

Recommendations for the Prevention and Wellness Funds

*A Memo Prepared by PolicyLink and Prevention Institute
for President Obama's Administration*

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America's success rests upon the health of its citizens. Healthy American workers, thinkers, students, and families are at the backbone of a strong and productive nation, driving the economic engine that fuels America's competitiveness abroad.

Yet every year, hundreds of thousands of Americans die from preventable illnesses and injuries. These illnesses and injuries disproportionately impact communities of color and low-income communities, populations that meet greater difficulties in paying for the rising costs of care.ⁱ Though America spends over two trillion dollars on health expenditures, approximately 96% of which is directed at medical services, Americans still rank among the lowest in terms of health outcomes compared to other industrialized countries.ⁱⁱ

Prioritizing disease *prevention* – particularly among the most impacted communities – is imperative to strengthening the nation. Prevention saves money for struggling families and distressed communities.ⁱⁱⁱ It enhances equity, creates opportunity, and improves everyone's quality of life. Prevention is also a down payment on health care, as it reduces both public (government) and private health care expenditures. Recent studies on the return on investment from community chronic disease prevention reveal that a small \$10 per capita investment pays for itself after the first year, provides 5-to-1 savings after five years, and continues to save well into the long term.^{iv} The inclusion of the Prevention and Wellness Fund in the Recovery Act signals a promising new direction for America.

PolicyLink and Prevention Institute – engaged by the Healthy Eating Active Living Convergence Partnership¹, a collaborative of major philanthropic funders and advisors –

¹ In 2006, a collaboration of funders came together to create the **Healthy Eating Active Living Convergence Partnership**, with the shared goal of changing policies and environments to better achieve the vision of healthy people living in healthy places. The steering committee includes representatives from The California Endowment, Kaiser Permanente, Nemours, the Robert Wood Johnson Foundation, Kresge Foundation, and the W.K. Kellogg Foundation. The Centers for Disease Control and Prevention serve as critical technical advisors on the committee. **PolicyLink**, a national research and action institute devoted to advancing economic and social equity, serves as program directors for the partnership. **Prevention Institute**, a national non-profit organization dedicated to improving community health and equity through effective primary prevention, provides policy research and analysis along with strategic support. The Convergence Partnership supports multi-field equity and social justice focused efforts to support healthy eating and active living by changing environments through strategies that encourage policy and organizational change. While this memo emphasizes some core concepts of the Convergence Partnership, it has not been endorsed by Convergence Partnership representatives and does not imply an endorsement by any Convergence Partnership member of any specific recommendations. <http://www.convergencepartnership.org>.

are leaders in identifying pathways for improving the nation's health, reducing health disparities, and preventing disease while saving money and stimulating the economy. PolicyLink and Prevention Institute consider ourselves allies to federal efforts to improve health and wellbeing, and have identified the recent American Recovery and Reinvestment Act and upcoming health reform legislation as critical opportunities to elevate prevention, promote equity, and make progress towards a vision of healthy people in healthy places. Community preventive strategies both strengthen treatment (e.g. access to healthy foods and walkable neighborhoods are beneficial for diabetics) and reduce the overall costs of healthcare by providing crucial ingredients for environmental, policy, and individual behavior changes (e.g. increasing physical activity is more likely with access to safe parks and targeted programs, a diet with fresh fruits and vegetables is more likely with access to grocery stores), reducing overall pressure on healthcare services and reducing the costs of maintaining them.

This memo offers recommendations for targeting Prevention and Wellness recovery funds to maximize the health and equity benefits in the Recovery Act.

These recommendations are based on the extensive experiences and successes of PolicyLink and Prevention Institute, including our work with the Convergence Partnership, in developing community prevention initiatives focused on environmental change, diverse partnerships, and underlying factors that impact health and equity. Through the specific recommendations outlined and then described below, PolicyLink and Prevention Institute encourage that the recovery funds:

- *Build upon and leverage existing prevention initiatives;*
- *Promote equity by targeting America's low-income communities and communities of color;*
- *Target multi-disciplinary strategies focused on environmental change;*
- *Develop the health workforce to effectively shape and implement prevention efforts; and*
- *Advance a vision of healthy people, healthy places.*

Recommendations are listed below, and further information about each recommendation follows immediately thereafter.

Recommendations

The Prevention and Wellness Funds should be prioritized for projects that:

1. **Target people and places that are most vulnerable** by using community health and community development indicators to identify community needs.
2. **Address the core components of healthy communities through a focus on changing environments.** This means addressing the underlying community factors that impact health, such as ensuring safe places to live, work, and play, and access to healthy foods and transportation, particularly in the most vulnerable communities.
3. **Involve collaboration between community leaders, nonprofit organizations and agencies representing multiple disciplines and multiple sectors** in order to be more comprehensive in scope and impact, to better leverage resources from the philanthropic sector, and to build from a diverse range of experiences from community and leadership engagement.
4. **Bring in and integrate the voices of those most in need** with a particular emphasis on projects that engage residents in a leadership role and include them in the evaluation process.
5. **Build on successful prevention and wellness initiatives in place in communities** to utilize existing momentum, including both initiatives that have been funded with government funds, as well as those supported by philanthropic and other resources. Projects should be prioritized that can further develop successful strategies, build on experience, demonstrate effectiveness, document outcomes, and maximize existing momentum.
6. **Develop and use strategies that draw from existing knowledge and data,** including the importance of comprehensive approaches that link different sectors (e.g. health, law enforcement, housing, and transportation) and promote policy and environmental change for greater, long-lasting impacts.
7. **Build leadership and workforce capacity** to successfully shape, communicate, and implement prevention strategies, engage diverse partners and promote health in a range of policy arenas including transportation, economic development, housing, and food policy.
8. **Provide both immediate health benefits in the short-term as well as reduce chronic disease rates over the long term.**

Recommendation #1. Prioritize projects that target people and places that are most vulnerable by using community health and community development indicators to determine community assets and needs.

Not all communities are created equally when it comes to opportunities for healthy eating and active living.^v Low-income communities and communities of color have fewer grocery stores that stock healthy fresh foods and are more likely to be unsafe for children to walk to school or play outside. Residents who live in unhealthy environments are more likely to suffer from diabetes, asthma, heart disease, and high blood pressure. These underlying inequities must be addressed to create healthy places for healthy people.

Targeting resources to the people and places that are most vulnerable requires knowledge about the challenges that communities face. The numerous social and environmental factors that influence community health are commonly referred to as the *social determinants of health*. Public health departments, community health organizations, and health experts nationwide have become increasingly adept at identifying and using local-level social determinants indicators to assess the health needs of communities. Common social determinants indicators include:

- Economic indicators (*median income, poverty rates, local vs. regional cost of living*),
- Employment indicators (*unemployment rates, workforce characteristics*),
- Education indicators (*educational attainment, school quality*),
- Political indicators (*civic participation, voting rates*),
- Environmental quality (*air, water and soil*),
- Housing indicators (*stock, homelessness rates, segregation*),
- Transportation indicators (*availability of public transit, sidewalks and bike lanes that promote walkability and bikeability, rates of unintentional traffic injuries*)
- Community health indicators (*safety, tobacco use, exercise and fitness rates, diet and nutrition, access to healthy foods and opportunities for physical activity and recreation*),
- Social justice indicators (*measures of socioeconomic and racial disparities*),
- Public health and medical indicators (*affordability and availability of services and programs*), and
- Violence and safety indicators (*perceptions of safety, crime, child abuse, weapons, alcohol outlet density, illegal drug activity, positive adult role models, reentry, and recidivism*).

As the Administration selects priority projects for Prevention and Wellness Funds, PolicyLink and Prevention Institute along with philanthropic funders and advisors recommend assessing a range of social determinants indicators to prioritize communities with greatest need, with emphasis on communities experiencing:

- **High levels of poverty: poverty rates exceeding 30%**^{vi}
- **High levels of unemployment**
- **High levels of chronic diseases such as diabetes, hypertension, and heart disease**

Recommendation #2. Prioritize projects that address the core components of healthy communities through a focus on changing environments. This means addressing the underlying community factors that impact health, such as ensuring safe places to live, work and play, and access to healthy foods and transportation, particularly in the most vulnerable communities.

Preventing disease means creating environments that surround children and families – neighborhoods, schools, childcare centers, and workplaces – that support health and safety. It requires change in both the food environment – including how food is grown, processed, distributed, and sold – and the physical environment— from how neighborhoods are built to the transportation systems that serve them. It also necessitates preventing violence and injuries by reducing risk factors and bolstering protective efforts to allow children, families, and communities to thrive in safe environments and reduce trauma associated with violence.

Funds from the Prevention and Wellness Fund can promote healthy community environments to prevent chronic disease and promote health by targeting projects that:

- **Improve food and nutrition options** by increasing access to healthy, affordable, and culturally appropriate foods in communities and in and around schools and drawing on regional agricultural production, as appropriate.
- **Ensure access to healthy, high-quality physical environments** by addressing climate change and reducing exposure to toxins and other environmental threats that otherwise disproportionately impact low-income people or communities of color.
- **Improve parks, playgrounds and places for recreation** by improving safety, maintenance, and access to increase physical activity in underserved neighborhoods.
- **Promote healthy transportation** by enhancing public transit and increasing the bikeability and walkability of neighborhoods to create equitable opportunities to access jobs, schools, parks, healthy foods, medical care, and other necessary resources for wellbeing.
- **Reduce risks and bolster protective factors associated with violence** in homes, schools, and neighborhoods in the most impacted communities.
- **Increase access to healthy housing** by assuring that quality, affordable housing is available to all members of a community for both shelter and other health-promoting opportunities, including employment, education, healthy foods, and physical activity.
- **Increase availability of and access to equitable economic development and jobs** by helping to lift low-income people and communities of color out of the economic downturn to allow them to better meet their basic health needs.
- **Improve access to quality education and schools** by investing in adequate school facilities, quality teachers and pipelines to success for students in the communities with greatest need.

Recommendation #3. Prioritize projects that involve collaboration between community leaders, nonprofit organizations and agencies representing multiple disciplines and multiple sectors in order to be more comprehensive in scope and impact, to better leverage resources from the philanthropic sector, and to build from a diverse range of experiences from community and leadership engagement.

Decisions in sectors ranging from transportation to education impact health, yet these groups have not traditionally understood these connections nor embraced the opportunities to engage in health promotion or protection efforts. Projects that involve multi-sector collaboration, engaging partners from arenas that have added value and resources, are key to achieving success. For instance, a project addressing neighborhood violence might focus violence-prevention activities specifically in one local park, but also include strategies to improve the park as a valuable local resource and offer programs to increase resident physical activity. A project seeking to improve access to healthy food could engage a wide range of stakeholders and experts, including businesses, farmers, consumers, and public agencies – schools, clinics, and so forth. Commitments by public agencies could also provide important opportunities for better integrating programs and policies for more comprehensive and effective impacts. Projects such as these may be able to leverage additional funding from the philanthropic sector.

Recommendation #4. Prioritize projects that bring in and integrate the voices of those most in need with a particular emphasis on projects that engage residents in a leadership role and include them in the evaluation process.

Implementing and *sustaining* healthy communities requires the attention of and action by many, including community residents and leaders. To understand the nature and extent of the problems disinvested neighborhoods face, it's critical to involve residents of those communities. Prioritizing community engagement and fostering community leadership can promote long-term, sustainable change.

Recommendation #5: Prioritize projects that build on successful prevention and wellness initiatives in place in communities to utilize existing momentum, including both initiatives that have been funded with government funds, as well as those supported with philanthropic and other resources. Projects should be prioritized that can further develop successful strategies, build on experience, demonstrate effectiveness, document outcomes, and maximize existing momentum.

The Recovery Act's prevention and wellness investments should build on existing national, state and local efforts to address underlying community factors that determine health and equity. There is additional work to be done in expanding the success of these efforts. Recovery Act funds should be strategically invested to build on existing momentum and support new efforts that draw from lessons learned to impact population-level health.

Recommendation #6: Prioritize projects that develop and use strategies that draw from existing knowledge and data, including the importance of comprehensive approaches that link different sectors (e.g. health, housing, law enforcement, and transportation) and promote policy and environmental change for greater, long-lasting impacts.

Recovery Act funds should target efforts seeking environmental and policy changes, which can lead to long-lasting changes. Data and research show that targeting the social determinants of health can have long-term impacts on health.

Recommendation #7. Prioritize projects that build leadership and workforce capacity to successfully shape, communicate and implement prevention strategies, engage diverse partners and promote health in a range of policy arenas including transportation, economic development, housing and food policy.

Advancing a national agenda to promote health and wellness requires a health infrastructure that is prepared to provide leadership at all levels of government. Projects funded through the Recovery Act must continue to enhance any existing understanding about prevention and how to most successfully implement prevention efforts. Existing tools, resources, and research, including those supported by the Partnership and its member institutions, should be utilized to build knowledge and skills among the workforce and community leaders. This includes utilizing national and state organizations that can provide technical assistance, training and skill-building to support prevention and wellness efforts.

Recommendation #8: Prioritize projects that will both provide immediate health benefits in the short-term as well as reduce chronic disease rates over the long term.

Recovery funds should be strategically targeted to create impacts in the short term and serve as down payments for the long term. For instance, projects that increase the number of supermarkets in a disinvested neighborhood both improve access to healthy foods for low-income communities immediately and impact unhealthy eating patterns in the long term. Likewise, programs that reduce community violence may improve rates of injury and trauma in the short-term as well as increase physical activity in the long term. Prevention and Wellness Fund investments that show changes quickly and offer promise to reduce chronic disease down the road can enhance the value of expenditures and increase the likelihood for further investments.

Conclusion

PolicyLink and Prevention Institute are excited by the opportunities that the Prevention and Wellness Fund presents for communities across the country, particularly those most in need. Through our work across the country, we have extensive experience and expertise about best practices from programmatic, policy and environmental change perspectives. We would welcome the opportunity to discuss these recommendations with you and to further advance prevention and wellness in America.

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ⁱⁱⁱ Prevention Institute and The California Endowment with the Urban Institute. Reducing Health Care Costs Through Prevention: Working Document. Available at: http://www.preventioninstitute.org/documents/HE_HealthCareReformPolicyDraft_091507_000.pdf. Accessed April 3, 2009.

^{iv} 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://healthyamericans.org/reports/prevention08/Prevention08.pdf>. Accessed April 3, 2009.

^v PolicyLink. Why Place Matters: Building the Movement for Healthy Communities. Available at: http://www.policylink.org/documents/WhyPlaceMattersreport_web.pdf. Accessed April 3, 2009.

^{vi} Widely accepted definitions of concentrated poverty include poverty rates of or exceeding 30 percent. Jargowsky, Paul A. 2003. *Stunning Progress, Hidden Problems: The Dramatic Decline of Concentrated Poverty in the 1990s*. Center on Urban and Metropolitan Policy. Washington, DC: The Brookings Institution.



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.



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. 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.