

Strengthening What Works:
**Critical Provisions for Prevention and Public Health in
Health Reform Legislation**

A Memo Prepared by Prevention Institute and PolicyLink

We commend Congress for its recognition of the importance of community prevention in its health reform proposals. Community prevention focuses on improving both the physical and social environment in our nation. A nation of people living in healthy places is a nation of healthy people. Thus prevention is a fundamental component of a successful comprehensive health reform approach.

Community prevention attends to what happens before and after the patient is in the doctor's office. It reduces the need for those doctor visits. It enables the health care system to run more effectively by reducing the burden on emergency departments, clinical and in-patient care. A comprehensive health framework that emphasizes prevention and wellness can significantly alleviate the social and financial costs associated with sickness and health care by keeping people from getting sick and injured *in the first place*. Low income communities and communities of color need to be prioritized as they experience the greatest burdens of illness and injury.

Community prevention can be particularly helpful in preventing chronic diseases. The benefits would be monumental for all families across the nation – particularly the most vulnerable. Too many Americans live in environments that are unhealthy---exposing them to toxins, without access to healthy foods, without safe places to be physically active, and living in homes filled with environmental and health hazards. Community prevention can make a difference by changing environments and the policies that shape them.

All major legislative proposals (from the Senate Health, Education, Labor, and Pension (HELP) Committee's, the House Tri-Committee, to the House of Representative Health Equity and Accountability Act) articulate numerous provisions emphasizing *community prevention*. Prevention Institute and PolicyLink consider ourselves allies to federal efforts to improve health and wellbeing. As organizations engaged with numerous successful community, philanthropic, and government prevention initiatives around the country, we have seen the value and vitality of prevention and equity efforts in improving health across racial, ethnic, and socioeconomic lines.

Based on our experience, we offer this memo to showcase the benefits of including community prevention in health reform and present the following recommendations to ensure a successful, strong and sustainable implementation:

- 1. Invest in community prevention as a core component of health reform**
- 2. Promote collaboration across fields and sectors encouraging healthy people and healthy places**
- 3. Prioritize people and places that are most vulnerable**
- 4. Engage community residents and leaders in shaping solutions**
- 5. Educate and train leaders and the health workforce**
- 6. Develop a national strategy and establish high-level leadership to promote community prevention and health equity**

THE CASE FOR COMMUNITY PREVENTION

Preventing disease and injury in the first place is a fundamental component of ensuring good health. This involves creating environments for children and families – neighborhoods, schools, childcare centers, and workplaces – that support health, wellbeing, and safety.

Community Environments Impact Health

The record is clear. Research demonstrates that factors such as access to healthy foods, parks and recreational facilities; the walkability and safety of neighborhoods and toxins in the air, water and soil influence health. For example, individuals living in communities with walking paths, parks and recreational facilities are more active than those who do not have access to the same community resources.¹ Workplace changes such as more healthful food options, open stairwells, and promoting a culture of health at work contribute to improved health behaviors and reduced health care costs.² Some community environments impact health in negative ways. Communities with a higher density of unhealthy food outlets have higher rates of diabetes than communities with more healthy food outlets.³ Children who live near freeways (where NO₂ and SO₂ levels are high) are more prone to developing respiratory symptoms that lead to asthma.⁴

Disparities in Community Environments Lead to Disparities in Illness And Injury

All community environments are not equal when it comes to opportunities for healthy living. Low wealth communities and communities of color are more likely to lack health promoting infrastructure. For example, these communities have less access to healthy food,⁵ African American and Latino children are more likely to grow up in communities near toxic waste sites,⁶ and communities with high densities of people of color have significantly fewer physical activity facilities.⁷ Low income communities and communities of color are more likely to have substandard housing as well as higher rates of crime and violence.⁸

Disparities among community environments lead to disparities in health as illness and injury, chronic illnesses disproportionately impact low income populations and people of color.⁹ For instance, compared to whites, American Indians and Alaskan natives are 2.3 more times likely to have diabetes, African Americans are 2.2 times more likely and Latinos are 1.6 times more likely.¹⁰ Pediatric hospitalizations for asthma were estimated to be 5 times higher for children from lower income families.¹¹ Homicide rates among African American, Hispanic, American Indian males are higher than among white males.¹² Premature death rates from cardiovascular disease (between the ages of 5 and 64) were substantially higher in minority zip codes than in non-minority zip codes.¹³ Low-income adults report multiple serious health conditions more often than those with higher incomes.¹⁴

Community Prevention Fosters Healthy People and Healthy Places

Many successful community prevention efforts and strategies are underway. The city of Somerville, MA's "Shape up Somerville" initiative was able to lower rates of weight gain in 1st to 3rd graders through a collaborative, multi-disciplinary community effort including healthier food in schools, safe routes to school and by engaging a broad community constituency.¹⁵

Community prevention efforts should prioritize people and places that are most vulnerable, have the least access to health promoting resources and bear the greatest burden of disease. *The West Harlem Environmental Action* group is working with community members in Northern Manhattan and the South Bronx to reduce children's exposure to school bus diesel fumes. The organization and community advocate for the use of school buses with the best available retrofit technologies to reduce toxic emissions.¹⁶ Another successful community effort is in Boyle Heights, California where community residents worked with local leaders and elected officials to install a rubberized jogging path around the local cemetery. The path is used by over 1,000 walkers and joggers every day.¹⁷ Achieving daily recommended levels of moderate to vigorous physical activity can reduce the risk of diabetes, heart disease, and many different types of cancer. Several successful projects and mechanisms have been

established to increase access to healthy food, particularly in low-income urban and rural communities. Increased access to fruits and vegetables correlates with healthier diets across communities.¹⁸⁻²¹

Prevention Saves

Community prevention improves quality of life and reduces the suffering inherent in illness and injury by preventing death, illness, and injury *in the first place*. Further, investing in community prevention has the potential to reduce the long run costs associated with treating preventable conditions. One recent study predicted that a \$10 per capita investment in community chronic disease prevention would pay for itself after the first year, provide 5-to-1 savings after five years, and continue to save well into the long term.²² In addition to this chronic disease analysis, studies reveal that other health-related investments also yield a significant return. For instance, \$1 invested in lead abatement in public housing returns \$2 in reduced medical and special education costs and increased productivity; \$1 invested in breastfeeding support by employers results in \$3 in reduced absenteeism and health care costs for mothers and babies, and improved productivity; and \$1 invested in child safety seats saves \$3 in direct medical expenses and over \$10 in future earnings.^{23 24 25} Savings could be even higher if invested in communities with the least amount of resources and highest rates of illness and injury.

RECOMMENDATIONS

Based on our experiences with communities, we recommend the following community prevention strategies for health care reform:

Invest in community prevention as a core component of health care reform.

Resources for community-focused efforts have the potential to save countless lives and countless health care dollars. Creating healthy communities requires a focus on changing environments. Existing legislation proposes important mechanisms for doing so including community transformation grants, health empowerment zones, community preventive services, and an environmental justice grant program. Projects such as these, funded by government and philanthropy in communities across the country, frequently targeting low-income and communities of color, have shown the benefits of comprehensive, place-based approaches. Health reform should support and bring to scale these kinds of efforts.

Promote collaboration across fields and sectors encouraging healthy people and healthy places.

Since our health is influenced by many factors in our lives such as education, occupation, or mode of transportation, it is vital that the sectors making such decisions join the health sector in ensuring our well being. Therefore community prevention initiatives have greater success when there is multi-sector collaboration that engages partners from multiple arenas. For instance, a project improving safety in a local park could include the park and recreation department, public health, law enforcement, the neighborhood association, and community businesses. Health impact assessment, described in health reform legislation, is a tool that can assist non-health sectors in understanding how the decisions they make can enhance health outcomes. Working together multiple sectors can achieve greater success, achieving a set of outcomes that helps advance health and meet individual sector mandates – increased use of park facilities, increased physical activity, reductions in violent incidents, and improved community ambience that improves the business climate.

Prioritize people and places that are most vulnerable.

Community prevention funds should address health inequalities in the most vulnerable communities. Community prevention funds should prioritize communities with the poorest health status and greatest gaps in community resources. Funds should be allocated based on community indicators correlated with these conditions including poverty level, unemployment rates, graduation rates, and prevalence of preventable illnesses and injuries. Targeted resources will bring better health outcomes and greater health equity.

Engage community residents and leaders in shaping solutions.

Experience has shown that long term community health improvements are achieved and sustained when individuals within the community help design, implement and evaluate community health improvement solutions. Every community has different health needs as well as different preferences and requirements about feasible interventions and programs. It is therefore essential to engage community residents and leaders when deciding how to best invest community health funds. Programs shaped by community residents will be more authentic and far more likely to be successful.

Educate and train leaders and the health workforce.

Addressing health before illness or injury occurs, and focusing on the community in addition to the individual is an emerging way of thinking. Effective strategies to improve community health must be disseminated and taught to current and future leaders in health and other sectors. For instance, the connection between health and other sectors, such as transportation, agriculture, city planning and economic development must be communicated so that policies and programs can foster good health. Engaging technical assistance, training, and skill building can maximize the impact of community prevention funding.

Develop a national strategy and establish high-level leadership to promote community prevention and health equity.

While sporadic attention has been paid to community prevention and health inequities (mostly in terms of medical services) a broad and coherent plan to prevent illness and injury has not been advanced. Moreover, the importance of targeting prevention efforts for those most vulnerable, and most in need, has not been brought to scale. A national strategy, with full engagement of policymakers, academic researchers, national organizations, health practitioners, businesses and unions, and community-based groups concerned with health and equity should all be involved along with government agencies. High-level health leadership should be given the resources, responsibility, and authority to oversee development of the strategy and to serve as a focal point for prevention strategy and health equity. The opportunity that health reform holds for communities across the country, especially those most in need is critical and tangible. Community prevention should remain a strong focal point of any successful health reform legislation. We are excited to see these issues advance, and would be happy to discuss them further.

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Founded in 1997, **Prevention Institute (PI)** is a nonprofit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention and for equity. PI's approach fosters knowledge about the critical elements of prevention, including the value of going beyond one-on-one approaches, the need for non-traditional partners, the promise of shifting norms, and an emphasis on organizational and systems change in order to have the broadest and most sustainable impact. PI works to deepen understanding of effective primary prevention by developing frameworks, tools, and other resources that aid the development of comprehensive prevention strategies. PI also regularly provides training and technical assistance to coalitions, community-based organizations, government, foundations, and others through facilitated planning processes and partnerships around targeted initiatives involving issues such as health disparities, community health, nutrition and physical activity, injury and violence prevention, the environment and health, and youth development.

Lifting Up What Works®

PolicyLink

PolicyLink is a national research and action institute advancing economic and social equity by Lifting Up What Works®. The work of PolicyLink – and the PolicyLink Center for Health and Place – is guided by the belief that those closest to the nation's challenges are central to the search for solutions. With local, state and national partners, PolicyLink spotlights promising practices, supports advocacy campaigns, and helps bridge the traditional divide between local communities and policymaking. PolicyLink is dedicated to ensuring all people have access to quality jobs, good schools, better housing, reliable transportation, and opportunities for healthy eating and active living.

¹ Heath G, Brownson R, Kruger J, Miles R, Powell KE, Ramsey LT. The Task Force on Community Preventive Services. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. *Journal of Physical Activity and Health* 2006; 3(1S): S55-S76.

² Hawkins C, O'Garro M, Wimsett K. Engaging employers to develop healthy workplaces: the WorkWell initiative of Steps to a Healthier Washington in Thurston County. *Prev Chronic Dis* 2009;6(2). http://www.cdc.gov/pcd/issues/2009/apr/08_0209.htm. Accessed 6/30/2009.

³ California Center for Public Health Advocacy, PolicyLink, and the UCLA Center for Health Policy Research. *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*.

⁴ Childhood Asthma and Exposure to Traffic and Nitrogen Dioxide, *Epidemiology*, 16(6):737-43

⁵ Story, M.; Review article

⁶ United States Government Accountability Office. *Hazardous and Non-Hazardous Waste: Demographics of People Living Near Waste Facilities*. RCED 95-84. Washington, DC: United States General Accounting Office; 1995.

⁷ Gordon-Larsen P, Nelson MC, Page P, Popkin BM. Inequality in the built environment underlies key health disparities in physical activity and obesity. *Pediatrics*. 2006;117:417-424.

⁸ Smedley B, Jeffries M, Adelman L, Cheng J. Race, Racial inequity and Health inequities: Separating Myth from Fact. 2008. Available at www.unnaturalcauses.org/assets/uploads/file/race_racial_inequality-health.

⁹ United States Department of Health and Human Services. National Center for Health Statistics. *Health, United States, 2006*. Washington, DC: U.S. Department of Health and Human Services; 2007.

¹⁰ Centers for Disease Control and Prevention. *Health United States, 2007*. Table 55. 2007. Available at: www.cdc.gov/nchs/data/hus/07.pdf

¹¹ US Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. Washington, DC: US Dept of Health and Human Services; 2000.

¹² Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *Youth Violence*. Available at: www.cdc.gov/ncipc/dvp/YV_DataSheet.pdf

¹³ National Minority Health Month Foundation. *Study of Vital Statistics by ZIP Code Shows Health Disparities*

Affecting Minorities in the Treatment of Kidney and Cardiovascular Diseases. March 2007. Available at: www.rwjf.org/publichealth/product.jsp?id=18669

¹⁴ National Minority Health Month Foundation. Study of Vital Statistics by ZIP Code Shows Health Disparities Affecting Minorities in the Treatment of Kidney and Cardiovascular Diseases. March 2007. Available at: www.rwjf.org/publichealth/product.jsp?id=18669.

¹⁵ Economos, C. D., R. R. Hyatt, J. P. Goldberg, A. Must, E. N. Naumova, J. J. Collins, and M. E. Nelson. "A Community Intervention Reduces BMI z-Score in Children: Shape Up Somerville First Year Results." *Obesity* (Silver Spring, Md.) 15, no. 5 (May, 2007): 1325-1336.

¹⁶ Hoang, Anhthu. "The Rosa Parks School Bus Campaign." *WE ACT for Environmental Justice*. July 6, 2009 Available at:

<http://www.weact.org/Programs/EnvironmentalHealthCBPR/RosaParksSchoolBusCampaign/tabid/208/Default.aspx>

¹⁷ Prevention Institute. The Built Environment and Health: 11 Profiles of Neighborhood Transformation. July 2004. Available at: www.preventioninstitute.org/builtenv.html

¹⁸ Larson, N., Story, M., & Nelson, M. (2009). Neighborhood Environments Disparities in Access to Healthy Foods in the U. S. *American Journal of Preventive Medicine*. 36(1):74-81..

¹⁹ Bodor, J. N., Rose, D., Farley, T. A., Swalm, C., & Scott, S. K. (2007). Neighborhood fruit and vegetable availability and consumption: the role of small food stores in an urban environment. *Public Health Nutrition*

²⁰ Laraia, B. A., Siega-Riz, A. M., Kaufman, J. S., & Jones, S. J. (2004). Proximity of supermarkets is positively associated with diet quality index for pregnancy. *Preventive Medicine*, 39(5), 869-875.

²¹ Rose, D., & Richards, R. (2004). Food store access and household fruit and vegetable use among participants in the US Food Stamp Program. *Public Health Nutrition*, 7(08), 1081-1088.

²² Prevention Institute and the Trust for America's Health. Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. Available at: <http://healthamericans.org/reports/prevention08/Prevention08.pdf>. Accessed May 31, 2009

²³ United States Breastfeeding Committee. Workplace breastfeeding support. Raleigh, NC: United States Breastfeeding Committee; 2002.

²⁴ Brown MJ. Costs and benefits of enforcing housing policies to prevent childhood lead poisoning. *Medical Decision Making*. 2002;22:482-492.

²⁵ Children's Safety Network. *Child Safety Seats: How large are the benefits and who should pay?* Newton, MA: Education Development Center, Inc.; 2005.