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# Making the Case for Health Equity

Institute of Medicine Roundtable on Obesity  
Solutions

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Equity and Place at PolicyLink

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

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## The Center for Health Equity and Place



*Where you live affects how you live.*

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

# What is Equity?

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- Equity means *just and fair inclusion*.
- An equitable society is one in which all can participate and prosper.
- Achieving equity requires intentionality, focus, and a commitment to community participation.



## Communities of Opportunity

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

Good Health Status

Poor Health Status

Contributes to health disparities:

- Obesity
- Diabetes
- Asthma
- Increased injury

## Low- Income Communities

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

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# **Why Equity, Why Now: Making the Case**

## Poverty

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- 1 in 4 children under 5 years old live in poverty
- 2 in 5 Black and Latino children live in poverty

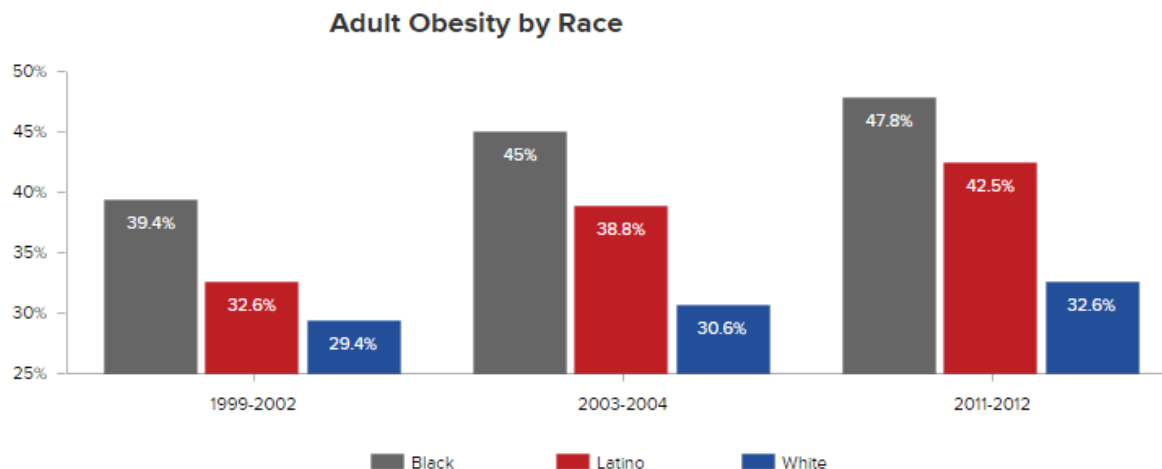


Source: HEAC Final Evaluation, 2010



## Adult and Child Obesity, by Race/Ethnicity: U.S.

- 47.8 percent of African Americans, 42.5 percent of Latinos, 32.6 percent of Whites and 10.8 percent of Asian Americans were obese (2011 to 2012).<sup>10</sup>



### Children

- 20.2 percent of African American, 22.4 percent of Latino and 14.3 percent of White children ages 2 to 19 were obese.<sup>11</sup>
- 8.5 percent of African American children and 6.6 percent of Latino children were severely obese (1999 to 2012).

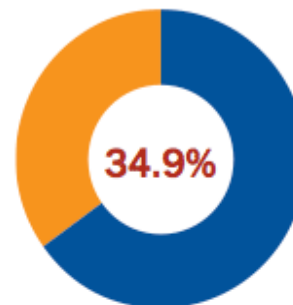
Source: RWJF, National Health and Nutrition Examination Survey

# Obesity Rates Remain High<sup>1</sup>

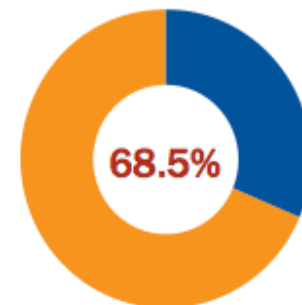
## Adults

- More than a third of adults (34.9 percent) were obese as of 2011 to 2012.<sup>2</sup> More than two-thirds of adults were overweight or obese (68.5 percent).<sup>3</sup>
- Nearly 40 percent of middle-aged adults, ages 40 to 59, were obese (39.5 percent), compared with younger adults, ages 20-39, (30.3 percent) or older adults, ages 60 and over, (35.4 percent).<sup>4</sup>
- More than 6 percent of adults were severely obese (body mass index (BMI) of 40 or higher).

## Adult Obesity in America 2011-12

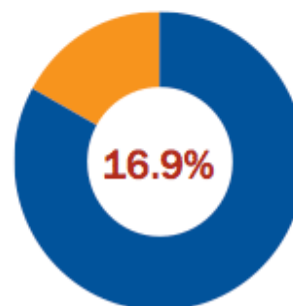


Obese

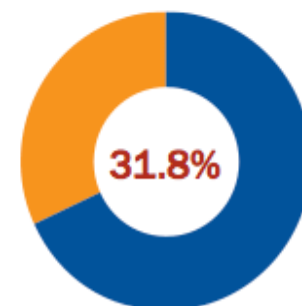


Overweight or Obese

## Childhood Obesity in America 2011-12



Obese



Overweight or Obese

Source: RWJF, National Health and Nutrition Examination Survey

## Physical Inactivity Rate: State Comparison

### Top 10 Highest Rates of Physical Inactivity (2013)

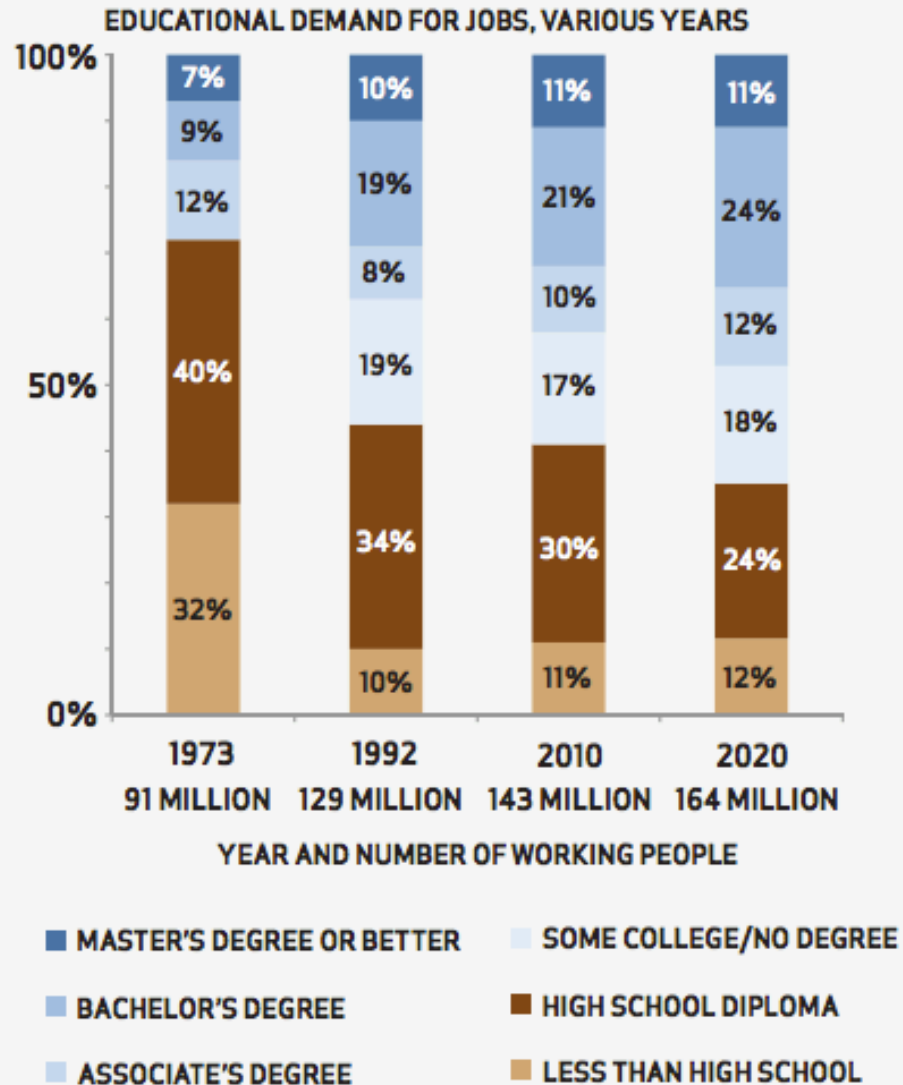
| Rank | State         | Physical Inactivity Rate |      |
|------|---------------|--------------------------|------|
| 1    | Mississippi   | 38.1%                    | ±1.7 |
| 2    | Tennessee     | 37.2%                    | ±1.9 |
| 3    | Arkansas      | 34.4%                    | ±1.9 |
| 4    | Oklahoma      | 33.0%                    | ±1.4 |
| 5    | Louisiana     | 32.2%                    | ±2.1 |
| 6    | Alabama       | 31.5%                    | ±1.7 |
| 7    | West Virginia | 31.4%                    | ±1.4 |
| 8    | Indiana       | 31.0%                    | ±1.2 |
| 9    | Kentucky      | 30.2%                    | ±1.4 |
| 10   | Texas         | 30.1%                    | ±1.5 |

Source: Better Policies for a Healthier America, RWJF

- 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

Educational demand for employment has grown; we expect that trend to continue.



# Who Will Be Hiring?

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- STEM (Science, Technology, Engineering and Math)
- Healthcare Professions
- Healthcare Support
- Community Services



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# Institutionalizing Health Equity

# Institutionalizing Health Equity – What is it?

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- Insert goals to achieve health equity into policies, programs and practices
- Intentional focus on race and place in crafting policy and practice solutions
- Insert health equity in developing research agenda and policy options
- Support creation of institutes or centers with specific health equity outcomes



### ***Data Collection/Analysis***

1. What indicators are you using to better understand health inequities in your communities?
2. *Who* is most impacted by these inequities?  
Where are these inequities the most severe?

## ***Strategy Development***

1. What equity outcomes are you seeking to achieve through the proposed strategy?
2. Who is intended to benefit from this strategy?
3. How will this strategy benefit low-income communities and communities of color?

## ***Strategy Development, cont'd***

4. How does this action help to achieve greater racial and economic equity?
5. What organizational practices may create barriers to achieving racial and economic equity?

## ***Community Engagement***

1. How are those most impacted by inequities involved in your initiatives?
2. What opportunities are you creating to have community members actively participate?

# Community Engagement

**Ascending  
Impact**



**Descending  
Impact**

## ***Capacity Building/Training***

1. What opportunities are being provided for staff to increase their understanding and capacity to achieve racial and economic equity?

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# Promising Solutions

## California Opportunities

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- CA Healthy Food Financing Initiative
- California FreshWorks Fund



Foto por: The Associated Press



## California FreshWorks Fund

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- 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.

# 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.**



## Convert Corner Stores - *Community Market Conversion* [Los Angeles]



## Exercise as a Vital Sign (EVS)

- Monitoring, measuring, and improving activity levels
- In 2009, Kaiser Permanente began asking patients:
  - “How many days a week do you engage in moderate to strenuous exercise (like a brisk walk)?” and
  - “On average, how many minutes per day do you exercise at this level?”

## Key Accomplishments

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- EVS has become a basis for a ongoing conversations about patients' exercise habits.
- These conversations provide encouragement, and can result in referrals to activities such as Zumba classes, yoga, hiking clubs, or other community resources.
- **A 2013 study found that asking patients about their exercise habits was associated with modest weight loss in overweight patients and some improved glucose control among diabetics.**

## Physical Activity: Magical Powers!

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- ❖ Reduces diabetes by 50%
- ❖ Reduces high blood pressure by 40%
- ❖ Reduces risk of stroke by 27%
- ❖ Reduces risk of colon cancer by 60%
- ❖ Increases SAT Scores
- ❖ Reduces depression
- ❖ Reduces risk of Alzheimer's Disease by 40%
- ❖ Decreases school suspensions by 67%
- ❖ Reduces risk of death in older men by 40%



Source: American College of Sports Medicine: Exercise is Medicine

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# What We've Learned

# 1. Framing is important

# 2. Partnership matters

- Industry
- Business
- Funders
- Government
- Community

# 3. Understanding context



4. Assessment is critical

5. Building capacity

6. Telling our story

## Healthy Eating, Active Communities Final Evaluation

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- Adopted new physical education curricula to improve the quality of physical education classes
- Implemented teacher trainings to maximize adherence to State standards
- After school programs adopted physical activity standards to improve the quality and quantity of physical activity during after school programming

Source: HEAC Final Evaluation, 2010

## Healthy Eating, Active Communities Final Evaluation

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- Advocated for park development, maintenance, or improvement, creating safe, appealing spaces for physical activity
- Instituted pedestrian safety improvements to encourage walking to and from school in all HEAC sites
  - Traffic signal installation
  - Employing crossing guards
  - Walking clubs
  - Creating safe walking paths between residential areas and schools

Source: HEAC Final Evaluation, 2010

# Ingredients of Success

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- **Strong, sustained leadership**
- **Commitment across sectors**
- **Bold risk takers/thinking outside the box**
- **Equity-focused strategies**
- **Creative, compelling use of data**

## Ingredients of Success, cont'd

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- **Government-community partnerships**
- **Adequate resources**
- **Long term involvement**
- **Continuous assessment of impact and modifications, as needed**

## Healthy Food Access Portal



[Get Started](#) [Resources](#) [Policy Efforts & Impacts](#) [Funding](#) [Retail Strategies](#) [News & Events](#)  [Q](#)

### Welcome to the Healthy Food Access Portal.

Please browse our new site where you will find resources designed to improve healthy food access in communities, build local economies, and enhance public health.

[Learn more.](#) [→](#)

▼  
[Portal New Look](#) | [Webinar](#) | [School Food Program](#) | [Video](#)



### What's New



#### Funding

The New Markets Tax Credit Program



#### News

Find the latest media coverage related



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CDFIs offer alternative lending for

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Find Money



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# Thank you!



For More Information

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