

HEALTH & WEALTH: USING DATA TO ADDRESS INCOME INEQUALITY

A County Health Rankings & Roadmaps and Prosperity Now Webinar

June 16, 2020

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



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



Carla Freeman
Action Learning Coach
County Health Rankings & Roadmaps



Lindsay Garber
Network Strategist
County Health Rankings & Roadmaps



Parker Cohen
Director, Savings & Financial Capability
Prosperity Now



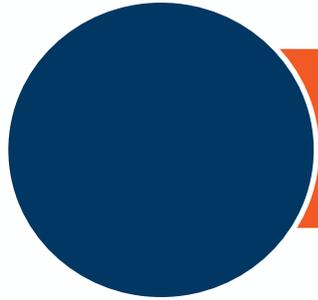
Lebaron Sims
Sr. Research Manager, Applied Research
Prosperity Now

JOIN US FOR MORE DISCUSSION – TODAY!

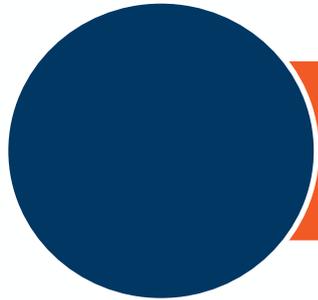
- ▶ **When:** Immediately following the webinar
- ▶ **What:** Interactive learning experience, opportunity to share ideas and ask questions
- ▶ **How:** Videoconference and/or phone via Zoom
- ▶ **Why:** Deepen the webinar learning, allow further exploration



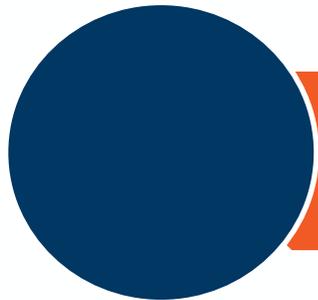
LEARNING OUTCOMES FOR TODAY



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



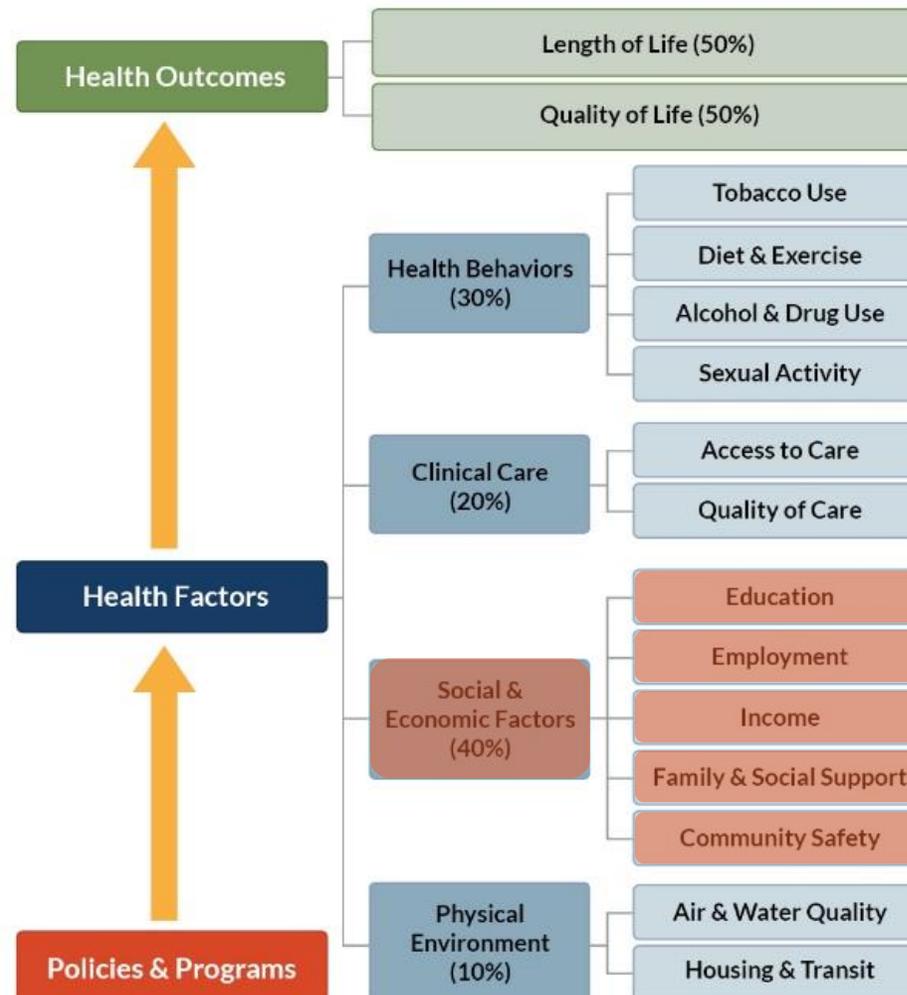
Identify ways to combine data and tools from different sources to address local challenges

WHY WE DO WHAT WE DO

To Improve Health Outcomes & Advance Health Equity



RANKINGS MODEL: WHAT MATTERS TO YOUR HEALTH

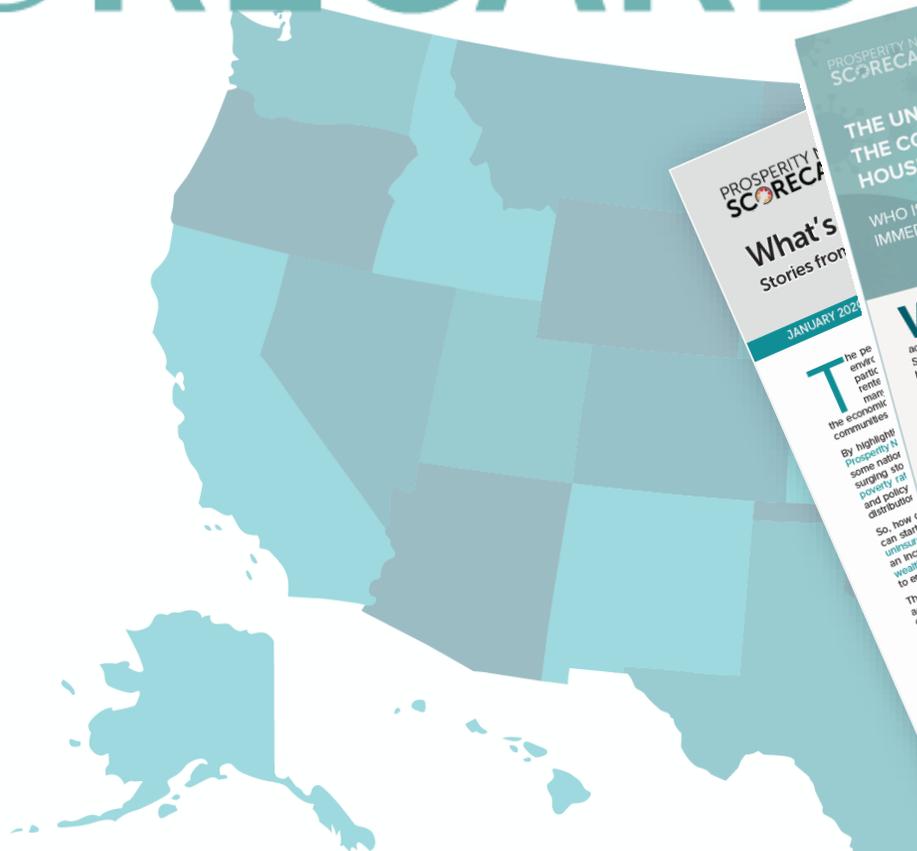


PROSPERITY NOW INTRODUCTION



Prosperity Now's mission is to ensure everyone in our country has a clear path to financial stability, wealth and prosperity.

PROSPERITY NOW SCORECARD



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—and related recession—on businesses have been extreme and unpredictable, but some firms have been able to weather the storm better than others. Small businesses and microbusinesses (defined as firms with 1-9 employees and non-employer firms) have historically been the most vulnerable to financial shocks—particularly those that are relatively young, and those led by women, minority or immigrant owners. And while microenterprises are perhaps the greatest representation of the ethos of American ingenuity and entrepreneurial spirit, they have already begun to bear the greatest brunt of the liquidity and spending crisis precipitated by the measures taken in response to the global COVID-19 pandemic.

With the long-term impacts to the economy still unclear and the crisis' end indefinite, it is clear that without further financial supports through the crisis' duration, those vulnerable businesses will be the likeliest to close permanently as a result of this crisis. This data brief shows why businesses owned by women, immigrants, and people of color were highly susceptible to an economic downturn prior to the COVID-19 pandemic. It also describes the ways those businesses have been impacted by the slowdown of economic activity in response to the pandemic, and discusses the limitations of the Congressional small business relief program and its effects on the fortunes of vulnerable businesses.

Who owns microbusinesses?

The majority of the over 27.2 million firms nationwide are microbusinesses, with 94% of businesses having fewer than ten employees.¹ According to the Prosperity Now Scorecard's analysis of the latest Business Dynamics Statistics, almost one in five people in the entire labor force own a microenterprise, which is defined as a business that requires \$35,000 or less in start-up capital and has five or fewer employees. The over 30 million jobs created by microbusinesses for both owners and employees provide a vital source of employment and income, as well as an opportunity for asset building.²

Demographically, microbusinesses are predominately owned by White men: almost 85% of all firms with less than 10 employees are White-owned, and 64% are male-owned. In comparison, 21.8% of all microbusinesses are solely female-owned, with an additional 14.6% owned equally by men and women.³ One in five microbusinesses in the United States are minority-owned. Nationally, only 2.4% of micro firms are Black-owned, just 6.5% are Latino-owned, and a mere 0.6% are Native American-owned.⁴ But while the number of minority-owned firms is small compared to White-owned firms, there is an increasing trend in the number of non-White entrepreneurs. The rate of new Latino

Small businesses and microbusinesses (defined as firms with 1-9 employees and non-employer firms) have historically been the most vulnerable to financial shocks.



EXPLORE DATA BY
LOCATION

CHOOSE
YOUR
EXPERIENCE:

EXPLORE DATA BY
ISSUE AREA

San Francisco

CALIF.

San Diego

Phoenix

ARIZ.

N.M.

OKLA.

Dallas

ARK.

MISS.

ALA.

Atlanta

GA.

TENN.

S.C.

N.C.

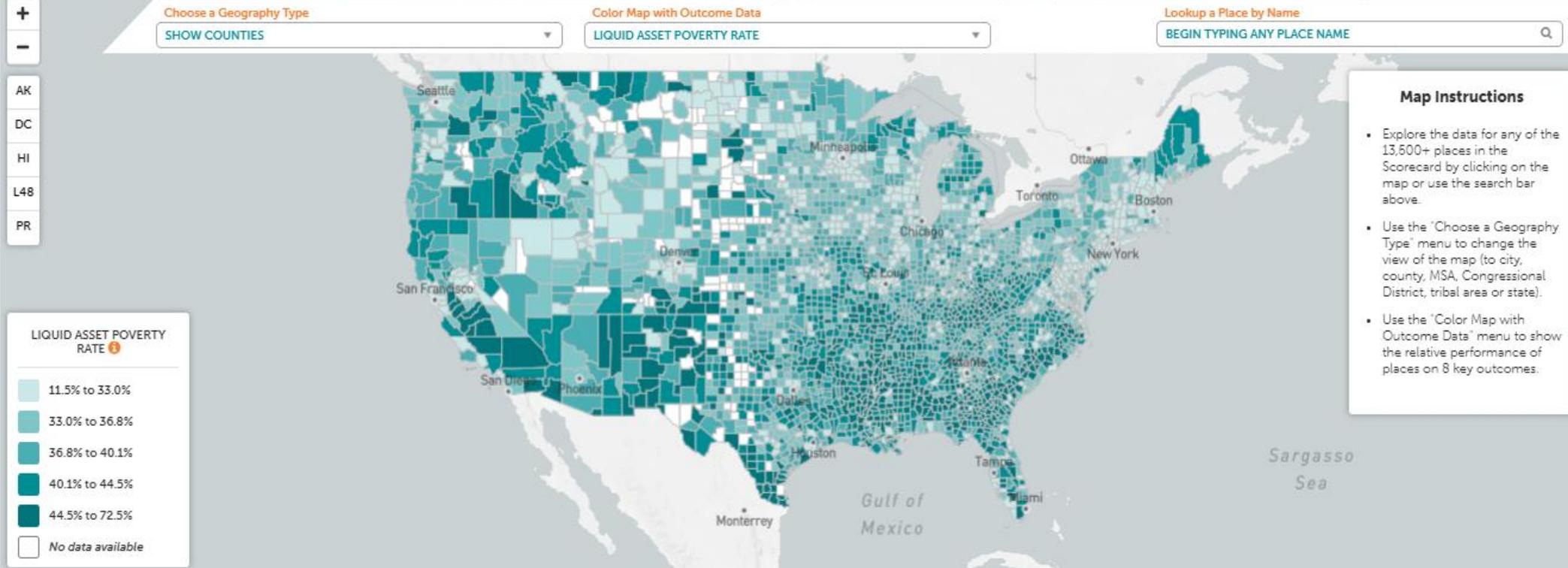
KY.

VA.

MO.

TEX.

Data by Location



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



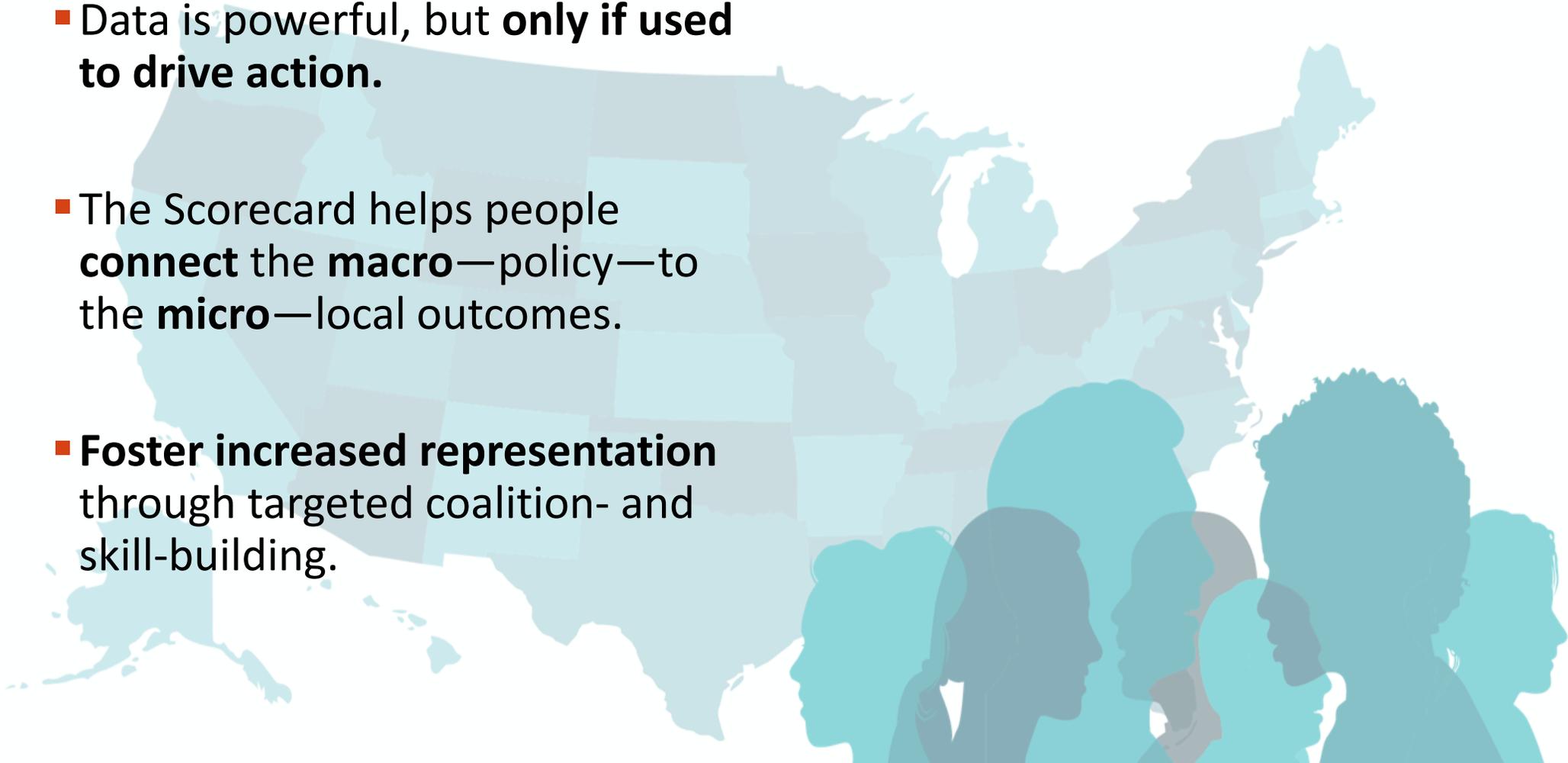
Education

MEETING THE NEEDS OF A DIVERSE FIELD

- **Challenge:** People want more help taking action in, and on behalf of, their communities.
- **Challenge:** People need help defining and disseminating a unified message to their stakeholders.
- **Solution:** Deeper community engagement and skill-building initiatives with 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

COUNTY HEALTH RANKINGS DATA

[Explore Health Rankings](#)

[Take Action to Improve Health](#)

[Learn From Others](#)

[What Is Health?](#)

[Reports](#)



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

Social & Economic Factors		47
High school graduation	86%	96% 83%
Some college	76%	75-78% 73% 63%
Unemployment	4.0%	2.6% 3.9%
Children in poverty	19%	16-23% 11% 21%
	Value	3.7 4.9
% Children in Poverty	19%	20% 37%
American Indian & Alaska Native	38%	18.4 9.0
Asian	5%	63 388
Black	34%	58 65
Hispanic	33%	(ing) -
White	3%	4% 8%
		3.4 3.0
Math scores	2.9	3.4 2.9
Median household income	\$70,800	\$69,500-72,200 \$69,000 \$58,600
Children eligible for free or reduced price lunch	56%	32% 61%
Residential segregation - Black/White	73	23 54
Residential segregation - non-white/white	60	14 48

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**

MOVING TO ACTION



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 Rating 1

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.

Health Factors 1

Employment

Decision Makers

Business

Government

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

★ Saved Strategies (1)

ent birth or adoption, a parent
her paid time off, such as sick
ernity and paternity leave.
ount of benefit and maximum
inct from the federal Family
of job-protected leave

e likelihood that mothers
), particularly mothers
Rossin-Slater 2018¹¹, Jou

mortality (Preymann 2011¹⁰, Tanaka 2005¹¹), with longer durations resulting in greater reductions in death among infants
and young children (Ruhm 2000¹²).

Impact on Disparities

Likely to decrease disparities

Implementation Examples

Legislation guarantees paid leave for eligible employees in California, New Jersey, New York, and Rhode Island and several cities across the country, including New York City and San Francisco (NCSL-PFL resources¹³, LAW-Resources¹⁴). Washington state and Washington DC's programs will go into effect in 2020 (NCSL-PFL resources¹³), and the program in Massachusetts will begin paying leave benefits in 2021 (MA-Leave¹⁵). State legislation pre-empts local laws related to leave in 13 states (Grassroots Change¹⁶).

Five states (California, New Jersey, New York, Rhode Island, and Hawaii) also provide paid maternity leave through state-level Temporary Disability Insurance programs (NPWF-TDI¹⁷).

The US is the only OECD country that does not provide paid parental leave (Adema 2016¹⁸).

Implementation Resources

NCSL-PFL resources¹³ - National Conference of State Legislatures (NCSL). Paid family leave resources.

NCSL-State leave laws¹⁹ - National Conference of State Legislatures (NCSL). State family medical leave and parental leave laws.

CA EDD-Family leave²⁰ - State of California Employment Development Department (EDD). Paid family leave.

NJ LWD-Family leave²¹ - State of New Jersey Department of Labor and Workforce Development (LWD). Family leave insurance.

RI TDI-Paid leave²² - Rhode Island (RI) Temporary Disability Program. RI paid leave.

LAW-Resources¹⁴ - Legal Aid at Work (LAW). Work & family.

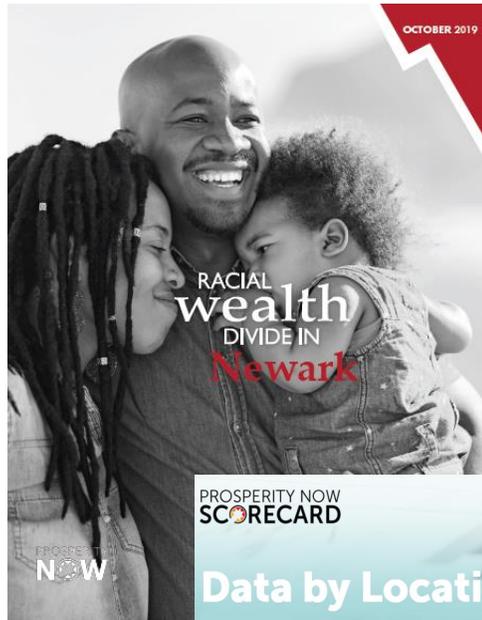
Citations - Evidence



Citations - Implementation Examples



BRIDGING RESOURCES – DATA



New Jersey

2020 Select another state

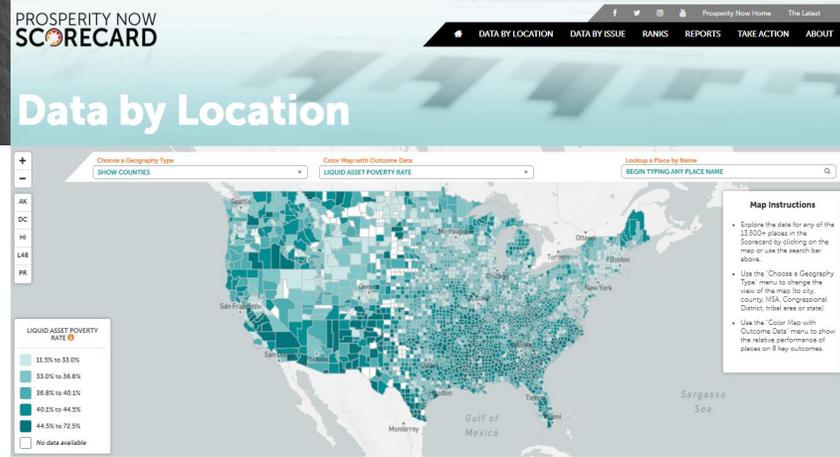
Overview Rankings Measures Downloads Compare Counties Select a county Print Help Español

- ← Back To Map
- HEALTH OUTCOMES OVERALL RANK
- | Rank | County |
|------|-----------------|
| 1 | Hunterdon (HT) |
| 2 | Morris (MR) |
| 3 | Bergen (BE) |
| 4 | Somerset (SO) |
| 5 | Sussex (SU) |
| 6 | Middlesex (MI) |
| 7 | Monmouth (MO) |
| 8 | Union (UN) |
| 9 | Ocean (OC) |
| 10 | Mercer (ME) |
| 11 | Hudson (HU) |
| 12 | Warren (WA) |
| 13 | Burlington (BU) |
| 14 | Passaic (PA) |
| 15 | Gloucester (GL) |
| 16 | Essex (ES) |

Essex (ES) Show areas to explore Show areas of strength

County Demographics +

	Essex County	Trend	Error Margin	Top U.S. Performers	New Jersey	Rank (of 21)
Health Outcomes						16
Length of Life						15
Premature death	7,300	↗	7,100-7,500	5,500	5,900	
Quality of Life						16
Poor or fair health	19%		18-19%	12%	18%	
Poor physical health days	3.9		3.8-4.0	3.1	3.7	
Poor mental health days	3.8		3.7-3.9	3.4	3.9	
Low birthweight	10%		9-10%	6%	8%	
Additional Health Outcomes (not included in overall ranking) +						
Health Factors						19



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.



Understand and Identify Root Causes of Inequities

Not everyone has access to quality



Develop Strategies to Promote Health & Equity

This guide focuses on identifying



Partnering With Residents

Engage community members.

BRIDGING RESOURCES – POLICIES & PROGRAMS

POLICY BRIEF: NEW JERSEY
PAID LEAVE

PROSPERITY NOW
SCORECARD

Overview

Millions of workers are forced to choose between keeping their income and taking time off work to care for a loved one because they lack the basic leave benefits to protect their earnings and jobs. The federal Family Medical Leave Act (FMLA) provides job-protection for employees that take leave for personal or family illness, family medical leave, adoption or foster care; however, it does not require that employers pay their employees during their leave. In addition, the FMLA only covers some workers: those that work for firms with 50 or more workers, and those who have longer tenures or have worked at least 1,250 annual hours. Further, the law defines "family" as only a child, spouse or parent.

What States Can Do

To enable workers to address family or health issues without jeopardizing their earnings or job security, states should adopt paid leave policies, including paid medical, family and sick leave. Paid leave is the best policy alternative. However, states can take incremental steps to improve leave policies by expanding the FMLA to apply to employers with fewer than 50 workers, covering employees who have less tenure or have worked fewer than 1,250 annual hours, and including domestic partners, siblings, grandparents or grandchildren in the definition of "family."

What States Have Done

Thirteen states and the District of Columbia have adopted some form of paid medical, family or sick leave legislation. Nineteen states and the District of Columbia have extended the federal FMLA to cover additional workers.

What Has New Jersey Done?

Paid Leave

- Does state require employers to offer paid medical, family or sick leave?
What kind of leave? Family, medical and sick
- Does state expand FMLA to cover more workers?
Issue: Smaller employers, less tenure or fewer hours worked, definition of family

For additional information on what states have achieved on all policies in the 2020 Prosperity Now Scorecard, please download our [State Policy Reports](#). Please send questions about the data in this Policy Brief or the 2020 Scorecard to scorecard@prosperitynow.org.

1 PUBLISHED JANUARY 2020
FOR MORE INFORMATION VISIT SCORECARD.PROSPERITYNOW.ORG



County Health Rankings & Roadmaps
Building a Culture of Health, County by County

[About Us](#) | [News & Events](#)

Explore Health Rankings
Take Action to Improve Health
Learn From Others
What Is Health?
Reports
Q

★ Saved Strategies (1)

Evidence Rating 1

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.

Health Factors 1

● Employment

Decision Makers

Business

Government

Paid family leave

Print this strategy
 Save this strategy

Paid family leave (PFL) provides employees with paid time off for circumstances such as a recent birth or adoption, a parent or spouse with a serious medical condition, or a sick child. Some employers allow the use of other paid time off, such as sick leave, for these purposes rather than designating family leave; some employers also offer maternity and paternity leave. PFL may be provided by employers or via state-level programs. State programs vary in the amount of benefit and maximum length of leave provided, and whether leave is job protected (Urban-Isaacs 2017¹⁴). PFL is distinct from the federal Family and Medical Leave Act (FMLA), which provides eligible employees with at least 12 work weeks of job-protected leave without pay (US DOL-FMLA¹⁵).

Expected Beneficial Outcomes (Rated)

- Increased labor force participation
- Increased use of parental leave
- Improved health outcomes

Other Potential Beneficial Outcomes

- Improved mental health
- Increased preventive care
- Increased breastfeeding rates
- Improved birth outcomes
- Reduced infant mortality
- Improved well-being
- Improved economic security

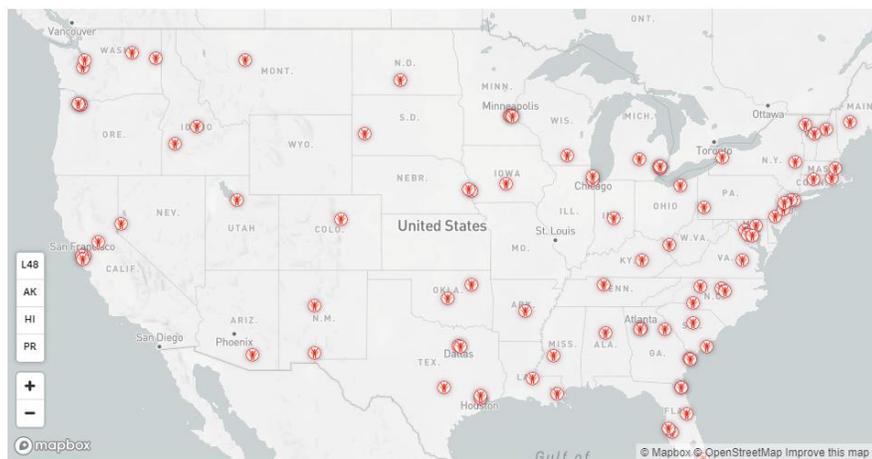
Evidence of Effectiveness

There is strong evidence that short-term paid family leave (PFL) policies in the US increase the likelihood that mothers remain in the labor force after child birth (Baum 2016¹⁶, Byker 2016¹⁷, Rossin-Slater 2013¹⁸), particularly mothers without bachelor's degrees (Byker 2016¹⁷). PFL improves child and family health outcomes (Rossin-Slater 2018¹⁹, Jou

BRIDGING RESOURCES – FIND PARTNERS

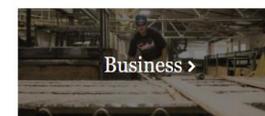
Find Your Community Champion

Explore the map below to find contact information for the Community Champion in your state or community.



What roles do you play in your community?
Who do you want to partner with?

Think about the people in your community who make positive changes happen. Call them leaders, changemakers, or stakeholders - these are the people with whom you want to partner. This section is all about joining with others to make lasting change in your community.



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. Revisit these steps to find the right resources when you need them.





QUESTIONS?



24:1 Community, MO, 2016

WE WANT TO HEAR FROM YOU!

Click the link to answer a few questions about today's webinar



COVID-19: NEW CRISIS, SAME STORY



EBONY WHITE



LILLIAN SINGH



CAT GOUGHNOUR



MADELAINE SANTANA



SHARICE DAVIS



MYRTO KARAFLOS

THE LEADERS BEHIND THE SCENES OF PROSPERITY NOW'S RACIAL WEALTH DIVIDE INITIATIVE BRING YOU A SIX-EPIISODE 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

HEALTH EPISODE: JUNE 17, 2020

EMPLOYMENT EPISODE: JULY 1, 2020

INCOME EPISODE: JULY 15, 2020

HOUSING EPISODE: JULY 29, 2020

EDUCATION EPISODE: AUGUST 12, 2020

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

US COVID-19 Atlas: Exploring Data to Move to Action

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

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



THANK YOU!

Contact us

www.countyhealthrankings.org

www.prosperitynow.org