

Healthy People, Healthy Places: Directions for Improving Community, Individual, and Economic Health

*Priorities for the Transition to the New Administration
Prepared by Prevention Institute and PolicyLink*

With a new administration comes the opportunity, even the obligation, to re-envision the best ways to advance our nation's health, well-being, and equity. Thankfully, President-elect Obama has recognized the need for change.

Prevention Institute and PolicyLink—engaged by the Healthy Eating Active Living Convergence Partnership, a collaborative of major philanthropic funders and advisors*—have identified clear pathways for improving the nation's health, reducing health disparities, and preventing disease while saving money and stimulating the economy. The opportunities, benefits, and need for advancing equity and prevention have never been greater.

The research is clear: place matters.¹ Where children and families live, learn, work, and play affects their health.² People thrive when they earn living wages and live in communities with safe affordable housing. They thrive when they have easy access to parks, playgrounds, and grocery stores selling nutritious food. People cannot thrive in unhealthy environments and are therefore suffering from the many diseases and injuries plaguing the United States, including diabetes, cancer, high blood pressure, asthma, traffic injuries, and violence. Every community suffers and low income communities and communities of color suffer disproportionately. Unhealthy environments and lack of access to healthcare result in the harsh realities of health disparities in the United States. However, more than 50% of the incidences of the leading causes of death mentioned above are preventable. Providing opportunities for healthy eating and safe, active living is essential to achieving the vision of healthy people and healthy places.³

Improving health cannot be addressed effectively disease-by-disease. Instead, efforts need to be informed by a comprehensive understanding of the wide range of factors that shape health status. We need to converge across sectors—health, transportation, land use, agriculture, infrastructure, economic development—to maximize the health and well-being of individuals and communities. Converging across issues is challenging but necessary, and will have huge payoffs for health and for the economy.

* 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 CP member of any specific recommendations. <http://www.convergencepartnership.org>.

Providing treatment for illness is essential, but a focus on and investment in prevention must be made a priority. Studies have shown that the vast majority of the factors that influence health are related to conditions in the environment and their influence on behaviors and safety, rather than access to healthcare.⁴ However, for every dollar the US spends on health, 95¢ is spent on treatment after the fact and less than a nickel is invested in prevention and changes in underlying conditions that *determine* health and illness in the first place.⁵ We must address this imbalance to create environments and policies that promote and enable health for all communities.

Using prevention strategies to create healthy communities is a highly efficient mechanism for conserving healthcare funds, developing needed infrastructure, and delivering effective vital services. For example, recent research shows that an investment of \$10 per person per year in programs to increase physical activity, improve nutrition, and prevent tobacco use will produce a return on investment in less than two years and a five-fold return in five years. Starting in the fifth year, a \$3 billion investment would result in a \$16 billion net savings in annual health care costs.⁶ Investments in communities at highest risk of disease would result in even greater savings and, given health disparities, will have equity impacts as well.

Shifts in how government agencies work—and work together—can create healthy places across America. Many agencies, in addition to the Department of Health and Human Services, make daily decisions that affect health outcomes. In practice, government agencies that have not traditionally been concerned with health should recognize the interconnectedness of their work and its impact on the health of individuals and communities. A commitment to moving from silos to integration across agencies would permit government to focus on whole people and whole communities.

This memo offers recommendations for how the new administration can integrate the goals of individual and community health and well-being, equity, and economic growth. In keeping with this perspective, we begin with recommendations for agencies not traditionally concerned with health, followed by recommendations for those agencies where improving health and preventing disease is their main objective. We offer strategies that can be implemented in the short term through vehicles such as the economic stimulus package, as well as those that can be integrated into longer-term action.

Recommendations for Transforming Non-health Government Agencies

These recommendations focus on integrating policies and programs across government sectors. This section also includes recommendations to increase the attention to health impacts within different sectors.

- **Encourage cabinet level agencies to implement health, environmental, and equity impact analyses in policy, planning, and contract decisions.** Examples include: governmental use of health impact assessments;⁷ providing incentives for the application of the business practice of triple-bottom line analysis (economic, environmental, and health)⁸ in government contracts; stimulus package proposals should be reviewed for health, environmental, and equity impacts.
- **Promote 21st century transportation strategies to support good health.** Efforts should focus on reducing miles traveled in single occupant vehicles through investments in changes in community design. The allocation of transportation resources should be shifted dramatically to increase support for the expansion and maintenance of public transit systems, and to more than double resources for bicycle and pedestrian facilities, with an emphasis on creating safe and accessible

transportation options for all users. Funding for effective traffic injury prevention efforts should be continued to ensure the ongoing safety of motorized travelers. Together, these strategies will reduce the burden of traffic injuries and deaths, poor air quality, greenhouse gas emissions, and climate change.

- **Use the economic stimulus package to support infrastructure projects that promote physical activity and safety.** Provide funds for ready-to-go public transit projects, with a particular emphasis on services oriented to low-income communities, and for ready-to-go bicycle and pedestrian infrastructure projects, including those recommended by the Safe Routes to School National Partnership. Increase federal funding sources for parks, playgrounds, and open space with a particular emphasis on upgrading and expanding facilities in the least-served communities.
- **Restructure and simplify federal regulations to allow states and localities to engage effectively in planning across sectors such as health, land use, education, transportation, law enforcement, and agriculture.** Examples include: joint use—the sharing of playgrounds, meeting rooms, and office space between school and community groups; and farm-to-school programs.
- **Support sustainable regional food systems to reduce reliance on fossil fuel inputs, reduce food miles travelled, reduce agriculture’s production of greenhouse gases, and improve availability of high-quality healthy foods.** Provide support for new and existing small and mid-sized farmers, including minority and women farmers, through low-interest or no-interest microloans in rural and urban areas to help farmers acquire land and materials, tax breaks, and other programs to help lower the cost of entry to fruit and vegetable farming; encourage affordable farm land through economic and tax incentives or land trusts; and provide technical support for successfully applying sustainable growing practices. Establishing regional processing, cold storage, and distribution systems will also help advance this objective.
- **Provide financing in the form of grants, low-interest loans, training, and technical assistance to develop supermarkets, grocery stores, farmers’ markets, and other healthy food retailers in communities that have limited or no access to fresh fruits and vegetables.** Examples include: Pennsylvania’s Fresh Food Financing Initiative, which has provided \$120 million in grants, loans, and tax incentives for healthy retail projects, resulting in the creation of 50 stores that offer fresh foods and at least 4000 jobs.⁹
- **As a key element of the economic stimulus package, maximize access to and improve benefits in federal nutrition programs.** Examples include: boosting benefits to the Supplemental Nutrition and Assistance Program (formerly known as the Food Stamp Program); increasing funding for, easing access to, and improving nutrition in child nutrition programs, including school meal programs, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), childcare food programs, and out-of-school time nutrition programs, all of which must be reauthorized in 2009.¹⁰

Recommendations for Transforming Health Agencies

These recommendations recognize that health can be strengthened by emphasizing prevention before people are sick or injured. With infectious disease, this meant vaccines; now, as chronic disease and injury have taken hold, it means creating places that foster health for whole populations. To prevent illness and injuries *in the first place*, health agencies must focus on the ‘determinants’ of health as well as on providing health care services. This type of approach will also reduce health disparities.

- **Elevate the authority of the Surgeon General to ensure cross-departmental/agency collaborations with a focus on prevention and health.** For example: the Surgeon General should convene a taskforce to identify and develop strategies to address the links between safety and chronic disease.
- **Increase resources for prevention and establish a standard percentage of health expenditures to be invested in prevention.** With this funding, create a Wellness Trust to bring focus and strategic investment to high-leverage prevention strategies.¹¹
- **Maintain and expand funding for prevention, including proven federal programs that address environmental determinants of health and seek to eliminate disparities in health.** Amend current federal funding streams related to disease management away from the current model of “one disease at a time” towards a model that encourages collaboration and addresses multiple issues and determinants of health simultaneously. Examples include: changes in National Institute of Health practices to focus as much on community prevention strategies as on medical interventions; linking community injury and violence prevention efforts with chronic disease efforts; expanding CDC’s Healthy Communities and REACH (Racial and Ethnic Approaches to Community Health across the US) initiatives.¹²
- **Modify Congressional Budget Office scoring when formulating health care cost estimates to consider the healthcare savings associated with reducing the burden of chronic diseases and injuries due to clinical and community preventive services and programs.**
- **Direct Medicare and Medicaid to grant waivers to allow state, county, and local governments to use funds to support prevention activities, such as physical activity classes, in addition to healthcare services.**
- **Consider the health effects of climate change and implement mitigation strategies that prevent increased environmental and health impact.** Equip agencies, such as The Centers for Disease Control and Prevention (CDC) and National Institute for Environmental Health Sciences (NIEHS), to address mitigation and adaptation strategies for climate change and to provide technical support to communities and states for implementing these strategies.

Executive Actions

- **Address the need for comprehensive and community- and population-based violence prevention.** Increase the authority and capacity of governmental agencies and departments to address violence prevention, including the CDC, and encourage partnerships between agencies including health, education, and justice. Examples include:
 - Institute youth corps programs in highly impacted communities to employ local youth in rebuilding local infrastructure.

- Support cities in developing, implementing, and evaluating effective and sustainable approaches to preventing community and gang violence, such as UNITY's Road Map (Urban Networks to Increase Thriving Youth through Violence Prevention),¹³ and CeaseFire Chicago.¹⁴
- Request that the Surgeon General issue an updated report addressing the need for comprehensive, population-based violence prevention.
- **Encourage the Environmental Protection Agency to reverse its decision to deny a waiver of preemption for California's program to reduce greenhouse gas emissions from vehicles.**¹⁵ This will enable other states wishing to adopt stricter emissions standards to do so through a "piggyback" provision, which allows them to adopt California's standards as their own. Currently, fourteen states use this "piggyback" provision.¹⁶ Reduced emissions are necessary to improve air quality, support physical activity, and prevent asthma attacks.
- **Reverse the recent IRS decision that community-building and community-based prevention investments cannot be counted as community-benefit spending on non-profit hospital IRS 990 filings.** This would enable health providers to support community-based efforts that promote health as well as individual clinical services.
- **Institute healthy work environment policies for federal government agencies and contractors to serve as role models for workplaces across the nation.** Examples include: tobacco-free campuses, physical activity programs, lactation accommodation, healthy food service, and healthy building guidelines for all new construction and remodeling.

Conclusion

Dramatic problems require bold solutions. Americans are facing a health crisis that goes far beyond our woefully inadequate health care system. Soaring rates of obesity, diabetes, cancer, asthma, and continuing violence are leaving our communities less safe and less healthy.

To truly address this crisis, the federal government must work across agencies to strengthen communities, strengthen the economy, and strengthen our nation's health. By working to address the realities of people's lives, the Obama administration can have a dramatic impact on the health and well-being of all Americans and all of our communities. Creating healthy communities is a shared solution, which addresses many national health, equity, economic, and environmental goals.

We are facing a historical moment that calls for visionary and significant change. We hope the policies and strategies suggested in this memo offer a blueprint for attacking the true breadth of the nation's health crisis. We look forward to further discussion and welcome your feedback.

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¹ *Why Place Matters: Building the Movement for Healthy Communities*, http://www.policylink.org/documents/WhyPlaceMattersreport_web.pdf; *Good Health Counts: A 21st Century Approach to Health and Community for California*, http://preventioninstitute.org/documents/GoodHealthCounts_Final.pdf

² *Promising Strategies for Creating Healthy Eating and Active Living Environments*, http://www.convergencepartnership.org/atf/cf/%7B245A9B44-6DED-4ABD-A392-AE583809E350%7D/CP_Promising%20Strategies_printed.pdf;

³ *Strategies for Enhancing the Built Environment to Support Healthy Eating and Active Living*, http://www.convergencepartnership.org/atf/cf/%7B245A9B44-6DED-4ABD-A392-AE583809E350%7D/CP_Built%20Environment_printed.pdf; *The Impact of the Built Environment on Health*, http://www.policylink.org/documents/builtenvironment_final.pdf

⁴ *Actual Causes of Death in the United States*, 2000, Mokdad AH, Marks JS, Stroup DF, Gerberding JL. JAMA. 291;2004:1238-1245.

⁵ *A Wellness Trust to Prioritize Disease Prevention*, Lambrew JM. The Hamilton Project, Brookings Institute. Discussion paper 2007-04: 1-36. University of California at San Francisco, Institute of the Future

⁶ *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*, Trust for America's Health, et al, http://www.preventioninstitute.org/documents/PreventionforaHealthierAmerica_7_08.pdf

⁷ Human Impact Partners: <http://humanimpact.org/>;
Good Health Counts: A 21st Century Approach to Health and Community for California, http://preventioninstitute.org/documents/GoodHealthCounts_Final.pdf;
<http://www.who.int/hia/en/>; <http://www.cdc.gov/healthyplaces/hia.htm>

⁸ *The Economic Systems Infrastructure for a Sustainable and Abundant Service Economy*, Arthur Warmoth, Ph.D., <http://www.sonoma.edu/users/w/warmotha/triplebottomline.htm>

⁹ The Food Trust, <http://www.thefoodtrust.org/php/programs/super.market.campaign.php#5>;
Healthy Food Retailing: Improving Existing Small Stores, PolicyLink, et al, <http://www.policylink.org/EDTK/HealthyFoodRetailing/ExistingStores.html>;
How to Create and Implement Healthy General Plans: A toolkit for building healthy, vibrant communities through land use policy change, Stair, P., Wooten, H., & Raimi, M.

¹⁰ Food Research and Action Center. Current News & Analysis, http://www.frac.org/Press_Release/hunger_priority_nov19_08.htm

¹¹ *Promoting Prevention and Preempting Costs: A New Wellness Trust for the United States*, http://www.americanprogress.org/issues/2006/10/pdf/health_lambrew.pdf

¹² *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*,

¹³ Urban Networks to Increase Thriving Youth through Violence Prevention (UNITY) is designed to strengthen and support cities in preventing violence before it occurs and to help sustain these efforts, <http://www.preventioninstitute.org/UNITY.html>

¹⁴ CeaseFire is an evidence-based public health approach to reducing violence, <http://www.ceasefirechicago.org/>

¹⁵ California State Motor Vehicle Pollution Control Standards; Waiver of Federal Preemption of Off-Cycle Emission Test Requirements, Notice of Decision, <http://www.epa.gov/EPA-AIR/2004/October/Day-14/a23035.htm>

¹⁶ CRS Report for Congress, California's Waiver Request to Control Greenhouse Gas Emissions Under the Clean Air Act, <http://www.azclimatechange.gov/download/082007.pdf>