Leveraging Opportunities to Improve Health
Stone Soup: A Recipe for a Healthy Community

Marjorie Paloma, M.P.H.
Robert Wood Johnson Foundation

June 14, 2011
Social Change for Health

Make Health Matter

Make Evidence Matter

Make Policy Change Matter

Make Leadership Matter
We spend more on health care than any other country

$2,000,000,000,000 a year
17% of national economy...and growing
$1 trillion increase in health care spending over the last decade

But, we are not the healthiest people

For the first time, we are raising a generation of children who may live sicker and shorter lives than their parents
1 in 3 Americans are obese
Nearly 17 million Americans have been diagnosed with diabetes
Nearly 2,400 Americans die from heart disease every day
1 in 2 Americans will be diagnosed with cancer in their lifetime
Nearly 1 in 10 children have asthma
Social Change for Health

• RWJF Commission to Build a Healthier America

• Health Impact Assessments

• Public Health Law
Why a Commission?

- Raise visibility for the issue
- Expand the dialogue on health
  - To non-medical factors
  - To social factors
- Develop fresh ideas & solutions
- Make recommendations
- Increase understanding
- Motivate action
- Move to solutions
Commission Charge

Why are some Americans so much healthier than others?

Why isn’t America one of the healthiest nations in the world?
Commission Goals

• **Raise awareness**
  – Social inequalities in health in U.S.
  – The need to address social factors

• **Recommend policies beyond medical care**
  – To reduce disparities & improve health overall
  – Practical and feasible

• **Broad membership**
  – Health, economics, education, business, labor, journalism, religion
A Short Distance to Large Disparities in Health

Life span disparities reflect differences in wealth, education and environment across all community residents. The differences are even more dramatic—sometimes double—if you compare black and white residents.
Within the US, unequal chances for a long life

Higher Income, Longer Life

Adult life expectancy* increases with increasing income. Men and women in the highest-income group can expect to live at least six and a half years longer than poor men and women.

![Graph showing life expectancy at age 25 by income level for men and women.]

Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco; and Norman Johnson, U.S. Bureau of the Census.


*This chart describes the number of years that adults in different income groups can expect to live beyond age 25. For example, a 25-year-old woman whose family income is at or below 100 percent of the Federal Poverty Level can expect to live 51.5 more years and reach an age of 76.5 years.

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Across America, Differences in How Long and How Well We Live
Within States, Large Gaps in Life Expectancy

This chart shows the highest and lowest life expectancy rates (based on county-level data) found in each state and the District of Columbia.

<table>
<thead>
<tr>
<th>States</th>
<th>Highest Life Expectancy</th>
<th>Lowest Life Expectancy</th>
<th>Difference in Life Expectancy</th>
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States

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Note: Due to multiple changes in county/census divisions, life expectancy for Alaska was estimated as a single figure, assigned to all counties in the state.

NEW JERSEY:
Gaps in Children’s General Health Status

Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.


1 Based on parental assessment and measured as poor, fair, good, very good or excellent. Health reported as less than very good was considered to be less than optimal.

2 The national benchmark for children’s general health status represents the level of health that should be attainable for all children in every state. The benchmark used here—3.5 percent of children with health that was less than very good, seen in Colorado—is the lowest statistically-reliable rate observed in any state among children whose families were not only higher income but also practiced healthy behaviors (i.e., non-smokers and at least one person who exercised regularly).

* Rate has a relative standard error greater than 30 percent and is considered statistically unreliable.

† Defined as any other or more than one racial or ethnic group, including any group with fewer than 3 percent of children in the state in 2003.
The Commission’s Recommendations

A twin philosophy: Good health requires personal responsibility and a societal commitment to remove the obstacles preventing too many Americans from making healthy decisions.

The recommendations focus on people and the places where we spend the bulk of our time:

Homes and Communities
Schools
Workplaces

Building a healthier America is feasible in years, not decades, if we collaborate and act on what is making a difference.
What are the factors that shape our health?

- Expanding opportunities for healthy futures for all
- Policies to promote child and youth development & education, infancy through college
- Policies to promote healthier homes, neighborhoods, schools and workplaces
Starting Early

- Ensure that all children have high-quality early developmental support (child care, education and other services). This will require committing substantial additional resources to meet the early developmental needs particularly of children in low-income families.

- Feed children only healthy foods in schools.

- Require all schools (K-12) to include time for all children to be physically active every day.
Resources

- **State-by-state chartbooks on child and adult health**

- **Issue briefs on health and**
  - Early childhood  — Education  — Work  — Housing
  - Neighborhoods  — Race & socioeconomic factors

- **Overcoming Obstacles to Health**
  - Overview of key issues and non-technical review of literature on social factors and health

- **www.commissiononhealth.org**
Ensure that decision-makers in all sectors have the evidence they need to build health into public and private policies and practices.
The Health Impact Project

• A collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts

• Promotes and supports the use of Health Impact Assessments to ensure that decisions in non-health sectors, at the local, state, tribal or federal levels, are made with health in mind

• http://www.healthimpactproject.org
Health Impact Assessment

Health Impact Assessment, in the context of a proposed policy or project, informs the decision-making process, using a systematic approach to:

- identify the potential health effects,
- develop policy recommendations that minimize risks and capitalize on opportunities to improve health.
Health Impact Assessment
Origins in International Practice

World Bank and IFC: part of evaluation standards for large development loans

Many nations have well-established or developing practice, for example:

- Canada
- Australia
- New Zealand
- European Union
- Individual European nations
- Thailand
- Ghana
- Vietnam
Health Impact Assessment Practice in the U.S.

Completed and In Progress HIAs
1999–2011: 105

Map Courtesy of A. Dannenberg, A. Wendel, CDC NCEH
<table>
<thead>
<tr>
<th>Organization</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>CA Dept of Public Health</td>
<td>Cap and trade regulations</td>
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<tr>
<td>UCLA</td>
<td>Water conservation regulations</td>
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<tr>
<td>Kohala Center, HI</td>
<td>County agricultural plan</td>
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<tr>
<td>MA Dept of PH</td>
<td>Biomass power plant</td>
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<tr>
<td>Green River Health Dept, KY</td>
<td>Coal gasification power plants</td>
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<td>Texas Southern Univ.</td>
<td>Transit oriented development</td>
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<tr>
<td>Georgia Tech</td>
<td>Brownfield redevelopment</td>
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<tr>
<td>Boston Medical Ctr</td>
<td>Utility regulation</td>
</tr>
<tr>
<td>Upstream Public Health, OR</td>
<td>Farm to school legislation</td>
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</table>
HIA – A Local Example in Oakland

Jack London Gateway Senior Housing Project

Topic of HIA: proposed senior housing units near two major freeways and the Port of Oakland

Health Risks:

1. *Indoor air quality* from outdoor pollution sources - could harm residents
2. *Noise*: related to sleep disturbance, high blood pressure
3. *Pedestrian Safety* – identified dangerous road crossings

Outcomes:

1. *Indoor air quality* – developer implemented central air filtration; changed windows facing freeway

2. *Noise* – developer added noise-buffered courtyard, moved entrance away from highway

3. *Pedestrian Safety* – recommendations under consideration for “traffic calming” measures (speed bumps, wider sidewalks with narrower lanes, safe cross walks) to allow residents walking access to nearby retailers

Summary of the Health Impact Assessment of
Modifications to the Trenton Farmers’ Market

UCLA School of Public Health, Health Impact Assessment Group
http://www.pkucla.edu/en/health-impact
With support from the Robert Wood Johnson Foundation
March, 2007

Farmers’ Market or Public Market?
Definitions of “farmers’ market” and “public markets” vary and have changed over time. Farmers markets are generally considered to be temporary markets at fixed locations where local products are sold by farmers themselves. (Green, 2001) They vary in size, frequency, type of activity, mix of products and ownership.

In the United States, a public market has been usually defined as a venue where vendors sell fresh food from open stalls. Public markets must have public goals which gives a defined role to the market, including attracting individuals to the neighborhood, providing affordable retail opportunities, utilizing vacant or underused public space.

The Trenton Farmers’ Market, which is owned and operated by a board of farmer-vendors, is both a farmers’ market and a public market. Thus, the greater portion of this analysis that are extrapolated to analysis of other markets will be applied to those markets, which like Trenton are both public and farmers’ markets.

Summary of health impacts
Farmers’ markets and public markets in general can influence public health in a number positive ways. However, careful consideration must be given to market location, outreach, vendor mix, and involvement from other community programs. The Trenton Farmers’ Market in particular has the potential to significantly benefit the health of area residents, especially in neighboring, underserved populations in central Trenton. Recognizing the major disparities in health status, risk factors and food access between residents of Central Trenton and residents in outlying areas of Mercer County where the market is located, we developed a policy scenario (Market outreach/Improved access) to capture the full potential of the market to positively impact public health. The analysis of health impacts compares this scenario to two other options: (1) limited or no change to the market, and (2) a series of major remodeling/renovation plans as outlined in their study of the Trenton Farmers’ Market (October, 2007).

Health impacts examined
This HIA highlights the pathways through which farmers’ markets might impact health, examine supporting evidence, and identify strategies that this and other markets can utilize to maximize potential health benefits. After a thorough review of published reports and journal articles on public markets; consultations with technical experts; and meetings with Trenton Farmers’ Market stakeholders, we identified the major pathways through which changes in the market may impact the health of the affected populations:

1. Nutrition
2. Physical activity
3. Economic (vendors and surrounding community)
4. Social Capital
5. Public health services

The analysis is primarily qualitative, but yields some descriptive quantitative information as well.

Why conduct health impacts?
Stakeholders in Trenton and other communities can use the framework developed for this HIA to help identify areas to which to maximize potential health benefits for all members of the community, and particularly among low-income and underserved populations.

Project staff involved in preparing this report include Brian Cole, Dr. P.H., Project Manager; Sandra Hoffman, M.P.H., research assistant; Riki Shinkin, Ph.D., research assistant; Georgia Agohoskin, M.P.H., research assistant; Neil Cianci, M.D., co-principal investigator; and Jonathan Gardin, M.D., Health Services, 2007.

Address to the project included: Brian Cole, 2556-4515 or by email at bcole@nju.edu.
See more HIA examples: www.healthimpactproject.org/hia/us
Public Health Law Initiative

Build the evidence
Public Health Law Research
• National Program Office (Temple)
• 3 CFPs issued
• Rapid Response Process Developed
• New Connections Grantees

Build the field
Public Health Law Network
• National Coordinating Center
• 5 Regional Centers
• National PH Law Conference (2012)
• Partnerships Funded,
  • e.g. Tribal health groups, NAAAG, PHLA (in progress)
• Fellowship Pilots – Practitioners - law and public health practice (not yet started)

Strengthen partners & advance practice
(2011)
• Fellowship pilots – practice-based, teaching, team approaches, boot-camp
• New partners, e.g. National Judicial College, Associations of public health and law schools, ABA, policymaker orgs
• Opportunistic Funding
  • Convening, new partnerships, specific projects
Public Health Law Research

Goals

• Build public health law evidence base
• Strengthen scholarship in PHLR
• Support practice and the use of evidence in policy making

Activities

• Fund research (30 Grants funded)
  – Three rounds of funding
  – Rapid response mechanism
• Support (TA) for better research
• Translate and disseminate evidence

PHLR Website: www.publichealthlawresearch.org
Public Health Law Network

Goals

- Serve to connect experts and users of public health law
- Deliver legal technical assistance
- Provide training and educational resources

Network Centers

- National Coordinating Center & Northern Region
  - PH Law Center, William Mitchell College of Law
- Eastern Region – Maryland School of Law
- Mid-States Region - University of Michigan School of PH
- Southeastern Region - UNC SPH & NHeLP
- Western Region – Arizona State & New Mexico Schools of Law
Network Expertise & Initial Topics

The Network provides support on a variety of topics

• Cross-border PH
• Emergency legal preparedness and response
• Environmental PH
• Food safety
• Health reform
• Health information data sharing
• Injury prevention and safety

• Obesity prevention
• PH agency accreditation and shared service delivery
• PH statutes and regulatory information
• Tobacco control
• Tribal public health law
• And others

Contact the Network: www.publichealthlawnetwork.org
Stone Soup

What will you add to the soup?

Illustration by Jon J. Muth
Leveraging Opportunities to Improve Health
Stone Soup: A Recipe for a Healthy Community

Marjorie Paloma, M.P.H.
mpaloma@rwjf.org

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