Health Equity Learning Series

Creating a More Equitable Society to Achieve Health Equity

DEDICATED TO ACHIEVING HEALTH EQUITY FOR ALL COLORADANS
Equity Is the Superior Growth Model for an All-In Nation
HEALTH EQUITY LEARNING SERIES

- Aurora
- Boulder
- Colorado Springs
- Denver
- Durango
- Eagle
- Fort Collins
- Glenwood Springs
- Grand Junction
- Gunnison
- La Junta
- Pueblo
- Salida
- Steamboat Springs
- Telluride
- Trinidad

DEDICATED TO ACHIEVING HEALTH EQUITY FOR ALL COLORADANS
HEALTH EQUITY LEARNING SERIES

Twitter
- @ColoradoTrust
- #healthequityTCT

Email
- healthequity@coloradotrust.org
HEALTH EQUITY LEARNING SERIES

Mildred Thompson
Director, PolicyLink Center for Health and Place
Advancing Health Equity Through Place-Based Solutions

Colorado Health Equity Learning Series

Mildred Thompson, Director
PolicyLink Center for Health Equity and Place

February 26, 2014
Defining Health: Overall state of physical, economic, social and spiritual well-being
PolicyLink is a national research and action institute advancing economic and social equity by Lifting Up What Works. ®
THE FACE OF AMERICA IS CHANGING
2010 Percent People of Color by County

- Less than 40% People of Color
- "Tipping Point" Counties: 40% to 50% People of Color
- Greater than 50% People of Color

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

Copyright ©2011 PolicyLink and PERE
Why care?

Percent People of Color by County

Sources: 2010 Census (Summary File 1), Census TIGER/Line, NHGIS, and ESRI.

Copyright ©2011 PolicyLink and PERE
Colorado is Quickly Becoming More Racially and Ethnically Diverse
1980-2040

![Graph showing racial and ethnic diversity in Colorado from 1980 to 2040](chart)

Source: U.S. Census Bureau; Woods & Poole Economics
Source: U.S. Census Bureau; Woods & Poole Economics

2000

Percent People of Color by County

0  30  40  50%

PolicyLink
Growth Rates of Major Racial/Ethnic Groups 2000 to 2010

U.S. Colorado Denver-Aurora Metro

- All: 10% (U.S.), 18% (Colorado), 17% (Denver-Aurora Metro)
- Non-Hispanic White: 1% (U.S.), 10% (Colorado), 9% (Denver-Aurora Metro)
- African-American or black: 11% (U.S.), 19% (Colorado), 20% (Denver-Aurora Metro)
- Latino: 43% (U.S.), 43% (Colorado), 43% (Denver-Aurora Metro)
- Asian or Pacific Islander: 45% (U.S.), 48% (Colorado), 45% (Denver-Aurora Metro)
- Native American and Alaska Native: 8% (U.S.), 9% (Colorado), 8% (Denver-Aurora Metro)
- Other or mixed race: 30% (U.S.), 39% (Colorado), 38% (Denver-Aurora Metro)

Source: PolicyLink analysis of 2000 and 2010 decennial censuses
Public High School Averaged Freshman Graduation Rate (AFGR) by Race/Ethnicity
Colorado
2009-10 School Year

Source: NCES, Common Core of Data
Median Household Income
2012

- United States: $51,371
- Denver-Aurora-Broomfield Metro: $61,453
- Colorado: $56,765

Source: 2012 American Community Survey
United States

6.7%

Denver-Aurora-Broomfield Metro

6.2%

Colorado

5.9%

Source: Bureau of Labor Statistics

Unemployment Rate
December 2013
Unemployment Rate by Race/Ethnicity
2006-2010

Source: PolicyLink analysis of 2006-2010 American Community Survey
Percent children age 10-17 years are currently overweight or obese
2011/2012

Source: 2011/12 National Survey of Children's Health
Regional Diversity Interest

FIGURE 2
Openness to diversity by region

West North Central 85.1
Opportunity 50.4
Concern 45.3

East North Central 83.5
Opportunity 50.0
Concern 46.5

Mid-Atlantic 93.4
Opportunity 54.1
Concern 40.7

New England 86.2
Opportunity 48.3
Concern 42.2

Pacific 92.3
Opportunity 53.2
Concern 40.9

West South Central 81.6
Opportunity 49.1
Concern 47.5

Mountain 82.7
Opportunity 47.7
Concern 44.9

South Atlantic 84.5
Opportunity 49.9
Concern 45.5

East South Central 78.2
Opportunity 47.3
Concern 49.0

Note: Opportunity and concern scores do not add up to openness scores. Openness score = opportunity score + (80 - concern score).
Building an All-In Nation
A View from the American Public

Support/opposition for new equity agenda

“Based on what you know, would you support or oppose new steps to reduce racial and ethnic inequality in America through investments in areas like education, job training, and infrastructure improvement?”

Total population

71% total support

47% strongly support

27% total oppose

16% strongly oppose

Center for American Progress
PolicyLink
Rockefeller Foundation
LatinoDecisions

Lifting Up What Works®
Why Equity, Why Now: Making the Case
The United States, Falling Behind

- One in six Americans scored near the bottom in literacy.

- Nearly one in three Americans scored near the bottom in numeracy.

- Young Americans rank the lowest among their peers in the countries surveyed.

*Data from Organisation for Economic Co-operation and Development report*
Educational demand for employment has grown; we expect that trend to continue.
Who Will Be Hiring?

- STEM (Science, Technology, Engineering and Math)
- Healthcare Professions
- Healthcare Support
- Community Services
Despite spending far more on health care than any other nation—more than $2.7 trillion in 2011—Americans live shorter, sicker lives than people in many other countries.

* This slide is from the RWJF Commission for a Healthier America.
Why Act Now? America is Unhealthy*

- Within the U.S., nearly a fifth of all Americans live in unhealthy neighborhoods:
  - Limited job opportunities
  - Low-quality housing
  - Limited access to healthy food
  - Few opportunities for physical activity

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

- 1 in 4 children under 5 years old live in poverty.
- 2 in 5 Black and Latino children live in poverty.
- 85% of those surveyed believe that this is a serious/very serious concern.
U.S. Income Inequality*

• Between 1979 and 2007, the top 1% took home over half (53%) of total U.S. income.

• UC Berkeley economist estimates the top 1% captured 95% of total income growth.

• Rising top 1% in states are associated with declines in earnings among middle-income families.

“More than in most other advanced countries, in America the children of affluent parents grow up to be affluent, and children of the poor remain poor.”

*Data from “The Increasingly Unequal States of America” (2014)
Losing Ground in Health: Life Expectancy

In 1980, the U.S. ranked 15th among affluent countries in life expectancy (LE) at birth. By 2009, we had slipped to 27th place.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rank</th>
<th>Country</th>
<th>LE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>1</td>
<td>Iceland</td>
<td>81.7</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Japan</td>
<td>79.7</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Netherlands</td>
<td>79.5</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Norway</td>
<td>79.4</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Sweden</td>
<td>79.0</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Switzerland</td>
<td>78.9</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Spain</td>
<td>78.7</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Canada</td>
<td>78.6</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Greece</td>
<td>78.5</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Australia</td>
<td>78.2</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>Denmark</td>
<td>78.2</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>France</td>
<td>78.1</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>New Zealand</td>
<td>78.0</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>Italy</td>
<td>77.9</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>Israel</td>
<td>77.8</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>Austria</td>
<td>77.7</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>Korea</td>
<td>77.6</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>United Kingdom</td>
<td>77.5</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>Germany</td>
<td>77.4</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Greece</td>
<td>77.3</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>Finland</td>
<td>77.2</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>Ireland</td>
<td>77.1</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>Luxembourg</td>
<td>77.0</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>Portugal</td>
<td>76.9</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>Denmark</td>
<td>76.8</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>Slovenia</td>
<td>76.7</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>Slovak Republic</td>
<td>76.6</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>Poland</td>
<td>76.5</td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>Chile</td>
<td>76.4</td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>Estonia</td>
<td>76.3</td>
</tr>
<tr>
<td></td>
<td>31</td>
<td>Hungary</td>
<td>76.2</td>
</tr>
<tr>
<td></td>
<td>32</td>
<td>Mexico</td>
<td>76.1</td>
</tr>
<tr>
<td></td>
<td>33</td>
<td>Slovak Republic</td>
<td>76.0</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>Korea</td>
<td>75.9</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>Hungary</td>
<td>75.8</td>
</tr>
<tr>
<td></td>
<td>36</td>
<td>Turkey</td>
<td>75.7</td>
</tr>
</tbody>
</table>


*Estimate

**Latest year available for Canada is 2009

Note: Small differences in rank order may not be meaningful because a number of countries are tied at the same value; tied countries are ranked alphabetically.
Parents’ Income Can Affect a Child’s Chances for Health Throughout Life

Figure 11: Parents’ income can affect children’s chances for health by shaping options for living conditions and educational chances, which in turn shape their income and living conditions as adults.
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.
More Education, Longer Life

For both men and women, more education often means longer life.* On average, 25-year-old college graduates can expect to live eight to nine years longer than their counterparts who have not completed high school and two to four years longer than those who have attended but not graduated from college.

Educational Attainment:
- Less than high school
- High-school graduate
- Some college
- College graduate


*This chart describes the number of years that adults in different education groups can expect to live beyond age 25. For example, a 25-year-old man with a high school diploma can expect to live 51.4 additional years and reach an age of 70.4 years.
Income Is Linked With Health Across Racial or Ethnic Groups

Differences in health status by income do not simply reflect differences by race or ethnicity; differences in health by income can be seen within each racial or ethnic group. Both income and racial or ethnic group matter for health.


*Age-adjusted. Based on self-report and measured as poor, fair, good, very good, or excellent.
Communities of Opportunity

- Parks
- Grocery Stores
- Financial Institutions
- Better Performing Schools
- Good Public Transit

Low-Income Communities

- Fast Food Restaurants
- Liquor Stores
- Unsafe/Limited Parks
- Poor Performing Schools
- Toxic Waste Sites
- Limited Public Transportation
- Increased crime

Good Health Status

Poor Health Status

Contributes to health disparities:
- Obesity
- Diabetes
- Asthma
- Increased injury
Solutions
Building Healthy Communities for a Healthy Nation

- Fully implement ACA
- Promote prevention
- Advance health equity through all policies
- Improve access to healthy food
- Incentivize healthy community design
- Reposition schools as incubators of health
AN ALL-IN NATION?

- Is one which is *forward looking* about its demography, its technology and its economy

- Is one in which proponents of equity propose feasible, *growth-enhancing* approaches

- Is one in which we recognize that we are only an “all-in” nation when we are an “all-together” people
New Recommendations from the RWJF Commission to Build a Healthier America

- Recommendation 1: Make investing in America’s youngest children a high priority. This will require a significant shift in spending priorities and major new initiatives to ensure that families and communities build a strong foundation in the early years for a lifetime of good health.

- Recommendation 2: Fundamentally change how we revitalize neighborhoods, fully integrating health into community development.

- Recommendation 3: The nation must take a much more health-focused approach to health care financing and delivery. Broaden the mindset, mission, and incentives for health professionals and health care institutions from treating illness to helping people lead healthy lives.
Principles of Community Engagement

- Build trusting and accountable relationships with community.
- Value and integrate diversity and culture.
- Develop a shared vision for community change.
- Build partnerships with diverse sectors.
- Develop and sustain community capacity.
- Translate community vision into policy and environmental change.
Principles of 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**
## Institutional Structures for Community Engagement

### Ascending Impact

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance Level</td>
<td>• Appointment to decision making boards and commissions</td>
</tr>
<tr>
<td>Consortia</td>
<td>• Membership based group with options for decision making</td>
</tr>
<tr>
<td>Advisory Groups</td>
<td>• Provide guidance and advice to decision makers</td>
</tr>
<tr>
<td>Task forces</td>
<td>• Short term participation with opportunity to offer recommendations</td>
</tr>
<tr>
<td>Focus Groups</td>
<td>• One-time opportunity to provide input</td>
</tr>
<tr>
<td>Town Hall Meetings</td>
<td>• Information provided one time, sometimes an ability to offer group comments</td>
</tr>
</tbody>
</table>

### Descending Impact
Health Impact Assessments

Assess the degree to which an action, policy, activity will have health effects on communities and residents.

Goal:

- Making democracy work for broad segments of community.
- Know what is going on in their community and have an active voice.
- Distribution of impact across population and not burdened the segment of population already vulnerable.
Examples - Transit-Oriented Development (TOD)

- BART or light rail service coming into community.
- How will it impact residents – displacement of homes and businesses.
- Ways to fully engage those most affected before development.
- Voice to influence policy.

FACT

- Urban renewal, including new freeways destroyed communities and shut down thriving community businesses.
Promoting Equity through local action:
Food Access

- Improve neighborhood corner stores.
- Increase farmer markets.
- Link farmers to consumers.
  - Urban agriculture
  - Community supported agriculture
  - Community gardens
- Stronger nutrition standards in schools.
- Increase number of grocery stores.
California Opportunities

- CA Healthy Food Financing Initiative
- California FreshWorks Fund
FreshWorks Fund - $264 Million

$200 million entirely private; seed funding provided by the California Endowment, leveraged additional investors:

- Bank of America
- Chase Bank
- CA Grocer’s Association
- Calvert Foundation
- Catholic Healthcare West
- Community Health Councils
- Kaiser Permanente

Individuals can also invest in the fund for as little as $20.
Colorado HFFI: Launches Fresh Food Financing Fund

HFFI was recently passed in the Farm Bill and is authorized for up to $125 million dollars and will be housed in the USDA.

**Colorado** is a leader in the healthy food access arena.

The Colorado Fresh Food Financing Fund (**CO4F**) will make financing available for grocers that offer affordable and nutritious foods in areas where such goods are scarce.

**CO4F is designed to:**

- Improve retail access to fresh and healthy foods in Colorado
- Encourage economic development in low- to moderate-income neighborhoods
- Provide attainable financing to food retail outlets that will promote better food access
- Partner with local governments when possible to enhance the benefits and success
Equitable Development in Action
Market Creek Plaza [San Diego]

The Community Faces Portraits honor local residents whose contributions of time and effort have significantly impacted the community.

Food 4 Less is the first major grocery store to locate in the community in 30 years.

The Children’s Art Wall features 1,300 tiles hand-painted by local children.

The Laotian tapestry, a life walkway, is just one example of the richness and depth of the Plaza’s public art projects and architecture.

Lifting Up What Works®
Promising Practices

• Medical Legal Partnerships: lawyers placed in clinics to assist with non-health issues

• Renovations of School Playgrounds: Monument Park in Trenton NJ, Camden NJ

• Low-income Investment Fund: all strategies are community centered

• Minnesota Central Corridor Light Rail: partnership with faith based groups and others to include stop in low-income community
The Latest Good News On The Minimum Wage*


4. Iowa State Senate Committee Approves Minimum Wage Increase To $10.10 By 2016.

*Data is from the CAP Progress Report: Mind The Gap.
Assessing Impact
Ingredients of Success

• Strong, sustained leadership

• Commitment across sectors

• Bold risk takers/thinking outside the box

• Equity-focused strategies

• Creative, compelling use of data
Ingredients of Success

• Government-community partnerships
• Adequate resources
• Long term involvement
• Continuous assessment of impact and modifications, as needed
1) Measurement of community conditions relevant to health

2) Measurement of the implementation of strategies, campaigns, policies and plans

3) Measurement of health behaviors and health outcomes
An Equity-Focused Policy Agenda

Building an economy in which everyone can manifest their full potential—including the communities of color that are quickly becoming the nation’s majority
“To become healthier and reduce the growth of public and private spending on medical care, we must create a seismic shift in how we approach health and the actions we take. As a country, we need to expand our focus to address how to stay healthy in the first place.”

- RWJF Commission for a Healthier America
Thank you!

For More Information
www.policylink.org

Mildred Thompson
(510) 663-4336
mildred@policylink.org
HEALTH EQUITY LEARNING SERIES

Join the discussion…

- In-person
- Twitter using #healthequityTCT
- Email healthequity@coloradotrust.org
Program Areas

HEALTH EQUITY
- HEALTH EQUITY LEARNING SERIES
- POLICY & ADVOCACY
- DATA & INFORMATION
- COMMUNITY-BASED GRANTMAKING

ACCESS TO HEALTH

ADDITIONAL PROGRAMS

Health Equity Learning Series

An educational program of The Colorado Trust, the Health Equity Learning Series aims to increase knowledge and awareness of health equity through presentations from experts discussing factors that increase disparities and solutions that advance health equity.

SIGN UP FOR MORE INFORMATION

2014 EVENTS

*EVENT UPDATE!* February 26, 2014 – Angela Glover Blackwell will be unable to present at the Health Equity Learning Series lunch event on February 26. Mildred Thompson, Director, PolicyLink Center for Health and Place, will present on her behalf. Register here to join the live stream.

May 8, 2014 – Manuel Pastor, PhD, Professor of American Studies and Ethnicity, University of Southern California
Registration will open closer to the event.

August 21, 2014 – Llewellyn Smith, Project Director, BlueSpark Collaborative and Laura Frank, Executive Director, I-News at Rocky Mountain PBS
Registration will open closer to the event.

November 13, 2014 – Dolores Roybal, Executive Director, Con Alma Health Foundation
Registration will open closer to the event.

All events will be 11:30 a.m. - 1 p.m. at History Colorado Center. If you are interested in attending these events, please RSVP using the links above.

NEWS

09/05/13 Collecting and Reporting of Race and Ethnicity Data is Key to Achieving Health Equity

09/25/13 Diversification Can Open Door to Success

10/02/12 Health Equity Coming to a Sitcom Near You: What Mindy Kaling’s New Show Teaches Us About Inequalities in Health Care

04/26/13 Health Equity Learning Series Funding Opportunity

05/02/13 Health Equity and The Colorado Trust’s Environmental Scan

10/17/13 Helping Tell Colorado’s Health Story

07/23/13 Key Piece to Achieving Health Equity

09/10/13 Leaders Key to Creating Health Equity

DEDICATED TO ACHIEVING HEALTH EQUITY FOR ALL COLORADANS
Feedback Survey
February 26, 2013 Learning Lunch

Please take a moment to give us your feedback on the event today. Your responses will help us to plan future events like this one. You may leave your completed survey on the table before you leave.

1) What type of organization are you from?
   □ Community organization
   □ Policy/Advocacy organization
   □ Direct service provider - Health
   □ Research/Evaluation
   □ Academic Institution/University
   □ Government
   □ Media
   □ Business
   □ Community member
   □ Foundation
   □ Other: ______________________

2) What is the primary reason you chose to attend this event today?
   □ The topic was of interest to me
   □ The speaker was of interest to me
   □ Networking with community members
   □ My relationship with The Colorado Trust
   □ I’m here for the free lunch
   □ Other: ______________________

3) How relevant did you find the topic discussed today to your work?

6) Are you interested in attending future events like this?
   □ Yes □ No Why not? ______________________
   If yes, I would prefer to attend:
   □ In person □ Stream online □ I would like to have both options

7) After attending this event today, do you feel more inclined to take action to promote health equity?
   □ Yes □ No
   If not, why not?
   □ I already take action to promote health equity in my work; this has not changed
   □ It is not a high priority for me/my work, but I hope that others address it
   □ I do not feel that it is an important issue to address
   □ Other: ______________________

8) Will you take any action based on this event?
   □ I will take the discussion materials provided by The Trust back to my organization
   □ I will share the recording of this event with others in my organization (available shortly on The Trust’s website)
   □ I will encourage others to attend future events like this one
   □ Other: ______________________
   □ It is unlikely that I will take any action
Thank you for joining us!