For more than seven years, from 1983 to 1990, I practiced pediatrics in a bustling community health center in Camden, New Jersey. It was the most remarkably enlightening—and sobering—period of my professional career. The principal reason was crack cocaine, which was spreading like a terrible disease through our nation’s urban communities.

With crack going for only $5 a vial, I witnessed the fabric of a poor but once-proud community of South Camden quickly unravel. Infant mortality and premature births soared. People struggling with domestic violence, child abuse, and neglect crowded the emergency rooms of local hospitals. Gang violence and youth homicides were daily occurrences, and sexually transmitted diseases and HIV/AIDS were pervasive.

As a young pediatrician just learning to hone his craft, I received a rude but abundantly clear lesson in what public health professionals call “the social determinants of health.” That’s policy-wonk speak to describe how the challenges of unemployment, poor housing, substandard education, and hopelessness conspire to create a toxic brew of disease and poor health. I quickly learned in Camden what an Ivy League medical education and the finest practical training had not taught me about the health of a community: place matters.

Today, more than two decades later, after a career in public health and now at the California Endowment—a private foundation committed to improving the health of underserved populations—my life’s calling remains firmly planted at the nexus of place and health.
While our nation struggles to eliminate the wide disparities in health that plague many communities of color and low-income populations, we also see glimpses of hope that support a simple, powerful proposition: The health of a community promotes economic opportunity, and economic opportunity advances better health.

Communities across our nation are illuminating the pathways to wellness, health equity, and opportunity. Boston’s Dudley Street Neighborhood Initiative has brought together thousands of residents over the past few decades to reclaim hundreds of abandoned properties and transform them into affordable homes, new schools, playgrounds, gardens, and a town commons. In East Los Angeles, Homeboy Industries integrated mental health counseling and tattoo-removal services into its job-training programs for ex-gangbangers and ex-felons, restoring not only employment but, more importantly, hope. After Louisville Youth Advocates, a group of about 50 youth activists, canvassed west Louisville, Kentucky, neighborhoods and found limited access to fresh, healthy foods, they advocated for a city-backed initiative providing fresh produce and nutritious food options to urban communities, and have seen the opening of six new Health in a Hurry corner stores.

These and other stories represent the future of a healthier and economically thriving America. The time is right to build on the lessons from these moments of success and scale them up through a robust national policy strategy.

They offer some important lessons for national policy:

- The importance of bottom-up, grassroots-engaged leadership, including youth leaders
- Integrative “silo-busting” actions, where leaders unify health, education, economic, and planning strategies to advance a wellness and prosperity agenda
- A mix of public and private financing to support programs
- The value of a "prevention mindset"
Most importantly, the leaders behind these efforts embody the best three-word definition of leadership I’ve heard: Hope in action.

As inspiring as these wellness and prosperity stories are, they also represent a cornerstone for a brighter economic future for America. Each young person steered away from gangs and toward a college degree represents a step toward a healthier community and global competitiveness for our nation. Each ex-felon whose life is transformed and finds full employment represents a new taxpayer contributing to civic society, instead of a $47,000 burden—the annual price tag for keeping someone incarcerated. Each young person who avoids a lifetime of obesity and diabetes represents an extraordinary savings to our health system, including the Medicaid and Medicare programs.

We are learning a great deal about what it takes to transform an expensive, disease-treating health care system into a more efficient and community wellness-promoting health system. With the passage and implementation of the Affordable Care Act—known both affectionately and not-so-affectionately as Obamacare—states and localities have been provided with a golden opportunity to expand needed, affordable care for the uninsured and at the same time pivot from an expensive sickness health system model to a more effective wellness system. Since the issues of poverty, unemployment, community violence, and stress contribute significantly to the burden of chronic disease in our nation, it is critical that prevention approaches take center stage in systemic reform.

Unfortunately, too many so-called political leaders and pundits represent America’s future as a series of zero-sum games with false and limited choices. The successful implementation of the Patient Protection and Affordable Care Act, better known as Obamacare, with its historical and unprecedented opportunities to expand health insurance coverage and promote wellness, will greatly benefit both individual and community health. It will create an even stronger foundation for economic prosperity—rather than at the expense of it, as has been falsely alleged. Two decades from now, historians will wonder what all of the political fuss surrounding Obamacare was about.
CHAPTER FIVE

Building Healthy Communities for a Healthy Nation

BY STEPHANIE BOARDEN AND ERIN HAGAN
What comes to mind when you think about your five-digit ZIP code? Maybe you think about your house or block, your neighborhood park or school, the restaurants or shops in the area, the quality of city services such as street cleaning, or how safe it is for your children to play outside in the evening.

It is unlikely that your health makes that list. But a new paradigm emerging in the world of public health suggests that it should.

Consider this: In New Orleans, if you live in the 70112 ZIP code—which correlates to the Tremé neighborhood, a community of color, and the ZIP code with the highest level of poverty in the parish—you can expect to live to be almost 55 years old. But if you instead live in the 70124 ZIP code—an area that includes the Lakeshore/Lake Vista neighborhoods adjacent to Lake Pontchartrain, which is predominantly white and has the lowest poverty rate in the parish—you can expect to live to see your 80th birthday.

What accounts for this dramatic 25-year difference in life expectancy within the same city? Decades of public health research suggests the different physical, social, and economic conditions within the neighborhoods play a major role. If you live in a community

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**Economic benefits of closing health care disparities**

- Closing health disparities could generate annual savings of $57 billion in medical expenses and $252 million in lost productivity.¹

- In Michigan healthy food initiatives working to triple local food production could result in 1,889 jobs and $187 million in personal income.²

- Healthy community design in urban communities such as Portland has generated a “green dividend” of approximately $850 million in annual savings in the city due to avoided expenditures that residents do not have to make as a result of living in walkable, mixed-use communities.³

- Reductions in obesity rates can potentially save an estimated $283 billion in national health expenditures over 10 years.⁴
with good schools, living-wage jobs, places to buy healthy food, safe parks and streets, high-quality public transit, clean air and water, shops, services, low crime rates, and well-maintained housing, you are more likely to thrive. And if you live in a neighborhood without these things, you are more likely to suffer from preventable health problems such as obesity, asthma, and diabetes.⁶

Conventional wisdom holds that medical care and individual choices determine health. But the reality is that place—neighborhood and community environments—also has a strong influence on whether people will be healthy or sick, and how long they will live. This is particularly true for communities of color because American neighborhoods remain highly segregated.⁷ Due to historic patterns of racism and disinvestment, the neighborhoods where people of color live tend to have fewer of the resources and opportunities that promote good health and more of the elements that conspire against good health. Numerous studies document how communities of color have fewer grocery stores, farmers’ markets, quality health care facilities, and safe streets and parks, while they have an abundance of fast-food outlets, liquor stores, and pollution sources.⁸

Persistent residential segregation contributes to stark health inequities by race in this country. For example:

- Roughly 38 percent of Latino children and 36 percent of black children are overweight or obese, compared to 29 percent of white children.⁹

Obesity and related preventable diseases are already taking a toll on the economy—adding up to more than $200 billion in health care costs every year and diminishing workforce productivity.
About 6 in 10 black women and 4 in 10 Latino women are obese, compared to 3 in 10 white women.\textsuperscript{10}

Diabetes rates are eight times higher for Native American teens and three times as high for African American, Asian, and Latino teens, compared to white teens.\textsuperscript{11}

Black children are twice as likely to have asthma and Latino children are almost one-and-a-half times as likely compared to white children.\textsuperscript{12}

Such health inequities are a tremendous liability for a country that is becoming increasingly racially diverse—and whose future will depend on a healthy, productive population and workforce. Obesity and related preventable diseases are already taking a toll on the economy—adding up to more than $200 billion in health care costs every year and diminishing workforce productivity.\textsuperscript{13}

Improving the quality and decreasing the cost of health care can help alleviate the burden of these diseases, but neighborhood environments also play a significant role in determining how healthy people are and how long they will live. In fact, where someone lives can impact his or her lifespan by more than a decade.\textsuperscript{14} Investing in community-based prevention strategies can save lives and money. An investment of just $10 per person each year in programs to increase physical activity, improve nutrition, and prevent tobacco use could save our country more than $16 billion in annual health care costs within five years.\textsuperscript{15}
To secure a bright future for our nation, we must put everyone on a path to good health. This means ensuring high-quality health care for all and expanding “healthy communities” strategies that can make neighborhoods healthier places to live, work, learn, and play, and that will prevent people from getting sick in the first place.

**Toward a comprehensive approach to health**

In 2010 Congress passed the Patient Protection and Affordable Care Act. This landmark health reform legislation set in motion sweeping reforms that will improve our health care delivery system, invest in preventive strategies, control health care costs, and significantly expand insurance coverage—especially for low-income people and people of color. People of color currently represent about one-third of the total U.S. population—and growing—yet comprise more than 50 percent of our nation’s uninsured, in part because many work low-wage jobs that often do not offer health benefits. Therefore, people of color are most likely to benefit from expansions to Medicaid, as well as financial assistance offered to help low-income individuals purchase health insurance through the Affordable Care Act’s state-based health insurance exchanges. Although full implementation is still several years away, millions of people are already benefitting from the historic legislation in important ways.

While quality care and coverage are the primary focus of the Affordable Care Act, the legislation also recognizes the importance of prevention—both to meet the goal of improving health and to control health care costs. The Affordable Care Act’s Prevention and Public Health Fund, for example, is an unprecedented source of dedicated funding for community-based prevention strategies. These types of delivery models integrate and coordinate primary, acute, behavioral, and long-term health services for people. The Affordable Care Act is also supporting the expansion of community health centers in medically underserved areas—350 new centers were built in 2011—as well as school-based health centers and “medical homes.”
The cost of obesity

- Childhood obesity costs the nation more than $14 billion every year in medical expenses.\(^{18}\)
- The direct medical cost associated with adult obesity is an estimated $45 billion.\(^{19}\)
- The total lost productivity of the workforce—due to absenteeism and poor productivity—as a result of obesity is estimated at $11.7 billion per year.\(^{20}\)
- In 2008 obesity-related illness cost Medicare $19.7 billion, Medicaid $8 billion, and private health insurance $49 billion.\(^{21}\)

Obesity is a huge drain on our economy that could be greatly reduced through comprehensive prevention strategies.

In addition, the Affordable Care Act establishes financial support, training, recruitment, and retention programs to help people of color pursue careers in health. The alignment of patient and practitioner race or ethnicity is recognized as a strategy for improving the quality of care.\(^{22}\) One example of such a program is the National Health Service Corps, which offers loan repayment for recent health professional school graduates as a means of promoting a diverse workforce that includes people of color, LGBT individuals, and people from rural areas.

Even as the Affordable Care Act is charting a new course for national public health policy and practice, new initiatives continue to challenge the traditional health care paradigm. Health Leads, an organization working in 22 clinics in Baltimore, Boston, Chicago, New York, Providence, Rhode Island, and Washington, D.C., exemplifies a more comprehensive approach to successfully implementing health care at the community level.\(^{23}\) The brainchild of Rebecca Onie when she was a 19-year-old sophomore at Harvard College, Health Leads is built on the premise that addressing a person’s basic needs must be a requisite part of how doctors provide care for their patients.\(^{24}\) Health Leads helps clinics go beyond traditional medical care to connect their patients with the resources they need to be healthy—basic needs such as healthy food, safe housing, exercise programs, home-heating assistance, and job training. Clinic doctors write “prescriptions” for these basic
needs, which are then filled by college-student volunteers who help track down the prescribed resources for the patients.

The story of Patricia—a middle-aged African American woman living in East Baltimore among scores of vacant properties and few, if any, banks or grocery stores—illustrates the necessity and power of the Health Leads model. When Patricia visited her doctor at Johns Hopkins Hospital’s Harriet Lane Clinic to be treated for her high blood pressure, she also needed other help to keep herself and her family healthy. She struggled to put enough food on the table for herself and her son and she was also having a difficult time getting her landlord to remove the mold in her apartment, which was triggering her son’s asthma. With assistance from Health Leads, the doctors were able to help Patricia control her blood pressure, and volunteers were able to find a source of healthy and affordable food for her and her family and were successful in clearing up the family’s mold problem. Patricia is just one of about 23,000 patients that Health Leads has served since 2010. Although the Health Leads model is not explicitly advanced through the Affordable Care Act, it is these types of pioneering initiatives that are leading the way in accounting for the full range of resources necessary to lead a healthy life, and helping to introduce a more holistic approach to the system of health care in our country.

**Increasing access to healthy food**

Accessing healthy food is a challenge for many Americans, particularly those living in low-income neighborhoods, communities of color, and rural areas, which increases the

“Improving access to healthy food in communities with the greatest need can lead to both improved health outcomes as well as positive economic impacts.”
likelihood of suffering from obesity and other diet-related diseases.27 There are fewer retail outlets selling affordable, nutritious food in low-income communities than in wealthier ones, and in predominantly African American and Latino neighborhoods than in white neighborhoods.28 Improving access to healthy food in communities with the greatest need can lead to improved health outcomes as well as positive economic impacts.29 A focus on access to healthy food has swept the nation in recent years, spurring the implementation of a variety of strategies to improve the food environment in communities with limited access. Initiatives that limit unhealthy food, such as zoning restrictions and moratoriums on new establishments, can work in concert with approaches that increase the availability of healthy food, including urban agriculture, community gardens, food hubs, mobile markets, corner store and bodega conversions, farmers’ markets, voucher programs, and strategies to attract grocery stores to low-income communities. The highly successful Pennsylvania Fresh Food Financing Initiative, which provides low-cost loans for new or upgraded grocery stores in low-income neighborhoods with limited access to fresh food, has prompted similar programs in other cities and states and served as a model for the federal Healthy Food Financing Initiative.30

Milwaukee, Wisconsin’s Fondy Farmers Market, on the city’s distressed north side, was created as part of a long-term strategy to spur local economic growth and increase food security in the neighborhood. Today the market supports more than 36,000 shoppers and nearly $500,000 in annual sales.31 A good portion of the market’s sales—nearly $41,000 in 2012—comes from food stamps, indicating that low-income residents are shopping at the market.32 The market is one of the most diverse and integrated venues in Milwaukee: 70 percent of the vendors are Hmong immigrants and the remaining vendors include a mix of whites, African Americans, Jamaicans, Latinos, and Filipinos. The market’s diversity extends to its customers as well, with African Americans, whites, and Asians, all representing a range of

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**Figure 2**

Community health centers are key to communities of color

Race/ethnicity of CHC patients compared to U.S population, 2011

Source: Author analyzed data from HHS, Health Resources and Services Administration, Table 3A-Patient by Hispanic or Latino Ethnicity/Race/Language available at http://bphc.hrsa.gov/uds/view.aspx?q=r3b&year=2011&state; U.S Census Bureau
income levels. The Fondy Farmers Market provides the community with multiple benefits: It’s a source of fresh and affordable produce, a gathering place that embraces people from diverse backgrounds, and serves as an economic driver for the neighborhood.

The Fondy Farmers Market is also among the growing number of farmers’ markets across the country that are offering vouchers to help increase the purchasing power of low-income consumers for locally grown healthy foods. More than 100 farmers’ markets in Michigan participate in the innovative Double Up Food Bucks program, which doubles the value of the Supplemental Nutrition Assistance Program, or SNAP, benefits when they are used to purchase Michigan-grown fresh produce at participating markets. The Double Up program, which is funded and managed by the national nonprofit Fair Food Network, has the dual goals of increasing access to affordable healthy foods for low-income people and creating new sales opportunities for Michigan farmers. In 2011 Michigan farmers did more than $1 million in sales from SNAP and Double Up Food Bucks. Similar initiatives have been successful in other communities and are improving access to healthy food for all communities while spurring economic activity across the country.
Designing healthy neighborhoods

How communities are planned, designed, and developed has significant health consequences. Understanding this link between the built environment and health equity has become a new area of focus for policymakers, advocates, and researchers. Historically, low-income communities and communities of color have been subject to discriminatory housing policies and practices that have resulted in the residents of these communities having to endure poor living conditions and the associated health inequities. Communities with failing infrastructure, poorly maintained housing, inadequate transportation, and a lack of safe green space can create serious health risks for residents. Unreliable and expensive transportation costs create barriers to accessing resources and opportunities, such as health care, education, and employment. Neighborhood blight and deteriorating infrastructure can also reinforce negative perceptions about community safety and create an environment that fosters crime. And a lack of quality and safe recreational and park space may deter youth and families from spending time outdoors and being physically active.

The good news is that some communities are taking action to address these barriers. Crime Prevention Through Environmental Design, or CPTED, is a relatively new concept by which communities are reshaping design features of their immediate built environment to discourage crime and prevent violence. “Complete streets”—roadways that are designed and operate in a way that enables safe access for all users—are being incorporated into new road construction or major road maintenance projects in order to consider the needs of users of all modes of transportation—cars, public transit, biking, and walking.

Transit-oriented development is another growing trend that creates compact, walkable communities centered on transit system stops. When implemented with an eye toward enhancing equity and preventing gentrification and displacement, this approach to community development can improve access to opportunity and jobs for low-income residents and working families, promote a more active and healthy lifestyle by increasing the walkability of a neighborhood, and decrease dependency on automobiles, which may lead to reduced air pollution and lowered transportation costs for households.

Even smaller-scale projects such as youth-led projects to cover gang-related graffiti with original artwork are among the innovative solutions being implemented in neighborhoods across the country. Both perceptions of safety and actual violence are important factors in when it comes to community residents spending time being active or even just socializing outdoors. Engaging youth in neighborhood revitalization improves community safety, cohesion, and health, and instills a sense of ownership and pride in the community.

Whatever the approach to improving a neighborhood, these strategies must be grounded in collaborative planning and joint-design decisions involving
planners, developers, public health officials, and community members. Community- and economic-development efforts must shift their focus to better understand how to integrate health considerations in healthy community design.

**Thinking systemically: Embedding health into all policies**

Many of the neighborhood-level variations in health outcomes in the United States are due in large part to inadequate access—not just to health care, but also substandard access to high-quality housing, financial services, employment opportunities, and education. As such, systemic and institutional change is an imperative for achieving and sustaining health equity. To address these differences at the community level, all sectors must consider health and equity in policy-making, as well as be held accountable for the impact of those policies on health. 38

Acquiring and maintaining a state of good health requires the support and partnership of sectors not immediately associated with health care—for example, housing, transportation, and education. Broad system changes must be implemented so that health considerations are viewed as a natural component of each sector’s mandate.

Housing policies, for example, are beginning to focus on so-called “healthy-housing strategies” to ensure that homes are free of toxins that can contribute to asthma and other diseases. The health of people living in both urban and rural low-income communities and communities of color is threatened by the presence of toxic substances emitted through waste sites, factories that produce highly concentrated air emissions, pesticide spraying, oil drilling, poorly enforced refinery practices, and generally poorly planned communities. Low-income people and people of color often live in close proximity to freeways and shipping ports where excessive diesel emissions cause higher-than-average asthma rates. Although a number of government agencies have been charged with ensuring “a fair distribution of environmental benefits and burdens,” compliance, enforcement, and basic protections are lacking.

Likewise, agriculture policies impact how decisions are made about food production and access. Decisions about how transportation funds are spent can make the difference in how much money is allocated for highways or for public transit, which can influence whether and how families get to doctor’s appointments, grocery stores, or jobs. To improve the health of residents, communities require the partnership of government agencies, community-based organizations, schools and academic institutions, philanthropy, business leaders, and community leaders all coming together to consider a neighborhood’s health-related needs.

Increasingly, there is greater acceptance that “non-health” sectors affect health outcomes, and greater importance is being placed on collaboration among multiple fields. The Obama administration’s executive order on environmental justice, for example,
In this photo taken July 19, 2010, Kyle Thomas, 7, jumps into a pool of cool water at his family's home on the Onondaga Nation, N.Y.

AP PHOTO/HEATHER AINSWORTH
charges all federal agencies to identify and address adverse health and environmental effects of any programs, policies, and activities on low-income people and people of color. This was a bold step in assuring fair and equitable policies and practices in communities disproportionately affected by a concentration of pollution and toxic waste. In an effort to create similar attention to health outcomes, health impact assessments and “health in all policies” campaigns are emerging to ensure that all policy decisions consider the potential impact on health outcomes. A number of local governments are setting the example by taking bold steps to transform their system internally and externally.

In 2003, spurred by the recognition of and desire to highlight racial and ethnic health disparities in Boston, Mayor Thomas M. Menino, a longtime champion for health equity, commissioned an action plan to address health inequities across the city.39 As a result, the Center for Health Equity and Social Justice, housed within the Boston Public Health Commission, was created. The Center for Health Equity and Social Justice provides training and mentorship to other public health organizations in the region, awards grants to community-based organizations, and advocates for addressing health disparities at the local and national level.40 The Center for Health Equity and Social Justice has also invested close to $1 million in organizations committed to eliminating health inequities by increasing access to healthy and affordable food, introducing youth to health-career programs, and working with communities to develop local strategies to address differences in health outcomes.

Regional strategies are also developed through funding that supports the work of coalitions throughout New England. One of the Center for Health Equity and Social Justice’s past grantees, Groundwork Somerville, located in Sommerville, Massachusetts, is an environmental nonprofit organization working to promote sustainable community development and revitalization by creating educational jobs and community-engagement opportunities. In an effort to address equitable transit and green space development, Groundwork Somerville is engaging residents, particularly residents of color, to be leaders in community-planning processes through participation in the Community Corridor Planning coalition, an effort to promote equitable transit and green space development.41

The Boston Public Health Commission requires that all employees throughout the agency receive training on institutionalized racism, and it has established standards and mechanisms for addressing structural racism within the agency as well as externally. With a focus on the effects that social factors and institutional racism have on health, the Center of Health Equity and Social Justice works toward wide-ranging solutions that include those outside the health care system, in sectors such as education and housing.42

On the other coast, the Equity and Social Justice Initiative in King County, Washington, also arose
out of efforts that began in the public health department. In 2008 the county launched the initiative to eliminate longstanding and persistent inequities in the area, and in 2010 King County passed the first-ever ordinance to embed equity throughout all aspects of its work, from community engagement and planning to budgeting, staffing, and day-to-day operations.43

The law is already starting to have a broad impact. With the addition of race and income measures to local economic outlook reports, transit services have been increased in neighborhoods where low-income people and people of color live, and felony conviction questions have been removed from all county job applications. A new tool—the Equity Impact Review Tool—is now being utilized to assess equity impacts when making budgetary decisions and has led to real shifts in spending priorities, such as maintaining a youth sports program in a low-income, unincorporated community. Alongside aspects of health equity such as race, ethnicity, and income, King County is also working to expand the integration of social discrimination and exclusion related to factors such as sexual orientation, gender identity, and disability in its initiatives.44 Using the principles of “fair and just” to guide decision making, King County is pioneering a new approach to governing.

These and other cities, counties, and towns across the country—Alameda County and Richmond, California; Portland, Oregon; and Fort McPherson military base in Eastpoint, Georgia, to name a few—are leading the way to embed health into their decision making, providing models for national policy.

Policy recommendations

A robust federal policy agenda that prioritizes the health and well-being of all can support local environments that allow and encourage people to make healthy choices. CAP and PolicyLink offer the following six policy targets to create healthy communities.

Fully implement the Patient Protection and Affordable Care Act

Having been upheld nearly in its entirety by the Supreme Court, the true test of the Affordable Care Act now lies in the ability of the nation, states, and localities to fully implement its mandates. As the act’s rules and regulations continue to be released, now is the time for advocates to voice their concerns about how the policy will be implemented and for federal officials to ensure the legislation is able to meet the goals of making health care more accessible to all and creating a system that helps keep people healthy. We call on the federal government to:

■ Ensure funding is available to implement the Affordable Care Act provisions that expand Medicaid eligibility to include most individuals with incomes up to 133 percent of the federal poverty line. Currently, nearly 60 percent of the 22 million nonelderly, uninsured people at this income level are people of color.45
Moreover, many are members of communities that are systematically disadvantaged by inequality in employment, exclusionary insurance industry practices, and a restrictive definition of “family” that frequently denies recognition and support to LGBT-headed families, families with mixed-immigration status, and multigenerational families.

Ensure funding is available to implement the Indian Healthcare Improvement Act, which permanently authorized critical health programs for American Indians and Alaska Natives. Currently, the Indian Health Service budget only provides for about half of the necessary health services authorized under this law—leaving Indian health facilities to seriously ration vital services.46

Provide assistance to states to conduct outreach strategies to enroll all eligible participants into the new insurance exchange programs, since high enrollment is essential to keep plan costs affordable and accessible.
Hold insurance companies and health care practitioners accountable for providing quality care and ensuring affordable coverage is available to the most vulnerable.

Protect and expand funding for prevention

The Prevention and Public Health Fund in the Affordable Care Act and the National Prevention and Health Promotion Strategy, led by the U.S. surgeon general, signal our nation’s first steps to a system of health care versus sick care. Explosive rates of chronic diseases such as heart disease and diabetes are stressing the health care system, but this burden can be dramatically lowered with an increased focus on preventive care. Prevention is a smart, cost-efficient investment that can reduce health care costs in the long run and contribute to the nation’s economic vitality by ensuring a healthy, productive workforce. CAP and PolicyLink strongly urge the following:

- Congress should prevent further cuts to the Prevention and Public Health Fund, which provides funding to local and state governments, tribes and territories, nonprofit organizations, and communities to implement community and clinical prevention strategies. The Affordable Care Act allocated $15 billion to this fund over 10 years.\(^{47}\)

- The Congressional Budget Office should develop new and widely accepted methods of accounting for the cost benefits and economic

Figure 3
How the Affordable Care Act has already helped young people of color

Estimated number of young adults (19-25) acquiring health insurance due to the Affordable Care Act, by race and ethnicity

Source: http://aspe.hhs.gov/health/reports/2012/YoungAdultsbyGroup/ib.pdf
savings attributable to comprehensive prevention strategies to underscore the advantages of preventive care.

Advance health equity through all policies

Decisions about transportation, housing, education, and other policy arenas have an impact on health, a reality that has led some states and localities to adopt “Health in All Policies” initiatives—an approach that incorporates health considerations when making policy decisions across all sectors. Their example is encouraging and a simple, but a powerful, three-part agenda can bring this approach directly into federal policymaking and administration. CAP and PolicyLink suggest the following:

- The National Prevention Council should ensure health equity is advanced through the implementation of the National Prevention Strategy as outlined in the National Prevention Council Action Plan.

- Projects and programs that receive federal funding should be required to assess the effects they will have on the health and equity outcomes of community members, especially those experiencing the greatest health inequities. Scoring criteria should give preference to projects that improve health outcomes.

Increasing access to healthy food would improve health outcomes while bringing economic benefits, including new jobs and tax revenues, to low-wealth neighborhoods.
Increase enforcement of the environmental justice executive order, which requires all federal agencies to identify and address adverse health and environmental effects of all programs, policies, and activities on low-income people and people of color.

Improve access to healthy food

More than 23 million people in our nation live in low-income areas where the nearest grocery store is more than a mile away. Increasing access to healthy food would improve health while bringing economic benefits, including new jobs and tax revenues, to low-wealth neighborhoods. The vehicles by which federal policies and resources can motivate local actions to close the healthy food access gap have been established, and the next several years will be critical in order to build on recent progress. To address the challenges related to accessing healthy and affordable food, CAP and PolicyLink offer the following suggestions:

- Congress should include the national Healthy Food Financing Initiative in the next iteration of the Farm Bill and authorize funding to continue implementing this initiative to address the problem of food access across the country. The Healthy Food Financing Initiative is a joint effort by the U.S. Department of Agriculture, Treasury, and the Department of Health and Human Services to provide low-interest loans, small grants, and technical assistance to healthy-food retail outlets in low-income underserved communities.

- The federal government should maintain funding for key provisions of the Farm Bill that support healthy food initiatives, especially those targeted toward low-income people, including the Supplemental Nutrition Assistance Program, or SNAP; the Special Supplemental Nutrition Program for Women, Infants and Children, or WIC; and measures to improve redemption of these benefits at farmers’ markets and through other “nontraditional” healthy food retail outlets.

- Congress should incentivize and subsidize the production and purchasing of healthy produce by continuing and expanding initiatives such as the Farmers’ Market and Local Food Promotion Program, Specialty Crop Block Grants, Hunger-Free Community Incentive Grants, and the Fresh Fruit and Vegetable Program.

Incentivize and create opportunities for healthy community design

The physical fabric of a community—whether a neighborhood, for example, has well-maintained sidewalks, crosswalks, and homes; is free from blight and other safety hazards; has parks; and provides multiple modes of transportation—has an important bearing on the health of its residents. While not directly part of this physical fabric, other neighborhood characteristics that also impact health outcomes, such as perceptions of safety and violence, are influenced by the built environment. The federal government can encourage and support communities in the process of
designing environments that promote health by taking the following measures:

- The Department of Transportation and the Department of Housing and Urban Development should incentivize and prioritize housing and public transportation projects that promote healthy, equitable active living. The Department of Transportation should include indicators of health and equity impacts of transportation projects—for example, safety, air quality, risk of gentrification/displacement, and more—and plans as a part of its performance measures. The Department of Housing and Urban Development should develop standards for housing habitability that can be used when local or state standards do not exist to minimize health hazards and ensure homes are healthy environments.

- Congress, through the federal transportation authorization, should dedicate robust funding for walking and biking infrastructure and programs, prioritize funding for low-income communities, require “complete streets”—streets that accommodate all users, including pedestrians, bicyclists, drivers, and transit riders of all ages and abilities—in new roadways, and incentivize complete streets for road repair projects.

- The Environmental Protection Agency should issue clear guidance and set standards for a more robust and systematic analysis of health and health equity under the National Environmental Protection Act and the Environmental Justice Mandate, and hold agencies accountable to implementing strong analyses.

- Federal agencies should incentivize Crime Prevention Through Environmental Design as a means for improving neighborhood safety and remediating violence. The Justice Department, the Department of Housing and Urban Development, the Centers for Disease Control and Prevention, and other agencies that promote the prevention of crime and violence and neighborhood redevelopment should issue guidance to support local implementation of these efforts to redesign buildings and public spaces.

- The U.S. National Park Service should target resources for the acquisition and development of new parks and trails in communities with the least access to green space, and ensure compliance with Title VI of the Civil Rights Act of 1964 to support the equitable distribution of parks.

Reposition schools as incubators of health

Schools are uniquely positioned to serve as hubs for promoting health and well-being in communities, working to prevent chronic diseases, and offer treatment for existing physical and mental illnesses. School-based strategies should be supported by federal agencies in the following ways:

- The Department of Health and Human Services and the Department of Education should work
with state education and health departments to help communities access funding and technical assistance for School-Based Health Centers. These centers provide a range of health promotion, screening, and prevention activities, including primary and mental health care, substance abuse counseling, and nutrition education.

- The Agriculture Department should continue to provide resources and support to schools and communities to fully implement the components of the Healthy, Hunger-Free Kids Act, including the School Breakfast and National School Lunch Programs, the Special Supplemental Nutrition Program for Women, Infants, and Children, the Summer Food Service Program, the Child and Adult Care Food Program, and Farm to School programs.

- In the next Transportation Authorization Bill, Congress should reinstate reserved funding for the Safe Routes to School Program, which dedicates funding to ensure that students are able to safely walk and bicycle to school.

- The Department of Education should encourage local schools to provide more opportunities for physical activity—both during and outside of school hours—by adding a physical activity metric to the next iteration of the Elementary and Secondary Education Act. Additionally, federal school-facilities funding should prioritize the shared use of existing school and community open spaces and recreational facilities.

- Federal agencies should do more to ensure schools are safe places that are conducive to learning. The Crime Prevention Through Environmental Design school-assessment principles and training and the recommendations from the U.S. Attorney General’s National Task Force on Children Exposed to Violence offer concrete guidance for assessing and addressing youth violence. Efforts should be made to disseminate and provide assistance for implementing these and other strategies to remediate violence in schools.

**Conclusion**

Achieving health equity is an essential component of a society that protects and promotes the well-being of all people. Not all strategies to improve health also advance equity, but momentum is growing for more targeted approaches to achieving health equity. Across the country, innovative solutions are being implemented to eliminate the unjust and unfair social and economic conditions that have caused and perpetuate disparities in health outcomes, particularly for low-income people and communities of color. There is a vital role for the federal government to play in promoting disease and illness prevention and community health and in creating the incentives and guidelines for positive change at the state and local level. Creating a healthier and more productive America requires us to transform divested communities into healthy places where everyone has opportunities to prosper economically, emotionally, culturally, socially, and, of course, physically.
Brianny Abreu, 6, has her vitals checked at the William F. Ryan Community Health Center in New York, Wednesday, June 27, 2012.

AP PHOTO/SETH WENIG
Endnotes


10 Centers for Disease Control and Prevention, "National Health and Nutrition Examination Survey" (2009–2010).

11 SEARCH Study Group, "SEARCH for Diabetes in Youth: a multicenter study of the prevalence, incidence and classification of diabetes mellitus in youth," Controlled Clinical Trials 25 (3) (2004): 458–471. Native American children and teens (25.3 and 49.4 per 100,000, respectively), followed by African Americans (22.3 and 19.4 per 100,000), Asian/Pacific Islanders (11.8 and 22.7 per 100,000) and Hispanics (8.9 and 17.0 per 100,000), and is lowest [3.0 and 5.6 per 100,000] among whites.

12 Centers for Disease Control and Prevention, "Summary Health Statistics for U.S. Children: National Health Interview Survey, 2011" (2012), table 1. Rates for developing asthma: Black (16%) Hispanic (10%) white children (8%).


14 Robert Wood Johnson Foundation Commission to Build a Healthier America, "Beyond Health Care: New Directions to a Healthier America" [2009].

15 Trust for America’s Health, "Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities" [2008].


19 Hammond and Levine, "The Economic Impact of Obesity in the United States."

20 Ibid.


24 Ibid.


Building Healthy Communities for a Healthy Nation

A neighborhood and community environment—"lace"—is a significant determinant of health and well-being. Communities of color, low-income communities, and rural communities often lack access to healthy food; clean air and water; safety from violence; and well-maintained housing and infrastructure. Many of the fastest-growing racial and ethnic groups reside in places that are detrimental to their health, which impedes their ability to work and contribute to their families and communities.

Moreover, without action, preventable illnesses and the growing costs associated with them will continue to escalate and cripple our economy. This challenge is a major barrier to realizing economic prosperity for our nation. The four approaches to healthy communities addressed in this chapter are: comprehensive health care, healthy food access, neighborhood design, and the inclusion of health in all policies.

Facts at a glance

- **$57 billion**: Approximate savings per year in direct medical expenses if health disparities could be eliminated

- **More than 50 percent**: The share of the uninsured that consists of people of color, although people of color only represent about one-third of the total U.S. population

- **23 million**: The number of low-income Americans that live a mile or more from the nearest supermarket

- **56 percent**: The proportion of people of color among the 9 million living in neighborhoods within 2 miles of hazardous waste facilities

  - Communities of color face greater environmental burdens due to their closer proximity to toxic substances emanating from freeways, seaports, and waste sites

- **$283 billion**: The potential estimated savings in national health expenditures over the next 10 years by reducing obesity rates
Call to action

Congress and the administration must join together to take a multipronged approach to addressing health disparities and fostering healthier places. Their approach must establish comprehensive health care for all Americans, promote access to healthy food, leverage neighborhood design for improved health, and include a health approach in all policies. To that end, Congress and the administration should take the following actions:

- **Ensure funding to implement provisions of the Affordable Care Act that expand Medicaid to individuals living at 133 percent of the federal poverty level.**

- **Promote prevention.** Maintain a robust level of resources for the Prevention and Public Health Fund and develop new methods of accounting to accurately reflect the cost benefits and economic savings attributed to prevention strategies.

- **Advance health equity through all policies.** Require all federal agencies to leverage new policies and programs to improve health outcomes.

- **Improve access to healthy food access for disadvantaged communities.** As a first step, include the Healthy Food Financing Initiative in the next Farm Bill.

- **Incentivize opportunities for healthy community design.** Instruct the Department of Transportation and the Department of Housing and Urban Development to prioritize projects that promote healthy and equitable living.

Endnotes


