INVEST HEALTH Strategies for Healthier Cities

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Preface

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

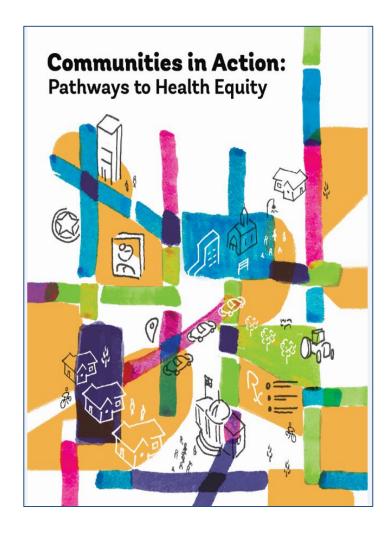
"life, liberty and the pursuit of happiness."

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

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 charge, in brief

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

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).

Recommend elements of short- or longterm 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.

Health Disparities and Health Equity

Health Disparities: differences that exist among specific population groups in the attainment of full health potential and in incidence, prevalence, mortality, and burden of disease and other adverse health conditions.

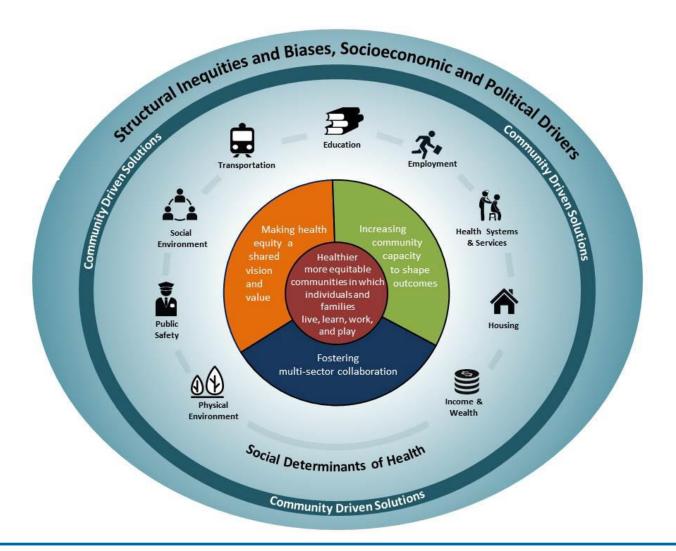
Health Equity: the state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.

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 <u>policies</u> (at all levels) and <u>programs</u> facilitate community action. *Chapter* 6
- F. The collaboration and engagement of new and <u>diverse</u> (<u>multi-sector</u>) partners is essential to promoting health equity. Chapter 7
- G. <u>Tools and other resources</u> exist to <u>translate knowledge into action</u> to promote health equity. *Chapter* 8

Report conceptual model



Nine Community Examples



Policies to support community solutions

Recommendation

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 <u>unintended</u> <u>consequences</u> 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.



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



Partners in promoting health equity

Recommendation

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

- Supporting community organizing around the 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

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.

Thank you!



Slide Credits: National Academies of Sciences, Engineering, and Medicine

Communities promoting health equity

Name	Primary Social Determinant(s)
Location	of Health Targeted, Data on outcomes *
Blueprint for Action Minneapolis, MN BLUEPRINT FOR ACT PREVENTIN YOUTH VIO	Public safety 2007 -2015 Preventing youth violence: Results = Reductions reported 62% in youth gunshot victims; 36% youth victim crimes; 76% youth arrest with guns
Delta Health Center Mound Bayou, MS	Health systems and services From 2013 -2015 Low birth weight babies decreased from 20.7% to 3.8%
Dudley Street Neighborhood	Physical environment 2014 -2015
Initiative	% HS students at or above grade level:
	Math from 36% to 63%
Boston, MA	Graduation Rate 51% to 82%
	Percent enrolled in college 48% to 69%
Eastside Promise Neighborhood	Education
San Antonio, TX	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*

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 o-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



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





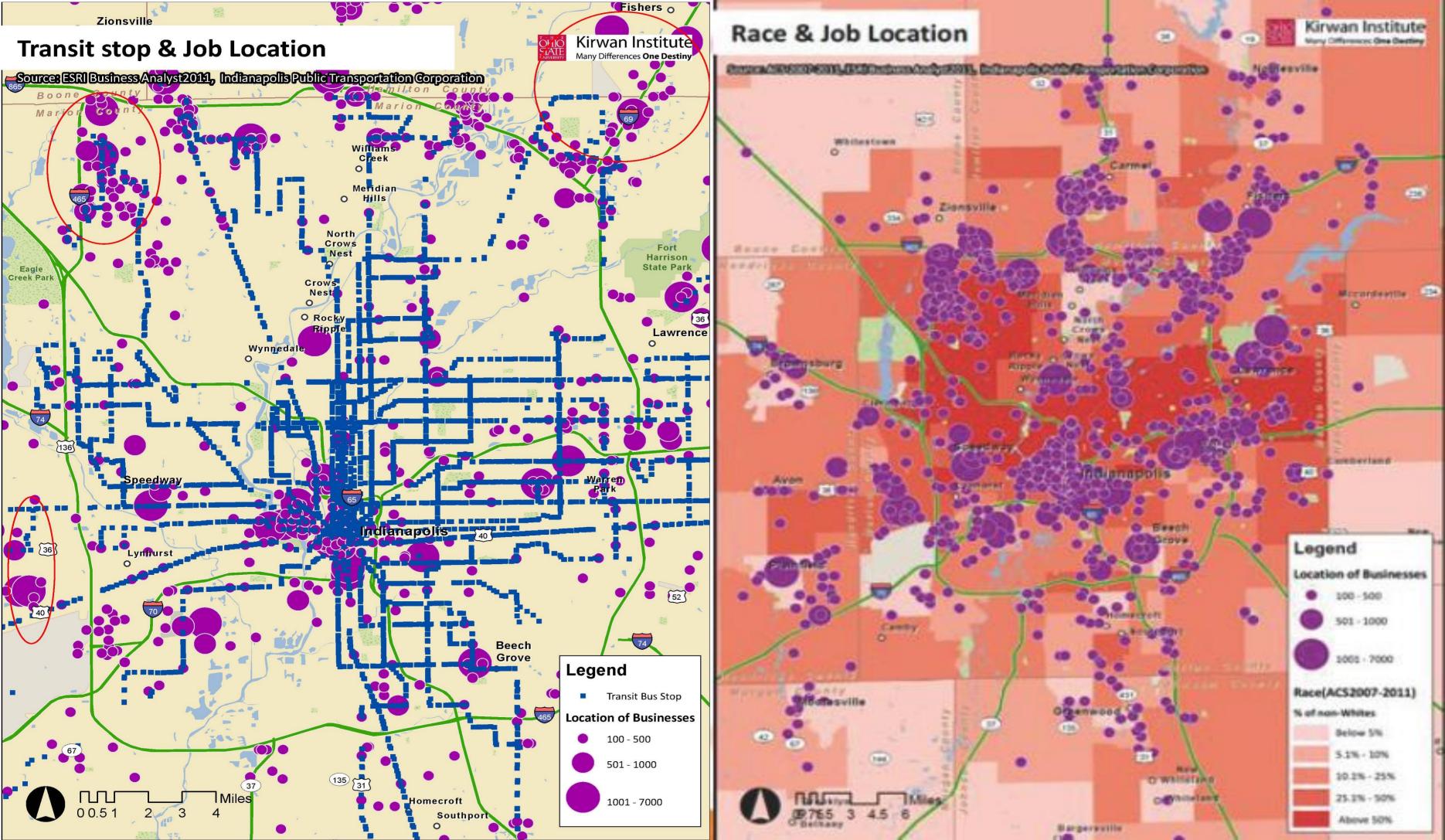


















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Diverse Coaltion







TICKETTO Numbers To Note



1,248 **Trained Volunteers**

164,794 Calls Made

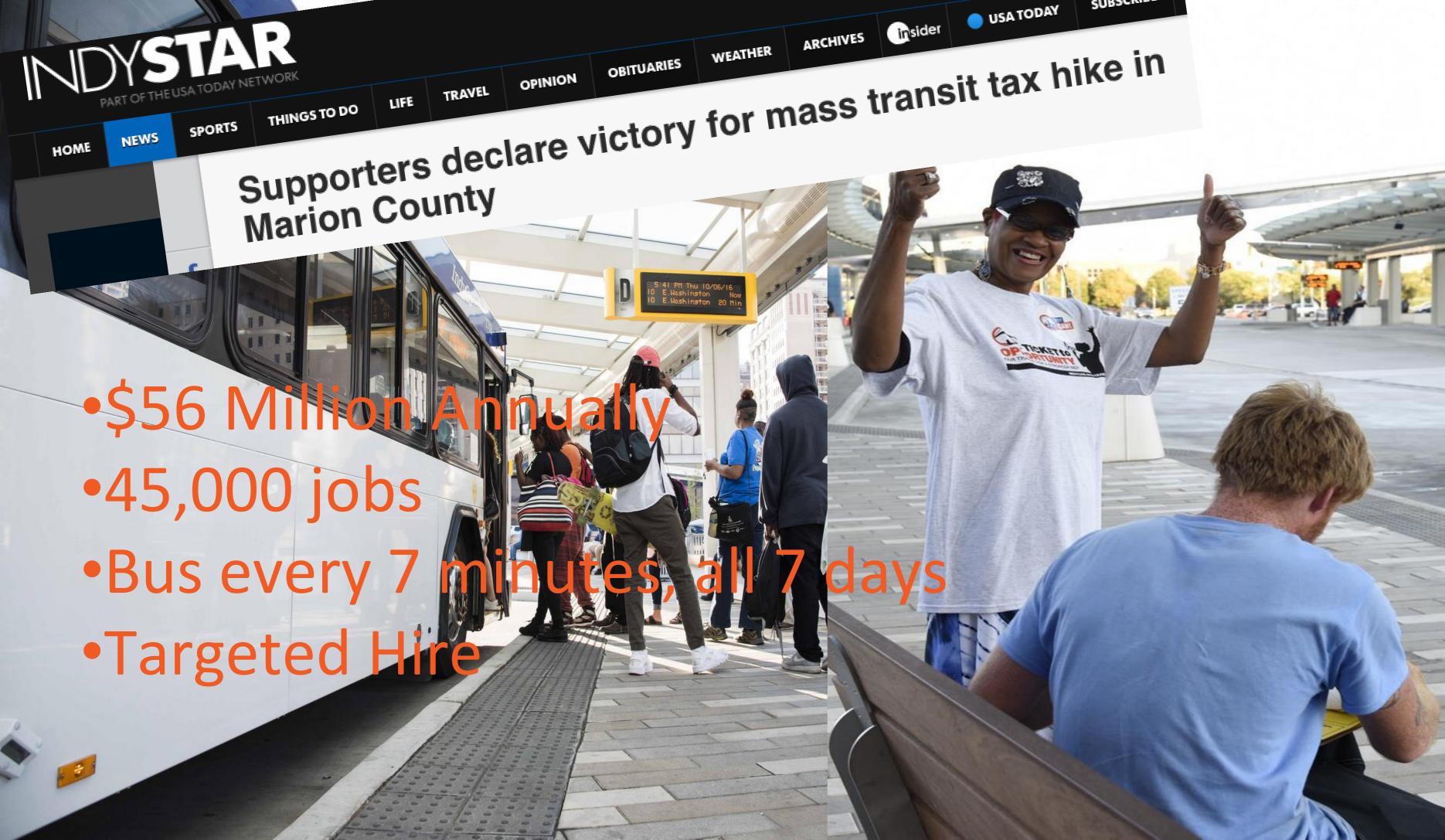


40,469 Conversations

Vote Share* 13%

*projected share for Marion County













People United for Sustainable Housing (PUSH) Buffalo



Video Link: https://www.youtube.com/watch?v=4ZNKceXL7bI