THE BROOKINGS INSTITUTION

WEBINAR

POLICY APPROACHES TO WELL-BEING FOR DIVERSE COMMUNITIES

FRIDAY, DECEMBER 15, 2023

MODERATOR: CAMILLE BUSETTE
Interim Vice President and Director, Governance Studies
Director, Race, Prosperity, and Inclusion Initiative
Brookings

MODERATOR: KEON L. GILBERT
Fellow, Governance Studies, Brookings

MICHAEL FINLEY
Executive Director, Haywood Burns Institute

CAROL GRAHAM
Senior Fellow, Economic Studies, Brookings

DEREK M. GRIFFITH
Founder and Co-Director, Racial Justice Institute
Founder and Director, Center for Men's Health Equity
Professor of Health Management and Policy and Oncology, Georgetown University

GABRIEL R. SANCHEZ
Senior Fellow, Governance Studies, Brookings

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BUSETTE: Good afternoon, everybody. It's a pleasure for me to welcome you to today's webinar, which is "Policy Approaches to Well-Being for Diverse Communities." I'm going to give you a little bit of an introduction about why we're focusing on that. But before we do that, I just want to welcome you here. At Brookings, I know we have a very, very diverse online audience and very much looking forward to your questions as we get further into the event. I'm going to be joined today by an excellent panel. I'm going to introduce them in order. I have Keon Gilbert, who is a colleague of mine here at Brookings. He's a fellow in the Governance Studies program and he will co-moderate the event with me. We are also joined by Carol Graham, who is a senior fellow in Brookings, at Brookings Economic Studies department. And we are also joined by Gabe Sanchez, again at Brookings in Governance Studies. He's also a senior fellow. Our other guests are very well known in their own right. We have Michael Finley, who's an executive director with the Haywood Burns Institute. And his work involves strategic planning, organizational development, financial oversight, their project development, managing relations with community leaders and system decisionmakers. And they and the Haywood Burns Institute has done a fair amount of work on well-being within communities. We're also joined by Derek Griffith, who is a founding co-director of the Racial Justice Institute, founder of, the director of the Center for Men's Health Equity and member of the Lombardi Compres-- Comprehensive Cancer Center and professor of health management and policy and oncology at Georgetown University. And he also serves as the chair of Global Action on Men's Health, a global men's health advocacy organization. So I want to welcome all of you here. I'm really looking forward to an excellent conversation. And as we get started, I want the audience to know that when once we get moving into the substance of the webinar, you will want to send us some questions and you can do so by email, events at Brookings dot edu. You can also find us on X at BrookingsGov with the hashtag community well-being.

So a little bit of a of an introduction why we're thinking about well-being and what we're thinking about policy approaches to well-being. So as all of us know, there is a lot of movement in the space of trying to improve equity across a range of sectors for diverse communities, and that has shown up in a number of programmatic as well as policy approaches across the nation. One of the interesting things about equity is that it has a variety of different definitions depending on what it is you're trying to accomplish. And and we know for a fact that a lot of the well-intentioned programs and and approaches to equity ultimately have as their goal, trying to ensure that whoever are the subjects of those policies and programmatic approaches do enjoy or get to a point where they can experience well-being. So in fact, well-being turns out to be the ultimate metric of really excellent equity policies. And so what we want to do here is explore how we think about well-being, how we think about well-being in diverse communities, and then what the policy landscape frankly looks like and what communities, the responsibility and the actions that individual communities have taken in pursuing policy approaches to well-being. This is a conversation that is really - nationally, really at the early stages. And so we will revisit this, I'm sure, in, you know, across a number of years in the future. But what we really want to do here is kind of just set the landscape, have us start a conversation about those community actions and responsibilities, and then hopefully light some ambition and some fire around these policy opportunities. So I'm going to, with that, I'm going to turn things over to Keon so he can start start us on the moderated part of the panel.

GILBERT: Thank you, Camille, for that wonderful introduction. And thank you to our audience for joining us on a Friday afternoon. And many thanks to our excellent and amazing and brilliant panelists for also joining us. With the introduction that Camille gave us about well-being and equity, I want to invite our panelists to help us think about how they frame and think about and define well-being in their work and providing some examples of the populations that they've been working with. I'm going to start with Gabe and then go to Carol, Derek, and then Michael.

SANCHEZ: Thank you, Dr. Gilbert, for giving me an opportunity to jump right into this conversation. Camille and everybody else on our panel, I think this is going to be an exciting conversation and I greatly appreciate being part of it. So I'll jump right into things. I think, one, when I at least think about well-being, I come from the standpoint of tracking this pretty extensively over the past two years, either in surveys and focus groups. And we typically just ask the

population directly, How would you define well-being in your community or how would you define what is a vibrant community? And at least over the past couple of years, the community typically defines well-being in economic terms. So things like having access to affordable housing, jobs that pay living wages, those tend to be the two biggest themes that I took a look at across data in preparation for this webinar. And I think we always have to remind ourselves the context in which the community is thinking about well-being, vibrancy, and these other synonyms. And obviously, over the past couple of years, Americans have faced tremendous challenges, particularly those from diverse communities, immigrants, people of color, etc., whether that's trying to weather the increasing cost of living with jobs that don't keep up with inflation, job losses due to the recent recession, all of these different factors have made economic vulnerability a really important point of context that I think has really impacted how Americans think about their overall well-being and the well-being of their communities. So I think that'll help provide some context to some of the discussion that we'll have later about policy interventions that might try to address this and why, at the end of the day, I consistently see in my data overwhelming support for damn near anything in terms of a policy intervention that will address specifically economic vulnerability and allow communities to thrive better economically.

GILBERT: Great, thank you. Now turn to Carol.

GRAHAM: Thanks, Keon, and a pleasure to be here. So I'm one of the old dinosaurs in the the now-burgeoning field of well-being and economics. But when we started 20 years ago, people thought we were nuts. When it, what, we were economists collaborating with psychologists -- woah, the thought -- and and we used, we were using survey data, people's self-reports of their happiness, their life satisfaction, their daily life, their quality of life, the experiences they had. And so it was at the time very novel and sort of out of the box. But now it's it's much more established as a, a subfield in economics and a lot, a collaborative field with psychology, medical sciences, sociology and more. So I think of well-being as a broader indicator of progress than income measures alone can provide. We don't throw out the baby with the bathwater -- income does matter, I can talk about that more in detail -- but I define well-being as the income and non-income dimensions of human welfare. And the latter, the non-income dimensions like health equity, perceptions, discrimination or lack thereof are often more important than income-based measures. And income matters, as you know, as economic security matters, is, as Gabe mentioned, people who are in deep deprivation have a hard time reaching higher levels of well-being because they're struggling to just survive.

In any event, equity, meanwhile, since the objective of of well-being research and of the conversation today, I think that equity is the overarching term that that encompasses the actual and the perceived distribution of income and well-being. Because people's perceptions matter when they think about inequality, if they think, you know, the world is unequal or their country is unequal because there are persistent advantages for some and disadvantages for others, that often results in lack of, a lack of, lower expectations, lack of taking up opportunities because they think they will fail or be discriminated against. And then we often find that inequality of well-being is actually more important to people than just inequality of income. So, you know, the U.K., for example, now has a leveling-up effort which is trying to reduce inequalities and disparities across regions in England. And their main outcome variable is not income inequality but well-being inequality. And I think that encompasses a broader set of goals.

And lastly, we measure well-being not with context-specific measures -- we have some pretty tried and true questions of each dimension of wellbeing. We usually use four: evaluative well-being or life satisfaction, hedonic well-being, or experience well-being. And then, and then also what we call eudaimonia or meaning and purpose in life. And that turns out to be quite an important part of well-being. And so that while the measures are not context dependent, one thing we do get is big differences in patterns across different population populations and contexts using the same kind of consistent measurement strategy. And I don't want go into detail, but one of the most interesting and still fully unresolved paradoxes is what I call the African American well-being paradox, which is that African Americans, while the the racial group that's been, experienced the

most discrimination and is typically the most materially deprived report more optimism for the future, high levels of life satisfaction, much higher than, say, than the average for whites. Closely, Hispanics are also very optimistic, but in the African American case, I think it demonstrates resilience, it demonstrates all sorts of things. And interestingly enough, the gaps are the biggest between low-income Blacks and low-income whites. And I can explain that more in detail on the questions. But that's the kind of thing by using the same measures of well-being based on self-reports, we find big differences across populations and interesting puzzles that income measures don't predict or come up with.

GILBERT: Thank you, Carol. And we'll definitely follow up with some of those excellent points. I'll turn to Derek.

GRIFFITH: Good afternoon. Thank you all for, thank you both to Camille and Keon for this invitation. So I'm going to talk about this kind of from two different perspectives. One is just in looking at things like Healthy People 2030, as well as from the qualitative work that I've done with African American men. And so from the, about the question of measurement or how they're defined in Healthy People and just these larger documents, there's usually not agreement about -- in my field, in public health, about these definitions of really either equity or well-being. They tend to focus, though, on the determinants or the opportunities that people have to achieve healthy, you know, health or well-being or something else in that effect. But there's usually not universal agreement about those. And typically we haven't included objective measures and agreed upon, we don't have agreed-upon measures of how to actually evaluate these kinds of things, particularly things like well-being in larger policy documents like Healthy People. So there's this missed opportunity that I think we can take advantage of. Similar to what both Gabriel and Carol said when I talked to you, and we've sort of looked at the experiences of African American men, well-being we haven't explicitly named and labeled, but it actually is quite consistent with some of the work that we've done. Talking to middle-aged and older African American men about subjective age and successful aging and their notions of manhood and how they defined health. And the issues that cut across those are that the way they define well-being or the concepts that seem to be consistent with that are really the opportunity to embody the virtues, values, characteristics, and ideals that are important to them, that are at that intersection of being adults, being black Americans, and being men. And so it's really thinking about how those things relate, how they're able to have impact on the people that they love and care about. So it tends to be also combined a relational component to it. So it's not just about well-being of themselves, but how they're able to do things that have implications for others. So I'll stop there.

GILBERT: Thank you so much, Derek. And Michael.

FINLEY: Yeah, Thanks, Keon. And I want to just thank you everybody who's here taking their Friday afternoon to be here, so, appreciate folk. Yeah. So, for us, it's real simple. We're, at the Burns Institute, we're a national organization that works with systems to transform systems. And so we think of the human service sector, right, as a sector that we work in. And our approach is really to look at, as we think about structural racism, we were we were saying, what is the flip of that? And so our approach, our framework is working toward what we call structural well-being, which for us we defined, right, a system of policies, of public policies, institutional and inclusive practices, cultural representations and other norms that establish a sense of belonging for people, everyone, right? And that sense of belonging is critical. And work to strengthen families', communities' and individuals' well-being for positive life outcomes. We want people to thrive. It's a lot of words, but it really is to say that the same detail, the same -- I want to bring in the room my colleague Sam Mellerson, we always talk about the evil genius of white supremacy. And the flip of that is, for us, is achieving structural well-being, which is to be just as detailed, just as innovative, just as creative, right, in for communities to be able to actually achieve well-being. And so our work is really how do you operationalize what I just said? How do you make that real? What does it look like in actual, in local communities? So that's how we think of structural wellbeing.

GILBERT: Great. Thank you so much, Michael. And thank you all for highlighting some of the important examples in your work and how you're thinking about it as it relates to specific populations. One of the things that Camille introduced at the beginning was this idea of well-being is relatively new in a domestic slash U.S. context. And I'd like to maybe turn to both Carol and Derek. Given some of their work in international communities, how we are sort of translating well-being in a U.S. context for different populations, issues and challenges with measurement and implementation.

GRAHAM: So yeah, I've done a lot of work in countries around the world, in particular most recently in the U.K., which is the first country to really incorporate well-being metrics in its policy, in its national statistics. And it has a whole host of community-based interventions that have evolved from that. And I would say that the first step, and where we lag so far behind, is on introducing well-being metrics. This is not a huge lift. It's four questions that you can add to, say, in the U.K.'s case, there's an annual population survey. In our case, we have so many surveys it's hard to know which and where; the census is ten years apart, so that's not a meaningful time period, you know, if you're trying to look at changes in well-being across people, across places, but there are plenty of surveys we could add it in. And we're making some gradual progress, but it's a decentralized sort of mess of an effort. And so without the metrics in our national statistics, they're not very much in the national public discussion, and then you also get just sort of a range of definitions and, you know, it's -- so what we're doing here, some of it is really impressive and, it's, but it's all very much based in communities or maybe very few states. Vermont, Seattle. But the -- Santa Monica, the city of Santa Monica has a huge effort -- but it's basically people sort of trying to incorporate well-being into their, into their policies and their assessments into how they, how people view their own community. But I think we could learn a lot by having a more centralized -- not, not like telling people what to do effort -- but coordination effort, that collected information on all the all the communities try to do this. What are best practices? What seems to succeed, what's generalizable and scalable. And we're very far from that. But in any event, I'm and, you know, I think efforts like and like, you know, many communities have and also things like today's webinar that just raise awareness and, you know, create discussion among people involved in this, this the idea of improving well-being, but don't necessarily talk to each other every day.

GILBERT: Thank you, Carol. Derek.

GRIFFITH: Yeah, I mean, just to to build on what Carol said, I mean, I think as you, as your, your question sort of indicates, more of the work that has been advanced has been done elsewhere. I mean, I think Camille, even in her introduction, was making reference to the WHO and the Ottawa Charter that talks about the importance of well-being being the the really the penultimate measure, as opposed to the way that we tend to focus on health. Actually, a lot of those WHO documents talk about the importance of either incorporating or even prioritizing well-being as the penultimate measure of whether or not we're actually, the policies that we have are actually being successful or not. So we tend to look at health as opposed to looking at well-being, and I think that is a missed opportunity because a lot of what we have, if we think about our attention to social determinants of health, those tend to mirror or have more direct implications for well-being metrics in those, in that way operating to influence health than necessarily the other way around. So I think we're missing certain things in that way as well.

The only thing I would sort of add in terms of looking at that is, the trickiness of some of this. I know one of the things that we're really interested in is the community perspective. Is that it's hard to, one of the things that a lot of the measures are trying to do is marry the subjective experience of individuals and populations from, as well as the structural components, and how do you measure things that may not be as readily experienced by people very directly where they can actually see the direct implications of that? So even though you may feel the effects of structural racism, for example, very directly, you're not able to necessarily point to all the ways that it's affecting you, all the different mechanisms through which it's affecting you. So you can't sort of label those quite in the same way, whereas you're experiencing things in, through specific social determinants and other structural factors in a very different way. And those are going to be varying by who you are, who's who's doing the experiencing. So, you know, varying by gender, by sexual

orientation, by rurality, other things that affect, as we're talking about sort of the communities in the context where they live, all of those things are going to shape how people experience it. So the complexity here for me is, and that's I think what we've learned from looking at these globally is, yes, you have these global measures, but their challenge is that they're not necessarily going to map on to the experiences of particular subgroups that you need to really focus on their unique challenges, their unique strengths to to build from to actually address these issues and to achieve what Michael described as structural well-being.

BUSETTE: Great. Well, thank you. Thank you both very much for that, Carol and Derek. I'm going to pick up a little bit here where Derek left off. And Mike, Michael, I'd like you to to start us off here. But, you know, I'm wondering, just given kind of the complexity, also the the the state of the discourse - let's put it that way - in the U.S., what do you think are the opportunities for communities to really shape this discussion and to shape policy around well-being, structural well-being, in your case?

FINLEY: Yeah, I think what we have to create the opportunity, right? So there's folks who are in power who have, who have to at least open the door, right. And what we work, in our work is cross-sector approach with various systems at the same table with community partners, right, as part of the process. And I think part of this -- and there's other questions, I think we'll probably get into that, we'll speak, we'll speak to this more -- but it's just, it's a, we have to work differently. So the question, community's there, community in many places is ready to drive itself, to be self-determining, to create its own solutions. Our fundamental belief is that those who are closest to these issues have the solutions, right? We all live in neighborhoods and when things happen in them, I feel like neighborhood folk deal with them often, right? And so why do we create different criteria and different expectations for different communities? And so I think really for us, the question is, how do, you know, community needs to be at the table, it needs to be an equal part and be part of design, needs to be at every step. However, we can incorporate both. But that also means that a lot of systems folks and folks who are in decisionmaking positions have to work differently. They have to think differently. They have to have a different shift in how they value other folks' input, if that makes sense.

BUSETTE: It does. Maybe, you know, for our audience it might be helpful. I mean, you have a lot of on the ground experience, obviously. Haywood Burns Institute has done a lot of work in the juvenile justice arena. You've done some work in community conversations around well-being. Can you describe a little bit about how you have started to create those opportunities for folks who are obviously very motivated and obviously have solutions?

FINLEY: Yes, and we're you know, we really speak to, we started many, many, many moons ago in justice, but really we're cross-sector looking at human services and how do we address these these systems. And so I think part of this, when we talk about on the ground, what does it look like? So we even say like, community, but community is people, systems are people. And so for us it is how do we first get both at the same table? And we understand that like that sounds nice in these words, but how do we get people to the same table, actually spend time building values together, building trust together, and that's time. So the way that this works in this country is often the folks who are funded to do that work don't have the time to do it. And what we believe is that part of the process, not like an add-on or something, right, but part of the process is committing time to build with folk so we see each other. Because all of what we're talking about is we have to see each other differently, to value each other differently. So we're working in places around the country, Ramsey County of Saint Paul, Minnesota, as one. And just to give an example, in doing that trust-building work, which then opens up the door to share data in a very different way that was cross-sector. So different folks had to be a little bit vulnerable with putting information out, right. And spending time together, creating real shifts where you had a district attorney's office that no longer charges on pretextual stops, the kinds of stops that led to the George Floyds and all the incidents we know. So I'm saying that to make this connection, that's what's happening on the ground. But so much of that is the building together and having to sit in the room. And we live in a country right now where people depend, you know, we're blue, red, we're, you know, what we're

saying is we all have to be together in the room and spend that energy in that time to do that building, to get to the technical solutions that a lot of the folks, you know, engage in.

GRAHAM: Camille, can I add to that? Just one sentence?

BUSETTE: Yeah, of course, sure.

GRAHAM: What I found that really works in terms of engaging communities and trying to get the conversation going in the way that Michael's talking about is when communities have a survey of well-being in their own communities, so they know which groups are happy or unhappy, which groups are stressed or feel lonely or whatever, you know, whatever the measures you use. But that motivates communities to think about what is good and what's bad in their community. And that, you know, if if in that same discussion, you can sort of pull out the fact that they're the best prepared to do something about it. You know, it's it's you know, it's actually I've seen it in Santa Monica, I've seen it in the U.K., I've seen it in Latin America. Whenever you sort of give, give communities information about themselves that they wouldn't otherwise normally discuss. They really engages a broad mix of the community and not just the leadership.

BUSETTE: That's great. That's really helpful. Carol, thank you. And Michael, thank you very much. Gabe, I'm going to go to you, too, because I know you've worked a lot with different kinds of communities. I want it -- and here, also, just get your viewpoints on how communities can take a lead, obviously, in thinking about well-being, shaping our understanding of that and shaping our policy approaches to well-being.

SANCHEZ: Yeah, it's a great question, and I'll start by noting that the community itself, a) positively, very much wants to be more engaged in discussions around policy. They recognize clearly, right, these decisions impact their everyday lives. So there's a hunger and a desire, very positive from the community to have more access points to these conversations. But as Michael noted, you know, often when we ask folks directly, do you believe -- and this is an important caveat -- do you believe that not only policymakers, but the private sector cares about your opinions and values and is giving you access points, overwhelmingly, regardless of which community we're operating in, the response is, no, I don't feel like I have enough access points or I don't feel the community's voice is truly valued, either by policymakers or the private sector, because the community recognizes a lot of these economic decisions are made outside of government, and they feel that their voice should be included as well with those kind of business leaders, the private sector deliberating about this. So, you know, how do we go about, you know, opening up those access points? Fortunately, we have the tools, right? Community-engaged research has been looking at various ways to include our community at the very onset of policy discussions. So this isn't, you know, rocket science. We know how to do it. The challenge is, and I'm glad Michael brought this up, I believe the biggest obstacle to seeing major steps forward in this process is time. Right? This work takes a lot of time to develop, giving community the opportunity to learn more about the process, and engage. And if you think about our policymaking system, whether we're talking state and local, federal government, time moves much quicker than we have allotment for it to really, truly engage community in that. If you're talking about a governor, a mayor, four years in a term, eight years, if they're lucky to get two terms, right, they're often not afforded the luxury of thinking about long-term policy because they have to get policy wins quicker than the community really has the opportunity to truly engage. And I think that's one of the biggest structural-level deficiencies that our systems in the United States are faced with.

BUSETTE: Yeah, I would agree. I mean, I think, you know, the political calendar is constraining. It can be an opportunity if you want to move quickly and everybody's aligned and the resources are aligned. Sometimes that can work well, but it can also be very constraining and particularly when you have to build trust and working relationships and a shared sense of values and priorities. All of that takes time and sometimes it's very difficult to do on a political calendar.

SANCHEZ: And I'll just close with, I mean, if you think about them, the most obvious and relatively easiest path for a community to engage in the system is through voting. You know, I'm a political scientist who spends an awful lot of time thinking about get out the vote, how to mobilize voters. I'll say all the research I did in 2022 with eligible but non-participating members of our society, if you ask them in focus groups, why did you not vote this last election cycle? The overwhelming message from those folks, regardless of what community we're talking about, is I don't really feel like my voice will matter. Our system responds to powerful money interests, not the average everyday American. So it's not worth my time to become an informed voter. And I think that speaks to this issue more than anything else.

BUSETTE: Right. Thanks, Gabe. Derek, did you want to add anything before we move on to thinking about some of the other facets of this discussion?

GRIFFITH: Not really. I mean, well, I'll, since I'm already on, the only thing I would just add is I think, you know, I think both Michael and Gabe mentioned, you know, a lot of this -- you have to, we have to take into account that people's subjective experiences are really going to be different. And while there are measures, you know, that are higher level and that are quantitative, when you talk to people, you get a very different texture and sense of how to actually understand what's important to them. And so their can nuances and different dimensions to what influences their happiness, what influences their well-being, what influences these kinds of things. Um, the, the paradox that Carol was mentioning before, the Black-white paradox in well-being is actually something that mirrors the Black-white paradox in mental health, and we know that mental health and well-being measures tend to mirror one another. And so that has always been a question within the psychiatric epidemiology world, is why do black people tend to have, you know, a higher rate of mental health or a lower rate of mental disorders, particularly mood disorders like depression and anxiety than their white counterparts? And these have been sort of common questions for a long time, and we've really struggled to grapple with and come up with answers that we can sort of palpably agree on and then use that as a foundation to move forward.

BUSETTE: Right. Thanks very much for that.

GILBERT: So maybe if I can pick up on a couple of comments that have been mentioned. And so we've talked a lot about sort of big-P policy, maybe we can spend a little bit of time thinking about little-p policy and the experiences of communities on a day-to-day basis, the decisionmaking that needs to happen within communities, within neighborhoods. And so one of the things that Carol mentioned is that when communities have information about themselves, about about their communities, they are able to act. And in many of the ways that you all have defined and helped to help us to think about how some of the communities you work with think about well-being, frame well-being, offer up different terms for well-being, it almost in some ways seems that well-being is both a process and an outcome. And with having more information, communities can make very different decisions about themselves or for themselves. And so maybe if we can spend a little bit of time thinking about some of those internal processes in terms of thinking about whether it's building trust, whether it's building new, you know, leadership within communities that allow communities to think about what is thriving, what is vibrancy look like for themselves and so on. What are some specific actions or strategies that you think communities can take to to get more information about themselves and to start thinking about their decisionmaking process? And actually, I'm going to start with Derek, and then I'll go Gabe and Carol and Michael.

GRIFFITH: Well, I think we can start with basically the idea of thinking about well-being in relation to the other sort of sectors of society. I think Michael, in his description of both structural racism as well as structural well-being, highlights the fact that, you know, one of the things they're looking for is a, as a way to conceptualize, you know, the whole idea of structural racism is that it cuts across different institutions and there's a glue to it and a certain pattern that you see, whether you're talking about health, education, and criminal justice, banking, blah, blah, blah. But all of those things are patterning in the same way. Well, well-being is the glue that helps us to see what, what, how, what are those affecting? And so you may not get synergies on, you know, okay, which

health issues should you prioritize, but you will get synergies if you look at well-being because it gives something a lens through which anybody can see those issues and see their issue as being relevant to that, you know, part of metric. So I think it's part of that part of the secret sauce, if you will, to focusing on well-being is that it provides a glue for people to come across different sectors and areas. I know in the public health sector and medical sector, we've struggled because we've often wanted to bring people into the health space or move into other areas that we see as major determinants of health, but we don't really have a language for doing that. I think well-being provides that language and provides that opportunity in such a way that we don't feel like we have to just basically take all our resources and give it to another sector, like saying that we know that education drives a lot of health outcomes. We can't give all our resources to the education sector. We still have to do things that are going to be mutually beneficial. So we have to figure out how to connect those dots. And I think well-being provides that glue. So inherent in the concept, I think, and the idea that you're talking about in terms of both process and outcome, that I think that is part of the solution.

GILBERT: Thank you. Gabe?

SANCHEZ: Yeah. I think, you know, first and foremost, we have to to give the community their due credit. I think often policymakers, researchers perceive that the community is not capable of connecting these big picture policy dots. But the reality is they know their communities a heck of a lot better than any of us do. Even if we stare at data from their lived experiences for a living. I'm going to give you just a case point of that. I think policymakers, funders that are looking into well-being have to be open to the idea that the community might define these concepts differently than we might. And so usually if folks ask me, Gabe, can you go into community X and have conversations with community members about well-being? I think in their head they already had this notion that it's going to be a conversation either about public safety and criminal justice or health, health care. And I think they have to be open to the notion that the community might define these things much differently, but be able to connect to policy streams for themselves. And the case point on this, as I noted, often communities are defining, right, well-being, vibrancy on economic well-being. And I think the reason for that is they understand that if we get more people out of poverty, that simultaneously addresses a lot of things that pop up in surveys as major concerns to community members such as hopelessness, the unhoused population, drug abuse, mental health challenges. I think the community recognizes solutions to most of these other problems that policymakers want to lazily focus on are really about poverty. If folks are lifted out of poverty, have access to jobs that pay living wages, Guess what? Crime goes down. Right? If folks have access to those economic security safety measures, guess what? There's not as many people turning to drugs to cope with the reality that they don't have access to those things. So I think we just have to give the community credit. They know these issues. They understand how policymaking works and they understand the solutions for their problems. But that requires researchers and policymakers to allow them to have that voice without predefining what those concerns or challenges are for them.

GILBERT: Great, thank you. And Carol?

GRAHAM: So I agree with Gabe. I do think that one way to engage the community is if you have, you know, if you do, if you have any kind of data about the community, about how people's self-reports about what's the most important problem in their community, what, you know, if you understand their levels of anxiety, frustration, life satisfaction. And so all those things I think, can be at least captured initially and help start a discussion in just providing the community with sort of survey on their own perceptions of themselves. You know, in the aggregate. But I also agree with Gabe that in this country in particular, our safety net is so fractured, our health insurance system is very fractured, and, you know, so so many low-income people live in a sense of deep uncertainty and sort of waiting for the next ball to drop. And everything we know about well-being from world-wide surveys to small-scale surveys is that uncertainty and, you know, uncertainty about your ability to provide for your family, to have health care if you're going to go bankrupt, if you have a sick child, that's terrible for well-being and people can't think about the higher order dimensions of

well-being if they're, they're scraping, you know, just scraping by day-to-day trying to survive. And, you know, other wealthy countries just don't operate the same way.

GILBERT: Thank you. And Michael?

FINLEY: Yeah, that was, that was, these are just all good comments. I started thinking of other answers, but I don't think it's the question you asked, so I want to be focused. So just as far as the things that, right, other things, what do we need? You know, I think there's an intentionality of all of this. So even and I think its to try to disabuse ourselves from adult behavior which is -- so in Gabe, and I love what Gabe, what you were saying about, right, community actually knows what to do, community can connect dots. And then the piece about, well, you're right, if we just deal with economics, the race thing, the other issues will go away or that's how we can handle them. And I'm sort of I'm generalizing your comment, and even with that, it's complicated, right? But I think what we do is, we don't sit as adults and debate about is it race or poverty and have a 2-year converse discussion argument where we can't actually get into this stuff. Right? So that's one. So an intentionality of focus, what we're trying to do. Obviously, we've all talked about how do we need to include community voice at every table possible in real ways, not in tokenized ways, right? and understand that we need to anchor our policy proposals and our - in the in the context of this country's history, right? So the question that was in the chat around, like even, you know, what is equity look like in a post affirmative action society, I think this is what we're trying to go, this is what structural being is attempting to do, right, is to get us to a place where people have what they need to have the opportunity to thrive, right? I think it's important that we spend time educating policymakers and again, for us for instance, too, we talk a lot about trying to get out of the noise, right? The noise is red and white. The noise is when things become the national conversation for a period of time and we just get in our sides and we just say the talking points that we all have, depending on which nightly news show we watch. What we're saying is let's get out of the noise. This is local, and to folks' points, yes, most people I would even go further, Carol, and say most people, lots of people live in sort of a just almost desperation. Like, uncertainty has a lot of us, right? That's why COVID hit middle class folk in a different way because they hadn't experienced that sort of disconnect before. There's lots of jokes that poor folk were like, Well, this is like a Tuesday, right? So and again, I'm generalizing, so I understand the spirit of what I'm talking about, but I think that's important. And then I would just add, I think it's really important that then there are things and this is what you all really, I think, hammered home is how do we assess and how do we assess what's happening, monitoring what we're doing with our policy and practice change. And how do we spend time, one last thing is building capacity. So it's not enough that we just say, yeah, community's ready, but how do we structure it and put in infrastructure, right? So folks in communities are ready to take and to handle, to deal with the issues that we're talking about. Right. And we don't we don't just do the set up for failure and say, well, we can't do that because the community actually can't handle that. Right. So I think those are some of the other factors that are critical.

BUSETTE: Right, thanks very much for that. Michael, I wanted to chat a bit now because we, you know, such a diverse audience joining us today. But what are the kinds of policies that you have seen that have worked well to try to get communities on the path to well-being? And what do you think, what else is needed? So, Gabe, I'm actually going to start with you.

SANCHEZ: Yeah, I mean, tons of examples. And I guess I'll frame maybe one or two specifics within the broader context of, COVID-19 shed a real big light on things that are not working and some interventions, right, that were put into place specifically during the pandemic emergency that worked really, really well. And most of us are scratching our heads and wondering, well, why didn't they stay in place? We saw that they were effective. We saw that they were breaking down a lot of the challenges. But as soon as the policymakers perceived that things were back to normal, those things were moved away. And I think that is incredibly frustrating. Couple of very specific case points. I was in Colorado very recently studying their Cabinet secretary-level state department on new Americans. So that state has a Cabinet-level secretary specifically to look for access points for equity for immigrants. Go figure, right? Important challenge and important,

very highly vulnerable community, that that state is saying let's take a comprehensive look at policies to try to do something specifically for that population. One of the innovations that they're trying to make - and again, this was something we learned through the pandemic - is large segments of the immigrant population across the country do not have any access to unemployment insurance. That's a fund that essentially they provide resources to because all of those folks are working hard and their paychecks, like everybody else's, right, or money coming out of that feeding into the system, but they don't have any access to it. So if you think about a definition of inequity, I can't think of one that's more dramatic than that. I'm paying into it, but I can't use it. Right? that doesn't seem right, that doesn't seem just. So that state's putting together through that that state department interventions to try to figure out how to triage that, not just pass the policy of, "allow folks to have access to unemployment insurance," but figure out all of the different obstacles that would prevent specifically undocumented folks to be able to access that and get out in front of it and find solutions. So I think, again, you know, this is not rocket science. You just have to invest energy and resources to try to figure out what are all the different obstacles and challenges. That just being one example and then, you know, put resources behind trying to figure it out. But I think that's just one example of things that should have been, you know, done well before COVID, but COVID gave us an opportunity to figure out what the issues are, and let's keep what was working right and throw out what wasn't. It's not that complex.

BUSETTE: Right. Thanks very much for that, Gabe. Derek.

GRIFFITH: Yeah, the example that comes to mind for me is from some work that the California Endowment did in Fresno, California, thinking about efforts to mobilize community power. And it was actually highlighted in a paper that Tony Iton led in Health Affairs in December of last year, so December 2022, where they were talking about basically, they kind of put their money where their mouth is, and they basically invested in, let's help go through a process to identify what does the community say they need, how do they think about what those things are, and then how do we provide support and financial support and resources for building those things that they say that they need, that they need to really be able to address? And it really did center this idea of, you know, recognizing that there are these things that, again, there's some synonyms that -- so we haven't sort of gotten into the nuance and I am glad we're not, sort of of the, you know, the the different terms that we're sort of using, but we're kind of bouncing back and forth between different things. And it's, I think, perfectly fine. But community power is another one of those. And I know "power" gets to be loaded in concept and, you know, in some people's language, but it's recognizing that people have something that they want and it gives you the resources to do the things that are important to you, which is very consistent with the idea of well-being, which is you're trying to live out certain, you know, elements of what's important to you. And so it highlighted that they wanted some environmental changes and so forth. And so and particularly in southwest Fresno and thinking about what those issues are. So that's just a particular example.

BUSETTE: Great. Thanks, Derek. Carol?

GRAHAM: I won't. And rather than talking about one experience, I think I'll talk a little bit about a strategy that is gaining hold in both the well-being and the mental health arena, and that is recognizing that given the extent of need for all sorts of things, from what Gabe was talking about, to mental health care, which is very scarce, particularly in poor communities, almost non-existent in rural communities, you're never going to have enough practitioners that are trained, that aren't in that community, that are going to come in and figure everything out. They're not going to, you know, they would just take forever. They wouldn't know who's needy, they wouldn't know who's needy and not coming for help. But increasingly, this idea of involving the community, they're called communities of care, in identifying the needs, serving as sort of peers in communities or peer, peer groups that identify not just the needs of the community, but they really help identify the people who are really in need. And the, you know, for example, the, another example Gabe made of illegal immigrants, they are very reluctant to come forward when they have a problem because they think they're going to be, you know, rounded up by the police or whatever else. And so having locals involved builds trust within the community, but it also provides policymakers that come from

the outside and do have some expertise and can help, but with an invaluable resource that they would never have otherwise. And then again, that the whole idea of involving the community in programs that are intended to help them also empowers community members themselves by making them part of the process, a very natural and important part of the process.

BUSETTE: Great, thanks, Carol. And Michael?

FINLEY: Yeah. Just, you know, just be brief. Add on. Just so when I reference Saint Paul, Minnesota, Ramsey County, Minnesota, earlier, an add-on to that, right, so it was great that they said, hey, we're no longer going to we're going to stop charging solely based on those pretextual stops. That's a big, massive thing. Community was part of that conversation. But I think what's also important for that is that that grouping of stakeholders, that grouping of folks who came from sort of justice and child welfare and behavioral health, what they said at the end of a few years with our work is that we want to continue, but we actually think it's important that we engage some other folks in the House, from the assessor, from the libraries to the parks to the, all, there was just a bunch of the grants and contracts. It was folks that they said, if we don't actually have these folks at the table, we can't move this, this can't be sustainable. Community is a part of that table, right? And so I just think the fact that they are a part of that, seeing this full process and being a part of that is really important and really it gets us closer to real transformation. We're really rebuilding or redesigning our current structure. So I just want to add that on to that example I gave earlier.

BUSETTE: These are all great, great examples. We've gotten a number of questions from our online guests. And so I'm going to start with one which I think is probably top of mind for a lot of folks, which is how do we reconcile the equitable distribution of well-being resources amongst marginalized and disenfranchised populations? And I think the idea here is that, you know, there are going to be some communities that are pretty well-resourced and there are going to be others that are not. And how do we think about that from a policy perspective?

GRAHAM: You want somebody to volunteer, Camille?

BUSETTE: No, yeah. Yeah.

GRAHAM: Well, here to, to answer, that's a very good question. I think, you know, I take off my well-being hat and turn to my much earlier research, which is much more focused on poverty and inequality in poor countries. But there's always been this debate whether targeted policies are sustainable politically or you need to, you know, you have to reach a wider group of people with them. And it creates tradeoff, tradeoffs about focusing on the neediest. But I think particularly with well-being, since well-being is not like income, which can't sort of be split, it doesn't have positive externalities if somebody next door to you gets more income than you. But if people in the community have more well-being in general, there, there, there're positive externalities for the whole community. Happier people are healthier, they're more productive, you know, they're less likely to commit crime and more likely to volunteer and all sorts of other things. And so, you know, most people would rather live in a community that has high levels of well-being than in a community where there's a lot of depression. In some of the deprived communities and declining communities in the U.S. now, you have whole communities that are in, you know, poor mental shape, poor mental illness shape. But in any event, so I think here you can sort of come up with a way of prioritizing the, your resources to the people that have the most needs, both in income terms but also in low well-being terms, right? That you you you get more - this sounds sort of crass, but you get more bang for your buck if you start at least by focusing on the areas that are most in need. And then, you know, you can improve the average, the well-being of everybody later on, but you kind of can't improve the average if you have a lot of people at the bottom that are in really bad shape.

BUSETTE: Right, thanks for that, Carol. Does anybody have anything else they want to add there or we can go on to the next question>

GRIFFITH: Well, just quickly, I mean, I it's it's I think Carol, you know, made a great point, but I do want to sort of acknowledge a more potentially complicating point that not everybody's going to, we're, definitely there's not going to be universal agreement about how to distribute resources in that way, particularly if there things that everybody actually wants. And so any time that you're giving resources to someone, you're not necessarily giving everybody the same amount of things. You're doing, sort of, if you're doing sort of an equity versus an equal sort of opportunity, there, there are going to be people who disagree. So you're going to have to make sure that you bring people to the table so that there actually is at least some conversation about that. But I don't want to sort of ignore the fact that anytime you're trying to do equity related work, some people are going to, there's there's it's a political choice, not political like red blue, but political choice in terms of people making decisions that everybody's not going to agree on. And so you have to figure out how to make sure that you build the largest coalition to provide support for those issues.

BUSETTE: Great, thanks very much. Keon?

GILBERT: We received a number of questions that really center around accountability, power, oversight. And one in particular helps to think about sort of, when we think about equity, how can it be reached or achieved without adequate oversight and accountability of those in those in power and those who make decisions about communities, and help set policy? Go ahead, Michael. I'm sorry, go ahead.

FINLEY: I'll be super brief. Just I don't think I don't think it works unless you have those things, right. So I just I think that's and I think that's part of what, I feel like communities actually have always known that. I feel like folks who have experienced the brunt of these systems have always known that. But and that's so this work in trying to achieve well-being, infrastructure, well-being, right, is to create structures that are accountable. But we have to then explain what accountability looks like, right. And who gets to be a part of that. And we're saying we think folks who are impacted should be a part of that conversation, right. Sharing of power, right? That's why I start off as saying we need to work differently. We believe at Burns Institute, it's going to require some mental model shifts for how we, for all of us, not just decision, you know, I'm talking about those of us who are advocates, all of us. It's going to look different, right. And how we share power and share expertise, which we really just talk about as experiences and how do we value that, right? Whose voices get heard? And then oversight, right? Setting things up to monitor, to watch, to track and pivot when necessary. I think those are all things, that's what the work is to do now.

BUSETTE: Right. Gabe, did you want to get in.

SANCHEZ: Yeah, I'll say, you know, I echo everything that has been said on this point, right? Without accountability, I don't think the community's ever going to perceive that they really have a seat at the table. And I think the first step in accountability is transparency. And you're seeing the public push heavy on systems, not just policymakers, but all systems in the United States for increased transparency. Because if the community doesn't really get full access to what's really going on, how much resources do any of these systems actually have at their disposal, how are they going to exercise any real formal accountability for that? So I think that's first and foremost transparency. I'm an optimist, so I always like, especially as we get to the end of the hour in these conversations, end with positivity but in accountability, politically in this country, that's a tough conversation, because you're seeing decreased competition politically, a huge incumbency advantage, so it gives the average voter a sense of I don't really have any accountability over policymakers because the one mechanism that I have, the power of my vote, doesn't seem to be all that powerful.

BUSETTE: Great. Thank you very much. I know we, this is such a, been such a quick conversation and we have so much you know, there's just so much knowledge here. But I wanted to just end with one last question, pretty quick answers from all of you and then we're going to close out. How do you suggest that communities and organizations evaluate whether they are

using the best combination of strategies to advance well-being? I'm going to start with Derekk, Carol, Michael and then Gabe.

GRIFFITH: I don't know how great of an answer this is, but I think the best way to evaluate it is by determining what they see as success and then seeing if they've achieved it. So I think they have to come up with what they define as well-being, what they define as successful well-being, what they define as optimal well-being, and are they on the path to achieving those things that they already agreed on as the metric of success?

BUSETTE: Great. Thank you very much, Derek.

GRAHAM: Just really quickly, I'll give a nerdy economist's answer, but I think, you know, what you measure is what matters. So if if you're able to, again, get information on what the community values and then you can actually use the same metrics to evaluate if what you're doing is working, is it improving reported well-being in addition to say, is it also improving outcomes, you know, and sort of as people behave and participate, then I think you can give that information back to the community as sort of a benchmark for starting to discuss what's working and what's not.

BUSETTE: Great. Thank you, Carol. Michael.

GILBERT: Yeah. I mean, ditto to what was said. I think, you know, things we said earlier about tracking things, the things that speak to or work culture shifts and how you're sharing information, all of these processes. And I would just say, for us, also not letting the great get in the way of the good. So adults get in conversations and debates and things where you're trying to come up with indicators. They'll spend five years debating, arguing real nuanced things as opposed to starting somewhere. And let's track and let's evolve and let's iterate. So I think that's really critical.

BUSETTE: That's great. Thank you very much. And Gabe.

SANCHEZ: I don't have much to add. I mean, I think you're all hearing the consensus: allow the community to define those measures, right, to give them the voice on what they think is, is how they want to see progress being made. One simple thing we often do is, we do a lot of work with families is ask those folks and ask this, project: do you believe that your kids are going to have a better or worse time in this community than you did? Or do you believe that your kids are going to have greater opportunities to achieve well-being than you have? And I think that's an interesting way to frame it, because it recognizes that this is a long haul, right. To really see true equity and see improvements the way we would like to see them. It probably is going to take a generation to really see that. So asking parents about that projected nuance is one interesting way to try to measure whether or not we're getting closer to the target.

BUSETTE: Right. Thank you so much, Gabe. And with that, Keon, I'm going to let you take us out.

GILBERT: First all, I want to thank our panelists for joining us this afternoon and sharing their expertise about their work. And also, I want to thank our audience for joining us again on a Friday afternoon. As we close, I think it's really been apparent that our panelists and our work has focused on community-driven definitions of well-being, as well as making sure that the communities is in charge of not only defining well-being looks for, it looks like for them, but having data to be able to assess what that looks like. And with those assessments, that allows them to think about solutions to drive the solution making process and also inviting others, other partners, other communities to help think about how do we galvanize resources to ensure that each community has an equitable opportunity to achieve well-being. Also part of that is recognizing that there needs to be accountability structures in and making sure that the community drives those accountability structures to ensure that health, economic and education uncertainty can be

addressed across and within communities. And with that, I'd like to again thank you for for your time this afternoon. And this concludes our panel.