

# A Blueprint for Changemakers

*Achieving Health Equity Through Law & Policy*



ChangeLab Solutions

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# Overview

**M**any people in America face discrimination, social exclusion, poverty, disenfranchisement, and unequal opportunities for education, jobs, and housing – all factors that can negatively impact health.

These factors are embedded in unjust laws, policies, and practices that have shaped the physical, economic, and social environment over many generations and perpetuated unhealthy communities: neighborhoods that have more liquor stores than grocery stores; zoning practices that weaken tax bases needed to support high-performing schools; or limited transportation that makes it hard to get to work. Communities of color, low-income communities, people with low education, and other underserved groups continue to be disproportionately impacted by inequitable laws, policies, and practices. As a result, these communities experience dramatically poorer health than communities with more political and economic power.

We in governments, institutions, and communities need to work together to alter the systems and policies that perpetuate inequity, replacing them with new policies that purposefully lead to health and equity, especially for those with the fewest resources and greatest need.

Through innovative partnerships and a clear set of coordinated strategies, localities can find creative solutions that generate healthier options for under-resourced communities and close health gaps. Government agencies, anchor institutions, businesses, and community organizations all have a role to play. Whether we're planning communities, building schools, creating jobs, or expanding transit, promoting health for all must become a core part of everything we do.

*A Blueprint for Changemakers: Achieving Health Equity Through Law & Policy* presents legal strategies and best practices to help policymakers, practitioners, and communities improve health

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*A Blueprint for Changemakers presents legal strategies and best practices to help policymakers and communities improve health outcomes. It provides a roadmap for working locally and collaboratively to advance laws and policies that will help ensure that everyone has a fair chance to live a healthy life.*

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outcomes. It provides a roadmap for working locally and collaboratively to advance laws and policies that will help ensure that everyone has a fair chance to live a healthy life.

The *Blueprint* is grounded in ChangeLab Solutions' work with communities across the nation that aspire to greater community health. This work highlights how improving equity through policy change requires local collective action as well as practical tools and resources to help create lasting change.

The strategies are practical and cover a range of issues that are critical in developing a local agenda for change. For example, a community might establish land-use planning and housing regulations to promote racially and economically mixed neighborhoods or fund subsidized preschool for children from low-income families to provide a foundation for success in school and in life. This guide also includes specific strategies involving underserved communities in decisionmaking, improving wages for low-income individuals, and many more evidence-backed approaches for reducing disparities. ChangeLab Solutions offers the [largest library in the nation of innovative model laws and policies](#) that communities can build on and adapt to their needs in applying these strategies.

ChangeLab Solutions created this blueprint for changemakers – people who have seen the effects of inequality and are ready for a new approach that will ensure that everyone has what they need to be as healthy as possible.

# Introduction



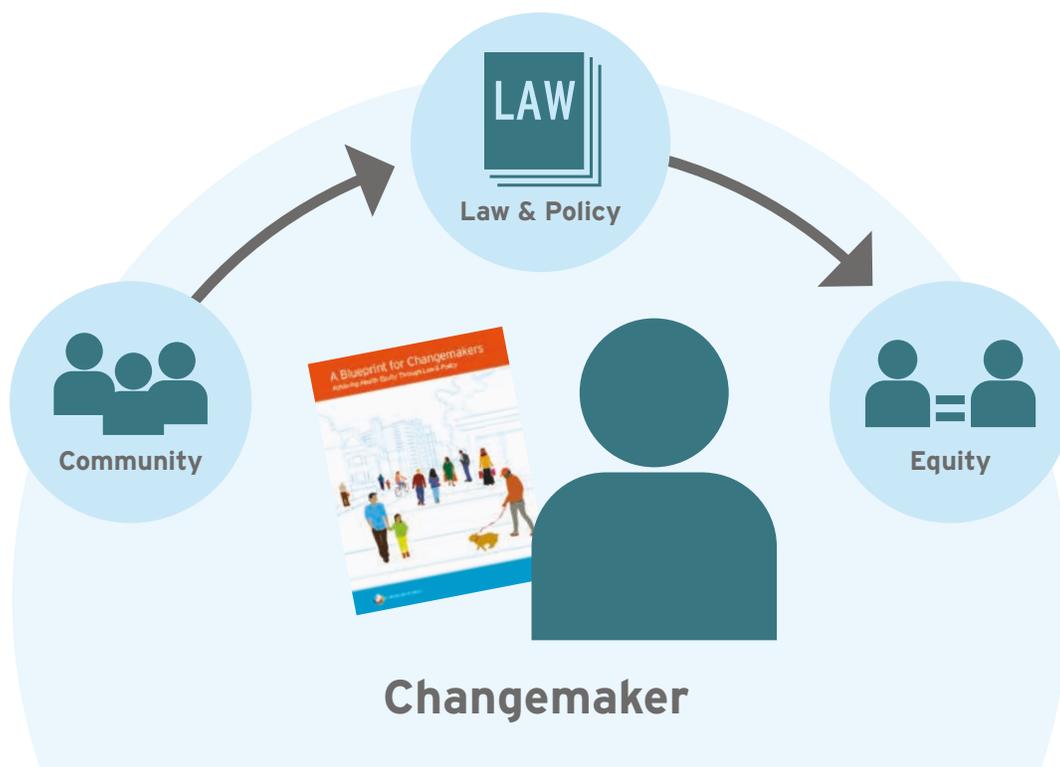
# About This Guide

*A Blueprint for Changemakers* is ChangeLab Solutions' guide to local, cross-sector policy change that will create healthy, equitable communities. The goal of this resource is to educate policymakers, practitioners, and communities about legal and policy strategies that benefit children, their families, and the communities where they live.

This document pulls insights from ChangeLab Solutions' expertise in partnering with changemakers as well as new theories and approaches to eliminating health disparities. It provides a roadmap to help local communities create a comprehensive set of policy strategies that will promote health in a way that will work for them.

Law and policy change starts with changemakers – and this guide is for them. Elected officials; government agencies and departments; community members; activists; community-based organizations; anchor institutions like hospitals and universities; faith-based organizations; businesses; philanthropists; and visionaries each have a role to play in building healthier communities.

Throughout this document, we share statements about the values, beliefs, and principles that guide ChangeLab Solutions' approach to advancing health equity. They are rooted in and inspired by the lessons we've learned over more than two decades of work to create healthier communities for all through equitable laws and policies.



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# Definitions

The following key terms are used throughout this document. Definitions are presented to clarify the meanings we've assigned to these words and thus make this blueprint's message as clear as possible.



## Community

A group of people who are located in a particular geographic area, *or* A group of people who share a common identity or characteristic but may not be located in a single geographic area



## Health

A state of complete physical, mental, spiritual, cultural, and social well-being, not merely the absence of disease or infirmity.<sup>1,2</sup>



## Health Equity

A "state in which everyone has the opportunity to attain their full health potential and no one is disadvantaged in achieving this potential because of social position or any other socially defined circumstance."<sup>3</sup>



## Law and Policy

The terms *law* and *policy* are often used interchangeably. Throughout this document, the term *policy* refers to a written statement of a public agency's or organization's position, decision, or course of action. The term *law* refers specifically to the codification and institutionalization of a policy by a government in the form of an ordinance, statute, or regulation. Thus, all laws are policies, but not all policies are laws.

# What Health Inequities Are & Why They Exist

VALUE

1

## BELIEVE IN THE POWER OF HEALTHY COMMUNITIES

Everyone should have the opportunity to be healthy. All people should have access to health-promoting services and resources, limited exposure to unhealthy environments, and real opportunities to better themselves physically, emotionally, and socioeconomically. They should be able to live healthy, prosperous lives regardless of their race, ethnicity, income, gender, sexual orientation, age, or ability.

**Healthy places make healthy people.** Policymakers can ensure that all people can live healthy lives by shaping the places where they live, work, learn, and play. Governments need to provide support for and invest in all communities.



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# Health Inequities Are Deeply Entrenched, and They Are Growing

For many people, good health is nearly impossible to achieve. The burden of poor health – from preventable chronic conditions to diseases of despair – falls disproportionately on populations of color, on children, on families with low income, and on individuals with a low level of education. Health disparities between systemically oppressed populations and groups at the top of the social ladder persist and, in some cases, are widening. Decades of research and intervention have resulted in limited success in reducing health inequities in the United States.

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**People with low income and education levels were 46–76% more likely to die from cardiovascular disease than those with high levels of income and education.**

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Widening health disparities stand in contrast to the overall reductions in disease occurring nationwide. For example, death rates from cardiovascular disease (CVD), the leading cause of death in the United States since the 1920s, have been declining since the late 1960s. However, throughout this period, disparities in deaths from CVD based on race, income, and education have persisted. For example, black Americans in 2013 were 30% more likely to die from CVD than white Americans and 113% more likely to die from CVD than Asians/Pacific Islanders. People with low income and education levels were 46–76% more likely to die from CVD than those with high levels of income and education.<sup>4</sup> Similarly, infant mortality in the United States decreased by 15% between 2005 and 2014; however, racial disparities in infant mortality have persisted over that time.<sup>5</sup>

For decades, public health's approach to improving health has been to “move upstream” – that is, to move solutions toward addressing the root causes of health problems. For example, public health efforts have focused on preventing obesity and heart disease by creating environments that support physical activity and provide access to healthy food. But despite many successes, health outcomes for some populations have not improved enough. In fact, in some cases, health disparities have increased at alarming rates.<sup>4,6,7</sup>

However, trying to shrink the gaps in health outcomes differs from trying to improve public health overall. It's a complex objective that requires new thinking and new strategies for action. Specifically, rather than focusing on reducing the prevalence of any single disease, the challenge is finding ways to change the *distribution* of healthy environments, economic resources, and opportunities. Finding such solutions requires a fundamental shift in how policy is used to promote health. Instead of taking a “lift all boats” approach, a mix of targeted and universal approaches is needed. Lifting some boats more than others shifts the distribution of resources and opportunities, ideally in a direction that promotes health equity. Ultimately, each community and change-making opportunity will call for an assessment of the degree to which targeting a particular group of people or a particular place is beneficial and politically feasible.

# The Fundamental Drivers of Health Inequity

The World Health Organization's (WHO) Commission on Social Determinants of Health states that health is shaped ultimately by "the distribution of money, power and resources at global, national and local levels" – all of which are political decisions.<sup>8</sup> WHO calls these the *political determinants of health* to bring attention to the fact that the social determinants of health include historical and continuing political injustices – and that the institutional and structural components of the social determinants of health should be understood as sites for organized and deliberate intervention.<sup>2,9</sup>

In the spirit of the WHO analysis, ChangeLab Solutions believes that deliberate intervention through the tools of law and policy to address the distribution of money, power, and resources can undo fundamental drivers of inequity and thereby increase health equity. Our experience and our portfolio of practice throughout the nation as well as research evidence point to five fundamental drivers of health inequity that are created by and therefore are amenable to legal and policy interventions.

## Structural discrimination

Structural racism is one form of discrimination and has been defined as a "system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with 'whiteness' and disadvantages associated with 'color' to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist."<sup>10</sup>

Structural discrimination operates similarly through policies, cultural norms, and institutional practices but accounts for how multiple dimensions of identity and interlocking systems of oppression shape individual experience.<sup>11-13</sup> Structural discrimination applies a systems-based understanding of power to other categories of identification such as gender, sexual orientation, social class, and immigration status. It operates as a macro-level driver that influences the other four fundamental drivers of health inequity.<sup>14,15</sup>

## 5 FUNDAMENTAL DRIVERS OF HEALTH INEQUITY



## **Income inequality and poverty**

Wealth determines whether families and communities can access and afford the basic resources and services that people need to lead healthy lives. At the community level, lack of capital, funding, or investment means fewer health-promoting amenities. At the individual level, less-wealthy families often can't afford stable housing, healthy food, reliable transportation, quality health care, parental support, or other assets that are fundamental to healthy living. Laws and policies play a central role in both concentrating wealth among the wealthy and making it difficult for the poor to escape poverty.<sup>16,17</sup>

## **Disparities in opportunity**

Inequitable access to quality education and economic opportunities creates fundamental barriers to healthy living. Inequitable access to opportunities affects people in several ways. First, a positive, engaging, and nurturing school environment is fundamental to a child's healthy development, so poorly resourced schools negatively affect children's health as well as their future well-being. Second, it is difficult for individuals with a low level of education to access high-paying jobs. Finally, labor pools with less education, along with investment risk and disinvestment, prevent communities from attracting better job opportunities for the next generation. All of these factors contribute to the continued widening of gaps in wealth and health between underserved communities and wealthier ones.<sup>18</sup>

## **Disparities in political power**

Families and individuals with little political power find it difficult to make their problems and needs visible to government and institutional decisionmakers. This problem is exacerbated by voting laws that create barriers to democratic participation and support elected officials whose race and socioeconomic experiences are often not representative of the neighborhoods they serve. Without representative government and meaningful input from people at the bottom of the sociopolitical ladder, laws and policies will continue to disproportionately benefit stakeholders who have greater power to participate in and influence legal and political processes.<sup>19</sup>

## **Governance that limits meaningful participation**

Governance can be defined as the process of aligning stakeholders and getting to agreement. Key components that come together to form governance processes include actors (both governmental and nongovernmental), decisionmaking processes, and structures to ensure implementation of the outcomes of these processes. Governance structures determine how power is distributed and exercised in decisionmaking that shapes places as well as access to resources and opportunities. Participation, partnerships, and community empowerment are elements of governance structures that promote health equity.<sup>20,21</sup>

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The five factors discussed in this section shape places, social environments, and living conditions. They color people's daily experiences, and they produce unfair circumstances. They are lenses through which individuals and communities experience and understand their physical surroundings, social situations, and life circumstances. They restrict individuals' ability to lead healthy lives, and they inhibit communities' ability to drive change.

The fundamental drivers of health inequity are also part of complex systems of laws and policies, social norms and expectations, and centuries of behavior. They are not distinct phenomena but, rather, overlapping influences that create systemic challenges.

# Why Law & Policy Tools Are Needed to Achieve Health Equity

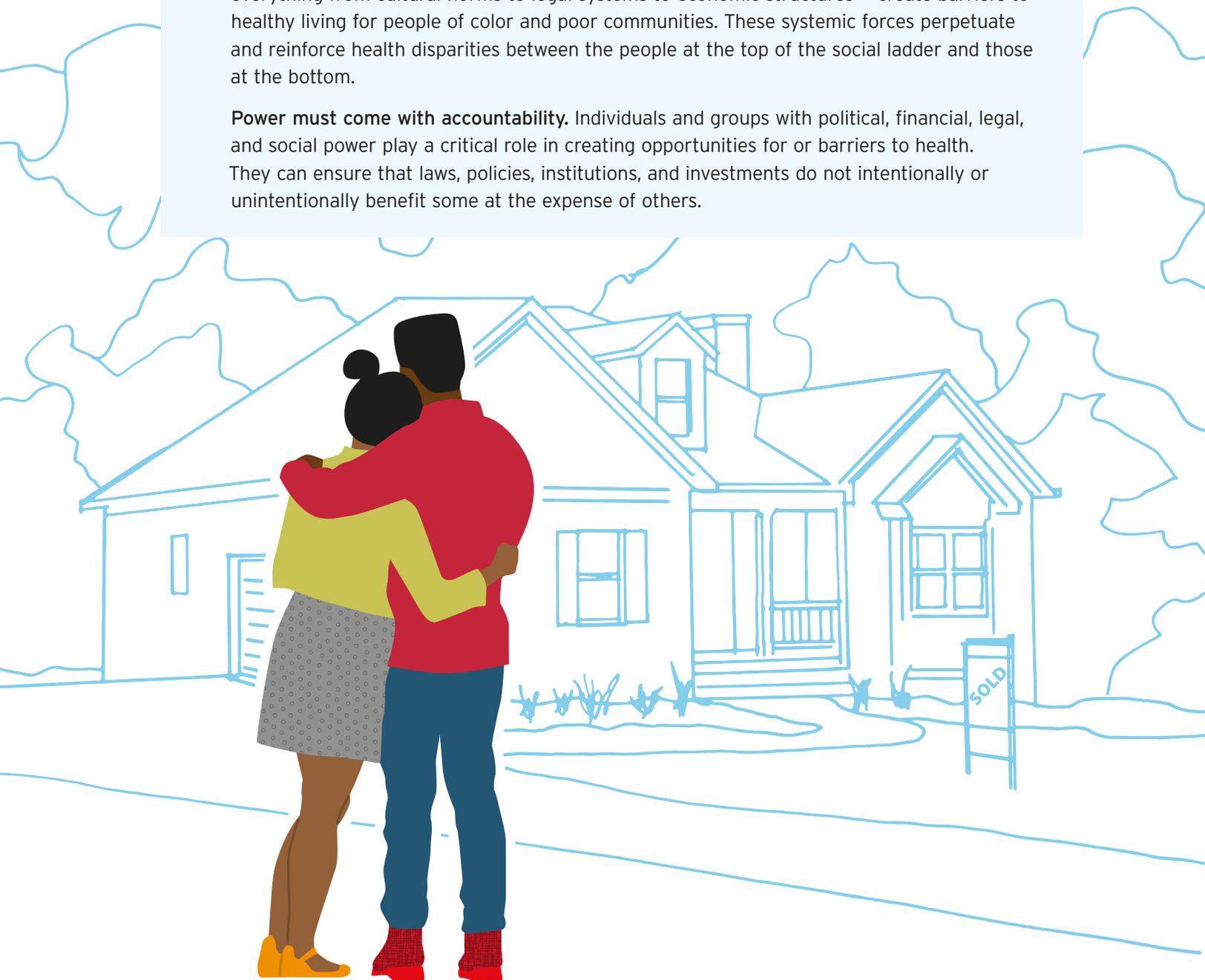
VALUE

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## ACKNOWLEDGE AND LEARN FROM PAST ACTIONS

**Unequal treatment makes unhealthy places.** Segregation and discrimination – reflected in everything from cultural norms to legal systems to economic structures – create barriers to healthy living for people of color and poor communities. These systemic forces perpetuate and reinforce health disparities between the people at the top of the social ladder and those at the bottom.

**Power must come with accountability.** Individuals and groups with political, financial, legal, and social power play a critical role in creating opportunities for or barriers to health. They can ensure that laws, policies, institutions, and investments do not intentionally or unintentionally benefit some at the expense of others.



Present-day gaps in health and prosperity are rooted in historical injustice and systemic inequity going back to colonization and slavery.<sup>22</sup> Achieving health equity requires the use of law and policy to create long-term change in the forces that create health disparities. Law and policy have been central to creating today's health disparities. They've made resources scarce for many and created unhealthy environments, especially in cash-strapped communities and communities of color. Yet those very same law and policy tools can and should be used to create positive change.

For centuries, this country has systematically oppressed and discriminated against millions of people, especially people of color; they have been

denied meaningful opportunities, resources, and the power to effect change.<sup>22</sup> Whether deliberately or unintentionally, laws and policies have enabled, sustained, and exacerbated this unequal treatment. As a result, inequities have persisted – and, in some cases, increased – causing dramatic gaps in wealth and health.<sup>23,24</sup>

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## STRUCTURAL RACISM: AN EXAMPLE

One early example of systemic discrimination occurred at the end of the Civil War, when the Reconstruction amendments to the US Constitution were ratified. The 13th Amendment (1865) abolished slavery and involuntary servitude except for those convicted of a crime. The 14th Amendment (1868) declared that no state may deprive any person of life, liberty, or property without due process of law nor deny to any person within its jurisdiction equal protection of the laws. The 15th Amendment (1870) forbade any state to deprive a male citizen of his vote because of race, color, or previous condition of servitude.

But as soon as these amendments became law, states and localities passed innumerable laws – the so-called Jim Crow laws – curtailing voting rights for African Americans; requiring segregated housing, schools, and public places; allowing broad and purposeful discrimination in all aspects of life, including segregation of restaurants, theaters, hospitals, and child care centers; prohibiting interracial marriage; and even forbidding citizens to write or publish articles extolling equality between the races. This pattern of civil rights advancements coupled with legislative backlash to limit the advancements is common throughout US history.<sup>25</sup>

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# Law and Policy: Essential Tools to Address the Fundamental Drivers of Health Inequity

ChangeLab Solutions believes that the most powerful risk factors in health are laws and policies that have perpetuated the legacy of racism, discrimination, and segregation throughout our nation's history. New laws and policies are needed to remove barriers to opportunity and health for those with the fewest resources and the greatest need. Laws and policies to redress the racist legacy are purposefully designed to accomplish the following:

- **Express values against bias, unfairness, and injustice.** Laws and policies are an expression of values. When policies are written to achieve health equity, they can transform the social determinants of health, people's daily lives, and the overall experience of fairness and justice so that all members of the community have opportunities to attain optimal health.
- **Influence the distribution and use of money, opportunity, and power.** Policies set the context for who has access to sources of funding and opportunities. Policies guide where institutions and individuals invest. And policies determine who participates in policymaking, investment, and political decisionmaking processes.
- **Undo historical policy-driven harms.** Policies can transform the existing unjust structures and systems that have led to health disparities. Inequitable policies that have enabled injustice can be turned into equitable policies that can be used to help communities thrive.
- **Initiate widespread change.** Policies have the potential to affect the decisions and behaviors of entire populations, reaching many people by addressing issues across a community.
- **Focus attention on structural problems, not individuals.** Policy changes that influence the social determinants of health and the fundamental drivers of health inequity can achieve significant results more efficiently and at a lower cost than other tools or interventions because they focus on broad structural problems, not individuals. Traditional public health interventions such as health education and individual counseling are important activities, but they can't improve health at the community or societal level on their own.<sup>26</sup>
- **Enable and guide other activities.** Policies create the conditions in which programs, initiatives, and public and private investments can emerge and flourish. Policies can also coordinate funding and implementation of programs that address different populations but share common desired outcomes.
- **Sustain change over the long term.** Although policy is just one tool used to improve health outcomes, it often achieves lasting, significant results efficiently and effectively. Strong policy can survive changes in leadership, funding, and political will.

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# Three Legal Pillars to Improve Health Through Law and Policy

Legal integrity, legal innovation, and legal intervention are critical to advancing laws and policies that improve health and lead to health equity. These legal pillars are iterative and work together in a dynamic and responsive way to deploy new and better strategies to improve community health.

## Legal integrity

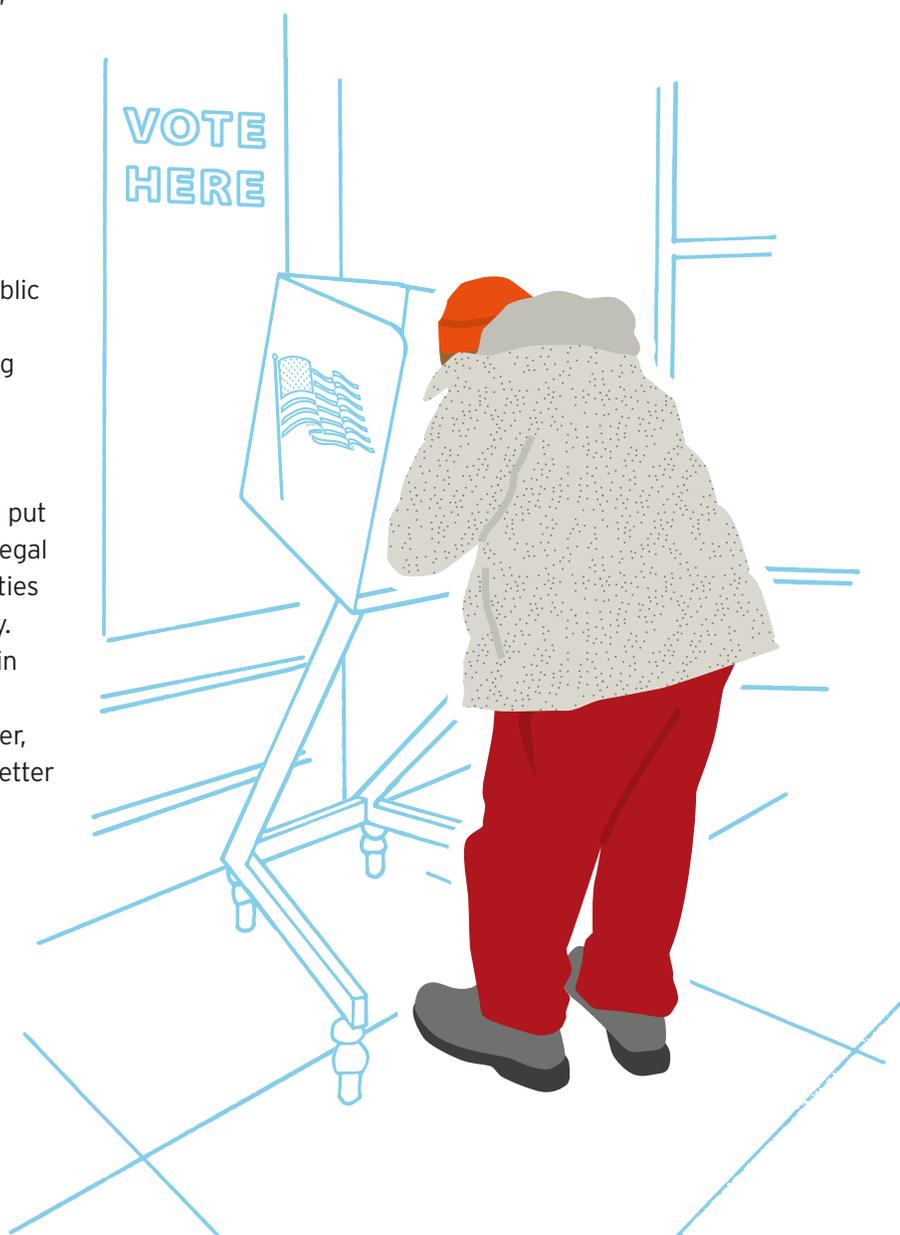
To be both lawful and effective, laws and policies must be grounded in strong legal practice and precedent, the best available scientific evidence, and keen understanding of community-led legal and policy change efforts.

## Legal innovation

Legal integrity alone is insufficient to improve health outcomes and advance health equity. Legal innovation is necessary to establish new theoretical frameworks that bridge legal and public health disciplines. Such frameworks provide a foundation for creating new solutions to meeting communities' needs.

## Legal intervention

Legal innovations effect change only if they are put into action through timely legal interventions. Legal interventions are the means by which communities implement new solutions through law and policy. If cities, towns, counties, and tribes are to remain places of innovation, local governments – and the people they represent – must have the power, knowledge, and tools to adopt and implement better laws and policies.



# Addressing Health Inequity at the Local Level: Opportunities & Barriers



To turn the tide against health inequities, the complex systems of laws and policies that perpetuate historical racial injustices must be replaced with ones that purposefully lead to health and equity. Accomplishing this feat will require coordinated action from partners across several levels of government and broad networks of policy actors at the local level.

To be successful in improving health equity, communities need a clear set of comprehensive strategies that they can tailor to meet their needs. These strategies should grow out of interdisciplinary collaboration and align the efforts of many sectors in order to ensure that they are broadly supported and implemented. Local governments play a central role in creating and testing strategies to promote health equity.

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## The Power of Local Solutions

Collective action to reduce health disparities is most successful when it begins at the local level, for several reasons:

- Many drivers of health and equity can be influenced through decisions about how local programs and services are delivered.<sup>27,28</sup> Local governments have control over those programs and services – from housing to education to health care – which provides opportunities to make changes that touch people directly.
- Local policy change is more likely to be grounded in a deep understanding of the health needs, community goals, and lived experiences of residents and therefore more likely to create the kind of lasting change that comes from responding to local priorities. When leaders make public health decisions without considering local contexts, concerns, or contributions, those decisions may miss the mark or even exacerbate health disparities.
- Local governments are often laboratories for policy change. As part of a long-term strategy for achieving health equity, local changes can provide case studies and evidence of success, which can set the stage for state or national changes in the future.
- Local policy change may be more feasible than policy change at state or national levels.

Local actions don't happen in a vacuum; federal and state laws influence or control local discretion and decisionmaking. In addition, the five drivers of health inequity (structural discrimination, wealth and income, opportunity, power, and governance) are created and influenced by the laws and policies enacted by the federal government; each state, tribe, and territory; and many thousands of regional and local governments.

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**To be effective in shaping local policy, changemakers need to understand the factors that shape what is legally possible in their communities.**

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To be effective in shaping local policy, changemakers need to understand the factors that shape what is legally possible in their communities. And given that the authority of local government derives from power delegated by higher levels of government, changemakers have to think about how power, authority, and funding are controlled and delegated between levels of government.

In the next sections, we describe the layers of legal authority that shape the landscape of possibility. After that, we will discuss strategies for addressing the fundamental drivers of health inequity through local law and policy.

# The Connection Between Federal and State Authority and Local Policy

The distribution of political and legal authority between federal, state, and local governments constrain what can be done at each level. Often, the federal government sets the context for state and local policy decisions by passing legislation that determines how federal funding can be used at the state, tribal, or territorial level and sometimes at local levels of government.

Consequently, while the primary focus of this document is policy action that can occur at the local level, many of the policy choices available to local governments are heavily influenced by federal and state, tribal, or territorial policies. The charge, then, for change agents is to understand the flow of decisionmaking in regard to federal policies and programs that are implemented at state and local levels, in order to best direct health equity efforts.

To be most effective, it is important for local change agents to be familiar with the federal laws and programs that structure the state and local landscapes of legal authority and resources.

Here are some examples of the many federal laws and programs that are important levers for advancing health equity and that are implemented and sometimes further regulated by states, tribes, or territories and sometimes even by localities:

- Temporary Assistance for Needy Families (TANF)
- Earned Income Tax Credit
- Fair Labor Standards Act (ie, minimum wage)
- Federal Housing Administration loans and the Housing Choice Voucher Program
- Head Start
- Special Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- National School Lunch Program
- Medicaid
- Medicare
- Children's Health Insurance Program (CHIP)
- Community Development Block Grant program



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# Health in All Policies at the Local Level

To affect the fundamental drivers of health inequity, policymakers need to generate laws and policies that shape social, physical, and economic environments,<sup>29</sup> yet no single government agency has full authority over all of these factors. At any level of government, the distribution of authority and responsibility for policymaking and implementation is spread across a wide variety of departments, agencies, and institutions. Health equity will be best achieved if change agents adopt a Health in All Policies approach to improving the health of a community. Health in All Policies means incorporating health, equity, and sustainability considerations into decisionmaking across sectors and policy areas.<sup>30</sup>

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## Health equity will be best achieved if change agents adopt a Health in All Policies approach to improving the health of a community.

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For example, local health departments may see themselves as holding primary responsibility for preventing disease and improving community health. But they are only one of many agencies with some level of authority and funding that can affect the social or political determinants of health. The policies that determine whether a person has access to healthy food;<sup>31</sup> clean water<sup>32</sup> and air;<sup>33</sup> safe places for play and physical activity;<sup>34</sup> affordable, high-quality housing;<sup>35</sup> jobs; and schools<sup>36,37</sup> are typically developed and implemented by agencies other than health departments.

At the local level, action needs to be taken by practitioners in planning, transportation, social services, education, economic development, fire prevention, police services, sanitation, and public works.<sup>38</sup> Every part of government, as well as nongovernmental institutions like businesses, faith

organizations, and community-based organizations, need to play an active role in promoting community health.

To achieve health equity, civic leaders must adopt a new approach to decisionmaking that requires stakeholders – such as public agencies – to understand how each agency’s policies and actions affect community health outcomes. Stakeholders learn to recognize that they are part of an interrelated and complex system and that every part of the system has a direct impact on the community’s health outcomes. Stakeholders learn to share information and create common data, as well as to share organizational goals and agree to collaborative structures that coordinate their efforts.

There is no one-size-fits-all approach. If a community wants to take a Health in All Policies approach, the focus of the work must resonate with everyone involved, including public agencies and community leaders from local neighborhoods, civic organizations, and the business community. These efforts can be framed in terms of health, wellness, equity, sustainability, or some other core value as defined by a community.

While there is variation in local Health in All Policies initiatives, they usually share the same fundamental strategies:

- Create an ongoing collaborative forum to help stakeholders across sectors work together to improve public health
- Advance specific projects, programs, laws, and policies that enhance public health while furthering stakeholders’ core missions
- Embed health-promoting practices in the organizational practices of all stakeholders

## PUBLIC FINANCE, PRIVATE INVESTMENT, AND EQUITY

Across the country, policies play a fundamental role in shaping where investment occurs, who invests, and how investment happens. This principle applies to all types of investment – public, private, and institutional. Even investment that is typically seen as private is effectively publicly subsidized when one considers how specific policies create incentives for certain types of investment. For example, incentives that encourage development – such as tax credits and deductions; investments in public utilities, infrastructure, and services; or public commitments in development agreements – all involve public resources. In this way, policy can act as a conduit or barrier to all types of investment.

The way that policies prioritize public investment and regulate private investment is important for two reasons. First, on a national scale, the magnitude of private investment is much larger than public spending.

Public spending can be used strategically to catalyze change or help pay for large projects that would otherwise be difficult for the private sector.

Second, private investment is an incredibly powerful force, but the changes it creates aren't always in a community's best interest. The problem is that the goal of private investment is generally not to further health equity. When private investment doesn't consider health equity, it can exacerbate health disparities, contribute to displacement and disenfranchisement, and weaken communities' efforts to improve residents' lives.

Laws and policies can be tools to strategically leverage market forces in ways that catalyze equitable investment in health. But they must include proactive anti-displacement measures to ensure that the investments yield equitable outcomes.



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# Preemption: A Threat to Local Policy Innovation for Health Equity

*Preemption* refers to a legal doctrine that allows a higher level of government to limit or even eliminate the power of a lower level of government to regulate a certain issue.<sup>39</sup> With delegated authority and fiscal support from higher levels of government, local law and policy change can systematically and rigorously address discrimination, structural inequity, and health disparities in local communities.<sup>40</sup> However, state legislatures increasingly are interfering with communities' ability to make their own choices about how to improve their health and well-being.<sup>41</sup> Preemption has become a tool that some state legislators use to strip local jurisdictions of their power to innovate and create laws and policies that improve people's lives.

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However, depending on how it is applied, preemption can either advance or undermine public health goals.<sup>42</sup> For example, preemption by the federal government can advance health goals by setting baseline standards on issues like civil rights,<sup>43</sup> clean air,<sup>44</sup> or water quality.<sup>45</sup> These federal laws set a floor and allow states and localities to augment the baseline standards with additional protections.

In contrast to preemption that promotes health by setting baseline standards, other instances of preemption can thwart public health innovations by preventing localities from creating strong health-promoting policies.

For example, several states have preempted local laws that address “food-based health disparities.”<sup>45</sup> Though the term *food-based health disparities* is vague, such laws could prevent localities from enacting a wide variety of policies that seek to advance equity by addressing food and nutrition issues. In addition, a handful of states preempt localities from passing sugary drink taxes.<sup>46,47</sup> Preemption also can remove the authority of localities to enact policies that reduce violence, like gun control measures, or regulations that reduce youth smoking rates, like a minimum legal age of 21 for tobacco sales.<sup>48</sup> Unfortunately, when used to curb local authority to advance health equity, preemption can have lasting adverse effects that disproportionately impact certain populations. For example, preemption of local minimum wage laws without setting a statewide minimum wage disproportionately impacts low-income workers.

It is critical to ensure that cities and counties remain places of innovation where local governments – and the people they represent – have the power to enact their own laws and policies to effect positive change. Yet states may not be able to legislate on certain issues due to federal preemption, and local governments vary widely in their ability to legislate, depending on how much authority they are granted by their state constitution and/or state legislature. Any policy intervention to advance health equity must be assessed in light of how preemption might factor into accomplishing its goal.

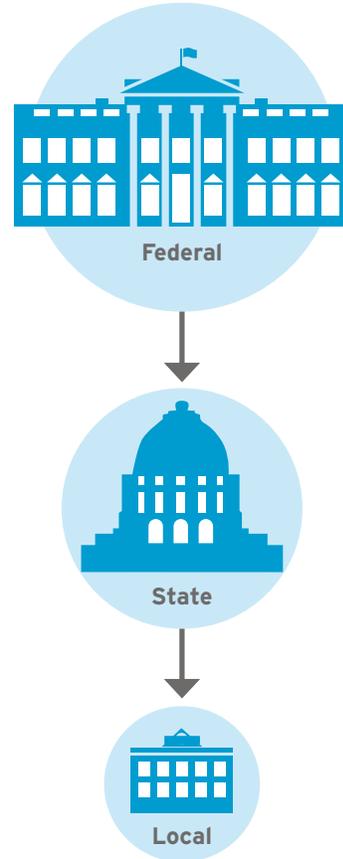
## TYPES OF PREEMPTION

Preemption takes many forms. For example, *floor preemption* occurs when a higher level of government establishes minimum standards while allowing lower-level governments to impose more rigorous requirements, whereas *ceiling preemption* occurs when a higher level of government establishes regulations that prohibit lower-level governments from enacting additional requirements or restrictions.<sup>39</sup>

*Vacuum preemption* occurs when a higher level of government prohibits lower-level governments from taking action to address a particular matter without establishing any regulations of its own.<sup>49</sup> For example, California preempts sugary drink taxes at the local level but has no statewide sugary drink tax in place.

More recently, a new kind of preemption – *punitive preemption* – has taken hold in some states. A handful of preemptive laws impose draconian penalties on local officials (eg, civil fines, criminal prosecution, or removal from office) or municipalities (eg, loss of state funding) if they adopt a law that is preempted by the state.<sup>50</sup>

### HIGHER LEVELS OF GOVERNMENT CAN PREEMPT LOWER LEVELS OF GOVERNMENT



# Designing Specific Strategies to Address the Fundamental Drivers of Health Inequity

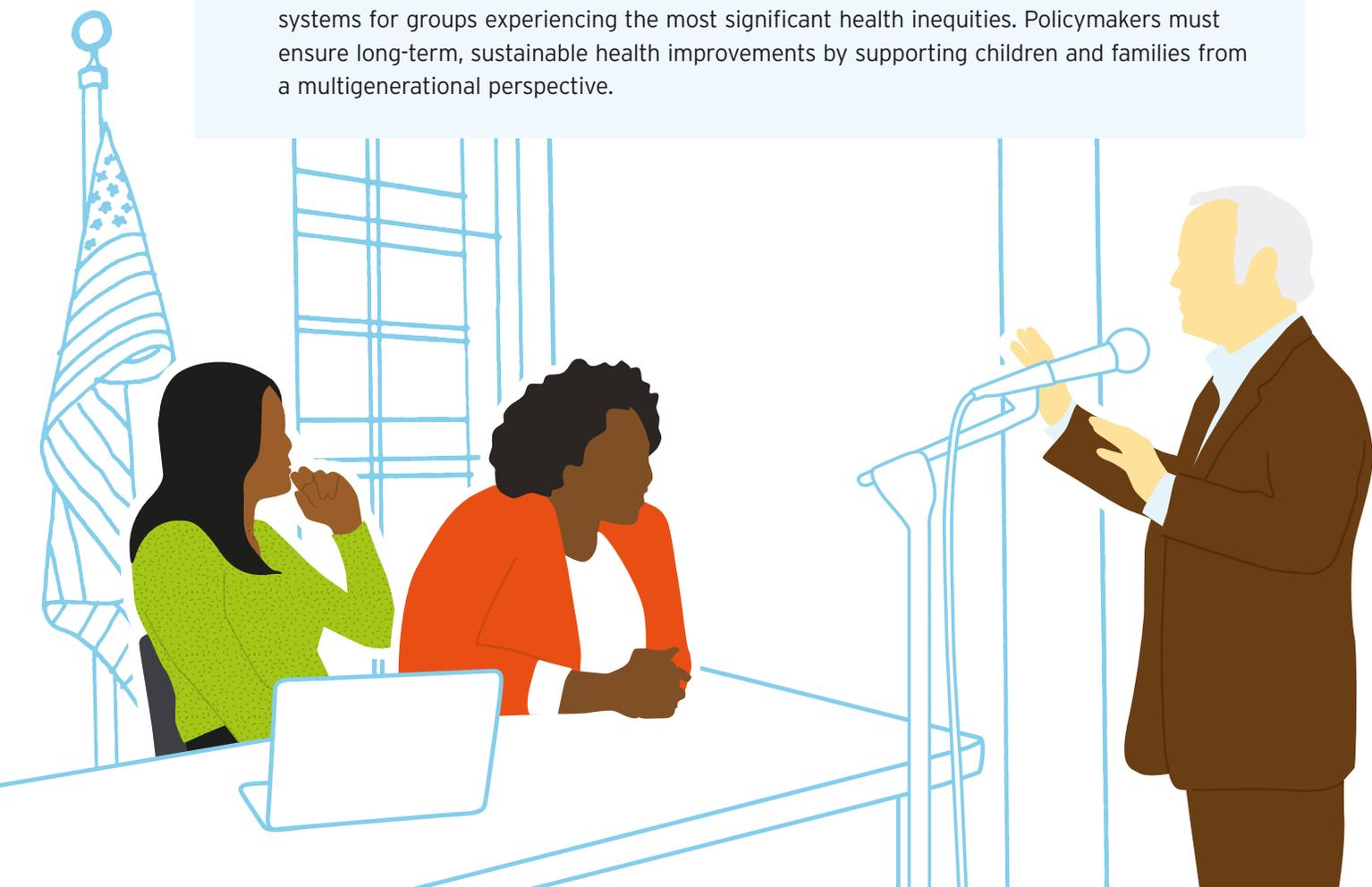
VALUE  
3

## STRIVE FOR SIGNIFICANT, SUSTAINABLE, AND EQUITABLE HEALTH IMPROVEMENTS

**Healthy systems make healthy places.** Making communities healthy for all requires change at every level. Laws and policies, services and supports, and perceptions and norms must shift or improve in order to remove barriers to opportunity and health for those with the fewest resources and the greatest need.

**Systemic change requires collaboration and a focus on the root causes of health disparities.** Changemakers can amplify the collective impact of their work by aligning and coordinating independent efforts. Many preventable health problems share the same root causes, so identifying intersections, sharing expertise, and joining forces can benefit everyone.

**The people and places most affected by health inequities must come first.** Creating health for all begins by prioritizing investment in communities with the greatest need and improving systems for groups experiencing the most significant health inequities. Policymakers must ensure long-term, sustainable health improvements by supporting children and families from a multigenerational perspective.



**B**y focusing on the fundamental drivers of health inequity introduced earlier in this guide, communities can develop a comprehensive set of strategies to guide their efforts to achieve health equity. This section presents a list of evidence-based strategies that address the fundamental drivers of health inequity and can be implemented through local laws and policies.<sup>8,22</sup> Many of these are fundamentally place-based strategies. But remember that the ultimate objective is not simply to change places but to change the drivers that make places. Changemakers can use the strategies listed here as a starting point in developing a local agenda for change to advance health equity.

The [Appendix](#) at the end of this document includes tables that highlight how various policies interact with the fundamental drivers of health inequity. These tables are intended to inspire changemakers both to think concretely and to extend their aspirations about what local actions they should prioritize to advance health equity in their community. The Appendix also highlights key ChangeLab Solutions resources that changemakers can use to get started on specific policy change efforts.

## 1 Reduce Structural Discrimination

Reducing structural discrimination requires taking actions to minimize bias at all levels of society by confronting historical oppressions; teaching people to be inclusive from an early age; and exposing people to a variety of cultures, experiences, and perspectives on characteristics such as gender, sexual orientation, social class, race, and immigration status.<sup>14</sup> Potential strategies include the following:

### **Reduce racial and socioeconomic segregation**

- Ensure racially and economically mixed neighborhoods through land-use planning, housing regulations, rental assistance programs, or school siting policies
- Prevent housing and job displacement from driving racial and income segregation – for example, by enacting land-use or affordable housing finance regulations

### **Teach equity**

- Confront negative stereotypes and reduce racial prejudice and discrimination through school policies and curricula that educate children about the harms of historical oppression and the value of equality and inclusion

### **Eliminate institutional discrimination**

- Prevent biased policy decisionmaking and implementation through protocols that require equity analysis or through staff training on equity, bias, and cultural sensitivity
- Ensure equal and unbiased law enforcement and criminal justice through policies on policing practices and through training, legal system protocols, and sentencing guidelines

# 2 Reduce Poverty and Disparities in Income and Wealth Accumulation

Reducing gaps in income and wealth requires strategically investing in the neighborhoods and populations with the greatest need; providing support to individuals throughout their lives – as young children, in working life, and in old age; and providing financial protection against harmful or traumatic life events such as illness, disability, and loss of income or work.<sup>17</sup> Potential strategies include the following:

## Preserve, protect, and expand social protections<sup>8,51</sup>

- Provide supplemental income to support healthy living<sup>8</sup> through nutrition assistance, wage subsidies, Medicaid, or housing subsidies
- Limit health care costs to ensure that health care expenses don't lead to bankruptcy, poverty, or the need to choose between essential needs like medicine, food, and housing<sup>51</sup>
- Protect against loss of income caused by health events such as illness, accidents, and childbirth<sup>51</sup> by strengthening the social safety net

## Ensure fair employment for all<sup>8,52</sup>

- Make full and fair employment a goal for local government<sup>8</sup>
- Improve working conditions by limiting exposure to material hazards in the workplace, encouraging healthy behaviors at work, and limiting work-related stress<sup>8,52</sup> through worksite wellness policies
- Provide workers, labor unions, and community-based organizations with the tools and resources to implement effective and sustainable worksite wellness, worker training, and job creation programs<sup>52</sup>

## Improve wages for poor and low-income individuals

- Increase the income of the poorest individuals through supplemental income, including Social Security, disability insurance, Temporary Assistance for Needy Families, and tax credits, as well as through increased wages, including an increased minimum wage

## Make place-based investments to improve neighborhood settings

- Improve neighborhood value through community development or neighborhood revitalization, including investment in housing, open space, transportation networks, food systems, and school facilities,<sup>8,53</sup> while protecting priority populations from displacement

## Reduce the cost of housing, education, transportation, and health care

- Reduce housing instability by preserving, protecting, and expanding the supply of quality affordable housing through property tax incentives, rental subsidies, rent stabilization, good cause eviction policies, condominium conversion protections, inclusionary zoning, density bonuses, expedited permitting, or property acquisition
- Subsidize preschool for children from low-income families
- Provide financial aid to help low-income students get through college
- Expand the coverage and frequency of public transportation, especially in poor areas
- Provide universal or subsidized health insurance

# 3 Reduce Disparities in Opportunity

Reducing disparities in opportunity requires creating pipelines to success, increasing protective factors, and reducing exposure to adverse experiences for poor people and people of color across all ages.<sup>18</sup> Early child development – including the physical, social-emotional, and language/cognitive domains – affects skill development, education, and occupational opportunities and thus has a determining influence on subsequent life chances and health.<sup>8</sup> A comprehensive approach also requires recognizing that children are part of families and that effective supports must address family units.<sup>8,54,55</sup>

## Support healthy early childhood development

- Provide universal high-quality early childhood education focused on child development, in addition to primary and secondary education<sup>8,54,55</sup>
- Support parents, caregivers, and families by providing nurturing child care and protection so that young children can achieve their full developmental potential<sup>55</sup>

## Improve the primary school learning experience in low-income neighborhoods

- Ensure that all children have the tools, resources, and support they need to learn, thrive, and lead healthier lives – for example, by enacting school funding and school wellness policies
- Identify and address barriers to enrolling and staying in school for poor children and children of color<sup>55</sup>
- Make schools safe, equitable places to learn, and avoid unfairly penalizing students who live in poor neighborhoods or who are experiencing health, learning, or psychosocial challenges – for example, by implementing trauma-informed school discipline or restorative justice policies

## Provide lifelong education and job training opportunities

- Ensure access to high-quality adult education and job training programs in underserved communities

## Improve access to quality jobs

- Increase access to safe, secure, fairly paid work and year-round work for low-income families through direct job creation, apprenticeship programs for those with barriers to employment, or fair-chance hiring for job seekers with criminal records<sup>8</sup>

## Ensure access to medical care<sup>56,57</sup>

- Prevent gender, education, occupation, income, ethnicity, and place of residence from limiting access to and experiences of health care
- Ensure access to health care and good nutrition, starting at conception<sup>54</sup>
- Strengthen health care delivery systems while producing a more culturally relevant health care workforce through community health worker initiatives<sup>58,59</sup>
- Include mental health care in health care delivery

# 4 Reduce Disparities in Power

Social inclusion and self-determination underpin health and well-being. Reducing disparities in power means that historically disenfranchised people are engaged as citizens and as professionals, working collectively to redistribute the power and resources that shape opportunities for health.<sup>19,60</sup>

## Lift up all residents' voices as part of inclusive, community-driven decisionmaking

- Involve underserved communities in the initiation, drafting, and implementation of policy solutions to local issues related to health equity, through community-based participatory research, inclusive and representative community engagement, participatory budgeting, or public deliberation

## Build a movement

- Use a “movement of movements” approach, bringing together changemakers across justice movements to work for fair and equitable access to the resources and conditions necessary for people to flourish<sup>60</sup>
- Build a broad coalition of changemakers and stakeholders to work for policy change that addresses the fundamental drivers of health inequity



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# 5 Leverage Governance to Promote Health Equity

Undoing our nation's legacy of discrimination and segregation through law and policy requires new laws, policies, and government protocols that are written and implemented with the explicit goal of health equity.<sup>21</sup>

## **Establish health equity as a goal of all local planning, budget, and government decisionmaking**

- Formally commit to health equity through a resolution, health plan, or comprehensive plan or by stating it as a goal in all policies

## **Formalize cross-governmental coordination, collaboration, and accountability**

- Include the perspectives of all departments, agencies, and institutions in government decisions by taking a Health in All Policies approach
- If you are a health care leader, embrace your stewardship role of ensuring that policies and actions in other sectors improve health equity<sup>61</sup>
- Create structures for collaboration among local governments, community-based organizations, and health care institutions to act on the social determinants of health<sup>62</sup>

## **Strive for effective, responsive, and sustainable action**

- Revise policies, protocols, and practices in ways that both respond to immediate community needs and use resources efficiently so that investments and assets are maintained for future generations
- Use health data to identify policies that effectively achieve desired health outcomes through action on the social determinants of health

## **Make government responsive, transparent, and accountable**

- Make government protocols and decisions available to the community, and ensure that policies include clear roles, responsibilities, and evaluation processes to hold government responsible for successful implementation
- Establish inclusive, participatory, community-based processes as the basis for planning and implementation of health equity initiatives

# Achieving Health Equity Through Partnerships & Community Engagement

VALUE  
4

## STRIVE TO BE ASPIRATIONAL, INCLUSIVE, AND COLLABORATIVE

**Every community has potential.** Every person is an expert on their own life. All people and groups have perspectives that must be valued and heard. And every community has assets, leaders, and anchor institutions that must be at the foundation of any process to improve community health.

**Healthy communities require collaboration and commitment from representative leadership.** Government, anchor institutions, and community-based organizations must work together to help their communities plan, fund, and implement people-centered approaches to achieve their health goals.

**Repairing communities requires trust and humility.** Government, institutions, and service providers must build trust with the communities they serve through reliable, authentic, and altruistic action, to ensure that community members buy into the types and process of change.



ChangeLab Solutions works with communities across the nation that aspire to greater community health and supports them in implementing their vision through changes in law and policy. We know that the communities we support with our models and technical assistance often struggle to find their footing in the world of legal concepts, legislative jargon, and political battles.

We work with communities to demystify laws and policies and give them the practical tools and resources they need to make the lasting changes they want. From this experience, we have learned that increasing equity through policy change requires local collective action. Following the principles listed in the rest of this section can ensure that local laws and policies lead to equitable outcomes.

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## Engage Community Members

Public participation in policy development is central to the democratic form of government in the United States, but in practice, some people have been left out. The process of changing laws and policies to create healthy, equitable communities must put the people who will be most affected at the center.

People-centered community engagement supports this process by focusing on the needs and perspectives of communities affected by health disparities and advancing their power to influence, advocate for, and make changes to policies that impact them.<sup>60</sup> Engaging the communities that are experiencing inequities increases the likelihood that resulting policies, programs, and investments will increase their wealth and opportunities to live healthy lives. When you take action without taking a people-centered approach or adequately responding to local conditions, you increase the likelihood of causing unintended negative consequences and exacerbating health disparities.

People-centered engagement benefits both community members and policymakers. It helps community members understand the potential trade-offs and indirect consequences of policy decisions, resulting in more balanced decisionmaking. Involving people in the policy process empowers them by affording them more control over their lives, especially if they have historically been discriminated against or otherwise left out of policymaking processes. Giving people a say in what happens to them and their communities improves their ability to exercise self-determination, which has a positive impact on health itself.<sup>63</sup>

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**Engaging the communities that are experiencing inequities increases the likelihood that resulting policies, programs, and investments will increase their wealth and opportunities to live healthy lives.**

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Boosting local civic engagement also increases government accountability and transparency. In return, policymakers and decisionmakers gain political support and buy-in for law and policy change. To generate equitable law and policy outcomes, community engagement should adhere to the following guidelines:

- **Work with both government and community partners to engage communities.** Community engagement is an ongoing process that involves multiple partners. Because the fundamental drivers of inequity transcend individual projects, agencies, organizations, and even governments, communities must have a practice of regular dialogue. Discussions may be led by government partners or by community groups, advocacy organizations, or other community stakeholders.
- **Ensure that engagement is inclusive and representative.** Discussions about law and policy change must involve a representative cross section of the community. You and your partners should aim to generate meaningful participation in the process and motivate many types of people to contribute to community problem solving. While this may take more time, it is critical to ensuring equitable outcomes.

- **Build a foundation of trust between policymakers and the community.** Successful and effective community engagement requires trust between local government, institutions, stakeholders, and community members. But the legacy of government action in a neighborhood, possibly combined with an uneven power dynamic between government officials and citizens, can be a source of inherent mistrust of government. Dismantling these dynamics and building trust takes time. Demonstrating credibility, reliability, openness, and commitment to community-identified needs in all interactions can ensure that each experience builds trust.<sup>64-66</sup>
- **Promote community strengths, assets, and resilience.** Whenever you engage communities on topics that impact people’s lives, it is important to anticipate discussions of individual and community trauma. Discussions might touch on exposure to violence, frustration with or mistrust of government or police, or loss of community due to gentrification. Participants may have very personal and emotional reactions. They should be given space to share their experiences. However, it is also important to view people as “agents in the creation of their own well-being rather than victims of traumatic events.”<sup>67</sup> This strengths-based approach focuses on resilience, camaraderie, and the healthy lives that people want. And it aims to uncover and use people’s experiences, knowledge, and skills to help drive positive change.<sup>67</sup>



# LAW AND POLICY CHANGE STARTS WITH CHANGEMAKERS

Potential key players and their responsibilities in the policy process:

## POLICY LEAD

The person, agency, or organization responsible for guiding the work

- Guides the policy process, from assessing the problem through adoption and implementation, and
- Collaborates with partners to engage and build the capacity of decisionmakers, community stakeholders, and government partners.

## DECISIONMAKERS

The persons (such as elected or senior officials), entity, agency, or organization that has the authority to pass or adopt the policy

- Provide guidance on objectives for the policy lead,
- Champion healthy community policies among other elected officials and city leaders, and
- Pass and adopt the policy.

## COMMUNITY STAKEHOLDERS

Community members, businesses, academic institutions, community organizations, political action committees (PACs), or others that are affected by the problem and, ultimately, the policy change

- Participate in the policy process to help (1) identify and define the problem, (2) develop the vision for the community, (3) provide input on whether policies address community needs, and (4) provide feedback on how policies are working after adoption and implementation; and
- Engage other community stakeholders and mobilize community support for policy change.

## GOVERNMENT PARTNERS

Entities, agencies, institutions, or departments that can contribute resources, expertise, or information to the policy process

- Assist with engaging community stakeholders and decisionmakers;
- Implement programs or other health-promoting initiatives to support the policy; and
- Provide data as well as policy and implementation recommendations related to their sector as noted here:
  - **Public health departments and hospitals** – health behaviors and health outcomes
  - **Planning departments** – general plans, zoning, development guidelines, and planning issues
  - **Housing and community development agencies, public housing authorities, and building inspection offices** – public and private housing regulations, financing options, and building codes
  - **Public works or transportation departments** – infrastructure projects such as streets; open space; water management; and sewer design, construction, and maintenance
  - **Police and fire departments** – safety and emergency response
  - **Parks and recreation departments** – community open space and facilities administration, maintenance, and programming
  - **Schools or school boards** – school curriculum, programming, administration, improvement, and maintenance, as well as student and family needs and experiences
  - **Universities and other research, academic, or advocacy institutions** – innovative approaches, policy options, and best practices

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# Build Capacity

The process of creating healthy, equitable communities requires resources and capacity to support community engagement and problem solving. Communities must take steps to generate the capital, expertise, and commitment needed to do the work. If actions aimed at reducing health disparities require too much time, too many people, or too much money for communities to act, they will experience minimal progress. If your community lacks resources, start small. Beginning with small steps can help build a foundation of local partnerships that your community can leverage to take larger steps in the future. The following approaches to capacity building will help ensure equitable law and policy outcomes.

- **Assess readiness.** Before working to build capacity, you should assess community, government, and institutional readiness to create change.<sup>68</sup> You may find that your community already has the political will and awareness needed to take action. Or you may learn that you need to start spreading the word, sharing knowledge, and developing partnerships with allies. Either way, you'll save time and effort in the long run by taking time at the outset to analyze the sociopolitical landscape.
- **Develop local leadership, knowledge, and skills.** Communities must possess leadership, knowledge, and skills to effectively carry out all of the community engagement, capacity-building, and problem-solving activities needed to effect community change. You should work on developing local leaders and training staff in local government and local institutions. In order to address the fundamental drivers of health inequity, it is especially important to organize trainings on topics like racial equity, cultural humility, community engagement and partnering techniques, biases or assumptions, and institutional equity practices and processes.
- **Build government and community partnerships.** To build partnerships, reach out to people in other departments, agencies, institutions, and organizations. Ask about their professional and political interests and motivations. Listen to

and share stories, to build a sense of shared responsibility and accountability. It is important to build partnerships with all types of local stakeholders. For example, the private sector can help ensure that strategies to reduce health disparities align with and leverage economic and other market forces as much as possible. Anchor organizations and institutions that represent the community may have resources that can be leveraged to drive change, even in the absence of more traditional community funding and financing options.

- **Align actions across sectors for collective impact through collaboration.** Every part of government has a role to play in law and policy change, and any approach that an individual sector takes to reduce disparities will be limited by factors and barriers that are better addressed by partners in other sectors. Therefore, a comprehensive multi-intervention approach to shrinking the gap in health outcomes will be more effective than any one intervention. For example, applying policy change, community education, and resource incentives in a coordinated strategy will be more effective than any one of these approaches on its own.<sup>69</sup> By recognizing shared goals, collaborating, and coordinating their efforts, public agencies and institutions can work with the communities they serve to ensure that public policies and public resources address local needs and improve health outcomes.

Building partnerships can increase support for policy change from a broad range of stakeholders, leading to policy implementation across more sectors, action by more organizations, and greater chances of achieving health equity goals. A Health in All Policies approach can facilitate the exchange of ideas, resources, and programs between government departments, agencies, institutions, and partners in order to promote health, equity, and sustainability for the entire community.

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# Understand the Roots of the Problem

At the outset of any local collective action, it is necessary to acquire a shared understanding of what problems exist locally as well as the contemporary, historical, place-based, and systemic issues that are causing those problems. To do this, you can analyze where and how health issues originate. For example, instead of starting with a problem like diabetes, start by asking questions: What has happened in this place? What's working here, and what's not? Look at the questions through various lenses – from historical to contemporary time frames, from the individual level to the societal level, by populations, and by neighborhoods.

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**Understanding a community's health disparities and the fundamental drivers that have caused them is the starting point. This understanding will help you develop a vision for a healthier, more equitable future for your community.**

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Possible analysis might include the following:

- Mapping both assets and disparities to identify patterns of inequity as well as available resources
- Identifying past and present patterns of racial segregation
- Using data to identify and describe the inequities and disparities the community is working to eliminate, including quantitative data and qualitative descriptions gathered through community engagement
- Specifying whether the disparities are based on race, socioeconomic status, gender, age, sexual identity, or some other characteristic
- Focusing on processes that create fundamental change rather than on a specific problem you may be trying to fix<sup>60</sup>

Understanding a community's health disparities and the fundamental drivers that have caused them is the starting point. This understanding will help you develop a vision for a healthier, more equitable future for your community.

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# Align Action to Solve Core Community Problems

No single action, individual, organization, or sector can fix the fundamental drivers of health inequity. Strategically aligning work across sectors requires frameworks for collective action that are both locally driven and focused on where these big problems overlap. Partners from multiple sectors provide the local knowledge, range of perspectives, and resources needed to successfully do this work.

Mapping out the systems and conditions that contribute to health disparities at the local level is one step in the process. Mapping allows local stakeholders to examine and identify upstream determinants to prioritize as targets for collective action. It may also be important to rank these determinants by the feasibility of changing them and how strongly they influence health outcomes.

You and your partners must draw on your expertise, your perspectives, and information collected through community engagement to identify core problems your community faces or problems that negatively affect multiple elements of the community. The community can address those negative effects by aligning actions in multiple sectors to concentrate on the underlying core problems. This approach helps prevent resources from spreading too thin, pools capital for priority actions, and ensures that the identified issues are addressed from as many directions as possible. When communities combine their resources in this way, they can take collective action to address the fundamental drivers of health inequity.



# Conclusion

**H**ealth inequities are deeply entrenched, and they are growing. Trying to shrink these health inequities differs from trying to improve public health overall. It's a complex objective that requires new thinking and bold action. A *Blueprint for Changemakers* centers on three strategies to achieve health equity: using law and policy, focusing on the fundamental drivers of health inequity, and pursuing visionary and collaborative solutions.



## Use Law and Policy

Law and policy are the essential tools of this new approach to reducing health disparities. When law and policy are grounded in strong legal practice and precedent, integrate innovative theoretical frameworks, and have the power to be put into action, they are the foundation of new and better strategies to improve community health.

## **+** Focus on the Fundamental Drivers of Health Inequity

Creating the systemic change needed to turn the tide on growing disparities in health is not going to be easy. However, achieving health equity is possible if changemakers confront the fundamental drivers of unjust disparities. By addressing structural discrimination, reducing economic inequality, promoting opportunity and community empowerment, and leveraging good governance, we can all work together to dismantle these fundamental drivers of inequity and thereby increase health equity.



## Be Visionary and Collaborative

Incorporating health, equity, and sustainability considerations into decisionmaking requires teamwork across sectors and policy areas. Government partners, community stakeholders, and local officials must work with the communities they serve to identify strategies and generate the commitment needed to do this work. This work requires coming together to establish a vision that clearly defines the law and policy outcomes the community hopes to achieve. The vision should identify specific approaches for improving residents' well-being, bolstering their quality of life, and supporting their collective self-determination. It's essential to consider how changes to the community will support healthy living, and the agreed-upon vision should paint a picture of the community's high-level, aspirational goals.

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Building a movement to implement these core strategies for achieving health and equity begins at the local level. And that's where you come in. Solving these problems is impossible without you. You're the true changemakers - the people on the ground who have seen what inequality looks like and who are paving the way to a healthier, more equitable future. This document offers evidence-backed guidance for how to work locally and collaboratively to reduce health disparities. But it is up to us, changemakers across the country, to try out and improve these tools. We're the ones blazing trails for others to follow and testing different approaches to fixing these problems.

The ChangeLab Solutions website is a fantastic starting place for changemakers. [Download comprehensive tools and resources](#) at no charge, and [contact us](#) to let us know what policy strategies we should address in the future.

# APPENDIX

## A Menu of Policies & Resources to Inspire New Aspirations

The tables that follow provide evidence-based policy strategies that both promote health and align with strategies to address fundamental drivers of health inequity. Collectively, the tables provide a menu of policies that can be used to create a local agenda for promoting health equity. The resources listed below each table give changemakers some practical tools to help them get started on improving the health of their communities.

### BUILDING A MOVEMENT FOR HEALTH EQUITY

Policies that advance civil rights, safeguard equal protection under the law, and expand political participation

	 Structural Discrimination	 Wealth & Income	 Opportunity	 Power	 Governance
Bail & sentencing reform	●	●	●	●	
Drug courts	●		●	●	
Health in All Policies	●	●	●	●	●
Participatory budgeting	●	●	●	●	●
State policies on home rule	●	●	●	●	●

### RESOURCES

- WEBINAR: [Building Healthy, Equitable Communities Through Equitable Laws & Policies](#)
- BLOG POST: [Inclusive Community Engagement & Equitable Participation to Improve 4 Core Functions of Local Government](#)
- WEBINAR: [Building Healthy, Equitable Communities Through Community-Driven Solutions](#)
- VIDEO, GUIDE, AND MODEL POLICIES: [From Start to Finish: How to Permanently Improve Government Through Health in All Policies](#)
- GUIDE: [Pathways to Policy: A Step-By-Step Playbook for Young People Who Want to Change The World](#)
- GUIDE: [The Changemaker's Guide: A Community Planning Curriculum](#)
- WEBINAR: [Preemption, Public Health, & Equity: The Search for Local Solutions](#)
- BLOG POSTS, WEBINARS: [The Building Healthy, Equitable Communities Training Series](#)
- TRAINING VIDEOS: [Public Health Law Academy](#)

## ACCESS TO HEALTH CARE

Policies and programs related to health care, some of which are federally funded programs in which state and local governments shape eligibility criteria and implementation

	 Structural Discrimination	 Wealth & Income	 Opportunity	 Power	 Governance
Benefits access	●	●	●		
Child Health Insurance Program (CHIP)	●	●	●		
Medicaid	●	●	●		
Prescription access programs	●	●	●		

## RESOURCES

- FACT SHEET: [Changing the System to Address Racial Inequities in Breastfeeding](#)
- INFOGRAPHIC: [Breastfeeding & Racial Equity](#)
- INFOGRAPHIC: [Baby-Friendly Hospital Initiative](#)
- FACT SHEET: [Breastfeeding from the Start: Health Benefits & Policy Implications of the Baby-Friendly Hospital Initiative](#)
- FACT SHEETS ON 18 STATES WITH RELEVANT LAWS: [Breastfeeding-Supportive Hospital Practices: Laws That Support Breastfeeding Among Maternity Patients](#)

## PLACE-BASED APPROACHES

Policies that influence how the fundamental drivers of health inequity shape places and access to resources for health, safety, and well-being

	 <b>Structural Discrimination</b>	 <b>Wealth &amp; Income</b>	 <b>Opportunity</b>	 <b>Power</b>	 <b>Governance</b>
Community land trusts	●	●	●	●	●
Community policing & violence prevention	●		●	●	●
Complete streets	●		●		●
Equitable transit-oriented development	●	●	●		●
Fair-share laws (environmental justice)	●		●	●	●
Food procurement	●	●	●		●
Housing first	●	●			
Housing rehabilitation loan & grant programs	●	●	●		
Inclusionary zoning	●	●	●		●
Participatory planning / people-centered engagement	●		●	●	●
Limits on density of alcohol, cannabis, sugary drink, & tobacco retailers	●	●	●		
Elimination of predatory marketing of alcohol, cannabis, sugary drink, & tobacco products	●	●	●		
Equitable pricing strategies for alcohol, cannabis, sugary drink, & tobacco products	●	●		●	●
Improved water quality & access	●	●	●		

## RESOURCES

### PLACE-BASED STRATEGIES

- BLOG POST: [8 Policies That Have Contributed to Place-Based Health Disparities Across Generations](#)
- WEBINAR: [Building Healthy, Equitable Communities Through Comprehensive Long-Range Planning](#)
- GUIDE: [The Health & Housing Starter Kit: A Guide for Public Health Departments, Housing Authorities, & Hospitals Working at the Intersection of Health and Housing](#)
- FACT SHEET AND PLAYBOOK: [Complete Parks: Creating an Equitable Parks System](#)
- GUIDE AND MODEL RESOLUTION: [Complete Parks Indicators: A Systems Approach to Assessing Parks](#)
- GUIDE: [Building Healthy Streets](#)
- INFOGRAPHIC, PLAYBOOK, AND MODEL DOCUMENTS: [Shared Use: Opening Up Recreation Facilities to Promote Community & Health](#)

### FOOD SYSTEMS

- BLOG POST: [Critical Thinking on Health Equity & Food Systems: 8 Policies](#)
- WEBINAR: [Building Healthy, Equitable Communities Through a Just Food System](#)
- GUIDE: [Homegrown: Implementing State & Local Preferences for Food Procurement](#)
- INFOGRAPHIC: [Institutions Buying Food for Health & Equity](#)
- FACT SHEET: [Establishing Healthier Food Service Guidelines for Government Facilities](#)

### HEALTHY RETAIL

- INFOGRAPHIC, PLAYBOOK, CONVERSATION STARTERS, AND COLLABORATION WORKBOOK: [Healthy Retail: A Set of Tools for Policy & Partnership](#)
- INFOGRAPHIC, PLAYBOOK, AND MODEL DOCUMENTS: [Tobacco Retailer Licensing: 10 Comprehensive Strategies](#)
- INFOGRAPHIC SERIES: [Alcohol-Related Harms](#)

## EARLY CHILDHOOD DEVELOPMENT & EDUCATION

Policies to ensure that every child has a fair start in life and to provide social protections and support for families

	 Structural Discrimination	 Wealth & Income	 Opportunity	 Power	 Governance
Child care subsidies	●	●	●		
Dropout prevention	●		●	●	
Equitable school discipline	●		●	●	
Trauma-informed social-emotional learning	●		●		
Universal preschool	●	●	●		

## RESOURCES

- ISSUE BRIEF: [School Discipline Practices: A Public Health Crisis & an Opportunity for Reform](#)
- BLOG POST: [Creating Safe & Supportive Schools: 5 Promising Areas for Policy Change](#)
- WEBINAR: [Building Healthy, Equitable Communities Through Transforming the School Climate](#)
- GUIDE: [Funding the Fundamentals: A Primer on Early Care & Education Funding for Public Health Practitioners](#)
- MODEL POLICIES: [School Wellness Policies](#)

## FAIR EMPLOYMENT & INCOME SECURITY

Policies that promote equitable opportunities for employment, entrepreneurship, and a stable income

	 Structural Discrimination	 Wealth & Income	 Opportunity	 Power	 Governance
Earned Income Tax Credit	●	●	●		
Equitable contracting & procurement	●	●	●		
Job training	●	●	●		
Paid family leave	●	●	●	●	
Paid sick leave	●	●	●	●	
SNAP fruit & vegetable incentives	●	●			
Summer youth employment	●	●	●		
Supplemental Security Income & Social Security Disability Insurance	●	●	●		
Temporary Assistance for Needy Families (TANF)	●	●	●		

## RESOURCES

- FACT SHEET AND INFOGRAPHIC: [Paid Family Leave Ensures Health Equity for All](#)
- BLOG POST: [6 Federal Policies That Fall Short of Supporting Working Families](#)
- WEBINAR: [Building Healthy, Equitable Communities Through Supports for Working Families](#)
- GUIDE: [Walk This Way: A Resource on State & Local Policies That Support Physical Activity & Wellness in & Around the Workplace](#)

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# About ChangeLab Solutions

## Our mission: Healthier communities for all through equitable laws & policies

ChangeLab Solutions works across the nation to advance equitable laws and policies that ensure healthy lives for all. With more than two decades of experience enacting policies, systems, and environmental changes at the local and state level, our work now focuses on eliminating health disparities by addressing the social determinants of health. We prioritize assisting communities whose residents are at the highest risk for poor health.

As an interdisciplinary team of lawyers, planners, policy analysts, and other professionals, we collaborate with neighborhoods, cities, and states to create thriving, just communities. Our extensive collection of model laws and policies – the largest such [library](#) in the nation – complements the strategic technical assistance and tailored trainings that we provide to our partners.

The solutions we help implement bolster all aspects of community health. We work on many interconnected topic areas, including access to healthy food, tobacco control, housing and transportation, schools and child care, and the built environment. By analyzing existing policies, we help identify innovative approaches that will yield the most improvements in health and equity.

ChangeLab Solutions works in every US state and in many territories and tribal nations. Our unique approach, which is backed by research and evidence, seeks to undo the harms of structural racism and other forms of institutionalized discrimination that burden underserved communities. [Contact us](#) to learn more about our services and impact.

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