Wisconsin Partnership Program: Advancing Health Equity

Conference Summary and Update

Wisconsin Partnership Program
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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Executive Summary

The ***Advancing Health Equity: Working Together to Understand and Improve Health for All*** conference was held on September 7, 2016 in Madison, presented by the University of Wisconsin School of Medicine and Public Health's Wisconsin Partnership Program.

This conference offered an audience representing academia, public health, health care, nonprofit organizations, community organizers, businesses and community members an opportunity to better understand issues that perpetuate health inequities and to explore ideas and programs being implemented across the country to achieve health equity. The conference attracted more than 400 in-person attendees, and even more attended via a live-stream option.

Discussions and presentations led to **six main themes** that the Wisconsin Partnership Program will use to inform its grant programs and strategic planning efforts.

1. **Define** health equity broadly; recognizing all groups that experience health inequities.
2. **Support** collaborative efforts that address the social determinants of health—the influence of where we live, work, learn and play on our health.
3. **Promote** authentic community engagement in ***all*** efforts—including research, education, and community partnerships.
4. **Support** capacity building ***with*** communities to sustain commitments to health equity.
5. **Discover** innovative and effective models that affect health equity; share those discoveries.
6. **Fund** innovative and effective models that affect health equity with a focus on policy, systems and environmental change.

This conference summary report shares details about each presentation and summarizes discussions with and recommendations from panelists and audience members in the context of the Partnership Program's three focus areas: Community Partnerships, Research and Education.

The intent of this conference was for the Wisconsin Partnership Program to gain insight and guidance to move forward with a strong health equity lens. As SMPH Dean Robert Golden challenged us all that day, we must make a commitment to the long game–this conference helps set us on the right path.

Pictured: SMPH Dean Robert Golden, MD (center) with presenters (left to right): Edward Ehlinger, MD, MSPH, Susan Skochelak, MD, MPH, Sergio Aguilar-Gaxiola, MD, PhD and David Williams, PhD, MPH

Dean Golden's Charge

Today the foundation was laid for us to go forward, to push ourselves forward, in the on-going quest for health equity.

From a personal perspective, the keynote from David Williams stirred up a lot of emotions in me. Many of them were uncomfortable emotions — anger, frustration, embarrassment and shame that we have not come far enough since the last time I heard him talk about these issues four years ago. I'm very grateful to him for rekindling those emotions. I'm also very grateful for all of the speakers, panelists and participants who helped me to channel these strong, powerful, and at times negative emotions into hope and commitment and inspiration.

I want to thank Sue Skochelak and the panelists for showing us incredible innovations in education that must be one of the cornerstones if we are going to make a difference in health equity.

I want to thank Commissioner Ehlinger for his examples, which I know will be inspirational for all of us as we channel the emotions stirred up by the unmet needs of our society into the public good.

I want to thank Sergio Aguilar-Gaxiola, the panelists and the audience for the very thoughtful comments on how we need to bring about health equity in research…. to be respectful and transparent and true to our research partners.

And now, the request that I'm making of you — because I'm also making it of myself — is that we take all the emotions that were stirred up, the positive ones and the uncomfortable ones, and use them as a launching pad for going forward.

Yet while we go forward, we must individually and collectively avoid "either-or" thinking about this. We shouldn't be thinking, "Are we going to focus on urban or rural?"; "Are we going to emphasize education or economic development…promote job growth or creating the right kind of physical environments to foster health?"

We must avoid the "either/or," because the answer of course, like many multiple test questions is — "ALL OF THE ABOVE!"

Collectively we must do "all of the above," but I would suggest that individually, we should follow our passions, and if your passion takes you down the road of advocating for public policy — that is where you should go. If others have passions that take them down the road of working with young kids to see that they have every opportunity to pursue their dreams through educational programming, then that is the path they should follow. Our collective focus should not be "either-or" but rather "all of the above;" and I hope all of you will join me in defining what our individual passions are, and then following them to the hilt.

And finally — it's important to have resilience. The struggles ahead, like the struggles behind, are long and challenging. Through partnerships, we can achieve them; but I think everybody knows we are not going to change things overnight. We should all make a commitment — individually and collectively — to the "long game." It's tempting to go for the low-lying fruit, and to a degree you should do that so that the fruit can provide nurturance and sustenance for the long game…and for the very audacious goals that we should all set as our end posts.

Background – Why this conference and why now (again)?

Over the past twelve years, the Wisconsin Partnership Program has awarded almost $200 million dollars and approximately 20 percent of those funds have gone to support work with the primary purpose of reducing health disparities. Since the inception of the Partnership Program, health equity has been a focus, reflected in commitments to addressing infant mortality, access to care, underserved populations, disparities in outcomes and more.

Much of the equity work that the Partnership Program has supported includes community-driven efforts to address local issues. As the country, our state and the university realize the vital importance of addressing issues of equity more explicitly and with greater urgency, so too does the School of Medicine and Public Health's Wisconsin Partnership Program, with a strong intention to bring this lens to its work.

In November of 2015, members of the Partnership Program's Oversight and Advisory Committee (OAC) and Partnership Education and Research Committee (PERC) met to explore the Partnership Program's role promoting health equity as a crucial component of our mission and framework for future investments.

The combined committees heard from both faculty and community voices about why focusing explicitly on health equity is critical to achieving our mission of making Wisconsin a healthier state for all, as well as the role health inequities have played in the troubling health statistics that characterize our state. Of note, the 2016 Health of Wisconsin Report Card summary grades amplify this story*:

Life Stage	Health Grade	Health Disparity Grade
Infants (less than 1 year of age)	C	D
Children and young adults (ages 1-24)	B	D
Working-age adults (ages 25-64)	B	C
Older Adults (ages 65+)	B-	D
All Ages	**B**	**D**

Wisconsin's grade for overall health has remained the same since 2007, a B. The health disparities grade has changed, however, from a C in 2010, to a D in 2013 and 2016; indicating that Wisconsin needs to do more to reduce health disparities.
*uwphi.pophealth.wisc.edu/
The Health of Wisconsin Report Card 2016

The joint OAC-PERC meeting in 2015 led to an agreement to take several steps towards a renewed commitment to exploring how best to incorporate health equity into the Partnership Program's approach and investments. Recommendations included:

- Review award programs to incorporate a focus on health equity
- Increase our capacity to understand and implement initiatives with an equity focus
- Seek input from national and local experts on issues of health equity and models we can examine for applicability in Wisconsin

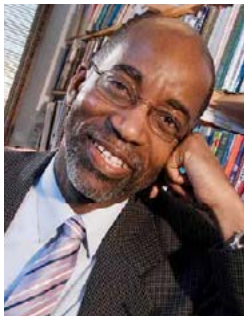
The *Advancing Health Equity* conference was our ***initial*** step in this direction.

Health Equity – Setting the Stage

Keynote: Dr. David Williams, Florence and Laura Norman Professor of Public Health at the Harvard T.H. Chan School of Public Health and Professor of African and African-American Studies and of Sociology at Harvard University

Panelists:

- Dr. David Kindig, Professor Emeritus of Population Health Sciences and Vice Chancellor Emeritus for Health Sciences at the University of Wisconsin School of Medicine and Public Health
- Dr. Jacquelynn Arbuckle, Director of the Native American Center for Health Professions (NACHP) and Associate Professor of Surgery at the UW School of Medicine and Public Health
- Mr. Ricardo Diaz, Executive Director for the United Community Center, a comprehensive social service agency serving Milwaukee-area Latinos



Dr. David Williams from the Harvard T.H. Chan School of Public Health set the stage for the conference by presenting both the state of our nation's health and the importance of using an equity lens to look at health and its determinants. Major points from Dr. Williams's presentation included:

1. The United States is near the bottom of industrialized countries on health, and is losing ground.
2. Social economic status is a central determinant of the distribution of resources in society and there are large racial and ethnic differences in social economic status.
3. Health care that addresses social context can improve US health; in other words, place matters. Geographic location determines exposure to risk factors and access to resources that affect health.
4. How do we design care that addresses the social context?
   - Through Housing
     - Enhance neighborhood and housing quality to improve health
   - Through Economics: Economic Policy is Health Policy
   - Through Early Childhood Education and Investments

> "In 2050, America will be a majority-minority population. Come with me to 2050 where for every person receiving social security there will be two people contributing. One of those two people will be black or Latino. Today, they are in kindergarten. The majority of people receiving Social Security in 2050 will be white. If all of us are interested in our futures and interested in our society having the resources to take care of us, even as we are living longer lives, it is in our own personal interests to do everything we can to ensure that those black, Native American, Latino, Pacific Islander kids are getting every advantage now, so that they will be successful, so that they will hold good jobs, so that they will be able to pay into the Social Security system so that we can retire well."
>
> – Dr. David Williams

- Through Health Care
  - Identify patients' non-medical health needs
  - Connect patients to local services/resources
  - Collaborate with other sectors
  - Connect residents to jobs
  - Use the community health worker model to connect patients to supports
  - Bring legal expertise into health management

5. Research Questions We Should Be Asking
   - How do we bring effective interventions to scale?
   - What is the optimal timing and sequencing of specific interventions and the clustering and combinations needed to have the greatest impact for specific health outcomes?
   - When and why are interventions differentially effective across population subgroups?
   - How do we improve the health of disadvantaged groups *more rapidly* than the rest of the population to close the gaps in health?
6. Keys to Long-term Success
   - Include an *explicit* focus on health equity in policy-making
   - Convene, enable and support cross-sectoral collaborations
   - Develop institutional mechanisms to provide policy coherence and constant need for action
   - Develop consensus-based standard data and methods for surveillance systems linking health, health equity and their determinants and ensure data is available at the local level
   - Invest in strengthening community capacity, organizing, and advocacy

Suggestions from panelists and audience participants

1. Fund policy, systems and environmental change work and offer technical assistance for grantees.
   - Evaluate these efforts using an equity lens. Help grantees understand how to measure these changes and what intermediate outcomes to look for.
   - Fund partnerships, address sustainability, and advance policy and systems changes.
2. Fund long-term solutions that address social determinants.
   - Funding cycles are too short to build relationships and invest in ways that will lead to the intended outcome — consider 5-year (or longer) funding cycles.
   - Funders should consider the return on investment of sustaining successful models. Provide funding for starting *and* maintaining effective projects.
3. Sustained community work needs to be rooted *in* the community. When working in communities, fund efforts led by people with lived experiences, who are the most dedicated to staying for the long haul and seeing things through. This is how to achieve greater sustainability.
4. Lower resource communities may need training or capacity building to improve their chances of effectiveness and sustainability.
   - One indicator of lower resource communities is the annual budget of local non-profits. Of all the nonprofits in Wisconsin, 48 percent generate less than $100,000 in annual total revenue and support (2015 Wisconsin Nonprofits Report). All funders need to determine how best to support effective work in those communities with fewer resources through enhanced capacity building.
   - The potential contributions from poor/under-resourced communities are often diminished. Where resources may be scare, capacity for passionate leadership often exists. Communities need space to talk about their needs and assets and have space for autonomy.
5. Do not contribute to a dichotomy of "urban" versus "rural." Fund *both* urban and rural health equity initiatives — each with understanding of the unique challenges and assets. This is not an "either-or" but a "both-and" challenge. Normalize the idea that achieving health equity is essential to improving the health of our entire state.
6. Help decision-makers understand the origins of health disparities and inequities in local communities.
7. Support efforts to gather clear, detailed data (at zip code level when possible) and use data to facilitate community conversations. Share both quantitative and qualitative stories.
8. Share best practices and provide models; disseminate.

Our actions to date

The Wisconsin Partnership Program has altered its approach to community grant making and redesigned award programs to focus on achieving sustainable policy, systems and environmental change. The following values guided the development of these new funding mechanisms:

1. Direct service programs, while extremely important, are not designed to "move the needle" towards solving complex health equity challenges, which is why our largest community grant program is focused on sustainable policy, systems and environmental change (Community Impact Grant).
2. No one organization can address the complex, health issues that we face. This work must be done through collaborations and networks. The Partnership Program is relatively unique in its support of community-academic partnerships and collaboration is a crucial component of many of our grant programs.
3. None of this work will be successful without the perspectives and experiences of impacted community members; therefore, all of our community-led funding initiatives require applicants to provide evidence of significant and authentic community engagement and leadership — regardless of the size of the award.
4. In response to feedback from stakeholders across the state regarding the importance of capacity building support, the Partnership Program designed a new grant program that provides four years of technical assistance and capacity building support to organizations working with lower resource communities focused on health equity (Community Collaborations Grant).
5. Innovation and knowledge that come from community-based models have much to contribute to health equity. Our Community Catalyst Grant was designed to support community-based efforts that address gaps in access, outcomes or opportunities.

Health Equity and the Role of Health Care Education and Practice

Keynote: Dr. Susan Skochelak, Group Vice President of the American Medical Association

Panelists:

- Cindy Haq (at the time of conference), Professor of Family Medicine and Community Health at the University of Wisconsin School of Medicine and Public Health
- Tracy Downs, Associate Professor of Urology at the University of Wisconsin School of Medicine and Public Health
- Elizabeth Petty, Senior Associate Dean for Academic Affairs and Professor of Pediatrics at the University of Wisconsin School of Medicine and Public Health
- John Meurer, Professor of General Pediatrics and Director of the Institute for Health and Society at the Medical College of Wisconsin

Dr. Susan Skochelak, Group Vice President of the American Medical Association spoke to the issues of health equity and the role of health care practice and education. Major points from Dr. Skochelak's presentation included:

1. If we are to achieve better care, lower costs, and better population health (the Triple Aim of Healthcare), we must address health equity. Specifically, we have to better understand:
   - US health outcomes relative to other countries
   - Racial disparities
   - Caucasian health declines
   - Under-spending on structural support
   - "Death by Zip Code: Investigating the root causes of health inequity"
2. Medical education has evolved in its thinking and use of terminology. Whereas we now understand the need for "cultural competence" and "cultural humility" — we also recognize the impact of structural and social determinants on health.
3. Workforce diversity is possible through:
   - Pipeline programs
   - Post baccalaureate programs
   - Health professionals training
   - Residency training
   - Mentoring and role modeling
   - Career transitions support
4. Medical education needs to evolve to apply new models of care:
   - Moving from a focus on acute to chronic care
   - Moving from the model of a patient seeing only one physician to a teamwork approach
   - Moving care from a one-patient focus to population health focus
   - Care goes beyond the boundaries of the clinic to include the larger community
5. Medical School of the Future (https://www.ama-assn.org/education/creating-medical-school-future)

Suggestions from panelists and audience participation

- Integrate health equity concepts from the beginning of the medical education curriculum — students are eager to be agents of change.
- Training in implicit bias and pipeline education programs are crucial to ensuring a more diverse health care practice.
- Ensure academic advisors, as well as faculty, are prepared to support underrepresented students. Avoid the significant opportunity cost of losing a student of underrepresented background somewhere along the educational pipeline.

- Train students to work in their own communities. Offer scholarships to in-state under-represented students applying to medical school.
- Consider the impact of medical school debt on the decisions students make about their next steps after medical school.
- Inter-professional and inter-disciplinary collaboration is vital.
- Provide the "boundary-spanners" / liaisons who bridge faculty with communities of color and under-resourced/represented communities with encouragement and support to enroll in higher education programs and other opportunities to implement programming in their own communities.

Our actions to date

The Wisconsin Partnership Program is a vital component of the University of Wisconsin-Madison's School of Medicine and Public Health (SMPH). Since its inception, the Partnership Program has made significant investments in the school's transformation to incorporate public health competencies into all phases of the four-year SMPH MD program.

Partnership Program support of medical education allows for curricular innovation that greatly exceeds what is possible with medical school infrastructure funding:

- Reaching beyond walls of medical school into the community
- Stronger focus on coaching students; skill development that will improve health of the state
- Re-balance the framework for UW SMPH education so students have greater time for clinical and community-based population experiences

A new ForWard curriculum transformation of the SMPH is intentionally focused on health equity. To spearhead this effort, a task force comprised of faculty, staff, members of the Office of Multicultural Affairs and students from all years of the curriculum began to systematically identify opportunities and gaps to address health equity.

The expectation is that all medical students will develop a fundamental understanding of health equity, the etiology of health inequities including the social determinants of health, and to know what physicians can do to promote health equity for individuals and populations.

Health Equity and the Role of Partnerships

Keynote: Edward Ehlinger, Minnesota's Commissioner of Health and President of the Association of State and Territorial Health Officials

Panelists:

- Patrick Remington, Associate Dean for Public Health and Professor of Population Health Sciences at the UW School of Medicine and Public Health
- Eloise Anderson, Secretary of the Wisconsin Department of Children and Families
- Brenda Gonzalez, Diversity Manager for Agrace Hospice
- Karen Timberlake, (at the time of the conference) Director of the University of Wisconsin Population Health Institute and Associate Professor in the UW School of Medicine and Public Health's Department of Population Health Sciences

Minnesota Health Commissioner Ed Ehlinger addressed the crucial role of partnerships in achieving impact in equity work. Major points from Dr. Ehlinger's presentation included:

1. Treat individuals in the context of their community and change community conditions.
2. As a compliment to the Healthcare Triple Aim, we need to address the Triple Aim of Health Equity:
   - Changing the Narrative (expand the understanding of what creates health)
   - Strengthen Community Capacity
   - Implement Health in All Policies
3. Expanded understanding that what "creates health" requires expanded partnerships
4. Consider other policies that impact health; employ a Health in All Policies approach.
   - Housing Policy
   - Minimum Wage, Paid Leave
   - Criminal Justice Reform Policy
   - Transportation Policy
   - Environmental Quality
   - Marriage Equity
   - Broadband Connectivity

Suggestions from panelists and audience participation

- Identify the trusted local organizations and groups that are *already* doing the work; collaborate with them.
- Provide leadership to bring groups, organizations, communities, and governments together to work collectively so that disparate efforts will be stronger together.
- Isolation plays a large role in ill health — partnerships are important for the process of empowering people to rebuild community around them and improve health.
- Catalyze dialogue within and across disciplines: What can public health, hospital systems, schools, law enforcement, business, and other sectors do together to improve health equity? Engage strategic partnerships that can advocate for a common (policy) agenda.

Our actions to date

One of the basic values of the Partnership Program is the role and importance of partnerships.

Community-Academic partnerships are one of the three main pillars of the Partnership Program (research, education and community partnerships) and we require them for basic eligibility in many of our award programs.

Just as no one organization can tackle complex health challenges alone, neither can one funder.

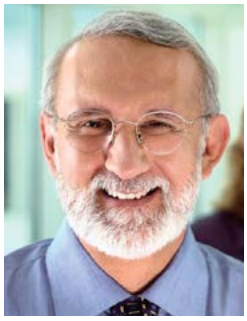
Therefore, the Partnership Program also collaborates with organizations that share our mission of improving health and advancing health equity in Wisconsin. Our work is enhanced and strengthened through partnerships with nonprofit organizations, public health, health and hospital systems, state and local governments, and our myriad of grantees.

Health Equity and the Role of Research

Keynote: Dr. Sergio Aguilar-Gaxiola, Director of the University of California-Davis Center for Reducing Health Disparities and an internationally renowned expert on mental health in ethnic populations

Panelists:

- Richard Moss, Rennebohm Research Professor and Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies at the University of Wisconsin School of Medicine and Public Health
- Dorothy Farrar-Edwards, Director of the Collaborative Center for Health Equity in the UW-Madison Institute for Clinical and Translational Research, and Professor in the School of Education with appointments in the Departments of Medicine and Neurology at the School of Medicine and Public Health
- Gina Green-Harris, Director of Milwaukee Outreach and Program Services at the Wisconsin Alzheimer's Institute (WAI) at the University of Wisconsin School of Medicine and Public Health
- David Pate, Associate Professor of Social Work at UW-Milwaukee's Helen Bader School of Social Welfare and Affiliated Associate Professor for the Institute for Research on Poverty at UW-Madison



Dr. Sergio Aguilar-Gaxiola, Director University of California-David Center for Reducing Disparities, focused on the essential commitment to community engagement in research to achieve health equity. His major points included:

1. Community engagement is the cornerstone of effective health practice
2. Community involvement is crucial to health research; communities can support research efforts by:
   - Identifying health needs and priorities
   - Providing critical input and data on clinically relevant questions
   - Developing culturally appropriate clinical research protocols
   - Promoting successful enrollment and retention of research participants
   - Disseminating and implementing research results more widely and effectively
3. Engagement in research means
   - Giving voice to communities to make or influence decisions
   - Ongoing relationships
   - Building trust
   - Ownership that leads to co-production, dissemination and sustainability
4. How can we accomplish this?
   - Evaluate *who we are* as people and institutions
   - Ask, "Where do our research questions and interests come from?"
   - Create infrastructure for community participation
   - Design collaborative processes throughout
   - Evaluate the effectiveness of our partnerships

> **Go in search of people. Begin with what they know. Build on what they have.**
>
> **– Chinese proverb**

5. Questions to ask ourselves:
   - How will we manage the simultaneous clinical, research and educational challenges when academicians who do community engagement and who can bridge cultures are few?
   - What do academic health centers need to do to make an institutional commitment to the social/structural determinants of health?

- What outcomes should we be measuring? What are the measures that matter to individuals, communities, researchers, decision-makers, health system administrators?
- How will efforts be sustained?

Suggestions from panelists and audience participation

- Research should seek out and address emerging community questions and concerns
- Research funds should be provided to answer pressing questions about the public good. "If the community builds it, not only will they come, but they will stay."
- Some research structures can act as barriers to community member participation. This can be mitigated by recognizing and addressing the costs of participation for individuals in the community.
- Health Equity Research:
  - Fund studies to determine which models best foster health equity and disseminate findings and best practices
  - Train researchers to develop a health equity lens; provide supplemental resources to connect with underrepresented communities
  - Ensure that individuals of color who represent communities of color in the research process have the ability to openly assert the needs of the community.
- Support research on system changes in reimbursements models

Our actions to date

The Wisconsin Partnership Program asks applicants to consider health equity and community engagement as important components of their proposals.

Another innovative research investment in health equity is through a recently awarded strategic grant, "Measuring and Addressing Disparities in the Quality of Care and Outcomes among Wisconsin Health Systems." This 3-year project, which began beginning July 1, 2017, is a partnership of the Health Innovation Program and the Wisconsin Collaborative for Healthcare Quality (WCHQ) to measure and publicly report disparities in the quality of care for health systems across the state of Wisconsin.

WCHQ is a nationally-recognized voluntary consortium to improve health care quality by publicly reporting quality measures for Wisconsin health systems using clinical data from electronic health records. WCHQ includes 38 health care organizations — 22 large health systems — and represents 65 percent of Wisconsin primary care physicians and 60 percent of all Wisconsin physicians.

The health disparities data will first be shared with participating health systems, and then reported publicly through WCHQ's website on an annual basis. Long-term, the expected outcome is that poor ranking health systems will develop interventions to improve quality and disparity measures.

Developing Common Language and Understanding

Many participants asked that the Wisconsin Partnership Program adopt and promote definitions related health equity. The Partnership Program accepts and works with the following definitions (references follow).

Health: A state of complete physical, mental, and social well-being; not just the absence of sickness or frailty.

Determinants of Health (www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health): The range of personal, social, economic, and environmental factors that influence health status are known as determinants of health. Determinants of health fall under several broad categories:

- Policymaking
- Social factors
- Health services
- Individual behavior
- Biology and genetics

It is the interrelationships among these factors that determine individual and population health. Because of this, interventions that target multiple determinants of health are most likely to be effective. Determinants of health reach beyond the boundaries of traditional health care and public health sectors; sectors such as education, housing, transportation, agriculture, and environment can be important allies in improving population health.

Social determinants of health (www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health — including both social and physical determinants.

Examples of social determinants include:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture

Examples of physical determinants include:

- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches)

By working to establish policies that positively influence social and economic conditions and those that support changes in individual behavior, we can improve health for large numbers of people in ways that can be sustained over time. Improving the conditions in which we live, learn, work, and play and the quality of our relationships will create a healthier population, society, and workforce.

Health Disparities (www.healthypeople.gov/2020/about/foundation-health-measures/Disparities): Differences in health or its key determinants (such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups. Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity.

Although the term "disparities" is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations.

Health Equity (www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html): Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This 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.

Health equity can be viewed both as a process (the process of reducing disparities in health and its determinants) and as an outcome (the ultimate goal: the elimination of social disparities in health and its determinants).

Evidence-base: An evidence-based intervention is one that integrates the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected in a manner that is compatible with the social, environmental, and organizational context.

Evidence-informed: Evidence informed practice is used to design health promoting programs and activities using information about what works. It means using evidence to identify the potential benefits, harms and costs of any intervention and also acknowledging that what works in one context may not be appropriate or feasible in another. Evidence informed practice brings together local experience and expertise with the best available evidence from research.

Policy, Systems and Environmental Change: Affecting policy, systems, and environmental (PSE) change is an approach to addressing complex challenges by focusing on changing the systems that affect the conditions where people work, learn, and live in to create long-term, sustainable impact.[1] This approach "zooms out" from the work of addressing individual behavior change and examines the policies, systems, and environments that make social challenges possible and impact people's health.

The policy, systems and environmental arenas each provide avenues that can be targeted to create positive social change and improve health. Efforts can target these arenas one at a time, or can target multiple arenas at once for greater impact.[2] For instance, if addressing school-site nutrition, an initiative could simultaneously:

- work with a school district to change their policies on the foods sold in vending machines (policy change)
- encourage the adoption of a school wellness policy which requires that healthy foods be available through the cafeteria, and (policy change)

- adjust the layout of the lunch room to incentivize healthy eating by shifting fruits to the lane by the checkout, increasing the likelihood of students buying a piece of fruit as a snack (system, environmental change)

Policy level efforts target and shift laws, mandates, regulations, ordinances, or rules that can affect behavior, health, and contribute to social challenges.[3] These can be made in the public, nonprofit, or business sectors. For instance, these could be policies made by branches of the government, both locally and nationally. They could also be organizational policies written into businesses or nonprofits that have an impact on the health of employees and customers.[4] Policies that mandate changes that positively impact health and have support of lawmakers and local leaders are more likely to be sustainable long after the efforts to achieve their passage have succeeded.[5]

Examples

- Mandating all university students receive a Meningitis vaccine prior to enrolling for college coursework
- Passing a law that requires landlords to test all properties built before 1980 for lead paint and remediate the property if lead is found
- Banning the use of toxic preservatives in household products and personal cosmetics

Systems changes often work hand in hand with policy changes. Changes to a system can mean changes in the procedures, structures, and activities within an organization, group of organizations, or institution. This resulting change can have impacts on both the people that group employs and the individuals that group serves.[6] There are a lot of systems that people can work within to effect positive change. Some examples include food, healthcare, transportation, sanitation, education, housing, immigration, criminal justice, banking, or religious systems. These systems are often comprised of broad networks that touch the lives of many people in a community, demonstrating an opportunity to make changes that impact population health.[7]

Examples

- Ensuring a business park campus goes smoke free
- Establishing a procedure that all state-sponsored municipal planning conducts a health impact assessment before allocating funds
- Adding a question to a healthcare delivery system intake form that screens patients for food and/or housing security and refers to community-based resources

Environmental interventions are most commonly thought of as changes to the built environment — like a new bike path or park space. Environmental interventions can also work within social, economic, and message environments as these also have a big impact on how people behave and shape how people move through their communities each day.[8]

Examples

- Availability of healthy food choices in restaurants or cafeterias
- Increase in acceptance of limiting candy as rewards in classrooms across a school district
- Ensuring a neighborhood is pedestrian-friendly by including sidewalks, street lights, and safe crosswalks

Theory of Change (www.theoryofchange.org/what-is-theory-of-change/): Theory of Change is a rigorous yet participatory process whereby groups and stakeholders identify the conditions they believe have to unfold for their long-term goals to be met. These conditions are modeled as outcomes or, more precisely, desired outcomes, arranged graphically in a causal framework. The framework provides a working model against which to test hypotheses and assumptions about what actions will best bring about the outcomes in the model.

A Theory of Change provides a clear and testable hypothesis about how change will occur and what it will look like. The theory describes the types of interventions (a single program or a comprehensive community initiative) needed to bring about the outcomes depicted in the causal pathway map. Each outcome in the causal pathway is tied to an intervention, revealing the often-complex web of activity needed to bring about change. As a roadmap, a Theory of Change identifies measurable indicators of success and keeps the process of implementation and evaluation transparent, so everyone knows what is happening and why.

References

1. U.S. Department of Health and Human Services, What is Cultural Competency?, Office of Minority Health (HHS).
2. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, N.Y., 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
3. U.S. Department of Health and Human Services, Healthy People 2020 Draft. 2009, U.S. Government Printing Office.
4. Commission on Social Determinants of Health (CSDH), Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. 2008, World Health Organization: Geneva.
5. Adler, N.E., Socioeconomic status and health: The challenge of the gradient. American psychologist, 1994. 49(1): p. 15.
6. Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.

Resources mentioned during conference

- Asset Limited, Income Constrained, Employed (ALICE) Report in Wisconsin is a useful tool for addressing the working poor of Wisconsin www.unitedwayalice.org/Wisconsin/
- A Framework for Educating Health Professionals to Address the Social Determinants of Health www.nap.edu/read/21923/chapter/1
- County Health Rankings and Roadmaps www.countyhealthrankings.org/
- What is Health Equity? And What Difference Does a Definition Make? May 2017. Publisher: Robert Wood Johnson Foundation. Author(s): Braveman P, Arkin E, Orleans T, Proctor D, and Plough A www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html

Appendix A

The Advancing Health Equity Conference – What did we hope to accomplish?

The Partnership Program had three primary goals for the *Advancing Health Equity* conference:

1. Promote an equity lens to address health in Wisconsin
2. Develop common language and understanding around health equity
3. Share information regarding efforts that are moving the needle on health equity outcomes and discuss their applicability for Wisconsin

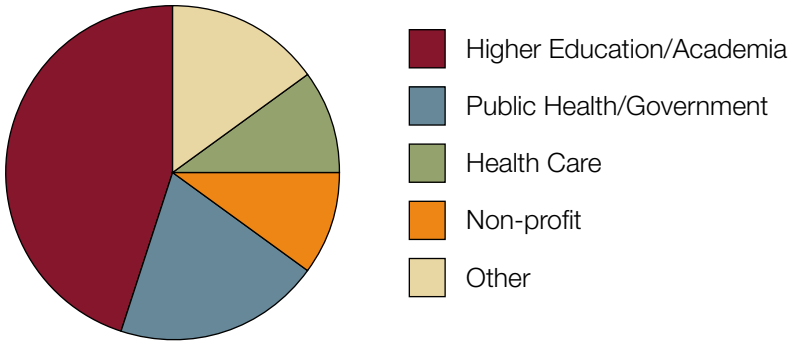
The conference agenda mirrored how the Partnership Program invests its funding: through education, research, and community-academic partnerships; hence the title of the three topic-driven sessions:

- Health Equity and The Role of Health Care Education and Practice
- Health Equity and The Role of Partnerships
- Health Equity and The Role of Research

Speakers from across the country who are leaders in their fields shared their knowledge and examples of best practices. These presentations were followed by panel discussions with local leaders who spoke about implications for our work in Wisconsin. To engage and capture community voices, equal time during each session was devoted to audience commentary and questions. Finally, a working lunch hour provided all attendees with an opportunity to share their guidance on where the Partnership Program might go next regarding health equity.

Well over the maximum capacity of 400 people registered for Advancing Health Equity conference — showing clear and broad stakeholder interest. To address the widespread interest, we offered a live-stream option to a statewide audience. An analysis of participants showed that 45 percent represented academia/higher education, 20 percent represented public health/government, 10 percent represented non-profit organizations, 10 percent represented health care, and the remaining 15 percent represented K-12 education, funders, the business/private sector and others.

Attendees

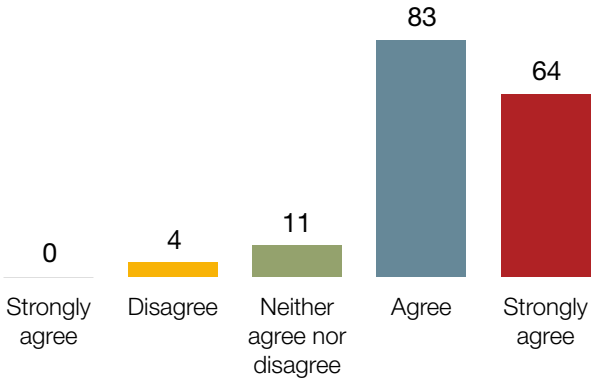


Post-Conference Survey Results

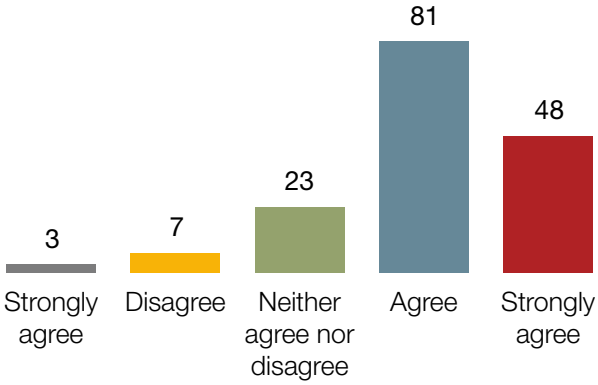
One hundred seventy-five individuals responded to the post-conference survey, a response rate of 35 percent. Of those who responded to the survey, 44 percent represented academia/higher education and 56 percent represented sectors including government, healthcare, community-based nonprofit, community organizing, K-12 education, business/private sector or other. Of those who responded to the survey question about race/ethnicity, 70 percent were white and 30 percent were people of color.

Agreement with the conference meeting its goals of:

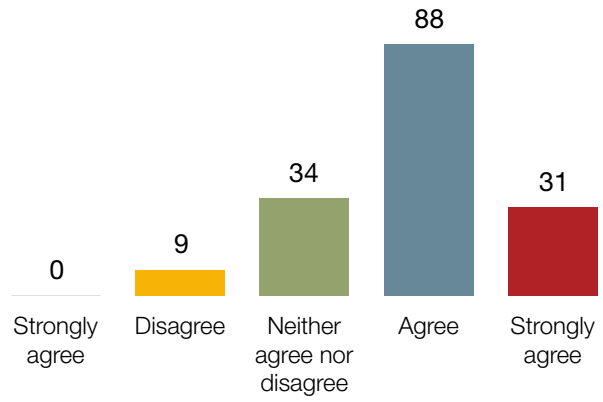
Promoting an equity lens to address health in Wisconsin



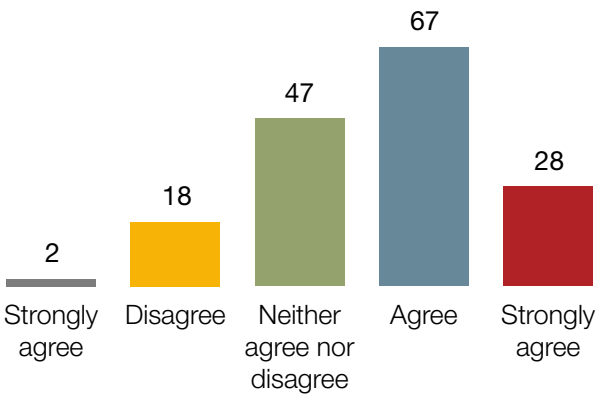
Sharing information about efforts that are moving the needle on health equity outcomes regionally or nationally



Developing common language and understanding around health equity

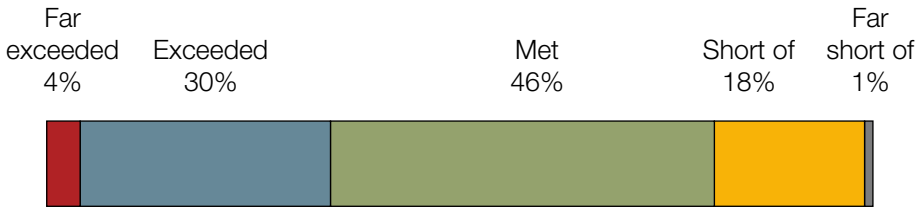


Discussing the applicability of those regional or national efforts to Wisconsin



Expectations about the Conference (n = 163)

Eighty percent of survey respondents said the conference met or exceeded expectations.



Survey respondents were asked what their expectations were or what they hoped to learn. Here are selected responses from each of the categories above:

Of those who said the conference **fell far short of expectations**, they expected to:

- Hear more inclusive dialogue beyond racial equity
- Have a more advanced conference including facilitation, active action planning, and community networking

Of those who said the conference was **short of expectations**, they expected to:

- Have more solid takeaways or examples of programming to apply locally. Focus more on solutions and action.
- Conference seemed very academic and was hoping it'd be more applicable to rural communities
- More interaction to learn from colleagues and to interact with panel, speakers and audience. Not enough time in the larger group.
- Take a broader look at disparities and include LGBTQ communities
- Have a broader range of disciplines represented

Of those who said the conference **met expectations**, they expected to:

- Learn from health equity leaders
- Learn about health equity in general including gaps and problems
- Develop a collective and shared understanding of health equity including common language
- Learn about efforts, strategies, and best practices to address and improve health equity including:
  - Diversifying the workforce
  - Identifying successful strategies
  - Identifying new ideas for health equity efforts
  - Understanding current national, state, and UW efforts
  - Strategies for educating future health professionals
- Network, make connections, and collaborate
- How to apply efforts and translate what we know into practice
  - National efforts applied in Wisconsin
  - Integrate health equity into people's work including traditional health care
- Learn about new research and science in health equity
- Have best practices to be implemented in Wisconsin
- Discuss a common language between academics, government, community etc. without the more academic jargon

Of those who said the conference **exceeded expectations**, they expected to:

- Better understand of health equity, including definitions and what the inequities are.
- Better understand health equity and efforts towards it in several contexts:
  - Locally
  - Wisconsin
  - The nation
  - Healthcare, health professionals, and researchers
- Learn about steps, strategies and actions to take toward improving health equity
- Network and make connections
- Learn about the Wisconsin Partnership Program

Of those who said the conference **far exceeded their expectations,** they expected to:

- Learn about deficits in our current system related to health equity
- Identify innovative ways and new efforts to overcome deficits including using systems change
- Learn about partners conducting work in order to better form partnerships.

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