Promoting Health Equity Through Economic Mobility
National Webinar
Trust for America's Health and Bipartisan Policy Center
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Live Captioning Transcript by Ai-Media

TIM HUGHES:

Good afternoon, and welcome to our national webinar on 'Promoting Health Equity Through Economic Opportunity'. Posted by the Bipartisan Policy Center, and Trust for America's Health. My name is Tim Hughes, external relations and outreach manager at TFAH. We would like to thank our speakers and audience for being with us today.

Real-time captioning is provided today by Jen, of Ai-Media. For captions click on more on the bottom right of your resume screen, and enable captions. Next, click on closed caption. ASL Interpretation is also being provided today, by Becky, with Keystone interpreting solutions.

If you would like to use ASL Interpretation, hover over your cursor over the interpretation button on the bottom of your Zoom screen. Next slide.

I encourage you all to share your thoughts and questions about today's presentation by typing them into the Q and a box. We will try and answer as many as we can, as time permits. To open the Q&A box, click the Q&A icon on the bottom of your screen. From there, select enter when you are ready to submit your question. As always, today's webinar is being recording. Recording and slides will be made available on TFAH's website by the end of this week, as well as bipartisan policy website. And now, next slide.

It is my pleasure to introduce the moderator of this event, Dr Tekisha Dwan Everette. Dr Everette is the Executive Vice President of Trust for America's Health. In this role, she works in partnerships with TFAH's president and CEO to chart and implement the organization's strategic direction and priorities. Provides counsel on current and emerging policy issues, and engages with key organizations, policymakers, and other partners to advance policy priorities to improve public health, and promote equity. Most recently she served as the inaugural secular director of health equity solutions, a statewide nonprofit, dedicated to advancing health equity through policy and ethics become a in Connecticut. Will come Dr Everette.

DR TEKISHA DWAN EVERETTE:

Thank you so much Tim, and thank you for everyone joining us today for this important discussion. I am Dr Tekisha Dwan Everette Executive Vice-President here at Trust for America's Health, known as TFAH for short.

First, I would like to welcome all of you and think our esteemed panelist for taking the time to attend

this event. We are honored to have you all here. Our agenda today is on the next slide.

Our presentation will start after a brief introduction from me, of the panelists. And we will move to a discussion, excuse me, we will move to discussion and questions from the audience at the end of those presentations. My hope for you is that you will see this, you will leave this briefing having a better understanding of the impact economic supports have, in further addressing the economic needs of communities, improving their financial stability, and promoting their health and well-being.

We will highlight COVID financial assistance programs, and opportunities to enact policies in addressing racial and social inequities at the federal, state, and local, and community levels. Next slide.

We will have some questions for – we will save questions for the end of the discussion. But just a reminder, if you have questions throughout, we encourage you to place those in the Q and A and not the chat section, so we are able to track and answer those questions after the presentations.

I am now pleased to welcome our panel, the reason we are all here today. I first want to start by introducing Rachel Snyderman. Rachel serves as the director of economic policy at the Bipartisan Policy Center. Also known as BPC. She leads the team dedicated to advancing economic policy that expand opportunities and financial security for workers. Rachel joined Bipartisan Policy Center following service with the Department of Commerce, and the office of management and budget.

Her work is largely featured regularly in major news media outlets. Such as the New York Times, and the Washington Post. Our second panelist Isabel Dickson, is the economic mobility program manager at the Colorado Department of Public Health and Environment.

In this role, she serves as the lead strategic director for economic mobility at the Colorado Department of Public Health, and she helps in identifying and implementing evidence-based strategies to improve the financial well-being of Colorado families.

I will pause for a moment, because I am receiving some notices that perhaps my sound is a little off. I will troubleshoot for a second to correct that. And shortly after that, I will hopefully be able to change devices to make this better, if this actually does not change the volume now…

Lastly, I want to introduce Leandra Lacy, Leandra Lacy is the training and technical assistance manager in the research to action Lab at the Urban Institute. She designs and delivers tailored technical assistance for community-based organizations, reported by the CDC funded partners for equity program.

She also leads the design of an intensive technical assistance model for the Upward Mobility Framework's projects, funded by the Bill and Melinda Gates Foundation. Her research portfolio with the urban Institute involves maternal health equity. Before joining the Urban Institute she worked at the University clinic settings in sexual and reproductive health research, education, programming, and capacity building.

You can access their full bios at tfah.org where we will also share the recording of today's women are. It is now my pleasure and honor to bring Rachel to the stage. The virtual stage. To do her presentation, Rachel, it is all yours.

RACHEL SNYDERMAN:

Thank you so much for that warm introduction. It is a pleasure to be here today. If we could go to the next slide, that would be wonderful. And the next one. Thank you.

So, we are here today to talk about economic mobility. When we do that, we are looking at a central question. Will our children be better off economically, then us? This is really important to consider, even existing economic and social environments that we find ourselves in. Empty policy supports necessary to confront it.

TFAH's report, and so much of their work focuses on examining the issue. And in that report in particular they lay out significant policy tools at our disposal. Such as tax credits, access to paid family leave, and affordable childcare. These and other supports are critical to American workers and their families. I will briefly touch on a few of them and the evidence base we have to support their efficacy. Then I will describe at a high-level, the current federal policy landscape that we find ourselves in. And where we go from here.

At the Bipartisan Policy Center, we spend a lot of our time focusing on economic opportunity. And what are the policy levers on both sides of the aisles, that can be agreed on. The focus the conversation around economic opportunity, and helping all Americans thrive. From childhood to retirement. What makes studying the economic tools so fascinating in the United States, in particular, is a so many of these economic mobility tools are provided to Americans through the federal tax code.

Policymakers have increasingly turned to the tax code to implement, I will say both in the individual and business sides of the tax code, over the past decades, to enact social programs that provide critical financial support that American workers and their families need. So, for this conversation, I will focus on five of those we are seeing. That dominate a lot of federal policy landscape right now. Recognizing that there are several others, and we will talk and dive deep into their impact at the state level later on in the presentation.

If we could go to the next slide, that would be great. Thank you. On the individual side of the tax code, we are hearing a lot in the news about policymakers, at the federal and state levels, the Child Tax Credit, the Earned Income Tax Credit and Child and Dependent Care Tax Credit. The Child Tax Credit is a credit given to parents and eligible caregivers at tax time. It is currently worth up to $2000 per child, eligibility is determined of a number of factors. Primarily on earnings. And of course the number of children that a family has. There is also the Earned Income Tax Credit, assigned to effectively raise the after-tax income of workers with low to moderate income. And incentivize them to not only enter the workforce, but to increase their earnings over time, even how the tax credit changes.

And also is dependent on the number of children that an eligible worker has as well. In 2022, for example, the average EITC, claimed about $2540. Which is pretty significant. There is also the Child and Dependent Care Tax Credit, which is a credit that helps families offset the high cost that we pay for child care. Also to families who are taking care of adult dependents, or spouses who need additional assistance. Families can claim up to $3000 from independent care expenses, or one child or dependent, or up to $6000 for an additional child or dependent.

There is a large body of research that looks at, particularly these three credits, as critical antipoverty tools. Their positive effects on how economic security, health education outcomes, among several others. If you I will note is that there are studies that show that the climbing of the Child Tax Credit and Earned Income Tax Credit can help increase the birth weight of children, decrease the rates of infant

mortality, improve health outcomes for mothers. Also improved health insurance coverage, and also better weight control, for example. These are just a few of those economic linkages to public health outcomes that are critical when we think about the importance of these tools.

We also know that the linkage between broader economic improvements, and health outcomes help with labor force market – labor market participation, and labor market productivity. So, these are really critical antipoverty tools to have in our arsenals. They are so critical that, we have even seen it states implement their own versions of these federal programs, at the state level over the past years. We know that 14 states have their own Child Tax Credit in addition to the federal tax credit. 31 states and Washington DC have an Earned Income Tax Credit. 28 states have their own version of the Child and Dependent Care Tax Credit.

BPC has mapped what I encourage you to look at for all of these. On the business side of the code, credits that provide incentives for businesses to support their employees, when it comes to childcare, and paid family leave. These are the employer provided tax credits, and the paid family and medical leave tax credit.

We have seen countless studies that also show that access to paid family leave and affordable childcare keeps new parents attached to the workforce, also supporting the healthy development outcomes for their children. I know we will also touch on those issues later in the panel as well. Could we go to the next slide, please. Where I want to leave you with our discussion is, where do we here? I am joining you from Washington, DC, you can take a look at your local newspaper and headlines, but things are turbulence here. It seems like no one can get along.

What we have learned from the height of the pandemic is that so many of these tools in particular, were expended. Because we know that they work on it comes to poverty alleviation, and the types of supports that families need. There has been so much momentum following the pandemic about how we can better support families through interventions, through programs that the tax code already supports. We saw for example, in the height of the pandemic the changes that were made, expansions made to the Child Tax Credit child poverty in half.

So that has been a big part of the discussion, since the pandemic period is how we can think about you know… Better targeting these types of supports, so that families who need the most assistance can get that assistance. And that folks also have access, and the education necessary to know they are eligible to claim these programs.

And again I noted it seems like everyday Washington is broken… I want to leave you with some optimism. Because there is a lot of development, a lot of momentum surrounding paid family leave, affordable childcare, these critical tax tools that connect workers and families, and support them. You know, there is bipartisan momentum on the hill, to push for a paid family leave solution.

We have also, and I am happy to answer in the Q&A, current discussions and negotiations surrounding expanding the Child Tax Credit. And what, you know, what this is all staring us down is that in 2025 we will see the expiration of the 2017 tax cuts and job act. These are known as the Trump tax cuts. Almost every individual tax code revision will be on the table for negotiation. There will be a lot of priorities in there that both Democrats and Republicans support, and I think economic mobility will be the thread that holds us altogether, when we have those conversations about tax reform, next year.

With that, I will kick it back to you, Tekisha, and look forward to engaging in the Q&A.

DR TEKISHA DWAN EVERETTE:

Thank you so much, Rachel for that wonderful outline. Giving us that federal policy landscape, and bringing the two issues of economic mobility, and tax policy together. In such an easy way for us to understand it today. I now want to turn our attention to Isabel, and bring Isabel forward. Isabel from the Colorado Department of Public health and environment, please take the virtual stage and give us your take on the state level.

ISABEL DICKSON:

Thank you so much, Tekisha. And thank you for having me today. I am the economic mobility program manager at the Colorado public -- Colorado Department of Public Health and Environment. We know public health is increasingly talking more and more about the role that social determinants of health play in addressing health inequities.

But what does that actually look like in the state and local public health settings? It can be a bit murky. I will talk today about what this work has looked like in practice, in Colorado. Next slide, please. A little bit of framing first, we are all aware that the cost of living has become untenable for many of the families we serve. Housing costs are high, the median house cost in Colorado is almost $600,000, and our child poverty rate is 11%. Communities around the country have experienced similar economic stress, combined with the economic impacts of the pandemic, further exacerbated health inequities.

We know economic need is tied to poor health, and increased interaction with the child healthcare -- welfare system. Those in public health usually understand the relationship between economic status and health, we hear the question, what are you talking about economic mobility and tax credits?

For our team, we think about it in two ways. Two main reasons. First, as Rachel noted, research has confirmed the relationship between lower incomes and worse health. And children who grow up in poverty or experience poverty for an extended period, experience more adverse health consequences throughout their lives. The second reason is that public health already has the networks and partners that can reach those who can most benefit.

The role of public health here is similar to other programs and disease prevention. We have found, sharing data, research, and recommendation's, tools, technical assistance, help support our partners and their community work. We do not have to determine what to focus on from scratch. Because national partners such as TFAH, and the national academies of sciences engineering and medicine, with the roadmap to end child poverty have identified and formed recommendations on evidence-based policies and practices that can address economic needs. I will talk about some of those specific strategies in a moment.

A few words, we sometimes get credits about how we are able to stand up and resource this work as the health department. Our economic mobility program sits within our Title V maternal and child health program. This provides stable funding and staff time, and has been critical to standing the program up. We did that as part of our needs assessment, conducted every five years, through that process Colorado was able to select for new priorities that focus on social determinants of health. One of which was economic mobility. Then we were able to leverage additional funding sources. Of course it helps to have

dedicated staff, time. But you do not have to have this. Some were, tax referral for example, can be done at a low cost. Making tax or credit referral part of the benefits referral conversation. That can be pretty simple.

There are amazing toolkits such as the Center for budget and policy policy, and the IRS has a new one that you can use.

There are many strategies and areas of focus program can use, the work is really going to look different in different states, and at the community level, depending on what policies and programs are available in your state. Colorado has a very progressive tax code now. Many people do not know about these opportunities. You're pretty focused on that.

You can see some other things we focus on like paid family and medical leave, thank on Colorado for banking services, and unified benefits and some other options. If your state does not have a policy, like a stage Child Tax Credit or paid family medical leave, the federal Earned Income Tax Credit is a tax policy that is nationwide that can help people learn more about. Some of these tax credit outreach as an example today, because it is a powerful evidence-based policy to support the economic mobility of individuals and families. This is where our work has been focused.

Just a brief background on why we are focused on tax credits. We know that tax credits reduce poverty and improve long-term outcomes, Rachel covered those specific outcomes well, so I will not go over that again. And then, on this site you can see… What the power of refundable credits is. When you lay it out against things that we are very used to in public health, referring to (Indiscernible). You can see these antipoverty programs are highly effective at keeping children out of poverty. And tax refunds are flexible cash that families can spend how they see fit.

You can see some of the amounts highlighted here. They can really add up. Next slide, please. Unfortunately, millions of dollars are left on the table, in unclaimed credits, and in Colorado about 28% of Coloradans eligible for the EITC do not claim it.

People do not file for various reasons, typically it is because they do not make enough money to owe tax, they are not required to file, and they are not aware they are eligible for these. Benefits. New parents, caregivers or others who may miss out, as well as newcomer populations, and those who speak a language other than English, also rural families.

So, getting the word out, in Colorado we have worked with our partners and a media firm to get the word out. Have a public information campaign called Ahead Colorado, andacia Adfelante Colorado. Soft we also provide technical support to direct service programs. We also have H programs to work with our volunteer income tax assistance sites, meet base organizations and local policymakers. I mentioned data, this is a screenshot of our dashboard of Earned Income Tax Credit claims data, along with child poverty rates.

This tool allows partners to check for themselves, what EITC claims rates are in their area. What the supplemental child poverty rate is in the county, and whether there is a volunteer tax assistance site nearby that they can partner and refer to. Next slide, please. Finally, I want to highlight the importance of language translation and interpretation for equitable access to this information, and other SDOH information. Listening to our community-based partners, we heard that need for step-by-step tax information in audible languages. We develop some of these documents available in up to 19 languages.

I want to highlight all of this works takes place through our partnerships, one reason. They know how to get the information out to the purple deserve. Our partners in human services in early childhood have leveraged those incredible networks in local ways. Such as County human services offices, councils, the state Attorney General's office, and financial empowerment, and others. Our grant programs are getting it done in communities, and extending free tax filing capacity around the state. 2-1-1 call centers are critical. Often the call for action to engage community members on filing. I will wrap it up there and pass it back to Tekisha.

DR TEKISHA DWAN EVERETTE:

Thank you for that wonderful example of how we can really partner with others to be collaborative from a public health to parenchyma to expand economic supports and the awareness of what is available at the state level, that can be used at any state.

We will now finally turn and hear from Leandra Lacy from the Urban Institute. As a reminder, you can submit your questions to the panel in the Q&A feature. After Leandra speaks we will begin to answer some of your burning questions. Now I would like to turn it to Leandra.

LEANDRA LACY:

Thank you so much for that warm welcome, hello everyone. I am Leandra Lacy, I am a training and technical assistance manager with the Urban Institute. Urban Institute is a nonprofit research organization in Washington, DC. Provide data and evidence to help advance upward mobility and equity. I also serve as the co-lead of our intensive technical assistance team, which is part of the Upward Mobility Framework project. Funding by the Bill and Melinda Gates Foundation. Excited to join this wonderful panel today, and share a little bit about the Upward Mobility Framework, including its three-part definition of mobility from poverty, and its connection to health.

So, the framework emerged out of a previous initiative, the US partnership on mobility from poverty. Which ran from 2016-2018. It included a lot of cross sector leaders convened by the Urban Institute. What the partnership found is that, economic success alone is not enough to move out of poverty. In order for folks to move out of poverty, and stay out of poverty, people also needed to feel that they had power and autonomy in their lives. And that they are valued in the community.

They defined economic success as when a person has adequate income and assets to support their and their families material well-being. Power and autonomy is when a person has the ability to have control over their life, to make choices, and to influence larger policies and actions that affect their future. And being valued in community, the third part, is when a person feels the respect, dignity, and sense of belonging that comes from contributing to and being appreciated by people in their community.

Researching people, research, and people with lived experiences of poverty, made it clear that if jobs came with more money, but did not also come with more power, or more choice, then upward mobility was not very sustainable. And if we really want to increase mobility from property, we need to make progress on all three of these fronts. As an example, programs that do neighborhood empowerment, do not focus on how to bring more wealth to the community, will not be able to sustain that neighborhood empowerment. To make that progress, we have to be able to measure it. It'll are much more used to

measuring economic success, as we know. But that does not mean that there are not other measures for the other two dimensions.

To talk a little bit more about the framer, and the mobility metrics. I mentioned that the framework starts with the three-part definition. The next part are these five essential pillars, I know it may be small on the screen. But those five pillars are opportunity, rich neighborhoods, high-quality education, rewarding… Excuse me. Rewarding work, healthy environment and access to good healthcare, and responsive and just governance.

These essential pillars overlap to some extent, and reflect the diversity of policy domains that are relevant to mobility for poverty. Communities need strong, equitable pillars of support, but also need a focus on racial equity.

Then there are the predictors, which reflects the strength of those pillars. For each predictor there is a metric. That amounts to 26 metrics, since two predictors have to metrics that align with them. I will talk a bit about those later as well. The reason we decided to move beyond just the three-part definition, is that we wanted to find ways to measure all three dimensions and do that in a very comprehensive, but concise way. So that local leaders, like yourselves, a lot of participants here, could use them to understand whether their community could support mobility from poverty. In order for communities to become a launchpad for mobility, local changemakers needed these measures of conditions that they could influence. Next slide, please.

So, to get to our current set of mobility metrics, urban convened a cohort of eight county governments and non-government partners from 2021 to mid-2022, to Beta test the initial set of mobility metrics. Throughout this 18 month engagement of providing technical assistance, we let the counties in analyzing their mobility metrics data, gathering additional local data to provide context on the changes seen in the metrics, and providing them support in those arenas.

The counties engaged with a wide range of stakeholders, which we supported. Working on mobility from poverty within their county. We helped each team develop and execute a community engagement plan to gather insights and ideas from community members. He also helped them research evidence-based best practices and solutions, and at the end of the 18 month agreement or engagement, each team published a mobility action plan, setting forth a set of strategic actions that they will take to boost mobility from poverty in their communities.

We made revisions to the mobility metrics based on what we learned from that data cohort. Next slide. Just a little bit about the mobility metrics, localities can use it to compare their communities metrics to peer communities. To assess the extent of the local mobility challenge. And to build public support for tackling it.

The metrics can also reveal persistent racial inequities, and structural -- barriers that prevent them -- perpetuate them. It also prioritizes where community engagement can have most impact. The metrics also highlight interconnections among predictors from different policy domains, to recruit partners and identify the roles different actors can play. It also sets targets for improving the local mobility metrics, and narrowing inequities, as part of a strategy for meaningful changes. And investments, policies, and practices. And last, but not least, it also helps to monitor the metrics over time to assess a communities progress and hold local stakeholders accountable. Next slide.

Here is a deeper look at the predictors that full underneath the pillar healthy environments and access to good healthcare, along with the corresponding metrics for each predictor. Our mobility metrics data tables, which can be found for free, online. I will have a link to that later, are designed to help in every county, and with cities with populations of over 75,000 in the US, measured the status of and progress toward increasing upward mobility, and equity in their communities. You may be asking, there are only four there… Are there many other factors that influence health? You are right, that is true.

When creating the mobility metrics, there was a set of specific criteria that we had, including data that is repeated at regular intervals, making sure the data was available for citizen counties nationwide, data that was consistently conducted and calculated. Making sure that data was available for important subgroups, especially by race and ethnicity. It was a whole set of criteria I could talk about, which is how we landed on those work metrics for this area of the framework. Next slide, please.

Here's an example of how the framework relates to health. I'm sure as you know, structural racism in the health domain can impact someone's ability to achieve that three-part finish in that I mentioned. For example, the inequitable placement of healthcare services favoring whiter and wealthier communities, or the placement of environmental contaminants like factories, in communities of color. Can impact someone's mental and physical health. And obviously, leading toward potentially impacting their ability to work consistently, and earn higher wages. It can cause them to have to spend a higher share of their income on health. And can impact their ability to cope with stress, and have the positive mental health needed to feel that they can make choices and form close relationships.

Next slide. In their economic mobility catalog, our colleagues over at results for America also acknowledge health and well-being as a critical foundation to mobility outcomes. They highlight the Rapid Employment and Development Initiative in Chicago in 2017, the case study exhibiting the strategy of gun violence prevention, which they relate to the issue area of health and well-being, and also to the outcome areas of stable and healthy families, and supportive neighborhoods.

Through community partnerships and a commitment to using data to inform improvement, they sought major success with 72% of participants who started transitional employment, continuing to be employed after six months. This truly illustrates the interconnectedness of health and mobility, which we are here today to discuss. Next slide.

Lastly, I wanted to wrap up with some links to various resources. If you are interested in doing a deeper dive, including the Upward Mobility Framework website, the planning guide for local action, which the Urban Institute helped create to help people working in upward mobility, facilitate an upward mobility planning process, by taking them through a 10 step process.

There is also a link here to sign up for the framework listserv if you want to receive project updates, including research, blogs, and webinars. Ashley there is a QR Code here to access your locations mobility metrics tables. This is available for every county in the US, and for cities with populations over 75,000. I hope you take advantage of that if it is of interest. Thank you.

DR TEKISHA DWAN EVERETTE:

Thank you so much Leandra, for that amazing presentation. Connecting mobility and health, at the super hyper local level, you give us an example. But also providing the framework for how you got there. For everyone listening, this concludes our panel presentation, and as promised, we will open up for

questions and answers.

As a reminder, you have already been doing it, but we encourage you to do anymore. Submit your questions through the Q and A panel on zoom. You will get to as many questions as we can today. I am so excited to be joined by my colleague Dr Breanca Merritt to facilitate this part of the conversation around questions. She is the development -- director of policy and developing, and a key person behind the webinar we have today.

I will start with my first question. I think I will go to Rachel, because Rachel, when you concluded your portion of the presentation. You kind of ended on the note about Congress. I want to bring Congress to the conversation again, even though as you mentioned, we can open up our local newspapers or the television and we hear quite a bit these days.

What steps can Congress take to make (Indiscernible) benefits instituted during the pandemic, we have seen progress more permanent?

RACHEL SNYDERMAN:

Excellent question. We have been spending a lot of our time on this. I would say first and foremost, there is a tremendous opportunity as we look at 2025. We noted there will be an opportunity for really significant bipartisan tax reform, given the slim margins we see in Congress. It will take both parties agree on something to get anything done.

When it comes to the pandemic supports, you know… We learned a tremendous amount in the Child Tax Credit, for example, the importance of refund ability of the credit, and targeting it to families, that had the greatest impact on the lowest… Income households. That is some of the tweaks we have seen, they have bipartisan support currently, in the current tax bill that passed the house. It passed the house, it is a big deal! And is now being negotiated in the Senate.

When it comes to things like paid family leave, for example, the pandemic implemented temporary supports for workers to assist their employees with paid family leave. But the take-up of the credit was so incredibly low. Because it was not really matched with the education and outreach component that is so critical, that employers need to know… They were slapped with the you know… You could apply for a small business loan, folks claiming and implement insurance… There was a plethora of programs expended truly overnight. Many of which, multiple families qualified or workers or business qualified for at the same time. But not really that central… Operating system, or communications system, if you will, to help folks really make sense of it all.

That is at the federal level. I think that is why we look at the work that Isabel has done at the state… It is so crucial. This is really where folks can learn about, not only the federal spores, but of course the state. And then as well, I would say, a lasting impact… You know, we know for example like the Earned Income Tax Credit, the Child Tax Credit, long-standing bipartisan support around those programs. So I think it is keeping a vat foot on the pedal, that you know, ensuring these programs are modernized. That they are meeting the needs of the current workers and families, that is so crucial. And remembering that these were implemented and supported, and expanded by presidents, congresses, in control of both parties, over time. So it is really important to remember that, and keep that part of the dialogue owing forward, even as our politics become so polarized.

DR TEKISHA DWAN EVERETTE:

Thank you, Rachel. That was a great answer. Dr Merritt-Gordon do have some questions that you would like to feel from our audience connect

BREANCA MERRITT:

Absolutely. The first question about the panels aware of any states that are prioritizing workplace development as a key strategic measure for workplace equity?

DR TEKISHA DWAN EVERETTE:

Think anyone of our panelists can answer that, but I will ask Isabel first, because you are at the state level. Do you know of anything going on in Colorado? Or maybe you know of other states working -- looking at workforce development and strategy.

ISABEL DICKSON:

There is a lot of very innovative workforce develop and activities in place around the country. Apprenticeships, things like that. For us, it is been getting to know our friends over at the Colorado to labor and employment, state agencies can be -- big and complex, and have many programs not known to other agencies. Partnering with them, regularly meeting with them, and understating their statewide workforce developing offices and how we might refer to those has been important. As well as partnering with them to place tax information on their unemployment application webpage, for example. Though things like this can be low-cost, and highly effective. We can see that in the web traffic that (Indiscernible) on other state agency websites drive to our program. It is good to note, when people are ready to take the next step, and designing what their dream is for the education and future implement, and economic security.

DR TEKISHA DWAN EVERETTE:

Thank you, Isabel. Rachel, Leandra, anything you want to add before we go to another question? I am not seeing either of you off mute, I think you are good.

BREANCA MERRITT:

I have another question but how can clinical healthcare providers contribute to the mission of improving economic mobility and health equity?

DR TEKISHA DWAN EVERETTE:

Great question, because I think right now you know… We are seeing a lot of emphasis on clinical providers thinking about and addressing the social determinants of health. So with this question, Rachel, Isabel, Leandra, any thoughts on how clinical providers can either integrate or access some of the work you are talking about? Or maybe some of your specific work, and/or other ideas you have for clinical providers?

LEANDRA LACY:

I can kick us off without one. When thinking about clinical providers, one thing that I would encourage, especially when thinking about the Upward Mobility Framework, is trying to see how their work connects to that framework. And considers other elements of upward mobility.

So let's say they are running a health program, how could that program creative power and autonomy, for instance? Or that belonging and dignity? So it is not just focused on one element, that they really acknowledge the interconnectedness of it all. And take that acknowledgment, and put it into action, to see how they can address other elements.

Maybe it is transportation access. Maybe it is having the language capacity at the clinic for those who may not speak English. Making sure they are thinking of all of those elements.

RACHEL SNYDERMAN:

That is an excellent point. The only thing I would add is that, you know… Healthcare providers are in so many communities. The central point of trust, right? We trust our pediatricians, we trust our primary health physicians, that they are giving us the best guidance and access to what we need to maintain a healthy lifestyle. So much more so, you know, folks probably trust their doctors more than their politician, I am not sure if there is polling out there… But I think it is really important beacon of education. To have for example, we saw the pandemic subsidies work with pediatrician offices work with doctors offices, to have pamphlets and information about some of the expanded benefits provided during the pandemic, from the Child Tax Credit, to further down the road. Such as childcare supports, and so… I think that being kind of another library, of sorts, for folks to have that indirect pool and education component is really critical. And a low cost, I would say, with a high impact.

ISABEL DICKSON:

I would just add that many hospitals are doing this. They are making that jump to referring to social needs as part of their care. In some cases they are required to do so as part of the hospital transformation projects that many are engaged in. And that this can really look like referring home and connecting to social needs and resources in the community. And then measuring the outcome of that. What is the effect of connecting people to housing resources, for example, on ER visits?

For public health, the role can often be to support with, what are the resources in the communities that can go in the databases? As well as increasing comfort level for programs and clinicians to talk about tax, you do not have to be a tax expert to refer to tax filing. Just asking, have you filed your tax credit? You may be eligible for this tax credit? So not needing to study on the tax code or anything like that, but there is opportunity there for sure.

DR TEKISHA DWAN EVERETTE:

Wonderful, thank you also much for that. Is well, I will turn it back to you, so keep your microphone off mute soon. We saw a couple people in the chat asking a lot of questions, or being very interested in the model of what Colorado is doing. In the Department of Health. Could you speak a little bit about, as other states might be thinking about the model of your program, and how they can (Indiscernible) how

important federal funding has been, or is to supporting the work you are doing at the state level? Is

ISABEL DICKSON:

Sure. In short, very important. Grants are wonderful, the stable funding of Title V has allowed us continuity. Stable funding can smooth out these starts and stops, take stock, and run improvement cycles to get better. And then, more sustainable public health funding, overall, would allow us to take off our grant writing hats, and get to work to build, and keep momentum in our programming.

At a program level, it is also important to provide strategy options for partners, such as rural partners who only have a capacity to implement one or two simple actions in their communities, because they wear so many hats in the public health departments. So answering those needs, while we are trying to innovate and move upstream, as we say.

DR TEKISHA DWAN EVERETTE:

Thank you so much. Leandra, I will turn it over to you, and ask you, following up on that. Thinking about data, there is clearly important use of collecting – the Urban Institute specifically, about collecting and having access to death, very important to you in innovation. Can you speak to the importance of having good, available, data on economic mobility? And are there any barriers that the Urban Institute has come across in doing this research?

LEANDRA LACY:

Yes, it is extremely important to collect data around economic mobility. I think data can tell a really powerful story. And I think about even our local guide for our planning guide that we have, that I linked to before. A huge part of that, it talks about data. Understanding the mobility metrics, how to access it for your jurisdiction. Noting insights for your locality, but also comparing your jurisdiction to others, as well. I think that is really important.

One challenge I think of when it comes to those at the local level, that are trying to collect data, if they want to collect everything. Folks want to… They are really interested, they go down almost this data rabbit hole. Sometimes people ending up wanting more, and more data, and spending a lot of time looking at the data, but not actually getting to solutions. So, I think something that has helped, and taking about our beta cohort, is having a really specific research question that localities are trying to answer, when it comes to economic mobility.

I think that will really help it in during the search, so it's not just open, super open. But really help them to search for only the data that is absolutely needed. That is definitely a challenge that comes to mind.

DR TEKISHA DWAN EVERETTE:

Thank you. OK, we will go back to you now for some audience questions.

BREANCA MERRITT:

Folks, some of the panelists poke around this, there may be some specific opportunities about to show the child tax credit information with clients prefer contacts, coming from someone who works in Texas

at a maternal and child care health clinic, maybe thinking about the complexities I think that Rachel spoke to, tying the link between how do we actually share what is happening, so folks can actually access that credit.

RACHEL SNYDERMAN:

Go for it, Tekisha. Thank you.

DR TEKISHA DWAN EVERETTE:

I was just going to say, Rachel do you want to start?

RACHEL SNYDERMAN:

I am happy to. This is where you know, I think the emphasis we have talked about today on local partnerships is key. Because, and with, as the tax code is changing him a it is really depending on those local community partners and local sites for example, these are the volunteer tax income systems, in communities, that your local tax knowledge… These are volunteers who know the code in and out, who can help folks file. They are the best go to resource in any community.

It is really also, I know the IRS released their new operating plan last spring. Following the infusion of about $18 billion -- $80 billion dollars, authorized last year and from the prior year. I will say this will be a major focus of the IRS, to improve taxpayer services and outreach. Especially to vulnerable communities, who can tremendously benefit from these programs, such as the Child Tax Credit. I would say, this is also… It important we adequately fund the IRS, so they can continue to invest in the resources that our communities across the country need. So that folks do have access to the tools and resources, and education. And if they do not, the others in their communities do.

So it really takes some of the stigma away from accessing these programs, and -- honestly the miscommunications, or lack of communication… Because there is a portion of you know… There are so many potential claimants out there who are not claiming these credits about are eligible for them. We have seen already the tremendous economic and health benefits to doing so. We could just increase their claiming of them.

DR TEKISHA DWAN EVERETTE:

I will get that same question and ask a little bit more, Isabel. Because I want to take a moment and have Isabel list out some of the partnerships you have engaged in. And have been helpful. In increasing, encouraging, and getting the word out. Partly what Rachel is mentioning him a Rachel mentioned it is strong support for tax credit, this is an issue that touches folks across the entire nation. I think what you can give us, Isabel, is just a bit more of the specific ownerships that have been successful in reaching communities and increasing the access and knowledge to the information.

ISABEL DICKSON:

Sure. Big levers at the state level can drive a lot of topics. So, I am talking about for example, partnering with our unified benefits plus one from a cold Colorado P (?) to have something about tax presence there, especially during tax season. Some of our other benefits programs engaging in that way. It is very

simple for them, and raises awareness quite a bit. A media plan, if you have the funding for it.

I would also say, there is a really huge need for targeted community-based work, that is tailored to individual communities, and what their language needs are. As well as their challenges, and trust challenges in engaging with the IRS, and the Department of revenue. So, understanding what makes people reluctant to file, be they are worried it will impact their other benefits, be they are worried it will impact their citizenship status, or do not understand their eligibility. It is those trusted voices in communities that can bring that information in an accessible way, that we do not know or understand necessarily at the state.

That is where partnering with those community based organizations, some of them very new to us, small, targeted, has been critical. And they are vocal with us about how we should change our campaign, to be more accessible. What materials and tools they need, to get the word out. And it really has been a learning process with those community-based partners.

DR TEKISHA DWAN EVERETTE:

Thank you. Alright, anymore questions from the audience?

BREANCA MERRITT:

Yes, we have a couple that speak to the infrastructure around how traditional public health access to physical activity… one for Leandra, in particular, could you talk a little bit more about, if at all how the upward mobility model could increase access to increased physical activity?

LEANDRA LACY:

Yes, I acknowledge that… We had very specific criteria around the metrics. However, there is a huge evidence resource library around other pieces, that connect to the pillars. Maybe I will drop one in the chat, really quickly. If that is helpful… This one is related to the pillar around… The health piece. Oh, let me find that. Here it is…

I will drop that in the chat for you all. So, that is the link to the evidence resource library. Under that you will see some assessments. You can click that drop-down, and go to the healthy environment and access to good healthcare. You will see that there are pieces around nutrition, for instance. So, just because it is not a specific metric underneath the pillar, it is definitely acknowledged that that is a piece of evidence that connects to health, overall. So I wanted to lift that up. Hopefully that is helpful.

DR TEKISHA DWAN EVERETTE:

That is amazing. I think we have time for one last question… And I will turn to Dr Merit to make sure that last question is an audience question. For your knowledge, we try our best to retrieve all of your questions from the Q&A and try to answer those off-line, if possible. We will try to do that today. But Dr Merritt, the last question is yours.

BREANCA MERRITT:

Thank you, and thank you to all the participants for such thoughtful questions. I think it is important for

us to end of one that speaks to the future of this work. In really thinking about how, when we talk about increasing social mobility, how can programs and initiatives be modified to focus on investing and preservation of funds to promote multigenerational wealth?

DR TEKISHA DWAN EVERETTE:

That is a big one. Alright! I will give you 30 seconds each to answer some version of it. I will start with whoever looks the most ready… It looks like it might be Leandra.

LEANDRA LACY:

I will ask for a repeat of the question, I think I caught the last bit… A repeat, then I can definitely answer first.

DR TEKISHA DWAN EVERETTE:

Thing into the future, if we are trying to increase social mobility, how can we modify current programs and initiatives to focus on building multigenerational wealth?

LEANDRA LACY:

Great question. One piece that immediately comes to mind around this is the power of partnership. We have already talked about it in this space. And I know that a lot of our participants on the line, I am sure, are already doing a lot of this work. But I really want to reinforce the idea around cross sector partnerships. Because health is so connected to so many areas, because economic mobility is connected to so many areas, it is really important to have this cross sector work. Maybe you work in housing… But it is important to do outreach to other areas from health, to education, workforce development, to create something that is a bit more sustainable when it comes to creating programs. It also helps, so folks are not necessarily fighting for funding. I just want to reemphasize that point, around really the power that comes from long-term, cross sector partnerships, when it comes to thinking about the future.

DR TEKISHA DWAN EVERETTE:

Thank you, Leandra. Rachel, Isabel, anything to add?

RACHEL SNYDERMAN:

Yes, I would say this is why the Bipartisan Policy Center we care about bipartisan solutions, because that is what makes durable policy. These policy supports need to be around for the next generation. They need to be searching for the current generation, so families are planning their finances around the kitchen table, they know what programs they are eligible corporate and the impact they can make on their finances. It is when the pendulum swings, and you know… These tools, these programs are being used as leverage or bargaining chips, right? That is not helpful. So, it is really that we support these programs, and we reform them, and make tweaks. You know, Leandra noted the importance of data, and the right metrics to ensure we are actually measuring program efficacy. But is really that we make sure these programs are around and past (Indiscernible).

DR TEKISHA DWAN EVERETTE:

Isabel, do you have anything?

ISABEL DICKSON:

Continuing to integrate financial well-being strategies into public health, and healthcare work. So that positive feedback loop can take hold… Because healthier people earn more, have more economic mobility, and vice versa. Economic mobility begets better health. So, just continuing to make that case to our program partners, our funders, our leadership, so that we can lift people up, and help them become more healthy, and achieve their dreams.

DR TEKISHA DWAN EVERETTE:

Awesome, a huge thank you to each of our panelists. Our copartner in doing the webinar today, the Bipartisan Policy Center, and Q2 Ai-Media captioning, Keystone interpreting, and all of the guests and people at TFAH who work behind-the-scenes to get us to this point. Lastly, I want to thank each of you, our listeners, we would not be able to do this without you. This is clearly an important issue, and we look forward to sharing the recording, along with the slides, and additional resources with you at tfah.org. And on the bipartisan policy.org – excuse me, the bipartisan policies website in the coming days. Thank you so much for joining us, I hope you enjoyed it. Have a great day.