MULTISECTORAL COLLABORATION TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH

Proceedings

NATIONAL CENTER FOR INSTITUTIONAL DIVERSITY
UNIVERSITY OF MICHIGAN
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.
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INTRODUCTION

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

Nationally, we have dedicated billions of dollars to 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).

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

We are thus presented with a paradox. There are the funds, passion, energy, and data illustrating the influence of the SDOH, yet we remain slow and ineffective in our actions to address them. How can we move toward more effective action together?

In November of 2015, the National Center for Institutional Diversity, in partnership with the University of Michigan Schools of Public Health and Medicine, welcomed leading scholars, practitioners, and community members to the summit, “Multisectoral Collaboration to Address the Social Determinants of Health.” This event sought to consider how action can be taken across several sectors to build greater public and policy support to transform the social environments that influence health.

The event proceeded with five interrelated goals:
1. Identify challenges to multisectoral collaboration to address the SDOH;

2. Develop a sustainable, action oriented national agenda to guide multisectoral collaboration focused on rapid improvement toward addressing the SDOH;

3. Discuss how continued community-based efforts can be given greater impact socially and in a national strategy;

4. Match state and federal health priorities with what is learned from successful community-based efforts; and

5. Solicit commitment from representatives of the philanthropic, academic, community, nonprofit, and government sectors to collaborate to address the SDOH.

In the following sections, we summarize discussions that occurred at the summit related to these goals and attempt to capture key points and next steps that emerged. We hope this event and the connections it fostered will prompt reflection, further action, and collaboration across sectors toward addressing the SDOH.

CONVENING SUMMARY

Identifying Challenges to Addressing the Social Determinants of Health

Given the complex interplay among the SDOH, multisectoral collaboration is necessary, but poses inevitable challenges. Many obstacles to collaboration are structural and require determination and patience to overcome.

Competition for funding and strict adherence to narrowly worded missions create barriers between organizations or actors with similar goals. Community needs are immediate, while supporting organizations (philanthropic, governmental, academic, advocacy) move at a slower pace. Similarly, data concerning the SDOH are plentiful, and needed by communities, yet getting the data into the right hands in the right format requires dedicated time and effort.

More broadly and perhaps most challenging of all, underlying problems, such as racial inequality and the lack of a broad understanding of the SDOH, are deeply rooted and need long-term, coherent strategies that are difficult to create across sectors.
Leveraging Community Leadership

Attendees agreed that effort to address the SDOH must involve, and often be led by, members of the affected communities. Panelists from all sectors, including health care, local and federal government, philanthropy, and academia, highlighted that community knowledge and relationships are essential for any reform to take hold.

Attendees considered how to give local and community-based efforts larger impact on a regional or national scale. Consensus emerged around the need for academic centers, philanthropic organizations, and government agencies to support communities with data and communication tools. This would allow for successful programs to be better measured, understood, and replicated.

When shaping measures to capture the SDOH, all sectors must work toward creating supportive policy at the local, state, and federal levels. Community-based efforts can be very effective, but without changes to the policy environment, these efforts may be hard-pressed to solve widespread problems.

Seeking Partnerships

Building from discussion of public policy’s effect on the SDOH, attendees discussed how best to match community-based efforts and needs to state and federal health priorities. A wide range of solutions were discussed to address the various interests and agendas of government systems.

Highlighting that business leaders and corporations wield influence in situations where community-led efforts may not, some attendees expressed interest in engaging large companies or other large employers, including colleges and universities. This collaboration could then find common ground on aspects of the SDOH that affect employees and their communities and create partnerships with a greater chance of success across political environments.

In addition, representatives of the Centers for Disease Control (CDC) and the Federal Reserve spoke about their efforts to address the SDOH. The CDC’s ability to collect and distribute large amounts of information related to health could be a valuable asset for communities who understand their needs but lack specific information. The Federal Reserve acknowledged that the health of communities is inextricably linked to economic prosperity and growth.

A Powerful Partnership to Promote Health Equity & Inclusion, National & Community Perspectives

Attendees heard a keynote address from Dr. Regina Benjamin, former U.S. Surgeon General and founder of the Bayou La Batre Rural Health Clinic. Dr. Benjamin is renowned for her leadership and advocacy in the field of public health, and she reminded the audience that addressing social inequity is a key strategy for anyone concerned with the SDOH.
The CDC and the Federal Reserve represent important potential partners for communities and small organizations seeking to align their efforts with government priorities.

“We have been looking at these same issues. We care about these same issues, in many of the same places. We just happen to look at them from a different lens. So when we think about new partnerships and broadening the discussion, we are looking at it from our perspective, but certainly thinking and caring about the very same things.”

Susan Longworth
Senior Business Economist
Chicago Federal Reserve

“The goal is to ground the promotion of community change from an equity perspective, focusing on context that will have greater population impact, while at the same time decreasing the individual effort needed by already distressed communities. These efforts will require us all to work together across sectors and agencies finding common solutions to make the healthy choice the default choice for all, while allowing us to celebrate success, big and small, throughout the process.”

Rashid Njai
Epidemiologist
The Centers for Disease Control and Prevention
Commitments and Solutions: What are the next steps?

Concluding discussions focused on tangible steps to move toward multisectoral action to address the SDOH. Below is a partial list of action items and references to guide next steps:

1. Agreement emerged around the need for increased and more directed sharing of information. Often, groups with knowledge of need are disconnected from researchers or agencies with actionable data or from foundations with the means and relationships to redirect necessary resources;

2. Community Commons, a non-profit information sharing network based at the University of Missouri, and the National Health Equity Index, an ongoing project of the National Collaborative for Health Equity, are two important resources presented as examples of potentially useful tools for multisectoral efforts. Some attendees shared experiences with these resources for education and action to influence policy related to the SDOH;

3. Attendees pledged to continue working on the challenges identified early in the convening. The problem of competition for funding from foundations was a repeated theme. Researchers and organizers recognized the importance of educating foundations about the SDOH and the need for increased funding. Foundation representatives pledged to be open to hearing new ideas and solutions;

4. Attendees, particularly from the academic sector, called for a new curriculum to train students in the SDOH. Related discussion took place around the importance of language and sensitivity to community needs in shaping initiatives to address the SDOH.

Visit the National Center for Institutional Diversity Youtube channel to watch a clip from the convening

“We look for your advice on things that you’ve done, how you’ve reached out to other sectors in the course of your work, and the best ways to do that.”

Cathy Malone
Program Officer, Robert Wood Johnson Foundation
RESOURCES

**Academic publications**


**Reports**


## PARTICIPANT DIRECTORY

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<tr>
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<th>Affiliation</th>
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<tbody>
<tr>
<td>Hortensia Amaro</td>
<td>University of Southern California</td>
</tr>
<tr>
<td>John Z. Ayanian</td>
<td>University of Michigan</td>
</tr>
<tr>
<td>Katherine (Kari) Bachman</td>
<td>Community Foundation of Southern New Mexico</td>
</tr>
<tr>
<td>Regina Benjamin</td>
<td>Bayou La Batre Rural Health Clinic</td>
</tr>
<tr>
<td>Wendy B. Bostwick</td>
<td>Northern Illinois University</td>
</tr>
<tr>
<td>Mary Boyce</td>
<td>University of Michigan</td>
</tr>
<tr>
<td>Bonnie Braun</td>
<td>University of Maryland</td>
</tr>
<tr>
<td>David J. Brown</td>
<td>University of Michigan</td>
</tr>
<tr>
<td>Humberto Brown</td>
<td>Arthur Ashe Institute for Urban Health</td>
</tr>
<tr>
<td>John C. Burkhardt</td>
<td>University of Michigan</td>
</tr>
<tr>
<td>Kim Byas</td>
<td>American Hospital Association</td>
</tr>
<tr>
<td>Cleopatra H. Caldwell</td>
<td>University of Michigan</td>
</tr>
<tr>
<td>Renee Canady</td>
<td>Michigan Public Health Institute</td>
</tr>
<tr>
<td>Yvette Cantu</td>
<td>Texas State University</td>
</tr>
<tr>
<td>Roxana Cardiel De Niz</td>
<td>North Country HealthCare Community Health Clinic</td>
</tr>
<tr>
<td>Carolyn Cassin</td>
<td>Michigan Women’s Foundation</td>
</tr>
<tr>
<td>LaRonda E. Chastang</td>
<td>University of Michigan</td>
</tr>
<tr>
<td>Patricia W. Coleman-Burns</td>
<td>University of Michigan</td>
</tr>
<tr>
<td>Naima Wong Croal</td>
<td>National Health Equity Index</td>
</tr>
<tr>
<td>Dilip Das</td>
<td>University of Michigan</td>
</tr>
<tr>
<td>Richard M. Foster</td>
<td>Michigan State University</td>
</tr>
<tr>
<td>Samuel Garcia</td>
<td>Texas State University</td>
</tr>
<tr>
<td>Arline T. Geronimus</td>
<td>University of Michigan</td>
</tr>
<tr>
<td>Joseph P. Gone</td>
<td>University of Michigan</td>
</tr>
<tr>
<td>Yvonne E. Grant</td>
<td>Kaiser Foundation Hospitals</td>
</tr>
<tr>
<td>Miguel A. Guajardo</td>
<td>Texas State University</td>
</tr>
<tr>
<td>Adrianne Haggins</td>
<td>University of Michigan</td>
</tr>
<tr>
<td>Jeffrey Hall</td>
<td>The Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>Rose Hayden-Smith</td>
<td>Cooperative Extension Ventura County</td>
</tr>
<tr>
<td>Carl V. Hill</td>
<td>National Institute on Aging</td>
</tr>
<tr>
<td>Mary Ellen Howard</td>
<td>St. Frances Cabrini Clinic</td>
</tr>
<tr>
<td>Barbara A. Israel</td>
<td>University of Michigan</td>
</tr>
</tbody>
</table>
PLANNING COMMITTEE

John C. Burkhardt
National Center for Institutional Diversity

Marilyn Fraser-White
Arthur Ashe Institute for Urban Health

Raúl Gámez
National Center for Institutional Diversity

Carl V. Hill
National Institute on Aging

Alana LeBrón
National Center for Institutional Diversity

Martha A. Lee
Kellogg Fellows Leadership Alliance

William D. Lopez
University of Michigan

Patricia Miranda
The Pennsylvania State University

Eva Moya
University of Texas, El Paso

Rashid Njai
The Centers for Disease Control and Prevention

William “Tyler” Norris
Kaiser Permanente

Debra J. Pérez
The Annie E. Casey Foundation

Laura Sánchez-Parkinson
National Center for Institutional Diversity

Lisa C. Stone
University of New Mexico

Marie Ting
National Center for Institutional Diversity

Royal Walker, Jr.
United Healthcare Community & State Plan, Mississippi
SPECIAL THANKS TO OUR FUNDERS

The Annie E. Casey Foundation
The University of Michigan Medical School
The University of Michigan School of Public Health
Office of the Vice Provost for Equity, Inclusion, and Academic Affairs, University of Michigan
AUTHORS

William Lopez, PhD Candidate
School of Public Health, University of Michigan

Dusty Lopez, Master’s Student
Center for the Study of Higher and Postsecondary Education, University of Michigan

Design & Photography

Beatriz Lozano, Undergraduate Student
Penny W. Stamps School of Art and Design, University of Michigan

Michigan Photography
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www.ncid.umich.edu

3338 School of Education Building
The University of Michigan
610 East University Avenue
Ann Arbor, MI 48109-1259

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