Cross-Sectoral Collaboration on the Social Determinants of Health, September 21, 2021: Webinar Transcript

On September 21, 2021 the nonprofit Center for Open Data Enterprise (CODE) co-hosted a public Webinar on *Cross-Sectoral Collaboration on the Social Determinants of Health*. CODE co-hosted the event with the United States Department of Health and Human Services (HHS). A full recording of the Webinar is available here, and the slides referenced in the webinar can be found here. CODE's Briefing Paper with additional background on this topic can be downloaded here. The following transcript has been edited lightly for clarity and continuity.

CODE welcomes inquiries and opportunities for collaboration. Reach us by email at contact@odenterprise.org. For more information about CODE, please visit our website at www.OpenDataEnterprise.org

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INTRODUCTION AND WELCOME REMARKS

Joshua Prasad: Welcome, colleagues to the HHS Innovation Roundtable for Cross-Sectoral Collaboration on the Social Determinants of Health. My name is Joshua

Prasad. I'm the Director of Health Equity Innovation here at the US Department of Health and Human Services InnovationX Team, which is part of the Office of the Assistant Secretary for Health or OASH. I really want to thank you all for being here, being part of this webinar, and being part of the overall conversation we are having on the Social Determinants of Health or SDOH.

On our Innovation X Team, we like to boldly state that most underlying root drivers for poor health stem from poverty and systemic discrimination. The onus is on us then to draw a straighter line to fixing these root causes of inequity. And when I say fix, I don't mean just addressing and reducing. We've got to come up with ways to eliminate these disparities.

By some estimates, 80% of health is related to these social factors outside of the healthcare system. This means in the places that people live, work, sleep, pray, and play. As is often the case in our society, these drivers end up disproportionately affecting black, indigenous, Latinx, and other people of color. It results in women, in LGBTQ individuals, having lived experiences that are overlooked. It means that people who live in rural parts of states, territories, and tribes as well as people who live in our urban communities being forgotten.

These drivers of inequity could be changed. We are starting this conversation and taking it beyond to get the grass tops talking with the grassroots and informing how we at the federal and national level consider the needs of communities more critically in our work. We can do this by going back to the data and setting our targets and metrics to be benchmarks that we can all work together on.

Look, we can make change if we're all swimming in the same direction. And that's what we are trying to make happen through this conversation on collaborative data and target setting. That's why I'm so excited to share the stage, as it were, with the leaders on this webinar today. We are also going to have a brief session at the end of this webinar where our speakers will expand on their talks and answer some questions from the audience.

You can also tweet us @HHS_Innovates using #SDOH or you can email us at innovation@hhs.gov. This is meant to be a long-term conversation so anything you share with us is really appreciated and we will be sure to include that in the future programming.

Now I'm excited to tee up our welcoming remarks from my friend, Dr. Leith States. He is the Acting Director for the Office of Science and Medicine within the HHS Office of the Assistant Secretary for Health as well as our Chief Medical Officer here in OASH. Leith, take it away.

Dr. Leith States: Thank you to the HHS InnovationX Team and the Center for Open Data Enterprise for hosting this webinar today and running the upcoming Cross-Sectoral Collaboration on the Social Determinants of Health Roundtable on September 29th. And

thank you to all who are watching. Your input over the course of these events will develop strategies for collaboration and targets across various sectors to reduce and ultimately eliminate disparities and inequities.

Health equity is a passion of mine as well as a priority for the Biden Administration. Health equity at its core means that everyone has the ability and the opportunity to live their healthiest life no matter where they are, no matter whom they love, their race, ethnicity, gender, age, ability, status, or income level. Health should be and is a fundamental right.

The COVID-19 pandemic has made it crystal clear that specific social factors have exacerbated disparities in mental and physical well-being, health results, and access to care. On top, we as a country have been fighting climate change, battles with substance use disorder, and many other compounding crises that make these identifiers a preexisting condition for good health. That's why this effort to collaboratively explore the key social determinants of health is crucial for addressing health inequities and working to make significant improvement.

The HHS Office of Disease Prevention and Health Promotion's Healthy People 2030 framework defines SDOH as the conditions in the environments where we are born, live, learn, work, play, worship, and age that affect a wide range of health functioning and quality of life outcomes and risks.

Healthy People 2030 is the nation's 10-year plan and has been for multiple decades to address our most critical public health priorities and challenges. Next week's roundtable will help build on the efforts of Healthy People 2030 by engaging in a targeted discussion for target setting and social determinants of health that empower communities to make long term, sustainable change.

So what are the social determinants of health that the Roundtable plans to focus on? We acknowledged that systemic racism, discrimination, poverty are core underlying factors that are woven into vital conditions. These include education, which includes student's access to and journey through the education system; employment status and economic stability, including a person's financial resources and job situation; food security including viable access to healthy food; health care access including ease of access to hospitals, clinics, and physicians; housing including impact of both homelessness and overcrowding; transportation including its impact on employment, mobility, and access to recreation as well as health care access; and finally, environmental factors including pollution and climate-related risks, and environmental justice risk which can worsen health inequity substantially.

These conditions intersect with racial, gender, and economic income factors including the discrimination and biases that many Americans face at an interpersonal and structural level.

So, how do these factors affect health equity? In our country, lower income individuals, often who are BIPOC, are less likely to have access to these vital conditions. With that, we have long acknowledged that a person's ZIP code can tell us more about health status than their genetic code.

With that in mind, we need to work toward eliminating long-term disparities, building resilience in communities and helping all people have the opportunity to be healthy. AsI hinted above, our agency is increasingly focused on critical overlap of these social determinants, climate change, environmental justice, which just like COVID-19, exacerbate these longstanding disparities. Many of these impacts can be witnessed today in some of our recent natural disasters and they disproportionately tend to more greatly impact vulnerable, low-income groups, black, Latinx, rural, tribal, territorial communities.

This summer, the HHS InnovationX Team pioneered a social determinants of health report grounded in human centered design. The authors interviewed community members from various parts of the country and sectors. As one interview subject shared, "There are many issues you cannot solve as a medical practitioner. You can offer band-aid solutions but many people need money, housing, proper nutrition, and more. Band-aids may temporarily fix an injury but will not heal the deeper wounds. It's going to take a large collaborative effort to address our social inequities."

Another interviewer shared, "We are getting tired of mapping the problem and are ready to map the solutions. Beautiful maps that tell a compelling narrative are necessary, they are important, they are vital, but they aren't sufficient to solve these deep-rooted problems."

I'm happy to say that this administration is committed to building long-lasting change. And I'm excited to hear more of the lighting talks and the Q&A that dive into these important areas further. I am hopeful today's discussion and our Roundtable next week will help us move beyond challenge identification and toward building lasting solutions. Thank you for joining us.

KEYNOTE SPEAKERS

Joshua Prasad: Thank you, Dr. States. Now, we're very pleased to have Rear Admiral Paul Reed, Deputy Assistant Secretary for Health and Director of the Office of Disease Prevention and Health Promotion, to talk about Healthy People and target setting.

Dr. Paul Reed: I'm pleased to join you all today to discuss how Healthy People 2030 emphasizes the importance of the social determinants of health as we strive for a healthier nation.

Across our office, our work seeks to encourage all Americans to live healthy and active lives. And we do this by establishing national health priorities through the Healthy People initiative, translating science into policy and guidance for the American public with the Dietary Guidelines for Americans, the Physical Activity Guidelines for Americans, and the National Youth Sports Strategy.

We also focus much of our effort toward providing clear and actionable health information that is relevant to every American through the Move Your Way campaign and MyHealthfinder. And very importantly, we look to cultivate partnerships in all of these programs through our work in healthy aging and our directed partnership programs such as Healthy People Champions and NYSS Champions and the support of the President's Council on Sports, Fitness, & Nutrition.

Healthy People is our leading program at ODPHP and truly a cornerstone of the work of the Department of Health and Human Services. Over the past 40 years, the Healthy People initiative has set data-driven national objectives and targets to improve the health and well-being of the nation. This initiative builds upon knowledge gained over the past four decades and addresses the latest public health priorities and challenges.

Healthy People is grounded on the principle that establishing objectives and providing benchmarks to track and monitor progress over time can motivate, guide, and help focus action.

Healthy People 2030 continues this transition by setting a bold vision and strategy for building a healthier nation. This decade's iteration of Healthy People includes a streamlined set of evidence-based objectives that are organized into topic areas and provide resources and data to help health professionals as well as others from diverse sectors address public health priorities and monitor progress towards achieving objectives.

That is why the Healthy People 2030 framework contains among its ambitious goals, one goal specifically related to the social determinants of health. This goal aims to put emphasis on and focus action to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

We know that efforts necessary to eliminate health disparities must extend well beyond promoting healthy choices. In previous decades, Healthy People has brought national attention to the issues like social determinants of health, health equity, health disparities, and health literacy.

Healthy People 2030 is our fifth iteration of the initiative and continues to focus on these imperatives as part of our overarching effort to ensure that everyone has equitable opportunities to achieve health and well-being. Healthy People 2030 overtly acknowledges that health is more than the absence of disease and health most

importantly derives from the conditions of our daily lives, not simply from the doctor's office.

As a physician, disaster responder, and a public health professional myself, I came to understand this as a simple but long neglected and key concept to better health outcomes. Health results from the choices that people are able to make in light of their social and environmental circumstances and therefore the options that they have available to them.

Extensive evidence points to ways that predisposing risk factors, personal choices, and environmental factors profoundly influence health. This is reflected in Healthy People 2030 social determinants of health framework depicted here, which is used across the federal government as well as state and local governments.

The SDOH framework is organized into the five categories you see, economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. That evidence is also obvious in the initiatives for a set of social determinants of health objectives with 10-year targets. Our SDOH objectives highlight the importance of upstream factors that are necessary to reduce health disparities and improve upon and maintain healthy individuals and communities.

In order to improve the conditions and environments where people are born, live, learn, work, play, worship, and age, public health organizations and their partners across all sectors including those not traditionally associated with health must take action.

To emphasize this, the Healthy People initiative uses a place-based approach for understanding the social determinants of health. These objectives can help users develop assessments to better understand the inequities and disparities that may exist within their communities and how to address them. And new to this decade as I mentioned, we have identified targets for the SDOH objectives.

This slide outlines the rigorous process that our data partners on Healthy People, CDC, and National Center for Health Statistics use to set targets for Healthy People 2030 objectives, which you will hear a lot more about today.

But a couple of key points I'd like to share are that the inclusion of quantifiable targets distinguishes Healthy People from any federal indicator efforts that have been developed in the past 40 years. And the examination of data relative to targets is considered critical to the usefulness of Healthy People 2030 because targets communicate policy expectations and expert or evidence-based recommendations to a wide range of stakeholders. As well, targets offer a marker for assessing progress toward meeting objectives, groups of objectives, and the initiative as a whole.

I'd like to close by repeating my earlier point that Healthy People acknowledges that achieving health and well-being is a shared responsibility that is distributed across the national, state, tribal, and community levels of governance but also demands attention from the private and nonprofit sectors. In other words, all facets of our society and our lives.

When engaging diverse sectors and public health work, it's important to be mindful of shared values, how sectors impact health and what successful partnership in advancing health and well-being would look like. Engaging with partners requires a shared discussion with them on the relevance of health and well-being and working together to define the value and their participation in advancing health and well-being.

Our hope is that Healthy People 2030 can be used as a resource to engage other sectors in this value proposition to collegially and collectively plan how to improve health and well-being. In fact, we are inviting public and private sector organizations that support our vision to become Healthy People 2030 champions. ODPHP will recognize Healthy People champions on our health.gov and champions will receive a digital badge to highlight their support of the initiative on their own websites.

I very much appreciate the opportunity to share these thoughts with you and for your time listening today. If you're interested in learning more about the Healthy People initiative and the champions program, please check out our website at health.gov/healthypeople. Thank you.

Joshua Prasad: And thank you, Dr. Reed. I want to introduce you to a long-time collaborator with me on SDOH, Dr. Karen Hacker from the CDC to provide a keynote on how they took a long look at SDOH and changed some of their processes to more meaningfully address the social determinants of health. Dr. Hacker?

Dr. Karen Hacker: Hi. I'm Dr. Karen Hacker and I am the Center Director for the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention. I've been here about two years. I came from being a County Health Department Director in Allegheny County. During that period of time, I spent a large portion of my time working with multisector partnerships to address things like the social determinants of health and move us towards health equity. And in that time, I recognized the value of these partnerships, the role that public health could play in influencing other sectors in terms of health outcomes and the needed direction that we all should be going if we are truly going more towards health equity.

When I came to the CDC, I had that mindset and I wanted to start working more on social determinants of health. And early on, we brought together a cross-center partnership to look at what social determinants our center could really focus on. There are so many as you know. And we wanted to do those that were related to chronic disease and those that we had already been dabbling in.

Many of our programs such as our REACH program, Good Health and Wellness in Indian Country program, our WISEWOMAN program had already been working in this space. They've been doing work in health equity and reducing disparities but they had also focused on things like built environment, food access, connections to clinical care, etc. which all we see as social determinants of health.

So, our group got together and worked to identify five areas that we felt were intimately connected to the outcomes for chronic disease, and those include food security, connections to clinical care, tobacco policies, social connectedness, and built environment. All of these are still rather large, and please do not think that they exclude other relationships with things like transportation and housing. We are involved in those as well. But these are the areas that we felt our center could really focus on.

From there, we began work with ASTHO and NACCHO. That's the Association of State and Territorial Health Officers and the National Association of County and City Health Officers. And what we wanted to do was begin to understand what was going on in the field because so many of you have been involved in this space and done such amazing work. So we want to establish practice-based evidence based on the successes that are in the field.

We identified 42 communities that had been addressing social determinants of health successfully. And now, we are trying our best to understand what drove them, what their successes look like and also, what types of things they are going to need to continue to move their progress forward, what they need to sustain their efforts.

We have also recently received dollars from the legislature to establish our social determinants of health accelerator plans and we will soon be releasing those awards. These are for one year planning grants to identify strategies to address social determinants of health in the five areas that I mentioned but also, there was an opportunity to identify additional areas of concern.

We also recently launched our Community Health Worker Grant. We funded some 68 different organizations around the country to amplify their efforts with regard to community health workers. These positions are so important for connecting the dots between what the clinical delivery system is doing with regard to social needs and what we in public health and community development and so many other partners are doing wrapping work around what's happening within the delivery system. We are trying to catalyze healthy communities.

We also feel that the expansion of our surveillance systems will be critically important for understanding what's actually happening on the ground and making sure that this information is getting into the hands of the very communities that are going to be doing or are currently doing this critical work. And so, we have developed social determinants of

health modules for our behavioral risk factor surveillance system, for our PRAMS system, and for our diabetes surveillance. We are also working with Gravity which is a large coalition of partners to look at how we might extract data from the electronic health record and also other areas to really understand social determinants in various jurisdictions.

The objective in the long run is to make sure that this data is available, through our PLACES system, to you all at a very granular level so that you can determine what you need to do to implement your solutions.

It's a very exciting time with regard to social determinants. We are very excited about the new things that we are able to do and we are also recognizing that so many of you out there are doing this work already and we can definitely learn from you. We see ourselves as partners in this endeavor. And as we move forward, I wish you all the best in your strategies to address the social determinants of health and reach health equity in your jurisdictions.

We in the public service and the federal government are here to support those efforts and are thinking of new and creative ways to do so. We want to move beyond the social needs to the social determinants of health, what do communities need to be healthier, to offer healthy opportunities to everyone in a healthy and equitable manner. Thank you.

LIGHTNING TALKS

Joel Gurin: Hello, everyone. My name is Joel Gurin and I'm the President of the nonprofit Center for Open Data Enterprise or CODE. We are very pleased to be working with the HHS InnovationX Team to co-host this webinar on Cross-Sectoral Collaboration on the Social Determinants of Health.

As you've just heard from our keynote speakers, we hope that this important initiative will help lay the groundwork for a broader cross-sectoral approach to health and well-being. This webinar and our upcoming roundtable are the latest in a series of convenings that CODE has co-hosted with HHS including work on health data sharing and data-driven approaches to the opioid crisis, sickle cell disease, Lyme disease, and COVID-19.

Our work in health and health care is part of our larger mission to maximize the value of open and shared data for the public good. Since CODE was founded in 2015, we have held dozens of roundtables and convenings with the White House and a wide range of federal agencies on a wide variety of topics. Webinars and roundtables like these help address gaps between data users and data providers and help everyone work together to use data to solve public problems.

In addition to our webinars and roundtables, CODE publishes research reports with insights, best practices, and recommendations on utilizing data for public good. We also develop resources for the US and international data community including several websites and online tools. You can visit our website at opendataenterprise.org to find more information, read our latest reports, and contact us with ideas for collaboration.

Now, I'm going to introduce our next four speakers who will give brief lightning talks to describe their work on issues like transportation, housing, the environment, and education and how they can improve our understanding of health and well-being.

Our first speaker, Mindi Knebel, is the Founder and CEO of Kaizen Health, a HIPAA-compliant data-driven logistics platform that connects health care and transportation. Kaizen Health is also starting to research other logistical challenges that impact health care including food and isolation. Ms. Knebel will be sharing her work at Kaizen Health and how they sought to measure transportation and its impact on the person's health.

Then we will hear from Anthony Simpkins, the President and Chief Executive Officer of Neighborhood Housing Services of Chicago. Mr. Simpkins is a leader in Chicago's affordable housing community. He has also served as the Managing Deputy Commissioner of the Chicago Department of Housing where he administered housing and community development policies, programs, and strategic investments. His talk today will describe the importance of affordable housing in determining health and well-being in Chicago and other cities.

Next, we will hear from Rebecca Rehr who is the Director of ecoAmerica's Climate for Health Program, a national initiative led by a diverse network of health leaders from across the sector. Ms. Rehr also currently serves as a governing counselor for the American Public Health Association's Environment Section as well as Co-chair of the American Geophysical Union's GeoHealth Section Policy Committee. She will tell us about her work leading the Climate for Health program and how we can factor in the environment and climate change in assessing and improving well-being.

Lastly, we will hear from Tiffany Williams, the Chief Program Officer of Martha's Table, a nonprofit working to improve food security for children and families of Washington DC. Ms Williams leads the organization's strategic place-based approach to ensure that members of the community have the educational, economic, and health resources they need to thrive. She will describe her work at Martha's Table and what their experience can tell us about the relationship of food security, education, and well-being.

Now, we will begin with Mindi Knebel.

Mindi Knebel: Hi. My name is Mindi Knebel and I'm the Founder and CEO of Kaizen Health. Every year, 3.6 million Americans miss or delay care due to a lack of transportation

and missed appointments cost our country about $150 billion each year, 25% of which is directly attributable to a lack of transportation.

Why is that? Well, we still have a pretty antiquated ordering process that's very time-consuming, using fax machines, call centers, flipping through phonebooks. There's also a lot of lack of visibility and transparency into the process, whether that is actually knowing when a trip is going to show up, who is going to show up to complete the trip, pricing, etc. Much of that is captured with paper and pen at this point. And so, not very useful for most of us.

The Kaizen Health solution is very different. We are technology-forward company that realizes technology is not going to solve all the problems. We work with health care systems, FQHCs, Medicaid, Medicare Advantage, clinical trials, senior living, home health, so we're actually moving both clinical and nonclinical caregivers around nonprofits and municipalities. And the commonality between all of these folks is that a lack of transportation is preventing folks from living a healthy and happy life.

There are two major components to Kaizen, one, being our transportation network, and the other being the technology that powers it. Our transportation and logistics network iscomprised of rideshare companies like Uber and Lyft, taxis, wheelchair accessible vehicles, vehicles with car seats for children, stretchers, non-emergency ambulances, volunteer networks, and courier and delivery services. So we are able to accommodate transportation for anyone curb to curb, door to door, door through door, and bed to bed.

Now, the technology that powers the network really understands all of our client's needs. Whether they want to limit trips to under 100 miles or $100 or folks get 30 trips every year or $500 to spend every year on transportation, we can understand and manage to our client's business roles as well as be able to communicate with the folks that are actually taking the trips based on that information. So you don't actually have to have a smartphone or a phone at all. Our platform allows for the folks who are scheduling the transportation to streamline the process and then we can communicate with the person taking the ride via text messages or a phone call to a home phone or even a caregiver.

We currently are having all of our messaging translated into about the top 55 languages that are spoken in the US, which are all the languages that Twilio and Amazon can handle via communication. And that's really important to us because we want to make sure that we have a very equitable platform because we are getting people to medical appointments but also to grocery stores, pharmacies, education, employment opportunities, therapy. So we really want to make sure that we are meeting the folks not only in the mode of communication that they prefer but also the language that they prefer as well.

Obviously, metrics are very important and we could talk a lot about that all day long. A couple that I'll point out: We actually were able to work with one client to increase their compliance for a 7-day follow-up from 17% to 34% in just one month's time and then move

that to 51% in 6 months' time. And a recent survey of our clients suggested that 94% of patients would not have been able to keep their appointment if not for the transportation that's provided.

We look forward to digging into the social determinants and how logistics play a part.

Anthony Simpkins: Thank you all for allowing me to join this important conversation on Cross-Sectoral Collaboration on Social Determinants of Health. As President of Neighborhood Housing Services of Chicago, I lead an organization that plays a vital role in this work. NHS is the largest provider of housing education and counseling in the Midwest and also provides lending, housing preservation and development, policy advocacy, and neighborhood programming and engagement, serving thousands of residents every year, predominantly people and communities of color across the Chicago region.

We believe there's a direct correlation between financial security, housing security, and housing safety, and the health outcomes and wellness of residents. Years of research has proven that economic stability, education, access to health care, housing and neighborhood conditions, and social capital all play key roles in physical and emotional well-being.

The majority of African-American neighborhoods in Chicago, for example, have an unemployment rate that is twice the city average. And most of these neighborhoods are food deserts, without adequate access to nutritious food. Over a quarter of these households are housing cost-burdened and about 15% of residential properties in these neighborhoods sit vacant and abandoned, promoting neighborhood blight and crime. And thousands of these homes are connected to lead water pipes.

The results of these conditions include poor nutrition, trauma and stress, exposure to safety hazards, and social isolation, all with significant negative implications for physical and emotional health outcomes.

NHS encourages people of color to access home ownership as a vehicle of financial empowerment and economic liberation. We provide financial empowerment, education, and one-on-one counseling, as well as purchase assistance for homebuyers. We help people take steps towards financial security and housing stability. A healthy mortgage and a safe home are critical to a healthy family.

Chicago has many historic homes which make up a core source of affordable housing for both owners and renters alike. In fact, in most of our target South Side communities 83% of the housing stock was built before 1969.

Issues such as mold, lead, deteriorating conditions from deferred maintenance are common. NHS construction specialists provide home safety inspections, manage home

repair programs, and provide grants and financial assistance to help remediate safety conditions.

Stronger, more tight communities lead to better health outcomes by promoting a stronger social safety net of neighbors helping neighbors and local residents taking pride and investing in the welfare of themselves and their surroundings. A block made up of engaged owners is more likely to do the simple things like cut their grass, report crime, or check on elderly neighbors. All of these elements directly impact the physical, emotional, and social health of a neighborhood. NHS works to empower, train, and improve local resident leaders to build up that connective tissue.

Safe and affordable housing is key to improving health outcomes. NHS works to ensure financial stability, economic and community empowerment as well as sustainable and safe home ownership for residents.

Housing is essential to addressing the social determinants of health and improving community health outcomes. Thank you.

Rebecca Rehr: Thanks so much for inviting me to be a part of this roundtable. I don't have much time with you today but I want to start by asking you to take a deep breath. Feeling relaxed? Deep breathing is a great meditation technique but it's not why I asked you to do it. Every day we take 20,000 or so breaths and it can be double for kids, and it's usually something we take for granted.

But what's in the air? What if you live near a coal-burning power plant or a major roadway or an incinerator? What if your house was recently flooded during a climate change fueled storm and there's mold in the house now? What if you already have a respiratory condition like asthma or COPD? Now, we're starting to scratch at the surface of the environmental determinants of health.

At ecoAmerica, our mission is to build public support and political resolve for climate solutions in the US. We develop and support a network of trusted national leaders and institutions that act and advocate for climate solutions with their stakeholders and policy makers. We work across three sectors, health, faith, and local communities.

Let me get to the punch line of what we know. Warming of the climate system is unequivocal. Atmospheric concentrations of carbon dioxide, methane, and nitrous oxide have increased to unprecedented levels. And the role of humans is indisputable.

Extracting and burning fossil fuels for energy is the root cause of this rapidly changing climate and has implications for acute and inequitable respiratory effects as well. Climate change harms some more than others, often rooted in systems of racism and injustice.

And key here, the overall risks of climate change impacts can be reduced by limiting the rate and magnitude of climate change. We have time to act. So, what do we do? Let's look at Americans' concerns about climate change.

Research from ecoAmerica shows that Americans across the board are concerned about climate change: 80% of us are somewhat or very concerned. Despite this high level of concern, only 59% of Americans believe others around them are concerned. This means that people feel alone in their concern about climate change. The gap in actual versus perceived climate concern might be contributing to silence on the issue in some areas and division in others.

We also know that health professionals are trusted messengers on climate and that people are motivated to act on climate when they make the connection to climate change and their health. That points to the increasingly urgent need for visible leadership and public discourse on climate change as a health emergency.

Climate for Health is the health program of ecoAmerica. We are a national initiative for health care, public health, clinical and medical institutions and associations. We help partners demonstrate visible climate leadership and empower health leaders to speak about, act on, and advocate for just and equitable climate solutions.

Climate change is impacting our health in a number of ways. I'm here on the East Coast just outside of Washington, DC and I've experienced more severe allergy seasons in the last few years than I did growing up in this region. We are also seeing more intense and frequent wildfires and hurricanes with immediate harms from air pollution and flooding but with longer term impacts like the loss of a home or carbon monoxide poisoning from using a power generator. We are seeing bugs carrying diseases in new places and the actual nutritional content of our food is changing with increases in carbon dioxide.

All of this can take a toll on our mental health. And many youth voices have expressed anger and rage at the slow pace of action.

Finally, while climate change affects all of us, low-income communities, communities of color, people with chronic disease or disability, children, pregnant people, and older adults are some of the most at risk. We are all here to talk about the social determinants of health. We know that race and ethnicity, socioeconomic status, age, and education are among the factors that affect health outcomes. These factors also impact a person or a community's ability to respond to additional environmental exposures including climate change.

In this country, your ZIP code has a greater impact on your life expectancy than your genetic code. Therefore, climate solutions present an opportunity to build health equity into our policies and practices at all levels. Promoting equitable climate and clean energy solutions will create a more healthy and prosperous future for everyone.

I hope these remarks have given some ideas for the kinds of indicators we have and some we still need to measure climate-related health impacts. Thank you so much.

Tiffany Williams: Good afternoon. My name is Tiffany Williams and I am the Chief Program Officer at Martha's Table. Martha's Table is a 41-year-old organization located in the heart of Washington, DC. Our commitment is to ensure that every Washingtonian has the opportunity to stay and thrive.

Our mission is focused on creating stronger children, stronger families, and stronger communities. We do that by focusing on health and wellness. We believe in fighting for food justice to ensure that all of our neighbors have access to healthy food and also can access emotional wellness and mental health services.

We also operate in education where we have nationally accredited early childhood programs. And more recently, we've actually focused on including adult education as a way to support not only the well-being and the education of children in their classrooms, in healthy school environments, but also where families can connect to the educational resources that will help them to move themselves and their families forward.

We also focus on family support, recognizing that a parent or a caregiver is a child's first teacher. We want to ensure that our families can access the necessary resources and support that are necessary, concrete support to help them provide the resources and the opportunities for themselves and for their children.

With that being said, I was asked to talk about some of the things that we are doing to support children's health primarily around education and access to food. At Martha's Table, we operate two nationally accredited early childhood programs where we provide full day, four-year access to teachers who are highly trained in loving and nurturing environments that are committed to supporting the growth and the development of the whole child.

When you think about what's in education, having a child have access to that environment every single day is critically important. Developmentally, we want our children to thrive. We also want them to thrive socially. We also want them to feel like they have a sense of ownership and agency in their own education. So choice in the classroom is really important even for very young children.

Regarding food access, we operate 50 Joyful Food Markets in the majority of the elementary schools east of the Anacostia River, which allows us to support families accessing those healthy foods that I mentioned to you earlier - decreasing food insecurity and helping families to understand that eating healthy actually can be affordable and it actually can be fun. Perhaps you haven't tried the rutabaga before. We have a team of trained chefs, we have a nutritionist, and we also have a team of Joyful Food Market

leaders who come alongside families and provide cooking demonstrations to teach them how to utilize some of the vegetables that they haven't accessed before.

This is really important in our community. For those who don't know, in Ward 7 and Ward 8, communities that have historically been under-resourced and under-supported, there are about 160,000 people and only three grocery stores. So access to food becomes extremely important.

At Martha's Table, we are committed to decreasing those barriers to food access to ensure that families can choose what they like to serve because they can actually get to the fresh fruits and the fresh vegetables.

When I talked about community voice, we made a critical decision based on what we heard from the community. When we first started our Joyful Food Markets, we had many more shelf-stable items and less produce items. But in listening to our neighbors and listening to our families, they indicated that they actually wanted to access more of the fresh produce items. And so, we shifted our model to ensure that our families could access those resources.

When we think about a child accessing or lacking access to a high quality education environment, when you think about a family not being able to access healthy food, the impact on family, the impact on a child is significant. A recommendation that I would make that I think is critically important in supporting health, particularly around education and in supporting access to food, is making sure that we focus on root causes. And we can look at outcomes. What are the outcomes of not having access to high quality education and not having access to food? We are looking at higher rates of hunger and obesity. We are looking at higher rates of depression, higher rates of domestic violence and some of those other social maladies that happen in communities when they don't have access to those resources.

We also need to look at the systems. What are the economic systems in place or not to support a family in being able to thrive, to stay and to thrive in their own community?

I believe that addressing the root causes, family systems, looking at the access to resources, looking at systems and policies, are all extremely important when we think about the impact of children not having access to education, not having access to food, and finding ways to rework those systems so that children can thrive in their classrooms and in their homes.

Last but not least, I also think it's really, really important for us to think about how we take a multigenerational approach to supporting children. Children grow up in family systems. They don't make decisions for themselves regarding health, regarding education. If we support the child and the family, the communities will be stronger.

Thank you so much.

Q&A Session

Joshua Prasad: Thank you so much to the lightning talk speakers. We have several of our speakers available now until the end of the hour. Welcome to all of you. I have a few questions I'd like to ask and then we will see if we can take a few questions from people who are watching as well. If you're watching the webinar, you can still send in your questions via Twitter @HHS_Innovates or email us at innovation@hhs.gov.

The first question I have is for Rebecca. Climate-related health risks may often be overlooked in models around the social determinants of health. And we learned today in your talk that ecoAmerica's work tries to bridge that gap. What strategies would you think are helpful to communicate to health leaders that climate change can impact individual health?

Rebecca Rehr: Thanks so much, Josh. And I really appreciate the opportunity to be here with everybody today and the spotlight on these important issues. It's a great question. And first and foremost, I think talking about it. We have a whole webcast series, Let's Talk Climate, because we need to have conversations in every aspect of our lives about how climate change – we need to make it personal. I think people have felt that climate change is distant or far away both geographically and on a time scale. And it's really happening now and it's happening to us. So we need to talk about how climate change is impacting our health at home.

I heard the other lightning speakers also talk about housing and food security. And climate change is threatening all of that. It's a threat multiplier. So making sure that we are seeing visible health leadership on climate solutions, we need to make it about the here and now. At ecoAmerica, we have our Climate for Health Ambassadors Training which is a four-hour training for folks where we talk about impact solutions, communications, and advocacy. And then they join an online community of their peers who are all acting on climate across the country. So that networking and connecting with folks to take action is so important.

I think there are opportunities to add climate change to formal curriculum in education at all levels and through medical education, nursing, all health professions including in continuing education. So not just in that initial training.

And then health care leadership: I have to give a shout-out to the health care sector in mitigating their own emissions as part of their mission to do no harm. Seeing that leadership in the health care sector is really making a difference.

We have the tools. We can act. We need to roll up our sleeves and do it. So thanks again.

Joshua Prasad: That's a great point. One of the things you just highlighted too is really important to this administration and what we are doing here at HHS. As you know, we just created our new Office of Climate Change and Health Equity here that will hopefully help peel the layers that you just talked about. Whether it's the health care sector improving their practices and/or these bigger cross-sectoral conversations, it has to happen with all of us. So thank you.

My next question is for Tiffany. Thank you for emphasizing the importance of the connections between children, families, and communities especially when it comes to education and food security. How would you suggest that HHS, states, and local communities all work together to involve families and communities in our understanding of well-being?

Tiffany Williams: Sure. Thank you for having me and allowing me to join you today. The thing that I begin with is recognizing and honoring the dignity and respect of communities because I think it begins there. So understanding that at a minimum, people desire to live well. And I think that that's an important piece to consider.

I also think it's important to support families and communities through access to education and opportunity. It's not one or the other. It's actually the need for all of those things. It's important to invite families and community members to the table so as we design systems and structures to support people thriving in their communities that they be at the table from the beginning. After all, they actually are our subject matter experts. These are the people who live this every single day. And having their voices at the table at the front end of the process is extremely important.

The last thing that I would mention is that it's important also to honor the work that's already happening in communities. A way to have community members and families more closely access those things, those social determinant opportunities is really to support the grassroots efforts that are already happening in communities. There are many organizations, much smaller organizations, that are doing this work day in and day out. What's important about that is that our neighbors, our community members, they trust those individuals and those entities. And so to the extent that we can involve them in the process it's much more likely that people will be able to have access to the food and education and the other social determinant opportunities that will help them to stay and thrive in their communities.

Joshua Prasad: Yes, absolutely. You highlight a lot of really great points there. I often get the question, how are social determinants and COVID related? And there are certainly many different ways but you highlighted one that I think we're all experiencing right now, which is largely tied to trust. And so I think taking a community-first approach on all of these matters is going to really help us advance things meaningfully. So thank you for sharing that.

The next question I have is for Anthony. Thank you so much for your talk. Chicago demonstrates the multitude of ways that housing impacts a person's health but also the various approaches to improving those outcomes. What lessons from the Chicago area do you think would be applicable to other locations?

Anthony Simpkins: That's a really important question. As we know, obviously, the physical environment and housing have really direct impacts on health outcomes. And what we found through our work is that a lot of the work we do to do safety inspections, home repairs, we also work with people on housing cost burden, we have programs that address abandoned properties in neighborhoods - all of these really have direct effects on such outcomes as asthma and diabetes because they have a direct impact on the environment.

But I'd like to also echo some of the comments that Tiffany just made. The other thing that is really important that we find is engaging the residents of a community in the work that we do, not just on their behalf but with them. We find that that engagement creates social networks, it engages them in the process of improving the built environment around them directly. It builds trust with organizations like NHS and other institutions that are engaged in this kind of work. So it's critically important.

I noticed that the administration has really focused on this work and has also on September 1st issued some announcements about a continuing focus on making sure that people can access home ownership, which is really, really important when it comes to stabilizing communities.

So both addressing the built environment but also addressing the residents and engaging with the residents themselves is part of the solution.

Joshua Prasad: Thank you; that's really a good point. I think we are seeing a lot of effort from the administration but also, it's all because of the local and state and territorial and tribal efforts that are happening to rebuild our built communities in the first place. The point that you and Tiffany both made about engaging the community is really critical there. When you think about the housing conversation here, especially in light of what the administration is doing with the short-term emergency rental assistance programs, the transition of that conversation into longer term sustainable solutions is really important too. So thank you again, Anthony.

My next question is for Mindi. In your talk, you focused heavily on filling the gaps for patients who may struggle with transportation access. How do you think we can get from gap solutions for patients to more holistic solutions for communities? And do you think similar solutions may help address areas like education, food security, housing, etc?

Mindi Knebel: Thanks again, Josh, for inviting me to participate in this. Since the inception of Kaizen - we just turned five back in June - we started on the clinical space, and by our

fifth or sixth client, people were tapping us on the shoulder and said, “Hey, you can move somebody to a doctor’s appointment?”

In fact, a McHenry County mental health ward was kind of the first to tap us and say, “Hey, you’re helping some of our folks clinically. Could you actually pick them up as they’ve been released from incarceration? Could you get them to their court appointments and to social services and all the things that they need to do? Because there’s one bus that runs through town four times a day and the requirements that they have on them to stay out of jail, they’re set up to fail.”

Our very first client put a nurse into a car to go deliver a prescription. We very quickly began to see that we needed to expand out and do more than just get folks to clinical care. So as I see the space evolve, it’s going to take public and private partnerships to really put together a solution that allows for folks to get out of the house to fight social isolation, to get out into their communities and get to the grocery store, get to housing.

Housing was one space I really just didn’t think that logistics played a part in. There was a gentleman here in town, Steve Brown, who told me otherwise, he said, “Mindi, even if folks have some subsidy for housing, many times, again going back to that trust piece, folks aren’t banked. And so, they still need to go and pay their utility bills and that has to be done in person, right?” And so, every single social determinant, while transportation is one, it’s a thread throughout all the others.

We have these amazing social determinants platforms out there like Unite Us, NowPow, etc. But they are referrals and if we don’t actually execute on those referrals, they’re kind of referrals to nowhere. So rather than telling somebody, “Hey, go pick up this insulin,” but you don’t have health insurance, how about we take the next step and say, “Hey, I’m going to figure out and help you get those Medicaid forms filled out and then get you sent to the office. I’m going to help you with the SNAP application and get you to the office. But in the meantime, I’m also going to send you to a food bank.” So let’s think a little bit more holistically and actually solve the problem rather than just talk about it.

Joshua Prasad: Yes, absolutely. I think that’s the whole point of this conversation today and when we continue our break-outs next week and hopefully, the longer term conversation we are having are about resetting or setting our targets as a social determinants of health community here on eliminating inequities, not just sort of addressing and reducing them. So thank you, Mindi, for your thoughts there.

I want to thank you all for participating in this webinar. And thank you to all of our speakers, our keynotes, and our lightning talk folks. This is a really productive conversation. We are really glad you could join all of us today to learn more about how we can collaborate cross-sectorally and hopefully improve the social determinants of health. And for everyone else watching, thank you very much for joining and have a great rest of your day.