HEALTH & WEALTH: USING DATA TO ADDRESS INCOME INEQUALITY

A County Health Rankings & Roadmaps and Prosperity Now Webinar

June 16, 2020
County Health Rankings & Roadmaps is a partnership of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
YOUR PRESENTERS AND FACILITATORS

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JOIN US FOR MORE DISCUSSION – TODAY!

» **When:** Immediately following the webinar

» **What:** Interactive learning experience, opportunity to share ideas and ask questions

» **How:** Videoconference and/or phone via Zoom

» **Why:** Deepen the webinar learning, allow further exploration
LEARNING OUTCOMES FOR TODAY

- Explore how the Prosperity Now Scorecard can provide data on financial stability and income inequality
- Understand the data and resources available from County Health Rankings & Roadmaps
- Identify ways to combine data and tools from difference sources to address local challenges
WHY WE DO WHAT WE DO

To Improve Health Outcomes & Advance Health Equity
RANKINGS MODEL: WHAT MATTERS TO YOUR HEALTH

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Behaviors (30%)
- Tobacco Use
- Diet & Exercise
- Alcohol & Drug Use
- Sexual Activity

Clinical Care (20%)
- Access to Care
- Quality of Care

Social & Economic Factors (40%)
- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Physical Environment (10%)
- Air & Water Quality
- Housing & Transit
Prosperity Now’s mission is to ensure everyone in our country has a clear path to financial stability, wealth and prosperity.
PROSPERITY NOW SCORECARD

THE CASCADING IMPACT OF COVID-19 ON MICROBUSINESSES AND THE U.S. ECONOMY

MAY 2020

The financial effects of the COVID-19 pandemic—widespread restaurant and retail business closures have been extreme and widespread, but some firms have been able to weather the storm better than others. Small businesses and microbusinesses (defined as firms with 1-5 employees and non-employer firms) have historically been the most vulnerable to the fallout of economic downturns. The widespread impacts of the pandemic have had a disproportionate effect on these businesses, and while microbusinesses are perhaps the greatest representation of the small of American ingenuity and entrepreneurial spirit, they have suffered the largest share of the economic losses predicted by the recession data in response to the global COVID-19 pandemic.

In the current economic climate, the small business sector is critical to the health of the nation and the local economies in which it operates. It’s true that without strong financial systems, many small businesses will face severe stress and potential failure or, in some cases, total collapse. These small businesses are an essential part of the economy and are the lifeblood of communities. The survival of these businesses is critical to the economic recovery and prosperity of the nation.

Who are microbusinesses?

The majority of the over 32.7 million firms nationally are microbusinesses, with 85% of businesses having fewer than 5 employees. According to the 2012 Census Bureau’s Census of Small Business, microbusinesses are the lifeblood of the U.S. economy, accounting for 26% of all non-farm businesses and 18.9% of all employment. Microbusinesses are a vital source of employment and income, as well as an opportunity for social innovation.

Microbusinesses are disproportionately owned by Whites, although 65% of them have less than 10 employees. Among minorities, microbusinesses are generally underrepresented, with 14.8% of all non-farm employers being male-owned, 13.5% female-owned, and 5.5% non-white-owned. In comparison, 30.3% of all minority-owned firms are female-owned, with an additional 11.0% owned equally by men and women. Only 46.2% of all microbusinesses in the United States are minority-owned. Additionally, only 3.7% of all firms are Black-owned, 1.2% are Native American-owned, 3.0% are Asian American-owned, 9.9% are Hispanic-owned, and 11.4% are female-owned. If the number of minority-owned firms is folded into the total microbusinesses, the 14.8% of firms are Black-owned, 1.2% are Native American-owned, 3.0% are Asian American-owned, 9.9% are Hispanic-owned, and 11.4% are female-owned.
Data by Location

Choose a Geography Type
SHOW COUNTIES

Color Map with Outcome Data
LIQUID ASSET POVERTY RATE

Looking up Place by Name
BEGIN TYPING ANY PLACE NAME

Map instructions
- Explore the data for any of the 13,800+ places in the Scorecard by clicking on the map or using the search bar above.
- Use the "Choose a Geography Type" menu to change the view of the map (city, county, MSA, Congressional District, tribal area or state).
- Use the "Color Map with Outcome Data" menu to show the relative performance of places on 8 key outcomes.
PROSPERITY NOW SCORECARD

75 Outcome Measures
26 Disaggregated by Race, 49 Overall
Disaggregated data by disability status, gender, and income
Trend data across 44 data measures

28 Policy Measures

- Financial Assets & Income
- Businesses & Jobs
- Homeownership & Housing
- Health Care
- Education
MEETING THE NEEDS OF A DIVERSE FIELD

▪ **Challenge:** People want more help taking action in, and on behalf of, their communities.

▪ **Solution:** Deeper community engagement and skill-building initiatives with stakeholders.

▪ **Challenge:** People need help defining and disseminating a unified message to their stakeholders.

▪ **Solution:** Improve rankings; create and share specialized local analyses, with focus on impact of race and policy.
THE PURPOSE OF THE SCORECARD

▪ Data is powerful, but only if used to drive action.

▪ The Scorecard helps people connect the macro—policy—to the micro—local outcomes.

▪ Foster increased representation through targeted coalition- and skill-building.
THE HEALTH-WEALTH NETWORK

‣ Purpose:

– Build cross-sector understanding and collaboration around the intersections of health and wealth

– Explore innovative practice and policies that enhance both health and wealth outcomes and address disparities in health and wealth.

‣ Activities

– Webinars, blogs, videos, and other engagements

– Medical Financial Partnership Network bringing together practitioners working at the nexus of health and wealth
HEALTH AND FINANCIAL INSECURITY

FINANCIAL INSECURITY
- Poverty and low-wealth
- Financial stress
- Economic inequalities

PHYSICAL AND MENTAL HEALTH
- Toxic stress
- Risk for chronic disease and adverse mental health outcomes

HEALTH STATUS AND HEALTHCARE
- Healthcare costs
- Health emergencies
- Chronic disease

FINANCIAL INSECURITY
- Ongoing expenses that inhibit savings
- Financial emergencies
- Medical debt
- Reduced earnings potential
COVID-19 AND FINANCIAL INSECURITY

**FINANCIAL INSECURITY**
- Economic inequalities
- Lack of sick leave and other protections
- Unsafe working conditions

**PHYSICAL AND MENTAL HEALTH**
- Risk for COVID-19 and adverse impacts

**HEALTH STATUS AND HEALTHCARE**
- COVID-19 health crisis
- Health insurance
- Lack of sick leave

**FINANCIAL INSECURITY**
- Income disruptions from layoffs/furloughs
- Reductions in wealth/increases in debt to meet day-to-day expenses
- Increased poverty and material deprivation
How Healthy is Your Community?

The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work, and play. They provide a starting point for change in communities.

Enter your state, county, or ZIP Code  Search
CHR&R SNAPSHOTS

1. Look at the big picture – health factor and health outcome ranks

2. Check your health factors – which are strongest? Which could use some work?

3. Begin to explore the measures using Areas to Explore and Areas of Strength

<table>
<thead>
<tr>
<th>Social &amp; Economic Factors</th>
<th>47</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>86%</td>
</tr>
<tr>
<td>Some college</td>
<td>76%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>4.0%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>19%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Children in Poverty</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian &amp; Alaska Native</td>
<td>19%</td>
</tr>
<tr>
<td>Asian</td>
<td>5%</td>
</tr>
<tr>
<td>Black</td>
<td>34%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>33%</td>
</tr>
<tr>
<td>White</td>
<td>3%</td>
</tr>
</tbody>
</table>

- Math scores: 2.9
- Median household Income: $70,800
- Children eligible for free or reduced price lunch: 56%
- Residential segregation - Black/White: 73%
- Residential segregation - non-white/white: 60%

\[ \text{Area of Strength} \]
MOVING TO ACTION

What Works for Health

Evidence matters. Our What Works for Health tool will help you find policies and programs that are a good fit for your community’s priorities.

Find Strategies by Topic

**Health Behaviors**
- Alcohol and Drug Use
- Diet and Exercise
- Other Health Behaviors
- Sexual Activity
- Tobacco Use

**Clinical Care**
- Access to Care
- Quality of Care

**Social & Economic Factors**
- Community Safety
- Education
- Employment
- Family and Social Support
- Income

**Physical Environment**
- Air and Water Quality
- Housing and Transit
Evidence Ratings

- **Scientifically Supported:** Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

- **Some Evidence:** Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

- **Expert Opinion:** Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.

- **Insufficient Evidence:** Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.

- **Mixed Evidence:** Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects.

- **Evidence of Ineffectiveness:** Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results. Learn more about our methods.
DIG INTO DATA

Action Learning Guides

Dig into specific topics with a blend of guidance, tools, and hands-on practice and reflection activities.

Understand and Use Data to Improve Health

**What Are Data?**
This guide introduces you to different types of data, different methods for measuring the health of your community, and common sources of data that you can access to support your work.

Get Started ➔

**Why Use Data?**
Explore the many ways you might use data in your own community, from assessing your areas of strength to supporting policy change that will address health inequities.

Get Started ➔

**Improving Data Fluency**
Ready to gain a deeper understanding of the kinds of data available and why they matter to community health improvement? This guide will help you make sense of new and existing data.

Get Started ➔

Promote Health and Equity

**Introduction to Equity**
This guide explains what equity is... not everyone has access to... health.

**Understand and Identify Root Causes of Inequities**
This guide focuses on identifying... community members.
POLICY BRIEF: NEW JERSEY
PAID LEAVE

Overview

Millions of workers are forced to choose between keeping their job and taking time off to care for a loved one because they do not have leave benefits to cover their absences or take. The federal Family Medical Leave and FMLA policy provides for employees that take leave for personal or family reasons. Family medical leave, adoption, or foster care, however, does not require the employer to pay their employee during their leave. In addition, the FMLA only covers some employers. When the work is for firms with fewer than 50 employees, or in small firms, take differs greatly.

What States Can Do

To enable workers to address family or health issues without losing their job or security, states should adopt paid leave policies on their own. These policies can improve the benefits that workers get while at work. In addition, employee health ensures the family and the worker that their business does not lose its employees in the absence of paid leave policies. The FMLA applies to businesses and employees whose businesses have more than 25 employees. However, the family and the worker can get sick leave, but they do not lose their job.

What States Have Done

New states and the District of Columbia have adopted some form of paid medical, family or sick leave regulations. However, the FMLA has not been extended to cover all firms and employees. While other states have not taken action, the FMLA does not cover all employees. The FMLA does not allow for the extension of paid leave policies. The FMLA does not cover all employers.

What Has New Jersey Done?

Paid leave

For all employees, the FMLA requires employers to offer paid leave. Family or sick leave is for employees who have been on the job for at least 12 months and have worked at least 1,200 hours in the last 12 months. Employers who do not extend paid leave to all employees.

Expected Beneficial Outcomes (Rated)

• Increased worker morale
• Improved health outcomes

Other Potential Beneficial Outcomes

• Improved mental health
• Increased productivity
• Increased worker attendance
• Reduced stress

Evidence of Effectiveness

There's always evidence that the paid family leave (PL) policy is observed in the Latino and African-American communities.

For additional information on what states have adopted full paid leave in the 2020 Prosperity Scorecard, please download our Policy Brief. Please send questions about the data in the Policy Brief or the 2020 Scorecard to: 
john.metcalfe@aacr.org

PROSPERITY NOW
PROSPERITY NOW
BUILDING A CULTURE OF HEALTH, COUNTY BY COUNTY
A Robert Wood Johnson Foundation program

Bridging Resources – Policies & Programs

Paid family leave

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BRIDGING RESOURCES – FIND PARTNERS
BRIDGING RESOURCES – TAKE ACTION

Steps to Move Your Community Forward

The steps below provide a path to help your community move with data to action. In each you will find key activities and suggested tools to guide your progress. Keep in mind action isn’t always linear. Build these steps to find the right resources when you need them.

1. Assess Needs & Resources
2. Focus on What’s Important
3. Choose Effective Policies & Programs
4. Act on What’s Important
5. Evaluate Actions

Prosperity Now Advocacy Center

Make your voice heard and help protect working families. Join our Advocacy Center today and contact your Member of Congress with a simple click of a button!
WE WANT TO HEAR FROM YOU!

Click the link to answer a few questions about today’s webinar
COVID-19: NEW CRISIS, SAME STORY

THE LEADERS BEHIND THE SCENES OF PROSPERITY NOW’S RACIAL WEALTH DIVIDE INITIATIVE BRING YOU A SIX-EPISODE SERIES

HIGHLIGHTING GRASSROOTS AND COMMUNITY INNOVATORS ADDRESSING THE CHALLENGES OF RACIAL ECONOMIC INEQUALITY IN LIGHT OF COVID-19

ALL EPISODES WILL BE RELEASED ON THE FOLLOWING WEDNESDAYS AT 3PM EDT:

SERIES OVERVIEW: JUNE 3, 2020
INCOME EPISODE: JULY 15, 2020
HEALTH EPISODE: JUNE 17, 2020
HOUSING EPISODE: JULY 29, 2020
EMPLOYMENT EPISODE: JULY 1, 2020
EDUCATION EPISODE: AUGUST 12, 2020

PROSPERITYNOW.ORG
JOIN US FOR A SPECIAL TOPICS WEBINAR SERIES

Health Equity and Social Solidarity in the Time of Pandemic: Strategies for COVID-19 Response and Recovery

Webinars will highlight challenges communities are facing as they respond to COVID-19 and offer insights from local and national leaders as we work toward a more inclusive and equitable recovery for all.

COVID-19: Disproportionate Impact on Black Communities
Thursday, June 25 | 3:00 – 3:45pm ET

COVID-19: Disproportionate Impact on Tribal Nations
Thursday, July 9 | 3:00 – 4:00pm ET

Tuesday, July 21 | 3:00 – 4:00pm ET

Responding to Crisis in the LatinX Population with an Equity Lens
Tuesday, August 13 | 3:00 – 4:00pm ET

Learn more: www.countyhealthrankings.org/webinars
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THANK YOU!

Contact us

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