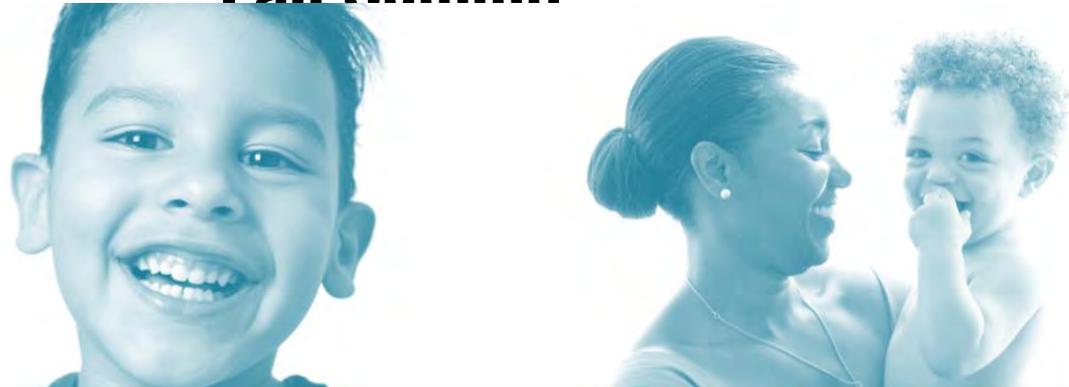


Why Equity Matters: The Urgency & Opportunity

Amanda M. Navarro, DrPH, MPH

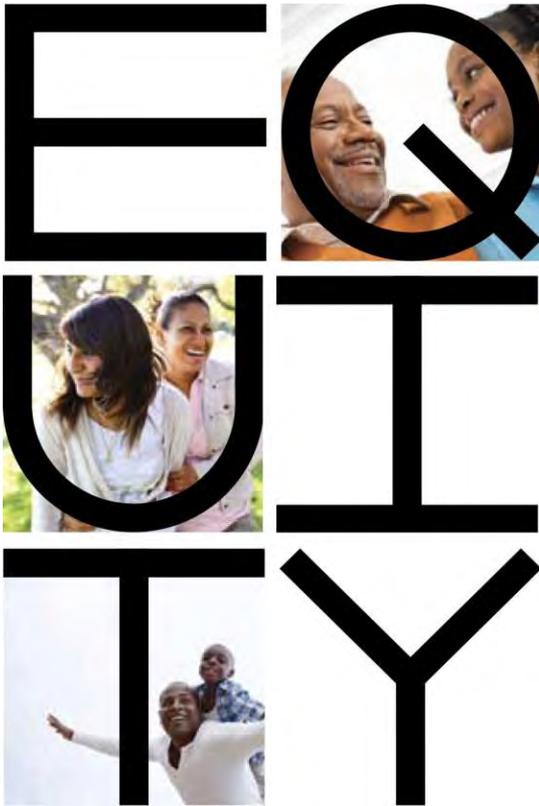
**MA Partnership for Health Promotion and Chronic Disease
Prevention
Fall Summit**



PolicyLink is a national research and
action institute advancing economic and
social equity by
Lifting Up What Works. ®

Defining Health:
**Overall state of physical,
economic, social and spiritual
well-being**

Definition



Equity means just and fair inclusion. The goals of equity must be to create conditions that allow all to reach their full potential. In short, equity creates a path from hope to change.

Health Inequities

Growing Communities: Social Determinants, Behavior and Health

Our environments cultivate our communities and our communities nurture our health.

When inequities are high and community assets are low, health outcomes are worst.

When inequities are low and community assets are high, health outcomes are better.



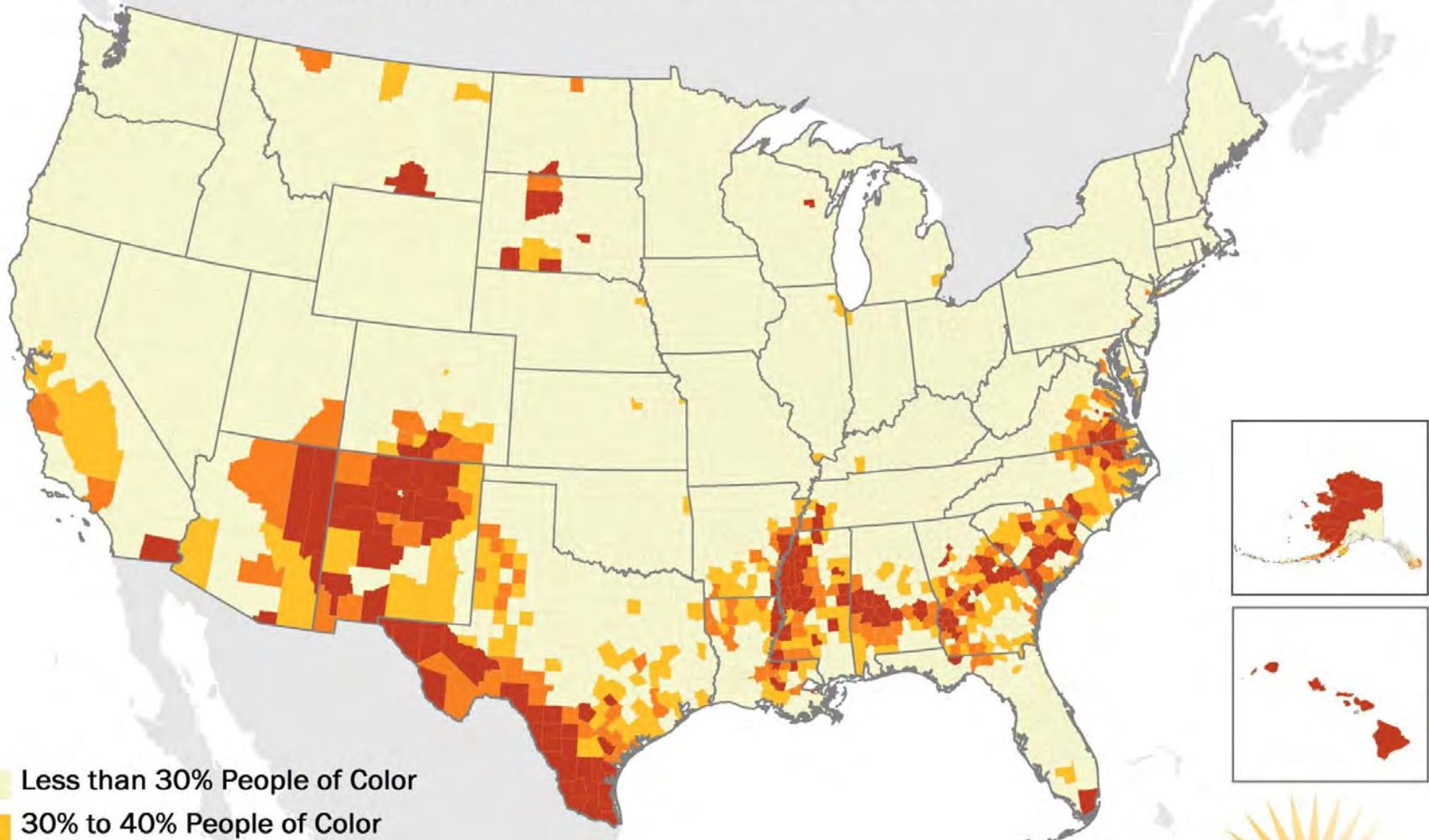
Policy Matters

- Policy impacts the economic, social, physical and service environments
- ***Health in All Policies***: Policies not traditionally thought of as health policies (transportation, agriculture, land use, education, economics) impact health and obesity rates
- ***Equity in All Policies***: All policies can produce either positive or negative impacts on low income communities and communities of color



The Face of America is Changing

1980 Percent People of Color by County



- Less than 30% People of Color
- 30% to 40% People of Color
- 40% to 50% People of Color
- Greater than 50% People of Color

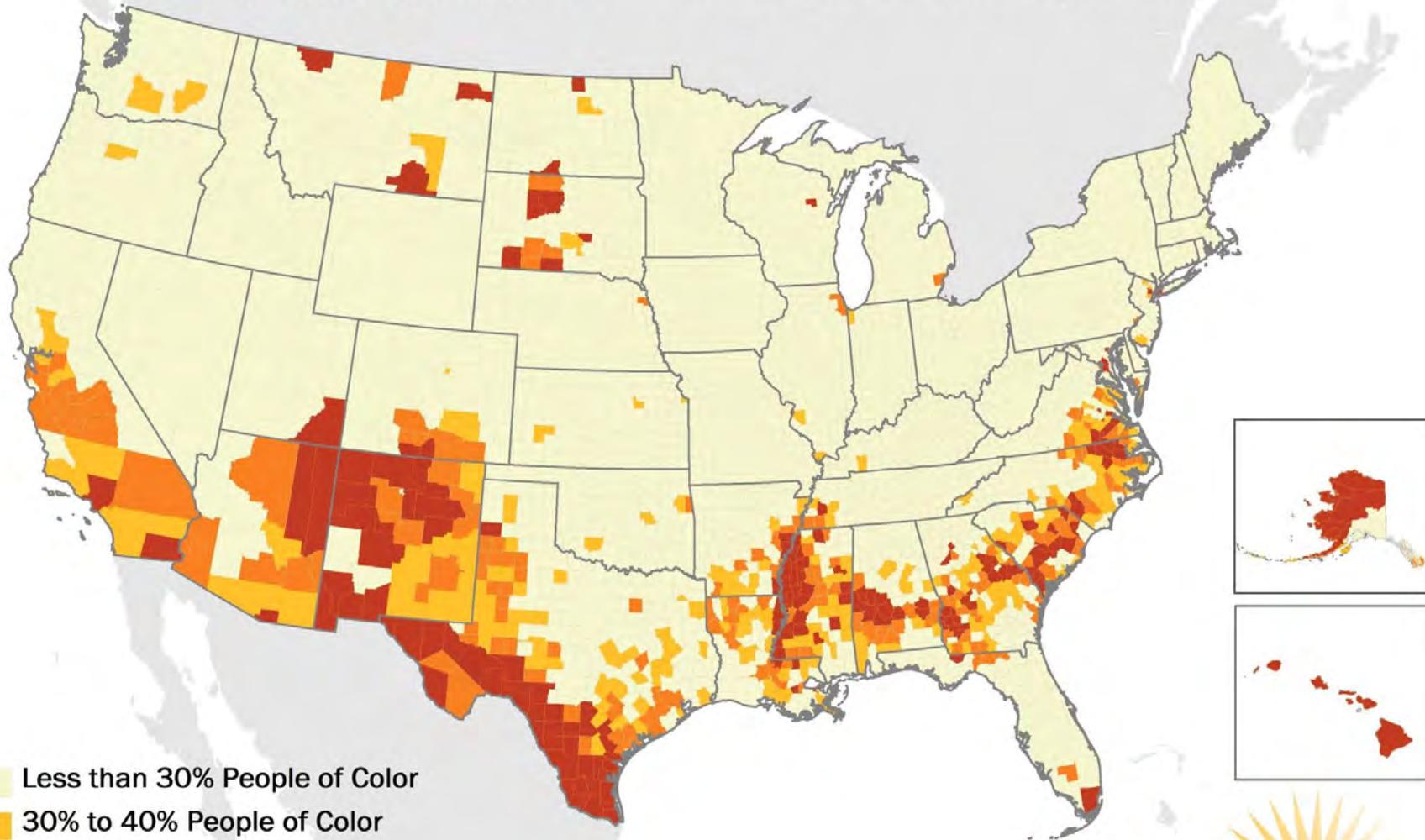
Sources: 1980 Census, Census TIGER/Line, NHGIS, and ESRI.

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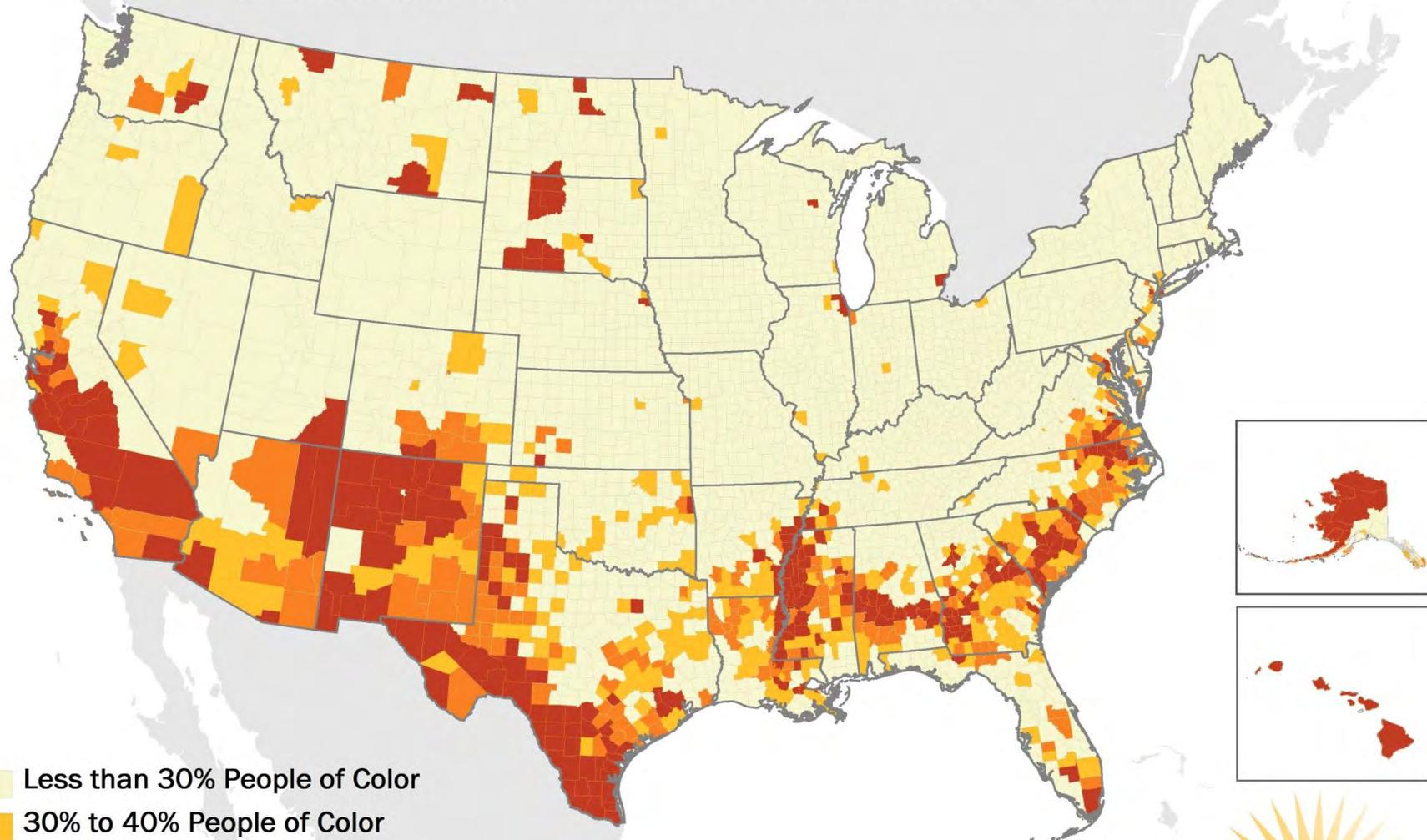
Sources: 1990 Census, Census TIGER/Line, NHGIS, and ESRI.

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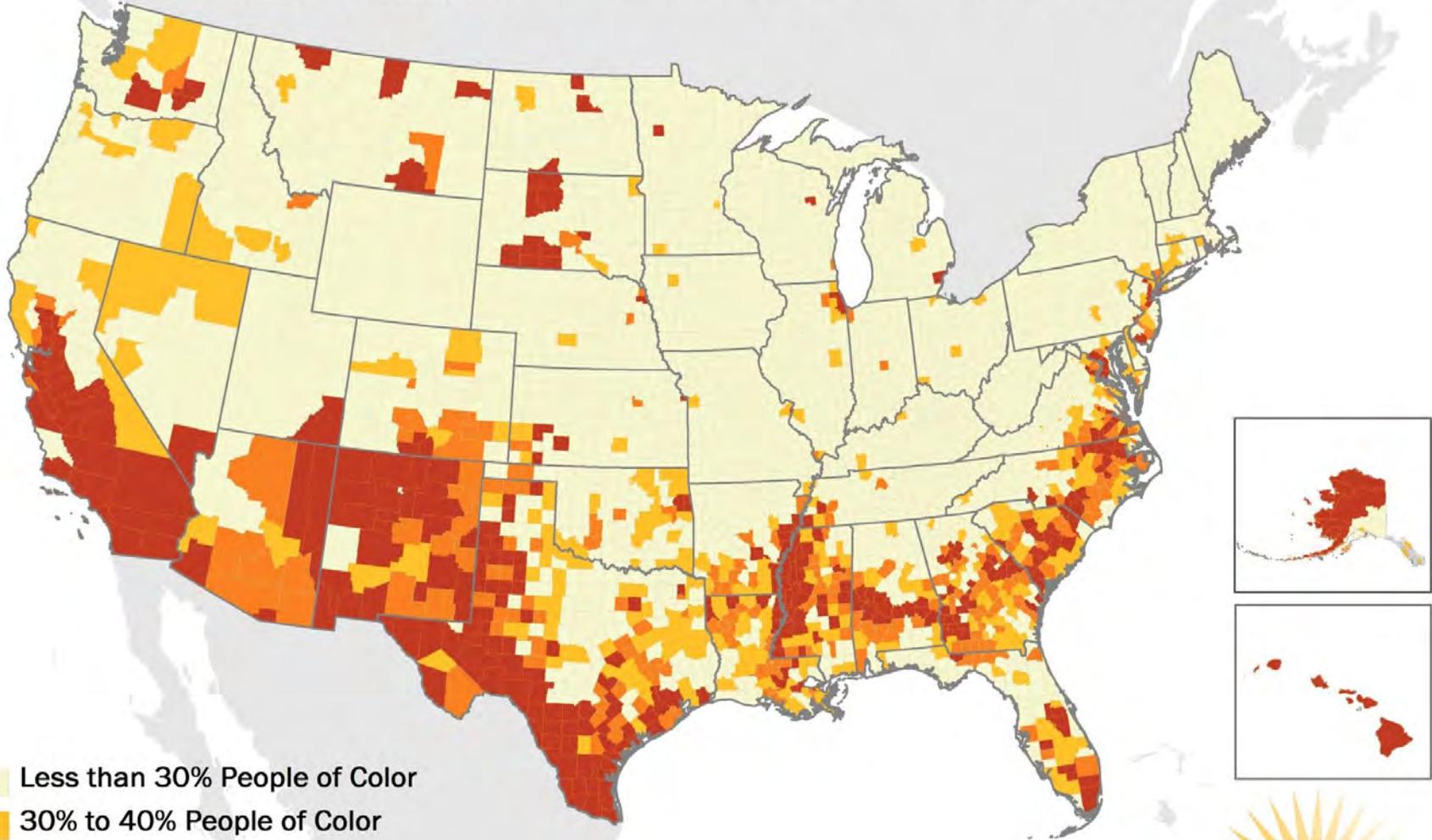
Sources: 2000 Census, Census TIGER/Line, NHGIS, and ESRI.

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2010 Percent People of Color by County



- Less than 30% People of Color
- 30% to 40% People of Color
- 40% to 50% People of Color
- Greater than 50% People of Color

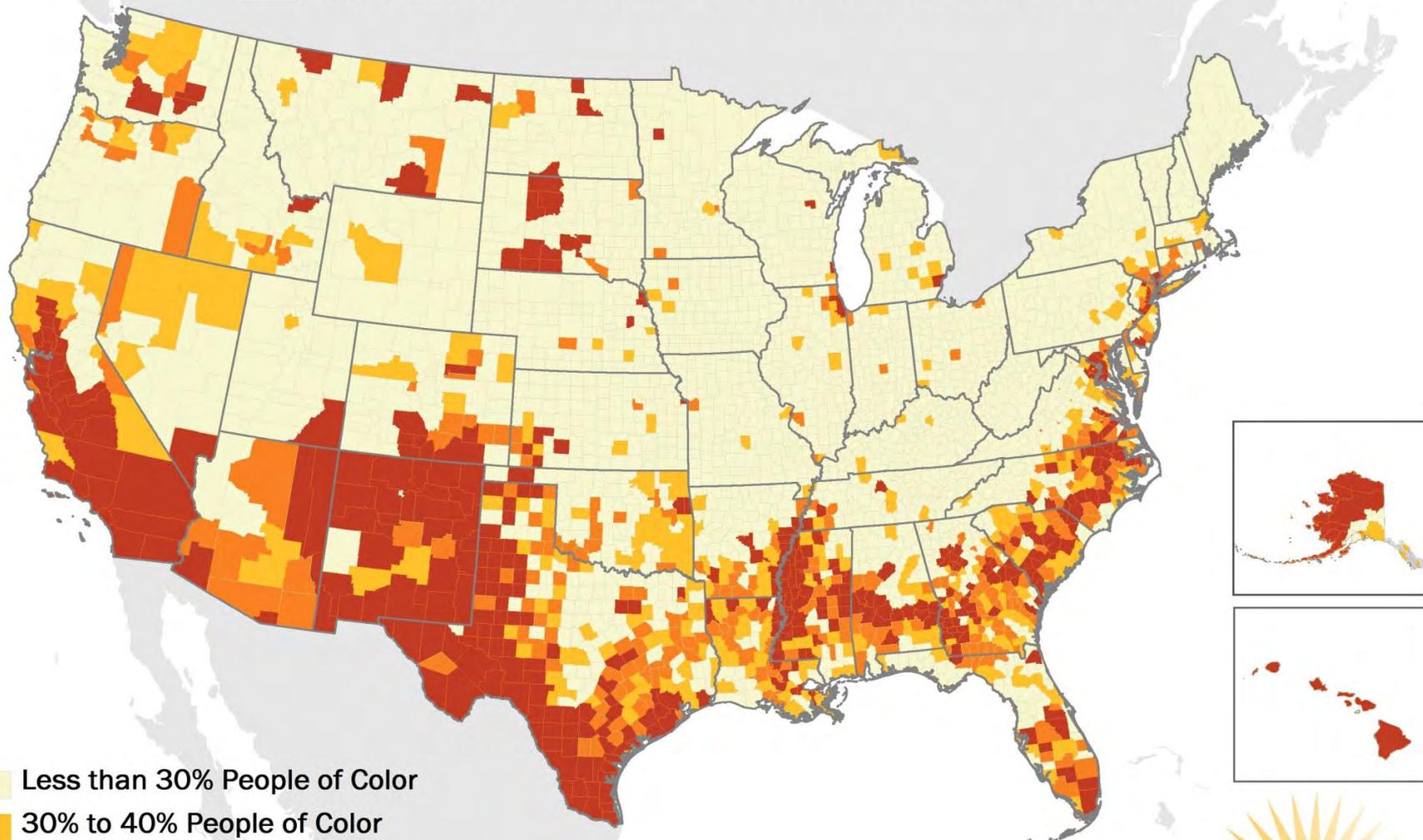
Sources: 2010 Census, Census TIGER/Line, NHGIS, and ESRI.

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2020 Percent People of Color by County



- Less than 30% People of Color
- 30% to 40% People of Color
- 40% to 50% People of Color
- Greater than 50% People of Color

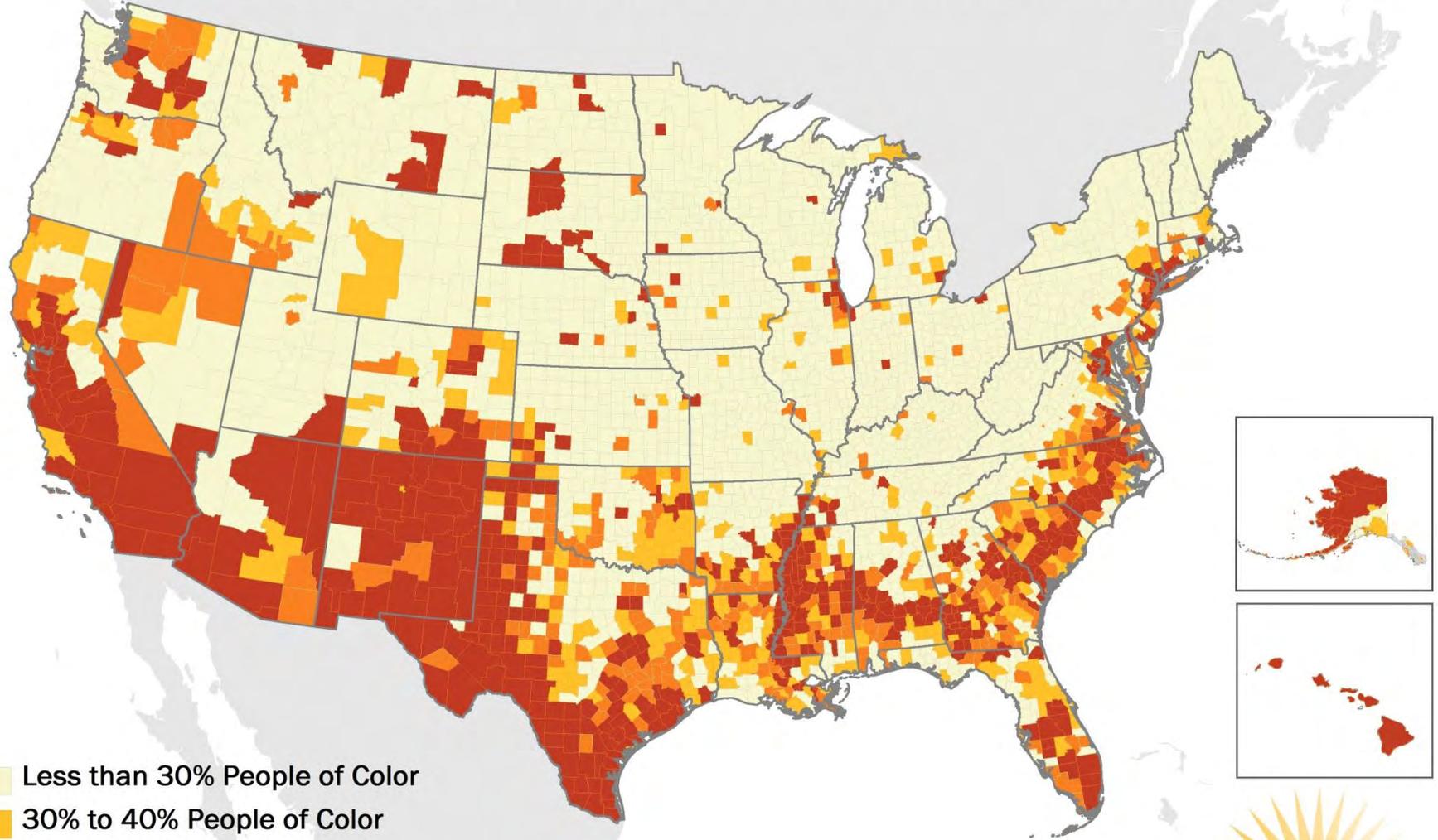
Sources: Woods & Poole Economics projections data (adjusted using the 2010 Census), Census TIGER/Line, NHGIS, and ESRI.

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2030 Percent People of Color by County



- Less than 30% People of Color
- 30% to 40% People of Color
- 40% to 50% People of Color
- Greater than 50% People of Color

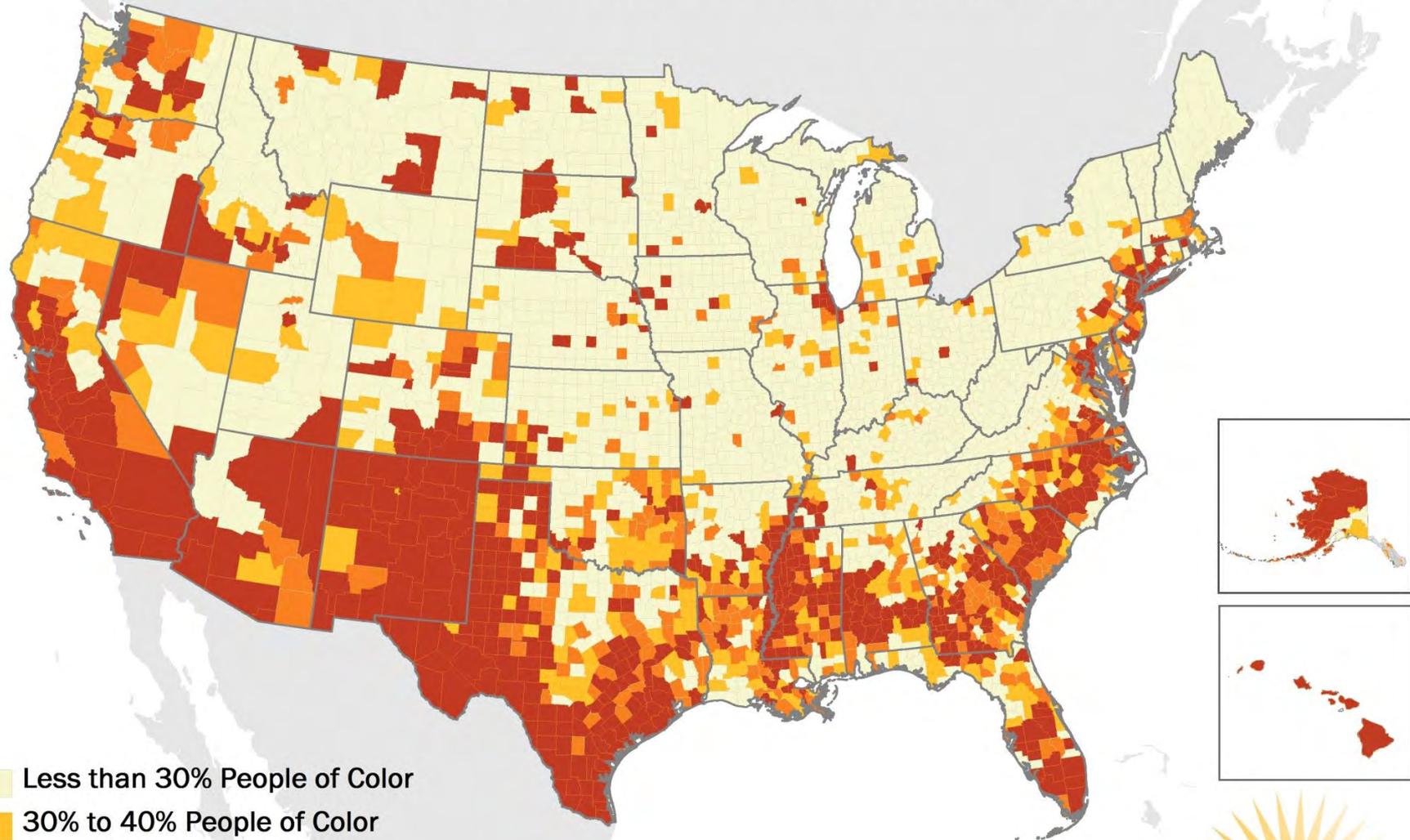
Sources: Woods & Poole Economics projections data (adjusted using the 2010 Census), Census TIGER/Line, NHGIS, and ESRI.

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2040 Percent People of Color by County



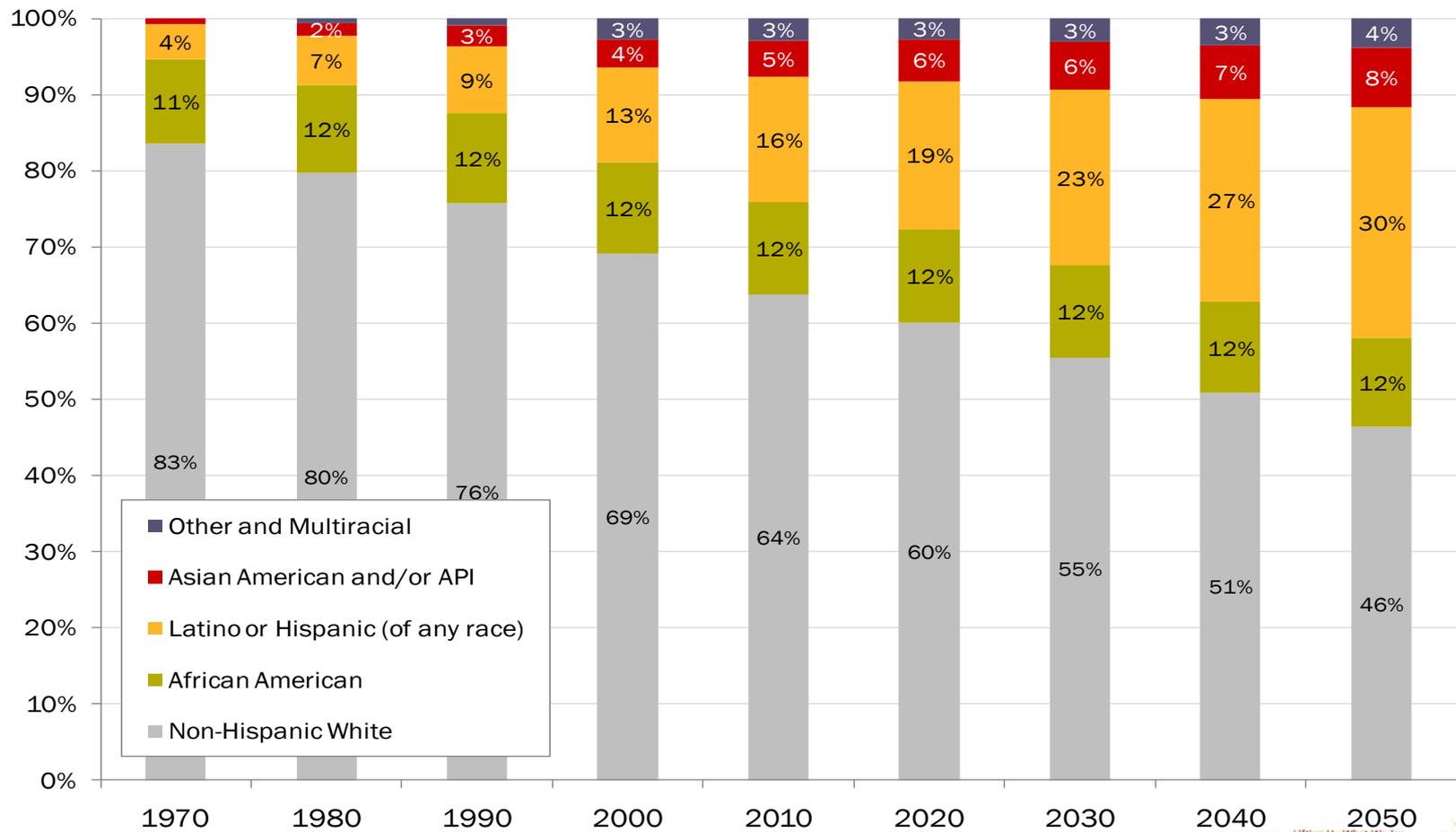
- Less than 30% People of Color
- 30% to 40% People of Color
- 40% to 50% People of Color
- Greater than 50% People of Color

Sources: Woods & Poole Economics projections data (adjusted using the 2010 Census), Census TIGER/Line, NHGIS, and ESRI.

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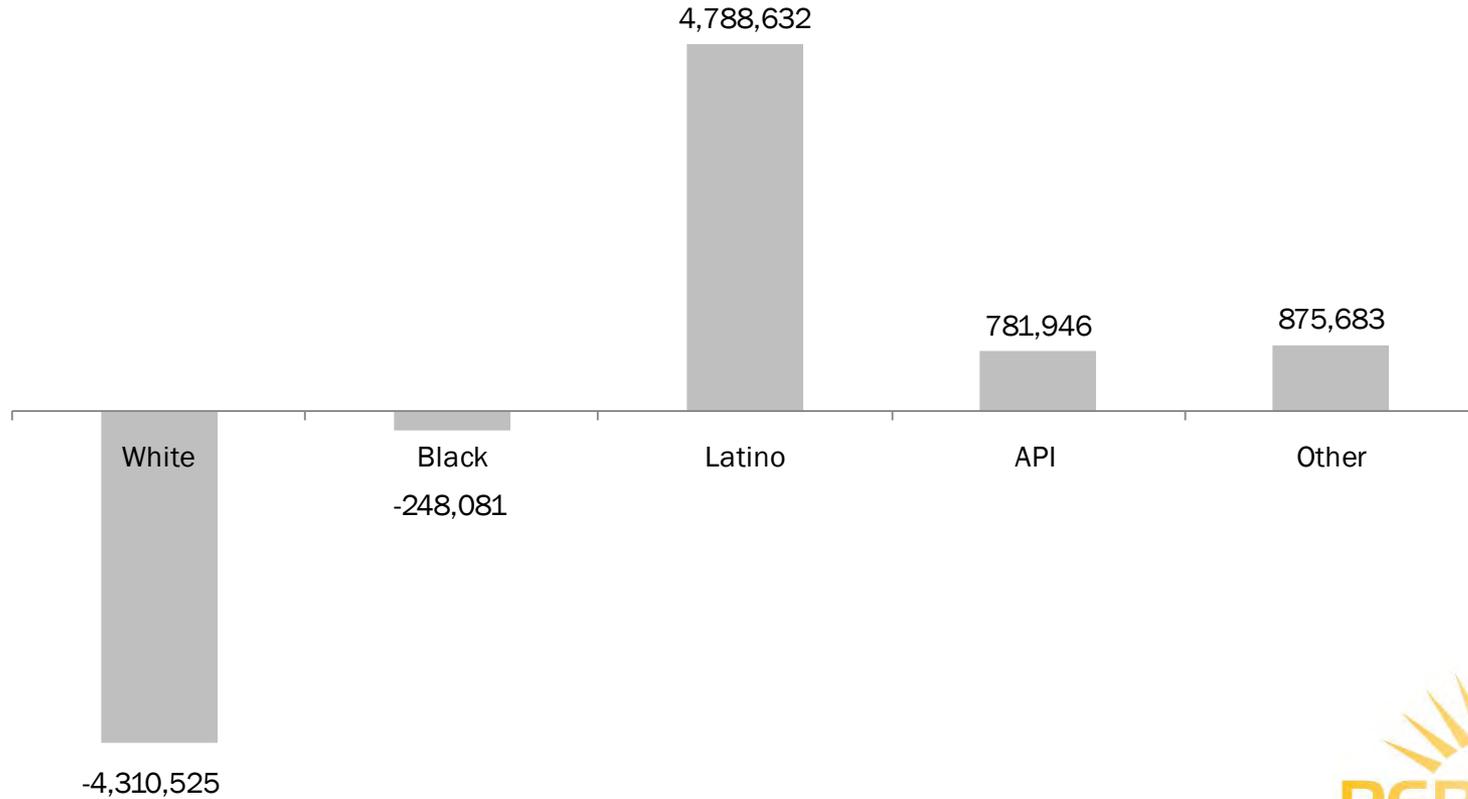


Sources: Statistical Abstract of the United States (1970 and 1980). Data for from the U.S. Census Bureau, decennial censuses (1990, 2000, and 2010). U.S. Census Bureau Population Projections, 2008 (2020-2050).



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U.S. Change in Youth (<18) Population by Race/Ethnicity, 2000-2010



Communities of Color and Immigrants are Driving Growth



Image source: Getty Images.

Mapping the 2010 U.S. Census

Browse population growth and decline, changes in racial and ethnic concentrations and patterns of housing development.

View More Maps



Change in population since 2000

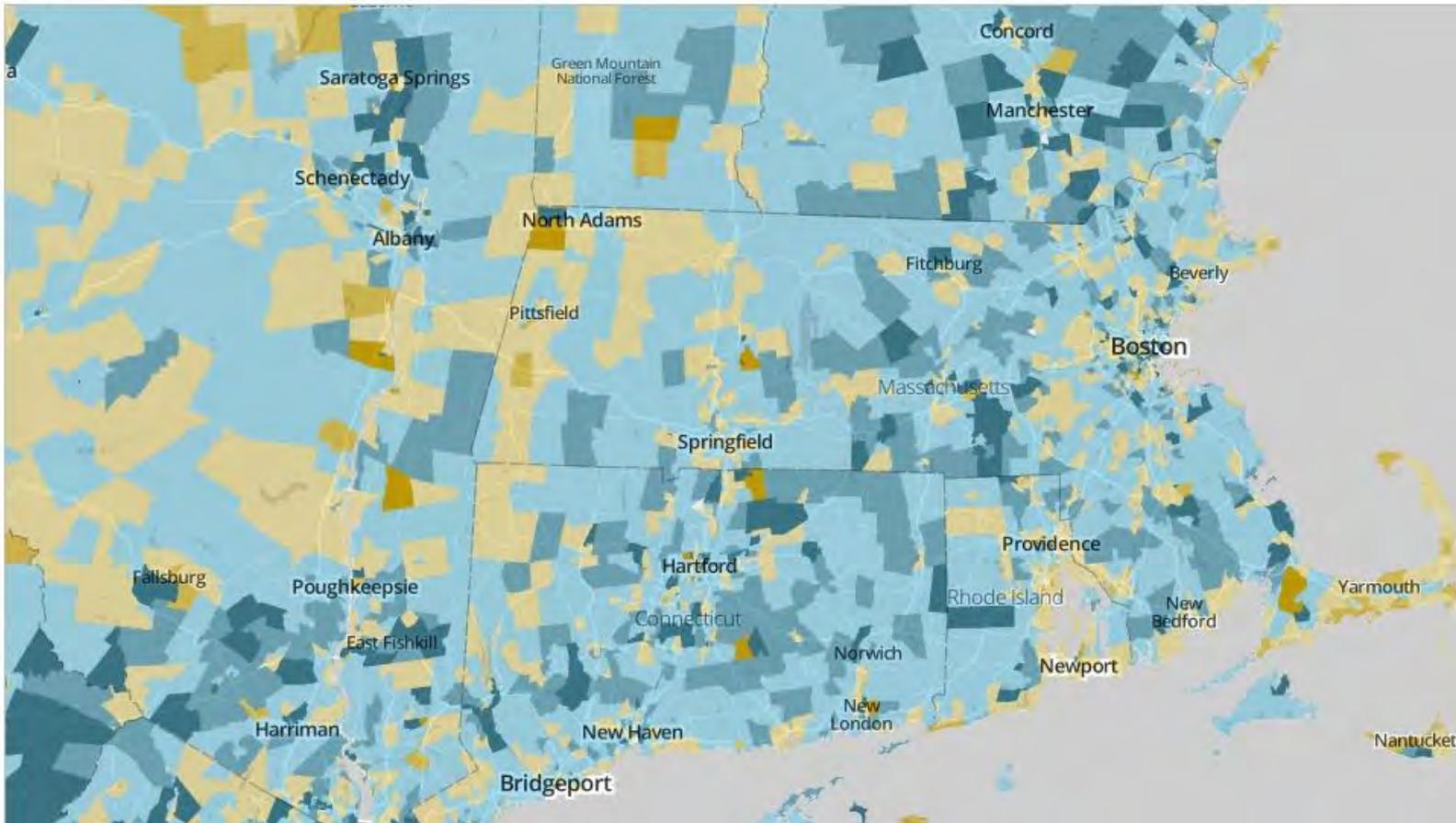
- Over 20% increase
- 10% to 20%
- 0% to 10%
- 0% to -10%
- 10% to -20%
- Over 20% decline

Zoom to a State

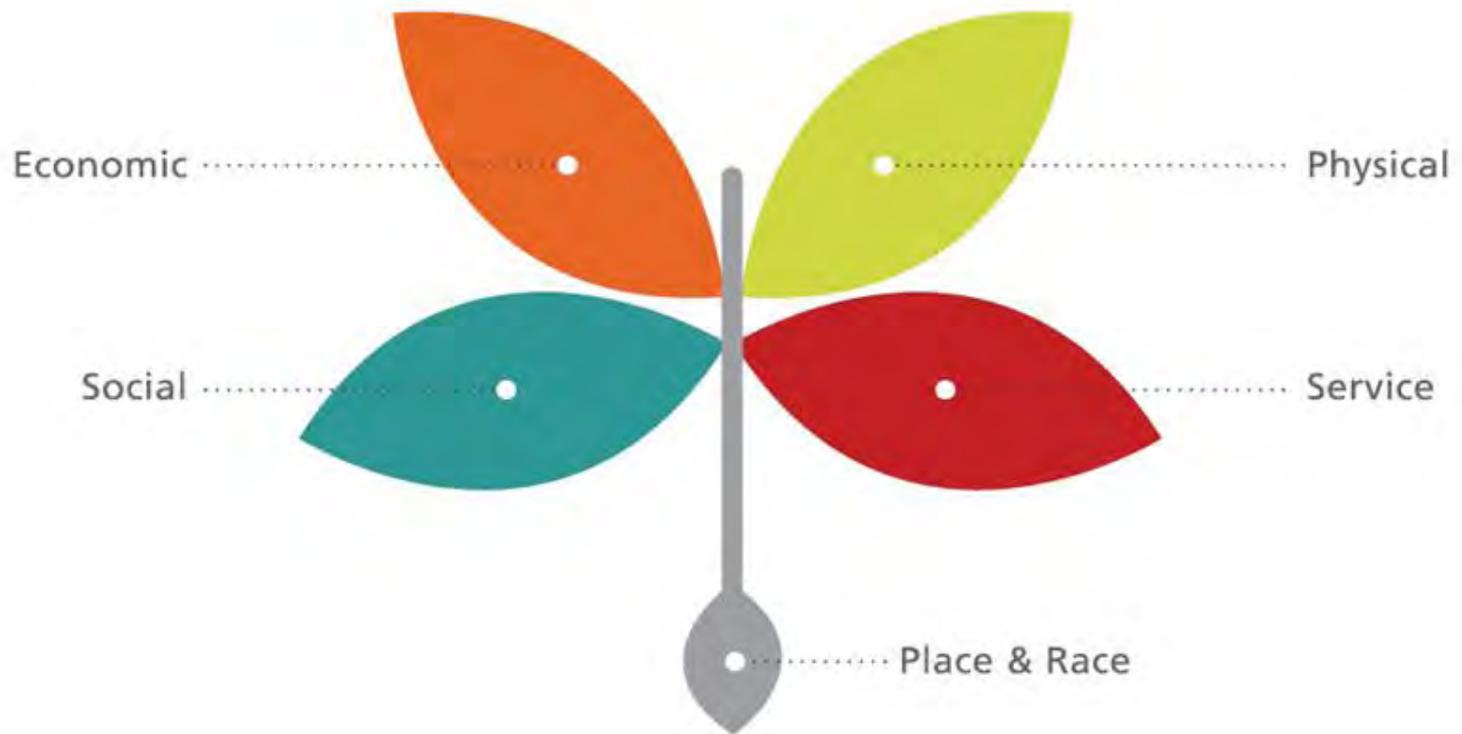
Massachusetts

2010 POPULATION	CHANGE FROM 2000
6,547,629	+3.1%

RACE/ETHNICITY	SHARE OF POP.	CHANGE FROM 2000
Whites:	76%	-4%
Blacks:	6%	+23%
Hispanics:	10%	+46%
Asians:	5%	+47%
Native Amer.:	0%	-4%
Multiracial:	2%	+11%
Other groups:	1%	+39%



A Framework for Building Healthy Communities



An Equity Agenda

Equity
through
Policy

- Strategy Development

Equity
through
Process

- Data Collection/Analysis
- Community Engagement

Data Collection/Analysis

- What data collection and analysis has been or is currently being undertaken to understand community conditions?
- What indicators are you using in your analysis to better understand health inequities in your communities?
- *Who* is most impacted by these inequities? *Where* are these inequities most severe?
- How are community assets being identified?
- What learning has come from community residents?

Education, Income and Health: Intrinsically Linked*

More education → Longer life

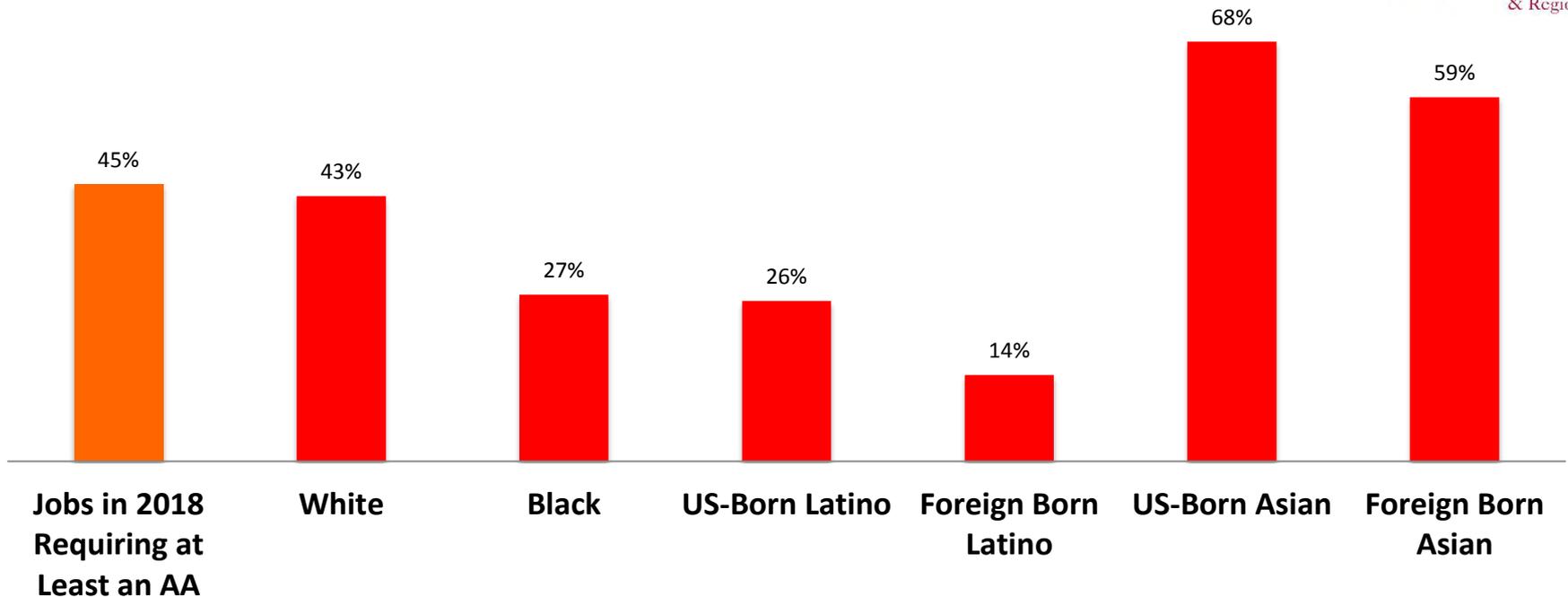
More education → Healthier life

Higher income → More opportunities to live in a healthy community

Higher income → Healthier children

* This slide is from the RWJF Commission for a Healthier America.

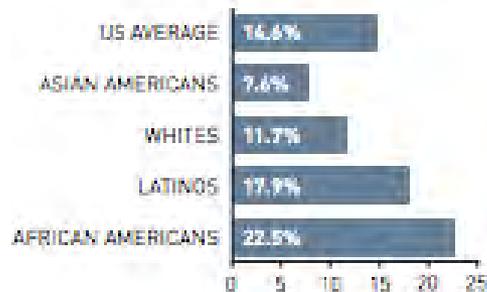
Racial/Ethnic and Economic Inclusion Are Key for Economic Competitiveness and Good Health



Share of Working Age Population with an Associate's Degree or Above in 2010

Disconnected Youth in Massachusetts

Youth Disconnection by Race and Ethnicity



Source: Measure of America analysis of US Census Bureau, American Community Survey 2011 PUMS Microdata File.

Most Connected Neighborhood Clusters

NEIGHBORHOOD	RATE OF YOUTH DISCONNECTION (%)
Greater Allston and Brighton, Suffolk County, MA	3.0
Brookline and Newton, Middlesex and Norfolk Counties, MA	3.2
Cambridge, MA	3.3

Least Connected Neighborhood Clusters

NEIGHBORHOOD	RATE OF YOUTH DISCONNECTION (%)
Lawrence, Methuen, and Andover, Essex County, MA	16.9
Chelsea, Revere, and Winthrop, Suffolk County, MA	17.3
Abington, Brockton, and Avon Cities in Norfolk and Plymouth Counties, MA	19.1

Understanding Systems and Dynamics



Engagement and Leadership

- Efforts to achieve revitalized communities of opportunity will not be successful without substantial community engagement
- Meaningful community engagement requires participation in governance and decision making

Principles for Community Engagement

- Empower residents through meaningful inclusion and partnerships
- Build capacity for high level engagement
- Prioritize community knowledge and concerns
- Target resources to support ongoing engagement
- Facilitate mechanisms that encourage mutual learning and feedback mechanisms

Towards More Equitable Public Engagement Processes

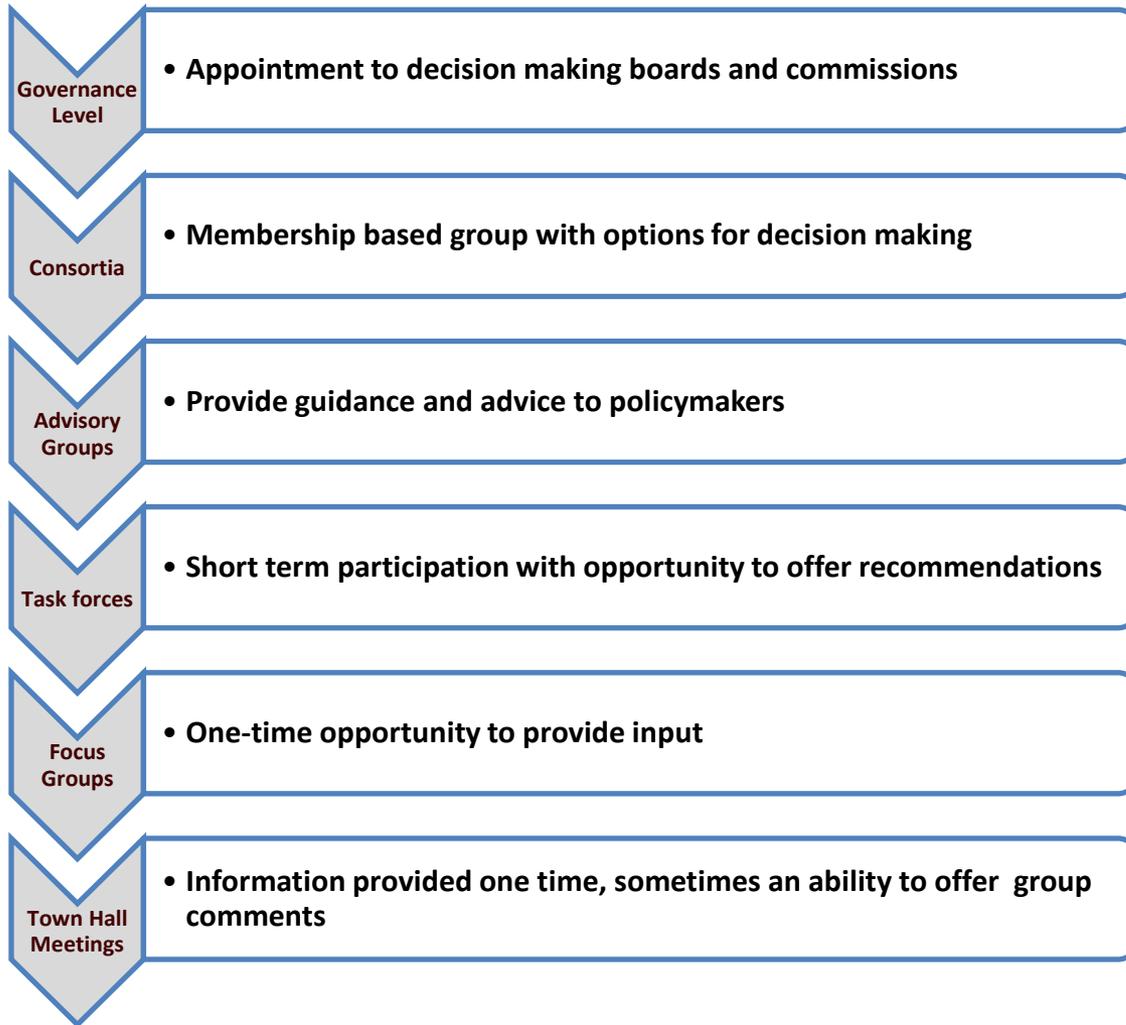
Inclusive: What communities and interests need to be represented and in what capacity?

Accessible: Will people and organizations from a diversity of backgrounds feel comfortable and engaged?

Transparent: How does public engagement interact and influence decision-making?

Institutional Structures for Community Engagement

**Ascending
Value**



**Descending
Value**

Boards & Commissions Leadership Institute

- Identifies, trains, places, and supports low-income people and people of color for priority boards and commissions in the Bay Area.
- “Seats First”
- “Just in time” mentoring
- Movement-based



BCLI graduates have won over 30 seats. Several have run for elected office and won.

An Equity Agenda

Equity through Policy

- Strategy Development

Equity through Process

- Data Collection/Analysis
- Community Engagement
- Partnerships

Advancing Health & Equity through All Policies

- Develop and implement strategies that get to the **“triple bottom line”**:
 - improving health (people)
 - revitalizing neighborhoods (place)
 - creating good quality jobs (economy).

Advancing Health & Equity through All Policies

- It also means asking:
 - Do the solutions we are developing speak to the issues that low-income communities and communities of color have identified as crucial (i.e., living wage jobs, housing, child-care, supermarket development)?
 - What are we doing to provide people with the resources and information they need to identify their own solutions?
 - WHO will take control? and WHO is building power?
 - What kinds of ‘leadership’ are we trying to foster? How are those leaders accountable to the low-income communities they are working in?

Who benefits • Who pays? • Who decides? • Who leads?

An Equity Agenda

Policy & Environmental Changes to Support Health

- Safety/violence prevention
- School wellness policies
- Land use/zoning
- Safe Routes to School
- Trails and safe parks
- Bike share programs
- Developing or updating neighborhood/general plans
- Grocery stores/supermarkets
- Corner store/bodega and restaurant initiatives
- Farmers' markets & collaboratives with local farmers
- EBT access at farmers' markets



Strategy Development

Equitable Policies:

- Include equity as criteria for inclusion and/or prioritization of policies
- Identify policies important to low-income communities, communities of color and other vulnerable populations
- Target benefits to vulnerable populations
- Prioritize provision of resources to areas that need it most

Strategy Development

Questions for Consideration:

- How is your strategy conceptualized to promote equity/reduce inequities?
- What inequities will be reduced as a result of this strategy?
- How will you deliberately focus on implementing this strategy in a way that promotes equity?
- How will your strategy promote meaningful and authentic community engagement?
- What could be unintended consequences of this strategy?

Achieving Equity is Possible



Image source: [Native American Community Development Institute](#)

- Launched in 2008 by a group of Cleveland institutions—Cleveland Foundation, Cleveland Clinic, University Hospitals, Case Western Reserve University, and municipal government
- Enterprise model launched 3 employee-owned, green businesses: Evergreen Cooperative Laundry, Evergreen Energy Solutions, and Green City Growers Cooperative
- Created dozens of good jobs with benefits and ownership opportunities for local residents, over half of whom have felony records

Equitable Approaches Bring Triple Bottom Line Benefits



Transportation: A 21st Century Civil Rights Issue: Milwaukee

- May 2014 landmark victory by Black Health Coalition of Wisconsin, Inc. (BHCW) and Milwaukee Inner-city Congregations Allied for Hope (MICAH)
- Reached agreement with Wisconsin and U.S. DOTs to spend \$13.5 million to create and expand bus routes linking Milwaukee central city residents to employment opportunities in suburbs North of Milwaukee County.
- BHCW and MICAH who combined their forces in a lawsuit to create mass transit opportunities to coincide with the massive \$1.7 billion that was set to be spent to repair and expand the busiest interchange in the state.

"We've long said that improved transit is necessary to achieve racial equity, good health and environmental justice. This settlement is a step forward towards meeting those critical goals."

Greater Worcester Community Health Improvement Plan

- Comprehensive community engagement process
- Formed multi-stakeholder advisory committee including many community partners
- Focuses on 5 towns & City of Worcester to address regionalization of public health services and on areas that have the largest low-income, racial/ethnic and immigrant populations
- One of 5 principles domains created to structure the CHIP is Health Equity & Health Disparities



Source: [Great Worcester Community Health Assessment](#)

Advancing Health Equity in Minnesota Partnership

- Used an extensive community-based process to develop the state legislative report
- Decision made in this effort to be explicit about race and structural racism, particularly the relationship of race to structural inequities that contribute to health disparities
- Recommendations include:
 - Advance equity through a health in all policies approach across all sectors to examine policies and target resources
 - Strengthen community relationships and partnerships to advance equity by creating avenues for meaningful engagement
 - Redesign the Minnesota Department of Health grant making to advance equity
 - Make equity an emphasis throughout state health department by assessing all MDH programs and divisions
 - Strengthen collection, analysis, and use of data to advance equity

Bridge Building



By HikingArtist.com

Sew Along the Seam



Innovation



Refinement



Intrusion & Deliberateness



Behavior Change



"Look, I can't promise I'll change, but I can promise I'll pretend to change."

Conclusion

- It means bringing together 3 agendas:
 - Agenda to grow jobs and increase economic viability
 - Agenda to reduce health disparities and improve health overall
 - Agenda to ensure that all have the opportunity to participate, contribute and benefit from the change
- Takes time
- Stretching outside our comfort zones
 - Understand the economy
 - Understand structural racism and embrace racial and economic inclusion
 - Continuously ask and hold you and others accountable to the questions
- Less about specific issues and more about the tactics and processes that give meaningful power and voice to those who have been previously shut out from reaping the rewards and shaping our shared fate.

Thank You

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