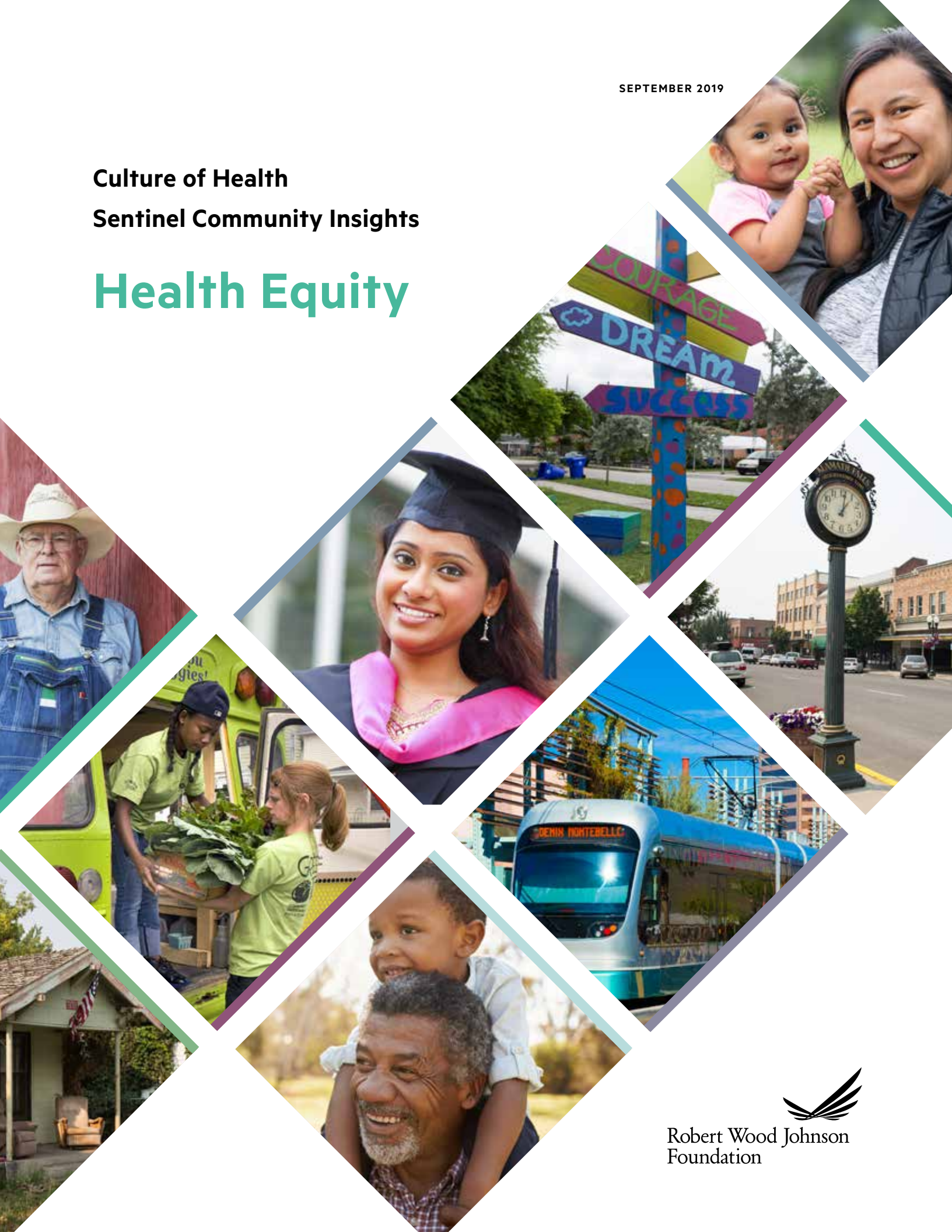
SEPTEMBER 2019

Culture of Health

Sentinel Community Insights

Health Equity



Robert Wood Johnson Foundation

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Introduction

The Robert Wood Johnson Foundation (RWJF) Sentinel Communities Surveillance project, which began in 2016, monitors activities related to how a Culture of Health is developing in each of 30 diverse communities around the country. In the Snapshot and Community Portrait reports for each community, developed between 2017 and 2018, we described Sentinel Community efforts to promote the health and well-being of their residents.

This report on Health Equity is the first in a set of three reports that provide insights and themes drawn from all Sentinel Communities. The collection focuses on key topics that may be of value to stakeholders working to build a Culture of Health in their own communities. The other reports focus on the role of anchor institutions and the unique experiences of small communities.

Health equity underpins RWJF's vision of a society in which everyone has a fair and just opportunity to live the healthiest life possible. This vision is articulated in the Culture of Health Action Framework—depicting a holistic, integrated approach to population-level health, well-being and equity. The Framework includes four Action Areas: 1) *Making Health a Shared Value*; 2) *Fostering Cross-Sector Collaboration to Improve Well-Being*; 3) *Creating Healthier, More Equitable Communities*; and 4) *Strengthening Integration of Health Services and Systems*.

The concept of health equity cuts across the Action Areas of the Framework. Through the lens of health equity, communities shape and form values about who has access to health-promoting resources and how health is prioritized for population subgroups. Equity drives how organizations and sectors work together to make sure practices, policies, and investments are both equitable and effective. Achieving healthier, more equitable communities requires a focus on historical and structural conditions that have led to economic, social, and physical barriers to positive health outcomes. Finally, health equity shapes access to services; influences consumer experience with health care; and ensures balanced resource allocation across health and social services.

This report provides insight into how 11 communities conceptualize health equity and how those perspectives influence strategies and approaches to promote health equity. While this report presents three broad ways of thinking about health equity, this summary is meant to be a springboard for deeper discussions within and across communities about how perspectives of equity shape approaches and actions. **By sharing existing strategies being employed as communities work toward health equity—others can gain insight on ways to address and overcome systemic and long-standing barriers to health and well-being.**

FIGURE 1: CULTURE OF HEALTH ACTION FRAMEWORK

About This Report

Information in this report was obtained from the Sentinel Communities Surveillance Project. For each community, project staff conducted an environmental scan of online and published community-specific materials; a review of existing population surveillance and monitoring data; and collection of local data or resources provided by community contacts or interview respondents. Phone interviews were conducted with individuals representing community organizations working in a variety of sectors (e.g., health, business, education, human services, youth development, environment). Information from a total of 201 interviews was used for this report from 11 Sentinel Communities. Key themes discussed in this report emerged through a qualitative analysis of the Sentinel Community data noted above, examining common themes and patterns.

SENTINEL COMMUNITIES INTERVIEWED FOR THIS REPORT

Allegheny County, Pa.
Finney County, Kan.
Harris County, Texas
Louisville, Ky.
Maricopa County, Ariz.
Mobile, Ala.
San Diego
Stockton, Calif.
Tacoma, Wash.
Tampa, Fla.
Tennessee

While not every stakeholder interviewed had health equity explicitly at the forefront of their agenda—and community approaches to addressing health equity varied considerably—every Sentinel Community identified efforts that they viewed as addressing health equity in some form. The 11 communities selected for this report represent a diverse mix of approaches and challenges to discussing and addressing health equity in the context of building a Culture of Health. These communities represent diversity in context, history, community strategy, and types of efforts pursued to improve health equity. Looking across these diverse communities, patterns and themes emerge that generate learnings and insights for other communities reflecting on their own approaches to building health equity.

HEALTH EQUITY

Definitions of equity and *health* equity emphasize social and distributive justice, making them distinct from notions of equality and disparities. RWJF defines health equity as follows: "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." (Braveman et. al, 2017).

Inequities are avoidable, systemic differences between groups that are created by barriers to health, education, housing, and other systems, as well as challenges in the distribution of power. These barriers give rise to the inequitable distribution and quality of community resources (e.g., education, income, housing, quality of neighborhoods), resulting in differences in social and economic opportunities. Braveman and colleagues (2017) discussed the value of an ethical approach to health equity. Even beyond the health disparities that may result from social disadvantage, the authors suggest that acting upon the unjust social conditions that disproportionately affect certain communities should be a human rights priority for communities.

Using this lens, racial and economic equity—although often discussed outside of a health context—is an important part of health equity. **For the purposes of this report, we use "health equity" to capture dimensions of equity that relate to health and well-being, which includes racial and economic equity.**

Three Broad Perspectives in Addressing Health Equity

Perspectives of health equity varied significantly across stakeholders within and across communities, shaped by both the respondent's own personal experiences and the context of the community in which they lived or worked. While orientations to health equity could be grouped in numerous ways, our analysis identified three broad, but distinct perspectives. These different perspectives led to variability in how communities approached health equity and the community changes they ultimately adopted (Figure 7). The color-coding used in this report (shown below) is intended to help the reader easily identify approaches and related community changes that align with one or more of these perspectives:

- Those that acknowledge and explicitly discuss health equity in the context of **historical and systems-level barriers**;
- Those that discuss their efforts as **increasing economic and/or educational opportunities**, but do not make the explicit connection to *health* equity; and
- Those that prioritize and frame their work as **reducing health disparities**, but do not explicitly discuss health equity as defined in this report.

In the sections that follow, we provide examples of how these perspectives are operationalized. It is important to note that while we aligned Sentinel Communities to each of the three perspectives—based on the most prevalent view offered by stakeholders within the community—not every stakeholder in that community aligned with that prevailing perspective of health equity. This inconsistency sheds light on key barriers for addressing health equity (described in more detail at the end of this report). It also helps to explain some of the variability in approaches to addressing health equity that was observed *within* communities.

Stakeholders with this perspective espouse a more explicit conceptualization of health equity that stems from racial inequity and economic injustice. They also consider the historical context as well as the current social and political climate of the community to be key drivers of health and well-being. Stakeholders also recognize that multi-faceted solutions are required to address upstream, and in many cases, long-standing barriers, that have led to inequities in health and well-being. Examples of communities where this perspective is common include:

- **Tacoma, Washington**. Stakeholders in Tacoma have a long history of activism for social justice causes, and city leaders regularly discuss equity as a strategy and a long-range goal for the city. This perspective is championed by city government focused on reducing inequity in housing, representation in leadership, and public safety.
- **Allegheny County, Pennsylvania**. Public conversations are taking place in many sectors with a focus on how historical, structural inequities have resulted in housing discrimination, exclusion of black residents from higher paying jobs, and ultimately poor health outcomes.
- **Stockton, California**. Stockton's new executive leadership rose from the grassroots level by noting how the structure of various city systems contribute to the city's equity challenge.
- **Louisville, Kentucky**. Many low-income, majority-black neighborhoods are prone to flooding, poor air quality, and a lack of health care and food outlets, and there is an acknowledgement that the city's history of segregation and racism have given rise to inequitable health outcomes precipitated by these risk factors.

FIGURE 2: THREE PERSPECTIVES IN ADDRESSING HEALTH EQUITY

Perspective Increasing Economic and/or Educational Opportunities

As noted above, the RWJF definition of health equity includes racial and economic equity as key influencers of health and well-being. However, not all communities we observed make this link explicit. **Communities that focus on broader equity frame their approach as promoting equitable opportunities for education and jobs within their community, with the goal of improving the economy and reducing disparities in economic outcomes.** They stop short, however, of talking about such opportunities in the context of health and well-being specifically. In many cases, this perspective was presented as a deliberate framing based on the political climate of the region where health is not a priority. This broad equity perspective may result in paternalistic and incomplete approaches to health equity—that do not address the creation of fair and just opportunities for health and well-being beyond those tied to the economy. Examples of communities where this perspective is common include:

- **Maricopa County, Ariz**. In Maricopa, the narrative focuses almost exclusively on economic inequities, driven in large part by the realization that such disparities are a barrier not only to opportunities afforded to individuals, but to the economic prosperity of the entire region.
- **Harris County, Texas**. In this diverse community, stakeholders acknowledge that economic disparities fall along racial/ethnic lines. Stakeholders note that this inequity has potentially damaging economic consequences for the county as the proportion of non-white residents continues to grow.
- **Tennessee**. Tennessee's equity narrative has been shaped around education reform, educational attainment, and education-to-work strategies. Because of a deep historical context of racism in the state, some stakeholders view racial equity as particularly challenging to address given political sensitivities. Within Tennessee there is also a strong reluctance to link education efforts to health or health equity explicitly. Doing so is viewed as potentially alienating of partner agencies, which do not consider themselves to lead health-related work. A health equity focus is also politically risky in an environment where spending on health is not seen as a priority.
- **Mobile, Ala**. Here, stakeholders acknowledge the profound education and economic inequities that exist by race. Discussions focus on ways to improve equitable access to new jobs entering the local market.

Across these communities, while work to enhance economic and educational outcomes may contribute to equitable opportunities to achieve health and well-being, there is a reluctance to calling out this health equity connection due to concerns for political and stakeholder reprisal.

Perspective Reducing Health Disparities

Stakeholders with this perspective did not draw a clear distinction between health equity as defined in this report and health disparities. **The emphasis of this health equity perspective is on closing the gaps between groups and supporting those of greatest need in order to reduce inequality, rather than addressing inequity.** Stakeholders with this perspective typically do not incorporate the historical causes of inequity in their conceptualizations, and address their impacts largely through downstream, targeted efforts. As such, these communities do not truly embrace the definition of health equity underlying this report. This perspective is more common among stakeholders in very diverse communities experiencing large or rapid demographic shifts as a result of an influx of immigrants or refugees with unique language and cultural needs. This perspective was also more common among stakeholders in communities working on revitalization efforts, where the goal is to not only improve the health and well-being of current residents, but to promote health and well-being in order to draw potential residents and businesses into the area.

- **Finney County, Kan**. Stakeholders in Finney county define health equity as ensuring that language, cultural and other barriers are removed so that subpopulations of refugees and other immigrants can gain access to health care. Stakeholders also focus on meeting the immediate needs of distressed residents, but have not yet turned to addressing the root causes of inequity in the community.
- **Tampa, Fla.** Stakeholders in Tampa recognize the linkage among built environment influences and differences in health outcomes. While they have worked to revitalize the downtown and waterfront areas with a focus on health and well-being, the focus of these efforts has been to draw new residents to the downtown areas. Less attention has been paid to addressing root causes of health inequity that residents, many of whom were displaced as part of revitalization, continue to face.

Approaches in Addressing Health Equity

In this section, we describe how a prevailing perspective of health equity within a community can shape its approaches in moving toward health equity. Through our analysis, we identified several approaches that communities are using to address health equity, including:

- creating new government structures
- establishing collaboratives
- enhancing engagement of traditionally marginalized populations

We also identified differences in whether communities pursued targeted health equity efforts or broad-based changes with the potential to benefit the entire community. While some approaches were more common in communities having a specific prevailing perspective of health equity, several approaches for addressing health equity were engaged by communities across all three perspectives. In these cases of mixed approaches, however, implementation of the approach often varied in level of intensity, breadth or depth due to the mix of perspectives. Below, we describe these approaches in more detail and provide examples from the Sentinel Communities. Again, the color coding highlights the perspective commonly associated with each approach.

CREATING NEW GOVERNMENT STRUCTURES

Some communities that recognized historical and structural barriers to health equity created new government structures or re-aligned service provision to address root causes of health inequity. In some communities, this resulted in the development of city or county offices and government-level positions that work with the community to address health equity.

- Tacoma, for example, created two separate offices dedicated to equity: the Office of Equity and Human Rights at the city, and the Department of Health Equity at Tacoma-Pierce County Health Department.
- San Diego integrated their health and social services into a single government agency in San Diego County [the Health and Human Services Agency (HHSA)], which includes public health services; housing services; community development; integrated service delivery for vulnerable residents; and other services. The integrated HHSA resulted from a recognition that these diverse systems play a critical role in producing inequitable outcomes in the community. It was established to help the agency better meet its goals of improving health and well-being in the community.
- The Louisville Metro Government (LMG) also created several new offices within the past decade that are instrumental to its core strategy of supporting equity and creating healthier, more resilient neighborhoods. The Office of Safe and Healthy Neighborhoods; Center for Health Equity (part of Department for Public Health and Wellness); Office of Sustainability; and Office of Resilience and Community Services all consider enhancing equity, including health equity, to be part of their work.

FIGURE 3: EXAMPLE OF HOW 'ADDRESSING HISTORICAL AND SYSTEMS-LEVEL BARRIERS' PERSPECTIVE CAN RELATE TO A TYPE OF APPROACH

ESTABLISHING COLLABORATIVES

Collaboratives develop a shared purpose to align their resources and efforts in order to produce tangible outcomes for their community. Across the Sentinel Communities, we reported numerous examples of collaboratives addressing health and well-being. Some collaboratives are more narrowly focused with a smaller set of stakeholders, while others are uniting diverse stakeholders in a multisector strategy to address health inequities in their communities. Some examples include:

- **Equity-oriented collaboratives** exploring systemic barriers to health and well-being. This type sometimes arose in response to specific incidents or the release of key health and well-being indicators in communities. One example of this comes from Stockton, Calif., where the Stockton Educational Equity Coalition (a consortium of community and civil rights advocacy groups, including Fathers & Families and the ACLU) issued a "report card" on excessive police activity in Stockton schools. This report card summarized concerns particularly affecting black students, who were arrested twice as often as white or Hispanic students, and often for minor infractions.

Other collaboratives have formed around **regional development plans**, part of the perspective around economic and educational equity, where stakeholder approaches to health equity are explicitly or implicitly tied to discussions of how communities are physically designed. In San Diego, for example, the pursuit of equitable development and healthy and livable communities for all has been tackled through integration of the community perspective into San Diego Forward, the county's regional development plan. In order to reach traditionally underrepresented communities, planners partnered with 12 community-based organizations that serve these populations to act as liaisons. By drawing on the partners' leadership and knowledge of their communities, the goal is to put more focus on social equity and environmental justice in the transportation planning process.

- Some collaboratives help to promote and disseminate information about health equity, but **stop short of actively working to address root causes of health inequity**. Collaboratives of this type are more common in communities where health equity is perceived as being equivalent to reducing health disparities. The Tampa Bay Healthcare Collaborative (TBHC) is a long-standing example of collaboration across health and wellness professionals to increase awareness of equity issues. TBHC was developed 15 years ago to more effectively coordinate services and existing resources and build provider capacity around three areas: advocacy, health equity, and wellness. TBHC partners report increased understanding of health equity and culturally and linguistically competent care, as well as a greater understanding of public policies and advocacy opportunities to affect health in Tampa. However, they stop short of working with other stakeholders to address long-standing and upstream systemic barriers that give rise to health inequity.

ENHANCING ENGAGEMENT OF TRADITIONALLY MARGINALIZED POPULATIONS

One of the historical and structural barriers to achieving health equity in communities has been a lack of civic involvement from those negatively impacted by the policies, systems, and procedures that lead to inequitable outcomes. **Stakeholders in the Sentinel Communities are increasingly prioritizing community engagement as a strategy to enhance health equity.** This is especially true in those communities recognizing that marginalization has degraded the power of residents to influence decision-making over time. However, there remains significant variation in *how* communities engage marginalized populations, which is tied in part to the prevailing health equity perspective.

For example, some engagement strategies are limited to *seeking input* from residents (e.g., through focus groups), which is then used by those in power to shape solutions. Other strategies, however, look to *embed* marginalized populations into the teams designing and implementing the solutions. Engaging historically vulnerable communities as advocates for systems reform can create shared leadership opportunities and give voice to often disenfranchised populations. This can serve the ultimate goal of building community capacity and addressing the underlying processes of marginalization and power dynamics that create inequities. Some examples of various approaches include:

- In Tacoma, Wash., **Neighborhood Councils** (independent, nonprofit, citizen-led organizations) lead neighborhood improvement projects and advise the city on neighborhood issues. They are considered the primary tool of civic engagement in Tacoma. Each of the Councils receives a modest budget from the city for discretionary spending on local initiatives. Councils employ various methods of engaging constituents, including neighborhood surveys and door-to-door canvassing. Despite the integration of Neighborhood Councils into the decision-making process,

some local stakeholders recognize that the councils have not kept up with demographic changes in Tacoma neighborhoods, and do not fully represent the current constituents. Thus, even in more socially activated communities, challenges to truly have representative engagement remain.

- Harris County, Texas, leverages the **Neighborhood Centers**' 60-plus sites, using an established approach called "appreciative community-building" to ask residents general questions about what parts of their neighborhood matter most, what they aspire to do, and what they want for themselves, their family, and their community. This approach has been used to inform equity-based strategies, such as the development of a new center to address economic and health equity concerns together—e.g., the challenge of poor infrastructure and business instability.
- Other communities are working to engage traditionally marginalized populations through **top-down approaches**. Louisville, Ky., for example, has created several new offices to work closely with community-based organizations with the goal of increasing participation and the decision-making power of historically underrepresented residents.
- In San Diego, the HHSA and other agencies are critical to establishing health as a community priority. However, such financial and organizational strength does not always support equitable and community-based activities to reach residents who are missed by government systems, or those who avoid them out of mistrust or confusion. County stakeholders, who recognize this barrier, are now working to find solutions that encourage more input from residents. Exemplifying this approach, San Diego County's regional **Community Health Improvement Plans** (CHIPs) are vehicles used by HHSA and its partners to promote community engagement and data sharing among residents. HHSA divides the county into six regions, each of which develops its own CHIP, goals, and programming based on data furnished by HHSA.

TARGETING HIGH-NEED POPULATIONS TO REDUCE HEALTH DISPARITIES

Stakeholders who perceive health equity as synonymous with reducing health disparities between populations often take **downstream approaches** to improving the health and well-being of populations. **While these activities focusing on high-risk populations are critical to meeting the immediate needs of vulnerable populations, this tends to be a more reactive approach to reducing health disparities rather than a long-range strategy toward health equity.**

- New Hope Together, an initiative started in an apartment complex in Finney County, Kan., is designed to specifically meet the health care needs of refugees and to serve as a resource for English language instruction. The sizable immigrant population is particularly high-need, and New Hope Together has had success creating linkages to health and related social services.

FIGURE 4: EXAMPLE OF HOW 'REDUCING HEALTH DISPARITIES' PERSPECTIVE CAN RELATE TO A TYPE OF APPROACH

Although the prevailing perspective of health equity in Mobile, Ala., is focused on **economic and education equity**, there are numerous stakeholders who align more with the **disparities-reduction perspective** of health equity. In collaboration with Providence Hospital and the Mobile County Health Department—the Mobile United task force is taking a geographic approach to identifying and addressing high-need groups. The task force is piloting a program to increase cancer and diabetes screenings in areas of the city with the largest health disparities.

BROAD-BASED CHANGES WITH UNSPECIFIED EQUITY GOALS

In communities that think about equity from the perspective of **economic or educational outcomes** but not with health equity at the forefront, it is common for efforts to have sweeping goals related to improving conditions for everyone in the community. Many of these communities elect to invest in broad-based changes without a clear tie-in to improving health equity, believing that "a rising tide lifts all boats." While diverse stakeholders within Sentinel Communities are able to unify around shared goals of improving educational and economic outcomes—in some communities, there are also common assumptions that improvements for all will equate to equity gains. Moreover, specific connections between educational and economic outcomes and the goals of health equity are rarely made in these communities.

FIGURE 5: EXAMPLE OF HOW 'INCREASING ECONOMIC AND/OR EDUCATIONAL OPPORTUNITIES' PERSPECTIVE CAN RELATE TO A TYPE OF APPROACH

- Tennessee's Drive to 55 works toward the goal of 55 percent of residents having a college degree or certificate by year 2025. Initiatives within Drive to 55 include, among others: the Tennessee Promise scholarship for eligible high school students; the tnAchieves mentorship program; and Tennessee Reconnect for adults seeking a post-secondary degree. However, independent evaluators have determined that while overall college-going and completion rates are rising in Tennessee, educational disparities are actually worsening, with students of color attending college at lower rates. From 2011 to 2015, black students' six-year graduation rates at public four-year institutions fell four percentage points (down to 41% from 45%).
- In Maricopa County, Ariz., the need to address gaps in education funding has emerged as a shared priority across other sectors. Stakeholders hope that an increase in education funding will close race-based educational gaps. Greater Phoenix Leadership—including business leaders—has partnered with the Phoenix Chamber of Commerce, as well as the Arizona Chamber, and other groups to advocate for additional investment into the education system.
- Mobile's Map for Mobile was adopted in 2015 as a comprehensive plan to guide current and future development in the city. While the approach engaged diverse sectors and incorporated resident input, it takes a broad view of investments and activities in the community, emphasizing "widespread access" to physical activity, neighborhood amenities, and tourist attractions to improve economic opportunity without tying the benefits realized to specific health equity goals.

FIGURE 6: PERSPECTIVES IN ADDRESSING HEALTH EQUITY AND EXAMPLES OF RELATED APPROACHES

Sentinel Community Changes in Enhancing Health Equity

While health equity perspectives may shape the approaches by which communities work to address health equity, they also influence the types of *changes* that communities decide to implement. Not surprisingly, our analysis of Sentinel Communities identified numerous examples of how they're using programs and interventions to reduce health disparities and address downstream and immediate barriers to achieving health and well-being. **While the importance of these efforts cannot be underestimated, they fall short of being true health equity solutions.** Less commonly identified were changes to the community that addressed upstream drivers of health and well-being. Although there are numerous potential changes that communities could deploy to address health equity, we identified three types that serve as helpful examples of large-scale strategies and changes within communities: 1) changes to local policy; 2) changes in targeted community interventions; and 3) changes in workforce training and education (Figure 7).

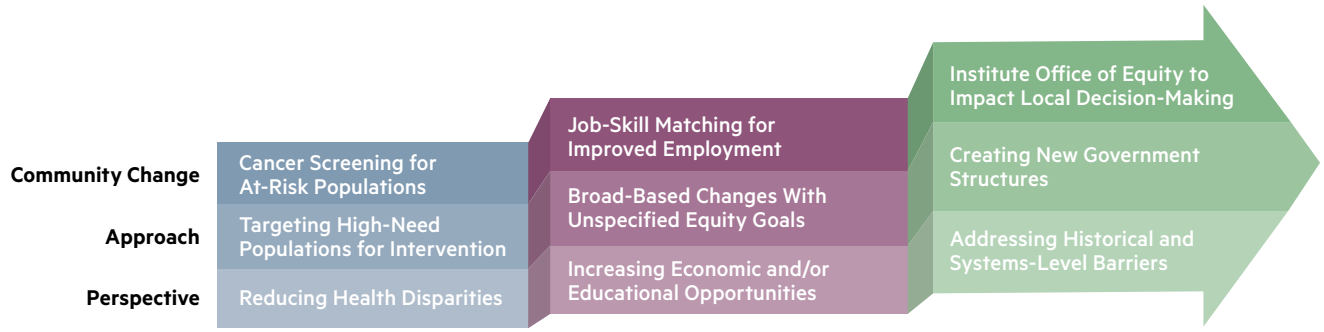
CHANGES TO LOCAL POLICY

Public policy has been a long-standing driver of social and racial inequities, with impacts ranging from housing discrimination and segregation (e.g., redlining)—to criminal justice policies that disproportionately affect communities of color. **Communities that focus on the importance of policy for shaping structures and context as a part of their equity narrative recognize that taking policy action is required to create a more equitable society.** In the Sentinel Communities, stakeholders from across all three health equity perspectives are increasingly recognizing the value of policy changes. Examples include the areas of preserving and creating affordable housing (Allegheny County, Pa.; Tampa, Fla.) and criminal justice reform (Louisville, Ky.) on health equity, proximally or at least distally. Some communities have taken steps toward strategic planning to address these issues, though very few have implemented specific policies to help ensure equity at the time of this report writing.

Policies that have been implemented primarily affect the ways that local governments operate in the context of *racial equity*, some with a tenuous link to *health equity*. As noted earlier, Tacoma has two separate offices dedicated to equity, both of which have institutionalized their commitment to promoting equity. Racial equity is an important part of their vision—and city policies, including those to improve health—require that decision-makers consider age, income, and gender both in communities and in the governments and agencies serving them. They are using an "equity lens" for assessing the potential impacts of policies. Equity training is also a requirement for all organizations that receive funding from the city.

- In 2016, Louisville was selected by Living Cities and the Government Alliance for Race and Equity as one of five cities to participate in Racial Equity Here, a two-year initiative to facilitate efforts to understand government's role in improving equity, particularly for young people of color. Since then, the metro government has used the initiative's guidelines to refine its equity strategy through in-depth trainings for all city employees. By fall 2017, the LMG completed equity training for 2,000 employees, including most 24-hour and public safety departments.

FIGURE 7: PERSPECTIVES IN ADDRESSING HEALTH EQUITY, SOME EXAMPLE APPROACHES AND COMMUNITY CHANGES



- Other initiatives have focused on policies that could enhance economic equity in the community, with some connection to health. Tacoma, for example, has instituted an increase in minimum wage across the city and established paid leave for city employees. And Stockton has instituted a universal basic income pilot program, which may inform future policy approaches to improve the role that economic safety nets can have in promoting equity.

CHANGES IN COMMUNITY DESIGN

Community design strategies often consider the importance of place for promoting health and well-being. However, the variability in narrative around such change reflects differences in the driving factors behind these changes. Some communities think about the structural factors at play in a particular geographic place that suggests such changes are being made to help address upstream drivers of health equity. Others think about such changes solely through a lens of economic revitalization, and an opportunity to attract new businesses and residents to the area. **The challenge with this latter framing, however, is that changes in community design without explicit attention to health equity can actually contribute to health *inequities* if residents are displaced.**

Changes in community design range in scale from improving specific sites such as a housing development—to focusing on entire neighborhoods or city blocks. Most of the efforts to address health equity through community design are relatively new. Hence, their positive impacts—as well as any remaining gaps or unintended consequences arising as a result of these efforts—are currently unclear and warrant ongoing monitoring. Examples of two communities that made changes through community design include Tampa, Fla., and Allegheny County, Pa.:

- In 2010, Tampa received funding from the U.S. Department of Housing and Urban Development (HUD) to develop a master plan and shared vision of downtown Tampa as a community of mixed-income, diverse, safe neighborhoods connected by walking and biking paths. The Water Street Tampa development prioritizes building and community design to enhance health and well-being across 10 concepts (e.g., "water," "movement," "mind"). As a result of these redevelopment efforts and resident relocation, Tampa today has one of the lowest levels of poverty segregation in Florida. However, unintended consequences of these design initiatives were demonstrated in Tampa during this period. Many residents were displaced, and an intense focus on improving the built environment in one specific area has not improved access to multimodal transportation or other built environment assets outside of downtown Tampa.
- Allegheny County has also made changes in community design across the county. Examples include the UPMC health system's Center for Engagement and Inclusion, which facilitates neighborhood-based screenings and preventive care through its Community Health Partnership Initiative. The Heinz Endowments have funded efforts to revitalize Pittsburgh's Hazelwood neighborhood with a focus on equity and sustainability; and a new Eco-Innovation District is in development in Pittsburgh to promote equity, sustainability, and job growth in the city's Uptown neighborhood. As with Tampa, there is a concern in Allegheny that design approaches may still ignore or underestimate the larger social, health, and policy context. There is also concern about scalability to realize broader health equity benefits given that such efforts are often tailored to the unique needs of the specific implementation site.

CHANGES IN WORKFORCE TRAINING AND EDUCATION

Early educational inequities and differential access to workforce and training opportunities result in skills gaps, and consequently, a lack of quality employment prospects for traditionally disadvantaged populations. A small number of Sentinel Communities have made changes in this area and created workforce training opportunities for traditionally disadvantaged populations. The vast majority of these efforts were developed in communities where a perspective of health equity is focused on increasing broad economic and educational opportunities.

- In Harris County, Texas, there are large income and employment inequalities across racial and ethnic groups. The UpSkill Houston program was developed to reduce unemployment, and consequently poverty, by enhancing job-skill matching. UpSkill tracks industry trends and partners with community-based organizations to identify under- and unemployed residents and to train them in the skills needed to fill the jobs of the future in their community.
- Similarly, Maricopa County agencies are working together to address the disparities in educational attainment that subsequently affect access to higher-paying jobs. Leaders contend that Hispanic student success is not just important for educational equity but is also a major factor in the economic prosperity of the region. Recognizing that Hispanic students make up 44 percent of the population in Arizona

public schools, the Helios Education Foundation is working with ASU, the Greater Phoenix Economic Council, Maricopa Community College District, Phoenix Union High School District, and other partners on Latino Student Success. This program is focused on early grade success; college and career readiness; and postsecondary completion among Hispanic students. In both Harris and Maricopa Counties, stakeholders are increasingly recognizing the impact of the U.S. demographic transition on future workforce composition and are able to make an economic well-being argument for supporting the employability of these populations.

- In Mobile, significant racial disparities in educational outcomes are the focus of the Mobile Area Education Foundation, which partners with Mobile County Public Schools to take a highly individualized approach to improve educational outcomes in Mobile's most vulnerable neighborhoods. Strategies include flexible school schedules and linkages to social services in the school setting.

Facilitators and Barriers to Effectively Address Health Equity

In the sections above, we describe findings from interactions with Sentinel Community stakeholders related to perspectives of health equity; how these perspectives shape the approaches communities use to address health equity; and the types of changes communities have made to address health equity. However, the prevailing health equity perspective is not the only factor driving the success (or challenge) of community efforts in addressing health equity. Our analysis identified three additional factors that were raised by stakeholders as facilitators, and sometimes barriers, to addressing health equity in their community. These include political support and the narrative among community leadership; community and philanthropic investments to enhance health equity; and the availability of data to inform health equity strategies.

POLITICAL SUPPORT AND THE NARRATIVE AMONG COMMUNITY LEADERSHIP

Influential community leaders, including politicians and well-respected stakeholders can shape the narrative around health equity based on how these leaders talk about differences in race, economic status, or health in their community and what is driving those differences.

In Louisville, Ky., leaders in the LMG strategically use metaphors to express the importance of health equity. The current mayoral administration hopes to address nonhealth-related factors (such as employment, food scarcity, transportation, educational opportunities, and air quality) that contribute to health outcomes—and not just treat the outcomes as residual effects of inequitable systems. Leaders describe these diverse drivers as the "soil" and the health outcomes as the "tree" that emerges. As a result of their efforts, the city has garnered attention and awards for improving health and community resilience. Similarly, the philosophy of the new executive leadership in Stockton, Calif., led by a mayor with a background in community organizing, hinges on equitable development as the city emerges from bankruptcy.

Though communication about equity and strong leadership alone are not sufficient to enhance equity, this cultural work is perceived by many as a critical element of racial equity efforts. Lack of political support, however, can be a barrier to addressing health equity. In Tennessee, political sensitivities around racial equity coupled with a strong reluctance to prioritize or spend money on health, poses significant barriers to addressing health equity. While Tennessee is working to address inequities in educational attainment and workforce development, stakeholders rarely discuss these efforts through a health equity lens.

COMMUNITY AND PHILANTHROPIC INVESTMENTS TO ENHANCE HEALTH EQUITY

Communities that more directly describe their efforts as addressing health equity are more likely to report broader community and philanthropic investments to support this work. Some communities, like Tacoma and Louisville are able to use public dollars to fund offices, departments or centers for equity within the city or health department. In other communities, a challenging public funding environment has placed philanthropy at the forefront of support for health equity and well-being. In Maricopa County, one of the Vitalyst Health Foundation's most recent initiatives, the Year of Healthy Communities (YOHC), integrates 14 core elements of a healthy community. Through YOHC, Vitalyst connects the existing network of local chambers of commerce and various public-private coalitions with Maricopa County Department of Health and the Health Improvement Partnership with the goal to "Identify, Connect, Shift, and Influence."

In Allegheny County, Pa., a strong philanthropic community supports much of the activity on health equity and well-being. The Heinz Endowments, Pittsburgh Foundation, Richard King Mellon Foundation, Buhl Foundation, and Hillman Family Foundation encourage collaboration through funding and working with other area stakeholders to improve the region. The Heinz Endowments' concept of building a "Just Pittsburgh" includes developing a framework to guide the city's redevelopment that embraces equity as a core principle and puts the concept of equity at the core of the philanthropy's grantmaking mission. Launched in 2016 by the Pittsburgh Foundation, 100 Percent Pittsburgh explicitly targets inequality and the goal of helping disenfranchised residents more fully participate in Pittsburgh's economy. These examples illustrate the catalytic power of foundations to shift the conversation and to build community capacity to address the drivers of health equity, particularly when public dollars fall short of need.

AVAILABILITY OF DATA TO INFORM HEALTH EQUITY STRATEGIES

In some communities, racial, economic, and health inequities are so pervasive or long-standing that it has been difficult for stakeholders to decide where to begin to reverse those trends. Several Sentinel Communities draw upon formal and informal data collection activities to shape their strategies and approaches to addressing the impacts of systemic inequities. It is important to note, however, that the majority of these activities leverage data to better target programs that address disparities between particular populations or neighborhoods. Data use has grown in helping to improve access to health-promoting resources. **However, deep data gathering on the presence of structural barriers and systemic contributors to health inequities are largely not occurring in the Sentinel Communities.** This remains a significant approach gap and barrier to addressing health equity across communities.

Conclusions and Insights

The analysis of health equity across a sampling of Sentinel Communities offers critical insights about how some communities are generally approaching this issue; what strategies/approaches they are employing; and what factors appear to support or impede effective efforts to improve health equity. While these findings are based on a sample of 11 communities representing diversity by geography, history, social, and political context—it is clear that the broader issue of equity is a core challenge across all communities. What varies, however, are: the entry points for discussions about equity; how closely equity and *health* equity are linked; which organizations and stakeholders are raising health equity as a concern; and how well these efforts are received and implemented in the broader community.

Our analyses revealed three broad, but distinct perspectives in approaching health equity:

Some communities **address underlying, systems-level, and often long-standing historical causes of inequity**, respond with longer-term strategic approaches to engaging marginalized populations, and work to ensure representation and equitable power in decision-making structures and policy.

Other communities find it difficult to discuss health equity specifically. They choose instead to frame conversations and take action to **increase economic and/or educational opportunities**, with the hope that this will address a core underpinning of equity—fairness and justness of opportunity.

A final set of communities include health explicitly in their narrative but work primarily to **reduce health disparities** among subgroups rather than having an explicit tie or establishing policies and procedures to create health equity. Each narrative appears to have some benefits in opening up access to health services and systems, as well as other social and economic supports. Yet, it is unclear whether the short-term strategies to close health outcome gaps are able to fully integrate a range of stakeholders in health promotion in ways that are sustainable for population health and well-being. At the outset of this report, we outlined the aspirations of each Action Area in a Culture of Health in integrating and promoting health equity. We summarize key findings in the context of the Action Framework here:

- **Making Health a Shared Value.** Some communities are able to embed health equity in the value set of local governance structures and budgets. But this approach has been adopted by only a small number of communities.
- **Fostering Cross-Sector Collaboration to Improve Well-Being**. Communities are using networks and collaboratives to advance health equity. However, these collaboratives do not always include a fair and accurate representation of the most disenfranchised community members/leaders. This lack of comprehensive engagement is often shaped by historical and structural barriers precluding diversity among those in power.
- **Creating Healthier, More Equitable Communities.** Some communities are implementing activities and policies that address these structural barriers in order to create equity. In general, efforts tend to be site-specific and the development of equity-based policy is not widespread.
- **Strengthening Integration of Health Services and Systems.** Many communities are addressing the needs of underserved groups as part of their work to promote health and well-being. But most efforts described are focused on immediate gaps in access and general health disparities. There is less focus on other drivers key to this Action Area, such as consumer experience and balanced resource allocation across social and health services.

Moving Forward

This *Sentinel Community Insights Report on Health Equity* is a first step in summarizing achievements toward health equity in the communities. This early analysis highlights several avenues for further investigation in health equity research and practice. For instance, we are interested in how these perspectives influence health equity planning over time. Here are some paths forward:

- **Document and better assess narrative choices being made by community leaders in discussing health equity**. This includes how leaders describe the drivers and influences of health equity in ways that can fully embrace diverse groups in a community.
  - For instance, what terms and stories are used to explain health equity and to help argue for investment, especially in communities where equity has not been a long-standing priority?
  - Does it matter which community leader (e.g., government, nonprofit), is talking about health equity?
- **Learn more about how decision-making bodies are making health equity investment choices.** Understand how leaders are making resource allocations to advance health equity, designing options, and sustaining investments over a longer duration.
- **Understand whether and how communities that are not currently addressing health equity may evolve their approach over time.** If these communities feel they cannot initially address health equity in a direct way, how can they evolve their approach over time? Or will they not discuss health equity explicitly as they build health strategies? It will be important to examine whether this indirect approach has positive impacts on health equity outcomes regardless, or to summarize the limitations of this strategy for long-term improvements in health equity.
- **Strengthen the collection of equity-based data.** While communities appear to be leveraging many sources of data to describe health disparities and identify strategies based on those data, it is unclear how the health equity case is being made. How are improvements in health equity (i.e., improvements in systems and structural barriers) being monitored and tracked? We need to strengthen data gathering efforts related to the presence of structural barriers and systemic contributors to health inequities.

The *Sentinel Community Insights Reports* cover key topics that may be of value to stakeholders working to build a Culture of Health in their own communities. This report on Health Equity offers insights into how communities perceive health equity, and what those perspectives mean for the strategies and approaches that communities use to promote health equity. We hope that these themes may be of use to communities that are navigating ways to talk about and promote health equity locally. In the subsequent appendix, we offer a discussion guide to assist communities in their conversations about health equity.

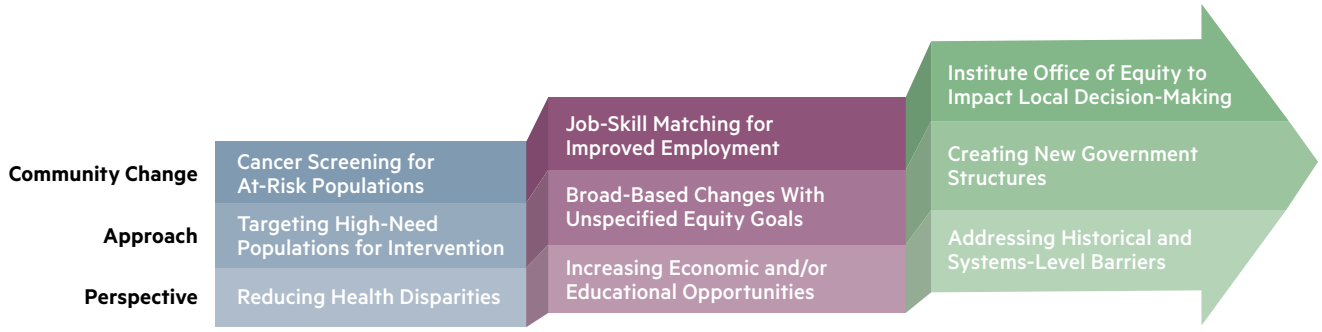
References

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

Appendix: Discussion Guide for Communities

After reading this report, think about how health equity is being defined and addressed in your community. How might some of the insights and examples from the Sentinel Communities inform your community's efforts to address health equity?

FIGURE 8: PERSPECTIVES IN ADDRESSING HEALTH EQUITY, SOME EXAMPLE APPROACHES AND COMMUNITY CHANGES



KEY THEMES IN THE CONTEXT OF CULTURE OF HEALTH ACTION FRAMEWORK (REFER TO FIGURE 1)	QUESTIONS FOR CONSIDERATION
TALKING ABOUT EQUITY AND CREATING SHARED VALUES	Which perspective reflects your view of health equity? Which perspective is most prevalent in your community? What other ways of defining health equity shape your community's approach to addressing this issue? Why do you think these similarities or differences in perspective exist in your community? If your community stakeholders have a shared view of health equity, how did you get there? If you don't yet have a shared perspective, how do you think you could get to that point?
FOSTERING A FOCUS ON HEALTH EQUITY IN CROSS-SECTOR COLLABORATIVES	If you work on health equity, which partners/sectors/systems are at the table? Which are not, but should be? ● Who leads efforts in your community to enhance health equity? Is it a health-oriented organization, or another sector? ● How do other cross-sector collaborators exert influence in the conversation related to health equity? What are some examples in your community of how leaders from different sectors have worked collaboratively to address health equity? How is your community engaging marginalized or disadvantaged residents in these discussions? How could you work to ensure their voice is actively included in conversations and decision-making?
CREATING HEALTHIER AND MORE EQUITABLE COMMUNITIES	Which regions or populations of your community have experienced significant inequities related to health? What gave rise to those inequities? How is, or could, your community work to address upstream causes of economic, social and physical barriers to opportunity? What opportunities exist for creating healthier, more equitable communities through place-making? Is your community using policies or new government structures to address health equity? If so, what are these?
ADDRESSING EQUITY AS PART OF STRENGTHENING HEALTH SERVICES AND SYSTEMS	Describe the integration of health care, public health and social services systems within your community. Are there opportunities to strengthen the integration of these systems to address health equity? What role could data play in helping to shape your health equity approaches?

