



NAM Culture of Health Program Webinar Series

Unpacking Social Determinants of Health and Health Equity

November 29, 2018



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About the Culture of Health Program

MISSION: *Identify strategies to create and sustain conditions that support equitable good health for all Americans.*

GOALS:

- 1 LEAD:** Build a solid knowledge base
- 2 TRANSLATE:** Bridge science to action
- 3 ENGAGE:** Strengthen capacity
- 4 SUSTAIN:** Transform culture and create a shared value system

Unpacking the terms

Social Determinants of Health: The conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of healthy, functioning, and quality-of-life outcomes and risks.

Health Equity: 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 circumstances





Webinar Objectives

- Discuss how public health officials and others working in communities conceptualize the terms social determinants of health and health equity and how this knowledge is applied to their work.
- Explore the Bay Area Regional Health Inequities Initiative's (BARHII) Framework for Reducing Health Inequities and the Initiative's approaches to working with partners to create healthy communities.
- Provide an overarching perspective of how communities are addressing the social determinants of health and health equity while highlighting the City Heights neighborhood of San Diego, California.





Presenters

Otho Kerr Partner, Encourage Capital, LLC

Renae Badruzzaman Program Manager, Health Equity Investments and Business Systems Integration, BARHII

Steve Eldred Senior Program Manager, The California Endowment



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Presenter Biographies



Otho Kerr is a partner with Encourage Capital, an investment firm that seeks to deploy capital to solve critical environmental and social problems. He co-founded the Institute for Youth Entrepreneurship in Harlem. He is currently an Ambassador for Health Equity, sponsored by RWJF.



Renae Badruzzaman is the Program Manager for Health Equity Investments and Business Systems Integration at BARHII. She brings over 8 years of health and human services experience promoting systems change. Prior to joining BARHII, Renae managed two healthcare systems change projects addressing health inequities.



Steve Eldred leads The California Endowment's Healthy Communities strategy for San Diego County City Heights neighborhood. It is a 10-year commitment to support fundamental policy and systems changes at local and state-levels to build healthy communities where children are healthy, safe, and ready to learn.



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Bay Area Regional Health Inequities Initiative

Renae Badruzzaman, MPH, Program Manager for Health Equity Investments

November 29, 2018



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MISSION STATEMENT

To transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.



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Health Inequities

“Health inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust.”*

**Margaret Whitehead: World Health Organization*

- These differences are sustained over time and generations, and are beyond the control of individuals.
- These differences follow the larger patterns of inequality that exist in society.



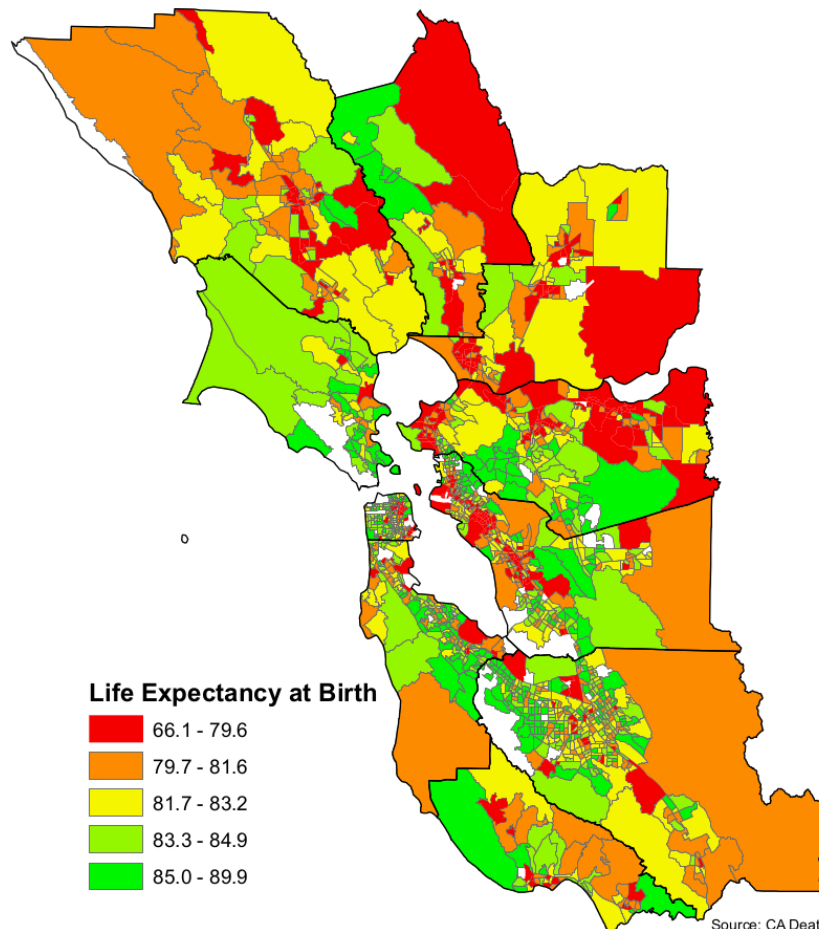
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Bay Area Life Expectancy by Census Tract



Source: CA Death Statistical Master Files, 2009-2011

Source: CA Death Statistical Master Files, 2009-2011



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ALTHOUGH DEATH RATES IN CALIFORNIA HAVE DECLINED, DISPARITIES PERSIST WITH AFRICAN AMERICANS HAVING HIGHER DEATH RATES THAN THOSE OF OTHER RACIAL/ETHNIC GROUPS

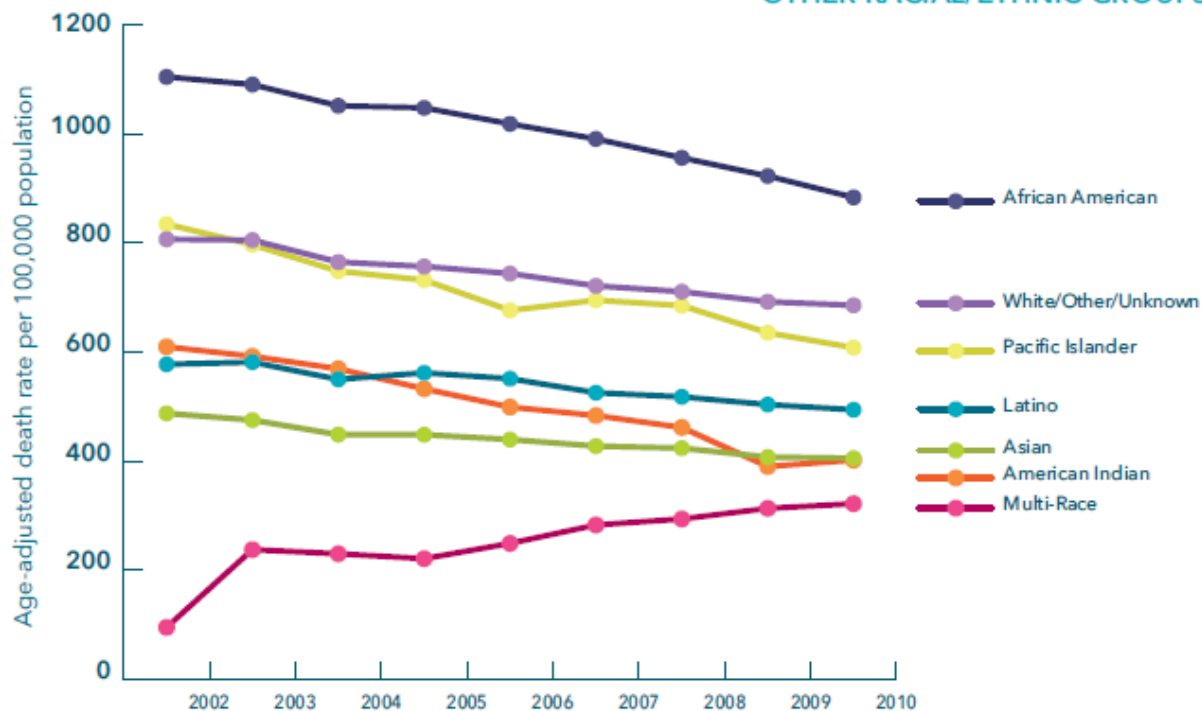


FIGURE 2: Death rates, by race/ethnicity, California, 2002 to 2010.

Source: California Department of Public Health, Death Records; and California Department of Finance, Race and Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, California, July 2007.

Note: Age-adjusted rates are calculated using year 2000 U.S. standard population.



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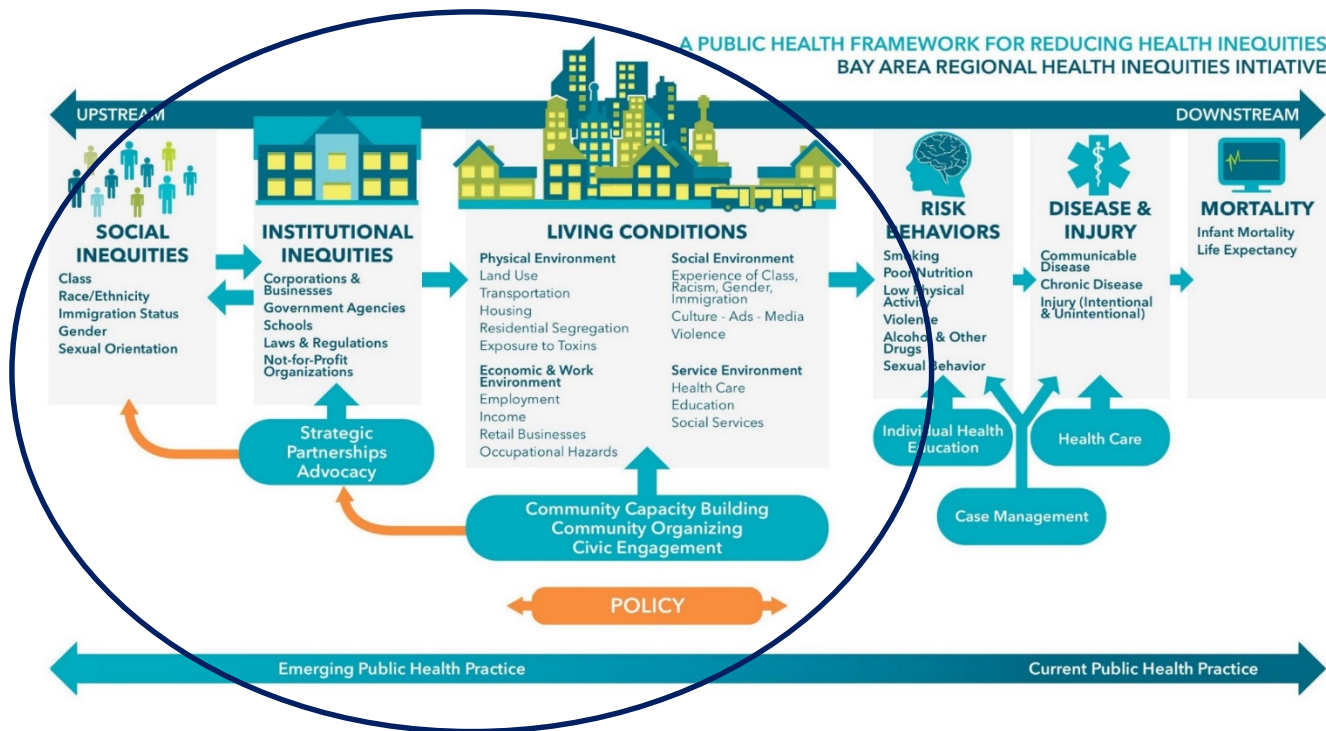


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BARHII Framework



BARHII and California Office of Health Equity



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Housing Affordability and Health Findings:

Research informed by Maternal and
Child Health Programs and Front
Line Staff

2017-2018



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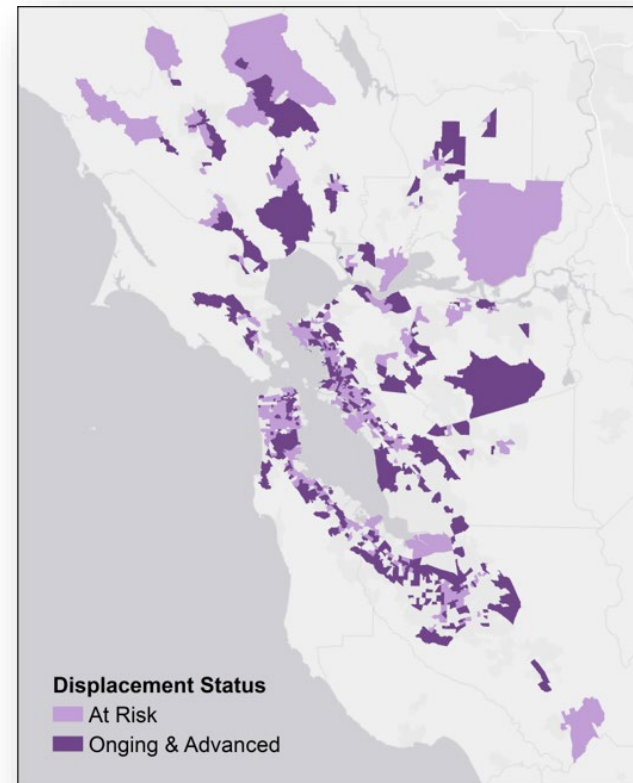
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Housing Affordability and Displacement in the Bay Area

TABLE 3. PERCENTAGE OF NEIGHBORHOODS EXPERIENCING GENTRIFICATION, DISPLACEMENT OR EXCLUSION, BY COUNTY.

| COUNTY | AT RISK | ONGOING OR ADVANCED |
|-----------------------|------------|---------------------|
| Alameda | 35% | 36% |
| Contra Costa | 24% | 18% |
| Marin | 22% | 25% |
| Napa | 28% | 28% |
| Sacramento | 35% | 23% |
| San Francisco | 35% | 47% |
| San Joaquin | 36% | 24% |
| San Mateo | 27% | 38% |
| Santa Clara | 22% | 37% |
| Santa Cruz | 33% | 31% |
| Solano | 18% | 16% |
| Sonoma | 20% | 24% |
| Yolo | 27% | 22% |
| BAY AREA TOTAL | 29% | 31% |

[Source: Urban Displacement Project analysis of 2017 Neighborhood Change Typologies]





Percent of Families Rent Burdened

TABLE 1. PERCENTAGE OF FAMILIES WITH CHILDREN UNDER FIVE PAYING MORE THAN 30% OF THEIR INCOME ON HOUSING, BY COUNTY.

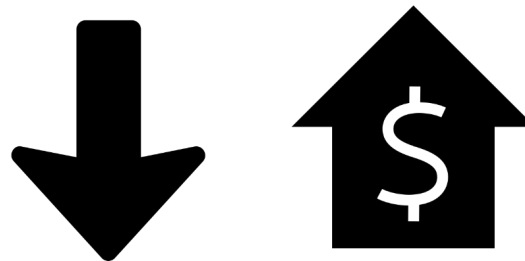
| COUNTY | TOTAL | WHITE | AFRICAN AMERICAN | ASIAN | HISPANIC/LATINX | ALL OTHER |
|-----------------------|------------|------------|------------------|------------|-----------------|------------|
| Alameda | 34% | 27% | 50% | 20% | 52% | 47% |
| Contra Costa | 38% | 30% | 61% | 30% | 45% | 38% |
| Marin | 34% | 21% | 78% | 64% | 51% | * |
| Napa | 46% | 21% | * | 47% | 74% | * |
| San Francisco | 26% | 11% | 70% | 30% | 58% | 20% |
| San Mateo | 30% | 22% | * | 27% | 50% | 18% |
| Santa Clara | 33% | 20% | 39% | 29% | 52% | 28% |
| Solano | 37% | 25% | 75% | 41% | 40% | 24% |
| Sonoma | 36% | 27% | 67% | 32% | 47% | 54% |
| BAY AREA TOTAL | 34% | 23% | 57% | 27% | 50% | 35% |

[Source: BARHII/Alameda County Analysis of 2016 PUMS data. * indicates insufficient data]





Housing Affordability Impacts Spending on Healthcare and Food



Low-Income Households that can comfortably afford housing are able to spend:



1/3rd more on Healthy Food



5x as much on Healthcare

Image Credit: Housing Cost by Arthur Shlain from the Noun Project; Healthy Food by Adrien Coquet from the Noun Project; Arrow by Adrien Coquet from the Noun Project; Medicine by UNICORN from the Noun Project;



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Housing Affordability Impacts on Families



2x more likely to be evicted

2x more likely to be in poor health

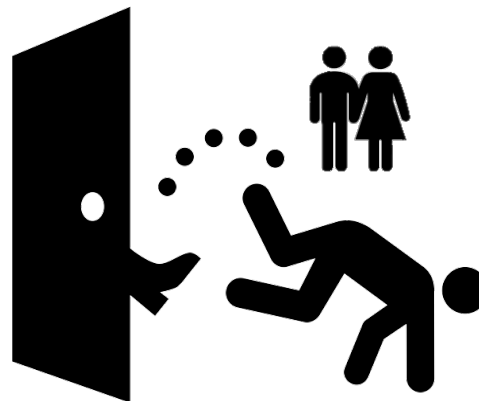


Image Credit: The Concord Pavilion



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Solutions That Prioritize Public Health First



Protection:

Goal: Protect more than 450,000 low-income renter households

How? \$400 million/year and adoption of incentives and requirements.



Preservation:

Goal: Take 25,550 homes occupied by and affordable to low-income renters off the speculative market, and preserve and improve 11,110 expiring deed-restricted units.

How: \$500 million/year for 10 years and adoption of incentives and requirements



Production:

Goal: Meet the region's need for 13,000 new affordable homes/year

How: \$1.4 billion/year and adoption of incentives and requirements



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“Prescription for a healthy Bay Area? Homes for all”

Open Forum: Taking a regional approach to homelessness presents the best path forward

By Keith Carson and Muntu Davis



Image Credit: SF Chronicle. “Prescription for a healthy Bay Area? Homes for all” <https://www.sfchronicle.com/opinion/openforum/article/RX-for-healthy-Bay-Area-homes-for-all-13031388.php>



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Rapid Response Survey:

Health Impacts of Federal Immigration Policy

May 2017



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Building Mental Health Resiliency with LHDs and Funders

- The right supports at the right time
 - Ensure families continue critical health services
 - Build capacity of staff and systems to provide trauma-informed, culturally, and linguistically appropriate services
 - Increase access to legal representation
 - Advocate for policies that protect immigrant communities
 - Deliver welcoming communications



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BARHII outcomes responding to changes in immigration policy

Conducted rapid response survey and interviews on health impacts due to changes in federal policies.

Developed an Interrupting Hate and Bias Training for health services workforce.

BARHII members requested support on developing welcoming communications for immigrant clients (DACA, public charge). Partnered with Berkley Media Studies Group.

BARHII members shared how they were preparing for changes to public charge rule. With BMSG support, staff developed model messages for LHD to adopt.

Key stakeholders in model policy development for SB54 – guidance on information sharing to keep public facilities safe





Data Into Action through 2018: Health Depts and Systems

- RFP developed for \$3.7 M in contracts to fill the gap in services (Alameda)
- \$3.5 M allocated for legal services and deportation defense (Santa Clara)
- Welcoming outreach and messaging (Napa)
- Funds for organizations for deportation defense and support (Solano)
- Dedicate Office of Diversity and Equity to leave overall efforts, communication, outreach (San Mateo)
- Training for staff on how to communicate about immigration, race, racism (Marin)
- Training for staff on how to provide resources/info to clients like KYR. Mental wellness and self-care support (Santa Clara)





BARHII Legislative Platform

- Bay Area Public Health Community's policy and priorities
- Models best practices for population health and health equity to impact SDoH
- Primary Policy Areas
 - Stable Housing
 - Equitable Economic Development and Financial Security
 - Climate Change and Environmental Justice
 - Immigration
 - Complete Neighborhoods
 - Human Rights, Democratic Inclusion, and Eliminating Historical Legacy of Discrimination
 - Inclusive and Safe Communities
- Emerging Policy Areas
 - Childcare, Early Childhood Development, and Family-Supportive Programs
 - Public Services, Healthcare, and Prevention
 - Education
 - Transportation
 - Health in All Policies
 - Workforce Diversity





2018 Policy Areas and Bill Topics

- Immigration (Tax Credit, Medi-Cal)
- Health In All Policies (HIAP Task Force)
- Housing, Supportive Housing, and Homelessness (Surplus Lands, Fair Housing, Homelessness Funding)
- Parental and Child Health (Universal Pre-K)
- Mental Health (EMS—Mental Health and Sobering)
- Community Safety (Bail Reform, Traffic Fees)





Strategies to advance health equity

- Advocate for policy solutions that impact social determinants of health
- Provide sub-grants to community-based organizations that build community capacity and prevent disease
- Build strategic partnerships that share in learning and opportunities





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Bay Area Regional Health Inequities Initiative



It is our mission to transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.

Renae Badruzzaman
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Community-Led Strategies in the City Heights (San Diego) Building Healthy Communities Initiative

Steve Eldred Senior Program Manager,
The California Endowment



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10 Outcomes of a Healthy Community

| | |
|-------------------|---|
| Outcome 1 | All children have health coverage |
| Outcome 2 | Families have improved access to a health home that supports healthy behaviors |
| Outcome 3 | Health and family-focused human services shift resources towards prevention |
| Outcome 4 | Residents live in communities with health-promoting land-use, transportation and community development |
| Outcome 5 | Children and their families are safe from violence in their homes and neighborhoods |
| Outcome 6 | Communities support healthy youth development |
| Outcome 7 | Neighborhoods and school environments support improved health and healthy behaviors |
| Outcome 8 | Community health improvements are linked to economic opportunity |
| Outcome 9 | Health gaps are narrowed for boys and young men of color |
| Outcome 10 | California has a shared vision of community health |





Building Healthy Communities

Drivers of Change

People
Power

Youth
Leadership,
Development
and Organizing

Enhanced
Collaboration
& Policy
Innovation

Leveraging
Partnerships
& Resources

Changing
the
Narrative

POWER

POLICY

NARRATIVE



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ABC

- A=Agency
- B=Belonging
- C=Change The Odds





ABC

- A=Power. If equity is the goal, we have to address power differentials. Build social, political and economic power in a critical mass of residents.





ABC

- B=Belonging. The dominant narrative is one of exclusion. We have to create a narrative of inclusion. Address trauma and create space for healing.





ABC

- C=Change The Odds. Opportunity structures are critical particularly schools and criminal justice system in the lives of young people of color.





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BUILDING HEALTHY COMMUNITIES NORTH STAR

Health Equity
=
Health &
Justice For All

BUILDING VOICE & POWER FOR A HEALTHY AND INCLUSIVE CALIFORNIA

Historically excluded adults & youth have **power, agency and voice** in public and private decision-making to create an inclusive democracy and close health equity gaps.

as evidenced by:

Californians have ready **access to a health system** that prioritizes **prevention and coverage** for all.

HEALTH HAPPENS WITH PREVENTION

California public schools provide a **positive and supportive learning environment** that promotes life-long health and wellness for all students.

HEALTH HAPPENS IN SCHOOLS

CA cities & counties, with state partners, **build health into land use decisions, stabilize neighborhoods & shift resources from punishment to prevention.**

HEALTH HAPPENS IN NEIGHBORHOODS

“Health Equity is achieving the highest level of health for all people, by improving the systems and conditions for health for all groups, especially for those who have experienced racial, socioeconomic disadvantage or historical injustice. In this sense, health equity is advanced through the fight for social justice.”



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Health Happens in Schools



School Wellness

- Food and Water
 - Healthy and Halal Meals
 - School Teaching Gardens
 - Farm to School Program
 - School Nutrition App
- Physical Activity
 - Walkability
 - Safe Passage to School
 - Parent-led Walking, Zumba and other Activities
- Health and Wellness Councils
 - Parent Engagement and Advocacy
- Youth Development
 - Mentorship
 - Leadership Development
 - Advocacy

School Climate

- Discipline and Truancy Policies and Practices
- Anti-Bullying
- Youth Leadership
- Parent Engagement
- Community-Education System Partnerships
- Sons and Brothers/BMOC
- Restorative Justice Practices
- Trauma-Informed Community School

Comprehensive Supports

- School-Based Health Services
 - Healthy Habits Guides
 - School Based Health Centers
 - Vision Screening and Eyeglasses
 - Pre-K Developmental Assessments
 - Re-engagement of Drop-outs and High-Risk Students
- Health Careers
 - Youth Career Pipeline
 - Adult Career Pathways

Building Healthy Communities

City Heights



Health Happens in Neighborhoods



Food Environments and Food Systems

- Farm Practice Training
- Farmers Markets
- Entrepreneurial Food Businesses
- CalFresh and Public Benefits
- Food Procurement Standards and Practices
- Street Vending
- Community Gardens
- Freshworks

Community and Economic Development

- Housing Conditions and Affordability
- Tenants Union
- Livable Wages and Benefits
- Open Space
- Active Transit and Transit Access
- Walkability
- Healthy Food Access

Environmental Justice and Land-Use Planning

- Safe Routes to School/Safe Passages
- Skate Parks
- Walkability and Bikeability
- Air Quality
- Health Impact Assessment
- Recreational Facilities and Green Space
- Community Infrastructure Inequities

Healthy Youth Opportunities

- Public Funding for Positive Youth Development
- Youth Civic Engagement and Leadership
- Career Pathways/Job Training
- Healing and Restorative Justice
- Physical Activity Programs

Systems that Restore and Heal

- Trauma Informed Healing
- Restorative Practices
- Juvenile Justice
 - Victim Offender
 - Restorative Justice Diversion
 - Systems Reform
- Law Enforcement
 - Trauma-Informed and Restorative Justice
 - Community Relations
- Understanding Structural Racism
- Health Impacts of Immigration Policies

Health Happens With Prevention



Coverage, Care and Community Prevention

- ACA Education and Outreach
- Public Benefits Awareness
- Medi-Cal and ACA Enrollment with Voter Registration
- Healthcare Cultural Competency and Language Access
- Systems for Remaining Uninsured
- Health Homes
- Enrollment of Formerly Incarcerated/Re-entry Population
- Community Health Centers
- Culturally Responsive Wellness Centers
- Health Navigators/Community Health Workers

Public Health

- Community Transformation Grant

Health Care Services

- School Based Health Centers
 - Teen Health, Reproductive Health

Cross-Cutting

- Child Health Data
- Healthy Community Media Collaborative
- Civic Engagement
 - Naturalization
 - Voter Engagement



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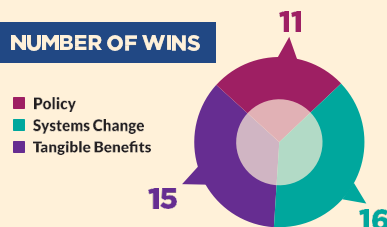
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2010-2018 BHC SITE ACCOMPLISHMENTS City Heights

Policy, Systems Change, and Tangible Benefits Overview

The wins cited below reflect the full spectrum of priorities championed by 14 California communities in the areas of neighborhoods, schools and prevention. They represent substantial progress toward Building Healthy Communities' goals and demonstrate how the power of people contributes to racial and health equity for all Californians.



Definitions

Policy - A policy change attempts to change public laws, regulations, rules, mandates (public policy), or budgets/funding.

Systems Change - A systems change attempts to shift the way broader systems (e.g., health, public safety, local government) make decisions about policies, programs, and the allocation or use of resources.

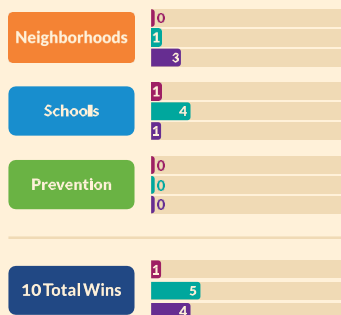
Tangible Benefits - A tangible benefit is defined as a newly established physical asset (building), space or facility (e.g. community centers, parks, health centers), as well as physical improvements (e.g. such as walking trails, playground equipment and murals) that resulted from TCE and/or BHC collaborative support within the site.

Drivers of Change Lasting Capacities - are the core skills and structures that allow communities to grow and sustain the wins beyond 2020 and puts a community on the long-term trajectory for health and wellness.

Transformative 12 - are a set of local policy areas being achieved throughout 14 BHC sites. Each site has determined the policy priority areas and has made great strides and advancement toward sustainable change.

42 TOTAL WINS

10 ADDITIONAL WINS IN 2018



CAMPAIGN WINS BY 3 CAMPAIGNS



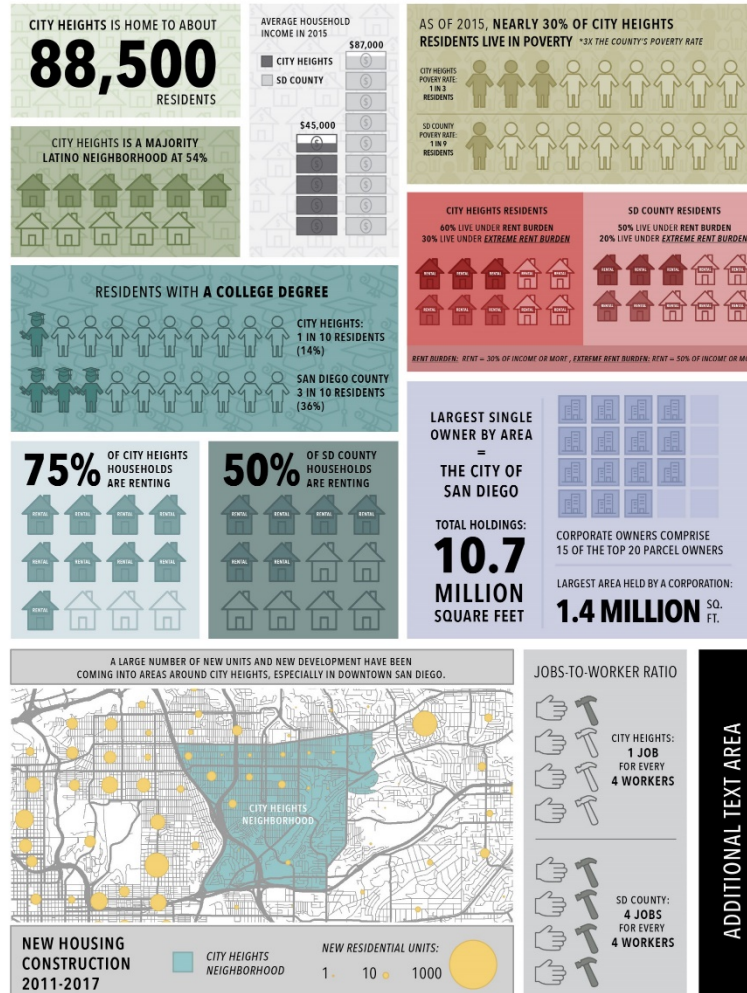
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TITLE / SUBHEADING



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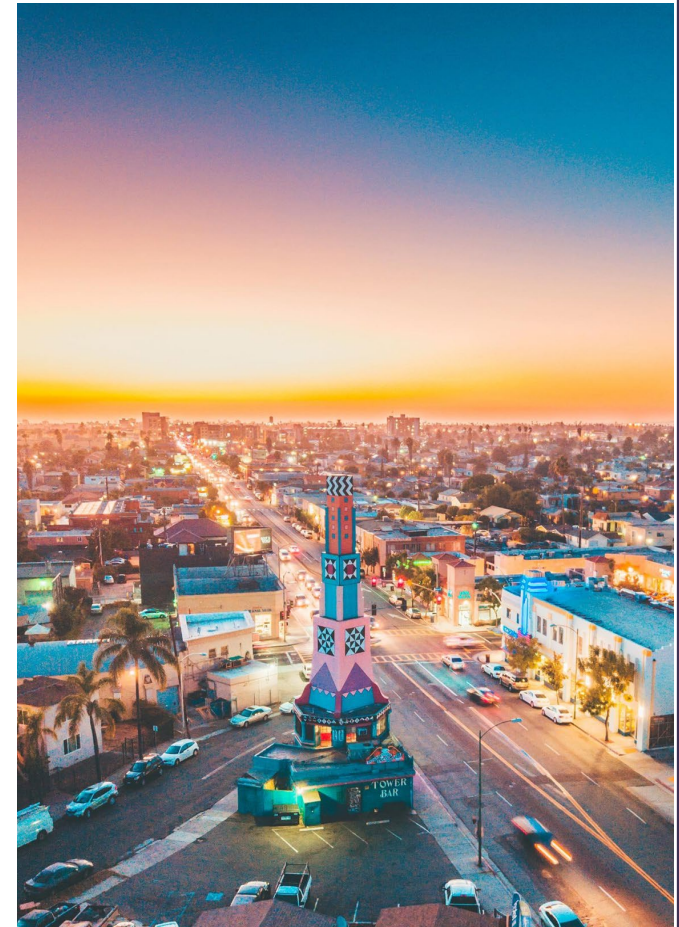
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City Heights

- Over 95,000 residents living in a 6.5 square miles in East San Diego
- Over 30% of the residents are under the age of 18
- Over 45 different languages and over 100 dialects spoken
- City Heights: 1.52 acres of park per 1,000 residents
San Diego: 36.3 acres of park per 1,000 residents



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Origins of the Skatepark Campaign

- Mid-City Community Advocacy Network (CAN)
 - Mid City CAN Youth Council
 - Building Healthy Communities Initiative
 - Networking with youth groups across California
- Youth-led Community Rec Center with Skate Park
- Catalyst: Youth Council Member Skateboarding Accident





Challenges

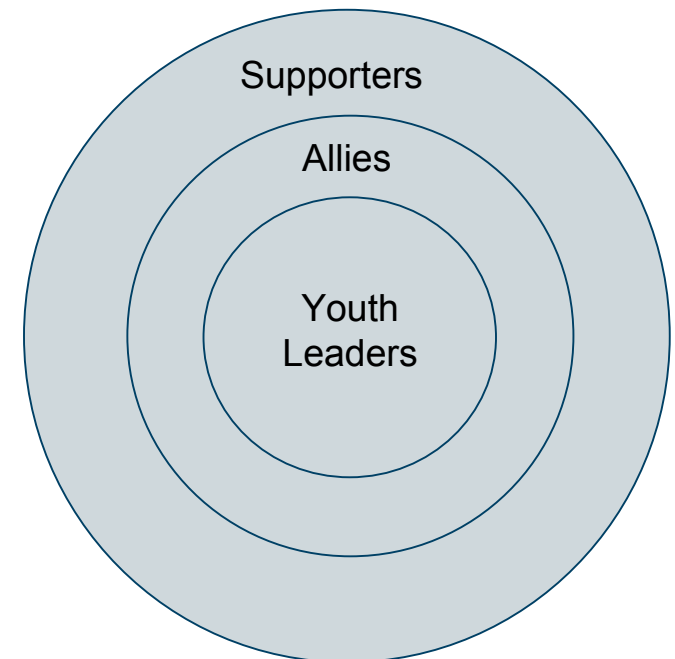
- Youth Members Time Constraints
 - Quick Turnover due to school and work
- Unpredictable Timeline
 - New project not knowing what will happen next
- Identifying Adult Allies
- **"KIDS"**
 - Not taken serious because of our age





Building Coalition

- City Heights Youth Council Members
 - All Ages
 - Skaters
 - Different High Schools
 - Residents & Non-Residents
- Community Leaders
- Adult Allies
- City Officials
- Organizations





Youth led Advocacy

- Decisions makers
- Community Agreements
- Meetings with City Officials and Community Representatives
- City Heights Town Hall, Parks and Recreation Board, & City Heights Area Planning Committee
- Community Mobilization in local elections
- Community Events & Park Days
- Youth-driven Health Impact Assessment with Human Impact Partners
 - Research allowed the Youth Council to dispel myths “Delinquents”
 - Youth were taken seriously after being backed up by research





Youth Council Achievements

- Skate Park Plaza
- City Heights Skate Park
- Youth Council Legacy in City Heights
- “Voiced our opinions”



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Other Park/Recreation, Open Space, Built Environment Achievements

- Muslim Girl's Swim Program (YMCA) and Muslim Girl Scout Troop
- Complete Street Improvements – sidewalks, lighting, crosswalks, protected bike lanes
- New bike paths connecting City Heights to education, employment, and retail centers
- Bus Rapid Transit & CenterLine
- Intergenerational recreation center adjacent to skate park





Moderated Discussion

Unpacking Social Determinants of Health and Health Equity

November 29, 2018



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Participant Q&A

Please type in your questions into the Q&A box on your zoom interface



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Upcoming Activities

- Young Leaders Visualize Health Equity Art Show – call for art will release on December 6 and will close on February 28



- Next webinar will occur in early 2019

Sign up for our listserv to receive more information about the program: <https://nam.edu/cultureofhealth>



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