



2019

HEALTHY COMMUNITIES FOR HEALTHY PEOPLE:
A PROMISING GATEWAY
TO A MORE PROSPEROUS
AND EQUITABLE CALIFORNIA





INTRODUCTION

Over many years, researchers have documented the powerful influence of social and environmental factors on the quality of people's health. While doctor visits and medical care are important, they can have less of an impact on individual health than the ordinary conditions of people's lives, including their levels of education, access to living wage jobs, and the neighborhoods where they live and buy their groceries.

Known as the "Social Determinants of Health," these conditions shape not only the health of individuals, but the well-being and prosperity of their families, communities, and the state as a whole.

When people lack adequate education, income, and economic security, everybody pays. People suffer from greater illness and disability. They may not be able to work, find adequate housing, or support their children's education. They can't save for their retirement, or leave something for their children, reinforcing the patterns of inequality.

At the same time, employers in the private and public sectors experience a double hit: higher health care costs for employees and reduced worker productivity.

From there, the impacts ripple outward even further when people are unable to fully participate in the economy. Workforce shortages stop businesses from growing. Consumer spending declines. Tax revenues fall while, at the same time, governments must provide more and more safety net services and programs.

FORGING A NATURAL AND PROMISING ALLIANCE: SOCIAL DETERMINANTS OF HEALTH AND THE ROADMAP TO SHARED PROSPERITY

The Social Determinants of Health are key drivers in shaping the quality of life for people, the vibrancy of communities, and the economic strength of the state. As such, the Social Determinants of Health are the DNA of the CA Economic Summit's *Roadmap to Shared Prosperity* and its goal of reducing poverty and increasing equity and economic security for all.

The policy levers to improve these drivers of health and well-being are naturally aligned with the Summit's initiatives addressing the Building Blocks of the CA Dream:

- **Housing, Mobility and Connectivity**
- **Lifelong Learning**
- **Prosperous Economies, Thriving Workers**
- **Ecosystems Vitality and Working Landscapes**

The Social Determinants of Health are the “circumstances in which people are born, grow up, live, work and age.”¹ Among these key determinants:²

- **Affordable and adequate housing.**
- **Education and vocational training.**
- **Employment opportunities.**
- **Income levels.**
- **Food security.**
- **Neighborhood safety and transportation systems.**
- **Environmental conditions such as air quality and clean water.**
- **Community and social supports.**
- **Patterns of inclusion or exclusion by race, ethnicity, gender, and immigration status that lead to and reinforce the distribution and impact of all of the above.**

In short, the social and economic health of families, neighborhoods and communities – or lack thereof – are key drivers of the physical health and longevity of those who live there.³ In a self-perpetuating cycle, poverty and poor health function in a reinforcing relationship that spills across generations, leaving a deep divide between those with physical and economic well-being and those without. The health care sector alone cannot move the needle on such population-level health outcomes.⁴

“Socioeconomic status constitutes “the most powerful predictor of disease, disorder, injury and mortality that we have.”

Poor Health: When Poverty Becomes Disease,
Jan. 6, 2016, Claire Conway, UCSF News Center,
<https://www.ucsf.edu/news/2016/01/401251/poor-health>

These patterns of poverty and affiliated hardships fall disproportionately on people of color. Nearly one-quarter (23.6 percent) of Latinos in California lived in poverty in 2017, as did 17.6 percent of African Americans, 16.4 percent of Asian Americans/Pacific Islanders, and 12.5 percent of whites. Although poverty for Latinos has fallen from 30.9 percent in



2011, Latinos “remain disproportionately poor (making up 52.2 percent of poor Californians but 39.4 percent of all Californians.”⁵

A persistent “wealth gap” also exists among people of different races and ethnicities. Building wealth, which is commonly measured in terms of net worth (the difference between gross assets and debt), “is a crucial factor in promoting generational economic mobility and opportunity.”⁶ It provides families with financial security and the ability to weather unexpected events such as a personal health crisis, paying for college, and purchasing a home. Wealth is not only inequitably distributed across income levels, it is “also unfairly allocated among people of different races and ethnicities.” While the typical (median) white family’s wealth was \$171,000 in 2016, for black families, median wealth stood at \$17,600. For Latino families, median wealth was \$20,700.⁷

These complex, big-ticket conditions lie squarely within the sight lines of the CA Economic Summit. The Summit’s network of partners is addressing some of California’s greatest challenges while seeking to achieve the Triple Bottom Line results of economic growth, a sustainable environment, and social and economic equity for all.



The Summit’s annual Roadmap to Shared Prosperity represents a holistic and promising approach to achieving those goals. The Summit and Roadmap are natural vehicles for advancing the Social Determinants of Health as a positive rather than a negative influence in people’s lives. The Roadmap is a focused action plan, with a “regions-up” strategy, to elevate the well-being and prosperity of California by addressing the very factors that have the most profound impacts on whether people are healthy or not. Activities to implement the annual Roadmap are conducted year-round in a thoughtful, creative and coordinated manner, through state policy change, regional collaboration, public-private partnerships, and the leveraging of smart investments.

Key elements include:

- Developing and driving **Housing, Mobility and Connectivity** initiatives to address the housing crisis, infrastructure needs including broadband access, and neighborhood vitality opportunities in communities throughout the state.
- Imagining and mobilizing **Prosperous Economies, Thriving Workers** strategies and actions to drive training, economic security and upward mobility for workers and growth for businesses and the economy.

- Creating and delivering **Lifelong Learning** opportunities to ensure that all Californians have the skills and resources they need to earn a living wage and meet the workforce needs of employers seeking to grow their businesses or provide public services.
- Enhancing and sustaining **Ecosystem Vitality and Working Landscapes** to safeguard natural resources that provide essential benefits for our economy, human health and quality of life, including clean water, nutritious food, climate stability, and outdoor recreation.

These elements are not “either-or” solutions. Rather, they constitute the comprehensive set of drivers that together offer hope for a better California for all. By emphasizing the Social Determinants of Health, the value proposition is even more compelling. As the Roadmap describes, interconnected and simultaneous actions are required for change at the pace and scale needed to improve the lives of people.

Just as every Californian deserves to experience the California Dream, the state of California needs the collective good health of all of its residents to be at its best.



Income Disparity: The Powerful and Entrenched Driver of Health

COMMUNITY CONDITIONS MATTER TO ALL

Disparities by income levels, race/ethnicity, and health run deep in the history of California and the nation. In general, people with lower incomes experience poorer health and have a higher risk of disease.⁸

Researchers have noted that socioeconomic status constitutes “the most powerful predictor of disease, disorder, injury and mortality that we have.”⁹

In poor communities, housing instability is a major barrier to good health. Other obstacles include the absence of parks and bike paths, a lack of stores and markets where healthy food can be obtained, poor indoor air quality and clean water, exposure to lead and other contaminants, limited transportation, safety problems and higher crime rates, and lower performing schools.¹⁰

Of great concern are repeated or chronic stressors, which can cause physical changes in the body that can increase the risk of chronic disease. These stressors include violence, discrimination, material deprivation, environmental pollutants, underfunded schools and high rates of unemployment and incarceration.¹¹

SAFE HARBORS FOR THE WORKFORCE HAVE BEEN ERODED

The difficult economic times of the Great Recession exacerbated economic inequities,¹² with dire consequences lingering for many.¹³ In a painful sign of ongoing economic insecurity, four in 10 adults in the U.S. either would not be able to cover an unexpected expense of \$400, or they would have to cover it by selling something or borrowing money. Additionally, more than a quarter of adults skipped necessary medical care in 2017 because they were unable to afford the cost.¹⁴

The Great Recession officially ran from December 2007 through June 2009. The economic downturn was the longest recession since the Second World War. During this time, the unemployment rate in the United States rate doubled, home prices dropped 30 percent on average, the S&P stock index fell more than 50 percent, the net worth of U.S. households and nonprofit organizations dropped by \$14 trillion, and racial and economic disparity in wealth was exacerbated.¹⁵

Ten years later, the scars remain and a new reality has emerged. Although the economy has rebounded, the country is “more unequal, less productive, poorer, and sicker than it would have been had the crisis been less severe.”¹⁶ Notably, a large portion of job losses during the recession were concentrated in middle-skill jobs such as manufacturing and administrative support, which did not require a college degree. At the same time, businesses in hard-hit areas invested in machines that reduced the need for workers, further leaving behind people without advanced degrees and worsening income inequality.¹⁷

Although certain sectors offering high-wage jobs, such as health care and professional services, are growing, so too are lower-wage sectors such as food services and accommodations industries, as well as “gig economy” services such as package delivery and app-based vehicle rides.¹⁸

In the past, people without college degrees could find employment refuge in jobs requiring fewer skills. Today, those safe harbors are much harder to find. The implications are serious for the economy and well-being of our state and our country. As just one example, the rise in earnings inequality that has led to an upward redistribution of income is increasingly threatening “the notion of shared economic security,” which can be seen in the financial toll being taken on our nation’s Social Security system.¹⁹

CALIFORNIA’S CHILDREN ARE ITS PROMISE

In California, the overall economy has recovered and is performing well by many measures. However, underlying disparities still exist. In California, despite improved job and economic conditions of recent years, nearly 20 percent of Californians (about 7.4 million people) lived in poverty and lacked enough resources to meet basic needs in 2016.²⁰ Significantly, California’s home prices and rents have increased faster than the national average for decades, leaving many households struggling to not only afford housing, but basic needs in general.²¹

“A Portrait of California,” a 2014-2015 report by the Social Science Research Council’s Measure of America Program, provides a telling picture of the toll that economic insecurity takes on families and their children, including



on their health. The Portrait identified “Five Californias” based on health, education and income indicators of well-being and access to opportunity.²² The top tiers were called “One Percent,” “Elite Enclave,” and “Main Street,” while those at the other end were described as “Struggling” and “Disenfranchised.”

In California’s “Struggling” and “Disenfranchised” tiers, individuals and families “face tremendous financial insecurity, stemming from both low wages and a weak attachment to the labor market.” These two tiers encompass about half the state’s children, who tend to “live in families and neighborhoods where resources are stretched thin thanks to stagnant wages, too few good jobs, and sky-high housing, transportation, and childcare costs.” In “Struggling California,” nearly one in five teens and young adults fell into the “disconnected youth” category, defined as “young people ages 16 to 24 who are neither working nor in school.”

As the Portrait stated:

“[O]n average, people never entirely recover from long spells of youth disconnection; instead they carry scars of those lost years for the rest of their lives in the form of lower earnings, greater unemployment, worse health, lower marriage rates, more contact with the criminal justice system and even less self-reported happiness. California pays a price in a less competitive workforce, reduced tax revenues, more crime, and costlier social services.”²³

The Portrait concluded that although California has finally started down a path of stabilization and growing prosperity following the Great Recession, “too many families and too many children are still being left behind.”²⁴



What's at Stake When Lives Are Defined by Economic Insecurity and Poor Health

THE PERSONAL TOLL IS STEEP

Poverty has long been understood as a contributor to death and disease. Research has demonstrated that Americans with lower incomes have shorter life expectancies and higher rates of physical limitations and of heart disease, stroke, diabetes, and other chronic conditions, compared with higher income Americans.²⁵ Additionally, people with low incomes are less likely to have health insurance, to receive new drugs and technologies, and obtain access to primary and specialty care. Low income Americans also have higher rates of behavioral risk factors, including smoking, obesity, substance use and low levels of physical activity.²⁶ Wealth and income, on the other hand, generally provide greater access to physical conditions that support and encourage good health.²⁷

In a persistent and circular relationship, poorer health in turn leads to greater poverty. When people are in poor health, they may be unable to hold down a job, advance their education and job skills, pay for medical care or other necessities, or build wealth that they can pass

down to their children. The patterns, if left unchecked, transmit across generations because children in economically disadvantaged families “grow up in poorer health and with more limited educational opportunities, both of which diminish their chances for good health and economic and social advantages as adults.”²⁸

HEALTHY WORKERS MAKE ALL THE DIFFERENCE

When employees are healthy, they can contribute more fully to business profitability by being productive workers. This can, in turn, grow personal income and consumer spending, greater tax revenues for governments, and local economic growth.²⁹ Conversely, disadvantaged workers are more likely to generate higher costs for employers in health care expenses and diminished productivity.

The United States spends \$3.3 trillion dollars on health care annually – more than 2.5 times more than any other country.³⁰ The spiraling costs of treating diseases and health problems is a serious challenge for businesses and governments,³¹ threatening the bottom line

for many American businesses and straining public sector budgets.³² Even when employers implement health-promoting strategies within work sites, if workers return home to unhealthy neighborhoods, the efforts within the workplace may be compromised.³³

Employees with health disabilities tend to have higher rates of absenteeism, or “presenteeism” (a term for reduced performance at work due to working while ill, injured or dealing with personal and family health problems or injured), both of which cost employers.³⁴ In a recent study that examined the link between community health and worker productivity in U.S. manufacturing plants, employees living in counties with poor health outcomes had much higher rates of absenteeism than other employees. Poor community health factors included poverty, caregiving burdens, family dysfunction and drug use.³⁵

Noncommunicable diseases in particular – including cancer, diabetes, cardiovascular disease, chronic respiratory diseases, mental illness and musculoskeletal disorders – make up a substantial disease burden in terms of loss of healthy living years and years lived with disability. They impose great direct and indirect costs not only on working adults, families and communities but also on businesses and economies.³⁶

HEALTHY RESIDENTS AND COMMUNITIES ARE KEY TO CALIFORNIA’S ECONOMY AND LABOR NEEDS

Full workforce participation by all Californians will be critical in coming years for the state’s economy to thrive and grow. Currently, the percentage of adults over age 16 who are either working or looking for work stands at 61.9 percent, the lowest level in recorded state history.³⁷ The state currently faces a workforce shortage born of multiple causes: A wave of baby boom retirees. Lower birth rates. Foreign immigration in a state of flux.³⁸

The Great Recession caused unemployment rates to increase and labor force participation to fall across all segments of California’s population.³⁹ As noted, the economic downturn hit less educated workers particularly hard. In the years ahead, California’s economy will require an increasing share of workers to hold at least a bachelor’s degree. Based on current trends, this demand for college graduates has been on track to outpace the supply by 2030, creating an education and skills gap that could prevent businesses and economies from growing.⁴⁰



The CA Economic Summit's Path Forward: A Promising Solution Space for Improving the Social Determinants of Health

Given the demographic trends mentioned above, it is critical for all Californians to optimize lifelong health so they can become educated and active participants in the workforce, in their communities, and in the economy at large. To that end, the CA Economic Summit is addressing the complex factors that feed into economic insecurity and barriers to upward mobility for so many Californians.

The Summit – with the involvement of public, private and civic partners – has mobilized a number of change-making strategies to elevate the lives of all Californians. As noted above, the Summit's strategies include initiatives aimed at creating a healthier, safer and more prosperous California. They include:

- **Housing, Mobility and Connectivity**, focusing on critical community needs around adequate and affordable housing, transportation and access to broadband and essential technologies.
- **Lifelong Learning**, embracing a Cradle-to-Career strategy with many strong components including workforce development.
- **Prosperous Economies, Thriving Workers**, including the “Regions-Up” Prosperity Strategy and the “Elevate Rural CA” initiative.
- **Ecosystem Vitality and Working Landscapes**, emphasizing the need to protect and enhance our state's natural resources, which serve all Californians.

In addition, the Summit has led the way in developing the “California Dream Index,” an interactive new dashboard for tracking the well-being of Californians, with health as one of the centerpiece indices. The Index, which is under development in partnership with the State, will chart progress on three main

outcomes – upward mobility, economic security, and shared prosperity. By design, the Index will link to health indices throughout the state, with measures including air quality, life expectancy and birthweight. In addition to health, three other policy drivers also will feed the data going into the Index: education, jobs and community.

Embedded within and helping to inform and drive these initiatives are several key Social Determinants of Health.

ADEQUATE HOUSING: A KEY SOCIAL DETERMINANT OF HEALTH AND DRIVER OF COMMUNITY VITALITY

Nationally, nearly one-third of all households (38.1 million) paid more than 30 percent of their incomes for housing in 2016, which is the definition for being “cost-burdened.”⁴¹ Although the overall share has dropped in recent years, this remains substantially higher than in previous decades.

Among renters, the rate runs higher, with 47 percent of renter households nationally paying more than 30 percent of their incomes for housing. Of these renter households, more than half pay more than 50 percent of their income for housing (which is considered “severely cost-burdened”).⁴² In California, the picture is more distressing, with 53.9 percent of renters either cost-burdened or severely cost-burdened by their rent payments.⁴³



California's housing prices are driving the cost of living so high that one in three households cannot meet basic needs."⁴⁴ A record high share of Californians now believe that the affordability of housing in their region is a significant problem.⁴⁵ The concerns are well founded. These conditions negatively affect the ability of individuals and families to live well and long.⁴⁶ The problem is impacting city after city and region after region.⁴⁷ In 2017-2018, large wildfires further exacerbated the housing shortage for communities hit by fires.

The Legislative Analyst's Office explained the extensive consequences of the housing shortage:

*"Living in decent, affordable, and reasonably located housing is one of the most important determinants of well-being for every Californian. More than just basic shelter, housing affects our lives in other important ways, determining our access to work, education, recreation, and shopping. The cost and availability of housing also matters for the state's economy, affecting the ability of businesses and other employers to hire and retain qualified workers and influencing their decisions about whether to locate, expand, or remain in California."*⁴⁸

The high cost of housing in California is forcing "serious tradeoffs" for many families, especially those with low incomes, including: "(1) spending a greater share of their income on housing, (2) postponing or foregoing homeownership, (3) living in more crowded housing, (4) commuting further to work each day, and (5) in some cases, choosing to work and live elsewhere."⁴⁹

The Bay area, for example, experienced notable economic and job growth in recent years but without adequate housing production, "fueling dramatic increases in housing costs."⁵⁰ While rents rose almost 40 percent between 2010 and 2014, more than 1 million jobs in the region paid less than \$18 an hour, making it extremely difficult for workers to afford housing near their jobs. Among the resulting hardships and health outcomes have been long commutes to job centers, which have been tied to lower rates of physical activity and fitness and higher stress and other health problems.⁵¹



"California needs more housing affordable to residents at all income levels. This is one of many instances where an economic competitiveness and social justice agenda point in the same policy direction."

-The Impending California Retirement Wave - Numbers and Policy Implications, February 2019, Center for Continuing Study of the California Economy, <https://www.ccsce.com/PDF/Numbers-Feb-2019-California-Retirement-Wave.pdf>

California's growing population and pent-up housing demand will require the creation of an estimated 3.5 million housing units by 2025.⁵² California will need both public and private sector innovations and action to meet these needs.⁵³ Recognizing the severity of the housing crisis, Gov. Newsom in January 2019 proposed \$1.8 billion in one-time spending to increase housing production, including an expansion of state tax credits for development of low-income and moderate-income housing.⁵⁴

The CA Economic Summit's Housing, Mobility and Connectivity initiative recognizes the importance of developing more housing to achieve multiple results, including creating economic security and better health for individuals and families, enhancing community resiliency and vitality, helping businesses and the economy to grow, and improving air quality by reducing ever longer commutes for workers who cannot afford to live near their jobs.

LIVING-WAGE JOBS: A HIGH-IMPACT DETERMINANT FOR HEALTHY LIVES AND A THRIVING ECONOMY

California's economy is performing well on many measures. Unemployment is at a long-term low, while jobs have been growing steadily for the past nine years. Almost all major industries in the state have seen improvements, as well as all regions.⁵⁵

However, income inequalities for millions of families and the quality of jobs are of serious concern to policymakers, business leaders, governments, nonprofit providers and civic leaders. Economists warn that "underlying disparities can limit long-term growth" and that an economic downturn in the near future cannot be ruled out. As the Public Policy Institute of California recently explained, "[e]ven with full-time employment, many struggle to meet basic needs – and their challenges are exacerbated by the rising cost of housing."⁵⁶

Sustained economic growth has turned up in almost all parts of the state, but differences still remain. Unemployment, for example, is low in the San Francisco Bay Area and in San Diego and Orange counties (from 2 percent to 4 percent), a few points higher in most places, and in the 6 percent to 8 percent range for a few counties in the Central Valley and Northern California. One exception is Imperial County in far Southern California, where unemployment is high and troubling at 19.2 percent.⁵⁷

While the overall unemployment rate of 4.1 percent is lower than it has been in decades, job market challenges still exist. This can be seen in sharp polarization of incomes, which is at historic levels and has been driven by "labor market shifts that favor college degree



holders as well as by boom and bust cycles.”⁵⁸ According to PPIC, the “top 10 percent of families make more than 10 times as much as the bottom 10 percent, nearly double the gap in 1980.” Disparities also exist for demographic groups, with the median Asian and white families in California earning about \$114,000 (for families of four) while the median African American and Latino families are earning \$70,000 and \$60,000, respectively.⁵⁹

As discussed above, in terms of job creation, health care and professional services, which offer many high-wage jobs, are growing sectors in California, but so are the food services and accommodations industries, which offer mostly low-wage work.⁶⁰ An additional challenge is the growth of the “gig economy,” in which workers are paid on a contractual or non-employee basis for performing miscellaneous tasks or providing services for others such as driving for a ride-summoning app or delivering packages. Workers struggling with poverty are nearly twice as likely as non-struggling workers to rely on California’s gig economy for income.⁶¹

The CA Economic Summit has included in its primary goals the attraction of private capital and the mobilization of private-public partnerships and other investment strategies to create new higher wage jobs. This will require government alignment and collaboration at all levels to support new projects that will advance the Triple Bottom Line. The goal has been for every region in the state to have at least one median-income job in every household – a million new living wage jobs in all.

The Summit’s approach is “regions-up,” focused on shaping state policy to support regional plans for growth, helping to attract targeted investments to those regions, and supporting standards that protect the environment, consumers and workers. Creating more living wage jobs holds potential for making sure that employment and income levels operate as positive Social Determinants of Health.

SKILLED WORKERS: EDUCATION MATTERS FOR GOOD HEALTH, INCOME EQUITY AND ECONOMIC RESILIENCE

California needs a workforce that is skilled and adaptive to ensure a buoyant economy. In turn, when workers are well-educated and trained, they are able to participate and thrive in the economy as taxpayers and consumers, as well as being able to tap into the California Dream and enjoy the profound benefits of income security and upward mobility.

California is facing an impending wave of baby boomer retirements as 4.7 million California workers retire in the 15-year span leading up to 2030. During this time, the state anticipates adding 2.8 million jobs. Together, that means 7.5 million jobs will need to be filled. With just 4.6 million young Californians projected to join the workforce by 2030, the shortage of 3 million workers, fueled additionally by low birth rates and in-flux immigration patterns, stands as a significant challenge for California.⁶²

Currently, California’s “workforce participation rate,” which captures the percentage of people over age 16 who are either working or looking for work, stands at 61.9 percent, the lowest level in recorded state history and five percentage points lower than a decade ago.⁶³ Beyond ramping up numbers of available workers, ramping up skills will be important because the retiree pool includes a large number of well-educated and experienced workers. Although





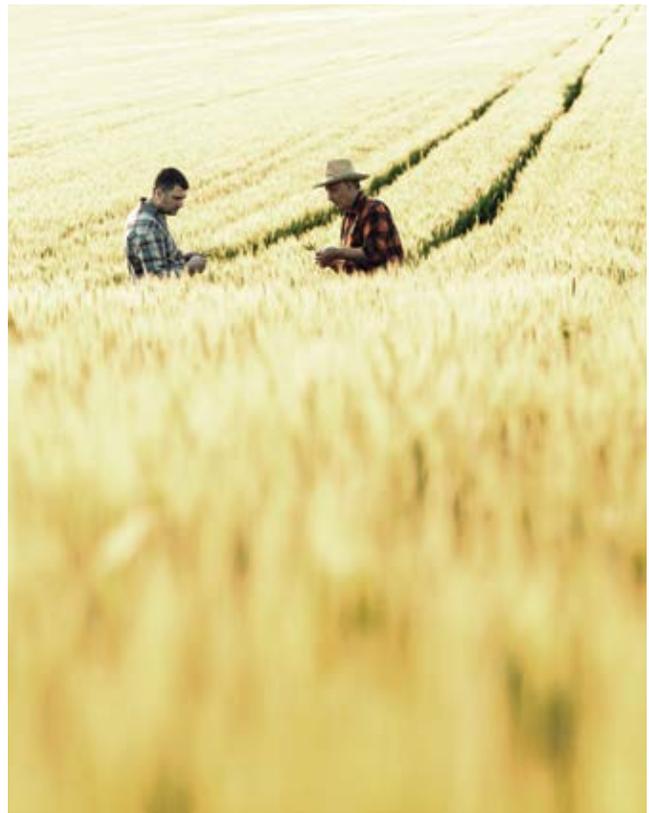
the raw numbers of children who will feed the labor pool is close to the number of retirees, “their skill and experience profiles do not match.”⁶⁴ As noted, when children grow up in poverty, their access to healthy inputs, including educational opportunities, can be lacking, limiting their ability to function in jobs requiring strong skills.

The anticipated workforce shortage will reach into many sectors. For example, California’s health care system is facing a workforce shortage crisis that is most severe in some of California’s largest and most quickly growing areas, including Los Angeles, the San Joaquin Valley, the Inland Empire and most parts of rural California.⁶⁵ The impact will be felt by millions of Californians who will find it difficult in the years ahead to access quality, affordable care. The labor shortage could slow California’s economy in other important ways, including meeting the state’s goals for building new homes to relieve the housing crisis,⁶⁶ rebuilding after wildfires and working in forested landscapes to remove dead trees and woody debris and support new commercial uses for wood products.⁶⁷

Increasingly, California’s policy makers, business leaders and civic organizations are recognizing that an adequate education requires a “cradle to career” approach. The CA Economic Summit is thus supporting improvements in access to quality childcare, early learning, and related services as the starting point for creating a state where all are fully educated and ready to contribute to the economy.

California’s economy will need roughly one million more graduates with bachelor’s degrees and one million more workers with middle-skilled credentials over the next 10 years to sustain the economy. The Summit is dedicated to improving education and workforce systems that meet these goals. This work is proceeding through efforts to build partnerships among colleges, workforce development agencies and regional employers to drive system change and outcomes.

These efforts hold potential for ensuring that one of the most important Social Determinants of Health – education and skills building – functions as a positive driver toward greater health and well-being for individuals, for the communities where they live, and for the state as a whole.





Moving Forward in Aligning the Social Determinants of Health and the Roadmap for Shared Prosperity

As noted, the CA Economic Summit is engaged in many activities that can help ensure that the Social Determinants of Health create positive outcomes for individuals, families, communities and the state. Regional initiatives, state-local alignment, public-private partnerships, and the encouragement of innovations and smart investments are among the strategies for achieving the Triple Bottom Line results of economic prosperity, environmental sustainability and social and economic equity for all.

At the same time, many simultaneous efforts are under way throughout the state to ensure that the Social Determinants of Health function as positive – not negative – forces in people’s lives. The health care sector is a significant leader in these efforts. So, too, are schools and colleges, community development enterprises, faith-based and civic organizations, governments at all levels, and employers and businesses of all sizes. The range and scale of efforts varies widely, from developing affordable housing to

establishing healthy food outlets in underserved neighborhoods to expanding early childhood education.

According to researchers and policy experts, even more must be done in the way of data-driven, outcomes-focused policies if we are to “make meaningful progress in addressing society’s biggest challenges – things like joblessness, health disparities, and recidivism.”⁶⁸ Approaches that are iterative and founded on evidence-building will be essential to “drive resources toward solutions that demonstrate results.”⁶⁹ As just one example, the total cost of child maltreatment was found to be \$124 billion each year; yet “[d]espite these enormous costs, few evidence-based interventions address the needs of either maltreated children or their parents.”⁷⁰

This document is intended to inspire and inform discussions on how to integrate the Social Determinants of Health into community and regional prosperity efforts, as well as the

future work of the CA Economic Summit and future editions of the Roadmap for Shared Prosperity. Bringing health into the picture is essential for the “California Dream” to become the shared experience of all. It will require new understanding and focus. It will require creativity, innovation and resource development on the part of government, as well as the private and civic sectors.

In that spirit, the following represent opportunities for ensuring that the Social Determinants of Health function as healthy inputs for people, families and communities:

→ **Regional engagement.** The Governor’s Regions Rise Together initiative is a natural thought- and action-space for generating more discussion and understanding about the importance of the Social Determinants of Health. The initiative is proceeding in partnership with CA Forward and the California Stewardship Network.

Regional leaders, advocates and institutions are in a uniquely qualified position to know and articulate their communities’ needs. They can be tapped to contribute to a better understanding of the distinct demographic, geographic, economic and social characteristics found across California, which can help “make the case for health” and drive effective state and local decisions that integrate health into policies, programs and funding streams.

→ **Bringing health into the strategic planning picture.** The Social Determinants of Health should become a robust part of conversations and decision-making processes when programs and systems that serve people and shape their living conditions are being designed and implemented. Promising domains include housing and land use strategies, workforce development programs, educational programs, and transit systems, to name just a few. Bundling interventions that impact health, such as linking housing and the nearby availability of transit and childcare, offer opportunities for achieving greater well-being and equity for people.

→ **Broadening the perspective of employers.**

Providing adequate health care benefits and ensuring a safe and healthy workplace are important traditional elements for creating a healthy workforce and business success. Much potential exists to broaden perspectives and elevate health even more as a shared value and priority for employers and their workers, in both the public and private sectors.

→ **Sharing best ideas.** Identifying and describing specific efforts that are already under way in communities and regions to address the Social Determinants of Health can serve as a powerful blueprint for achieving results on a broad scale. Development of localized narratives and commentaries capturing the experiences of distinct individuals and institutions can be an inspiring and effective a means of informing future strategy, initiatives and solutions.

→ **Assessing data gaps.** Pinpointing the gaps in data, research and analytic conclusions – particularly within the California context – will be necessary to inform and drive policies and funding solutions that can work here. In particular, cost-benefit analysis can show the true costs to individuals, governments, and the economy when people are unhealthy and struggling with income inequality. Such analytical work can serve as a driver for mobilizing change and action.

→ **Connecting existing services and activities with health objectives.** Mapping and analyzing existing approaches for delivering government and private sector services can highlight gaps and opportunities for reimagining and aligning such services to better integrate and address the Social Determinants of Health.

→ **Developing cross-sector partnerships and investment strategies.** Identifying opportunities for expanding public and private partnerships and investments will be essential for ensuring that the Social Determinants of Health function as positive inputs in the lives of people.

These and other strategies and opportunities can be explored through the ongoing work of the CA Economic Summit and its partners, who are committed to creating a healthier California for all.

End Notes

- ¹ Centers for Disease Control and Prevention, NCHHTP Social Determinants of Health [citing World Health Organization], <https://www.cdc.gov/nchhstp/socialdeterminants/index.html>
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