Robert Wood Johnson Foundation

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

Stone Soup

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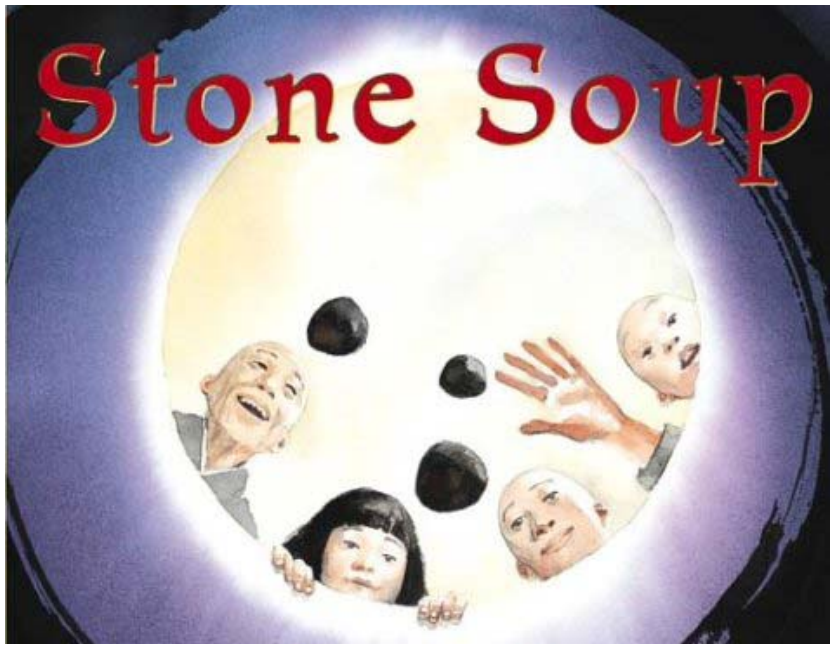

Illustration by Jon J. Muth

Social Change for Health

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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

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- **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

→ Increase understanding

Develop fresh ideas & solutions → Motivate action

Make recommendations → 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

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Commission to Build a Healthier America

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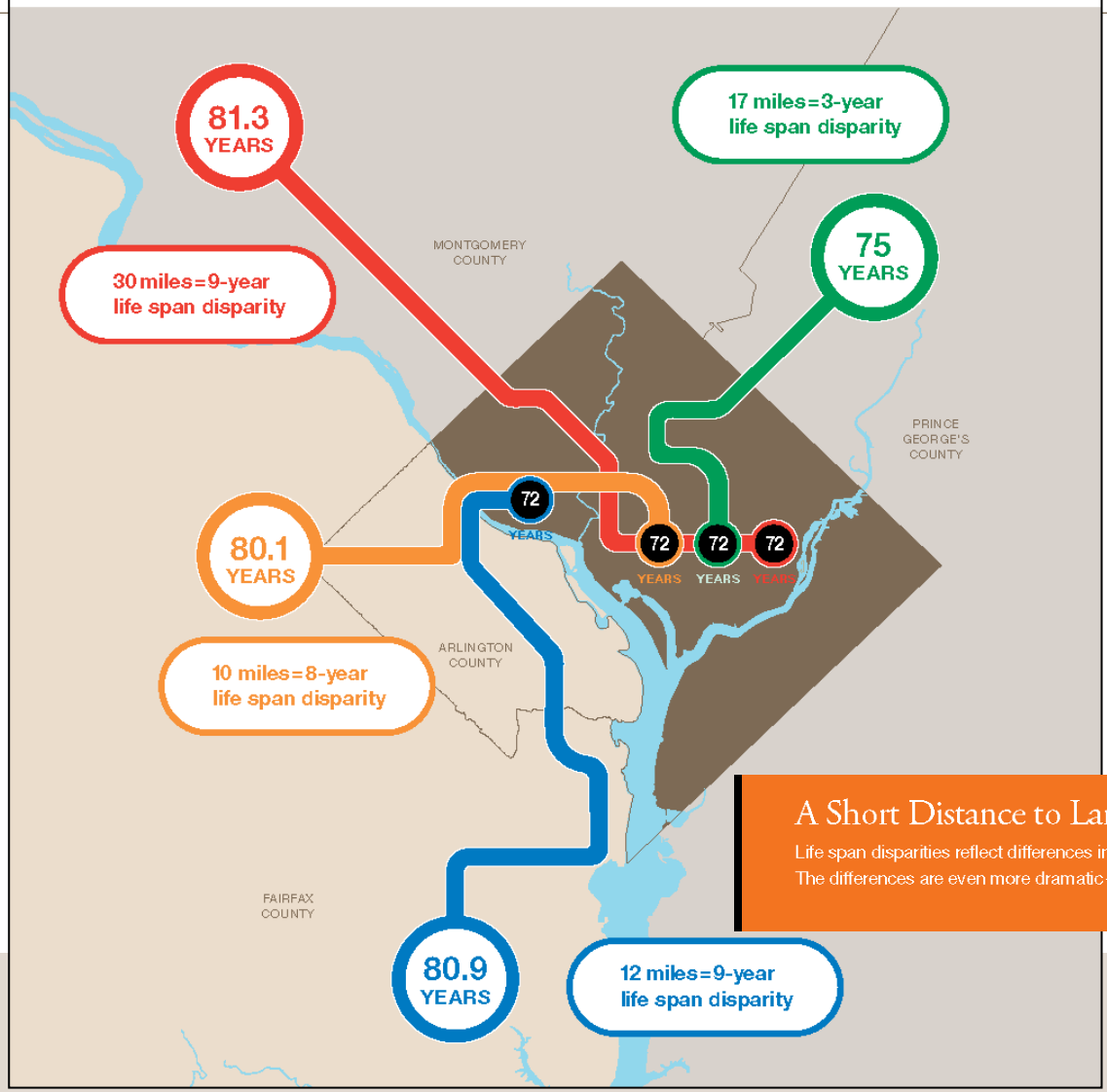

A Short Distance to Large Disparities in Health

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

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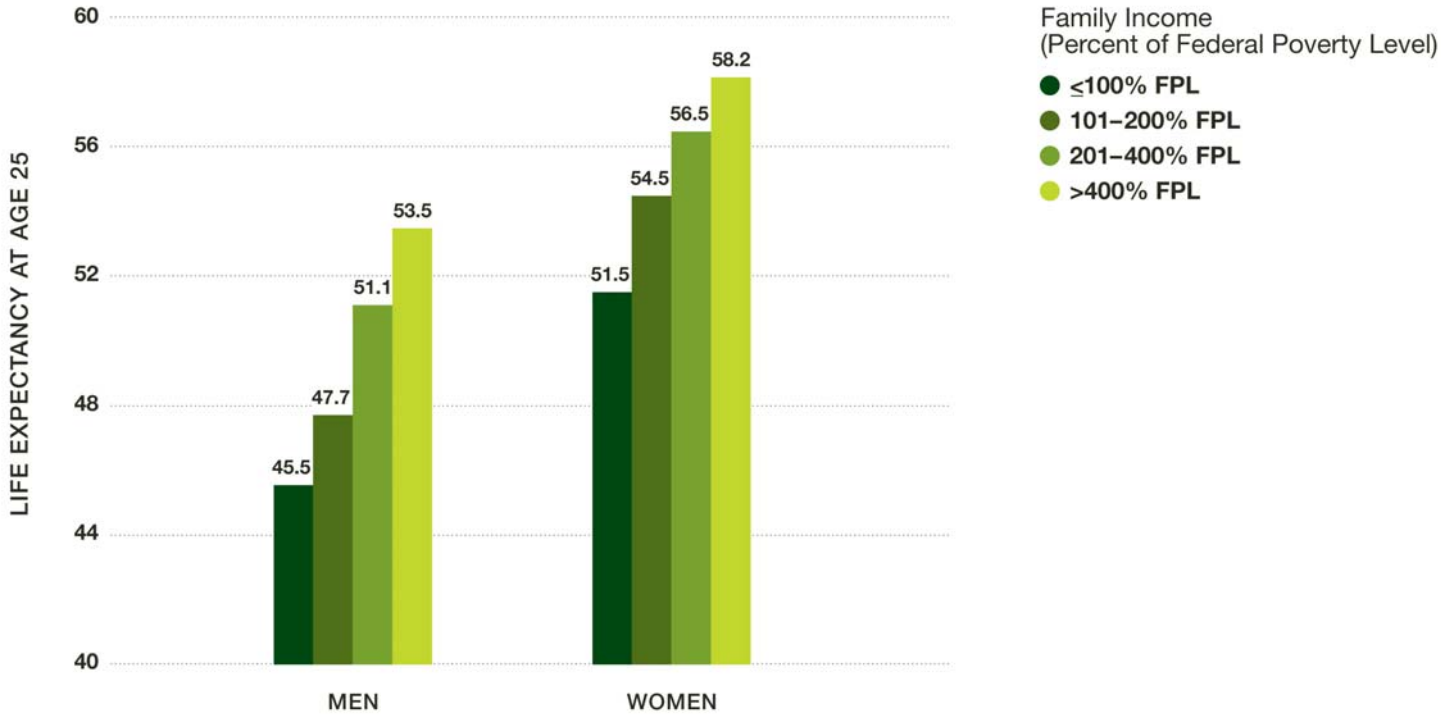
Higher Income, Longer Life

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.



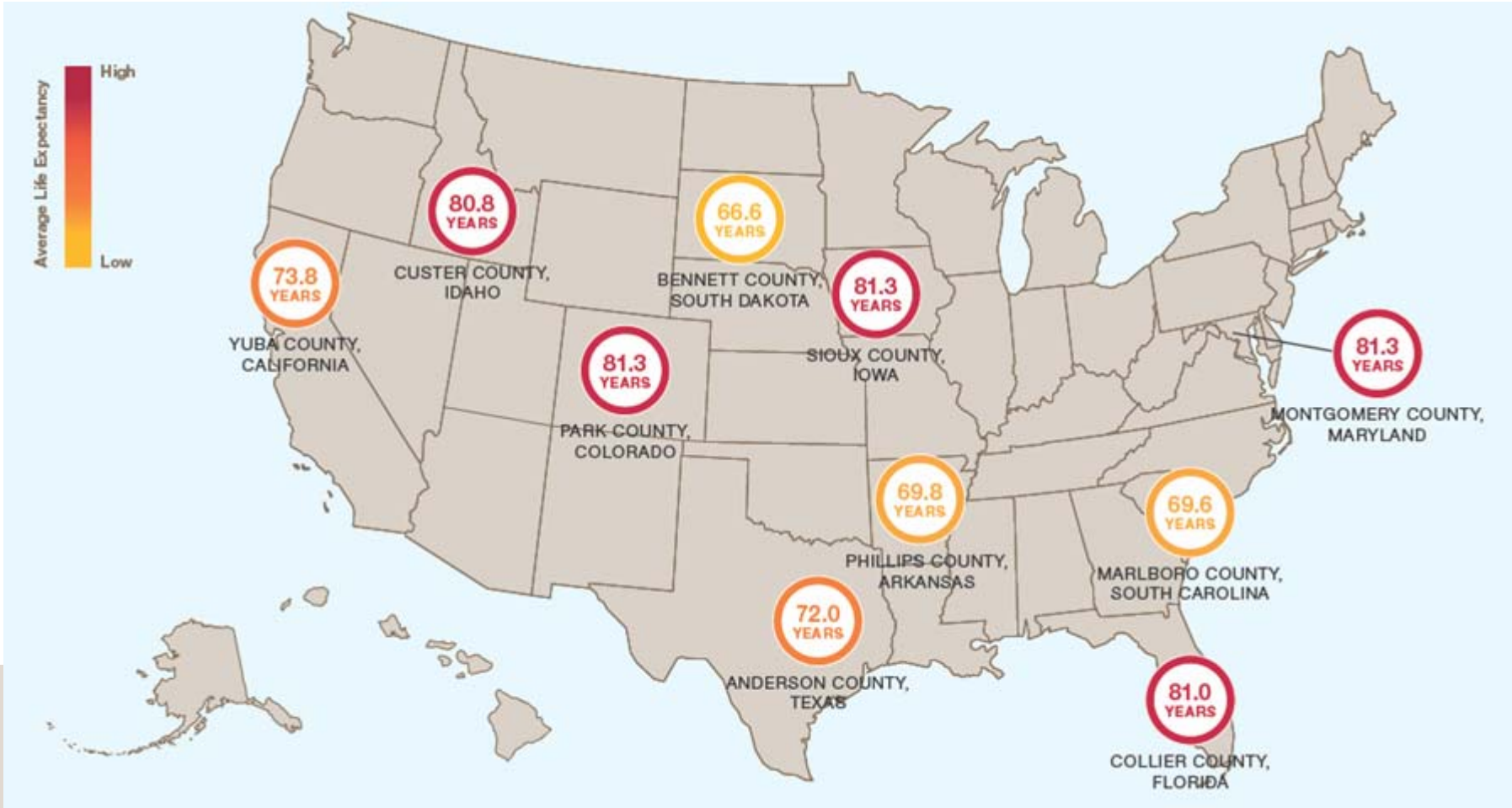
Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco; and Norman Johnson, U.S. Bureau of the Census.

Source: National Longitudinal Mortality Study, 1988–1998.

*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.

www.commissiononhealth.org

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.

States	Highest Life Expectancy	Lowest Life Expectancy	Difference in Life Expectancy
Alabama	76.8	71.7	5.1
Alaska	76.9*	76.9*	N/A
Arizona	80.9	73.9	7.0
Arkansas	78.0	69.8	8.2
California	80.8	73.8	7.0
Colorado	81.3	74.8	6.5
Connecticut	79.2	76.8	2.4
Delaware	76.5	75.8	0.7
District of Columbia	72.0	72.0	N/A
Florida	81.0	70.2	10.8
Georgia	78.9	72.2	6.7
Hawaii	80.5	77.3	3.2
Idaho	80.8		
Illinois	79.6		
Indiana	79.1		
Iowa	81.3	76.1	5.2
Kansas	80.3	73.2	7.1
Kentucky	77.4	72.0	5.4
Louisiana	76.7	71.6	5.1
Maine	78.8	75.6	3.2
Maryland	81.3	68.6	12.7
Massachusetts	79.5	76.5	3.0
Michigan	80.2	73.4	6.8
Minnesota	81.1	76.2	4.9
Mississippi	76.1	70.1	6.0
Missouri	79.3	70.8	8.5

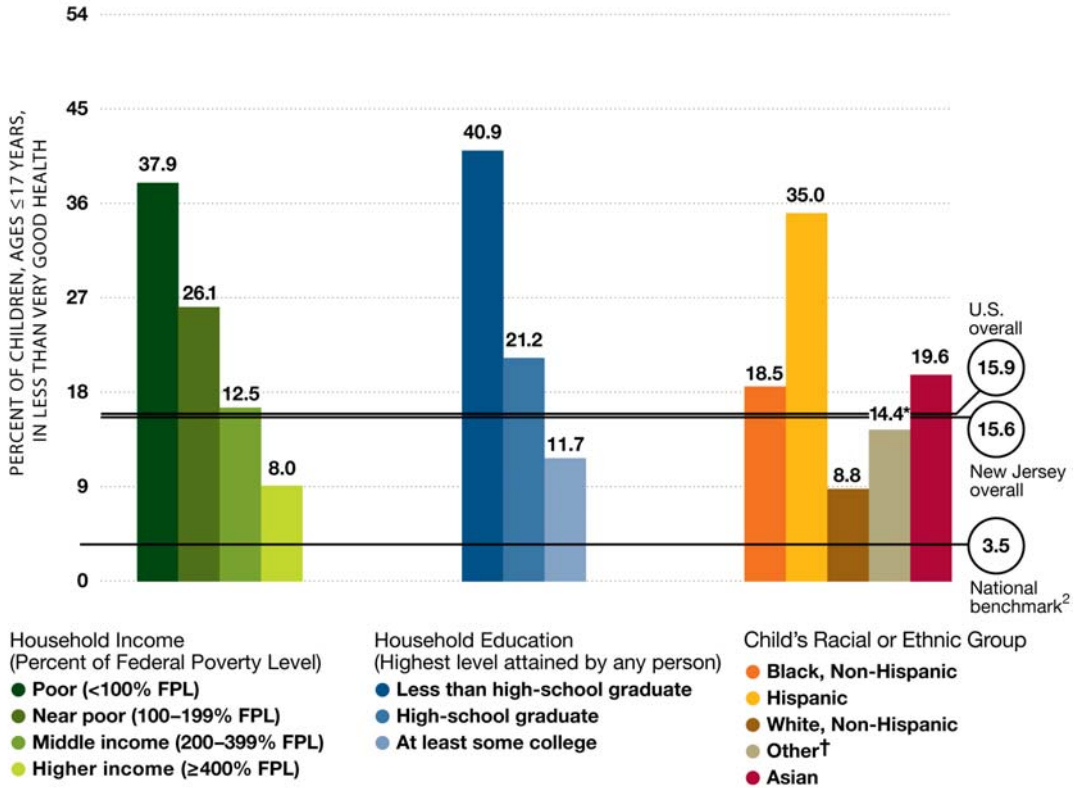
States	Highest Life Expectancy	Lowest Life Expectancy	Difference in Life Expectancy
Montana	79.3	72.8	6.5
Nebraska	80.1	76.4	3.7
Nevada	79.8	74.5	5.3
New Hampshire	78.7	76.2	2.5
New Jersey	79.9	74.7	5.2
New Mexico	79.6	74.2	5.4
New York	79.5	75.0	4.5
North Carolina	78	71.2	7.4
North Dakota	80.0	76.3	3.7
Ohio	79.7	73.4	6.3
[illegible]ma	77.9	72.0	5.9
Oregon	80.9	75.5	5.4
Pennsylvania	79.4	72.3	7.1
Rhode Island	79.5	77.5	2.0
South Carolina	78.9	69.6	9.3
South Dakota	80.3	66.6	13.7
Tennessee	78.8	72.4	6.4
Texas	80.2	72.0	8.2
Utah	80.8	76.3	4.5
Vermont	79.0	76.9	2.1
Virginia	80.9	69.6	11.3
Washington	80.3	74.9	5.4
West Virginia	77.2	70.4	6.8
Wisconsin	80.1	75.7	4.4
Wyoming	78.2	73.9	4.3

5.2 years

*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.

Source: Murray CJ, Kulkami SC, Michaud C, et al. "Eight Americas: Investigating Mortality Disparities Across Races, Counties, and Race-Counties in the United States." Public Library of Science, 3(9): e260, 2006.

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.

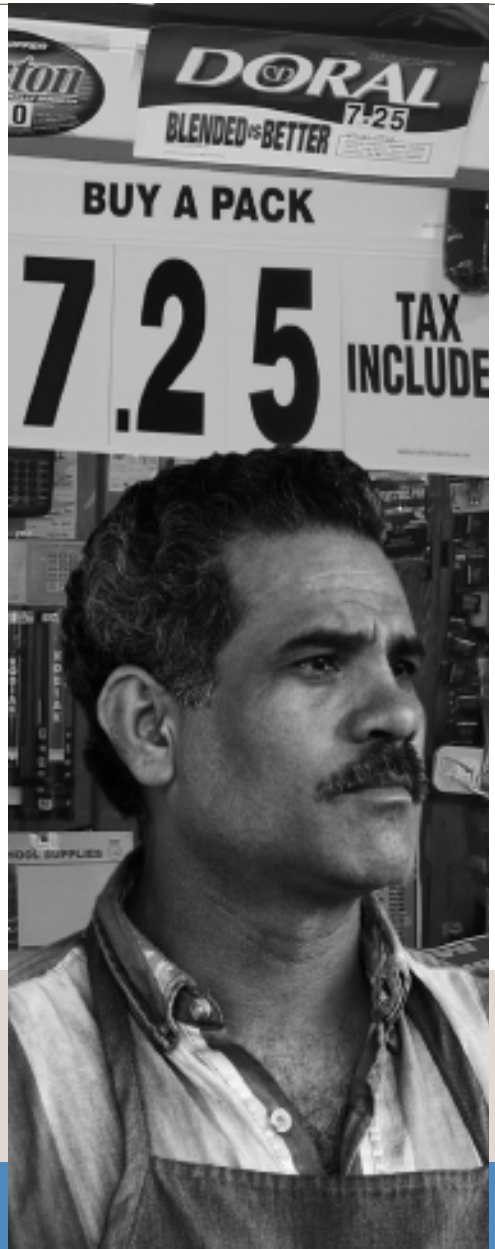
Source: 2003 National Survey of Children's Health.

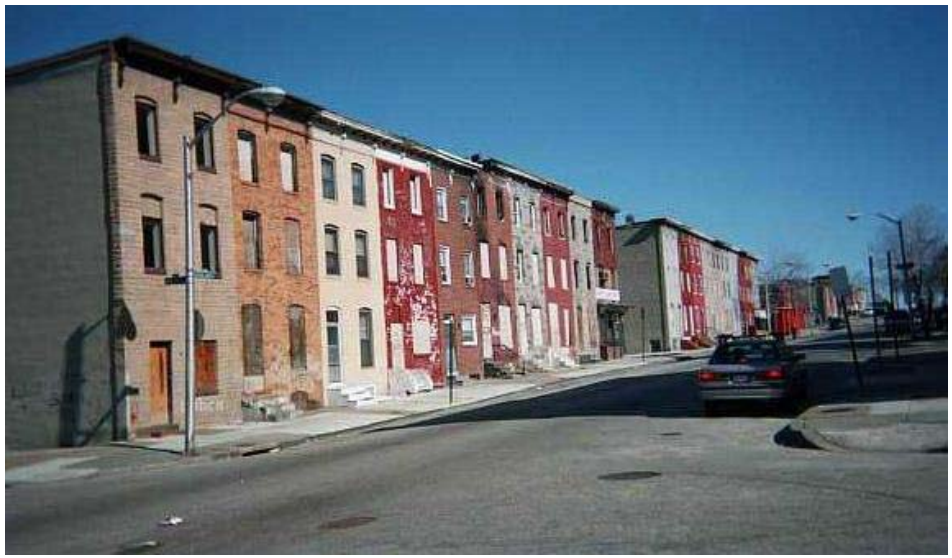
1 Based on parental assessment and measured as poor, fair, good, very good or excellent. Health reported as less than very good was considered to be less than optimal.

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.


DORAL
BLENDED BETTER
BUY A PACK
7.25
TAX
INCLUDE



The Commission's Recommendations

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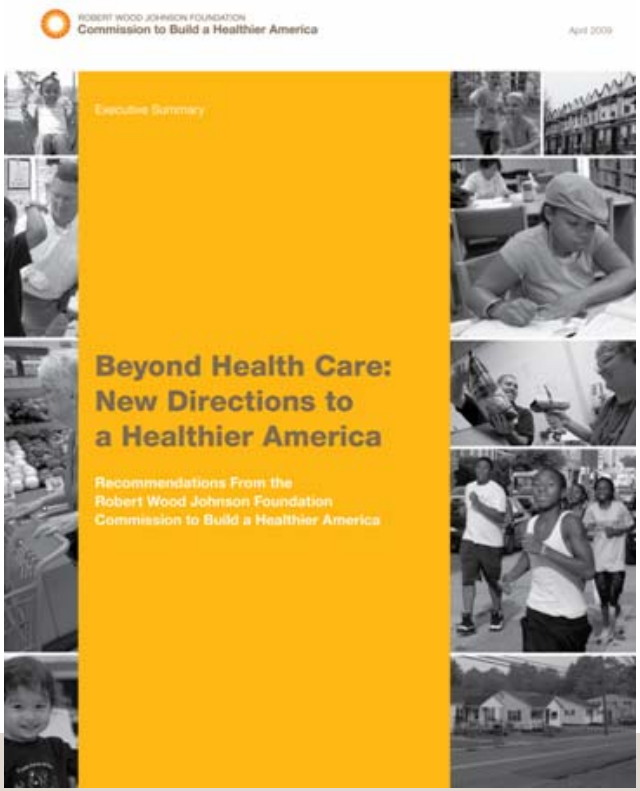
A twin philosophy: Good health requires personal responsibility and a societal commitment to remove the obstacles preventing too many Americans from making healthy decisions



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

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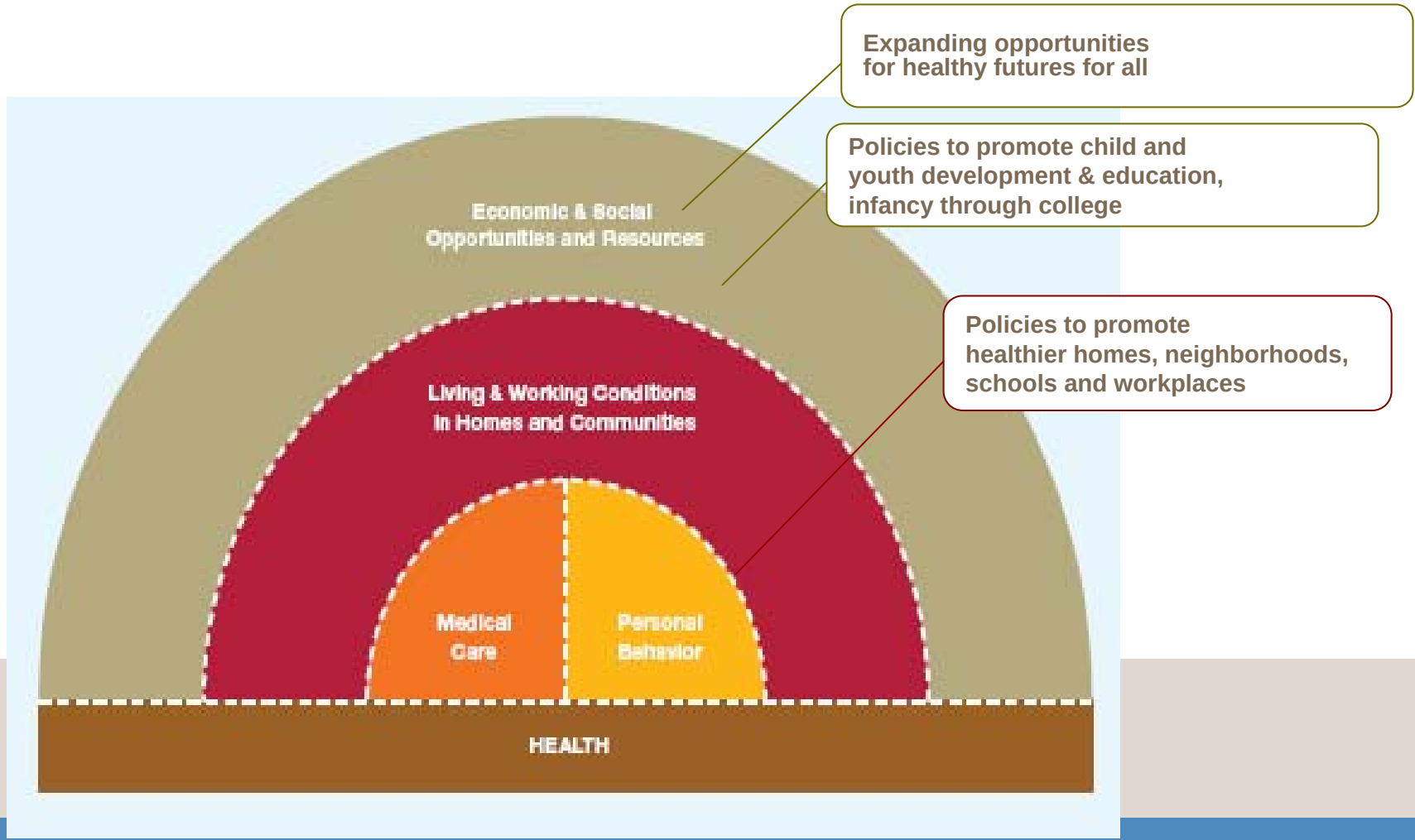
What are the factors that shape our health?



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

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- **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.

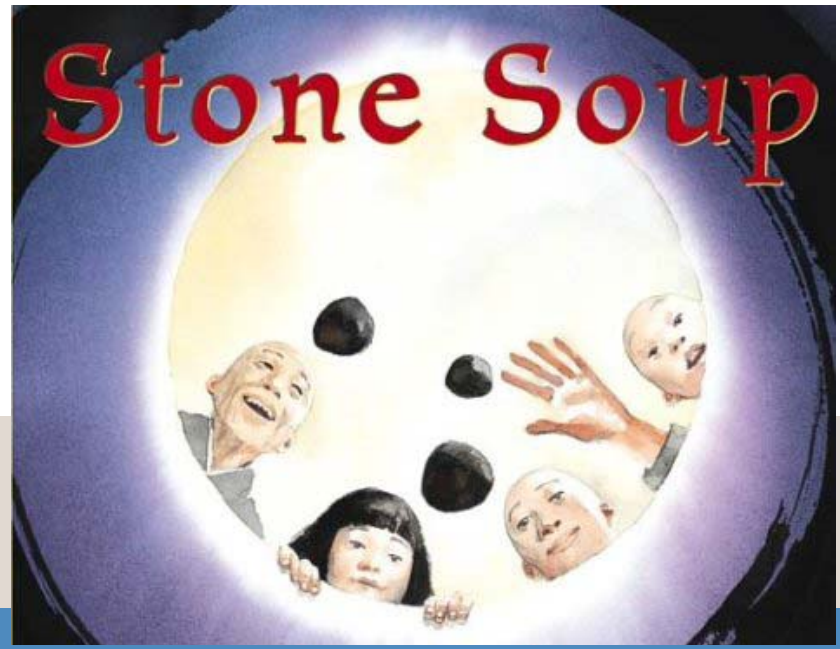

Illustration by Jon J. Muth

The Health Impact Project

Robert Wood Johnson Foundation

- **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

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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

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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.

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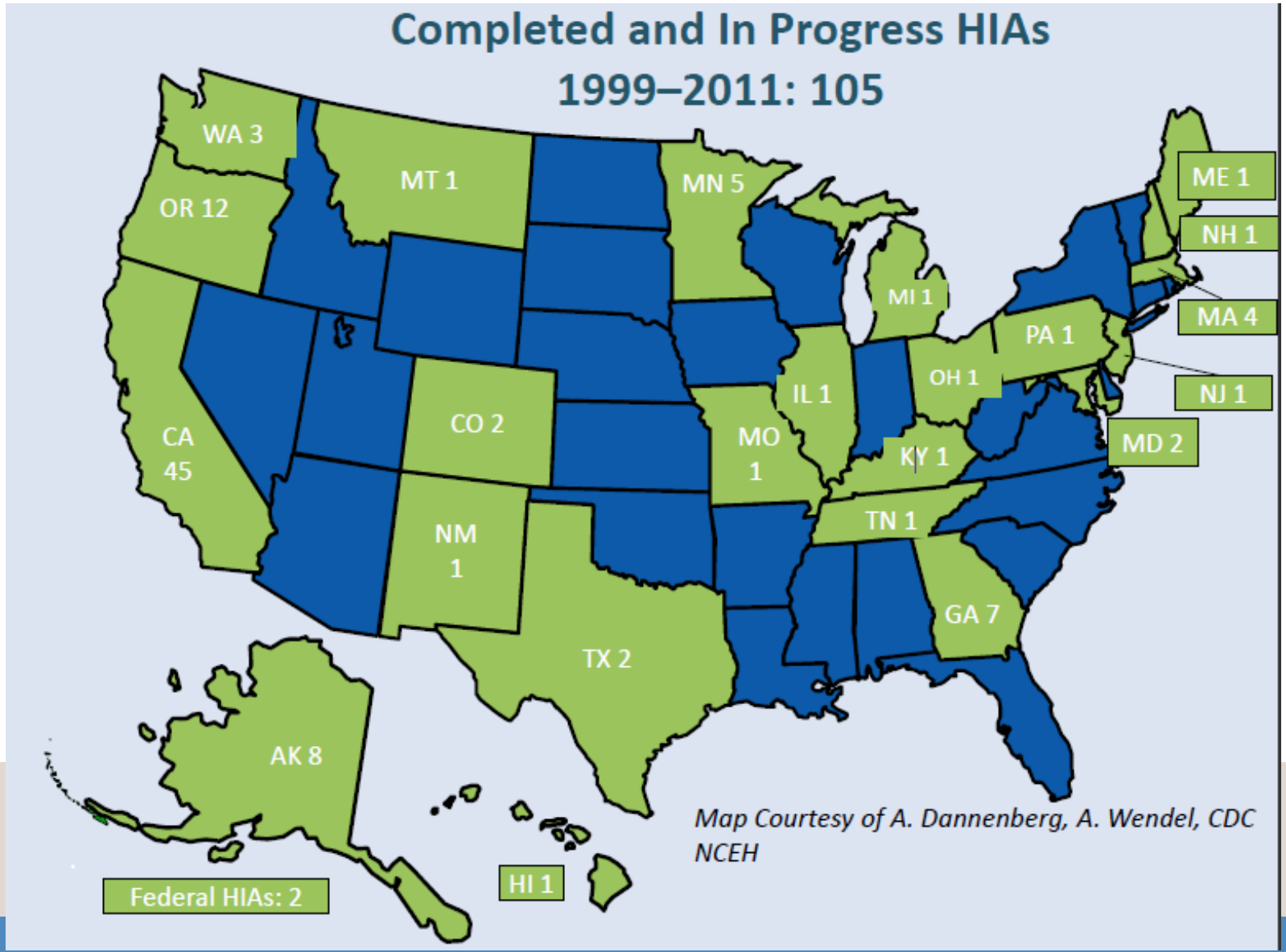

The Health Impact Project: HIA Demonstration Grants in Progress

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Organization	TOPIC
CA Dept of Public Health	*-Cap and trade regulations*
UCLA	*-Water conservation regulations*
	-Light rail corridor planning
Kohala Center, HI	*-County agricultural plan*
MA Dept of PH	*-Biomass power plant*
Green River Health Dept, KY	*-Coal gasification power plants*
Texas Southern Univ.	*-Transit oriented development*
Georgia Tech	*-Brownfield redevelopment*
	-Comprehensive plan/Transportation plan
NH Ctr. for Public Policy	*-State budget process*
Boston Medical Ctr	*-Utility regulation*
Upstream Public Health, OR	*-Farm to school legislation*

HIA – A Local Example in Oakland

Robert Wood Johnson Foundation

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**

Source: Human Impact Partners, http://www.humanimpact.org/component/jdownloads

HIA – A Local Example in Oakland (cont.)

Robert Wood Johnson Foundation

Jack London Gateway Senior Housing Project

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**

Source: Human Impact Partners, http://www.humanimpact.org/component/jdownloads

New Jersey

Robert Wood Johnson Foundation

Summary of the Health Impact Assessment of

Modifications to the Trenton Farmers' Market

UCLA School of Public Health, Health Impact Assessment Group[1]
http://www.ph.ucla.edu/hs/health-impact
With support from the Robert Wood Johnson Foundation
March, 2007

Farmers' Market or Public Market?

Definitions of "farmers' markets" and "public markets" vary and have changed over time. "Farmers markets are generally considered to be recurrent markets at fixed locations where farm products are sold by farmers themselves." (Brown, 2001). They vary in size, frequency, type of facility, 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 give a defined civic purpose to the activity including attracting individuals to the neighborhood, providing affordable retailing opportunities, utilizing farmland in the region, and using underused public spaced or renovating undesirable use of 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 generic portions of this analysis that are extrapolated to analyses 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, under-served 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/revitalization steps 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 five major pathways through with changes in the market may impact the health in the affected populations:

1) Nutrition
2) Physical activity
3) Economics (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 examine health impacts?

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

[1] Project staff involved in preparing this report included Brian Cole, Dr.P.H., Project Manager, Sandra Hoffman, M.P.H., research assistant, Riti Shimkhada, Ph.D., research assistant, Georgina Agyekum, M.P.H., research assistant, Neal Kaufman, M.D., co-principal investigator, and Jonathan Fielding, M.D., M.P.H., M.B.A., Principal Investigator. Advisors to the project included, Steve Davies, PPS; and Matthew Lawson, Mercer County Planning Department. Supported through funding from the Robert Wood Johnson Foundation. For a copy of the complete report contact Brian Cole at (310)206-4253 or by email at bicole@ucla.edu.

See more HIA examples:
www.healthimpactproject.org/hia/us

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Policy Makers

Decision makers at all levels are using the fast-growing field of HIA to take health into account when making decisions in a broad range of sectors, including agriculture, education, energy and budgeting, in all types of locations--rural, suburban, and urban, local, regional or statewide. -Learn more about the information sources that were used to develop this page.

MAP VIEW | LIST VIEW

CUSTOMIZE THE MAP BELOW

Public Health Law Initiative

Robert Wood Johnson Foundation

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, NAAG, 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

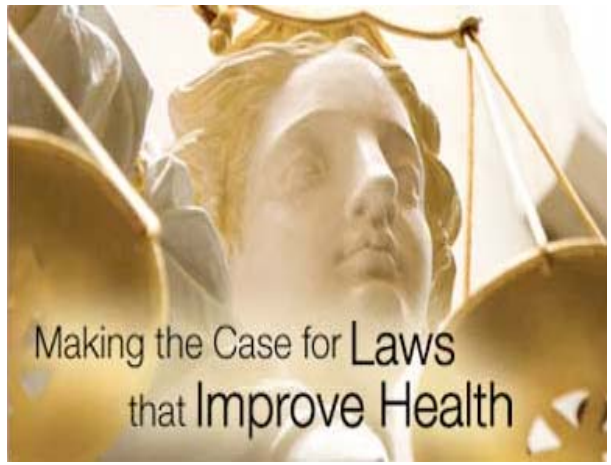
Robert Wood Johnson Foundation

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**



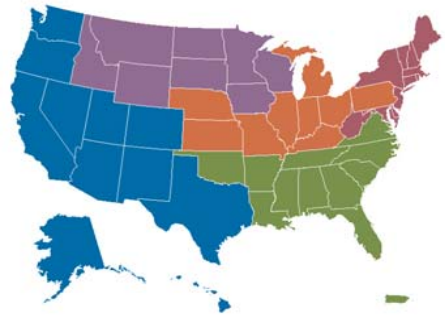
PHLR Website: www.publichealthlawresearch.org

Public Health Law Network

Robert Wood Johnson Foundation

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

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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

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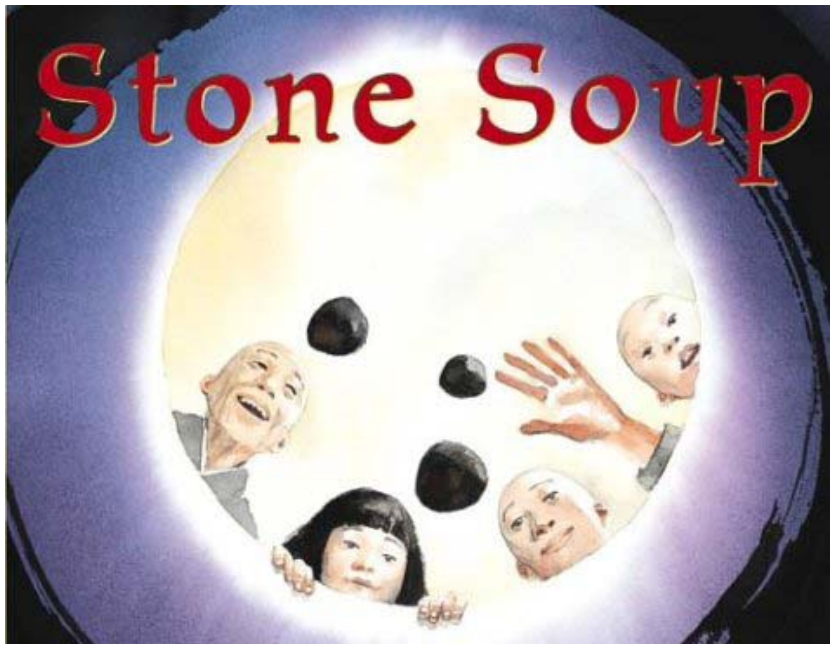
What will you add to the soup?



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Stone Soup: A Recipe for a Healthy Community

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June 14, 2011