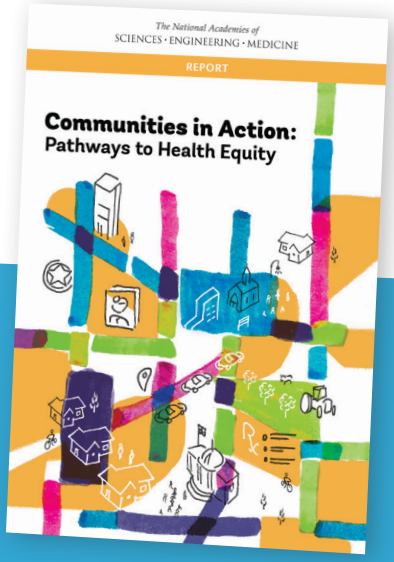
community tools

# Communities in Action

## Pathways to Health Equity

### Tools for Communities




**A community is the place where we live, work, and play. It serves as the bedrock of health, shaping lives and behaviors, and as the foundation for achieving important goals and building a productive society.**

**When health inequities exist in a community, they can stem from inequities in other areas, such as unequal access to jobs, safe and affordable housing, or healthy food options—the conditions needed to fully thrive. Each community is unique in the nature and causes of its health inequities, as well as the means available to address those issues. Yet all communities can take action—with the help of supportive policies and collaboration across multiple sectors—to directly affect the determinants of health and improve health equity in the community.**

**The work done to improve high school graduation rates, or access to transit, or more affordable housing options works to improve a community's health. So whether health is the ultimate goal or the means to an end, communities can benefit by pursuing health equity.**

**The report *Communities in Action: Pathways to Health Equity* highlights some of the many ways communities can design, implement, and evaluate community-based solutions that advance health equity.**

## What are the tools communities can use to help promote health equity?


## Overview

This figure shows the context of structural inequities, socioeconomic and political drivers, and the determinants of health in which health inequities and community-driven solutions exist.

The tools described in the following pages are anchored to three elements at the center of the committee's conceptual model. Making health equity a shared vision and value, building community capacity, and fostering multi-sector collaboration are all vital in the development of community-based solutions for promoting health equity.

**Learn more about health equity at nationalacademies.org/PromoteHealthEquity**

# Communities in Action

**These examples span many sectors and address the range of factors that contribute to health inequity in the United States.**

| Name/Location | Primary SDH* | Key partners | Outcomes** |
|---|---|---|---|
| **Blueprint for Action**<br>*Minneapolis, MN*<br>A strategic plan employing a public health approach to youth violence prevention that arose from a community-driven, grassroots response to the issue | Public safety | County and city departments, local school district, local youth agencies, faith-based organizations, local businesses | From 2007–2015:<br>• 62% reduction in youth gunshot victims<br>• 34% reduction in youth victims of crime<br>• 76% reduction in youth arrests with a gun |
| **Delta Health Center**<br>*Mound Bayou, MS*<br>The first rural federally qualified health center, employing a community-oriented primary care model | Health systems and services | Community health associations, educational institutions, agricultural co-ops | Rate of low birth weight babies decreased from 20.7% in 2013 to 3.8% in 2015 |
| **Dudley St Neighborhood Initiative**<br>*Boston, MA*<br>A community-driven organization empowering residents to drive economic development and neighborhood revitalization | Physical environment; Employment | Other community stakeholder organizations, educational institutions, nonprofit organizations | For construction related to the Boston Promise Initiative, the collaborative was successful in ensuring that 51 and 15 percent of the construction workforce consisted of racial and ethnic minorities and women, respectively.<br><br>In 2013, DSNI helped secure 44 percent of total subcontract value on Choice Neighborhoods construction projects for minority-owned enterprises, totaling $16,438,519 (with an additional 10 percent of subcontract value for women-owned enterprises, totaling $3,656,263). |
| **Eastside Promise Neighborhood**<br>*San Antonio, TX*<br>An implementation site of the Promise Neighborhood grant program, developing collaborative solutions to address barriers to education | Education | Local nonprofits, local school district, city agencies, faith-based organizations, educational institutions, health providers, local elected officials | From 2015–2016, number of survey respondents who answered that...<br>• "child care is available [to them] when needed," "most of the time" or "sometimes" increased from 80% to 100%<br>• "[they] work with others to improve their neighborhood" increased from 58% to 83%<br>• "[their] neighborhood has safe places for kids to play" increased from 40% to 67% |
| **IndyCAN**<br>*Indianapolis, IN*<br>A multi-faith, nonpartisan organization catalyzing marginalized people and faith communities to organize for racial and economic equity | Employment; Public safety | Faith-based organizations, businesses, government, community leaders | • Average PICO member engages in 76% more civic duty than average resident<br>• Reduction in incarceration in Marion County will be measured using data submitted to U.S. Annual Survey of Jails<br>• Increased access to jobs through expanded transit by using Indianapolis Metropolitan Planning Organization's geographic information system mapping data |
| **Magnolia Community Initiative**<br>*Los Angeles, CA*<br>Initiative that seeks to increase social connectedness, community mobilization, and access to vital supports and services to improve outcomes for children | Social environment | More than 70 partner organizations, including government, nonprofit, for-profit, faith, and community group associations that connect programs and providers | In 2016, 57.3% of children ages 0 to 5 had access to a place other than an emergency room when sick or in need of health-related services |
| **Mandela Marketplace**<br>*Oakland, CA*<br>A nonprofit organization addressing issues of food insecurity and economic divestment through the creation of sustainable food systems | Physical environment | Local businesses, educational institutions, youth development organizations, housing developers, government agencies, foundations | • 641,000+ pounds of produce distributed in food insecure communities<br>• 76% of shoppers reported increased consumption of fruits and vegetables<br>• $5.5+ million in new revenue generated<br>• 26+ job/ownership opportunities generated |
| **PUSH**<br>*Buffalo, NY*<br>A nonprofit organization that mobilizes residents to secure quality, affordable housing and advance economic justice | Housing | Government agencies (housing, energy, parks), local elected officials, nonprofits and NGOs, private-sector businesses | Conducting regional mapping project measuring number of redevelopers housing units, number of employed workers, amount of carbon emission reduction, and utility bill cost savings for low-income households |
| **WE ACT for Environmental Justice**<br>*Harlem, NY*<br>A nonprofit engaging in community organizing, community-based participatory research, and advocacy to confront environmental injustice | Physical environment | Academic institutions, community-based participatory researchers, housing groups, legal partners, energy and solar providers, government agencies, local elected officials | New policies and legislative reform on issues related to air quality monitoring and use of harmful compounds such as BPA and phthalates in consumer products, pesticides, and flame retardants |

** SDH = social determinants of health* *** Key metric data reported by individual organizations*

# Community Tools

**A number of cross-cutting tools can provide a foundation for developing community-based solutions to promote health equity, like the ones employed by the nine community examples featured in the table. Because every community is unique, the tools different communities need will vary.**

### *Meeting information needs*

Community-level health indicators and outcomes cannot be measured without community-level data. Such data are critical to raising awareness to make health equity a shared vision and value, increasing a community's capacity to design community-based solutions and shape outcomes, and fostering multi-sector collaboration and evaluation of solutions. There are many existing data sources, indicators, and interactive tools that can inform community-based solutions. For examples of nongovernmental and governmental data sources, and interactive tools that make data sets more accessible to communities, see Box 8-1 and Box 8-2 in the *Communities in Action* report.

### *Adopting or developing logic models or theories of change*

Logic models are frameworks that help to match a program's activities to its aspired outcomes to help stakeholders clearly identify a program's components and intended results. A theory of change starts by identifying the goals and works to identify the preconditions that must be met to achieve the goal. Both tools can maximize success by creating a framework to approach complex issues.

For instance, in New York City, **WE ACT**'s theory of change is logic model–based and details short-term, intermediate, and long-term outcomes as well as the ultimate societal change of transforming northern Manhattan into a healthy community.

### *Using civil rights law to promote health equity*

Civil rights laws are an integral part of the culture of health in the United States, offering tools that stakeholders working with public interest attorneys, public health professionals, community groups, government agencies, and recipients of federal, state, and local funds can use to promote health equity.

### *Activating medical–legal partnerships*

Medical–legal partnerships provide legal assistance through a public health framework that includes the social determinants of health and values population health outcomes as well as individual outcomes. The legal care provided by medical–legal partnerships focuses on social, financial, or environmental problems that have a negative impact on a person's health and can be addressed through civil legal aid. Medical–legal partnerships exist in all 50 states and the District of Columbia.

### *Using health impact assessments to understand policy implications*

A health impact assessment (HIA) is a tool for analyzing the health effects of proposed programs, policies, and projects. It uses data and input from local stakeholders to understand benefits and consequences, both intended and unintended, of a proposal, under the premise that most policy and programs will affect population health in some way.

### *Making health equity a shared vision and value*

Approaches to making health equity a shared vision and value share three characteristics: (1) a shared sense of urgency, (2) clearly stated purpose and values, and (3) a champion. A shared vision, aligned with a clearly stated purpose and values and fueled by a sense of urgency, is highlighted in the community examples in the table.

For instance, **IndyCAN**'s main platform, Opportunity for All, is based on a shared vision that every person should have equal opportunity to access the conditions and resources to achieve racial and economic equity.

### *Building capacity*

Capacity building enables an organization to be more effective in pursuing its mission, vision, and goals; to be sustainable; and to grow as needs require. It is a key element of sustainability. One facet of capacity building involves leadership development, or building the skill sets that committed participants need to take a key role in representing the interests of their community. This may include development of communication and presentation skills and can create lasting change for people involved in training.

For instance, **Dudley Street Neighborhood Initiative** offers internship programs to develop leadership capacity and provide career opportunities for talented youth to create the next generation of community leaders.

### *Fostering multi-sector collaboration*

Collaboration is not always easy, given the disparate missions, goals, organizational cultures, and languages of the key participants, yet creating a shared and compelling vision can be successful in bringing individuals and organizations together to address critical health equity issues. The community examples in the table above highlight the important role of partnership building in the success of their organizations, as well as the importance of investing in partnerships.

For instance, **PUSH** has collaborated with multiple sectors, such as housing, energy, and parks departments, as well as more than 20 nongovernmental organizations ranging from national organizations and foundations to local nonprofits.

## Community Tools, *continued*

### *Making the case for health equity*

When discussing with policymakers, funders, and other stakeholders, communities may need to make the case that health inequity is costly, that strategies for investment exist, and that there is a role for the private sector. Outcomes and success can be framed using a social determinants of health lens.

### *Funding mechanisms*

A key element of any community intervention to promote health equity is identifying and securing the necessary fiscal resources for the project. For communities, funding strategies include grants, endowments and trusts, braided funding, leveraged or shared funding, investments, and public–private partnerships. Communities working on health equity benefit from using different strategies to diversify their revenue mix in order to bring more resources to bear and to increase the likelihood of success and sustainability.

## Where Does Health Inequity Come From?

Health inequities stem from *structural inequities,* the systemic disadvantage of one social group compared to other groups. Structural inequities are deeply embedded in the fabric of society, encompassing policy, law, governance, and culture. Health inequities are in large part a result of historic and ongoing poverty, structural racism, and discrimination.

**To learn more about the underlying causes of health inequity, visit nap.edu/RootCauses.**

## Guiding Principles

**Successfully addressing health inequities, like other community-driven efforts, requires the committed collaboration of organizations working both in and outside the health and health care sector.**

Although no recipe for successful multi-sector collaboration to promote health equity exists, successful collaborations usually involve the following guiding principles:

- ✓ Leverage existing efforts whenever possible.
- ✓ Adopt explicit strategies for authentic community engagement, ownership, involvement, and input throughout all stages of such efforts.
- ✓ Nurture the next generation of leadership.
- ✓ Foster flexibility, creativity, and resilience where possible.
- ✓ Seriously consider potential community partners, including non-traditional ones.
- ✓ Commit to results, systematic learning, cross-boundary collaboration, capacity-building, and sustainability.
- ✓ Partner with public health agencies, no matter the focus of the effort.

## Conclusion

Health depends on much more than individual choice, which is why so many communities are engaging in the hard work of addressing the systemic root causes of health inequities. System-level changes are needed to reduce poverty, eliminate structural racism, improve income equality, increase educational opportunity, and fix the laws and policies that perpetuate structural inequities. Working to tackle unemployment, concentrated poverty, and school dropout rates can seem overwhelming to communities, but when actors in the community—residents, businesses, state and local government, and other local institutions—work together across multiple sectors, communities have the power to change the narrative and promote health equity through enduring community-driven interventions.

*The National Academies of* SCIENCES ENGINEERING MEDICINE

**Read the report at nationalacademies.org/promotehealthequity**