucair
- Alison Evans Cuellar
- Robert Dugger
- Chandra Ford
- Robert García
- Helene Gayle
- Andrew Grant-Thomas
- Sister Carol Keehan
- Christopher Lyons
- Kent McGuire
- Julie Morita
- Tia Powell
- Lisbeth Schorr
- Nick Tilsen
- William Wyman

## 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.

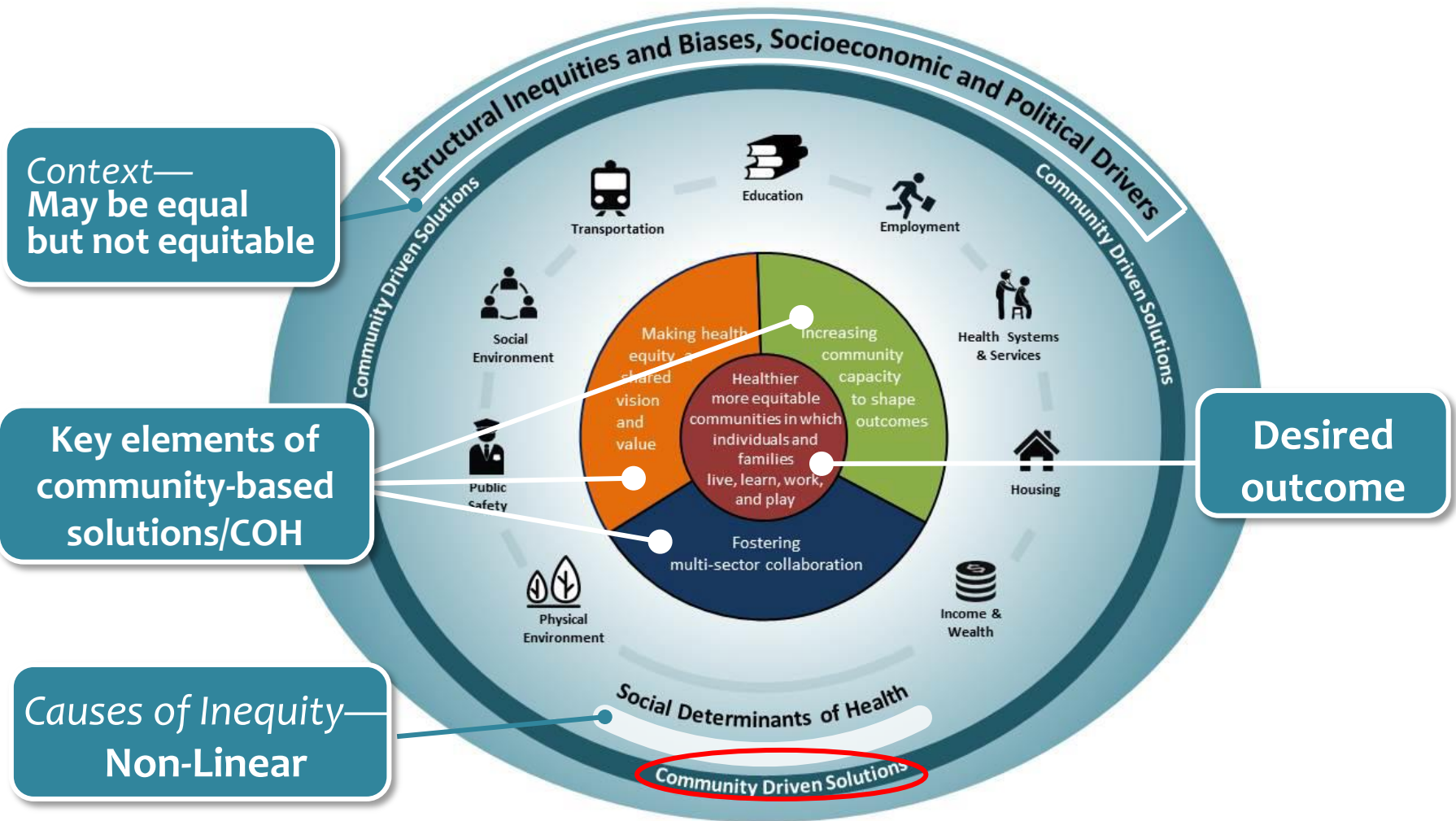
**Recommend key research needs** to help identify and strengthen evidence-based solutions and other recommendations as viewed appropriate by the committee to **reduce health disparities and promote health equity**.

# 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





# Vital Directions for Health and Health Care

## Priorities From a National Academy of Medicine Initiative

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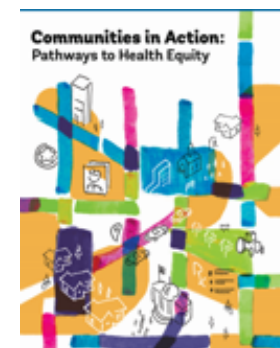
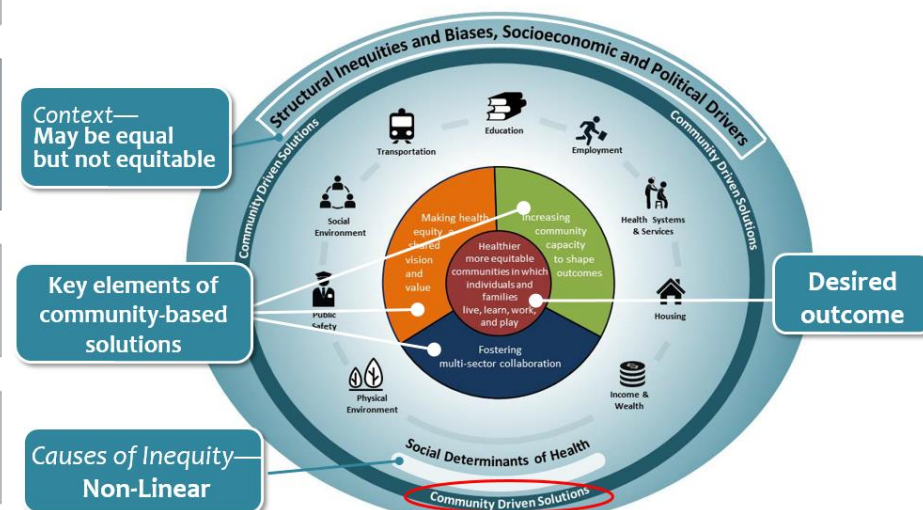


Figure 3. Vital Directions Framework



Achieving the vision of the Vital Directions for Health and Health Care requires focusing on 3 core goals—better health and well-being, high-value health care, and strong science and technology—and pursuing the action priorities and infrastructure needs required for their achievement.

## 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

*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*).





# Understanding health inequities

## Recommendations







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

# Communities promoting health equity

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



# 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

Communities are able to take action on the factors that shape health.

But they can't do it alone.

Community-based solutions rely on multi-sectoral collaborations ensuring varied approaches to improving community health equity and well-being.

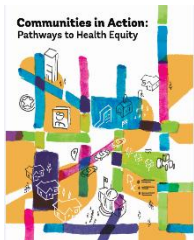
# Using evidence to drive action

## Recommendation

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.

# Partners in promoting health equity



Top 1%  
21.4 % of pop ~ (\$88K per yr.)  
Disproportionately socially disadvantaged  
Bundled Payment initiative

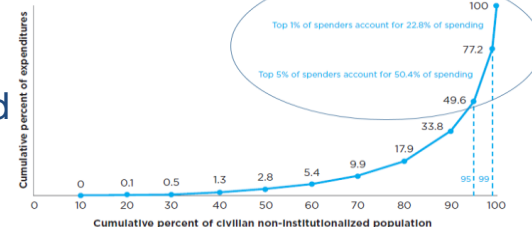
Vital Directions

## Recommendation

- Government/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.
- 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.

Vital Directions for Health and Health Care  
Priorities from a National Academy of Medicine Initiative

March 21 2017



## Vital Directions for Health and Health Care

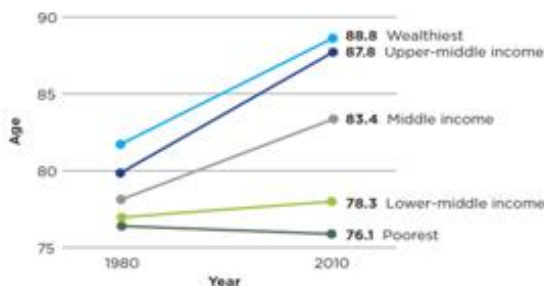


Figure 1 | Widening inequality in life expectancy for men in the United States  
SOURCE: Data from NASEM, 2015.

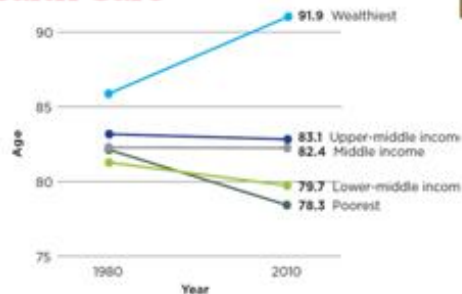


Figure 2 | Widening inequality in life expectancy for women in the United States  
SOURCE: Data from NASEM, 2015.

## USA Spending on Healthcare IS NOT Performance-Based and IS NOT Correlated to Longer Life Expectancy



The National Academies of

SCIENCES • ENGINEERING • MEDICINE

# Partners in promoting health equity

## Recommendation

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.



# Policies to support community solutions

## Recommendation

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







# Vital Directions for Health and Health Care

## Community Driven !



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.**

*For the full report, slides, and related resources, visit*  
[nationalacademies.org/promotehealthequity](https://nationalacademies.org/promotehealthequity)

*Contact: Amy Geller, Study Director, [ageller@nas.edu](mailto:ageller@nas.edu)*

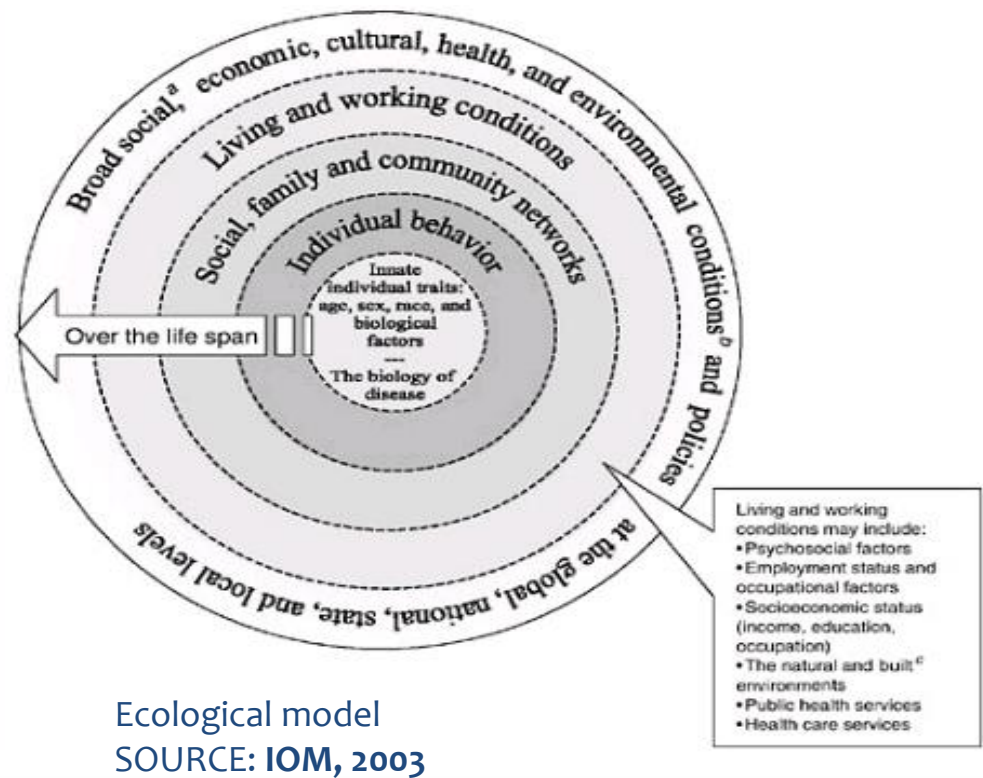
# Backup Slides

# Health inequities in the U.S.

## Conclusion

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.



# Partners in promoting health equity

## Recommendation

- Health sector organizations should 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.

