Despite advances in public health and health care, racial, ethnic and socioeconomic inequities in health persist, in some cases are growing; and adversely affect all populations. These inequalities are often linked to structural inequities, such as the social and economic consequences of residential segregation and concentrated poverty. Many minorities, even those with middle- and upper-incomes, are relegated, as a result of past and current policies and discrimination, to communities with high levels of poverty concentration, economic neglect, and political marginalization. These communities are much more likely than wealthier, whiter communities to face an assortment of health risks, including environmental degradation, food insecurity and a lack of access to health care. They also experience higher levels of violence and have reduced access to preventive health resources, including safe places for exercise and recreation.

“The Collaboratives for Health Equity (CHE) initiative is a critically important effort to focus attention on community conditions that shape health. Access to healthy foods, housing and environments depend to a great extent on where we live. CHE helps community leaders around the country to identify and address these neighborhood conditions so that more people enjoy the opportunity to have good health.”

Dr. Regina Benjamin, 18th U.S. Surgeon General
Since 2006, CHE has worked to advance health equity by addressing structural racism and supporting the efforts of multi-disciplinary teams seeking to improve social, economic, and environmental conditions that affect the health of communities of color through policy and systems change. This initiative has successfully raised awareness around the role of place – the spaces and places where people live, work, study, and play – as a major determinant of population health. It has also created sustainable partnerships for action, and advanced critical health and racial equity strategies for change at the local level. Nineteen CHE teams in 27 jurisdictions engage hundreds of elected and public health officials, community organizers, researchers, philanthropy, business and faith leaders around the country in thinking through how to collectively maximize good health.
CHE is a **National Community of Practice (NCoP)** where leaders are invited to safe spaces to share ideas, strategies, and successes that help accelerate local action. The initiative offers a national and local brand and lens through which key stakeholders can learn about and act upon the relationship between place, race, and health. CHE is nationally recognized, and maintains strong relationships with the W.K. Kellogg Foundation, the Centers for Disease Control, the National REACH Coalition and other key players in equity advancement. As a result, CHE teams have access to leaders working to advance racial and health equity across a range of topics.
that include criminal justice, environmental health, education, transportation, housing, agriculture and food security.

“Collaboratives for Health Equity is adding another voice at the national level, but also at the local level in the specific communities where it is working. This is really important, because at the end of the day, we need a national policy but we also need action, leadership and buy-in at the local community level where people are engaged and empowered to realize that they can make a difference.”

David R. Williams, PhD, MPH, Florence Sprague Norman and Laura Smart Norman Professor of Public Health, Harvard University

The local teams gather together at two unique ACTION Labs each year and attend an annual National Health Equity Conference, both sponsored by the National Center. At ACTION Labs, teams participate in workshops and trainings, hear from local and national leaders, and share best practices. ACTION Labs also feature bus tours that allow participants to see firsthand the work of CHE communities and meet the leaders working to elevate community-based solutions. The National Health Equity Conference, held in Washington, D.C., regularly attracts 350-400 health equity advocates, researchers, policy analysts, and government officials, and feature key note speakers that have included Geoffrey Canada, Angela Glover Blackwell, Dr. Howard Koh, and Dr. David Williams.
The National Collaborative’s theory of change posits that health equity policy and systems changes at the local level will happen only when the strengths, resources, and knowledge of communities are focused through local leadership to build capacity for a common vision of health equity. To leverage these resources, the National Center provides technical assistance to the local CHE teams to:

- Develop multi-sector coalitions
- Harness data and research
- Identify evidence-based policy
- Frame communications on place, race, and health
- Catalyze sustainable policy and systems-level change
Coalition Development. A core principle of the National Collaborative’s theory of change is that social change requires broad cross-sector coordination. Multiple sectors must be involved in the common agenda and solutions development around race and health equity. We provide customized assistance to help CHE leaders build diverse teams that produce true alignment and lead to powerful results.

“I think the Collaboratives for Health Equity initiative has been very important. I think the work that they’ve been able to do across the country has been able to really focus communities on this question of what is the impact of place on health and well-being.”

Kathy Ko Chin, President & CEO, Asian & Pacific Islander American Health Forum

Data and Continuous Learning. The National Collaborative regularly collaborates with CHE teams to study the relationship between place, race, and health, and advancing evidence-based policy strategies. With support from a grant from the National Institutes of Health, CHE teams released Community Health Equity Reports (CHERs) documenting the geographic distribution of health and examining its association with patterns of residential segregation and poverty concentration. Several of these reports uncovered as much as a 25- to 30- year difference
in life expectancy across census tracts and zip codes. As a result, information from CHER reports gained attention and coverage from major news outlets in CHE communities; two major newspapers (The Baltimore Sun and the New Orleans Times-Picayune) published editorials citing these reports and urging action. CHER reports are produced every five years. The National Collaborative collects data and develops shared measurement practices to study the impact and process of the CHE NCoP.

**Policy.** A child’s zip code should never determine her destiny; but today, the community she grows up in impacts her odds of graduating high school, her health outcomes, and her lifetime economic opportunities. The National Center is led by experts who work closely with CHE teams to identify evidence-based policy that supports the process to undo structures and systems that maintain health inequities on a local level.

**Communication.** People. Place. Power. With a continued focus on the effect of place and race on opportunity and to build public will on the subject, the National Center provides training to CHE teams to strengthen effective internal and external communication. As a result, teams have introduced new conversations about local health inequities and continue to raise awareness about the
need for community-based solutions and have earned news media coverage. The National Center also provides communications and marketing toolkits through its Member Resources webpage.

**Strategic and Sustainability Planning.** The National Center requires that teams pursue prioritized areas for action in a coordinated way, systematically collect data, and put in place sustainable processes that enable active learning and course correcting as they track progress toward their common goals. The National Center assists CHE teams in the development of strategic plans that prepare them to initiate action, always taking into account existing sources of community strength and resiliency. Buttressed by strong logic models and theories of social change, these strategic plans are designed to help teams build sustainable local health equity movements that align with the National Collaborative’s mission.
Teams: CHE teams are pioneers in the effort to advance health equity. The team in Martin Luther King Jr. County (WA) was the driving force behind the County legislature’s enactment of the nation’s first Equity and Social Justice Ordinance which requires County officials to advance equity and social justice in every policy decision. The team in Bernalillo County (NM) has successfully aided leaders of low-income communities of color in their efforts to resist the concentration of heavy, polluting industries in their neighborhoods. The team in Boston (MA) conducted an innovative “What’s Your Health Code?” public information campaign to raise awareness of the importance of place for health. The Alameda team (CA) created a healthy development checklist to take health considerations into account during city permitting and decision making in
order to increase transparency and accountability to residents during the planning process. Teams in Baltimore (MD) and New Orleans (LA) are disrupting the “cradle-to-prison pipeline” by raising awareness of healthy youth development as a public health issue and reducing school dropout. Teams in Cook County (IL), Prince George’s County (MD) and the Mid-Mississippi Delta Counties (MS) are advancing food justice by promoting policies and strategies that reduce the concentration of vendors selling unhealthy foods in vulnerable communities while creating incentives for farmer’s markets, grocery stores, and supermarkets in USDA-defined food deserts.

**NCoP:** At the national level, Collaboratives staff and partners are fostering the commitment to health and racial equity by providing a framework for needed dialogue, assessment, and action to address inequities, coordinating national convenings, strengthening coalitions, providing Congressional testimony, publishing in mainstream and ethnic media, advising government officials, defining and advancing a national health equity policy agenda. Our advocacy of Equity in All Policies serves to aid in the adoption of critical equity priorities in local health improvement plans within our national community. Participation in our NCoP allows for fresh thinking around equity solutions and continues to influence the structure and delivery of public health nationwide.
Collaboratives for Health Equity (CHE) is a national initiative of NCHE designed to empower leaders and communities to identify and address social, economic, and environmental conditions that shape health and life opportunities.

National Collaborative for Health Equity

WORKING WITH PEOPLE, PARTNERS, AND PURPOSE

Founded in 2014, the National Collaborative was established to promote health equity through action, leadership, inclusion, and collaboration. Health equity, in our view, requires creating the conditions that foster the best possible health for all populations, regardless of race, ethnicity, socioeconomic status, or nativity. It requires us to actively measure and improve conditions for health and well-being, including those related to housing, education, income and wealth, and the physical and social environment.

www.nationalcollaborative.org
Office: 202-765-2500 | Fax: 202-765-2400
nche@nationalcollaborative.org
1301 Connecticut Avenue, NW, Suite 200
Washington, DC 20036