

# HEALTH EQUITY: STATE-LEVEL PROMISING PRACTICES, POLICIES & SYSTEM REFORMS

A Framework for Understanding How States Have Advanced  
Efforts to Promote Health Equity

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In 2020, the coronavirus pandemic disproportionately impacted racial-ethnic minority communities across the country, including New Hampshire, and placed a direct spotlight on the importance of and need for health equity nationwide.

However, health equity for all New Hampshire residents, similar to all residents nationwide, continues to be elusive. Ten years ago, in December 2010, the U.S. Department of Health and Human Services unveiled Healthy People 2020, the nation's 10-year goals and objectives for health promotion and disease prevention through 2020. Healthy People 2020 described health equity as the attainment of the highest level of health for all people. In order to achieve the highest level of health for all people, Healthy People 2020 recognized the importance of addressing the Social Determinants of Health (SDOH) and organized them around five key domains: economic stability, education, health and health care, neighborhood and built environment, and social and community context (U.S. Department of Health and Human Services, Secretary's Advisory Committee on Health Promotion and Disease Prevention, 2010).

In addressing the SDOH to arrive at health equity for all residents, the pandemic of systemic racism evident in federal and statewide policies and organizational structures must also be addressed. This is the message shared in the New Hampshire Governor's Covid-19 Equity Response Team's July 2020 Initial Report and Recommendations. The Team wrote:

"Long-standing historical societal issues have created systems and policies over time that do not support the needs and inclusion of all. Issues such as systemic racism have built inequities into our state and our country that continue to impact communities even today....We must do the hard work of actively disassembling systems and rebuilding anew if we truly seek to improve the health and wellbeing of all in our state. Racism is a public health crisis, and we must openly and frequently acknowledge this, speak courageously, and do the hard and critical work of dismantling systems that continue to oppress and then rebuild a new paradigm centered in inclusion, celebration, diversity, equity, and excellence." (Governor's COVID-19 Equity Response Team, 2020).

The COVID-19 Equity Response Team's report establishes the need for immediate and ongoing actions to adequately address health disparities associated with race and ethnicity in New Hampshire, as evidenced by the disproportionate impact of Covid-19. It proposes a roadmap on how the State could move forward in response to Covid-19. It also offers a guide to addressing longstanding systemic inequities that impact the ability of everyone in New Hampshire to thrive. Paramount to achieving this end is the importance of examining and addressing health equity statewide. In order to do so, there are many important lessons which New Hampshire can glean from states around the country.

At least five states comparable in several respects to New Hampshire have made significant investments to achieve health equity. These states are Colorado, Michigan, Minnesota, Washington, and Wisconsin. This report, *Health Equity: State Level Promising Practices, Policies & System Reforms*, provides in-depth profiles of health equity work underway in these five states. A few other states with specific similarities to New Hampshire are referenced as well. Effective interventions aimed at achieving health equity in the rural states of Alabama and Mississippi, and in the coastal states of California, Massachusetts, and New York, which also have major urban cities, are worth examining. All of these states are demonstrating that a statewide commitment to health equity can lead to practices, policies, and system reforms that make it more possible for everyone living there to attain the highest level of health.

## Common Health Equity Practices across Five States Comparable to New Hampshire

Based on similarities with NH, the states of CO, MI, MN, WA, and WI have made significant progress in advancing health equity. This progress is the result of five promising practices these states have in common that are supported by a range of public and private investments.

1. Public sector leadership by the state department of health and other agencies to implement health equity strategies is essential. In each state, there is a strategic plan for promoting health equity and, in most instances, an inter-departmental or interagency workgroup is tasked with carrying out health equity strategies. Public funding streams are the most sustainable source of support because they undergird the state's health care system. By reforming public services to improve health, housing, education, and other social determinants of health, state officials are able to leverage significant federal, state, and local dollars each year.

  - **Spotlight:** WISCONSIN. Healthy Wisconsin is the Wisconsin Department of Health's five-year health improvement plan that contributes to achieving the 10-year goals of the state's decade-long Healthiest Wisconsin 2020–Wisconsin State Health Plan (2010).
2. State-level policy initiatives instituted by the governor and state legislature often are the impetus for launching and funding statewide health equity initiatives. These laws, policies, and regulations govern allocation of resources to the public health department, and in some cases, to other agencies. Provisions include, for example, requiring annual reporting on the status of health outcomes and providing funds for community-level grant programs designed to promote health equity.

  - **Spotlight:** COLORADO. The Colorado Office of Health Equity and the Health Equity Commission were codified in statute under Senate Bill 242 in May 2007. In 2013, House Bill 13-1088 changed the name of the office to the Office of Health Equity and expanded it to serve wider populations. The Health Equity Commission advises the Office of Health Equity and provides a formal mechanism for the public to give input to the office.
3. Collaborative leadership across multiple sectors is essential to address the root causes of health inequity. Collaboration, or at the very least coordination, engages agency heads in considering how state policies and programming that affect employment, income, housing, community economic development, civil and criminal justice, and other sectors, can contribute to advancing health equity.

  - **Spotlight:** MINNESOTA. A Health Equity Advisory and Leadership (HEAL) Council was formed as part of the MN Department of Health's efforts to address disparities in health status across various ethnic, racial and regional groups. The HEAL Council has between 15 and 25 members appointed by the health commissioner to represent each of the communities represented by Minnesota's legislative councils of color/Indian Affairs and Minnesotans with disabilities.
4. Publicly accessible information on the status of health equity among state residents is a necessity. Data about the status of key health indicators among the entire population and various subgroups are released in quantitative and qualitative reports on progress by the state public health department and by nonprofit organizations. Regular reporting is an accountability tool used by all involved.

  - **Spotlight:** WASHINGTON. The Washington State Department of Health hosts a website, the Washington Tracking Network, that provides information on health disparities using an interactive map.
5. Community engagement strategies are implemented to enlist members of underserved communities and groups of people most adversely affected by health inequities in developing effective solutions. Fiscal, human,

and operational resources are set aside for the purpose of ensuring that local community members are involved in identifying concerns, devising strategies, and exercising leadership to carry out solutions.

- **Spotlight:** MICHIGAN. In March 2020, the W. K. Kellogg Foundation awarded a two-year grant to Health Net of West Michigan to provide health equity training to early childhood and health professionals in Grand Rapids in order to improve the quality of services provided to children and vulnerable families in those communities.

## Promising Practices in Rural States

In largely rural states, funding and local public health infrastructure are particularly scarce. In AL and MS, leaders target limited resources to increase the likelihood that residents of rural communities are engaged.

- **Geographic & population targeting** identifies towns and groups of people with the highest incidence and risk of health disparities and invests funds to address their needs. The Alabama Department of Health identified four “hot spots” to focus the Alabama Health Vending Machine Program, the Healthy Food Financing Initiative, and Scale Back Alabama. The Mississippi Delta Health Collaborative is working to lower the risk of heart disease and stroke among priority populations in the 18-county Mississippi Delta region.
- **Engaging faith-based organizations** widens the reach of public health interventions. As part of Million Hearts®, Alabama implemented a faith-based campaign with churches in Montgomery, Huntsville, and Birmingham to raise awareness about and prevent cardiovascular disease.
- **Authorizing shared-use agreements** across public entities assists with securing space for preventive health and wellness interventions and public health outreach. The Mississippi legislature passed a law in 2012 that allows use of school property and facilities for public recreation and physical activity.

## Promising Practices in Coastal States with Major Urban Cities

In CA, MA, and NY, states target resources for addressing health disparities in highly concentrated urban areas while investing in public health across the state. A common practice is that organizations grounded in the community are designing and leading health equity work while collaborating across sectors to address the social determinants of health, such as access to affordable housing and healthy food.

- The CA Health in All Policies Task Force, established by executive order S-04-10 in 2010 assembled 22 state agencies, departments, and offices to focus interagency efforts on crime prevention, access to healthy food, and active transportation.
- The Boston Public Health Commission is leading a Racial Justice & Health Equity Initiative that aims to reduce inequities in obesity, Chlamydia, and low birth weight among Boston residents.
- The NY State Department of Health produces NY State Health Equity Reports – annual reports providing population level data for 28 smaller geographic areas that meet specific definitions of need. The NY State 2017 Health Equity Reports present data on health outcomes, demographics, and other community characteristics for high-priority cities and towns.

## Implications for New Hampshire

State-level leadership for advancing health equity is vital, particularly as states seek to help communities recover from the disproportionate impacts of the dual pandemics of coronavirus and racism. New Hampshire has limited public funding with modest increases to remedy Covid-19. It is worthwhile to explore at this historic moment how resources might be invested through federal grant opportunities and national philanthropic initiatives to support health equity. Federal sources and national public-private philanthropic partnerships offer some prospective sources of support for state health equity efforts through competitive grant initiatives. NH is well-positioned to refine its health equity strategies by examining promising practices common across states with investments demonstrating some evidence of success.