

# Advancing Health and Resilience in the Gulf of Mexico Region

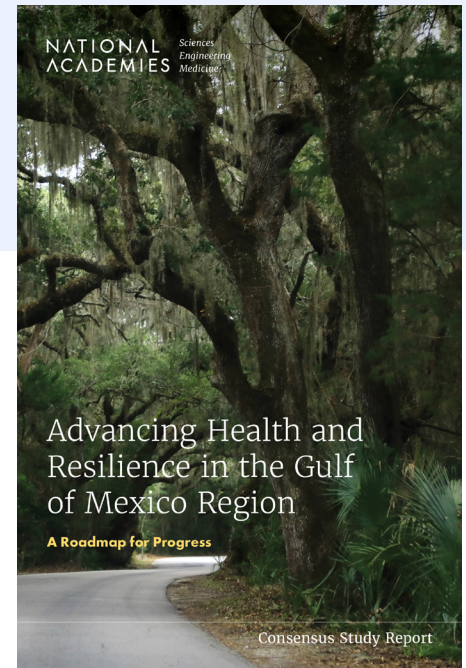
## A Roadmap for Progress

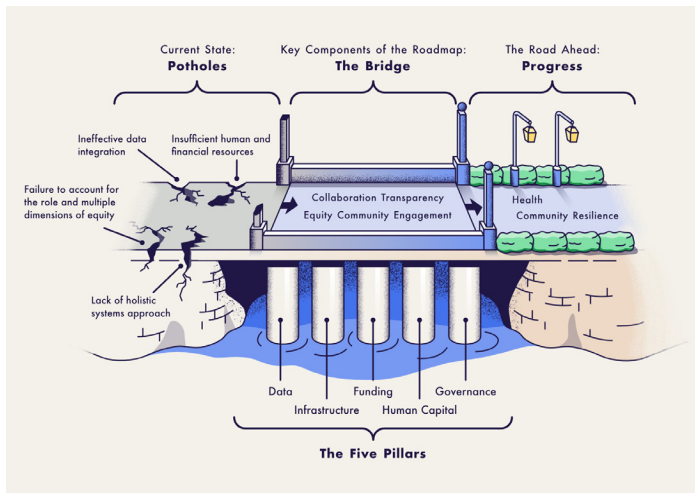
### OVERVIEW

The consequences of repeated natural disasters, including hurricanes, floods, environmental accidents, and the COVID-19 pandemic, have taken a cumulative toll on the health and well-being of people in the Gulf of Mexico region. Long-standing societal challenges related to racism, poverty, education, housing, and underemployment are compounding the trauma, leading to chronic stress for many Gulf residents.

The Gulf Research Program (GRP), a division of the National Academies of Sciences, Engineering, and Medicine, sponsored a study with the goals of helping to advance the development of sustainable systems that promote health and community resilience in the Gulf of Mexico region and support more robust and consistent scientific scholarship on the topic for communities, organizations, or individuals. To conduct the study, the National Academies appointed a 12-member ad hoc committee with a broad range of academic and professional expertise, including disaster research, community health, behavioral health, disaster response and recovery, public policy, economics, and housing and community development.

In the report *Advancing Health and Resilience in the Gulf of Mexico Region: A Roadmap for Progress* the committee identified four key roadblocks to more sustainable and effective health and community resilience efforts in the Gulf of Mexico region: a lack of a holistic, systems approach to program development and service delivery; incomplete, ineffective, and uncoordinated efforts to capture data; insufficient financial and human resources reaching communities in need; and





**FIGURE 1** Committee visualization of the report as a bridge between current and future states.

an enduring failure of current systems to effectively account for the role and multiple dimensions of equity in rendering communities persistently vulnerable.

The committee’s recommendations focused on five pillars needed to overcome these challenges: data, infrastructure, funding, human capital, and governance.

**RECOMMENDATIONS**

The committee offers recommendations that are both specific enough to create guideposts on a path forward and also flexible enough to be tailored to the unique needs and circumstances of individual states, localities, and communities, as well as situations.

The goal was to consider components of a health system broadly, to include upstream drivers of health, and each component individually: leadership and governance; appropriate integration of proximal and distal indicators of health; the ways in which data are gathered, analyzed, interpreted, and applied to support decision making; sufficient financial and human resources employed appropriately and sustainably; and appropriate applications of a multidimensional context of equity.

The committee believes communities will be best served in adopting a health in all domains approach, integrating health and community resilience activities and concepts

into existing offices and programs in the majority of cases, and creating new offices, programs, or activities only when necessary.

**THE DATA PILLAR**

Consistent and high-quality data, both specific to and across communities, are critical to assessing and making progress toward improving health and community resilience. The committee found that major data gaps exist within and across Gulf states for important variables. Where collected data are available, they reveal significant differences in general health status among populations in the Gulf states compared with those in the rest of the nation, including shorter life expectancy, reduced access to health insurance, increased exposure to environmental pollution, and higher rates of infant and maternal mortality, as well as various chronic conditions. Therefore, building on its findings and conclusions, the committee made the following recommendations:

**Recommendation 3-1: The Secretary of The U.S. Department of Health and Human Services (HHS), should convene HHS agencies, including the Administration for Children and Families; the Centers for Disease Control and Prevention, the National Institutes of Health, the National Center for Health Statistics, and the Substance Abuse and Mental Health Services Administration, and professional organizations, including the National Association of County and City Health Officials and the Association of State and Territorial Health Officials, to develop and promulgate a national strategy for the collection and utilization of health and resilience data.** *Specific components of this strategy may be found in the full report.*

**Recommendation 3-2: Funders supporting research in the Gulf region should take steps to ensure that local communities are engaged in the research through a range of strategies, including the public participation approaches and more in-depth community engagement partnerships. Community engagement will be important for collecting, understanding, and translating data on health and community resilience.**

**Recommendation 3-3: When developing and communicating their programmatic priorities, federal research funders, including the National Institutes of Health, the Centers for Disease Control and Prevention, and the National Science Foundation, and major philanthropic organizations should be explicit about their longer-term research agendas, gaps to be filled in both current and future funding cycles rounds, and funding availability/sustainability expectations over time.**

#### **Infrastructure and Governance Pillars**

Given the significant roles state legislatures and executive agencies play in funding for both physical and organization infrastructure and the priorities that dictate how funding is delivered to communities, the committee engaged a diverse group of state and local government officials and community leaders from the Gulf region to better understand the current challenges. The conclusions formed from those interactions informed the following recommendations:

**Recommendation 4-3: State legislators and leaders within executive agencies in state government should take proactive steps to prioritize the inclusion of data in policy making efforts and ensure that they are using specific and consistent data to inform decision making around health and community resilience programs. State leadership should also take steps to ensure that the development, operation, and evaluation of such programs include meaningful engagement with community members and leaders, providing opportunities for participation in both state capitals and local communities.**

**Recommendation 4-4: To best align priorities and resources and derive benefits from a learning system, state and local governments should explicitly designate a senior official responsible for health and community resilience efforts, even in cases in which responsibility for those efforts spans multiple offices or agencies.**

#### **Human Capital and Funding Pillars**

Health and community resilience in the Gulf region will also require regular, sustainable investment of both

human and financial resources. Greater effort is needed to ensure that communities and community leaders are part of the discussion when it comes to identifying needs and setting priorities, and that health and community resilience efforts undertaken are consistent with those needs and priorities. Thus, the committee made the following recommendations:

**Recommendation 4-1: Public health and community resilience initiatives should facilitate public participation that is designed around specific community needs and priorities, and supports bidirectional learning and engagement, and is, where possible, integrated with existing community resilience activities (e.g., infrastructure resilience plans, community emergency response and recovery plans) consistent with a health in all domains approach. See additional details in the full report.**

**Recommendation 4-2: Under the leadership of the Centers for Disease Control and Prevention and the Federal Emergency Management Agency, the federal government should convene key governmental and philanthropic funders of health and community resilience programs to collaboratively develop an interdisciplinary and cross-sectorial strategy to support sustainable funding efforts in the Gulf of Mexico region. The successful development and implementation of this strategy is dependent on both organizational and operational pieces. See organization and operational components of this strategy in the full report.**

#### **ROADMAP FOR PROGRESS**

In order to achieve progress in health and resilience in the Gulf of Mexico region, the committee recommends involvement from multiple actors:

- Communities and community-based organizations can advance public participation efforts and funder engagement by implementing Recommendations 3-2 and 4-1.
- Intermediate actors such as larger philanthropic organizations or state governments can advance necessary infrastructure, specific funding models and

vehicles, and cross-disciplinary and cross-sectorial efforts by implementing Recommendations 3-2, 4-2, 4-3, and 4-4.

- National public health leadership organizations and the federal government can advance fulfillment of a pair of national strategies—one focused on health and community resilience data collection, analysis, and utilization, and another focused on sustainable funding—by implementing Recommendation 3-1 and specific components of Recommendation 4-2.

By acting on these recommendations, communities, philanthropic organizations, state governments, national advocacy groups, and the federal government can collectively make progress toward improving the human health and community resilience of the Gulf of Mexico region.

**COMMITTEE ON THE PROGRESS TOWARD HUMAN HEALTH AND COMMUNITY RESILIENCE IN THE GULF OF MEXICO REGION** **Maureen Lichtveld** (*Chair*), University of Pittsburgh; **David Albright**, The University of Alabama; **Richard A. Berman**, University of South Florida; **Jane Owens Cage**, InsightFive22; **Anita Chandra**, RAND Corporation; **Tamera Coyne-Beasley**, The University of Alabama at Birmingham; **David Eisenman**, University of California, Los Angeles; **Carlos Martin**, Brookings Institution; **Robert A. Moffitt**, Johns Hopkins University; **Ronak B. Patel**, Brigham and Women's Hospital; Harvard Medical School; **Deanna Wathington**, REACHUP Inc.; Consortium of African-American Public Health Programs; University of South Florida; **Arlanda Jewel Williams**, Delgado Community College; Southern University System

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#### FOR MORE INFORMATION

This Consensus Study Report Highlights was prepared by National Academies' staff based on the Consensus Study Report *Advancing Health and Resilience in the Gulf of Mexico Region: A Roadmap for Progress* (2023).

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