A Time of Opportunity:

Local Solutions to Reduce Inequities in Health and Safety

EXECUTIVE SUMMARY

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Prevention Institute
Putting prevention at the center of community well-being

Equitable Health: A Four-Pronged Solution

This is a time of opportunity. Nationally, health and health care have emerged as foremost economic issues and as top priorities of the new Administration and Congress. There is a growing understanding of the importance of healthy communities, the influence of their underlying health determinants, and the role of culturally appropriate, family-centered primary care in accomplishing health equity. Locally, communities are exploring ways to prevent illness and injury and to improve health and safety outcomes equitably. Institutions and practitioners are breaking down silos and experimenting with cross-sectoral partnerships. The results confirm that the local arena is an ideal setting for reducing inequities in health and safety and for promoting good health.

Good health is precious; unfortunately, it is not experienced equitably across society. Health inequity is related both to a legacy of overt discriminatory actions on the part of government and the larger society, as well as to present day practices and policies of public and private institutions that perpetuate a system of diminished opportunity for certain populations. Historically, African Americans and native populations, in particular, have to varying extents had their cultures, traditions, and land forcibly taken from them. It is not a mere coincidence that these groups suffer from the most profound health disparities: heart disease, cancer, diabetes, stroke, injury, and violence occur in higher frequency, earlier, and with greater severity among communities of color and low-income communities. Poverty, racism, and lack of educational and economic opportunities are among the fundamental determinants of poor health, lack of safety, and health inequity. These factors contribute to chronic stress and to a collective sense of isolation and despair. They compound to create a weathering effect, encouraging short-term decision-making and increasing the inclination towards immediate gratification, which may include tobacco use, substance abuse, poor diet, and physical inactivity.

Remedying inequitable health and safety outcomes requires addressing the critical needs for achieving health equity and the specific challenges and opportunities for integrating solutions into practice and policy. This paper examines this emerging paradigm and delivers a robust set of recommendations that bridge traditional disease management with more upstream preventative work that can be accomplished locally—at the community, regional, and state levels. It outlines community and health care factors that affect well-being and equity, and it introduces a systems-level support framework for achieving health equity. Together, these constitute a four-fold solution:

1. Strengthen communities where people live, work, play, socialize, and learn
2. Enhance opportunities within underserved communities to access high-quality, culturally competent health care with an emphasis on community-oriented and preventive services
3. Strengthen the infrastructure of the health system to reduce inequities and enhance the contributions from public health and health care systems
4. Support local efforts through leadership, overarching policies, and through local, state, and national strategy

Policy and institutional practices are the key levers for implementing this four-fold solution. They helped create the inequitable conditions and outcomes confronting us today, and they are the prime levers for ensuring effective, lasting change that will rectify this injustice. Reform via policy and practice must occur across venues—government, business/labor, and the community— in order to "unmake" inequitable neighborhood conditions and improve health and safety outcomes. Policies and organizational practices significantly influence the well-being of the community; they affect equitable distribution of its services; and they help shape norms, which, in turn, influence behavior. The following policy principles* provide guidance in addressing health equity:

- Account for the historical forces that have left a legacy of racism and segregation
- Acknowledge the cumulative impact of stressful experiences and environments
- Encourage meaningful public participation with attention to cultural differences
- Focus overall approach on changing community conditions, not assigning blame
- Strengthen the social fabric of neighborhoods—sense of belonging, dignity, hope
- Respond to climate change, global economy, foreign policy in fostering equity
- Address the developmental needs of all age groups, especially children and youth
- Make structural changes via cross-sectoral partnerships—nonprofits, government
- Measure, monitor social policy impacts on health and equity over time and place
- Empower groups most affected by inequity to have a voice in policy change
- Invest deeply and broadly in community as part of designing equitable solutions

Critical Needs for Achieving Equitable Health in the United States: A Health System

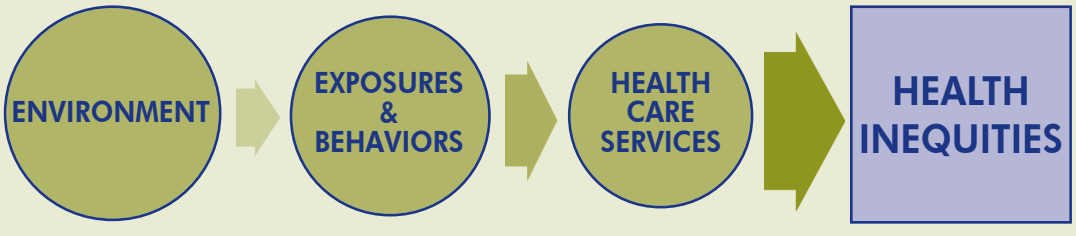
There are two vital components to achieving health equity in the United States. The first critical need is to create a coherent, comprehensive, and sustainable health care system that is culturally and linguistically appropriate, affordable, effective, and equally accessible to all people—especially marginalized populations. Redesign of the health care system should explicitly account for equity issues, since reformulation of health care delivery can either mitigate or exacerbate the problem of inequity. Thus, quality improvements of any health care component need to embrace principles of cultural competency, diversity, and equity. In addition, the Institute of Medicine has pinpointed three ways to advance health equity through medical services: increase access to care, improve quality of care, and implement culturally and linguistically appropriate care. The overall health care system should incorporate cost-saving community strategies, reducing the likelihood of people getting sick or injured, helping to maintain and restore well-being, and lowering the cost of health care. The system should offer a full set of services (e.g., medical, dental, mental health, and vision), including screening, diagnosis, and disease management, within the communities where people live and work. Improving the health care system is a vital component, yet it alone is insufficient for eliminating inequity, since it is not the primary determinant of health, it treats one person at a time, and intervention often comes late.

*ADAPTED FROM: Life and Death From Unnatural Causes: Health & Social Inequity in Alameda County. Alameda County Public Health Department September 2008.

The second critical need is to encourage community prevention strategies that target the underlying factors leading to people getting sick and injured *in the first place.* People's health is strongly influenced by *the overall life odds* of the neighborhood where they live. The environment in which people live, work, play, socialize, and learn is a major determinant of health, safety, and health equity. Indeed, place matters. In many low-income urban and rural communities, whole populations are consigned to shortened, sicker lives. Residential segregation is a significant issue and while it has declined overall since 1960, people of color are increasingly likely to live in high-poverty communities. Racially and economically segregated communities are more likely to have limited economic opportunities, a lack of healthy options for food and physical activity, increased presence of environmental hazards, substandard housing, lower performing schools, higher rates of crime and incarceration, and higher costs for common goods and services (the so-called "poverty tax"). Conversely, people are healthier when their environments are healthier. Therefore, improving the environments in which people live, work, play, socialize, and learn presents a tremendous opportunity to reduce health inequities by preventing illness and injury before their onset. One way to understand community factors is through *THRIVE (Tool for Health and Resilience in Vulnerable Environments)*, a research-based framework that includes a set of three interrelated clusters: equitable opportunity, people, and place. Each cluster highlights key factors influencing health and

TAKING TWO STEPS TO PREVENTION

Taking Two Steps to Prevention is a framework for understanding how inequities develop. It shows the links between illness and injury and health care services and how behaviors and exposures result in these illnesses and injuries. Further, it emphasizes the critical role of the environment on health, mental health, and safety. *The First Step to Prevention* (i.e., taking a step back from a specific disease or injury) reveals the behavior (e.g., eating, physical activity, and violence) or exposure (e.g., stressors and air quality) that increases the likelihood of the injury or disease. Researchers have identified nine behaviors and exposures—including tobacco, diet and activity patterns, and alcohol—that are strongly linked to multiple medical diagnoses and major causes of death. Limiting unhealthy exposures and behaviors enhances health broadly, reducing the likelihood and severity of disease and injury. In fact, these behaviors and exposures are linked to multiple medical diagnoses, and addressing them can improve health broadly. *The Second Step to Prevention* (i.e., taking a step back from behaviors and exposures) reveals specific elements in people's environments that are major determinants of their exposures and behaviors and thus of their illnesses and injuries. The environment consists of root factors such as poverty, racism, and other forms of oppression; institutions (e.g., banks and insurance companies) and community factors (e.g., what's sold and promoted, social connections and trust). See the Community Health Factors sidebar on page 3 for a complete list.



Community Factors by Cluster

EQUITABLE OPPORTUNITY
1. Racial justice
2. Jobs & local ownership
3. Education

THE PEOPLE
1. Social networks & trust
2. Community engagement and efficacy
3. Norms/acceptable behaviors and attitudes

THE PLACE
1. What's sold and how it's promoted
2. Look, feel, and safety
3. Parks and open space
4. Getting around
5. Housing
6. Air, water, and soil
7. Arts and culture

HEALTH CARE SERVICES
1. Preventive services
2. Cultural competence
3. Access
4. Treatment quality, disease management, in-patient services, and alternative medicine
5. Emergency response

safety outcomes directly via exposures and/or indirectly via behaviors. The environment also influences people's access to quality medical services, and this is included as a fourth cluster. These combined frameworks are important components of quality prevention strategies within the local arena that affect health, safety, and mental health.

Clearly, local solutions to health and safety inequities are central to success. Improving specific community factors that have been shaped by economics and racial discrimination is one way to alter the way that root factors negatively impact health and safety. Local work complements broader national change, and local solutions often help shape profound, long-lasting federal changes. Altering community conditions, particularly in low-income communities of color where the memory and legacy of dispossession remains, requires the consent and participation of a critical mass of community residents. Thus strategies that reconnect people to their culture, decrease racism, reduce chronic stress, and offer meaningful opportunities are ultimately health policies. Effective change is highly dependent upon relationships of trust between community members and local institutions. The process of inclusion and engaging communities in decision making is as important as the outcomes, which should directly meet the needs of the local population. Strategies such as democratizing health institutions, as was envisioned with the creation of community health centers, foster increased civic participation and serve as a health improvement strategy.

A quality health care system and community prevention strategies are often thought of as separate domains, yet they are mutually supportive and complementary. Health care institutions play a critical role in emphasizing wellness within communities and in improving local environments. Health services must recognize that the community locale is an essential place for service provision, for example, by expanding community clinics, providing school health services, and giving immunizations in supermarkets. They can advocate for community changes that will positively impact both wellness and disease management, such as healthier eating and increased physical activity and reducing waste and closing incinerators. Health care is one of the nation's largest industries and is often the principal employer in low-income communities and communities of color. As such, these institutions can support pipeline development to recruit, train, and hire people, especially among underserved groups. Equally, community prevention efforts play a central role in fostering wellness and in reducing health inequity by addressing underlying causes of illness and injury *before they occur* and by improving the success of treatment and injury/disease management even after people get sick or injured. It is important for health care institutions to recognize the ways in which poverty and other social structures impede a patient's ability to follow a doctor's recommendations. Disenfranchised people usually don't have safe places to walk or healthful food to eat. Overwhelmed with the requirements of work and daily life and coping with transportation and childcare issues, poor people can have more obstacles to keeping medical appointments as well. With community prevention efforts bolstering neighborhood environments and support structures, disease management strategies will be more effective and less costly.

Challenges and Opportunities to Achieving Health Equity through Practice and Policy

Successful strategies to achieve health equity are taking shape in communities nationwide. At the same time, there are still significant challenges, and it will take concerted attention, leadership, and investment to overcome them. For example, as a society, we haven't embraced the problem of

health inequities at its roots. Further, there isn't a good playbook for how to do this work; the people and institutions working for reform need more guidance and information in order to identify and realize the most effective, sustainable changes, and the roles of different players are not well-defined. Sectors are still siloed, as is the health system itself, and there is a lack of coordination and cross-fertilization across sectors, efforts, and disciplines. This results in a fragmented system. In addition, for many US hospitals community-based, family-centered primary care is not a medical emphasis and disparities in health care are not an organizational priority. Finally, health equity isn't embedded in most people's job descriptions and there are many competing demands.

Despite these challenges, there are also a number of opportunities. As a result of the national discussion regarding health reform, the issues and opportunities are clearly delineated, and some positive momentum for change has been generated. Federal initiatives provided the catalyst for health disparities to emerge as a public health issue; now states and localities are poised to take the lead in sponsoring policies and social programs that advance health equity. Focusing equity work at the state and local levels is very promising because many of the social and economic health determinants can be acted upon most effectively in these arenas. Community-based organizations and public agencies are increasingly using mapping and other emerging technologies to support social and economic change on a local level. There is also a strong national trend toward using community-level health indicators and indicator data to monitor change over time, increase accountability among policymakers, and engage communities in a dialog about local priorities. Communities are aligning issues of health and health equity with other major societal concerns—such as environmental degradation and social justice—and there is a growing understanding of the urgency for considering health in all policies. Our conclusion as authors is that policy is vital and changing our organizational practices is critical; and it must all be done in service of people, where they live, work, play, socialize, and learn. In other words, it's critical to focus efforts at the community level.

Local Solutions for Advancing Equity in Health and Safety

COMMUNITY RECOMMENDATIONS

Strengthen communities where people live, work, play, socialize, and learn

C1 Build the capacity of community members and organizations: e.g., train public sector staff to empower residents to partner with local government and community-based organizations; foster structured community planning and prioritization efforts.

C2 Instill health and safety considerations into land use and planning decisions, including transportation and community design: e.g., engage residents; train public health and health care practitioners to advocate for policies supporting health and safety.

C3 Improve safety, accessibility of public transportation, walking, bicycling: e.g., implement high density, mixed-use zoning, transit-oriented development, interconnected streets strategies; adopt complete streets policies; support with federal transit funding.

C4 Encourage opportunities for physical activity from an early age to prevent chronic illnesses and promote physical and mental health: e.g., provide safe access to parks, open space, recreational facilities; promote joint-use agreements, school recess.

C5 Enhance availability of healthy products, reduce exposure to unhealthy products in underserved communities: e.g., invest in fresh food financing initiatives; incentivize neighborhood stores; restrict liquor stores; promote acceptance of SNAP, WIC benefits.

C6 Support healthy food systems and the well-being of farmers and farm workers: e.g., reduce industrial farms, pollution; incentivize small to mid-sized farms, minority farmers, organic farming; protect occupational health and safety of farm workers.

C7 Increase housing quality, affordability, stability, proximity to resources: e.g., support transit-oriented, density, mixed-use, mixed-income development; ensure safe, healthful housing standards and materials; protect affordable housing, home ownership.

C8 Improve air, water, and soil quality: e.g., minimize diesel particulates; better monitor impact on vulnerable populations; enforce national water standards; strengthen penalties for industrial polluters; replicate effective local lead abatement programs.

C9 Prevent violence using a public health framework: e.g., invest in coordinated citywide cross-sector planning; implement in impacted neighborhoods; support street violence interruption; change norms and practices to prevent intimate partner violence.

C10 Provide arts and culture opportunities in the community: e.g., support community art centers; integrate art into existing programs, businesses; house art commissions within government; redirect funding; bring "Big Art" to underserved areas.

HEALTH CARE SERVICES RECOMMENDATIONS

Enhance opportunities within underserved communities to access high-quality, culturally competent health care with an emphasis on community-oriented and preventive services

HC1 Provide high-quality, affordable health coverage for all: e.g., equalize public/private domains; ensure access to SCHIP, dental, mental health services; support safety net hospitals; streamline public health insurance enrollment; increase affordability.

HC2 Institute culturally and linguistically appropriate screening, counseling, health care treatment for high-risk groups and for all: e.g., train providers; ensure effective communication, patient-system concordance for patient adherence, security, safety.

HC3 Monitor health care models/procedures for reducing inequities in health and data documenting racial and ethnic differences in care outcomes: e.g., standardize, coordinate, disaggregate data; apply data practices that account for equitable health care.

HC4 Take advantage of emerging technology to support patient care: e.g., institute electronic health records; use telephone, email reminders for appointments, testing compliance, medication alerts, following procedures; make health information handy.

HC5 Provide health care resources in the heart of the community: e.g., support community-based and school-based clinics; provide support groups for behavior change; promote community health workers; reform reimbursement; expand business hours.

HC6 Promote a medical home model: e.g., design interventions to incorporate detection, prevention, and management of chronic disease with full deployment of multi-disciplinary, family and patient centered, linguistically and culturally versatile teams.

HC7 Strengthen the diversity of the health care workforce: e.g., train clinical providers to conduct culturally appropriate outreach and services; offer incentives to work in underserved communities; diversify through community health workers.

HC8 Ensure patient and community participation in health care related decisions: e.g., strengthen patient education programs; promote community health planning; engage community residents in health care planning, evaluation, and implementation.

HC9 Enhance quality of care; improve availability and affordability of critical prevention services: e.g., immunizations; growth monitoring; prevention assessment; safety behaviors; medical testing and screening; patient education; oral health care.

HC10 Provide outspoken advocacy for environmental policy change and resources for prevention: e.g., support pipeline development from underserved sectors; reduce waste; close incinerators; purchase from local merchants; attend to community impact.

SYSTEMS RECOMMENDATIONS

Strengthen the infrastructure of our health system to reduce inequities and enhance the contributions from public health and health care systems

S1 Enhance leadership and strategy development to reduce inequity in health and safety outcomes: e.g., engage high-level civic leadership; coalesce partners; ensure accountability; develop local and state plans prioritizing health equity actions.

S2 Facilitate information about the problems, solutions at state and local levels and with the public: e.g., draw relationship between social and health inequities; identify comprehensive multi-disciplinary community-level interventions; test, share new tools.

S3 Establish sustainable funding mechanisms to support community health and prevention: e.g., educate the broad public about cost savings via prevention; create a wellness trust to collect, manage prevention funding; index to health care costs; reinvest.

S4 Build the capacity of state, local health agencies to understand, lead population-based health equity work: e.g., retrain, re-pool, recruit diverse staff to understand social health determinants, health equity; work with diverse sectors and departments.

S5 Collaborate with multiple fields, diverse government agencies to ensure health, safety, health equity are considered in every relevant decision, action, policy: e.g., establish impact analyses; evaluate potential policies, funding streams with a health lens.

S6 Expand community mapping, indicators: e.g., develop data sets; provide technical assistance, standards for local indicator projects; link environmental determinants to patterns of disease distribution; merge mapping of medical and community conditions.

S7 Provide technical assistance, tools to support community-level efforts to address determinants of health, reduce inequities: e.g., train in planning, implementing, evaluating; enable access to indicators, report cards, maps, community assessment tools.

OVERARCHING RECOMMENDATIONS

Support local efforts through leadership, overarching policies, and through local, state, and national strategy

O1 Develop a national strategy to promote health equity across racial, ethnic, and socioeconomic lines, with attention to preventing injury, illness in the first place: e.g., embed health equity into priorities, practices, policies of government and private entities.

O2 Provide federal resources to support state, local community-based prevention strategies: e.g., align existing strategies and policies with those of other federal agencies; give regulatory waivers for financial incentives; reimburse community-based prevention.

O3 Tackle inequitable distribution of power, money, resources—structural drivers of conditions contributing to inequitable health, safety outcomes: e.g., address race, racism, discrimination in institutions and policies; socioeconomic segregation, conditions

O4 Improve access to quality education; improve educational outcomes: e.g., reform school funding to equalize access; invest in retaining teachers in disadvantaged schools; provide need-based supports, facilitate positive interventions for at-risk youth.

O5 Invest in early childhood: e.g., provide high quality, affordable child care and preschools; ensure equitable distribution of and access to preschools; provide subsidies; invest in home-visiting initiatives and in child-care providers.