

A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety

Equitable Health: A Four-Pronged Solution

This is a time of opportunity. There is a growing understanding of the importance of healthy communities, the influence of underlying health determinants, and the role of culturally appropriate, family-centered primary care in accomplishing health equity. Along with national policy change, the local arena has emerged as an ideal setting for reducing inequities in health and safety and for promoting good health. Local policy solutions are the emphasis of this brief; more detail on local solutions is available in the complete document *A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety*.

Good health is precious; unfortunately, it is not experienced equitably across society. It is not a mere coincidence that certain 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 in low-income communities. 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 the present day practices and policies of public and private institutions that perpetuate a system of diminished opportunity for certain populations. While health *disparities* are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States, health *inequities* are differences in health, which are not only unnecessary and avoidable but, in addition, are unfair and unjust.

Remedying inequitable health and safety outcomes requires a four-pronged 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 contributions from public health and health care systems; and
4. Support local efforts through leadership, overarching policies, and through local, state, and national strategy.

Policies and organizational practices significantly influence the well-being of the community—they affect equitable distribution of services, and they help shape norms, which in turn, influence behavior. In order to “unmake” inequitable neighborhood conditions and to improve health and safety outcomes, reform via policy and practice must occur across venues, including government, business/labor, and the community, and it must all be done in service of people—where they live, work, play, socialize, and learn. In other words, it is critical to focus efforts at the community level.

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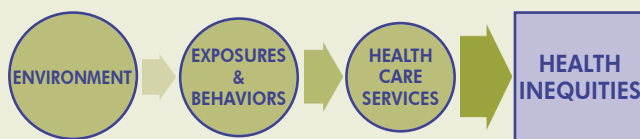
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Taking Two Steps to Prevention is a framework for analyzing the underlying causes of illness and injury and health inequities and for identifying the key opportunities for intervention and prevention. The framework shows how behaviors and exposures result in 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 from a specific disease or injury such as diabetes or cancer) reveals the behavior (e.g., eating, physical activity, violence) or exposure (e.g., air quality, stressors) 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 chronic diseases and major causes of death. **The Second Step to Prevention** (i.e., taking a step from behaviors and exposures such as smoking or poor diet) reveals specific elements in people’s environments that shape behaviors and exposures and thus illnesses and injuries. The environment consists of root factors (e.g., poverty, racism, and other forms of oppression); community factors (e.g., what’s sold and promoted, social connections and trust); and institutions (e.g., banks and insurance companies).



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. One 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. 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.

An equally critical need is to encourage community prevention strategies that target the underlying factors that lead 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. 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 places 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 the factors that advance community well-being 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 that influence health and safety outcomes directly via exposures and/or indirectly via behaviors. People’s access to quality medical services is also influenced by their community environment and is included as a fourth cluster. (See Community Factors by Cluster box, p.3). These clusters and their associated factors are important components of quality prevention strategies within the local arena that affect health, safety, and mental health.

Altering community conditions—particularly in low-income communities of color where the memory and legacy of dispossession remains—needs the consent and participation of a critical mass of community residents. 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. Thus strategies that reconnect people to their culture, decrease racism, reduce chronic stress, and offer meaningful opportunities are ultimately health policies. 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.

Local Solutions for Advancing Equity in Health and Safety*

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. Focusing on policies and organizational practices is vital for achieving health equity. The following principles provide guidance in shaping health equity policy and institutional practices:**

- 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

*Complete set of recommendations available in the full paper, A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety, available at <http://preventioninstitute.org/component/jlibrary/article/id-81/127.html>

**Policy principles adapted from: Life and Death From Unnatural Causes: Health & Social Inequity in Alameda County. Alameda Co. Public Health Dept., Sept. 2008.

- 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

Community Recommendations

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

- 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 strategies for prioritizing goals and efforts.
- Advance health and safety through land use, transportation, and housing decision making and planning: e.g., engage residents in priority setting and decision making; adopt complete streets policies that promote walkability and bikeability; implement high density, mixed-use zoning and interconnected streets strategies; prioritize accessibility of public transportation, walking, bicycling; ensure safe, healthful housing standards and materials; train public health and health care practitioners to advocate for built environment policies that support health and safety.
- Support healthy food systems by enhancing the availability of healthy products, reducing exposure to unhealthy products, and encouraging sustainable agriculture: e.g., develop processing and distribution infrastructure for small to mid-sized farms; expand organic farming; provide incentives to support minority farmers; protect occupational health and safety of farm workers; invest in fresh food financing initiatives; incentivize neighborhood stores and farmers' markets; adopt preferential purchasing policies for local and sustainably produced food; restrict liquor stores and fast food restaurants; promote acceptance of SNAP and WIC benefits.
- Encourage opportunities for physical activity from an early age to prevent chronic illnesses and promote physical and mental health: e.g., provide safe, easy access to parks, open space, and

recreational facilities; promote joint-use agreements; require school recess and regular quality physical education.

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

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

- Provide health care resources in the heart of the community: e.g., support community-based and school-based clinics; reform reimbursement policies; expand business hours; provide resources and help groups to support individual behavior change; promote community health workers.
- Promote a medical home model and ensure patient and community participation in health care-related decisions: e.g., provide coordinated services to incorporate detection, prevention, counseling, and management of chronic disease in a central location; provide multi-disciplinary, family and patient-cen-

Community Factors by Cluster

Equitable Opportunity

1. Racial justice
2. Jobs and local ownership
3. Education

The People

1. Social networks and 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

tered, linguistically and culturally versatile services; ensure effective communication and patient-system concordance for patient adherence and safety; engage community residents in health care planning, evaluation, and implementation.

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

Systems Recommendations

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

- Collaborate with multiple fields and diverse government agencies to ensure health, safety, and health equity are considered in every relevant decision, action, and policy: e.g., establish health impact analyses; evaluate potential policies and funding streams through a health lens.
- Enhance leadership at state and local levels and develop clear strategic direction to reduce inequity in health and safety outcomes: e.g., engage high-level civic leadership to elevate health equity as a priority, coalesce partners, and ensure accountability; develop local and state plans that identify prioritized actions to achieve health equity.
- 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 and manage prevention funding and index prevention to health care costs; reinvest prevention savings in further prevention efforts.
- Build the capacity of state and local health agencies to understand and lead population-based health equity work: e.g., retrain, re-pool, and recruit diverse staff to understand social health determinants and health equity; work with diverse sectors and departments.
- Provide technical assistance and tools to support community-level efforts to address determinants of health and reduce inequities: e.g., provide training in planning, implementation, and evaluation; develop standards for local indicator projects; link environmental determinants to patterns of disease distribution; merge mapping of medical and community conditions; enable access to indicators report cards, maps, and community assessment tools.

Overarching Recommendations

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

- Develop a national strategy to promote health equity across racial, ethnic, and socioeconomic lines, with attention to preventing injury and illness in the first place: e.g., embed health equity into priorities, practices, and policies of government and private entities.
- Provide federal resources to support state and 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.
- Tackle inequitable distribution of power, money, and resources—structural drivers of conditions contributing to inequitable health and safety outcomes: e.g., delineate strategies to address racism and discrimination in institutional practices and policies; address socioeconomic segregation and conditions; reform criminal justice laws.
- 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.
- Invest in early childhood: e.g., provide high quality, affordable childcare and preschools; ensure equitable distribution of and access to preschools; provide subsidies; invest in home-visiting initiatives and in child-care providers; encourage breast-feeding; provide opportunities for safe physical activity from an early age to prevent chronic disease and to promote physical and mental health.

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CITATIONS ARE AVAILABLE IN THE FULL DOCUMENT, *A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety*, available at <http://preventioninstitute.org/component/jlibrary/article/id-81/127.html>

PREVENTION INSTITUTE is a nonprofit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development. This, and other Prevention Institute documents, are available at no cost on our website at www.preventioninstitute.org.

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