CoLab
Community & Behavioral Health Policy

Policies to Advance Health Equity

CoLab for Community and Behavioral Health Policy

With support from the Northwest Center for Public Health Practice

In collaboration with the Tacoma-Pierce County Health Department

University of Washington, Department of Psychiatry and Behavioral Sciences

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Executive Summary

It is critical that policymakers consider equity not only in the outcomes of policies but in how policies are formed and implemented. Neglecting equity considerations can worsen health outcomes for groups experiencing adverse social, economic, and environmental conditions such as poverty, structural discrimination, violence and pollution. The Tacoma-Pierce County Health Department collaborated with the CoLab for Community and Behavioral Health Policy and the Northwest Center of Public Health Practice at the University of Washington to identify ten pro-equity policy areas that provide strategic, high-level policy direction for addressing COVID-19 recovery efforts in Pierce County. The collaborating teams integrated information from multiple sources, prioritizing the direct experiences and recommendations of community members. This report summarizes this process and the evidence-base of the final policy areas for promoting health equity and recovery.

Methods: The policy selection process involved identifying and comparing primary themes from two sources of information: The academic evidence-base relating to health equity policy, and community listening sessions conducted with the Tacoma-Pierce County Equity Action Network (EAN). To identify policy approaches for improving health equity, the CoLab team conducted a search for already developed systematic reviews (or comparable resources such as evidence inventories) from scholarly sources. This review yielded 62 policies from 13 scholarly documents. An additional 22 policies were identified after reviewing the transcripts from 15 EAN listening sessions. These 84 policies were grouped within 28 thematic policy areas organized by health impact (e.g., behavioral health). Transcripts from the listening sessions were reviewed and coded for statements reflecting these policy impact areas. We summed mentions of health equity policy areas within and across community group types (e.g., Latinx) and selected the most commonly endorsed policy areas across community listening sessions.

Priority Policy Areas for Health Equity and Recovery:

- **Behavioral and Physical Healthcare Access** describes a community's ability to easily obtain medical and health services. Strategies include restructuring healthcare to increase access as well as improving social, economic, and environmental conditions of health (e.g., housing, employment).
- **COVID-19 Specific Care** refers to policies that decrease or eliminate the inequitable economic and health impacts of COVID-19 among racial and ethnic groups. Short term recommendations include equitable vaccine distribution and workplace policies, and longer-term recommendations include a focus on eliminating structural inequalities.
- **Economic Stability** refers to having enough financial resources to afford basic needs. Strategies include employment resources and direct financial assistance.
- **Housing Affordability and Accessibility** is the ability to comfortably pay for housing within one's existing income. Strategies include rental and housing eligibility policies as well as land trusts and inclusionary zoning.
- **Youth Behavioral Health** describes the emotional, psychological, and social well-being of youth. Strategies include school and community partnerships to support the delivery of effective parenting and youth behavioral health services.

- **Health Community Planning and Built Environment** refers to community-led neighborhood planning processes focused on human-created surrounding. Strategies include green spaces, accessible food and accessible transportation options.
- **Early Childhood Development** policies support the social, cognitive, emotional, and physical development of children birth to three. Strategies include supporting the sustainability of high-quality childcare and education programs.
- **Education Access** describes the ability of schools to ensure high quality education and advancement for all students. Strategies include high school completion programs and ending zero tolerance school discipline policies.
- **Food Affordability and Accessibility** describes the ability to buy healthy food without straining income. Strategies include incentives for healthy food purchases and developing spaces for community gardening.
- **Social Connectedness** refers to the experience of belonging to a certain group or social network. Strategies include encouraging providers to provide "social prescriptions" for mental and behavioral health needs, as well as community planning to develop or preserve spaces for social gathering (e.g., community gardens).

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Introduction

Policy is an important tool for advancing health equity. Neglecting equity considerations in policy development contributes to systematic health inequities in Black, Indigenous and People of Color (BIPOC) communities. Tacoma Pierce County Health Department's COVID-19 health equity assessment found that racism and other systemic discrimination is leaving many Pierce County residents more vulnerable to the COVID-19 pandemic's negative health, social, and economic effects. Without changes in policies, even robust community-led movements to improve health can fail. An early and widely cited source, Consideration for Health Equity by Margaret Whitehead[1], defined health inequity as poor health outcomes that are unfair, unjust and avoidable. More recent scholarly reviews describe health equity as the absence of systematic disparities in health among groups typically marginalized in society by race, class, gender, sexual orientation, disability and other factors.[2,3] Recommended approaches to addressing health equity in policy take two general forms:

1. Identifying specific policies and programs that show positive effects in improving the health outcomes of populations that have been socially and economically marginalized.
2. Identifying, designing, and implementing policies using participatory processes to meaningfully engage populations that have been socially and economically marginalized.

This latter recommendation is a more recent development and comes from the recognition that achieving health equity requires the ongoing input from communities most affected by imbalances in health opportunities.

Given the relatively recent focus on health equity in policy, much of the academic research literature focuses on documenting the presence of health disparities and providing informed but untested policy recommendations.

Amongst this literature, however, there were a number of studies that used comparison or observational evaluations to examine the impact of specific policies on health outcomes. Policies aimed at health equity at the local level most often include passing local regulations through county or city council votes or supporting planning initiatives that redirected funds to new health priorities, raised money for new programs, and coordinated health strategies across multiple sectors. A number of scholars note that it is critical to use an anti-racist lens when developing health equity policies in order to ensure that the communities experiencing inequities have shared power in developing and supporting the implementation policy solutions.

In this review of local evidence-based policies to reduce health inequity, we found examples of single policies (e.g., eliminating sobriety requirements for subsidized housing), and multicomponent strategies (e.g., NYC Thrive initiative to address mental health). In the summaries below, we include information about policies that were tested and those that are recommended but not tested. Only a few policies were studied across multiple communities (e.g. increasing minimum wage), and we report the findings of those studies when they are available. The most consistent lesson from the recent research literature on health equity policy is that successfully addressing the health of communities that have been marginalized requires pro-equity multi-component strategies, high community buy-in, and committed decision makers.

Methods

To identify the most relevant and likely effective health equity policies for Tacoma-Pierce County, we integrated two sources of information:

1. A review of effective or evidence-informed health equity policies from the academic literature.
2. Health themes emerging from COVID-19 listening sessions with the Tacoma-Pierce County Equity Action Network (EAN).

Search Strategy for Identifying Effective and Evidence-Informed Policies to Address Health Equity

An umbrella review (review of review articles) was conducted to identify policies with demonstrated effectiveness in promoting health equity or policies that were evidence-informed (e.g., would address a health need known to contribute to health inequity). The evidence review pulled finding from scholarly public health or policy organizations. In addition to an academic literature search, a total of eight different organizations were identified for a gray literature search in collaboration with content experts from the Northwest Center for Public Health Practice (NWCPHP). The organizations reviewed include:

- American Public Health Association (APHA)
- Bay Area Regional Health Inequities Initiative (BARHII)
- Center for Disease Control (CDC)
- The Community Guide from the Community Preventative Services Task Force (CPSTF)
- National Academy of Science and Medicine (NASEM)
- National Association of County and City Officials (NACCHO)
- Robert Wood Johnson Foundation
- World Health Organization (WHO)

See appendix A for a list of documents pulled from each organization.

We reviewed these documents to identify specific policies recommended or with demonstrated effectiveness on health equity. The search terms used were determined in collaboration with NWCPHP and described in appendix B. This search identified 62 health equity related policies from the above-mentioned organizations and associations, which were coded into policy areas (e.g. housing, economic stability, etc.). These policy areas were reviewed with the Health Department and the NWCPHP to determine if any key policies areas were missing. Youth behavioral health policies were not explicitly identified from this primary search but was identified as an important policy area and a secondary targeted search was conducted to identify additional review articles in this area (search terms described in appendix B). See appendix C for a list of additional documents pulled from each source and existing organizations on the topic of youth behavioral health.

In addition to these further reviews mentioned above, COVID-19 listening session and Communities of Focus[1] documents from the Health Department were also reviewed to identify policy areas not already identified in the evidence review. From the second search with these documents, 22 additional health equity policies were identified, bringing the total to 84 policies. We grouped the final list of 84 health equity policies (e.g., specific laws, regulations) into 28 policy areas based on the intended impact of the policy (e.g., behavioral health, educational access).

Coding Tacoma-Pierce County Health Equity Acton Network COVID-19 listening sessions for identified Policy Areas

The Tacoma-Pierce County Health Department created the Tacoma- Pierce County Health Equity Action Network (EAN) to engage communities, particularly racial and ethnic communities, experiencing health inequities during the COVID-19 pandemic. Community leaders in the EAN conducted 15 listening sessions with standardized qualitative data collection methods.

Listening sessions gathered qualitative data to help the Health Department better understand how the COVID-19 pandemic is affecting community members, particularly Black, Indigenous, and People of Color (BIPOC). Listening sessions identified strengths, stories of resiliency, and needs to help inform COVID-19 response and recovery efforts. See the Health Department's COVID-19 Health Equity Assessment for additional information.

The evidence review team and the qualitative analysis team from the Tacoma-Pierce County Health Department met to discuss the codebook for identifying policy areas from the listening sessions. Both teams independently reviewed transcripts to identify themes and jointly reviewed results to resolve any areas of disagreement using a consensus approach.

We assigned a score of "1" to the listening sessions for each policy area (of the final 28) mentioned in that session. We grouped listening sessions by community type (e.g, Latinx, Native American, Community of Focus), and summed policy areas scores across each community type. From these totals, the policy areas with the

[1] Communities of Focus is a Tacoma-Pierce County Health Department health equity strategy that partners with six neighborhoods experiencing inequities to improve health in Pierce County.

highest scores (e.g., mentioned across multiple community types) were selected as priority areas. These priority policy areas are described below and include a definition.

Policy Areas

Policy areas reflect themes from community listening sessions and the evidence review of effective pro-equity policies. Each specific policy within the policy areas are examples of evidence-informed, pro- equity policy solutions to help Pierce County recover from the COVID-19 pandemic and build resiliency for future health and economic crises.

Behavioral and Physical Healthcare Access

Healthcare access describes a community's ability to easily obtain needed medical and health services. Many of the policies that increase access to healthcare are set by states or federal agencies. Scholarly documents reviewing the evidence for behavioral health policies recommend basic housing and economic supports as the most effective local strategies for improving mental and behavioral health resilience.[4] In addition to a focus on addressing a community's basic needs, the research literature describes four broad approaches local governments can take to improve healthcare access:

1. **Invest in a robust network of healthcare navigators.** Use of healthcare navigators is a proven strategy to help people feel more comfortable in healthcare settings and connect people with transportation, childcare and other resources. When these positions are filled by individuals from the same cultures and communities as clients, they are often called "community health workers" or "lay health workers." The literature shows that community health workers can help individuals feel more comfortable in healthcare settings and meet basic needs. This is particularly true for receiving mental health care.[5]

2. **Co-locate healthcare services in community settings**. Co-location is a highly effective strategy for increasing access to needed healthcare because it brings healthcare to a community rather than asking individuals to navigate complicated enrollment and transportation issues. Stationing healthcare services in locations that are easier to access increases the likelihood that people will use these services. School-based health centers, for example, are a popular way to ensure middle and high school students have access to basic health information, check-ups, and mental healthcare.[6] Similarly, ensuring medical settings have mental health professionals onsite ensures quick and easy referrals to mental health treatment. Increasingly, healthcare providers can offer medical visits through video, text, and phone calls. Local government can support community access to technology, broadband, and other resources to help them use these options.

3. **Coordinate multiple systems to support healthcare priorities.** Effective healthcare access across an entire community requires the collaboration of multiple health and nonhealthcare systems. Support and engagement from multiple health systems improve communication and promote unity towards a common goal of health and wellbeing. This often involves a "third party," sometimes a nonprofit agency or public health department, which helps large communities plan for how they will pay for, deliver, and monitor the quality of healthcare services. For example, Thrive NYC in New York City monitors 54 mental health initiatives across all public agencies in the city. The third-party organization keeps

initiatives on track by collecting data, convening meetings between systems, involving community in planning, and keeping the systems accountable to shared goals.[7]

4. **Hire more Black, Indigenous, and People of Color (BIPOC) Providers:** Hiring more providers who are Black, Indigenous, and people of color is important because they can provide more culturally competent care and increase access for underserved communities.[8] Black, Indigenous, and Hispanic physicians are more likely to practice in underserved communities and tend to treat more patients who identify as Black, Indigenous, and people of color.[8]

COVID-19 Specific Care

COVID-19 Specific Care refers to policies that decrease or eliminate the inequitable economic and health impacts of COVID-19 among racial and ethnic groups. Due to the novelty of the virus, there is limited research on implemented strategies to reduce inequity. The examples below come from scholarly papers that review health equity frameworks and suggest how to approach COVID-19 recovery considering the broader research literature:[2]

1. **Strengthen existing healthcare systems and vaccine access:** The National Academies of Science, Engineering, and Medicine developed a Framework for Equitable Allocation of COVID-19 vaccine which calls for local cooperation with federal initiatives to ensure a) no out of pocket costs for receiving the vaccine, and b) local development of a communication and community engagement strategy to build awareness and motivation for vaccination along with complementary strategies (e.g., mask wearing). In addition to specific COVID-19 strategies, other scholarly sources recommend a focus on strengthening healthcare access in socially vulnerable communities in alignment with some of the strategies already reviewed in the section on healthcare access.[9]

2. **Support flexible workplace strategies.** Encouraging or requiring local business to allow frontline workers to stay at home with pay or with more flexible work hours will minimize the disproportionate exposure to the virus.[10]

3. **Build the social capital of communities experiencing inequities**: Multiple scholarly sources point out that historic social inequities are contributing to the disproportionate toll of COVID-19 in groups that have been socially and economically marginalized, with African American communities being at particular risk.[9,10] Consequently, these sources recommend longer term approaches to building social capital that will lessen the continued negative impact of COVID-19 and other widespread health issues that stem from systemic racism. Strategies suggested include building digital capacity to promote better communication and community mobilization,[9] using participatory strategies to re-envision budgeting and the design of health services,[9,10] and building political capital through voter registration and elected office.[9]

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[2] Recognizing that the available science on this topic is limited, the National Academy of Science, Engineering and Medicine is convening a Response and Resilient Recovery Group focused on COVID-19 recovery that will "identify resilient strategies that can provide roadmaps for recognizing vulnerabilities with approximate levels of scientific uncertainty." This group will produce recommendations in 2021.

Economic Stability

Economic Stability is having enough financial resources to afford basic needs. The United States currently supports a number of federal programs designed to strengthen economic stability and recent summaries of the research literature suggests major expansion of these programs are needed to strengthen the social safety net for populations disproportionately affected by COVID-19.[4] These federal programs include the Earned Income Tax Credit, Social Security, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF). On a local level, the literature suggests some local policies can narrow economic gaps not fully addressed through federal policy such as:

1. **Provide employment flexibility.** The National Association of County and City Health Officials recommend providing paid sick or family leave as it can provide income stability and also improve worker health and well-being.[11,12] A study of California's paid family leave program found that household income increased by 4.1%. This study also found that these benefits particularly benefited low-income, single mothers.[13]

2. **Offer job training programs.** Job training and retraining programs can help improve financial stability and economic prospects for individuals, especially those in lower wage jobs.[4] An evaluation of a job training program geared towards training lower-skilled, unemployed, and underemployed individuals found that individuals who participated and completed the full program had an average of $1,051 more earnings per quarter, resulting in $4,204 more per year compared to the control group. Researchers also found that participants in the job training program reported higher job satisfaction.[14] Re-entry programs with job training can also improve economic stability for people who were formerly incarcerated. A randomized trial with 236 participants in an employment-oriented re-entry program in Milwaukee, Wisconsin found that those who received a job treatment program six months prior to their scheduled release date reported an increase in $2,000 in median earnings compared to the those who did not receive the job training program.[15]

3. **Increase local minimum wage:** Increasing the minimum wage can support the economic security of individuals who have a difficult time moving out of entry level jobs due to language barriers, racism and other marginalizing factors.[4,16] Minimum wage policies have been evaluated across the U.S. in various cities, and raising the minimum wage is associated with better health outcomes. A study of the impact of minimum wage on infant health found that for every $1 increase in minimum wage, there was an increase in birthweight by 2 grams, fetal growth rate by 0.03 units, and gestational length by 0.01 inches.[17]

4. **Provide cash assistance.** Cash assistance approaches are just emerging and the outcomes for long term economic stability are not yet known. As such, we list them here as an area of increasing interest and focus with unknown benefit. Universal basic income is regular and repeated cash assistance provided to an entire community. In this approach, all members of a community receive the funds regardless of income level. Through an initiative started by the City of Stockton, CA, a growing number of cities in the United States are using a universal basic income approach. This initiative is currently being evaluated with the support of the Robert Wood Johnson Foundation. Another approach to cash assistance involves payments to demographics most affected by COVID-19. In Australia and Colombia, for example, payments are going to individuals living in areas that are already struggling economically and have higher rates of COVID-19 infections.[18]

Housing Affordability & Accessibility

Housing affordability is the ability to comfortably pay for housing within one's existing income. Housing accessibility describes fair and equal opportunities for housing regardless of race/ethnicity, disability, or any other status. The research literature cites multiple examples of local government policy that can influence housing affordability and accessibility. These approaches include:

1. **Implement rental assistance policies and subsidies:** Rental assistance, particularly housing vouchers, is an effective method of stabilizing housing for households with unstable or low income,[4,19,20] and housing assistance may include privately owned public housing with lower monthly rent costs, subsidized public housing units owned by the government, and housing vouchers.[21] Research generally suggests that segregating low income housing in concentrated neighborhoods is not beneficial for families receiving rental assistance. Recent studies suggest vouchers or subsidies that support families to move into more affluent areas can be more effective than concentrated housing units.[22] For example, a large housing voucher program evaluation (Moving to Opportunity) operating in Chicago, Boston, New York City, Baltimore, and Los Angeles, found that families in the program experienced mental and physical health benefits up to 15 years after the program.[23] However, studies also suggest that these benefits may be higher for females than males, particularly among youth.[23]

2. **Support land trusts and inclusionary zoning laws:** Community land trusts (CLT) are an effective strategy to ensure the availability of affordable housing through economic downturns by shifting ownership of land from individuals to community.[4,24] Community leaders of land trusts set housing and rental prices at levels that allow community members to remain housed. A study of CLTs found that areas under the management of a CLT have foreclosure rates 30 times lower than the rest of the United States.[25] Inclusionary zoning is a type of land-use policy that requires developers to dedicate a certain percentage of units to become affordable housing units, leading to increases in affordable housing options. For example, New York City provided an incentive for developers that agreed to meet specified affordability requirements. This resulted in the development of 2,700 permanently affordable housing units between 2005 and 2013.[26]

3. **Establish housing first policies:** Housing first policy describes housing policies that eliminate sobriety requirements to be eligible for subsidized housing.[27] A systematic review of 26 studies of Housing First programs in urban cities across the US and Canada found that participants had a 30.7% greater rate of being housing stable, 88.4% decrease in homelessness, 4.9% improvement in quality of life, and a 5% reduction in emergency department use.[27] A different study found that participants in Housing First sites entered housing 147 days faster and retained housing for 166 days longer compared to the control group.[28]

Youth Behavioral Health

Youth behavioral health describes the emotional, psychological, and social well-being of youth. Policies that advance youth behavioral health are similar to general behavioral healthcare access. However, youth behavioral health policies are more specific in directing funds to youth-oriented locations and programs.

1. **Partner with school districts to establish school-based health centers:** School-based mental health strategies are popular and well-studied[4,6] In a review of 46 studies on the impact of school-based health centers, students reported a decrease of 5.7% in self-reported mental health problems, and a significant

reduction in suicide attempts.[6] School-based mental health centers may also improve academic functioning,[29] and improve healthcare accessibility as they are typically established in low-income communities.[30]

2. **Support the implementation of parent Interventions:** Parent interventions help improve youth well-being through strengthening the parent-child relationship. Parenting programs can also improve caregiver health. A number of well-studied parenting programs are available and show significant effects in reducing indices of child abuse, youth aggressiveness, youth substance use, and violence in the home.[31] Parenting programs can also reduce caregiver substance abuse, depression and parental stress.[31]

Healthy Community Planning & Built Environment

Healthy community planning refers to community-led neighborhood planning processes focused on human-created surroundings (built environment). The built environment strongly affects health and well-being. Available studies to date focus on unique aspects of built environment planning and studies are not yet available on the impact (or feasibility of implementing) comprehensive planning projects. Currently, the research literature describes approaches local governments can take to improve health through the built environment including:

1. **Establish more green spaces:** Green spaces are beneficial to a neighborhood as they can help improve mental health and appear to lower crime.[32] Neighborhoods with more green spaces are also associated with lower rates of adult obesity.[33] A study in Philadelphia randomized 541 vacant lots into one of three groups: greening intervention, trash clean up, or no intervention at all. Those who lived near a vacant lot reported a significant decrease in feeling depressed (41.5%) while no changes were observed in the trash clean up and no intervention lots.[34]

2. **Accessible food and transportation options.** Designing neighborhoods to ensure food and transportation accessibility can increase the consumption of healthy food and overall health of communities. Mobile markets (pop up grocery stores) are examples of a strategy local governments can use to increase access to healthy foods. In a mobile market evaluation (Green Grocer mobile market), communities receiving pop up markets experienced 13-20% increases in vegetable intake.[35] Transportation can be made more accessible by eliminating public transit costs. Free transportation for riders improves student attendance, reduces contact with the juvenile justice system by reducing citations for bus fare evasions, and improves air quality.[36]

3. **Set fast food density regulation policies:** Regulating the number of fast-food establishments in neighborhood areas is suggested as a policy for reducing obesity given the proven relationship between density of fast-food establishments and obesity.[37] However, there is insufficient research to determine whether regulating the availability of these establishments reduces community obesity levels as an independent strategy.

Early Childhood Development

Early childhood development policies support the social, cognitive, emotional, and physical development of children from birth to three years of age. There is a large research literature on programs and policies that support healthy development for this age period and most policies tend to originate at the local level. Approaches are largely focused on expanding educational opportunities and quality in various contexts including:

1. **Establish accessible, full-day early childhood education centers:** Early childhood education centers are proven to help children prepare for success in school. The research literature suggests that full day programs are more effective than partial day programs. Full day programs also provide additional assistance to parents who are seeking full day child-care. A review of 49 studies evaluating early childhood education centers for children from communities that have been marginalized found that students performed better on standardized tests and had more successful education outcomes later in life.[38]

2. **Support the quality of care for early childhood and childcare programs.** To fully realize the benefit of early childhood educational supports, programs need support to deliver services with high quality.[39] Quality support can be provided by increasing the wages of childhood educator providers, drop-in observations, and providing continuing education for providers and parents.[40] Increasing the salary for early childhood educators is linked to employment stability and lower professional turnover.[41] A study published by the Center for the Study of Child Care Employment, found that higher salaries lead to lower teacher turnover rates.[42] In New Jersey, the state supreme court passed a law stating that early childhood educators with the necessary certifications are to receive a salary comparable to teachers in elementary school and beyond.[43]

3. **Provide full-day kindergarten at schools:** Full-day kindergarten is also effective in preparing children for longer term school success and supporting caregivers who work out of the home. A review of multiple studies of full-day kindergarten found that it was associated with significantly higher scores in reading and math.[44] By expanding and increasing access to full-day kindergarten, cities and counties can provide a strong foundation for development and long-term academic and health outcomes.[45]

Education Access

Education access describes how easily youth can receive high-quality schooling, which can influence future wellbeing and quality of life. Local governments can increase education access for students through the following approaches:

1. **High school completion programs:** This is the most studied approach to ensuring education access for populations experiencing inequities. Effective strategies include vocation training that prepares students for a specific career or occupation and teaches life skills, alternative schools geared to youth who prefer a different learning environment, and social services supports that prevent school drop-out.[46] A review of 167 studies on different types of high school completion programs found that students in vocational programs had high school completion rates 15.9% greater than the comparison group, and students that participated in alternative school programs had a 15.3% greater completion rate compared to the comparison group.[46]

2. **End Zero Tolerance Policies in Schools:** Zero tolerance policies mandate that schools punish students for both minor and major violations, typically with suspension or expulsion, regardless of the context or circumstance.[47] There is little evidence that zero tolerance policies improve school safety or student behavior,[48] and instead lead to the disproportionate punishment of Black, Latinx, and male students.[48,49] Recommendations for alternative discipline strategies include graduated discipline, teaching conflict resolution or bullying prevention, or using suspension data and office referrals to identify at-risk students to refer for interventions. A study on the impact of Los Angeles United School District's decision to end willful defiance suspensions six year after the ban showed that it has narrowed the racial disparity gap between white students and Black and Latinx student suspensions.[49]

3. **Teach Ethnic Studies in Schools:** Teaching ethnic studies in schools can improve attendance and academic performance, especially among students at-risk for drop out. Because Black, Indigenous, and students of color are at a greater risk for drop-out, ethnic study courses may be an effective approach to decreasing the education disparity. An evaluation of 1,405 ninth-grade students in the San Francisco Unified School District who were enrolled the ethnic studies course showed strong evidence that attendance increased by 21%, and cumulative grade point average increased by 1.4 points.[50] Positive effects of the ethnic studies course were especially strong among male students and students who identified as Latinx or of Hispanic descent.[50]

4. **Invest in Youth Diversion Programs**: Diversion programs can redirect at-risk or youth involved with the justice system to supportive services. Pre-arrest diversion programs can prevent youth from entering the justice system and avoid the traumatic consequences of arrest.[51] The Philadelphia School District partnered with the Department of Human Services and other youth-serving agencies and stakeholders to initiate the Philadelphia School Police Diversion Program. This program redirects youth from school-based arrests to community-based services. An evaluation of the program showed that after one year, 486 students were redirected into services, and five years after program implementation, school-based arrests dropped 84%.[52]

Food Affordability & Accessibility

Food affordability describes whether people can buy healthy food without straining their income. Food accessibility refers to a person's ability to easily access healthy food options. Insufficient healthy food intake is related to numerous chronic diseases. The research literature typically describes three broad strategies local governments can take to improve food affordability & accessibility:

1. **Set incentive policies for SNAP beneficiaries:** Local government policies that add incentives to purchase health foods on top of the federal Supplemental Nutrition Assistance Program (SNAP) can increase the purchase and consumption of healthy food. For example, the Healthy Incentives Pilot (HIP) in Hampden County, MA found that individuals receiving incentives for healthy food purchases (30 cents back for every SNAP dollar spent on targeted fruits and vegetables), reported a 26% increase in consumption of targeted fruits and vegetables compared to the control group.[53]

2. **Require corner and convenience stores to stock more fruits and vegetables:** Communities experiencing inequities often lack access to full-service grocery stores or farmer's markets that stock multiple, healthy food options. Establishing regulations requiring corner stores or smaller grocery stores in these communities to stock healthy food is an effective strategy to increase food access. This

approach is being implemented in Philadelphia, Baltimore, Minneapolis among others.[54] A study in Hartford, Connecticut found that stocking more healthy foods in convenience stores increased fruit purchases by 12% and vegetables by 15%.[55]

3. **Invest in spaces for communities to practice community or sustainable farming:** Community gardens are another effective strategy to increase access to healthy and fresh food options. In Boston, Massachusetts, community members and the local governments established an urban community land trust in which some of the land was dedicated towards agricultural purposes. The land trust contains numerous community gardens, a 10,000 square-foot greenhouse, and two farm sites operated by The Food Project. The Food Project, a nonprofit dedicated to empowers and teaches youth to focus on community improvement, health, leadership, and sustainable agriculture.[56]

Social Connectedness

Social connectedness refers to the experience of belonging to a certain group or social network,[57] and is associated with increased mental health and well-being. As a relatively newer area of focus for health equity policymaking, the research literature in this area is still emerging. The most common approaches include:

1. **Promote "social prescriptions":** Social prescriptions are gaining in popularity and involve a healthcare provider "prescribing" a social or physical activity to address mental health and well-being needs. For example, a research study among racially and diverse communities experiencing inequities in Oakland, California receiving services at a Federally Qualified Health Centers found that families prescribed trips to the park reported significant decreases in loneliness and significant stress reductions.[58]

2. **Provide more community gardens:** Food gardens can promote social connectedness in addition to healthy food accessibility. An analysis of five community garden programs in Laramie, Wyoming with 33 participants found that community gardens helped grow and strengthen social networks through knowledge and resource sharing, and deepened cultural knowledge and a feeling of belonging in communities.[59]

Conclusion

The COVID-19 pandemic revealed systemic and structural inequities in health opportunity among Black, Indigenous and Person of Color communities. The devastating physical, social and economic effects in these communities will continue even after the infection rate is reduced. It is critical for Tacoma-Pierce County to pursue pro-equity policies to strengthen community resiliency, ensure an equitable recovery, and lay the foundation for reducing health inequities. The current report summarizes the known evidence on pro- equity policies as prioritized by communities in Tacoma-Pierce County. The emerging literature on health equity is clear that policy formation needs to include community members in empowered and participatory processes so that implementation reflects the actual needs of those most affected by health inequities. These processes might include collaborative design, community planning sessions, participatory budgeting and policy making, or empowered citizen oversight boards. This summary of the evidence is intended to provide a strategic high-level policy direction for COVID-19 recovery in Tacoma-Pierce County.

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Appendix

Appendix A: Source Documents

Search Source	Document Name
American Public Health Association (APHA)	Achieving Health Equity in the US
Bay Area Regional Health Inequities Initiative (BARHII)	Health Inequities in the Bay Area Brief
BARHII	Housing Stability and Family Health Brief
BARHII	Minimum Wage & Health Brief
Center for Disease Control (CDC)	Health Equity
The Community Guide from the Community Preventative Services Task Force (CPSTF)	Health Equity: High School Completion Programs
CPSTF	TFFRS - Health Equity: Permanent Supportive Housing with Housing First (Housing First Programs)
CPSTF	Health Equity: Center-Based Early Childhood Education
CPSTF	Health Equity: Full Day Kindergarten Programs
CPSTF	Health Equity: School-Based Health Centers
CPSTF	Health Equity: Tenant-Based Rental Assistance Programs
National Academy of Science and Medicine (NASEM)	Pathways to Health Equity Chapter 6: Policies to Support Community Solutions
National Association of County and City Officials (NACCHO)	Statement of Policy: Health Equity and Social Justice
NACCHO	Statement of Policy: Women's Health
NACCHO	Statement of Policy: Healthy Community Design
NACCHO	Statement of Policy: Healthy Food Access
NACCHO	Statement of Policy: Transportation and Health
Robert Wood Johnson	Culture of Health Action Framework
World Health Organization (WHO)	Health in All Policies: Framework for Country Action

Appendix B: Search Terms

The initial search terms used to identify health equity related polices from the primary sources were: (“health equity policy”, “health in all policies”, “health equity impact”, “health inequity”, “health inequality”, “social determinants of health policy”, and “public policy and health”). From these search terms, we reviewed 19 different documents with recommended health equity policies which are listed in the above search strategy section.

The secondary search, to identify health equity policies in the area of youth behavioral health, included the search terms above, and “behavioral health policy”, “youth behavioral health policy”, “mental health policy”, “youth mental health policy”, and “public policy on mental health”. We conducted this search using PubMed, Google, and Google Scholar, and the University of Washington Library, which resulted in seven additional document that are listed above in the search strategy section.

Appendix C: Additional Source Documents

In addition to reviewing documents from previously identified sources (the Community Guide and CDC), we reviewed five more sources and pulled seven more documents:

Search Source/Author	Document
Alegria, Perez, & Williams, 2003	The Role of Public Policies in Reducing Mental Health Status Disparities for People of Color
Castillo et al., 2019	Community Interventions to Promote Health
CDC	Adolescent Connectedness
CPSTF	Findings for Mental Health
Mayors for Guaranteed Income	Learning Agenda
Northwest Bulletin: Family and Child Health, 2008	Helping Communities Promote Youth Mental Health
Thomson et al., 2018	The Effects of Public Health Policies on Health Inequalities in High-Income Countries: An Umbrella Review