

PLACE MATTERS for New Orleanians: A Team Workshop

Tuesday, June 26, 2007: 9:00am–2:00pm

Location: City of New Orleans Health Department

Through the efforts of the Public Health Department staff, New Orleans is participating in the PLACE MATTERS national initiative sponsored by the Joint Center for Political and Economic Studies Health Policy Institute. This national program involves over 24 counties that are actively engaged in developing strategies to address social determinants of health. ***The post-Katrina recovery efforts provide a unique opportunity in history to develop collaborative strategies that address social forces that drive health status of the entire city. This workshop will inform the development of a city-wide strategic plan for community health improvement.***

PLACE MATTERS: Implications for Katrina's Long-Term Recovery

In post-Katrina New Orleans, the health care delivery system has received a great deal of attention. These efforts are appropriate and will meet a significant need. The primary role of the city Health Department is to assure that the capacity to protect and improve population health and well-being is in place to create a healthier New Orleans. Improving population health requires strategic collaboration across both public and private sectors. ***Join us for a lively exploration of and coordinated action for how we can work together to build a healthier New Orleans.***

Workshop Goals

1. Create a revised action plan for the PLACE MATTERS team
2. Inform more strategic action focused on population health and well-being in the Unified New Orleans Plan

WORKSHOP AGENDA

9:00am	Welcome & Introductions – Drs. Stephens, Robinson, and Mvula
9:15am	Overview of Workshop Goals and Process – Ms. Burke and Dr. Lafronza
9:20am	Social Determinants of Health in Post-Katrina Environ – Facilitated Dialogue
10:00am	Action Planning
12:00pm	Lunch – Provided
1:00pm	Next Steps
2:00pm	Adjourn

PLACE MATTERS for New Orleanians

Prepared by: Vincent Lafronza, Ed.D., M.S., and Natalie Burke, CommonHealth ACTION

CommonHealth ACTION is a partner of the city health department and consultant team to the Joint Center Health for Political and Economic Studies. This concept paper sets the stage for the New Orleans Place Matters workshop.

PLACE MATTERS TO OUR HEALTH AND WELL-BEING: THE EVIDENCE

A growing body of research clearly supports the notion that interventions targeting the social determinants of health can indeed modify patterns of health, illness, and health disparities. Systematic and evidence-based translation of this knowledge into policy and practice has been limited, particularly at the local level. CommonHealth ACTION's approach to reducing/eliminating health disparities involves identifying the complex underlying causes of health disparities and defining strategies to address these root causes.

A particularly notable article describes work funded by the Division of Prevention Research of the federal Centers for Disease Control and Prevention (CDC) to synthesize available knowledge about the effectiveness of community-

Washington State Framework

Social conditions are major determinants of health. Social forces acting at a collective level shape individual biology, individual risk behaviors, environmental exposures, and access to resources that promote health. There is a graded relationship between social position and health status that affects people at all levels of the social hierarchy. While public health programs cannot ameliorate the social forces that are associated with poor health outcomes, developing a better understanding of the social determinants of health is critical to reducing health disparities among Washington State residents of differing socioeconomic positions. From *The Health of Washington State: The Social Determinants of Health, 2002*.

based interventions to improve population health outcomes. This work led to the development of a conceptual model that links social environmental interventions to health outcomes.¹ Identified as the *Community's Guide*, the premise of this model is that access to societal resources determines community health outcomes. Standard of living, culture and history, social institutions, built environments, political structures, economic

systems, and technology are all societal resources that a population draws upon to sustain health. This conceptual model is shown in Appendices 1 and 2 and is notably consistent with the conceptual framework for examining community effect on health outlined in paper developed and published jointly in 2004 by

¹ Anderson, LM et al. The *Community Guide's* Model for Linking the Social Environment to Health, *American Journal of Preventive Medicine*, 2003;24(3S) pp. 12-22. Anderson, LM et al. Methods for Conducting Systematic Reviews of the Evidence of Effectiveness and Economic Efficiency of Interventions to Promote Health Social Environments, *American Journal of Preventive Medicine*, 2003;24(3S) pp.25-31.

the Joint Center Health Policy Institute and PolicyLink and titled *Building Stronger Communities for Better Health*.²

The *Community's Guide* model identifies these specific social environment factors associated with health outcomes: neighborhood living conditions, opportunities for learning and developing capacity, community development

Addressing Social Determinants of Health Necessary to Eliminate Health Inequities

“Greater emphasis is needed on public health interventions that involve communities, with the goal of collectively identifying resources, needs and solutions... Individuals and families are embedded within social, political and economic systems that shape behaviors and constrain access to resources necessary to maintain health.”

Institute of Medicine, Committee on Health and Behavior 2001

and employment opportunities, prevailing community norms, customs, and processes, social cohesion, civic engagement, and collective efficacy, and health promotion, disease and injury prevention and health care opportunities.

The need to identify and examine the relationships between the social determinants of health and health disparities is increasingly well-accepted in academic, research and policy circles. The March/April 2005 issue of the leading health policy and health service research journal *Health Affairs* is dedicated to racial and ethnic health disparities.³ Excerpts

from the Foreword authored by Risa Lavizzo-Mourey, President/CEO, The Robert Wood Johnson, William C. Richardson, President/CEO, WK Kellogg Foundation, Robert K. Ross, President/CEO, The California Endowment, and John W. Rowe, Chair/CEO, Aetna, are instructive:

“At the outset, it must be clear that the strategies for eliminating disparities in health care and health status will, by necessity, be different....it is widely known that less than one-quarter of our health status is attributable to health care; rather, our health—or lack thereof—is primarily determined by social factors such as unhealthy practices, poverty, unemployment and underemployment, racism and discrimination, housing, transportation, and other neighborhood environmental conditions...Further research and study about community-based approaches to advance health promotion and disease prevention in communities wracked by poverty, racism, and other adverse environmental conditions is critical.”

² <http://www.policylink.org/publications.html>

³ Racial & Ethnic Disparities *Health Affairs*, 24(2) March/April 2005. It is notable that the March/April 2002 issue of *Health Affairs*, 21(2), was devoted to examining the societal and environmental determinants of health and the dominant influence of non-medical factors on health status.

These authors conclude by noting the need for leadership to ensure that the many ongoing efforts to reduce racial and ethnic disparities move forward in a coordinated and thoughtful fashion and that a broad range of diverse stakeholders gets effectively engaged in the strategies for change. A review of the articles and authors in this issue of *Health Affairs* demonstrates decisively the breadth and depth of the recognition that strategies to reduce health disparities will not be successful unless these strategies are informed by sophisticated knowledge about environmental and social factors affecting health and are dependent upon community-based participation. The increased demand for research focused on strategies for eliminating health disparities and promoting community and broader social change has spurred attention on alternative approaches to inquiries that stress community partnership, action for social change, and reductions in health inequities.

SOCIAL DETERMINANTS AS PRIMARY FACTORS AFFECTING HEALTH STATUS & DISPARITIES

Just as well-regarded scientific evidence establishes that a wide range of social conditions primarily determine health status and health disparities, accumulating evidence also shows that directing enhanced medical/social services or other interventions at the symptoms will not eliminate health disparities because the source of the inequities has not been addressed.⁴ Nonetheless, the leading policy debates on health disparities continue to focus almost exclusively on service delivery despite the growing awareness that health care services have a relatively small effect on health status.⁵

Consequently, efforts to reduce health disparities should be based on the need

Text Box 2: WHO Five Key Action Areas

- Improving living and learning conditions in early childhood
- Strengthening social programs to provide fairer employment conditions and access to labor markets, particularly for vulnerable social groups
- Policies and interventions to protect people in informal employment—that is, those who work without formal contracts or social protections, often in sectors outside government regulation, such as subsistence farming, household-based enterprises, and street vending
- Policies across sectors to improve living conditions in urban slums
- Programs to address key determinants of women's health, such as access to education and economic opportunities

to identify clearly the underlying causes of health disparities and to develop strategies informed by this knowledge. How we defined a problem inexorably shapes our intervention. Reducing health disparities also requires that change begins locally. Identifying and

⁴ *Health and Social Justice: Politics, Ideology and Inequity in the Distribution of Disease, A Public Health Reader* Ed. Richard Hofrichter Jossey-Bass 2003 Wiley & Sons San Francisco, CA See generally Chapter One The Politics of Health Inequities: Contested Terrain

⁵ McGinnis, JM et al The Case for More Active Policy Attention to Health Promotion *Health Affairs* 21(2) 78–85 March/April 2002. “Policymakers need to begin thinking in terms of a health agenda rather than a health care agenda.”

promoting the concept of a **health safety net** emerges as a key component to strategies for eliminating health inequities. The health care safety net is well-recognized as critical to the ability of communities of color and vulnerable underserved populations to access health care services.⁶ Recognizing the crucial role played by social determinants in health status, however, means that the health care safety net alone is not sufficient to address health disparities. Beyond the health care safety net, a **health safety** net encompasses all of the conditions necessary for achieving healthy lives such as affordable and safe housing, clean environments, safe neighborhoods, and health-promoting community services.

In its landmark 2002 report *The Future of the Public's Health*, the Institute of

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Medicine acknowledged the traditional role of public health to ensure a basic level of health for the population.⁷ Noting that major improvements in health status and health outcomes have come from population-focused intervention involving social conditions such as improved sanitation, clean drinking water, and slum eradication/infection control, the IOM stated that community good health is related to basic infrastructure quality and economic equality. Public health's traditional focus on promoting population health by addressing social, economic and ecological conditions⁸

is consistent with the premise of a health safety net. Public Health priorities and principles will assert that policymakers and legislators must have concrete data-based knowledge about how physical and social environments affect health and well-being and how poverty makes choosing healthy behaviors difficult, if not impossible.

EVIDENCE FOR PLACE MATTERS

There are more than adequate data around the world demonstrating the power of social determinants. We share the WHO's approach to illustrate strategies to reducing inequities in health status across participating countries (Text Box 2). In the US, baseline data from 1950 show significant increases in disparities

⁶ AHRQ Billings, J & Weinick, RM, *Monitoring the Health Care Safety Net Book 1: A Data Book for Metropolitan Areas*, AHRQ Publication No. 03-0025, August 2003. Lewin, M.E., Altman S. Ed. *American's Health Care Safety Net: Intact but Endangered*, Institute of Medicine, National Academy Press, 2000.

⁷ Institute of Medicine *The Future of the Public's Health in the 21st Century* National Academy Press 2003. See also Institute of Medicine *The Future of Public Health* National Academy Press 1988.

⁸ HPI has recently partnered with the American Public Health Association in sponsoring a symposium on Medicaid.

among age-adjusted death rates for blacks and whites.⁹ Common examples of inequities in causes of death include homicide (3.6 vs. 20.5 per 100,000), heart disease (253.4 vs. 324.8), and cancers (197.2 vs. 248.5)¹⁰. While each indicator may vary slightly, we also find inequities in leading causes of death among American Indians/Alaska Native, Hispanic/Latino, and Asian populations. What's more, Williams and Jackson illustrate the lack of disparity in death rates for blacks and whites resulting from influenza and pneumonia.

These types of data clearly illustrate the power of social forces that determine health and well-being. Reducing inequities in the distribution of disease and wellness will require strategic action to address upstream influences of health status. Noted public health historian Elizabeth Fee in her introduction to George Rosen's *A History of Public Health* wrote:

“When the history of public health is seen as a history of how populations experience health and illness, how social economic and political systems structure the possibilities for health or unhealthy lives, how societies create the preconditions for the production and transmission of disease, and how people, both as individuals and social groups, attempt to promote their own health or avoid illness, we find that public health history is not limited to the study of bureaucratic structures and institutions but pervades every aspect of social and cultural life.”¹¹

⁹ D.R. Williams, & P.B. Jackson. Social Sources of Racial Disparities in Health. *Health Affairs* 24, no. 2 (2005): 325–334).

¹⁰ Ibid.

¹¹ Rosen, G. *A History of Public Health* Baltimore: Johns Hopkins University Press, 1993.

Measuring Elements from The Community Guide's Model¹

An Illustrative Example Involving Neighborhood Living Conditions: Community Interventions to Promote Health Social Environment

	Intermediate Outcome	Intervention(s)
Neighborhood Living Conditions	Making Housing Affordable	Legislative Support for Subsidized Housing Housing or Shelters for Homeless People Increased SROs for low-income single adults Building Codes to require low-cost units for New Development Mixed Income Housing Developments
	Increasing Housing Quality and Safety	Tenant Organizations and Support Public Programs to Abate Housing Hazards Child-Proof Homes Protection Against Climate Extremes Removal of Unsafe/Abandoned Buildings Fire Safety Protections Neighborhood Beautification
	Making Neighborhoods Safer	Neighborhood Watch Programs Rapid access to emergency personnel Home security systems Safe playgrounds Animal Control Neighborhood policing by residents Reduction of neighborhood gang activity Reduction of drug trafficking Increased sidewalks, exercise & recreation paths Reduction of liquor store density
	Building, Improving, & Retaining Neighborhood Assets	Public Libraries, schools, fire depts., parks Public Information Systems Neighborhood Businesses Cultural Orgs & Citizen Assocs. Facilities for Sports and other Clubs Religious Orgs. Family Resource Centers Transportation Systems Supermarkets & Produce Grocers Home-Based Enterprises
	Enhancing Neighborhood Cohesion and Social Support Systems	Informal neighborhood social activities Mentoring programs Involvement in community organizations Senior Citizen Centers After-school programs Accommodations for people with disabilities Elder day care Park recreation & exercise programs Architecture designed to ↑ neighbors' interaction Neighborhood planning to increase public meeting spaces

¹Excerpted from Anderson et al. *The Community Guide's Model for Linking the Social Environment to Health. American Journal of Preventive Medicine 2003; 24(3S) p. 14*

