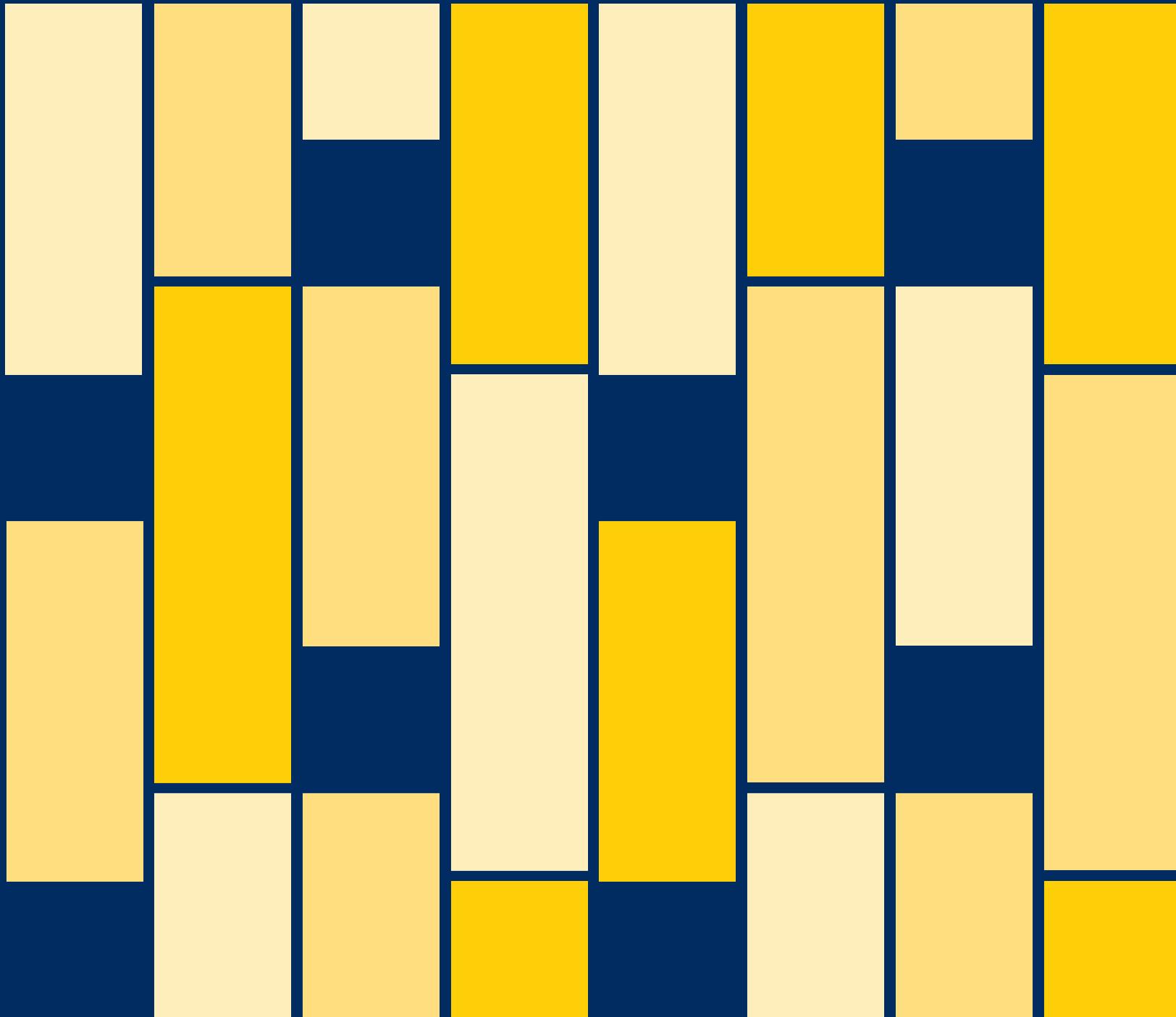


# Multisectoral Collaboration to Address the Social Determinants of Health



November 4 - 6, 2015  
Ann Arbor, Michigan



# MULTISECTORAL COLLABORATION TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH



The National Center for Institutional Diversity (NCID) seeks to strengthen and integrate research about diversity, inclusion and equity in education and society, and to promote its effective use in addressing contemporary issues. We promote cross-disciplinary scholarship by engaging in its direct production, supporting the work of others, and disseminating promising findings from affiliated scholars, faculty, and graduate students. We also develop leaders and promote effective leadership programs that make use of diversity related research.

# CONTENTS

Welcome

4

The Agenda

5

Speakers & Panelists

7

Framing Paper

15

Survey Responses

19

Participant Directory

30

Planning Committee

33

Acknowledgements

34

# WELCOME!

It is with great pleasure that we welcome you to discuss the “Multisectoral Collaboration to Address the Social Determinants of Health.” The summit is hosted by the National Center for Institutional Diversity (NCID), in partnership with the University of Michigan’s School of Public Health and Medical School.

Over the next couple of days, we will consider how action taken across several sectors might build greater public and policy support for transforming social environments to improve health. Leading scholars, practitioners, and community members will facilitate discussions aimed at achieving the following goals:

- Identify challenges to multisectoral collaboration to address the social determinants of health (SDOH);
- Develop a sustainable, action oriented national agenda to guide multisectoral collaboration focused on rapid and sustained improvement toward addressing the SDOH;
- Discuss how continued community-based efforts can be given greater impact socially and in a national strategy;
- Match state and federal health priorities with what is being learned from successful community-based efforts;
- Solicit commitment from representatives of the philanthropic, academic, community, nonprofit, legal, and government sectors to collaborate to address the SDOH.

This event is part of a campuswide strategic planning process at the University of Michigan on diversity, equity, and inclusion in higher education and U.S. society. The launch of this process includes several open meetings hosted by the president: with students, faculty and staff, and invitational strategic meetings. In effect, we will be challenging the structures that define the institution per se, while at the same time exploring diversity related national issues with the guidance of a wide range of national leaders.

Over the course of this week, we will welcome partners from the American Council on Education, the American Association of Hispanics in Higher Education, the White House, the National Association for Equity and Opportunity, the Centers for Disease Control and Prevention, the W.K. Kellogg Foundation, the Annie E. Casey Foundation and the Robert Wood Johnson Foundation. We will hear challenges and receive ideas from a former U.S. Surgeon General, a Pulitzer Prize Winner, community activists and policy officials. We will welcome to the campus over thirty college and university presidents, dozens of scholars and researchers---and we will also solicit the advice and engagement of our own faculty, staff and students.

We look forward to sharing the next two days with you and other leaders in the field. Thank you for joining us, and thank you for your commitment to promoting health equity.

Sincerely,



John C. Burkhardt, PhD  
Director, National Center for Institutional Diversity  
Professor, Center for the Study of Higher and Postsecondary Education  
Special Assistant to the Provost for University Engagement  
University of Michigan

# THE AGENDA

**Wednesday, November 4, 2015**

*Location: Rackham Graduate School, Assembly Hall*

**5:00-7:30PM**

**Reception/Dinner and Program**

Debra Joy Pérez, Vice President for Research, Evaluation and Learning  
Annie E. Casey Foundation

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**Thursday, November 5, 2015**

*Location: Rackham Graduate School, Assembly Hall*

**8:30-9:00AM**

**Continental Breakfast**

**9:00-9:15AM**

**Welcome and Introductions**

John C. Burkhardt, Director, National Center for Institutional Diversity

**9:15-10:30AM**

**Plenary Discussion - How does context shape community and individual health?**

- Carl Hill, Director, Office of Special Populations, National Institute on Aging (moderator)
- Roxana Cardiel De Niz, Community Organizer/Health Worker, North Country HealthCare Community Health Clinic
- Richard M. Foster, Professor of Community Sustainability and W.K. Kellogg Chair in Food, Society and Sustainability, Michigan State University
- Miguel A. Guajardo, Associate Professor, Education and Community Leadership Program, Texas State University
- Jeff Hall, Lead Behavioral Scientist, The Centers for Disease Control and Prevention
- Sommer Woods, Director of External Relations, M-1 Rail

**10:30-10:45AM**

**Break**

**10:45 - 12:00PM**

**Plenary Discussion: What does successful multisectoral collaboration look like? What are the challenges and opportunities?**

- Barbara Israel, Professor of Health Behavior and Health Education, School of Public Health, University of Michigan (moderator)
- Hortensia Amaro, Associate Vice Provost for Community Research Initiatives & Dean's Professor of Social Work & Preventive Medicine, University of Southern California
- Jean Quan, Former Mayor of Oakland, CA and Senior Fellow, Hass Institute for a Fair and Equitable Society, University of California, Berkeley
- Kary Moss, Executive Director, Michigan ACLU
- Preston Maring, Associate Adjunct Professor, Program on Reproductive Health and the Environment, UC San Francisco

|                     |   |
|---------------------|---|
| <b>12:00-1:00PM</b> | <b>Lunch</b>  |
| <b>1:00-1:30PM</b>  | <b>Survey Results Discussion</b> <ul style="list-style-type: none"> <li>• Alana LeBrón, Postdoctoral Fellow, National Center for Institutional Diversity, University of Michigan</li> <li>• William Lopez, PhD Candidate, School of Public Health, University of Michigan</li> <li>• David Stone, Associate Vice President for Strategic Innovation and Planning, Northern Illinois University</li> </ul> |
| <b>1:30-3:45PM</b>  | <b>Within Group &amp; Cross-Group Working Session and Report Out</b> <ul style="list-style-type: none"> <li>• Bonnie Braun, Professor Emerita, School of Public Health, University of Maryland</li> </ul>   |
| <b>4-5:30PM</b>     | <b>Powerful Partnerships to Promote Health Equity and Inclusion: National and Community Perspectives</b> <ul style="list-style-type: none"> <li>• Regina M. Benjamin, Former U.S. Surgeon General and CEO, Bayou La Batre Rural Health Clinic</li> </ul>  |
| <b>6:00-8:00PM</b>  | <b>Reception/Dinner</b><br>Location: Campus Inn, 615 E. Huron Street, Huron Ballroom  |

## **Friday, November 6, 2015**

*Location: Campus Inn, 615 E. Huron Street, Terrace Ballroom*

|                      |  |
|----------------------|--|
| <b>8:30-9:00AM</b>   | <b>Continental Breakfast</b>   |
| <b>9-9:45AM</b>      | <b>Community Commons</b> <ul style="list-style-type: none"> <li>• Rashid Njai, Epidemiologist, The Centers for Disease Control and Prevention</li> <li>• Stacy Wegley, Senior Associate, Community Initiatives and Community Commons – IP3</li> </ul>  |
| <b>9:45-10:30AM</b>  | <b>Connecting Community and National Strategies</b> <ul style="list-style-type: none"> <li>• Cathy Malone, Program Officer, Robert Wood Johnson Foundation</li> <li>• Naima Wong Croal, Director, National Health Equity Index</li> <li>• Susan Longworth, Senior Business Economist, Chicago Federal Reserve</li> </ul> |
| <b>10:30-10:45AM</b> | <b>Break</b>   |
| <b>10:45-11:30PM</b> | <b>Agenda Building and Moving Toward Action</b> <ul style="list-style-type: none"> <li>• Joyce Wilson, CEO, Workforce Solutions</li> <li>• Linda Werthman, Adjunct Associate Professor of Social Work, University of Detroit Mercy</li> </ul>  |
| <b>11:30-12:00PM</b> | <b>Concluding Summary and Next Steps</b>   |
| <b>12:00PM</b>       | <b>Lunch and Adjourn</b>   |

# SPEAKERS AND PRESENTERS

## **HORTENSIA AMARO**

Associate Vice Provost, Community Research Initiatives & Dean's Professor, Social Work & Preventive Medicine  
University of Southern California

As Associate Vice Provost for Community Research Initiatives, Hortensia Amaro develops and advances outreach programs operating between the Office of the Provost and University Relations. This includes promoting scholarly research and student learning in the fields of preventative medicine and social work, cultivating health and wellness service partnerships, analyzing collaborative research models and place-based interventions, and strengthening relationships among faculty who are engaged in community research. Amaro is a Dean's Professor, Social Work and Preventive Medicine in the USC School of Social Work. Before joining USC in 2012, Amaro was with Northeastern University for 10 years, serving as dean, as well as distinguished professor of health sciences and counseling psychology, of the Bouvé College of Health Sciences, and as director of the university's Institute on Urban Health Research.

## **REGINA M. BENJAMIN**

Former U.S. Surgeon General and CEO, Bayou La Batre Rural Health Clinic

Regina M. Benjamin, M.D., M.B.A., was appointed by President Barack Obama as the 18th United States Surgeon General in July, 2009 and served a four-year term. Dr. Benjamin also oversaw the operational command of 6,700 uniformed public health officers who serve in locations around the world to promote, and protect the health of the American People. Benjamin served simultaneously as Surgeon General and as the first chair of the National Prevention, Health Promotion, and Public Health Council (National Prevention Council) — 17 cabinet-level Federal agencies that developed the road map for the Nation's health — The National Prevention Strategy. Before becoming "America's Doctor," she served her patients at the rural health clinic she founded in tiny, Bayou La Batre, Alabama, keeping the clinic in operation despite damage and destruction inflicted by Georges (1998) and Katrina (2005) and a devastating fire (2006). She has a B.S. in chemistry from Xavier University of Louisiana, an M.D. degree from the University of Alabama at Birmingham and an M.B.A. from Tulane University. She attended Morehouse School of Medicine and completed her family medicine residency in Macon, Georgia. Benjamin is the recipient of 22 honorary degrees.

## **BONNIE BRAUN**

Professor Emerita  
University of Maryland School of Public Health

Dr. Braun's research focuses on low-income rural families and farm families. She is currently leading a national health insurance literacy Initiative in response to the ACA and serving as Project Manager for the National 4-H Council and the Robert Wood Johnson Foundation project to develop a plan to focus on eliminating childhood obesity especially among families and communities with high levels of health disparities. Braun was the Founding Director and Endowed Chair of the Horowitz Center for Health Literacy at the University of Maryland; Founder and chair of the Health Literacy Maryland Coalition and Past Chair of the Rural Maryland Council.

## **JOHN C. BURKHARDT**

Director, National Center for Institutional Diversity  
University of Michigan

Dr. John C. Burkhardt is the director for the National Center for Institutional Diversity and a professor of clinical practice in Higher and Postsecondary Education at the University of Michigan. He is the former director of the National Forum on Higher Education for the Public Good, which he led from 2000 to 2013. Previous to establishing the National Forum, Burkhardt was program director for leadership and higher education at the W.K. Kellogg Foundation, where he led several major initiatives focused on transformation and change in higher education and participated in a comprehensive effort to encourage leadership development among college students. Burkhardt's research focuses on leadership and transformation, organizational culture, and the role of philanthropy in U.S. society. He has authored several books and articles on leadership and on higher education.

## **ROXANA CARDIEL DE NIZ**

Community Organizer/Health Worker  
North Country HealthCare Community Health Clinic

Roxana Cardiel De Niz is the Interim Organizer for the Northern Arizona Institutions for Community Leadership (NAICL), the education arm of Northern Arizona Interfaith Council. She also works for North Country HealthCare as a community health worker. She works on issues in education, immigration, housing, transportation, cultural competency, civic engagement and other social justice issues as they pertain to the health and well-being of the Flagstaff community.

## **RICHARD FOSTER**

Professor of Community Sustainability; W.K. Kellogg Chair in Food, Society and Sustainability  
Michigan State University

Dr. Rick Foster is a tenured professor in the College of Agriculture and Natural Resources and holds an Endowed Chair in Food, Society and Sustainability at Michigan State University. He directs the MSU metro food initiative in Detroit called FoodPlus-Detroit. Dr. Foster joined the faculty of Michigan State University in January, 2010 after 15 years as Vice President for Programs at the W.K. Kellogg Foundation in Battle Creek, Michigan. Dr. Foster's interests lie in helping to bring integrative sustainability solutions to long-term problems impacting the social, economic and environmental systems affecting Michigan communities. Dr. Foster focuses on the contribution collaborative models around food, water and alternative energy systems have on future development scenarios for the future of Michigan and the nation.

## **MIGUEL A. GUAJARDO**

Associate Professor, Education and Community Leadership Program  
Texas State University

Miguel A. Guajardo is associate professor in the Education and Community Leadership Program and a member of the doctoral faculty in School Improvement at Texas State University-San Marcos. His research interests include issues of community building, community youth development, leadership development, race and ethnicity, university and community partnerships, and Latino youth and families. He was a Fellow with the Kellogg International Leadership Program and the Salzburg Seminar. He is also a co-founder and the chairman of the board of directors of the Llano Grande Center for Research and Development an education and community youth development organization in South Texas. He is the co-founder of the Community Learning Exchange an emerging interdisciplinary community of practice that unites the power of place and the wisdom of people to advocate and work towards community change. Guajardo's work has been informed by local ecology and the values of equity, dignity, and democracy in cross-cultural settings. His teaching, research and service agenda is informed by a micro-macro integrative theory that is grounded in practice.

## **JEFFREY E. HALL**

Lead Behavioral Scientist  
The Centers for Disease Control and Prevention

Jeffrey E. Hall is a Lead Behavioral Scientist at the Centers for Disease Control and Prevention (CDC) in the Surveillance Branch of the Division of Violence Prevention of the National Center for Injury Prevention and Control. A medical sociologist by training, he also holds degrees in epidemiology, general sociology, and psychology—all from the University of Alabama at Birmingham (UAB). Dr. Hall's professional interests include applications of developmental epidemiology and social psychology within violence prevention, structural and environmental methods for reducing violence-related health disparities, and community-based models for violence surveillance, research, and prevention. His work at CDC focuses on topics across the life span, including infant homicide, youth and young adult violence, and elder abuse. He is the team lead of the Morbidity and Behavioral Surveillance Team, and has served as Principal Investigator for the CDC School Associated Violent Deaths Study, Chair of the CDC Aging and Health Work Group, Chair of the DVP Youth Violence Work Group, and co-chair of the Violence Prevention Committee of the American Public Health Association's Injury Control and Emergency Health Services Section

## **CARL V. HILL**

Director, Office of Special Populations  
National Institute on Aging

Carl V. Hill serves as the director of the NIA Office of Special Populations. Hill comes to NIA from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), after serving as Health Scientist Administrator (HSA) for the Extramural Associates Research Development Award (EARDA) in the NICHD Division of Special Populations. Before NICHD, Hill was an HSA with the National Center for Minority Health and Health Disparities (now the National Institute on Minority Health and Health Disparities). He is current co-chair of the HHS Interagency Committee on Health and Health Disparities and co-chair of the Trans NIH American Indian, Native American, Alaska Native Special Interest Group. He later joined the charter class of the Centers for Disease Control and Prevention's Public Health Prevention Service (PHPS). Most recently, Hill has teamed with extramural investigators at Morgan State and Central Florida Universities to develop the *Epidemiological Criminology* paradigm, a public health and health disparities approach to crime and violence.

## **BARBARA ISRAEL**

Professor of Health Behavior and Health Education  
University of Michigan, School of Public Health

Barbara Israel is a Professor in the Department of Health Behavior and Health Education. She received her Doctorate in Public Health and Master in Public Health degrees from the University of North Carolina at Chapel Hill. Dr. Israel has published widely in the areas of community-based participatory research, community empowerment, evaluation, stress and health, social networks, and health disparities. Her research interests include: the social determinants of health; the relationship between stress, social support, control and physical and mental health; community empowerment and health; and community-based participatory research (CBPR). Dr. Israel has extensive experience conducting community-based participatory research in collaboration with partners in diverse ethnic communities. She is Principal Investigator of the Detroit Community-Academic Urban Research Center, funded initially in 1995 through the Centers for Disease Control and Prevention, and presently funded by the Skillman Foundation and the University of Michigan.

## **ALANA LEBRÓN**

Postdoctoral Fellow, National Center for Institutional Diversity  
University of Michigan

Alana LeBrón received her PhD from the University of Michigan School of Public Health. She earned her M.S. in Public Health from Harvard University School of Public Health and her B.A. from Bowdoin College. Her research examines the social determinants of health inequities, with a focus working with communities to better understand and address health inequities experienced by Latinas/os. Her dissertation applied qualitative and quantitative methods to examine the health implications of post-9/11 restrictive immigration policies, increased immigration enforcement, and anti-immigrant sentiments for Latinas/os in Detroit, MI. Alana is a postdoctoral fellow at the University of Michigan National Center for Institutional Diversity and School of Social Work. During her fellowship, Alana is focusing on disseminating findings regarding the health implications of restrictive immigration policies and is evaluating a community ID policy intended to improve the social and mental wellbeing of residents affected by restrictive changes to driver's license policies.

## **SUSAN LONGWORTH**

Senior Business Economist  
Chicago Federal Reserve

Susan Longworth is a senior business economist in the community development and policy studies division at the Federal Reserve Bank of Chicago. Prior to joining the Fed in 2011, she had over 20 years of community development experience, with a special emphasis on community development financial institutions and community banks. She holds an undergraduate degree in English from the University of Michigan, a master's in public service management from DePaul University and an International MBA from the University of Chicago.

## **WILLIAM D. LOPEZ**

PhD Candidate, Health Behavior and Health Education  
University of Michigan

William is a doctoral candidate in Health Behavior and Health Education with a cognate in anthropology at the School of Public Health at the University of Michigan. His work utilizes mixed methods to investigate the effects of immigration enforcement on the health and identities of mixed-status immigrant families and their communities.

## **CATHY MALONE**

Program Officer  
Robert Wood Johnson Foundation

Malone works on the Foundation's strategy to achieve health equity and enhance diversity. She has led projects to identify and share diversity strategies to broaden program outreach to applicants from diverse backgrounds; highlighted the Foundation's diversity efforts through an online community; and supported a network of diverse researchers from underrepresented and disadvantaged groups. She also leads a program to recognize individuals who have successfully implemented systems changes to reduce health disparities. Prior to joining the Foundation, Malone served as a health care professional and director in long term care, assisted living, and hospital-based transitional care settings. She led therapeutic recreation program development, volunteer services and community integration programs. Malone holds a Doctorate in Business Administration (DBA) from Argosy University. She received an MBA from Georgian Court University in Lakewood, NJ, and a BA in psychology and sociology with a certificate in criminology from Rutgers University.

## **PRESTON J. MARING**

Associate Adjunct Professor, Program on Reproductive Health and the Environment  
University of California, San Francisco

Retired after 42 years as a physician with Kaiser Permanente in California, Preston Maring is a volunteer with non-profits and the UCSF Program on Reproductive Health and the Environment. While at Kaiser Permanente, he started the first hospital based organic farmers market in 2003, a model that now exists at hundreds of health care institutions around the country. He also is working on other food system/health related programs.

## **KARY MOSS**

Executive Director  
American Civil Liberties Union of Michigan

Kary L. Moss has served as the Executive Director of the ACLU of Michigan since 1998. She earned a Masters in International Affairs from Columbia University and a JD from CUNY Law School at Queen's College. Prior to joining the ACLU of Michigan, she clerked at the United States Court of Appeals for the Second Circuit and then served as staff attorney with the American Civil Liberties Union's Women's Rights Project which was founded by Justice Ruth Bader Ginsburg. In addition to leading two effective capital and operating campaigns, the organization's programs have included many high impact, civil rights cases including the country's first challenge to the government's effort to close immigration court hearings to the public, warrantless wiretapping by the National Security Administration and the first-of-its-kind "right to read" lawsuit holding the state accountable for dismal literacy scores in a Detroit-area school district. She has served as the Chair of the ACLU's Executive Director Council, representing all state directors in the ACLU and is a member of the Detroit News Editorial Page Advisory Board.

## **RASHID NJAI**

Epidemiologist

Centers for Disease Control and Prevention

Rashid Njai is an Epidemiologist in the Division of Community Health, Research Surveillance and Evaluation Branch at the CDC. He has PhD and MPH from University of Michigan School of Public Health, in Health Behavior/Education focused on psycho-social health/social epidemiology. He also is a proud alumnus of the Pennsylvania State University (B.S. Biology). His work broadly focuses on the epidemiology and intervention of mental/physical health disparities among racial and ethnic minorities as well as other at risk populations, as they relate specifically to the social determinants of health, resiliency and wellness

## **DEBRA J. PÉREZ**

Vice President for Research, Evaluation & Knowledge Support

The Annie E. Casey Foundation

Debra Pérez is responsible for managing several aspects of the Foundation's work, including measuring program performance; crafting thoughtful and consistent evaluation processes; leading data development and implementation to inform the Foundation's work; delivering improved knowledge management resources; building organizational learning; and guiding policy research in a manner that reflects Casey's focus on family economic success, community change and system reform.

## **JEAN QUAN**

Former Mayor of Oakland, CA and Senior Fellow,

Hass Institute for a Fair and Equitable Society, University of California Berkeley

Jean Quan was the first Asian American to be elected to the Oakland City Council and the first female Mayor of Oakland. A champion of preserving and expanding education and after school programs, Quan was also one of the first Asian Americans to be elected to the Oakland United School District Board of Education where she served for 12 years and was a past President. She also serves on numerous boards and commissions including the California League of Cities, the Association of By Area Government and the Local Government Commission.

## **DAVID A. STONE**

Associate Vice President for Strategic Innovation and Planning

Northern Illinois University

David A. Stone serves as Associate Vice President for Strategic Innovation and Planning at Northern Illinois University. Prior to that, he served as the Associate Vice President for Research. He holds two interdisciplinary degrees (BA/MA and PhD) from the University Professors Program at Boston University. Over the past 20 years, he has taught and conducted research at Harvard's Schools of Medicine and Public Health, Tufts University School of Medicine, and Sheffield University (UK). He served as founding director of the South East European Research Center (Greece), co-founder of the Pediatric and Adolescent Research Center at Tufts University, and as director of the Fenway Research Department in Boston. As an interdisciplinary researcher, he secured over \$10 million in funding, published in seven disciplines, and taught in five. His current scholarship examines the nature of cross-disciplinary collaboration and takes a transdisciplinary approach to public health and higher education. In 2014-15, he was an American Council on Education Fellow and served as president of the National Organization of Research Development Professionals (NORDP).

## **STACY WEGLEY**

Senior Associate

Community Initiatives and Community Commons – IP3

As Senior Associate of Community Initiatives, Stacy has more than 20 years preventive health experience. She has served as a leader in public health, advancing the healthy communities movement. The focus of her work is the development of collaborative teams serving a greater good, meaningful community engagement and the implementation of sustainable strategies. She has served as Principal Investigator for the CDC Strategic Alliance for Health, RWJF Healthy Kids Healthy Communities and Communities Putting Prevention to Work projects in Hamilton County, OH. Stacy brings a community voice to the development of Community Commons and supports communities as they leverage the Commons to create change. Stacy is a photographer and storyteller, supporting and celebrating communities and their change agents.

## **JOYCE WILSON**

CEO

Workforce Solutions Borderplex

Joyce Wilson has over 30 years of city management experience, working in four different communities with diverse social-economic profiles and needs. She has overseen public health agencies in all communities where she has worked and has extensive experience in developing public policy around healthy lifestyles and behaviors. She presently is CEO of Workforce Solutions Borderplex, one of 28 local workforce boards in Texas, serving a six county region along the SW Texas/Mexico border.

## **NAIMA T WONG CROAL**

Director

National Health Equity Index

Naima Wong Croal is the director of the National Health Equity Index, a project led by the National Collaborative for Health Equity and funded by the Robert Wood Johnson Foundation to develop a tool to measure and monitor social determinants of health and the conditions within which health equity is advanced. The first of its kind, the project will include indices at the national, state, and local levels and aims to produce actionable metrics for policy development and intervention. Previously, Wong Croal was a program officer at the Robert Wood Johnson Foundation where she was responsible for the research and evaluation programming for the public health strategy including building the field of public health services and systems research, and overseeing evaluations for the County Health Rankings and Roadmaps, Health Impact Assessment, and Public Health Law programs among many others. Wong Croal joined the Foundation after serving as a senior research associate at the Georgia Health Policy Center at Georgia State University where her work consisted of a diverse range of projects for clients that ranged from community-based organizations to national public health stakeholders. In addition, Wong Croal was a recipient of the 2010-2012 Kaiser Permanente Chris Burch Minority Leadership Award and has research experience in the areas of youth empowerment, health equity, and community-based participatory research methods. She holds a PhD and MPH in Health Behavior and Health Education from the University of Michigan and a BA in Psychology from Spelman College.

## **SOMMER N. WOODS**

Director of External Relations

M-1 Rail Project

Sommer Woods is the director of external relations for M-1 Rail, a 3.3-mile light rail circulator that will strengthen the backbone of the Detroit region by downtown Detroit to Midtown to New Center/North End. Her responsibilities include workforce development, community engagement/inclusion, governmental relations and minority/Detroit based business procurement. Woods was formerly a member of former Detroit Mayor Dave Bing's administration, serving as the film, culture and special events director for the city of Detroit. In this role, she managed the city's film-related efforts and coordinated all aspects of special events for the City Detroit, including permitting, serving as the liaison with government officials, event logistics, tactical operations and community and business outreach and engagement. Prior to these roles, Woods' experience in event planning, implementation and sponsorship fulfillment and activation included positions with the PGA TOUR and Super Bowl XL. She has a bachelor's degree in business from Talladega College.

# FRAMING THE ISSUE

For well over a century, scholars have documented the effects of social contexts on how we live, learn, work, and play. Complex but nonetheless identifiable interactions shape individual and community health trajectories, often resulting in increased morbidity and mortality among the most marginalized.

Nationally, we have dedicated billions of dollars towards investigating how health relates to environment, and there is no shortage of energy given to describing, understanding and addressing the social determinants of health (SDOH). The majority of policy leaders acknowledge their importance and the general public experiences the connections between environment and health in their everyday lives. Many of us have devoted our professional time and energies, determined to address the SDOH in the communities in which we live and work.

Yet deep health inequities persist that are directly traceable to the conditions in which people live.

We convene at this summit because we know that this is unacceptable. We believe that there is the funding, energy, knowledge, and willpower to collaboratively address the SDOH to the benefit of those on behalf of whom we work.

## What the research shows

The field of public health has long understood the influence of environment on health. From the early sanitation campaigns in the nineteenth century to the well-known Whitehall studies in the 1960s, researchers and scientists have established links between where we spend our time and how healthy we are or can become. In 1998, the World Health Organization published “Social Determinants of Health: The Solid Facts,”<sup>1</sup> presenting powerful evidence on the role of the SDOH in maintaining the health of populations. Published

<sup>1</sup> Wilkinson & Marmot. (2003). Social determinants of health: The solid facts. Geneva, WHO. Available at: [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/98438/e81384.pdf](http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf)

again in 2003, this volume aimed not only to inform the field, but to “promote awareness, informed debate and, above all, action.” Beginning with a discussion of the relationship between the “social gradient” and life expectancy, the volume discusses the influence of stress, early childhood, social exclusion, work, social support, food, and other social determinants that, when inequitably distributed, lead to health disparities throughout the life course.

The WHO later launched the Commission on the Social Determinants of Health in 2005.<sup>2</sup> When they produced the final report from this Commission in 2008, the very first words — “social justice” — clearly solidified the SDOH as a means of addressing not only health disparities, but health inequities.

**“These inequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.”**

WHO Commission on the SDOH Final Report, 2008.

Many other documents trace the importance of the SDOH, and many, in turn, increasingly call for action or engage in action themselves.

## SDOH: Why such little progress?

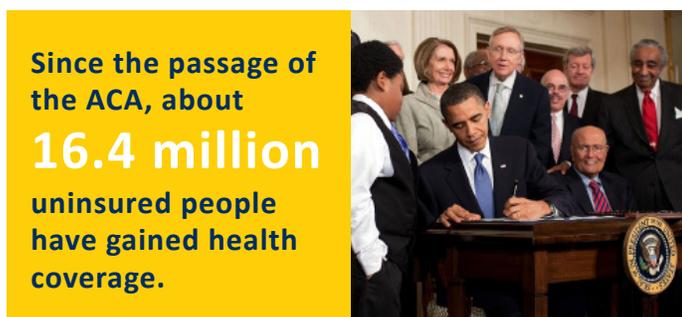
With uncontested evidence, appalling consequences and perseverant calls for action, it would seem that more progress would have been made in addressing the SDOH. Yet across the U.S., we continue to see wide

<sup>2</sup> Committee on the Social Determinants of Health. (2005). Closing the gap in a generation: Health equity through action on the social determinants of health. Final Report of the Commission on the Social Determinants of Health. Geneva, WHO. Available at: [http://www.who.int/social\\_determinants/thecommission/finalreport/en/](http://www.who.int/social_determinants/thecommission/finalreport/en/)

inequities in health across populations. These disparities only further reveal the challenges we face and heighten the frustration we share with those who suffer directly with this lack of progress.

There are many possible reasons for the impasse we experience, some of which we will discuss during the course of this event. To begin, in the U.S., we hold in our discourse a strong belief in personal responsibility for health,<sup>1,2</sup> not unrelated to our attributions of personal responsibility for wealth, status and success. This integrated system of beliefs, honored in American society and in its norms, can be observed in how health outcomes are popularly discussed, attributed to individuals, and treated in public policy.

The Affordable Care Act (ACA) serves as an illustrative example. While the policy aimed to provide health insurance to a significantly larger portion of the U.S. population, it was popularly marketed as an opportunity to express one's individualism through selective purchases, as the act "puts consumers back in charge of their health care" and gives "the American people the stability and flexibility they need to make informed choices about their health."<sup>3</sup> Notably, opposition to the ACA also rallied around the perceived loss of personal choice — and the dangers of government intervening in personal health care decisions.



<sup>1</sup> Minkler, M. (1999). Personal responsibility for health? A review of the arguments and the evidence at the century's end. *Health Education & Behavior*, 26(1), 121-140.

<sup>2</sup> Steinbrook, R. (2006). Imposing Personal Responsibility for Health. *New England Journal of Medicine*, 355, 753-756.

<sup>3</sup> <http://www.hhs.gov/healthcare/rights/>

We often deeply value and believe in these tenets, having drawn on them for years to develop our own programmatic agendas. Thus while we are hesitant to accept the daunting task of addressing the SDOH utilizing only the resources and knowledge of the sector in which we work, we are likewise fearful that other sectors will miss a critical piece of the SDOH puzzle. No one seems willing to take on responsibility, but there is a universal fear in allowing other actors to do it.

Even if we were to assign responsibility across sectors, we would encounter a third problem that would forestall our collective progress. We are aware that addressing the SDOH requires action within communities, within the academy, in policy, and via the innovation that results from philanthropic investment. Yet while united by a common goal, each sector operates within a unique set of opportunities and constraints of which other sectors are not aware.

Lastly, there seems to be persistent confusion about what to *call* the SDOH. While the academy discusses the SDOH and uses the language of health equity, health disparity, or other similar terms, many live and work each day observing how the SDOH play out in their communities. It may not be obvious that "health" is ultimately an outcome, but most people see and understand the multiple links between social context and a community's capacity to be happy, healthy, and safe. The teachers who teach our children the alphabet, the community-based organizations (CBOs) that decide where we put our food carts, the lawyers who combat racial profiling, each may have a different vocabulary and primary statement of "result," but all understand in some way the links between context and health.

The Robert Wood Johnson Foundation (RWJF) alluded to challenges around common language to address the SDOH in 2003 when the organization restructured

to create the “Vulnerable Populations Portfolio.” In this restructuring, it became clear that multiple projects in that portfolio were united in vision, but utilized different frameworks

**“There is no silver bullet, no single word or fact that will suddenly transform how people think about health.”**

to describe the SDOH. As the RWJF stated, “[T]he concept didn’t work well on the ground. The grantees—most of whom were dealing with real challenges at the community level, didn’t necessarily resonate with this frame. For some it was so patently obvious that it became a truism.”<sup>6</sup>

We are thus presented with a paradox. There are funds, passion, energy, and hard data illustrating the SDOH, yet we remain slow and ineffective in our actions, facing challenges that are deeply rooted in our American ethos, and tangled in various frames to address the same root challenges. How can we move toward more effective collective action together?

### The need for multisectoral collaboration

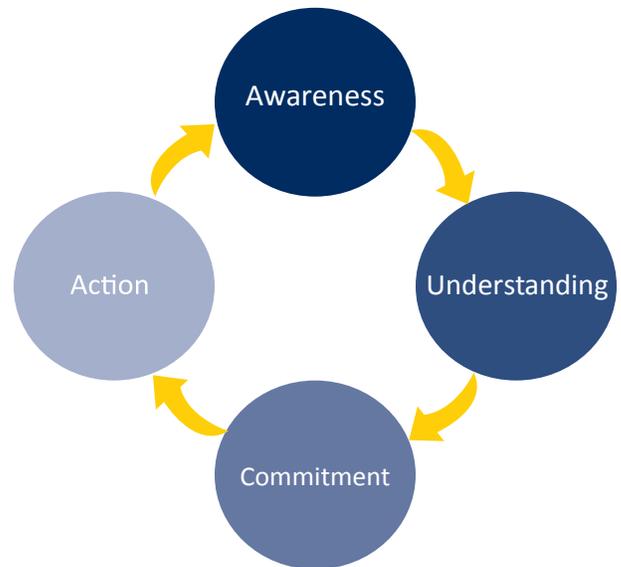
The SDOH are far-reaching and diverse, and there are many levels upon which we can affect change. Yet perhaps because they touch on so many areas, they are assigned to everyone and to no one at the same time.

What is needed is a systems approach that shares the responsibilities to address the SDOH across multiple sectors with stake in the health of the populations they serve. Such collaboration would allow for a leveraging of strengths and resources, a larger knowledge base of experiences from which to draw, as well as the development of a common language and prioritization of challenges to guide an action oriented agenda. We aim to create such collaboration at the current summit.

### A Model of Change

The National Center for Institutional Diversity (NCID) has adopted a model of change that incorporates awareness, understanding, commitment, and action. We will build on this model throughout the course of the event (see Figure 1).<sup>7</sup>

Figure 1 | Change Model



Even within a homogenous group, individuals are at different stages of commitment to change, dependent on a variety of factors. The model is not meant to depict a simple linear process; groups or individuals can move from action to awareness or move between commitment and understanding in various sequences and stages.

This change model informs the goals of our current summit, and together we hope to move from awareness, to understanding, commitment, and action.

### Goals of the Summit

Together, we will consider how action taken across several sectors might build greater public and policy support for transforming environments to improve health. To this end, we will discuss strategies to

overcome the historical tensions between the sectors. We will also consider strategies that work across these sectors to build new coalitions in support of community and national initiatives to address the SDOH.



At this convening, leading scholars, practitioners, and community members will facilitate and engage in discussion aimed at achieving the following goals:

- Identify challenges to multisectoral collaboration to address the SDOH;
- Develop a sustainable, action oriented national agenda to guide multisectoral collaboration focused on rapid and sustained improvement toward addressing the SDOH;
- Discuss how continued community-based efforts can be given greater impact socially and in a national strategy;
- Match state and federal health priorities with what is being learned from successful community-based efforts;
- Solicit commitment from representatives of the philanthropic, academic, community, nonprofit, and government sectors to collaborate to address the SDOH.

We thank you for joining us and look forward to the discussion.

# SURVEY RESPONSES

The information included in this document was produced by the National Center for Institutional Diversity (NCID) at the University of Michigan for the sole purposes of this convening. Please do not share or distribute these materials without permission from the NCID.

## BACKGROUND

FIGURE 1

SECTOR AFFILIATION OF PARTICIPANTS (n=45)

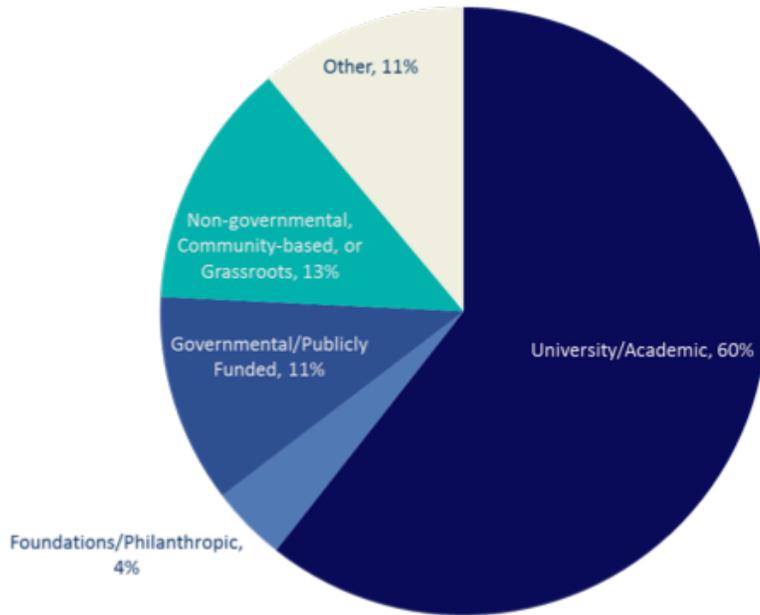
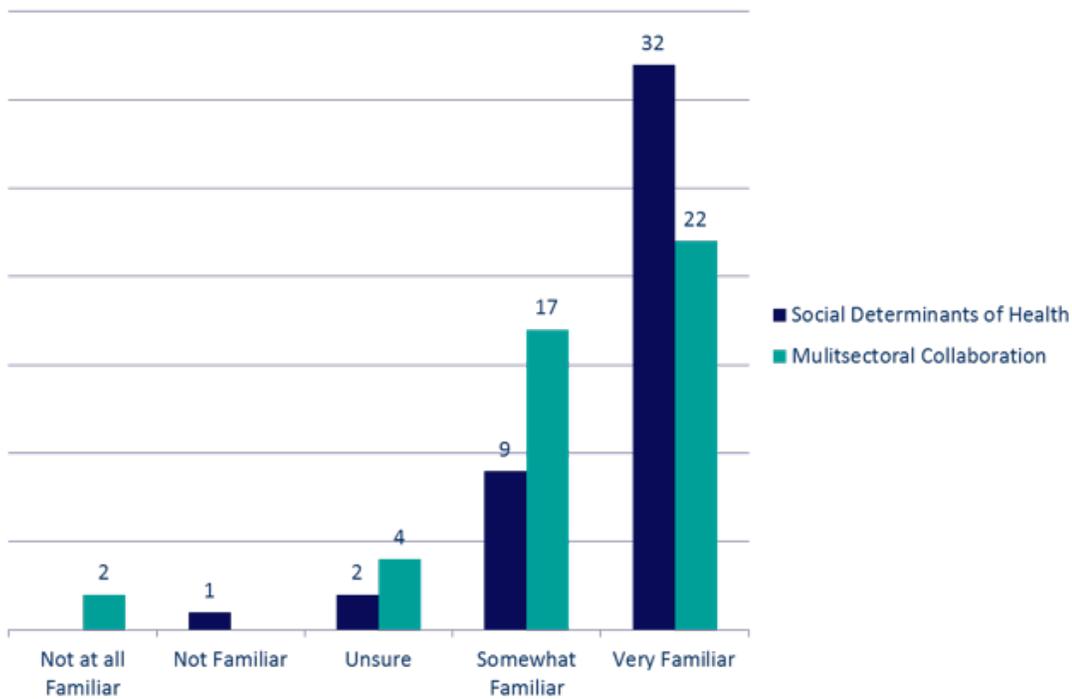


FIGURE 2

FAMILIARITY WITH TERMS: SOCIAL DETERMINANTS OF HEALTH (n=44) AND MULTISECTORAL COLLABORATION (n=45)



## OBSERVED CHALLENGES

*What are the top two or three challenges that impede multisectoral collaboration to address the social determinants of health?*

### Challenges related to funding:

- Funds do not allow for wider and more distant vision but measure progress in immediate and proximate results;
- There is often competition among similar groups for the same funds;
- Funding is often for one sector at a time and does not encourage collaboration.

*“Funding silos / funding structures that narrowly constrain how funds can be used to carry out work under specific programs.”*

*“Budget prioritization [leads to a] focus on acute problems vs long-term social factors affecting population health.”*

### Challenges related to collaboration:

- Collaborations must work across different disciplinary perspectives and values placed on efficacy, responsibility, leadership, and outcomes;
- Collaboration is not incentivized;
- There are different cultures, norms, and life experiences across sectors that are sometimes invisible and often not addressed;
- There are not agreed upon understandings of ownership of products.

*“[There is an] unquestioned belief [that] we share a single reality and that sectors and disciplines only differ on the perspectives they bring to that reality.”*

*“Disciplinary differences can lead to problems in communication because of different terminologies sometimes used for the same terms.”*

### The links between structural factors and health is misunderstood or thought to be impossible to address.

*“[There is] a lack of understanding—or lack of knowledge on how to effectively change—the influence of structural and “upstream” factors that contribute to health disparities.”*

*“The notion that social disparities in health stem from racism, classism, sexism, etc. and thus are intractable, and will be extremely difficult to change through multisectoral collaborations except at the margin.”*

## PROPOSED SOLUTIONS

*What are some actions that can be taken to address these challenges?*

**Provide more funding that is sensitive to the challenges of multisectoral collaboration.**

**This would include:**

- Increasing the number of non-governmental funding sources;
- Expanding the time frame in which project outcomes can be measured to allow for distal measures of success;
- Requesting and designing more pilot projects that address the SDOH.

**Incentivize collaboration. This would include:**

- Giving priority to proposals that include collaboration;
- Providing the necessary capacity building and training for funded projects that include collaboration;
- Reward collaborative work in the academy.

**Reconceptualize outcome measures attached to funding on projects that address the SDOH. This would include:**

- Encouraging tools that consider the SDOH rather than relying solely on biologically measured outcomes;
- Allowing the community to define how successful interventions are measured;
- Using levels of change as a measure of success instead of relying on specific goals.

**Increase training and outreach opportunities that directly address the SDOH and multisectoral collaboration. This would include:**

- Creating a community-based project that requires collaboration across sectors to achieve a significant outcome and support it with training and development opportunities.
- Holding national and regional meetings that bring together multiple sectors to learn each other's languages and priorities.

**Lead!**

- Develop opportunities to educate about the SDOH including national and local discussions;
- Create a model project that requires multisectoral collaboration, fund it well, and leverage its success in media and policy campaigns.

*“Leadership that has experience, commitment and passion plus boldness in this area.”*

FIGURE 3

WITH WHICH OF THE FOLLOWING SECTORS DO YOU COLLABORATE IN YOUR WORK? (n=43)

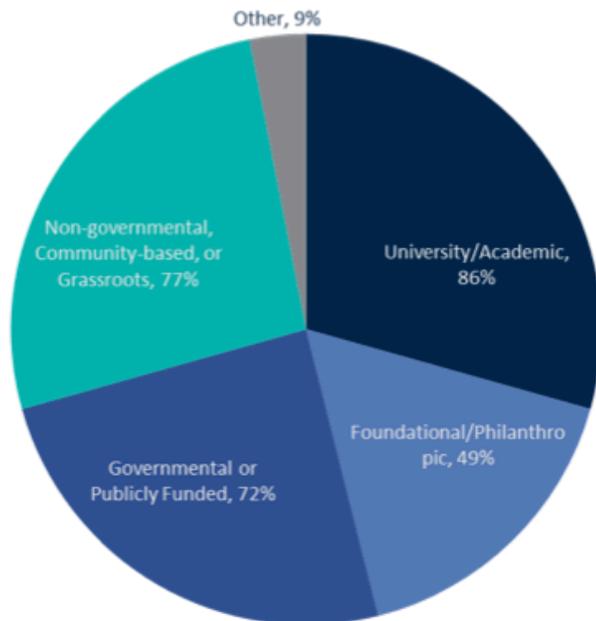
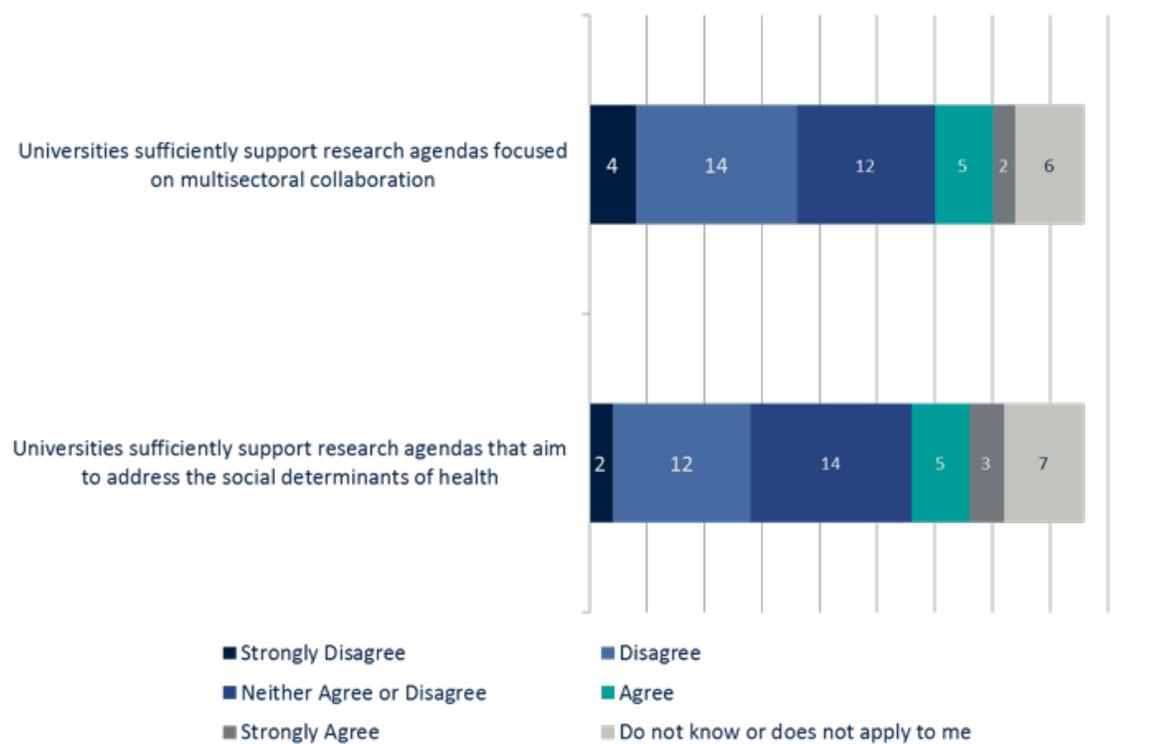


FIGURE 4

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS? (n=43)



## OBSERVED CHALLENGES

*College and universities have played a critical role in fostering social, civic, and economic integration across U.S. society.*

*What should be the role of higher education leaders in addressing diversity, equity, and inclusion?*

### **Colleges and universities need to lead by example by:**

- Diversifying their staff, faculty, and student body and encouraging relationships across each;
- Providing the institutional space for various voices to be heard and perspectives to be prioritized;
- Expanding their coursework and pedagogy through purposeful teaching of analytic frames and theories that prioritize counternarratives and diversity of experiences.

Colleges and universities must **expand their understanding** of diversity, equity and inclusion to include students of various learning styles and histories of oppression and begin to **support these students at a young age** by addressing contextual factors that prevent access to higher education.

Colleges and universities should **include notions of historical oppression, political disenfranchisement, and inequitable resource distribution** in their recruitment strategies and measures of diversity.

### **Example quotations:**

- *“Higher education leaders should lead by example, such that students in their institutions will take the values to heart and continue the efforts to address diversity, equity, and inclusion in their future careers and communities.”*
- *“It is not enough to have a diverse student body and faculty. Universities should actively foster interactions between diverse sectors of their students and workforce, and also connect in respectful, inclusive ways with the communities in which they are located.”*
- *“Diversity is a first step, but without mechanisms for inclusion and equity needed for historically oppressed groups to ascend to actual positions of power/decision-making in various sectors, it is a token exercise at best. And at worst, diversity without inclusion and equity is a cover for self-congratulation, eliding any responsibility for real social and economic change.”*
- *“They should be leading the revolution!”*

FIGURE 5

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS? (n=43)

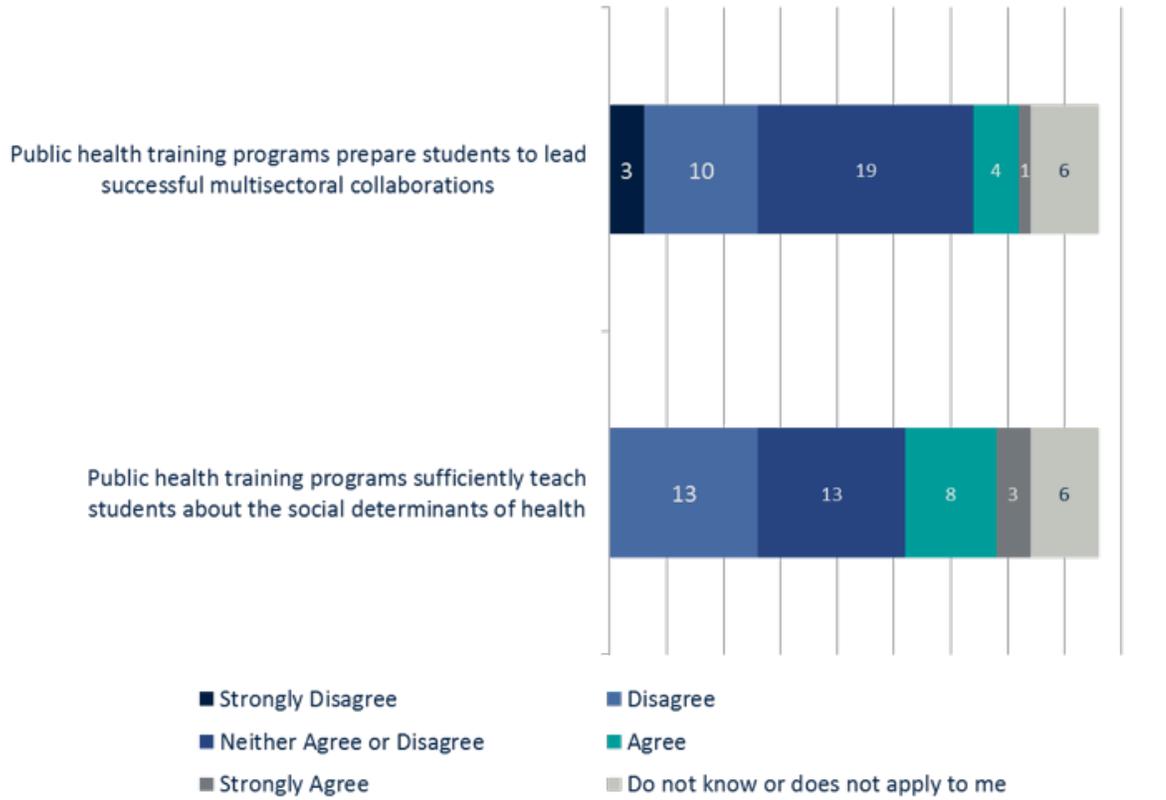


FIGURE 6

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS? (n=43)

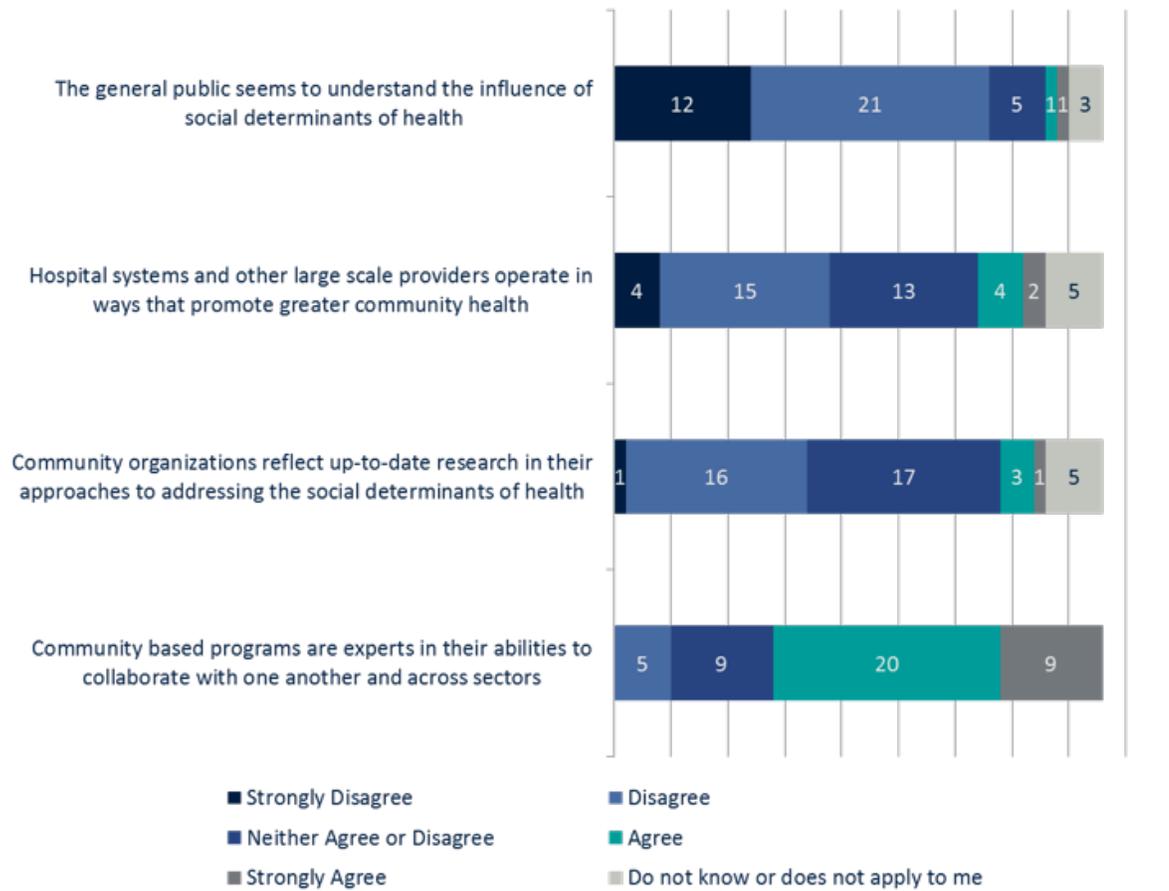


FIGURE 7

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS? (n=43)

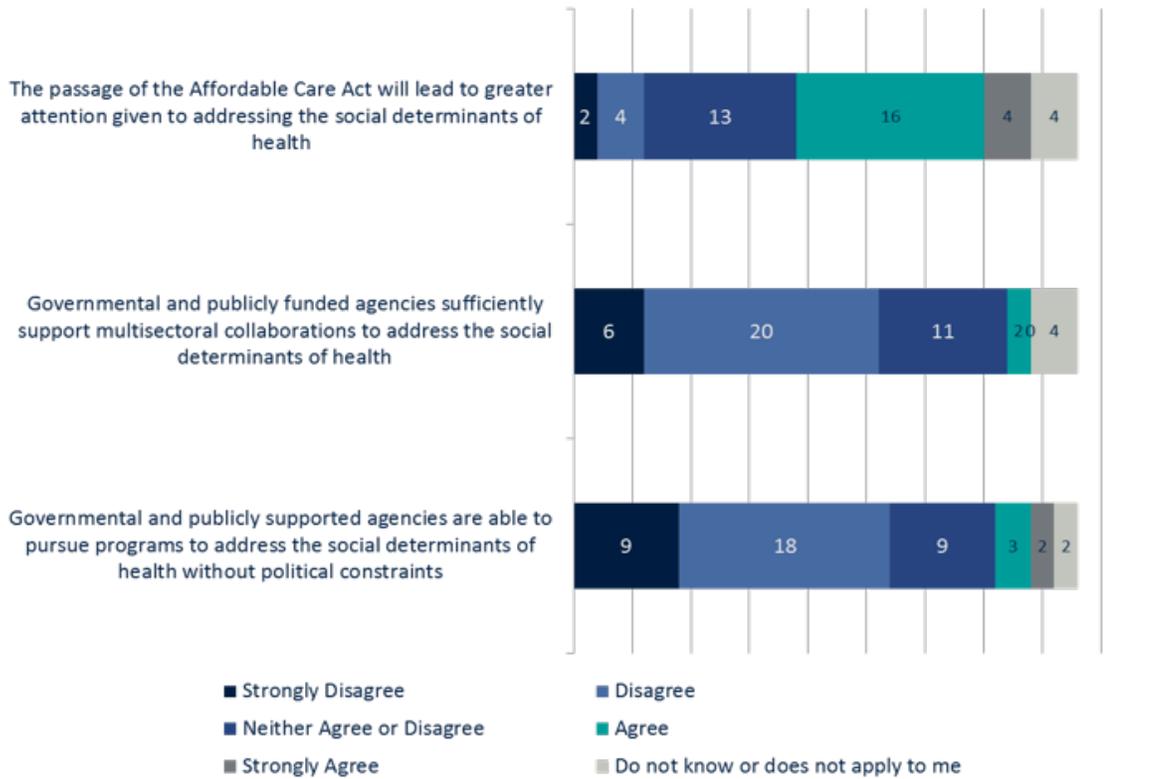


FIGURE 8

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS? (n=42)

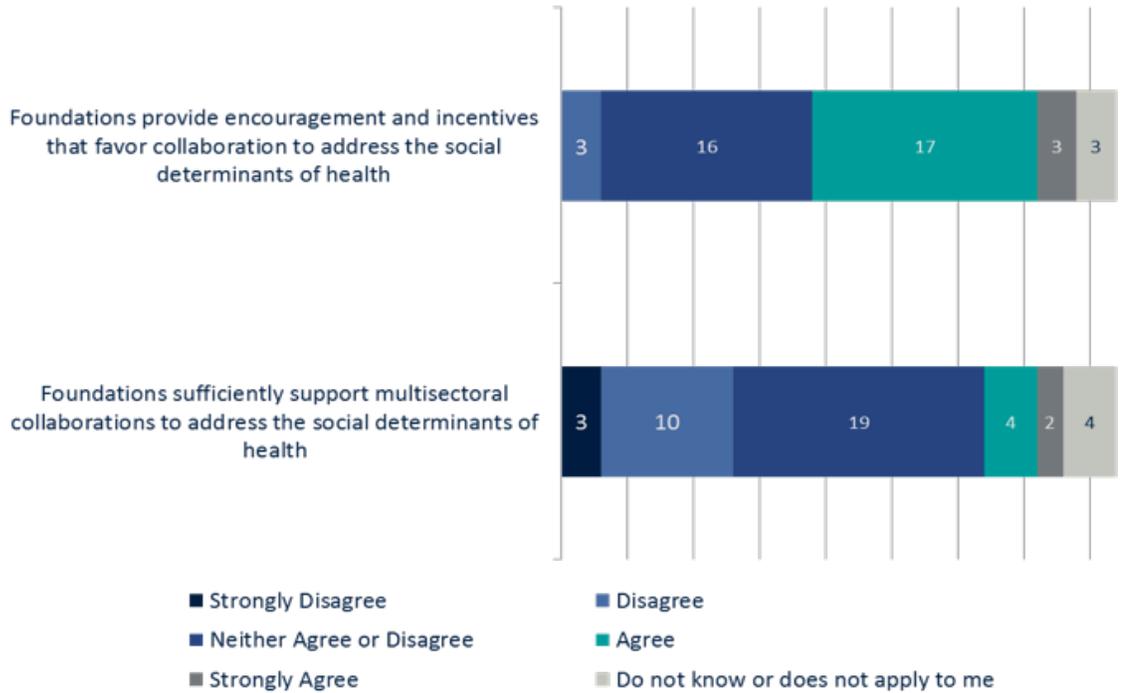
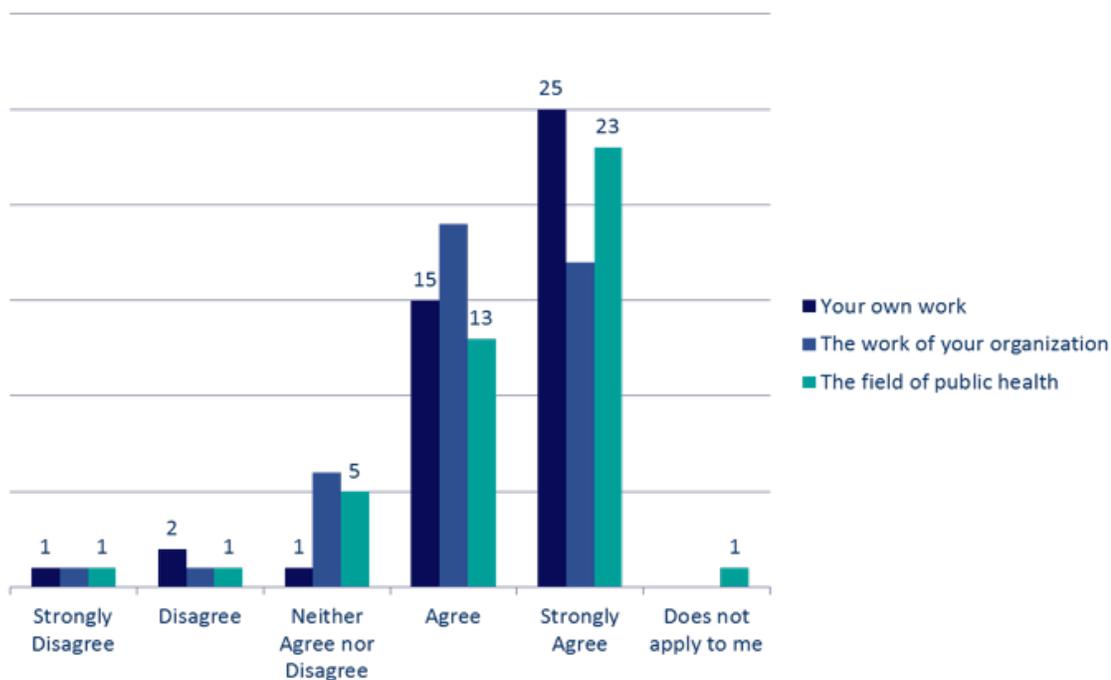


FIGURE 9

TO WHAT EXTENT DO YOU AGREE THAT EACH OF THE FOLLOWING INCLUDE MULTISECTORAL COLLABORATION TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH? (n=44)



## **Final Thoughts**

**What outcomes do you think could result from this meeting that would significantly advance work in this area?**

### ***Opportunities for effective partnerships and collaborations***

“Create a desire to propose and demonstrate collaborative action to achieve a significant outcome”.

“Creation of networks and ties that could be leveraged to increase the social capital invested in work to better understand and address SDOH.”

“Significant initiative(s) with features to increase cross-sectoral collaboration at national, state and city levels.”

### ***Guidelines, indicators, and evidence for successful and sustained multisectoral partnerships.***

“Learning how people from multiple disciplines and sectors are thinking about and acting upon the social determinants of health.”

“An understanding of the importance of multisectoral collaboration and tangible steps for practical applications.”

“A set of guidelines for maximizing collaborations based on experiences. Statements of what collaborations can do for multiple sectors. Statements of conditions under which collaborations succeed and when they fall short. Rationales for why multi-sector collaborations are needed in the post ACA passage era.”

### ***Setting priorities for implementing a “Strategic Action Agenda”***

*“Promoting cross-sectoral collaboration is frequently discussed, and yet implementing remains a challenge. Understanding those challenges, articulating what needs to change and developing a statement of purpose would be commendable outcomes for this brief meeting.”*

*“Understanding how others are thinking about the top priorities for an “action agenda” that does not include more research.”*

*“The development of ideas/plans for a series of demonstration projects to address SDOH across sectors.”*

### ***Identify funding opportunities***

*“Identification of projects to pursue via joint funding proposals.”*

*“Opportunities for collaboration across sectors, and identification of funding opportunities to support the work.”*

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