PATHWAYS TO POPULATION HEALTH EQUITY

Pathways to Population Health Equity
Population Health and Health Equity Framework Primer

A. Public Health 3.0

Public Health 3.0, initiated by Karen DeSalvo, Assistant Secretary for Health and Human Services at the time, brought together a wide range of public health practitioners to envision the future of public health. They developed a model of Public Health 3.0 based on the following approach and recommendations [entire section adapted from this document]:

1. "Public health leaders should embrace the role of … a **Health Strategist for their communities** — working with all relevant partners so that they can drive initiatives including those that explicitly address 'upstream' social determinants of health. Specialized Public Health 3.0 training should be available for the public health workforce and public health students … **the public health workforce must acquire and strengthen its knowledge base, skills, and tools to meet the evolving challenges to population health, to be skilled at building strategic partnerships to bring about collective impact, to harness the power of new types of data, and to think and act in a systems perspective**.

2. **"Public health departments should engage with community leaders — from both the public and private sectors — to form vibrant, structured, cross-sector partnerships** designed to develop and guide Public Health 3.0–style initiatives and to foster shared funding, services, governance, and collective action. Communities should create innovative and sustained organizational structures that include agencies or organizations across multiple sectors and with a shared vision, which allows blending and braiding of funding sources, capturing savings for reinvestment over time, and a long-term roadmap for creating health, equity, and resilience in communities.

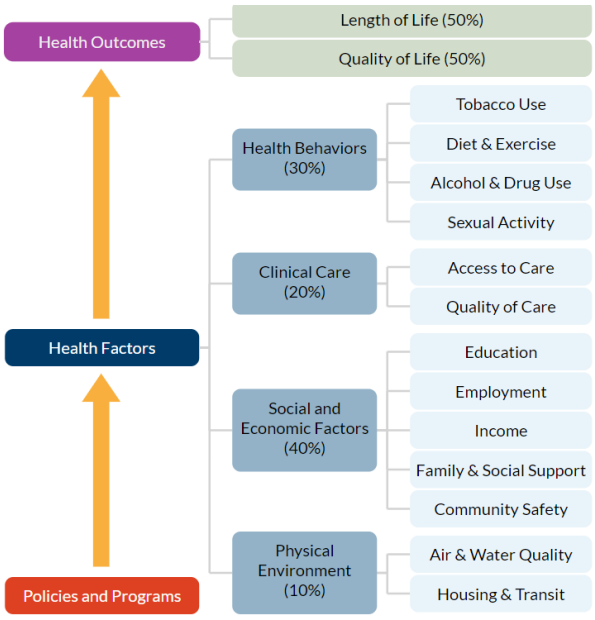
3. "Public Health Accreditation Board (PHAB) criteria and processes for department **accreditation** should be enhanced and supported to best foster Public Health 3.0 principles, as we strive to ensure that every person in the United States is served by nationally accredited health departments.

4. "**Timely, reliable, granular level (i.e., subcounty), and actionable data** should be made accessible to communities throughout the country, and clear **metrics** to document success in public health practice should be developed to guide, focus, and assess the impact of prevention initiatives, including those targeting the social determinants of health and enhancing equity. The **public and private sectors should work together to enable more real-time and geographically granular data to be shared, linked, and synthesized to inform action while protecting data security and individual privacy.** This includes developing a core set of metrics that encompass health care and public health, particularly the social determinants of health, environmental outcomes, and health disparities.

5. "**Funding for public health should be enhanced and substantially modified, and innovative funding models should be explored to expand financial support for Public Health 3.0–style leadership and prevention initiatives.** Blending and braiding of funds from

multiple sources should be encouraged and allowed, including the recapturing and reinvesting of generated revenue. Funding should be identified to support core infrastructure as well as community-level work to address the social determinants of health."[1]

Figure 1. County Health Rankings Model



B. County Health Rankings and Roadmaps

The County Health Rankings and Roadmaps model[2] was one of the earliest frameworks to propose that health was driven more by social, economic, and environmental factors than by access to clinical care. As a framework, it has had a transformational impact on the field in shifting our perception of how health is created and what drives health outcomes. Social determinants of health, as defined by the World Health Organization, are "the conditions in which people are born, grow, live, work and age." They may enhance or impede the ability of individuals to attain their desired level of health[3]. The County Health Rankings and Roadmaps model[4, 5] offers an example of the predicted impact of different factors (i.e., physical environment, social and economic, clinical care, health behaviors) on health and well-being. The model can be used to convey the influence that social determinants have on health outcomes. It also links to descriptions and statistics showing how different determinants contribute to health.

C. The Health Impact Pyramid

The Health Impact Pyramid[6] detailed that investments in long-lasting prevention, community context, and socioeconomic factors would achieve greater population impact than strategies around counselling and education and clinical intervention. This framework, popularized by Dr. Tom Friedan, invited public health departments to focus on interventions lower in the pyramid and made addressing socioeconomic factors and community collaborations part of the charge for public health.

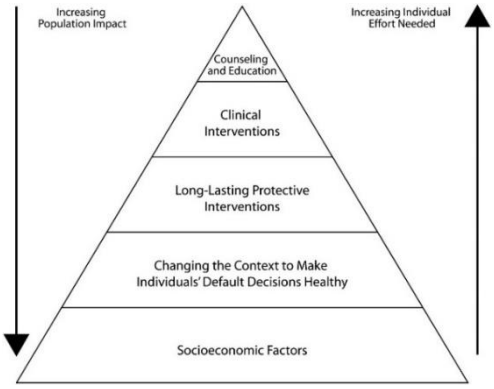


Figure 2. The Health Impact Period

[1] DeSalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O'Carroll P. Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century. *Prev Chronic Dis.* 2017;14:170017. DOI: http://dx.doi.org/10.5888/pcd14.170017
[2] University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps*. 2017. Retrieved from: www.countyhealthrankings.org
[3] World Health Organization. *Social Determinants of Health*. 2017. Retrieved from: http://www.who.int/social_determinants/sdh_definition/en/
[4] Hood C, Gennuso K, Swain G, Catlin B. County Health Rankings: Relationships between determinant factors and health outcomes. *Am J Prev Med*. 2016;50(2):129-135.
[5] University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps*. 2017. Retrieved from: www.countyhealthrankings.org
[6] Frieden TR. A framework for public health action: the health impact pyramid. *Am. J. Public Health.* 2010;*100*(4), 590–595. DOI: https://doi.org/10.2105/AJPH.2009.185652.

D. Vital Conditions for Well-being Framework

The Vital Conditions for Well-being Framework[7] describes the underlying community conditions that everyone needs to thrive. It proposes that investments need to be shifted from urgent "rescue" services to these vital conditions to achieve the conditions for everyone to thrive together. Drawn from thousands of community conversations, it is a framework for upstream community conditions that centers belonging and civic muscle at its core. This framework has been integrated into Healthy People 2030, the Surgeon General's report on Community Health and Economic Prosperity, and the Springboard for Equitable Recovery and Resilience. It serves as the organizational framework for the Federal Plan across 26 federal agencies and for the Well Being In the Nation (WIN) Network which brings together hundreds of organizations and communities across sectors who are advancing intergenerational well-being and equity.

Figure 3. Vital Conditions for Well-being Framework

Figure 4. Social Determinants and Social Needs: Moving Beyond Midstream Infographic

E. Upstream, Midstream, Downstream

This framework[8], put forward by Brian Castrucci and John Auerbach, first distinguished between providing urgent clinical services (downstream), addressing individual social needs (midstream), and addressing community conditions (upstream). By solidifying the importance of place and the difference between upstream community interventions and downstream and midstream individual interventions, it reinforced the Health Impact Pyramid and challenged what many health care and public health leaders were labelling as social determinant interventions.

[7] Well Being in the Nation Network. *Vital Conditions*. Retrieved from: https://winnetwork.org/vital-conditions
[8] Health Affairs Blog. "Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health." January 16, 2019. DOI: 10.1377/hblog20190115.234942

F. Well Being In the Nation (WIN) Measures

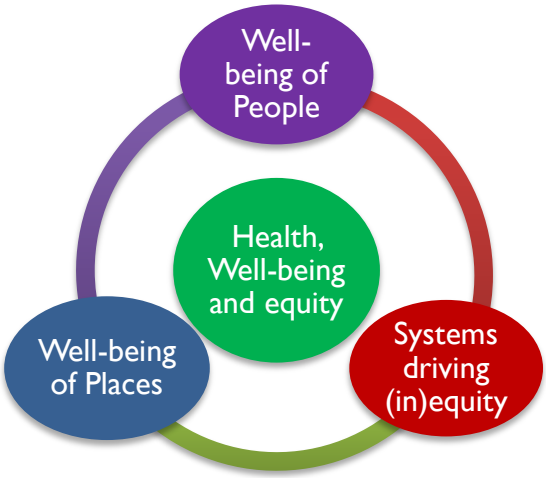


Figure 5. The interrelationship between the health and well-being of people, places, and systems driving inequity

This framework, used to organize the core measures of the Well Being In the Nation (WIN) measures[9], recognizes that the health and well-being of people, the health and well-being of places, and the structural and systemic drivers of health inequities (such as inequitable policies and systems) are interconnected and need to be addressed together. This framework reinforced the need for measures that applied to change at the level of individuals (people), at the level of community conditions (places), and systems (structural drivers) and offered measures prioritized by communities for all three of these levels.

G. American Public Health Association – Racism as a Public Health Crisis

The context of George Floyd's death/the Black Lives Matter movement and the COVID-19 pandemic has led public health leaders to fully embrace this broader modelling of structural racism as a public health crisis and priority. The American Public Health Association (APHA) released a statement declaring structural racism as a public health crisis. It made the following recommendations:

- Congress to pass and fully fund new and existing anti-racism legislation, such as the Anti-Racism in Public Health Act, that supports public health research and investment by creating a National Center of Anti-racism at the Centers for Disease Control and Prevention;
- Congress to pass S.4019 and HR 7232, establishing Juneteenth as a national federal holiday. Juneteenth is already recognized by 47 states and the District of Columbia as a state holiday or observance;
- Support of public health research investments that seek to examine the health effects of and structural interventions targeting structural racism;
- Establishing collaboratives among federal, state, and local governmental agencies to develop evidence-based recommendations for the most effective policy changes that will address the underlying causes of structural racism;
- Supporting federal, state, and local initiatives that acknowledge inequities and promote racial equity within federal, state, and local government agencies and other institutions;

[9] Well-being in the Nation (WIN) Measurement Framework: Measures for Improving Health, Well-being, and Equity Across Sectors. Facilitated by 100 Million Healthier Lives with the National Committee on Vital and Health Statistics. 2019. Available at: www.winmeasures.org

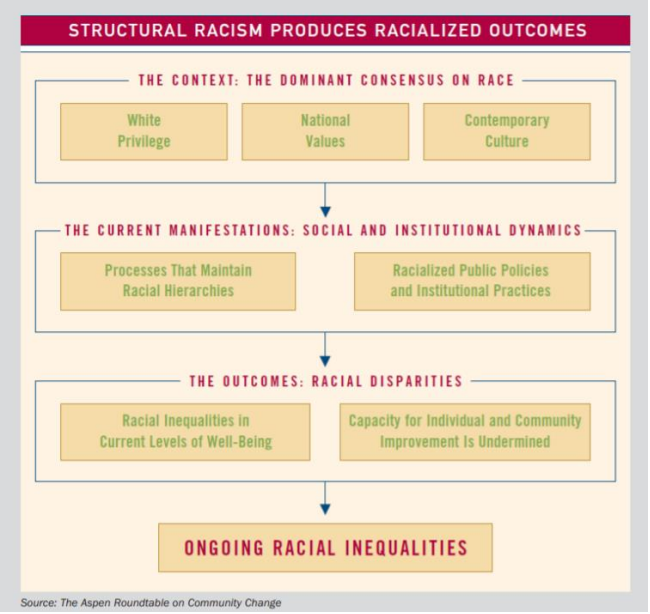
- Improving the evidence base by increasing data collection on racial inequities and mandating the use of measures of racism, especially within police violence, law enforcement, and criminal justice system data;
- Increased economic investments in historically under-resourced minority communities that will promote place-based interventions;
- Supporting and transforming the federal Healthy Start program and maximizing its potential to reduce infant mortality, eliminate disparities, and increase health equity;
- Supporting public awareness of racism by encouraging reexamination of history curricula for K–12 education;
- Supporting increased funding of community-based organizations focused on promoting racial equity through human capital and organizational support;
- Rescinding federal, state, and/or local policies and practices that prohibit diversity, equity, and anti-racism training for all professionals in the health, social service, educational, and public safety/law enforcement sectors;
- Reassessing, revising, and evaluating policies to ensure that they are mitigating the impact of racism.[10]

H. Trust for America's Health Blueprint

Trust for America's Health's Blueprint for the 2021 Administration and Congress included five priority areas that relate to this framework and directly address strategies to advance structural racism[11]:

PRIORITY 1: Make substantial and sustained investments in a more effective public health system including a highly-skilled public health workforce
PRIORITY 2: Mobilize an all-out effort to combat racism and other forms of discrimination and to advance health equity by providing the conditions that optimize health
PRIORITY 3: Address the social determinants of health including economic, social, and environmental factors that result in preventable illness, injuries and death
PRIORITY 4: Proactively address threats to the nation's health security
PRIORITY 5: Improve health, safety, and well-being for all people by providing pathways to optimal health across the life span.

Figure 6. Structural racism produces racialized outcomes infographic



[10] American Public Health Association. *Structural Racism is a Public Health Crisis: Impact on the Black Community*. October 2020. https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2021/01/13/structural-racism-is-a-public-health-crisis
[49] Trust for America's Health. (2020). *A Blueprint for the 2021 Administration and Congress: The Promise of Good Health for All: Transforming Public Health in America.* https://www.tfah.org/wp-content/uploads/2020/10/2021BluePrintRpt.pdf

I. Association of State and Territorial Health Officials (ASTHO) Policy Statement on Achieving Optimal Health for All by Eliminating Structural Racism

This statement achieves the following:

1. Acknowledges structural racism as a fundamental cause of heath disparities and recognizes the role public health agencies can play in eliminating racism;
2. Recommends that state and territorial health officials lead internal organizational change efforts that address structural racism in health agencies and support racial healing and transformation within state and territorial public health agencies;
3. Supports jurisdiction-wide efforts to address and eliminate structural racism and advance health equity;
4. Recommends partnerships and collaborations that support local, territorial, and state initiatives to address structural racism, promote health equity, and achieve optimal health for all.[12]

J. Foundational Public Health Services, 2022 Revision

The 2022 Foundational Public Health Services revision names equity as a foundational capability for the first time for all public health departments, and also names elements like community partnership development, policy development and support, for example, as key elements of how a public health department might engage with its community.[13]

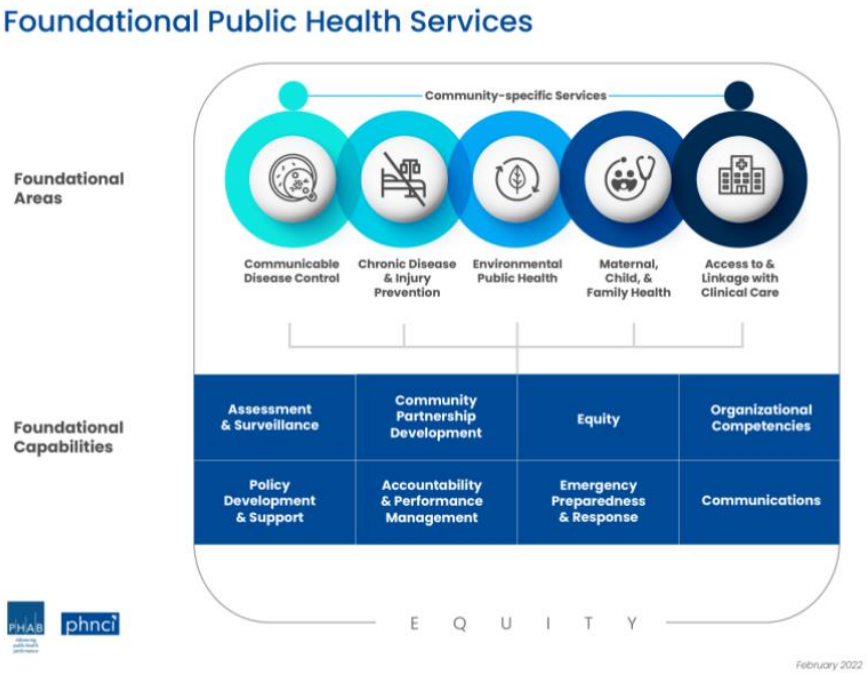


Figure 7. 2022 Foundational Public Health Services Framework

[12] Association of State and Territorial Health Officials. (2021). *Achieving Optimal Health for All by Eliminating Structural Racism.* https://www.astho.org/globalassets/pdf/policy-statements/achieving-optimal-health-for-all-eliminating-structural-racism.pdf

[13] The Public Health National Center for Innovations. *Revising the Foundational Public Health Services in 2022*. Retrieved from: https://phnci.org/transformation/fphs?msclkid=e5fd85bdae9811ec86001434408530df

K. World Health Organization (WHO) model

The World Health Organization Commission on Social Determinants of Health went beyond social determinants to address the structural determinants of health, which includes socioeconomic and political context (governance, macroeconomic policies, social policies, public policies, and culture and societal values) along with socioeconomic position driven by social class, gender, race/ethnicity, education, occupation and income, which manifests in the conditions that lead to an individual's social needs for health (material circumstances, behaviors, biological factors, and psychosocial factors). Social cohesion and social capital act as a bridge between these. These societal, community and individual factors intersect with the health system to result in an impact on equity in health and well-being. The WHO framework is by far the most comprehensive of these frameworks and directly addresses structural racism and other structural inequities.[14]

Figure A. Final form of the CSDH conceptual framework

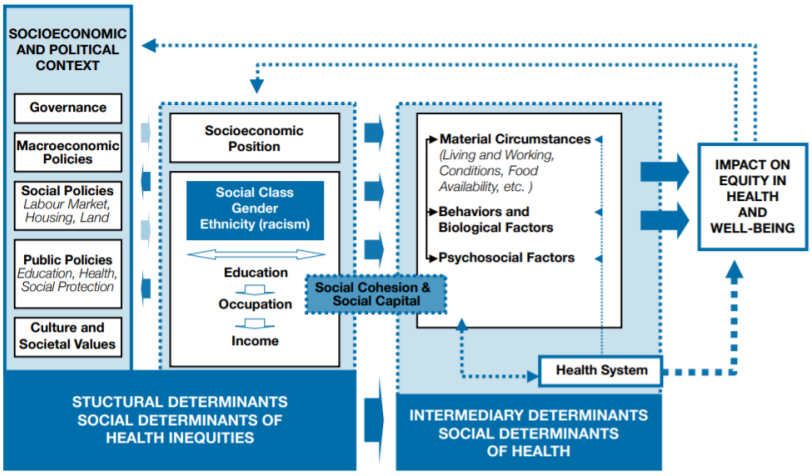


Figure 8. WHO Commission on Social Determinants of Health Conceptual Framework

[14] Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice). https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf

L. Healthy People 2030

Healthy People 2030 centers health and well-being across the lifespan and fully integrates physical, mental and social dimensions and access to both public health and clinical care systems. HP2030 also emphasizes healthier place-based, social and economic environments. Finally, it centers health equity as a core strategy, along with multisector stewardship of public health with objectives and data to support.[15]

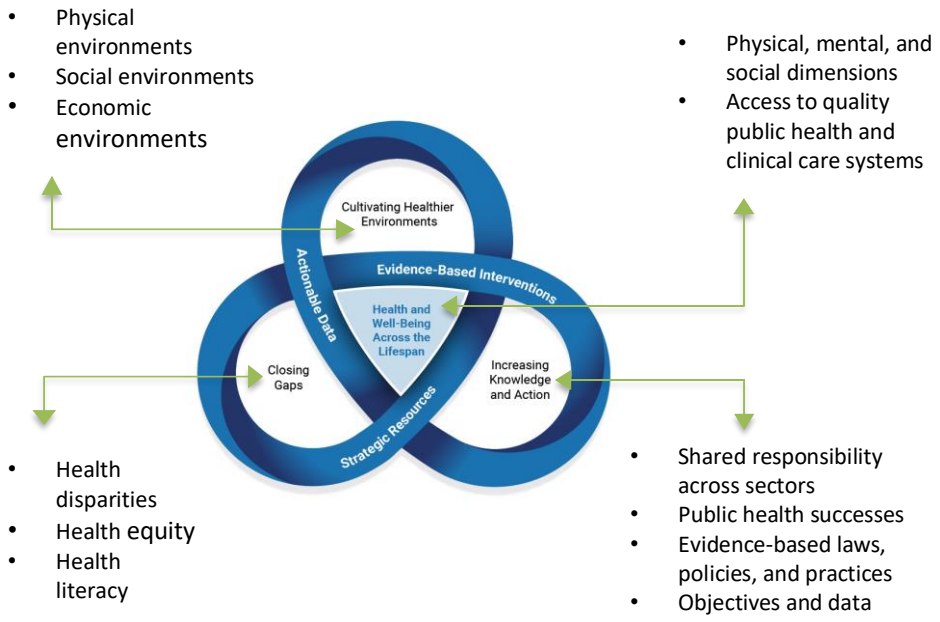


Figure 9. Healthy People 2030 Framework graphic

[15] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2030 Framework.* Retrieved from: https://health.gov/healthypeople/about/healthy-people-2030-framework

M. Well Being In the Nation (WIN) Network Theory of Change

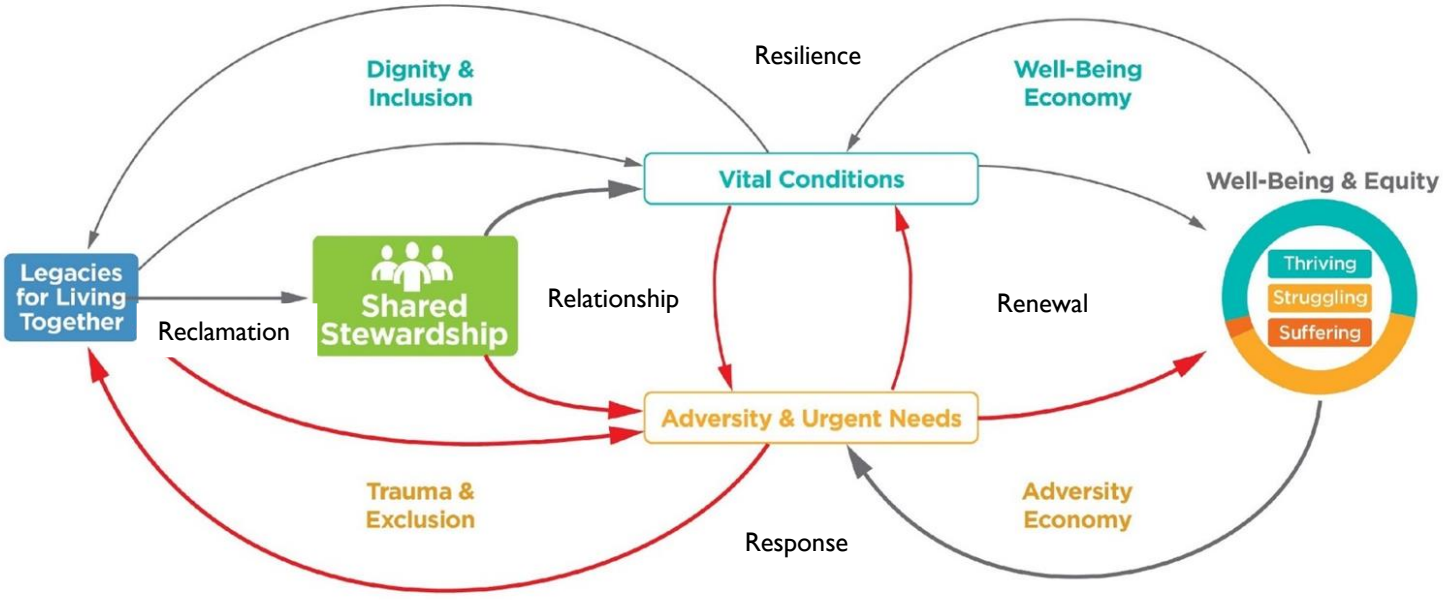


Figure 10. Well Being in the Nation (WIN) Network Theory of Change graphic

The Well Being In the Nation (WIN) Network Theory of Change is a multi-sector framework that begins by acknowledging societal legacies — some of dignity and inclusion, others of trauma and exclusion[16]. These structural and systemic inequities result in some groups of people and some places either reliably having the vital conditions everyone needs to thrive or predictably existing in conditions of adversity and with urgent need for health and social services. An entire adversity economy has developed, which is foundationally based on a hierarchy of human value and is incentivized to benefit from exclusion and human suffering. To advance well-being, there needs to be a process of reclamation and recognition of these structural inequities and system and a path developed to address these, formed in connection with each other. By coming together in shared stewardship between those who experience of systemic inequities every day and those who have power and responsibility within the system, by renewing our social contract as well as our policies, economy, structures and systems, we have the opportunity to chart a path toward long-term renewal.

[16] Well Being in the Nation Network. *WIN Theory of Change*. Retrieved from: https://winnetwork.org/win-theory-of-change

TRANSFORM TOGETHER.

ALL IN FOR EQUITY.

Developed in partnership