NATIONAL COLLABORATIVE FOR HEALTH EQUITY

PLACEMATTERS

Place Matters…and
so does policy

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Inequities in health [and] avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.

World Health Organization (WHO),
Report on the Social Determinants of Health (2008)
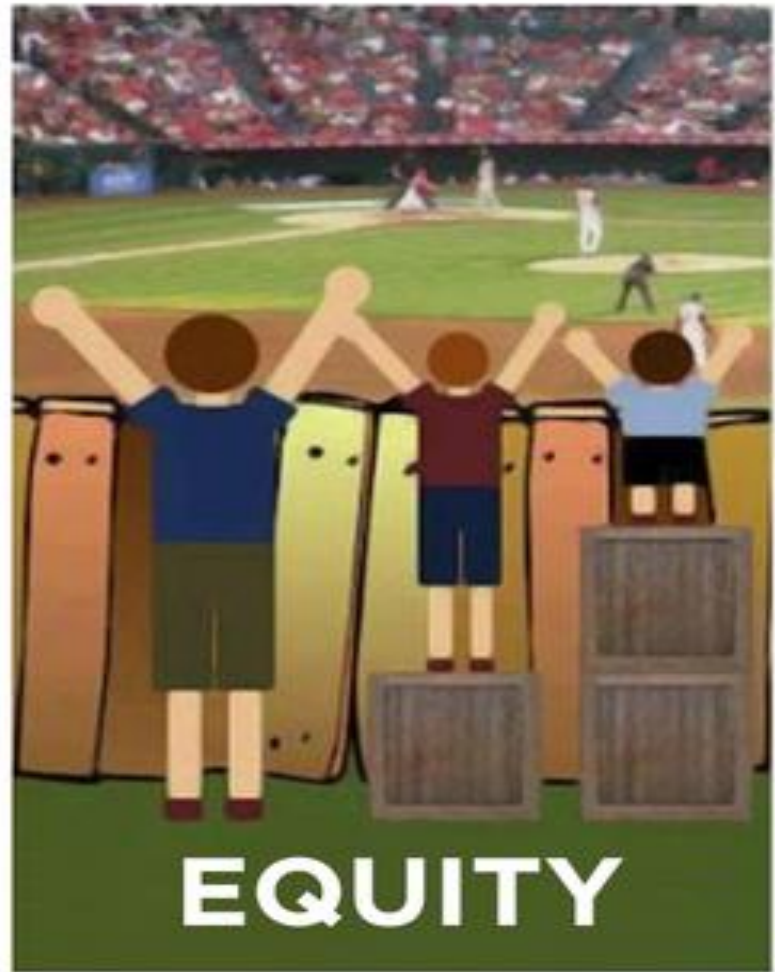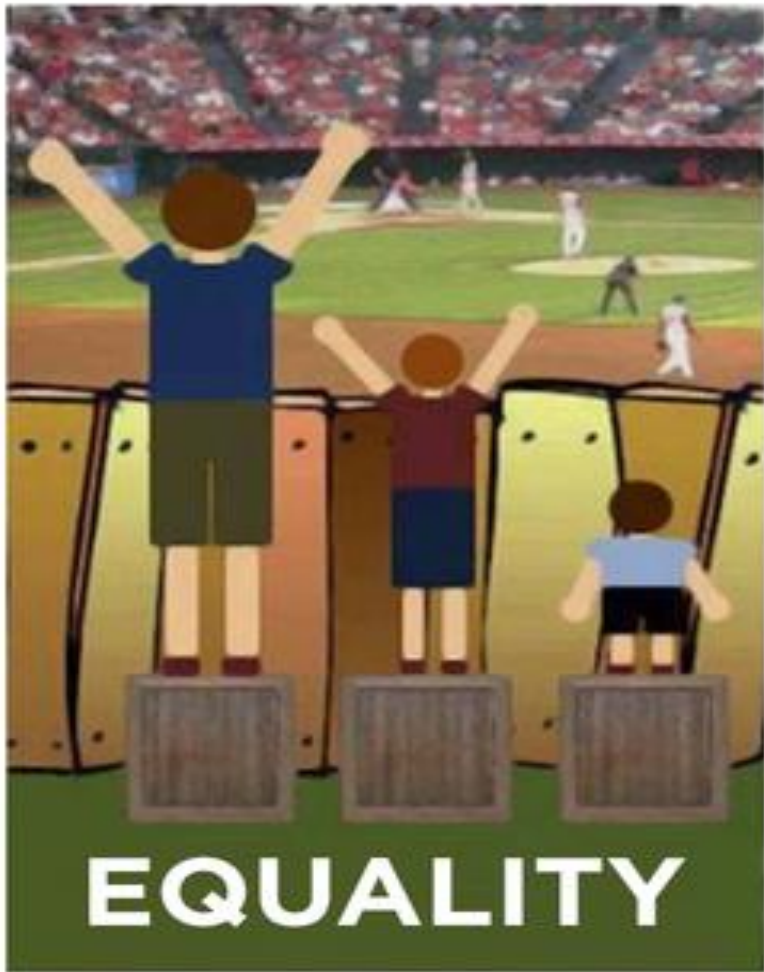
Equality= Sameness
Giving everyone the same thing, BUT it only works if everyone starts from the same place

Equity= Fairness
Access to the same opportunities- we must first ensure equity before we can enjoy equality
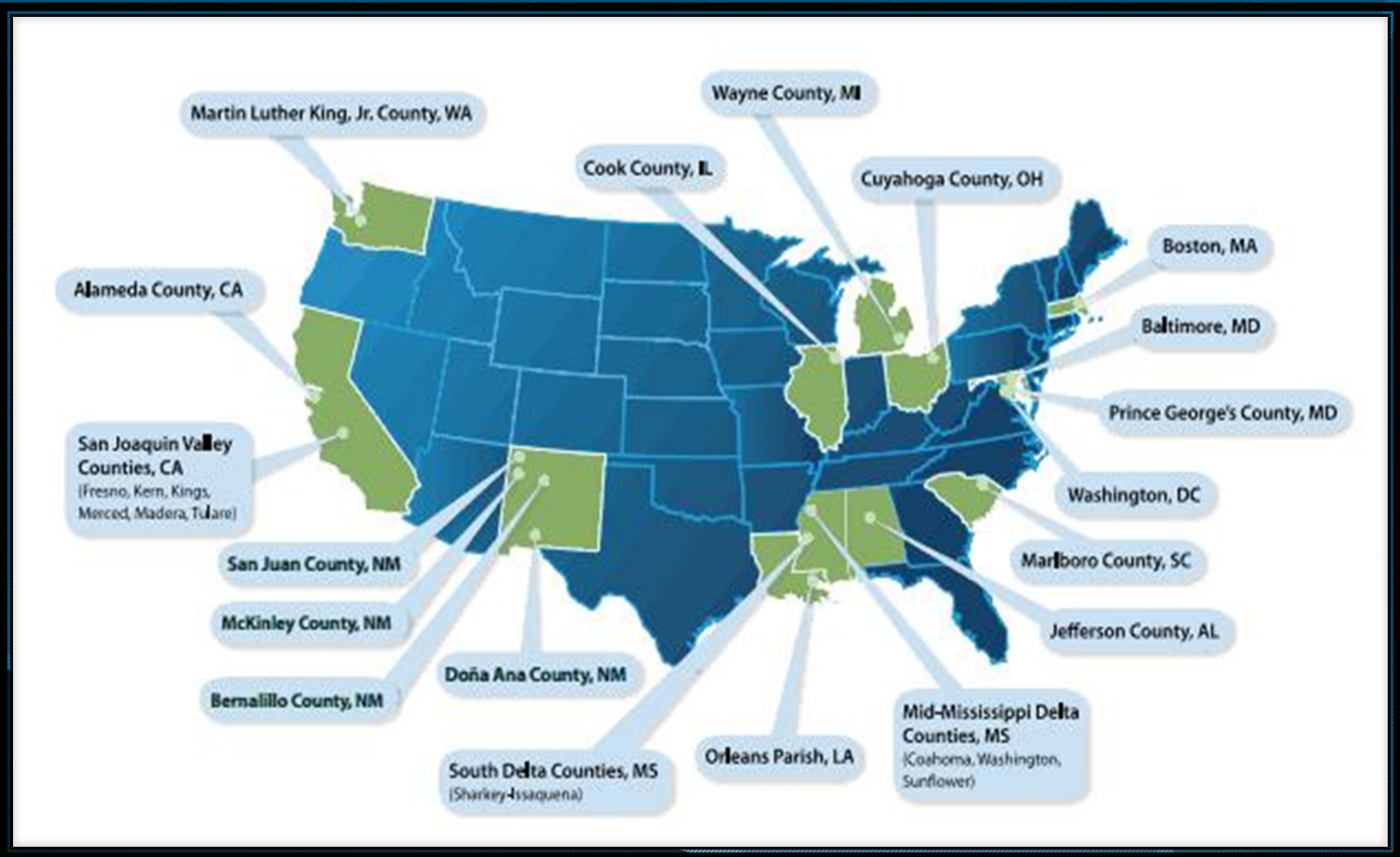
PLACE MATTERS teams work in 24 jurisdictions in ten states and the District of Columbia.

PLACE MATTERS
Advancing Health Equity

PLACE MATTERS works to advance health equity by engaging leaders at both local and national levels to identify and address social, economic, and environmental attributes of neighborhoods, schools, workplaces and other places that shape health. With a focus on eliminating racial and ethnic health inequities, the Joint Center and PLACE MATTERS teams seek to de-concentrate health risks and increase health-enhancing resources in communities of color.

Advocate for the revision of adverse policies and the creation and enforcement of equitable conditions that foster good health for all. We identify and promote policy strategies, including laws and regulations that create and enforce equitable conditions that promote good health for all.

FEDERAL COURT HOUSE

Raising funds to invest in sustainable place-based initiatives. We work to attract investments to promote health equity that will ultimately build the capacity of historically marginalized communities to effectively advocate for their interests and build their political power.

FIRST NATIONAL

Using quality of life or social determinants indicators to allocate resources and to make decisions. We assemble and promote the use of national, state and local data to measure community health and the distribution of health risks and resources across communities, promoting its use in policy decisions.

CITY HALL

STATE U.

COMMUNITY CTR.

WBLT-TV

Interdisciplinary research shaped by community engagement. In partnership with communities, we conduct research to document the geographic distribution of health, health risks, and health resources across communities, and we assess their relationship to residential segregation.

Building broad coalitions to advance health equity issues. We work to align the efforts of many different sectors and stakeholders — including public health departments and other government agencies, community-based organizations, health care systems, civic groups, and business and faith communities.
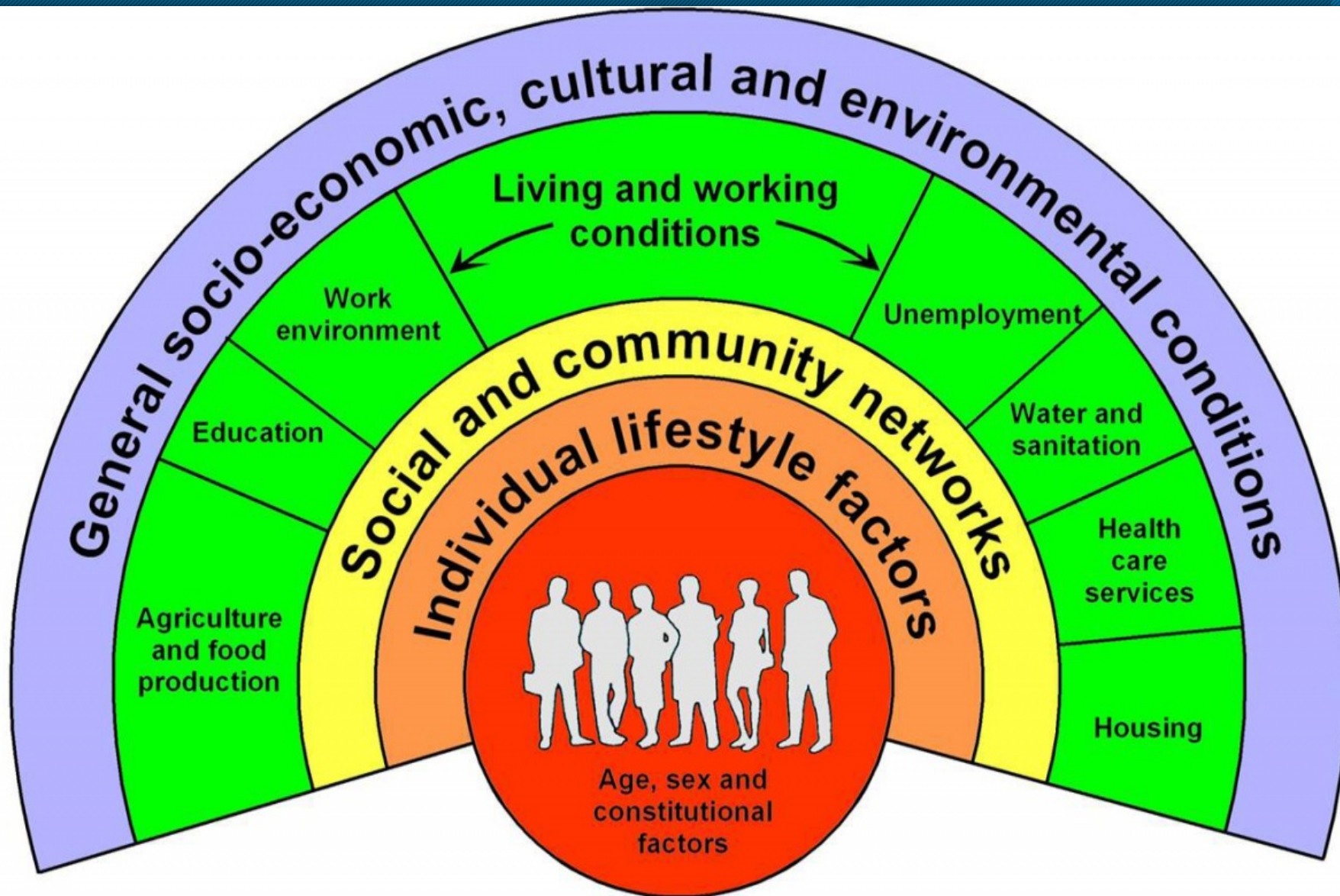
Engaging the media to elevate health equity issues. At all levels, we develop content focused on advancing health equity, and we aggressively disseminate it through traditional and new media channels to build public and policymaker awareness of and support for health equity.

Holding elected officials and policy makers accountable for healthy communities. We work to create systems of accountability so that decision-makers are responsive to communities, particularly those that have been historically marginalized.

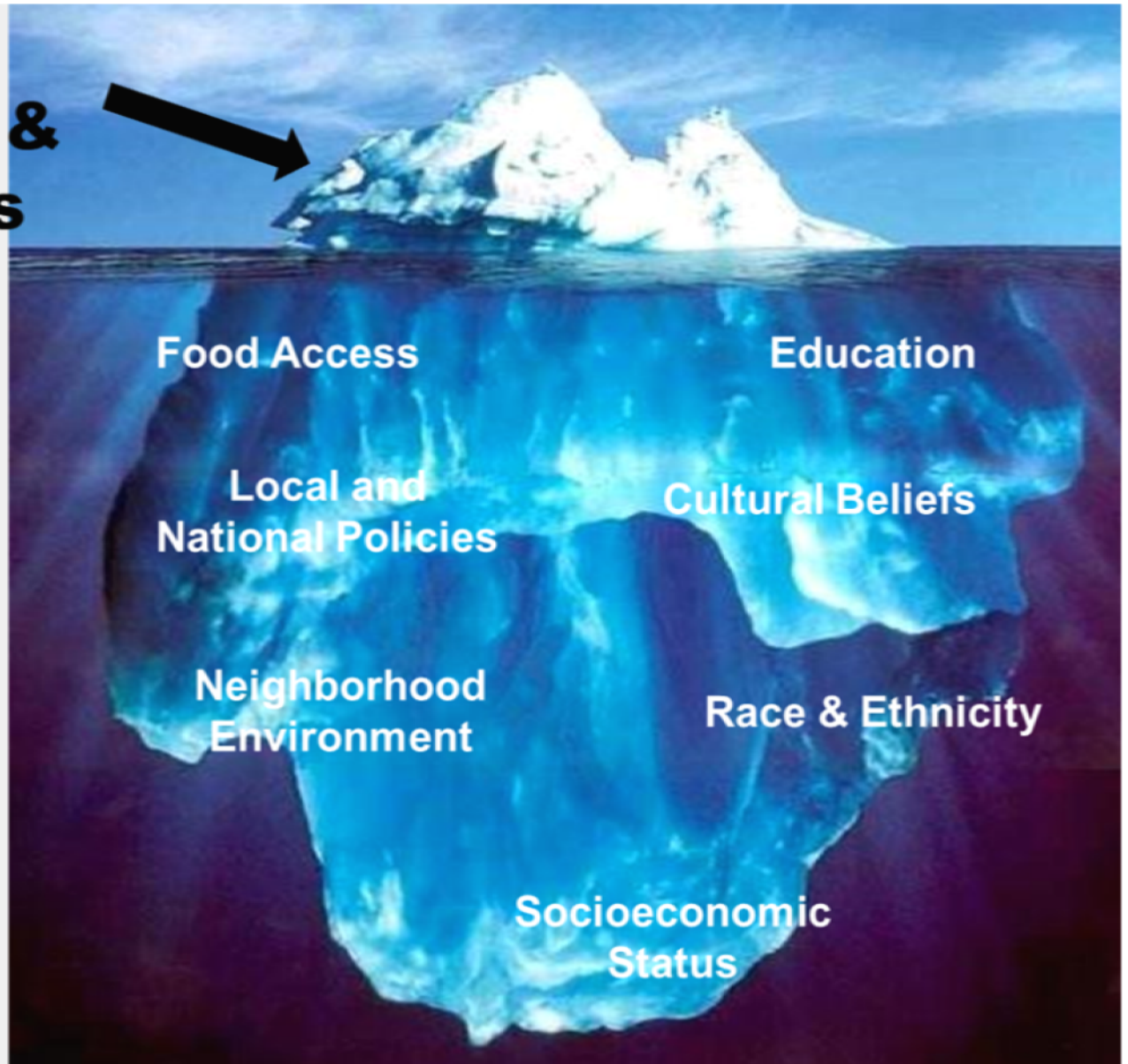Source: Dahlgren and Whitehead, 1991

Health Behaviors & Outcomes

Physical Activity & Healthy Eating

Food Access

Education

Local and National Policies

Cultural Beliefs

Neighborhood Environment

Race & Ethnicity

Socioeconomic Status

- Availability of resources to meet daily needs
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education /job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty)
- Residential segregation
- Language/Literacy
- Culture

Where we Live, Work & Play

Social Determinants

- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches)

Where we Live, Work & Play

Physical Determinants

While it is based on real data and actual research, it is not meant to be a way to predict a child's actual health status.

It is meant to generate discussion about how some health determinants can be influenced most easily through personal choices and/or societal and political change.

Some health determinants can't be changed, BUT SOME CAN!

For each of the health determinants, record the points you accumulate through the worksheet on the chart on the last page.

What Determines Health?

This is a game!

Ethnicity/Race

Immigrants and their children represent an increasing proportion. How can culture influence chemical exposures and health?

Roll the die:

> 1 to 5 = white
>
> 6, roll again
>
> 1, 2 and 3 roll, select from Table A
>
> 4, 5, and 6 select from Table B.

Table A		Table B	
1, 2	= Native American	1,2,3 = Black	
3-6	= Middle Eastern	4,5	= Hispanic
		6	= Asian

*Everyone rolls again – on a 1, the person is an immigrant or refugee.

Income and Social Status

Poverty is well established as a major determinant of health and is also associated with greater likelihood and opportunities for environmental exposures.

Poverty can also contribute to greater susceptibility to harmful effects of such exposures, compounding health and income disparities.

How can poverty increase exposure to harmful environmental exposures?

Roll a die:

1   = the child lives in poverty

2   = low income

3   = moderate income.

4/5 = good income

6   = high income.

Social Support Networks

Some experts have concluded that the health effect of support from families, friends and communities may be as important as established risk factors such as smoking, physical activity, obesity and high blood pressure. How do social support networks affect our ability to advocate for changes that would be beneficial to our health?

Roll a die:

1 = no or little support (1)

2,3 = some support   (2)

4,5,6 = good support   (3)

Education

Higher levels of education provide better access to healthy physical environments. People with higher levels of education tend to smoke less, be more physically active and eat healthier foods.

Do people with higher levels of education have better access to healthier environments?

Roll a die:

1= less than high school   2 = high school

3 = trade school   4 = some college

5 = college   6 = graduate degree

Record your dice roll here: _____

If the child's parents had a high income (a 6 at #3), increase your points by 1.

If the child lives in poverty or a low income (a 1 or 2 at #3), reduce your points by 1.

Enter your total points on the worksheet chart.

Employment and Working Conditions

Unemployment, underemployment, stressful or unsafe work are associated with poorer health.

Physical and social work condition can significantly impact people's physical and emotional health and well-being. How do working conditions affect exposure to potentially harmful chemicals?

Roll a die:

1 = unemployed

2 /3 = employed in a stressful or unsafe environment

4 /5 = stable job

6 = well-paid job with benefits & opportunities for growth

Enter your dice roll in the points box in the worksheet chart

Physical Environments

Factors related to housing, indoor air quality, and the design of communities and transportation systems can significantly influence our health. How does where you live affect environmental health?

Roll a die:

On a 1, 2 or 3, the child lives in an urban environment

On a 4 or 5, the child lives in the suburbs

On a 6, the child lives in a rural / country environment

Reflect back to your result in #3 (income and social status), and discuss how these two health determinants (and others) may interact, adjust your score accordingly and enter a number between 1 and 6 in the points box in the chart.

Biology and Genetics

Many diseases have a genetic component that may predispose a person to develop them. Disease is often the result of the interaction between genes and the environment. While genetics can't be changed, environmental exposures can be controlled.

For example, gender:

Boys: increased risk of asthma before teens, learning disabilities and behavioral disorders

For girls: increased risk of asthma after teens, some cancers (breast, uterine, ovarian), and birth defects

Roll a die:

1, 2 = predisposed. Enter 0.

3, 4, 5, 6 = not predisposed. Enter 6.

Personal Health Practices and Coping Skills

Personal health practices and coping skills are important in supporting healthy lifestyles.

People with good coping skills are better able to deal with events, challenges and stress. People can make informed choices and adopt healthy behaviors and lifestyles.

How do personal choices affect health? Are personal choices sufficient to ensure health?

Everyone starts with 3 points and makes some personal choices:

Add 1 point for:

Healthy eating habits

Regular exercise

Regular visits to the doctors

Deduct 1 point for:

Smoking

Alcohol

Overweight

Enter your total in the points box in the chart.

Health and Social Services

Access to health services can contribute to population health. The health services continuum of care includes health promotion, health treatment and secondary prevention.

Roll die:

- 1 = no insurance
- 2,3 = Medicaid
- 4,5 = Private Insurance
- 6 = Congressional Insurance

Add up your points…

Discuss how your total might reflect the child's health status

What creates the conditions in which we live?

POLICY

Great Public Health Achievements
-- United States, 1900-1999

During the 20th century, the health and life expectancy of persons residing in the United States improved dramatically. Since 1900, the average lifespan of persons in the United States has lengthened by greater than 30 years; 25 years of this gain are attributable to advances in public health (1).

Vaccination

Motor-vehicle safety

Safer workplaces

Control of infectious diseases

Safer and healthier foods

Seat Belts

Child Labor Laws

Sanitation

FDA/Food Regulations

Fluoridation of water

Smoking Laws
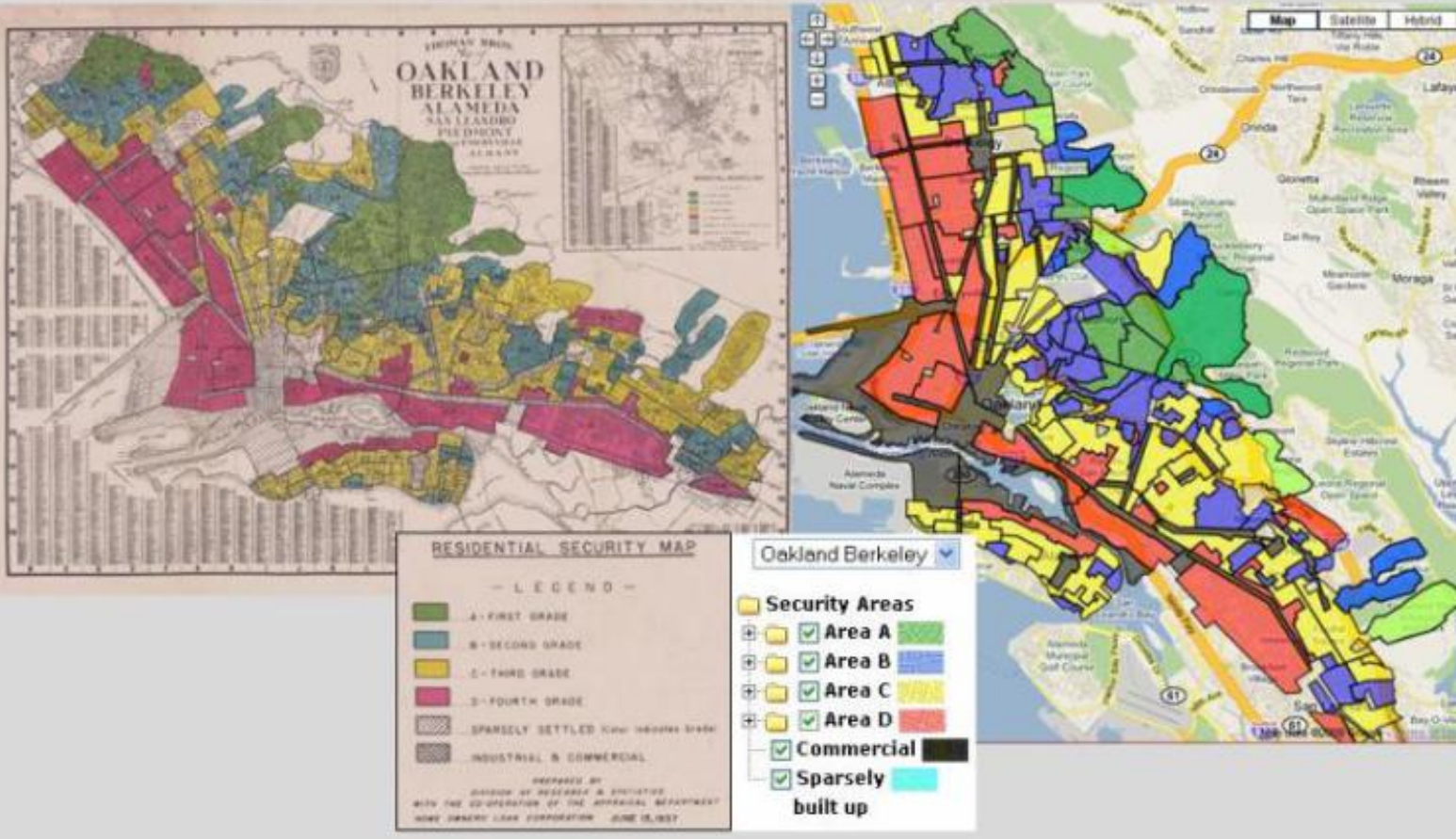
Swope Park- Watermelon Hill

So how do you affect policy?

Policy domains—Big P and Small p

Policy-making can occur at all the domain levels below:

Home   City
Neighborhood   State
Institution   National

What is the takeaway?

We have to create opportunities for most, not a few