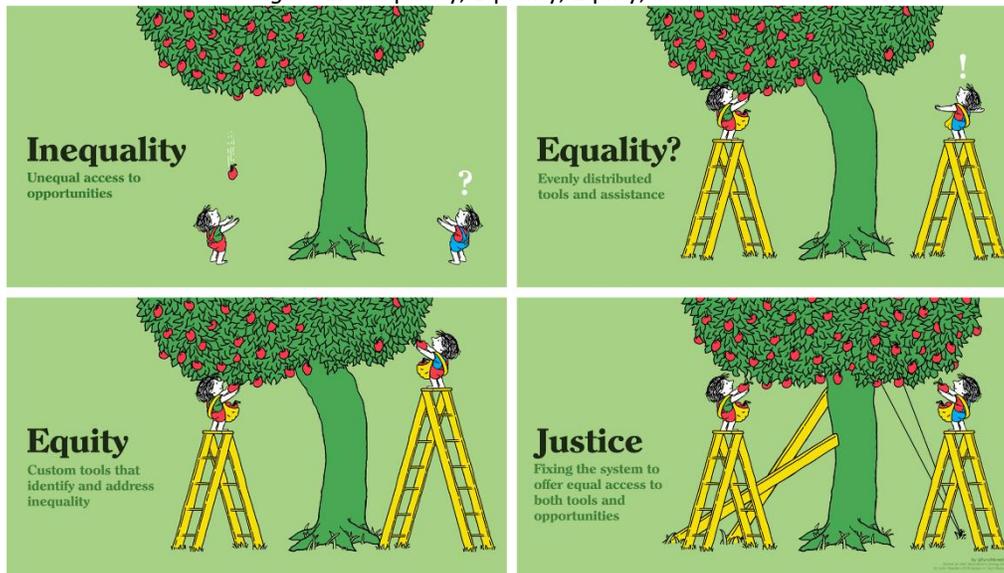


Addressing Health Equity and Population Health

Health equity is the assurance of conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need. It 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. When policies, programs, and systems that support health are equitable, poor health outcomes can be reduced, health disparities can be prevented, and the whole of society benefits.

Figure 1. Inequality, Equality, Equity, and Justice



Source: Tony Ruth. (2019). Equity series. Retrieved from <https://cx.report/2020/06/02/equity/>.

This topical brief highlights health equity and population health efforts of the [Cross-sector Innovation Initiative](#) (CSII), a three-year endeavor to identify and support public health, healthcare, social services, and community organizations striving to build stronger, sustainable connections and systems that can more effectively address the needs of communities and ultimately improve health equity. The brief focuses on work from the CSII grantees’ first year (2020), as they addressed a variety of health equity and population health issues, including structural racism, affordable housing, food security, behavioral health, social connectedness, trauma-informed care, and more.

Key Points:

- COVID-19 and increased calls for racial justice caused shifts in activities to focus more deeply on structural racism and pandemic response efforts.
- Funding provided to community members to implement innovative, community-driven solutions contributed to the advancement of health equity and population health goals.
- Declaring racism a public health crisis will support increased emphasis on racial equity when collaboratives consider current and future policies targeted at addressing population health.
- There are solutions that can be implemented to address common challenges around capacity constraints, language barriers, and population silos.

Since its inception, the CSII has supported community-driven efforts that improve population health, address social determinants of health, and mitigate health inequities (i.e., differences in health that are unnecessary, avoidable, unfair, and unjust). All CSII grantees were required to specify a goal — or goals — to improve population health and advance health equity in order to become a member of the CSII learning community. This brief describes some of their health equity and population health efforts and summarizes common experiences shared by CSII grantees in 2020, in addition to highlighting bright spots and challenges experienced.

This topical brief is the first of a four-part series on Building Sustainable Collaborations. Select a link to see the other briefs in the series: [Aligning Partnerships Across Sectors](#), [Community and Partner Engagement](#), and [Solving Complex Problems through Innovation](#).

Growing Commitment to Racial Equity

Due to COVID-19 and increased calls for racial justice, multiple grantees pivoted to focus more deeply on structural racism and COVID-19 response efforts. Of note, some grantees shared that 2020 brought an increased focus on equity, while for others it affirmed work they were already doing.

“We have been working on...racial equity as a shared value for many years. Our first public declaration of this work was in 2015; however, it wasn’t until this year that governmental bodies, elected officials and organizations within our community publicly declared racism a public health crisis.”

While multiple CSII grantees were focused on structural racism prior to 2020, grantees shared that they had seen an influx of new partners and deepened investment from existing partners due to the events of the past year. For one grantee, this meant partners like governmental agencies, elected officials, and community organizations were newly willing to engage with their ongoing efforts to address structural racism. Others shared how they

had strengthened existing partnerships, such as through increased involvement in partner capacity-building opportunities, like anti-racism trainings. Other grantees pooled resources to fund partners engaging in anti-racist work in their communities, formed new racial equity workgroups, and saw increased receptiveness to the results of previous equity assessments.

Additionally, grantees highlighted how the events of the past year led more partners and communities to declare racism a public health crisis. For some, this was brought about by disparities in COVID-19 infections and deaths in their communities. Moving forward, these declarations will enable CSII grantees and their partners to focus on racial equity when considering current and future policies targeted at addressing population health, in addition to building a larger network of public and private partners willing to engage in efforts to address structural racism.

Planning for Equity in COVID-19 Response

In the past year, grantees also highlighted how their existing partnerships allowed them to infuse equity into planning for COVID-19 response efforts. For some, existing partnerships allowed them to devote more resources — like COVID-19 testing and education — to groups that have been economically and socially marginalized. For others, existing partnerships allowed them to quickly generate and analyze data that could identify inequities in COVID-19 response efforts and drive future work.

“It is only through the good relationships we have with our county partners that we were able to swiftly bring together focus groups, share appropriate data, and begin to improve the many inequities that come when you stand up an emergency response so quickly.”

Grantees also highlighted that while existing partnerships had allowed them to incorporate equity considerations into COVID-19 planning, quick solutions necessitated by the pandemic had also inadvertently generated inequities. For example, one grantee highlighted that while people of color have disproportionately become infected, hospitalized, and died from COVID-19 in their community, the vast majority of individuals in their community who had been vaccinated through January 2021 were white, highlighting the continued need to intentionally incorporate equity into response planning.

Funding Community-Led Initiatives

To advance population health and health equity goals, grantees have also been giving funds through mini-grants to community members to implement innovative, community-driven solutions. One grantee used this approach to address food insecurity, by providing small grants to fund efforts like a mobile market and securing volunteers for a food bank. Multiple grantees have used this approach over the last year, with proposed projects becoming more equity focused due to growing momentum behind the CSII partnerships and work funding the grants.

Common Challenges and Grantee Solutions

Grantees also shared common challenges in addressing their population health and equity goals, including capacity constraints, language barriers, and population silos, as well as example solutions implemented by grantees.

COVID-19 Capacity

COVID-19 has created capacity issues for some grantees as organizations and individuals devote resources to responding to the pandemic. Some grantees have had to switch to projects that require less bandwidth, as multiple partners are exclusively engaged in response efforts. Others have seen partner organizations experience mass layoffs, meaning that key relationships are no longer available. These capacity issues have come while COVID-19 has created a growing urgency to address issues related to social determinants of health, which can contribute to higher risk of infections.

Grantee Solutions:
Increase short-term capacity by utilizing interns and graduate students while other partners are consumed with COVID-19 response efforts.

Language Barriers

Grantees shared that one barrier related to addressing their population health and equity goals has been different terminology and language used by partners. Different language can make it difficult for partners to develop concrete action plans to address their health equity goals. Additionally, grantees are working with diverse communities with varying levels of English proficiency, making communication challenging when resources are not available.

Grantee Solutions:
Create short, topic-specific documents to increase consensus on language and hire translators and community members to engage with those with limited English proficiency.

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Population Silos

A final challenge mentioned by grantees is that engagement by partners is often limited by their partners' need to focus only on addressing the health of their own patients, clients, or service recipients, instead of taking a broader view of population health for an entire community. This narrow focus has potentially negative implications regarding the amount of staffing and other resources dedicated to collaborative activities and decision-making. While these same partners express support for the work of their cross-sector collaborations, reaching health equity will likely require all sectors to look beyond their own individual populations. However, this focus does not have to come at the expense of their populations, who also are likely to benefit from broader, institutional initiatives.

Grantee Solutions:
Reinforce thinking at the community or system level, to encourage partners to look beyond their silos to make lasting, institutional change.

Conclusion

CSII grantees have made strides toward addressing their population health and health equity goals, even as the pandemic has limited partner capacity. Grantees have reinforced or increased their focus on racial equity, brought equity considerations into COVID-19 response efforts, and funded innovative, community-led initiatives. As grantees get further into their planned activities, CSII will continue to share lessons learned for others engaging in multisector efforts to advance health equity.

"Each sector partner has a stated commitment to equity but in large part, the equity box is checked based on the populations served by each agency. As a result, we have realized that we need to focus more on the institutions themselves, challenging leadership to participate in honest reflection on how the policies and practices at their organization work in favor of equity and inclusion for staff, clients, and the community."

Cross-sector Innovation Initiative

The [Center for Sharing Public Health Services](#) (CSPHS) and the [Public Health National Center for Innovations](#) (PHNCI) are co-leading the [Cross-sector Innovation Initiative](#) (CSII), which is comprised of [ten cross-sector projects](#) working toward specific population health goals through systems alignment efforts. To learn more about this initiative, visit www.phnci.org/cross-sector/csii.