

## Health Equity Policies: A Review of the Recommendations

A DRA Project "State of the Health Equity Movement" Memo 09-01

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The growth of the Health Equity Movement is reflected by a rising number of government entities (local, state, federal) and organizations explicitly recommending and pursuing health equity. This memo compiles the recommendations for 28 of these efforts and provides a table to illustrate the recommendations from ten of these.

### Introduction

In 2005 Michael Marmot stated, "If you catch the metro train in downtown Washington, D.C., to suburbs in Maryland, life expectancy is 57 years at beginning of the journey. At the end of the journey, it is 77 years. This means that there is 20-year life expectancy in the nation's capital, between the poor and predominantly African American people who live downtown, and the richer and predominantly non-African American people who live in the suburbs ... The social determinants of these two individual's lives are different, and we must acknowledge this and think of poverty in a different way. It is about opportunities in life and control over one's life, in addition to social conditions that shape the physical environment one lives in<sup>1</sup>." The differences in these two individual's lives reflect health inequities as they exist in the United States. However, a growing movement towards acknowledging and taking steps to reduce these inequities exists and is referred to as the health equity movement. This movement focuses on prevention and addressing the social determinants of health which include "income and social status (income inequality and social class), social support networks (social exclusion and social isolation), education, employment and working conditions (unemployment), physical environments (food and transportation), social environments, community norms, healthy child development, health services, and gender and culture<sup>2</sup>." This movement advocates for health reform, not just health care reform.

Currently, health equity advocates are moving beyond solely identifying the inequities, to focus on what actions will create health equity. The following document compiles 28 reports (including memos and briefs) that serve as indicators of the health equity movement and its growth. All of these reports offer recommendations, strategies, and/or priorities for health equity, specific to the subject area of the report. The reports presents an examination of a variety of recommendations, representing different subject areas, and delivering a diverse focus.

The purpose of this document is to disseminate information by presenting varying strategies and recommendations for those who are interested to get a better idea of possible means to bring about an end result. This document has two components:

- (1) An illustrative chart of ten reports, giving an overview of certain themed recommendations; and

<sup>1</sup> [http://www.who.int/social\\_determinants/thecommission/interview\\_marmot/en/](http://www.who.int/social_determinants/thecommission/interview_marmot/en/)

<sup>2</sup> Multnomah County Health Department. (2009) Multnomah County Health Equity Initiative 2009. Pg. 6. Retrieved from: [http://www.mchealth.org/healthequity/documents/HEI\\_report\\_2009.pdf](http://www.mchealth.org/healthequity/documents/HEI_report_2009.pdf).

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- (2) A list of 28 significant reports regarding health disparities, health equity, prevention, and the social determinants of health. The list details recommendations, priorities, and/or strategies, with links to each report included.

The reports included illustrate the growing activity in the health equity field. We acknowledge there are others and will gather these for subsequent inclusion in DRA Project reviews of activity. In considering the range of policies recommended, the advice from the Multnomah County Health Initiative (2009) is relevant to share. The effort recognized three emergent themes:

- (1) There is no single “magic bullet” policy or short list of policies that will eliminate the inequities that result in health disparities, solutions need to come from the coordinated effort of policy makers, bureaucrats and community members,
- (2) local efforts at eliminating inequities should be driven by local data on existing health disparities, and
- (3) local governments should look at their own policies that perpetuate inequities<sup>3</sup>.

If you would like to request that any information be edited or added, or have other examples please email [futurist@altfutures.com](mailto:futurist@altfutures.com). This document is part of a larger DRA Project effort to identify “*The State of the Health Equity Movement*”. For more information, please email [futurist@altfutures.com](mailto:futurist@altfutures.com). To find out more about the DRA Project, please visit <http://www.altfutures.com/draproject>.

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<sup>3</sup> Multnomah County Health Department. (2009) Multnomah County Health Equity Initiative 2009. Pg. 6. Retrieved from: [http://www.mchealth.org/healthequity/documents/HEI\\_report\\_2009.pdf](http://www.mchealth.org/healthequity/documents/HEI_report_2009.pdf).

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The following is a list of the 28 reports mentioned in this memo. All of the recommendations, policies, and/or strategies listed were taken directly off of the report mentioned. Hyperlinks directing you to the report referenced are listed at the end of each entry. We encourage you to submit suggestions and additional reports to be mentioned – to do so, please email [futurist@altfutures.com](mailto:futurist@altfutures.com).

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## **Social Determinants of Health: The Solid Facts – WHO, 2003**

World Health Organization, 2003

Policy Implications

### 1. The Social Gradient

- If policy fails to address these facts, it not only ignores the most powerful determinants of health standards in modern societies, it also ignores one of the most important social justice issues facing modern societies.
  - Life contains a series of critical transitions: emotional and material changes in early childhood, the move from primary to secondary education, starting work, leaving home and starting a family, changing jobs and facing possible redundancy, and eventually retirement. Each of these changes can affect health by pushing people onto a more or less advantaged path. Because people who have been disadvantaged in the past are at the greatest risk in each subsequent transition, welfare policies need to provide not only safety nets but also springboards to offset earlier disadvantage.
  - Good health involves reducing levels of educational failure, reducing insecurity and unemployment and improving housing standards. Societies that enable all citizens to play a full and useful role in the social, economic and cultural life of their society will be healthier than those where people face insecurity, exclusion and deprivation.

### 2. Stress

- Although a medical response to the biological changes that come with stress may be to try to control them with drugs, attention should be focused upstream, on reducing the major causes of chronic stress.
  - In schools, workplaces and other institutions, the quality of the social environment and material security are often as important to health as the physical environment. Institutions that can give people a sense of belonging, participating and being valued are likely to be healthier places than those where people feel excluded, disregarded and used.
  - Governments should recognize that welfare programmes need to address both psychosocial and material needs: both are sources of anxiety and insecurity. In particular, governments should support families with young children, encourage community activity, combat social isolation, reduce material and financial insecurity, and promote coping skills in education and rehabilitation.

### 3. Early Life

- These risks to the developing child are significantly greater among those in poor socioeconomic circumstances, and they can best be reduced through improved preventive health care before the first pregnancy and for mothers and babies in pre- and postnatal, infant welfare and school clinics, and through improvements in the educational levels of parents and children. Such health and education programmes have direct benefits. They increase parents' awareness of their children's needs and their receptivity to information about health and development, and they increase parental confidence in their own effectiveness. Policies for improving health in early life should aim to:

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- increase the general level of education and provide equal opportunity of access to education, to improve the health of mothers and babies in the long run;
  - provide good nutrition, health education, and health and preventive care facilities, and adequate social and economic resources, before first pregnancies, during pregnancy, and in infancy, to improve growth and development before birth and throughout infancy, and reduce the risk of disease and malnutrition in infancy; and
  - ensure that parent–child relations are supported from birth, ideally through home visiting and the encouragement of good parental relations with schools, to increase parental knowledge of children’s emotional and cognitive needs, to stimulate cognitive development and pro-social behaviour in the child, and to prevent child abuse.
4. Social Exclusion
- Through policies on taxes, benefits, employment, education, economic management, and many other areas of activity, no government can avoid having a major impact on the distribution of income. The indisputable evidence of the effects of such policies on rates of death and disease imposes a public duty to eliminate absolute poverty and reduce material inequalities.
    - All citizens should be protected by minimum income guarantees, minimum wages legislation and access to services.
    - Interventions to reduce poverty and social exclusion are needed at both the individual and the neighbourhood levels.
    - Legislation can help protect minority and vulnerable groups from discrimination and social exclusion.
    - Public health policies should remove barriers to health care, social services and affordable housing.
    - Labour market, education and family welfare policies should aim to reduce social stratification.
5. Work
- There is no trade-off between health and productivity at work. A virtuous circle can be established: improved conditions of work will lead to a healthier work force, which will lead to improved productivity, and hence to the opportunity to create a still healthier, more productive workplace.
  - Appropriate involvement in decision-making is likely to benefit employees at all levels of an organization. Mechanisms should therefore be developed to allow people to influence the design and improvement of their work environment, thus enabling employees to have more control, greater variety and more opportunities for development at work.
  - Good management involves ensuring appropriate rewards – in terms of money, status and self-esteem – for all employees.
  - To reduce the burden of musculoskeletal disorders, workplaces must be ergonomically appropriate.
  - As well as requiring an effective infrastructure with legal controls and powers of inspection, workplace health protection should also include workplace health services

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with people trained in the early detection of mental health problems and appropriate interventions.

#### 6. Unemployment

- Policy should have three goals: to prevent unemployment and job insecurity; to reduce the hardship suffered by the unemployed; and to restore people to secure jobs.
  - Government management of the economy to reduce the highs and lows of the business cycle can make an important contribution to job security and the reduction of unemployment.
  - Limitations on working hours may also be beneficial when pursued alongside job security and satisfaction.
  - To equip people for the work available, high standards of education and good retraining schemes are important.
  - For those out of work, unemployment benefits set at a higher proportion of wages are likely to have a protective effect.
  - Credit unions may be beneficial by reducing debts and increasing social networks.

#### 7. Social Support

- Experiments suggest that good social relations can reduce the physiological response to stress. Intervention studies have shown that providing social support can improve patient recovery rates from several different conditions. It can also improve pregnancy outcome in vulnerable groups of women.
  - Reducing social and economic inequalities and reducing social exclusion can lead to greater social cohesiveness and better standards of health.
  - Improving the social environment in schools, in the workplace and in the community more widely, will help people feel valued and supported in more areas of their lives and will contribute to their health, especially their mental health.
  - Designing facilities to encourage meeting and social interaction in communities could improve mental health.
  - In all areas of both personal and institutional life, practices that cast some as socially inferior or less valuable should be avoided because they are socially divisive.

#### 8. Addiction

- Work to deal with problems of both legal and illicit drug use needs not only to support and treat people who have developed addictive patterns of use, but also to address the patterns of social deprivation in which the problems are rooted.
- Policies need to regulate availability through pricing and licensing, and to inform people about less harmful forms of use, to use health education to reduce recruitment of young people and to provide effective treatment services for addicts.
- None of these will succeed if the social factors that breed drug use are left unchanged. Trying to shift the whole responsibility on to the user is clearly an inadequate response. This blames the victim, rather than addressing the complexities of the social circumstances that generate drug use. Effective drug policy must therefore be supported by the broad framework of social and economic policy.

#### 9. Food

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- Local, national and international government agencies, nongovernmental organizations and the food industry should ensure:
  - the integration of public health perspectives into the food system to provide affordable and nutritious fresh food for all, especially the most vulnerable;
  - democratic, transparent decision-making and accountability in all food regulation matters, with participation by all stakeholders, including consumers;
  - support for sustainable agriculture and food production methods that conserve natural resources and the environment;
  - a stronger food culture for health, especially through school education, to foster people’s knowledge of food and nutrition, cooking skills, growing food and the social value of preparing food and eating together;
  - the availability of useful information about food, diet and health, especially aimed at children;
  - the use of scientifically based nutrient reference values and food-based dietary guidelines to facilitate the development and implementation of policies on food and nutrition.

#### 10. Transport

- The 21st century must see a reduction in people’s dependence on cars. Despite their health-damaging effects, however, journeys by car are rising rapidly in all European countries and journeys by foot or bicycle are falling (Fig. 9). National and local public policies must reverse these trends. Yet transport lobbies have strong vested interests. Many industries – oil, rubber, road building, car manufacturing, sales and repairs, and advertising – benefit from the use of cars.
  - Roads should give precedence to cycling and walking for short journeys, especially in towns.
  - Public transport should be improved for longer journeys, with regular and frequent connections for rural areas.
  - Incentives need to be changed, for example, by reducing state subsidies for road building, increasing financial support for public transport, creating tax disincentives for the business use of cars and increasing the costs and penalties of parking.
  - Changes in land use are also needed, such as converting road space into green spaces, removing car parking spaces, dedicating roads to the use of pedestrians and cyclists, increasing bus and cycle lanes, and stopping the growth of lowdensity suburbs and out-of-town supermarkets, which increase the use of cars.
  - Increasingly, the evidence suggests that building more roads encourages more car use, while traffic restrictions may, contrary to expectations, reduce congestion.

To view this report click [here](#).

### **Most Important Disparity Reducing Advances in US Healthcare and Public Health – DRA Project, 2006**

Disparity Reducing Advances Project, 2006

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About: “In an effort to reduce health disparities in the US, the Disparity Reducing Advances Project considered the question what are the ‘**most important**’ disparity reducing advances in the US in health care and public health? To answer this question, the DRA project reviewed the literature and reports that consciously made recommendations regarding what is most important.”

Recommendations:

1. **Prevention And Reversal Of Obesity** in poor and marginalized populations is essential to reducing health disparities. Obesity is an underlying factor in many of the highest disparity diseases.
2. **Addressing Social Determinants of Health** is the most vital factor to accomplishing the prevention or reversal of obesity. Specifically, the **general social and economic environment** (reducing poverty, ensuring meaningful employment with living wages and education) and reversing **the obesogenic environment** (promoting sustainable agriculture, safe, active living environments and culturally appropriate social norms and diets); **individual and family level approaches** to food, physical activity and weight control; and **health care approaches** to pre-diabetes screening and early diagnosis (quality management of diabetes and obesity, including the chronic care model and appropriate financial incentives) are the key elements that emerged in the review of the literature as the most effective ways to reduce health disparities related to obesity.
3. **Focus on Heart Disease, Diabetes and Cancer** since the same factors that prevent and reverse obesity can prevent, reverse or slow the progress of these three high-disparity chronic diseases. There are some differences at the level of health care among the three, but overall remarkable consistency. And by implication the greatest leverage is not at the level of health care but in the social and economic environment.

To view this report, click [here](#).

### **Tackling Health Inequities Through Public Health Practices: A Handbook for Action, NACCHO, 2006**

The National Association of County & City Health Officials and the Ingham County Health Department, Lansing, Michigan

Edited by Richard Hofrichter

This handbook provides many case studies of local health departments – all dealing with health equity, public health, and social justice.

To view this handbook, click [here](#).

### **Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S. – MacArthur Foundation, 2007**

The John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health, 2007

The following are policy implications, listed in the report that will help America Achieve Optimal Health. These are divided into 2 categories:

1. Policies that affect the steepness of the socioeconomic ladder in the United States:
  - Education Policies:
    - Provide access to high quality early childhood education for all children
    - Reform school financing to equalize the quality of education in K through 12

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- Reduce financial barriers that prevent qualified students from attending college
- Fiscal Policies
  - Provide adequate income to every household through:
    1. Minimum wage increases
    2. Income supports to families for newborns
    3. Earned income tax credits
    4. Secure pension plans
    5. Increased incentives for saving
- Skills Training Policies
  - Equalizing access to opportunities for new or enhanced job skills training – on the job, in community colleges, and through unions and employers
  - Assure new job training for downsized workers
- 2. Policies that Buffer Adverse Conditions of Being Lower on the Ladder
  - Policies Affecting the Environment
    - Provide affordable housing
    - Tighten zoning to restrict noise and pollution
    - Increase tax incentives and regulation to improve air quality
    - Enforce lead abatement ordinances
    - Increase traffic safety
    - Reduce Crime
  - Policies Affecting the Workplace
    - Limit exposure to physical hazards, chemicals, and psychosocial strains in workplaces
    - Increase opportunities for control over work demands
    - Reduce disruptive shift changes and extend work hours
    - Provide working parents with sufficient leave time to attend to children when they are sick
    - Minimize work-family conflict
  - Policies Enabling Healthier Behaviors
    - Ban smoking in public areas
    - Subsidize treatment programs for smoking cessation and drug and alcohol abuse
    - Increase excise taxes on cigarettes, alcohol and junk food (and use proceeds to support public health programs)
    - Improve nutrition of school lunch programs
    - Ban sale of soft drinks and junk foods in schools
    - Control advertising of tobacco and alcohol products
    - Limit the concentration and operating hours of stores selling alcohol
    - Increase access to recreational facilities through construction support and policies to open up schools and other institutions on evenings or week-ends
    - Provide incentives – in the form of tax breaks or low cost business loans – for green markets and grocery stores that sell fresh produce

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### **Why Place Matters: Building a Movement for Healthy Communities - Policy Link, 2007**

PolicyLink and the California Endowment, 2007

Recommendations: Moving into the Future

1. Capitalize on emerging opportunities and priority needs.
2. Promote a comprehensive approach.
3. Maintain a focus on health equity and eliminating disparities
4. Involve residents and leaders in policy change efforts
5. Build the capacity to analyze and solve problems
6. Foster collaborations and alliances
7. Use local efforts as platforms for regional and state change.
8. Push local governments, particularly public health departments, to prioritize healthy communities.
9. Translate research to highlight the link between community conditions and individual health and to provide insights about the effectiveness of different approaches.
10. Create healthy environments to support healthy personal choices.
11. Document and disseminate success stories.
12. Help the media reframe stories.
13. Invest for the long-term.
14. Broaden the platform for change.

To view this, click [here](#).

### **Healthy Eating and Physical Activity: Addressing Inequities in Urban Environments – Prevention Institute, 2007**

Prevention Institute, May 2007

Strategies and Priorities to Improve Access to Physical Activity Options and Healthy Food

- Priority Physical Activity Strategies and Policies
  - Promote an atmosphere of safety
  - Design streets to support pedestrians and bicyclists
  - Maintain and develop programming and facilities, particularly parks, for active play and recreation
- Priority Nutrition Strategies
  - Supermarkets and full service grocery stores
  - Enhancing small neighborhood stores
  - Farmer's markets
- Policy Brainstorm (regarding the above)
  - Promote an atmosphere of safety
    1. Support economic development and zoning policies that increase local employment and businesses
    2. Implement formula retail and zoning ordinances to decrease the density of alcohol outlets and advertising
    3. Restrict the availability of firearms
    4. Implement neighborhood beautification including graffiti removal and park maintenance.
  - Design streets to support pedestrians and bicyclists

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1. Direct existing transportation funds towards personal safety (in order to increase physical activity) as well as automobile safety
  2. Initiate all federal, state, and local transportation projects with a community walk audit
  3. Incorporate a commitment to “complete streets” into transportation, planning, and urban design to ensure that all community residents have access to streets that are safe for motorists, pedestrians, bicyclists, the disabled and public transit users.
- Maintain and develop programming and facilities, particularly parks, for active play and recreation
    1. Include funding for parks and open space in public finance measures
    2. Include parks in the general (or master) plans of all cities with a focus on creating and maintaining parks in underserved areas
    3. Develop liability and joint-use agreements to allow school grounds and facilities to be open during non-school hours for community use
  - Support supermarkets and full-service grocery stores
    1. Grant tax write-offs and other incentives to established supermarkets and grocery stores in otherwise underserved communities to encourage them to remain
  - Enhance small neighborhood stores
    1. Provide tax incentives, streamlined permitting and zoning variances, training and marketing and other forms of local government support to support small neighborhood and corner stores in providing foods that are healthy and affordable
    2. Utilize the incorporation of fruits and vegetables into the WIC food package as an opportunity to encourage small store owners to carry produce
  - Improve the availability of healthy food
    1. Encourage food retail development in addition to housing development through public policies at the state and local level
    2. Examine general (or master) plans to ensure that healthy food retail (such as supermarkets, farmer’s markets, etc.) are expressly allowed in a variety of neighborhoods

To view this, please click [here](#).

### **Closing the gap in a generation: Health equity through action on the social determinants of health – WHO, 2008**

World Health Organization, Commission on Social Determinants of Health, 2008

#### **1. Improve Daily Living Conditions**

- Chapter 5: Equity from the Start
  - Action Area 1: Commit to and implement a comprehensive approach to early life, building on existing child survival programmes and extending interventions in early life to include social/emotional and language/cognitive development.

#### **The Commission recommends that:**

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1. **5.1.** WHO and UNICEF set up an interagency mechanism to ensure policy coherence for early child development such that, across agencies, a comprehensive approach to early child development is acted on (see Rec 15.2; 16.8).
  2. **5.2.** Governments build universal coverage of a comprehensive package of quality early child development programmes and services for children, mothers, and other caregivers, regardless of ability to pay (see Rec 9.1; 11.6; 16.1).
- Action Area 2: Expand the provision and scope of education to include the principles of early child development (physical, social/emotional, and language/cognitive development). **The Commission recommends that:**
    1. **5.3.** Governments provide quality education that pays attention to children’s physical, social/emotional, and language/cognitive development, starting in pre-primary school.
    2. **5.4.** Governments provide quality compulsory primary and secondary education for all boys and girls, regardless of ability to pay, identify and address the barriers to girls and boys enrolling and staying in school, and abolish user fees for primary school (see Rec 6.4; 13.4).
- Chapter 6: Healthy Places Healthy People
    - Action Area 1: Place health and health equity at the heart of urban governance and planning. **The Commission recommends that:**
      1. **6.1.** Local government and civil society, backed by national government, establish local participatory governance mechanisms that enable communities and local government to partner in building healthier and safer cities (see Rec 14.3).
      2. **6.2.** National and local government, in collaboration with civil society, manage urban development to ensure greater availability of affordable quality housing. With support from UN-HABITAT where necessary, invest in urban slum upgrading including, as a priority, provision of water and sanitation, electricity, and paved streets for all households regardless of ability to pay (see Rec 15.2).
      3. **6.3.** Local government and civil society plan and design urban areas to promote physical activity through investment in active transport; encourage healthy eating through retail planning to manage the availability of and access to food; and reduce violence and crime through good environmental design and regulatory controls, including control of the number of alcohol outlets (see Rec 12.3).
    - Action Area 2: Promote health equity between rural and urban areas through sustained investment in rural development, addressing the exclusionary policies and processes that lead to rural poverty, landlessness, and displacement of people from their homes. **The Commission recommends that:**
      1. **6.4.** National and local government develop and implement policies and programmes that focus on: issues of rural land tenure and rights; year-round rural job opportunities; agricultural development and fairness in international trade arrangements; rural infrastructure including health,

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- education, roads, and services; and policies that protect the health of rural to- urban migrants (see Rec 5.4; 9.3).
- Action Area 3: Ensure that economic and social policy responses to climate change and other environmental degradation take into account health equity. **The Commission recommends that:**
    1. **6.5.** International agencies and national governments, building on the Intergovernmental Panel on Climate Change recommendations, consider the health equity impact of agriculture, transport, fuel, buildings, industry, and waste strategies concerned with adaptation to and mitigation of climate change.
  - Chapter 7: Fair Employment and Decent Work
    - Action Area 1: Make full and fair employment and decent work a central goal of national and international social and economic policy-making. **The Commission recommends that:**
      1. **7.1.** Full and fair employment and decent work be made a shared objective of international institutions and a central part of national policy agendas and development strategies, with strengthened representation of workers in the creation of policy, legislation, and programmes relating to employment and work (see Rec 10.2; 14.3; 15.2).
    - Action Area 2: Achieving health equity requires safe, secure, and fairly paid work, year-round work opportunities, and healthy work–life balance for all. **The Commission recommends that:**
      1. **7.2.** National governments develop and implement economic and social policies that provide secure work and a living wage that takes into account the real and current cost of living for health (see Rec 8.1; 13.5).
      2. **7.3.** Public capacity be strengthened to implement regulatory mechanisms to promote and enforce fair employment and decent work standards for all workers (see Rec 12.3).
      3. **7.4.** Governments reduce insecurity among people in precarious work arrangements including informal work, temporary work, and part-time work through policy and legislation to ensure that wages are based on the real cost of living, social security, and support for parents (see Rec 8.3).
    - Action Area 3: Improve working conditions for all workers to reduce exposure to material hazards, work-related stress, and health-damaging behaviours. **The Commission recommends that:**
      1. **7.5.** OHS policy and programmes be applied to all workers – formal and informal – and that the range be expanded to include work-related stressors and behaviours as well as exposure to material hazards (see Rec 9.1).
  - Chapter 8: Social Protection Across the Lifecourse
    - Action Area 1: Establish and strengthen universal comprehensive social protection policies that support a level of income sufficient for healthy living for all. **The Commission recommends that:**

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1. **8.1.** Governments, where necessary with help from donors and civil society organizations, and where appropriate in collaboration with employers, build universal social protection systems and increase their generosity towards a level that is sufficient for healthy living (see Rec 7.2; 11.1).
  2. **8.2.** Governments, where necessary with help from donors and civil society organizations, and where appropriate in collaboration with employers, use targeting only as back up for those who slip through the net of universal systems.
- Action Area 2: Extend social protection systems to those normally excluded. **The Commission recommends that:**
    1. **8.3.** Governments, where necessary with help from donors and civil society organizations, and where appropriate in collaboration with employers, ensure that social protection systems extend to include those who are in precarious work, including informal work and household or care work (see Rec 7.4; 11.1; 13.3).
- Chapter 9: Universal Health Care
    - Action Area 1: Build health-care systems based on principles of equity, disease prevention, and health promotion. **The Commission recommends that:**
      1. **9.1** National governments, with civil society and donors, build health-care services on the principle of universal coverage of quality services, focusing on Primary Health Care (see Rec 5.2; 7.5; 8.1; 10.4; 13.6; 14.3; 15.2; 16.8).
    - Action Area 2: Ensure that health-care system financing is equitable. **The Commission recommends that:**
      1. **9.2.** National governments ensure public sector leadership in health-care systems financing, focusing on tax-/insurance based funding, ensuring universal coverage of health care regardless of ability to pay, and minimizing out-of-pocket health spending (see Rec 10.4; 11.1; 11.2).
    - Action Area 3: Build and strengthen the health workforce, and expand capabilities to act on the social determinants of health. **The Commission recommends that:**
      1. **9.3.** National governments and donors increase investment in medical and health personnel, balancing health-worker density in rural and urban areas (see Rec 6.4; 16.5).
      2. **9.4.** International agencies, donors and national governments address the health human resources brain drain, focusing on investment in increased health human resources and training, and bilateral agreements to regulate gains and losses.
2. **Tackle the Inequitable Distribution of Power, Money, and Resources**
    - Chapter 10: Health Equity in All Policies, Systems, and Programmes
      - Action Area 1: Place responsibility for action on health and health equity at the highest level of government, and ensure its coherent consideration across all policies. **The Commission recommends that:**

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1. **10.1.** Parliament and equivalent oversight bodies adopt a goal of improving health equity through action on the social determinants of health as a measure of government performance (see Rec 13.2; 15.1).
  2. **10.2.** National government establish a whole-of-government mechanism that is accountable to parliament, chaired at the highest political level possible (see Rec 11.1; 11.2; 11.5; 12.2; 13.2; 16.6).
  3. **10.3.** The monitoring of social determinants and health equity indicators be institutionalized and health equity impact assessment of all government policies, including finance, be used (see Rec 12.1; 15.1; 16.2; 16.7).
- Action Area 2: Get the health sector right – adopt a social determinants framework across the policy and programmatic functions of the ministry of health and strengthen its stewardship role in supporting a social determinants approach across government. **The Commission recommends that:**
    1. **10.4.** The health sector expands its policy and programmes in health promotion, disease prevention, and health care to include a social determinants of health approach, with leadership from the minister of health (see Rec 9.1).
    2. **10.5.** WHO support the development of knowledge and capabilities of national ministries of health to work within a social determinants of health framework, and to provide a stewardship role in supporting a social determinants approach across government (see Rec 15.3; 16.8).
- Chapter 11: Fair Financing
    - Action Area 1: Strengthen public finance for action on the social determinants of health. **The Commission recommends that:**
      1. **11.1.** Donors, multilateral agencies and Member States build and strengthen national capacity for progressive taxation (see Rec 8.1; 8.3; 9.2; 10.2).
      2. **11.2.** New national and global public finance mechanisms be developed, including special health taxes and global tax options (see Rec 9.2; 10.2).
    - Action Area 2: Increase international finance for health equity, and coordinate increased finance through a social determinants of health action framework. **The Commission recommends that:**
      1. **11.3.** Donor countries honour existing commitments by increasing aid to 0.7% of GDP; expand the Multilateral Debt Relief Initiative; and coordinate aid use through a social determinants of health framework (see Rec 13.6; 15.2).
      2. **11.4.** International finance institutions ensure transparent terms and conditions for international borrowing and lending, to help avoid future unsustainable debt.
    - Action Area 3: Fairly allocate government resources for action on the social determinants of health. **The Commission recommends that:**
      1. **11.5.** National and local governments and civil society establish a cross-government mechanism to allocate budget to action on social determinants of health (see Rec 10.2).

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2. **11.6.** Public resources be equitably allocated and monitored between regions and social groups, for example, using an equity gauge (see Rec 5.2; 14.3; 16.2).
- Chapter 12: Market Responsibility
    - Action Area 1: Institutionalize consideration of health and health equity impact in national and international economic agreements and policy-making. **The Commission recommends that:**
      1. **12.1.** WHO, in collaboration with other relevant multilateral agencies, supporting Member States, institutionalize health equity impact assessment, globally and nationally, of major global, regional and bilateral economic agreements (see Rec 10.3; 16.7).
      2. **12.2.** Government policy-setting bodies, with support from WHO, ensure and strengthen representation of public health in domestic and international economic policy negotiations (see Rec 10.2).
    - Action Area 2: Reinforce the primary role of the state in the provision of basic services essential to health (such as water/ sanitation) and the regulation of goods and services with a major impact on health (such as tobacco, alcohol, and food). **The Commission recommends that:**
      1. **12.3.** National governments, in collaboration with relevant multilateral agencies, strengthen public sector leadership in the provision of essential health-related goods/services and control of health-damaging commodities (see Rec 6.3; 7.3).
  - Chapter 13: Gender Equity
    - Action Area 1: Address gender biases in the structures of society – in laws and their enforcement, in the way organizations are run and interventions designed, and the way in which a country’s economic performance is measured. **The Commission recommends that:**
      1. **13.1.** Governments create and enforce legislation that promotes gender equity and makes discrimination on the basis of sex illegal (see Rec 14.1).
      2. **13.2.** Governments and international institutions set up within the central administration and provide adequate and longterm funding for a gender equity unit that is mandated to analyse and to act on the gender equity implications of policies, programmes, and institutional arrangements (see Rec 10.2; 15.2).
      3. **13.3.** Governments include the economic contribution of household work, care work, and voluntary work in national accounts and strengthen the inclusion of informal work (see Rec 8.3).
    - Action Area 2: Develop and finance policies and programmes that close gaps in education and skills, and that support female economic participation. **The Commission recommends that:**
      1. **13.4.** Governments and donors invest in expanding girls’ and women’s capabilities through investment in formal and vocational education and training (see Rec 5.4).
      2. **13.5** Governments and employers support women in their economic roles by guaranteeing pay-equity by law, ensuring equal opportunity for *“The challenge is not only to anticipate the future, but to create it.”*

- employment at all levels, and by setting up family-friendly policies that ensure that women and men can take on care responsibilities in an equal manner (see Rec 7.2).
- Action Area 3: Reaffirm commitment to addressing sexual and reproductive health and rights universally. **The Commission recommends that:**
    1. **13.6.** Governments, donors, international organizations, and civil society increase their political commitment to and investment in sexual and reproductive health services and programmes, building to universal coverage (see Rec 9.1; 11.3).
  - Chapter 14: Political Empowerment – Inclusion and Voice
    - Action Area 1: Empower all groups in society through fair representation in decision-making about how society operates, particularly in relation to its effect on health equity, and create and maintain a socially inclusive framework for policy-making. **The Commission recommends that:**
      1. **14.1.** National government strengthens the political and legal systems to ensure they promote the equal inclusion of all (see Rec 13.1; 16.1).
      2. **14.2.** National government acknowledges, legitimizes, and supports marginalized groups, in particular Indigenous Peoples, in policy, legislation, and programmes that empower people to represent their needs, claims, and rights.
      3. **14.3.** National- and local-level government ensure the fair representation of all groups and communities in decisionmaking that affects health, and in subsequent programme and service delivery and evaluation (see Rec 6.1; 7.1; 9.1; 11.6).
    - Action Area 2: Enable civil society to organize and act in a manner that promotes and realizes the political and social rights affecting health equity. **The Commission recommends that:**
      1. **14.4.** Empowerment for action on health equity through bottom-up, grassroots approaches requires support for civil society to develop, strengthen, and implement health equity oriented initiatives.
  - Chapter 15: Good Global Governance
    - Action Area 1: Make health equity a global development goal, and adopt a social determinants of health framework to strengthen multilateral action on development. **The Commission recommends that:**
      1. **15.1.** By 2010, the Economic and Social Council, supported by WHO, should prepare for consideration by the UN the adoption of health equity as a core global development goal, with appropriate indicators to monitor progress both within and between countries (see Rec 10.1; 10.3; 16.3).
      2. **15.2.** By 2010, the Economic and Social Council, supported by WHO, prepare for consideration by the UN the establishment of thematic social determinants of health working groups – initially on early child development, gender equity, employment and working conditions, health-care systems, and participatory governance – including all relevant multilateral agencies and civil society stakeholders, reporting back regularly (see Rec 5.1; 6.2; 9.1; 13.2).

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- Action Area 2: Strengthen WHO leadership in global action on the social determinants of health, institutionalizing social determinants of health as a guiding principle across WHO departments and country programmes. **The Commission recommends that:**
  1. **15.3.** WHO institutionalizes a social determinants of health approach across all working sectors, from headquarters to country level (see Rec 10.5; 16.8).

### 3. Measure and Understand the Problem and Assess the Impact of Action

- Chapter 16: Social Determinants of Health: Monitoring, Training, and Research
  - Action Area 1: Ensure that routine monitoring systems for health equity and the social determinants of health are in place, locally, nationally, and internationally. **The Commission recommends that:**
    1. **16.1.** Governments ensure that all children are registered at birth without financial cost to the household. This should be part of improvement of civil registration for births and deaths (see Rec 5.2; 14.1).
    2. **16.2.** National governments establish a national health equity surveillance system, with routine collection of data on social determinants of health and health inequity (see Rec 10.3).
    3. **16.3.** WHO stewards the creation of a global health equity surveillance system as part of a wider global governance structure (see Rec 15.1).
  - Action area 2: Invest in generating and sharing new evidence on the ways in which social determinants influence population health and health equity and on the effectiveness of measures to reduce health inequities through action on social determinants. **The Commission recommends that:**
    1. **16.4.** Research funding bodies create a dedicated budget for generation and global sharing of evidence on social determinants of health and health equity, including health equity intervention research.
  - Action area 3: Provide training on the social determinants of health to policy actors, stakeholders, and practitioners and invest in raising public awareness. **The Commission recommends that:**
    1. **16.5.** Educational institutions and relevant ministries make the social determinants of health a standard and compulsory part of training of medical and health professionals (see Rec 9.3).
    2. **16.6.** Educational institutions and relevant ministries act to increase understanding of the social determinants of health among non-medical professionals and the general public (see Rec 10.2).
    3. **16.7.** Governments build capacity for health equity impact assessment among policy-makers and planners across government departments (see Rec 10.3; 12.1).
    4. **16.8.** WHO strengthens its capacity to provide technical support for action on the social determinants of health globally, nationally, and locally (see Rec 5.1; 9.1; 10.5; 15.3).

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## **Promising Strategies for Creating Healthy and Active Living Environments – Healthy Eating Active Living Convergence Partnership, 2008**

Healthy Eating Active Living Convergence Partnership

Prepared by the Prevention Institute, 2008

About: This “presents a comprehensive and cross-cutting review of policy, strategy, and program recommendations to create healthy eating and active living environments.”

- The following strategies are delineated by the Convergence Partnership’s ten-point vision and offers a menu of options to promote healthy eating and active living.
  1. Safe neighborhoods, communities and buildings support physical activity as part of everyday life.
    - Support creation, rehabilitation, and maintenance of parks, playgrounds, and recreation facilities in underserved residential areas and offer quality programming to encourage and support physical activity.
    - Implement complete streets that are designed and operated to enable the safe and convenient travel of all users of the roadway including pedestrians, bicyclists, users of public transit, motorists, children, the elderly, and people with disabilities.
    - Connect roadways to complementary systems of trails and bike paths that provide safe places to walk and bike for children, the elderly, and the general public.
    - Renovate schools already located in neighborhoods so that students can easily walk or bicycle, or when building new schools, ensure that they are located in areas that are easily accessible by walking, bicycling, and public transit.
    - Support smart growth strategies and zoning for new developments and revitalizing communities, including compact and mixed-use zoning, affordable housing, thriving retail, transit oriented development, urban infill, walkable and bikable street design, and green building practices.
    - Support infrastructure improvements, such as sidewalks and bike paths, to ensure that children can walk and bike safely to school. (*See number 5.*)
  2. Fresh, local, and healthy food is available and affordable in all communities and neighborhoods.
    - Create regional infrastructure for production, distribution, and processing of local and regionally grown healthy foods, including links with grocery stores, schools, hospital systems, food banks, childcare, and afterschool programs.
    - Provide incentives for institutional procurement of local and regionally grown healthy foods for grocers, schools, childcare, employers, and other community institutions.
    - Establish grant and loan programs, technical assistance, and other incentives to attract retail grocery stores, improve offerings at small stores, start and sustain farmers’ markets, and other innovative means to improve access to high-quality fresh affordable fruits, vegetables, and other healthy foods in underserved communities.

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- Leverage the purchasing power of the federal Women, Infants, and Children Program (WIC) and Food Stamp Program participants to encourage small stores and farmers' markets to offer fruits and vegetables in low-income neighborhoods through Electronic Benefit Transfer (EBT) access at farmers' markets, WIC certification to meet new food package guidelines, and food stamp bonus points.
  - Increase food stamp benefits to help more people purchase healthy foods and improve outreach and efficiency in food stamp delivery and nutrition education.
  - Develop strategies for investing in new and existing farmers, land acquisition, and access to capital to ensure support for family farms in communities across the country.
3. Healthy foods and beverages are promoted in grocery and other food stores, restaurants, and entertainment venues.
- Encourage restaurants to provide healthy foods and beverages by reformulating existing menu items, adding healthier menu items (e.g., fruits, vegetables, and whole grains), offering affordable and reasonably sized portions, providing healthier combinations for meals, and making healthier items the standard for children's meals.
  - Promote in-season sources for locally and regionally grown products in retail, restaurant, and entertainment venues.
  - Promote strategies to require fast-food and chain restaurants to list nutrient information (such as calories, saturated fat, and sodium) on menu boards and table-service chain restaurants to list nutrient content on menus.
  - Reduce point-of-sale marketing of energy dense, nutrient-poor foods and beverages to children in grocery stores, corner stores, and restaurants.
  - Place healthier food and beverage items at eye level, the ends of aisles, and prominent places, and increase overall shelf space devoted to healthy items in grocery stores, convenience, and small stores.
4. Schools offer and promote only health foods and beverages to students.
- Improve the nutritional quality of competitive foods and beverages and school meals by providing appropriate portion sizes of healthy foods and beverages (e.g., more whole grains, legumes, fruits, vegetables, and water, and less saturated fat, trans fat, sodium, and sugars).
  - Allow for geographic preferences of local and regional sources for healthy foods and encourage Farm to School programs.
  - Provide free fresh fruit and vegetable snacks in all schools.
  - Implement and enforce strong local wellness policies to ensure healthy school food environments, including, prohibiting the use of foods as a reward or punishment, limiting energy-dense, nutrient-poor foods at school celebrations, and offering only healthy snacks (e.g., fresh fruits and vegetables).
5. Schools promote healthy physical activities and incorporate them throughout the day, including before and after school.
- Establish joint-use agreements that allow use of public schools and facilities for recreation by the public during non-school hours.

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- Ensure all children receive 30-60 minutes of quality physical activity daily (including both competitive and non-competitive activities) through physical education classes, recess, and before, and/or after, school programming.
  - Ensure that children can walk and bicycle safely to school, and promote Safe Routes to School programs that include both infrastructure projects (engineering) and non-infrastructure activities (education, encouragement, enforcement, and evaluation. (See number 1.)
  - Limit the use of television, video, video games, and computers for non-educational purposes.
6. Workplaces and employers offer and promote access to healthy foods and beverages and opportunities for physical activity.
- Worksites allow flexible work/break time for employees to easily engage in physical activity and encourage activity breaks for meetings longer than one hour.
  - Provide healthy food and beverage options for employees during the workday and at all meetings through catering policies and healthy food and beverage offerings in workplace cafeterias and vending machines.
  - Allow breastfeeding women sufficient break time to pump, private space for expression of breastmilk, and space to store breastmilk.
  - Locate worksites in regions that enable transit use and walking and bicycling to the office; encourage employers to promote walking, bicycling, and taking transit to work through employee commuter programs.
  - Encourage workplaces to provide facilities that support physical activity such as walking paths, facilities to safely store bicycles during the workday, showers, and gyms or provide incentives or partial reimbursement to employees for fitness club memberships.
7. Health care organizations and providers promote healthy eating and active living in their own institutional policies and in their clinical practices.
- Adopt worksite practices that promote healthy eating and activity. (See number 6.)
  - Model healthy organizational practices by ensuring that healthy foods and beverages are available and promoted in cafeterias, vending machines, coffee carts, and other concessions.
  - Adopt standards of practice that include routine screening of BMI (Body Mass Index) and counseling and behavioral interventions to improve dietary choices and physical activity behaviors.
  - Implement policies and practices in hospitals and outpatient medical facilities (including physician practices, prenatal services, and community clinics) to support successful initiation and continuation of breastfeeding.
  - Establish policies and practices to support geographic preferences to procure foods grown locally or regionally for health care food service.
8. Government and the private sector support and promote healthy eating and active living environments.
- Adopt policies, develop regulatory incentives, and provide funding to support strategies in numbers 1-10.

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- Promote a link between funding and regulations for active living environments that promote walking, bicycling, and public transit and greenhouse gas reduction strategies that are emerging at state and local levels.
  - Form or build upon existing partnerships, coalitions, or advisory boards to address access to physical activity and healthy eating and promote policies and action plans across multiple agencies and organizations in support of healthy communities.
  - Ensure government has dedicated staff responsible for oversight of improvements to support healthy living environments.
  - Encourage the involvement of public health and school officials to integrate health impact and food security considerations into planning and land-use decision-making processes.
  - Use government and private sector influence on their contractors to encourage healthy practices.
  - Encourage private-public partnerships to create new parks and establish programs, such as Adopt-a-Park, to help maintain the beauty and safety of parks.
9. Organizations, institutions, and individuals that influence the information and entertainment environments share responsibility for and act responsibly to promote healthy eating and active living.
- Limit and monitor marketing of energydense, nutrient-poor foods and beverages to children through television, other electronic media, food and beverage packages, toys, licensed characters, contests, or other marketing approaches.
  - Limit and monitor marketing to children in digital media.
  - Limit and monitor the marketing of sedentary behaviors in television and other electronic media.
10. Childcare organizations, including preschool, afterschool and early childhood settings, offer and promote only healthy foods and beverages to children and provide sufficient opportunities for, and promote, physical activity.
- Adopt nutrition and physical activity standards for childcare licensing.
  - Offer moderate, fun, physical activity and play daily (30 minutes for half day; 60 minutes for full day, holiday, or vacation programs), including outdoor activities whenever possible.
  - Limit the use of television, video, video games, and computers for noneducational purposes.
  - Provide meals and snacks that offer appropriate portion sizes of healthy foods and beverages (e.g., whole grains, legumes, fruits, vegetables, and water, and less saturated fat, trans fat, sodium, and sugars).
  - Promote flexibility for geographic preferences for locally and regionally grown produce in childcare, afterschool, and school vacation feeding programs.

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### **Restructuring Government to Address Social Determinants of Health – Prevention Institute, 2008**

Report from the Healthier America California Convening in Sacramento, CA, February 2008

Report prepared by the Prevention Institute on behalf of Trust for America's Health

About: The following recommendations were established to enhance the federal government's role in addressing underlying determinants:

1. Establish high-level leadership in the federal departments and at the White House to serve as a focal point for prevention strategy and to ensure collaboration between government agencies to enhance underlying determinants of health.
2. Engage key federal sectors and agencies that shape the conditions that determine health in collaborative efforts.
3. Redirect funding streams to increase investment in prevention.
4. Implement a system of accountability that establishes clear responsibilities and incentives for contributing to improved population health.
5. Establish a data and evaluation system to monitor progress and focus public attention on the importance of determinants of health.
6. Establish a strong system of training and skill building for staff at all levels of government to engage in determinants of health work.
7. Translate a determinants of health focus to states and localities.
8. Build political will to successfully propose and implement such changes.

To view the full report, click [here](#).

### **Access to Healthy Foods in Low-Income Neighborhoods: Opportunities for Public Policy – RUDD, 2008**

RUDD Center for Food Policy and Obesity Report – Fall, 2008

Opportunities for Policy Makers to Increase Access to Healthy Foods

- Create task forces to:
  - examine the incentives and barriers to implementation (e.g. zoning, urban land use policies, tax incentives)
  - assess communities' strengths and challenges (e.g., market size, buying power, leakage of retail money from the neighborhood, stability, access to public transportation)
  - begin discussions with supermarket chains about the issue of access in lower-income areas
  - foster relationships between local health departments and convenience/grocery stores to encourage sales of more healthful foods
- Introduce urban land use policies and tax incentives that will attract supermarkets to low-income neighborhoods.
- Work with city and urban planners to develop affordable and accessible public transit to help residents reach groceries or supermarkets.
- Establish statewide and local food policy councils to provide a forum for public and private stakeholders to suggest policies, share information, and plan for increased access to healthy foods.

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- Enhance accessibility to grocery stores through public safety efforts such as better lighting and police patrolling.
- Create incentive programs to retrofit groceries with equipment to store and sell fresher and more healthful produce and whole grains (e.g. grants or loans to purchase refrigeration equipment).
- Create incentives to establish farmers' markets, and mechanisms for WIC and Food Stamp recipients to use them.

To view the full report, click [here](#).

### **Building Health Impact Assessment (HIA) Capacity: A Strategy for Congress and Government Agencies**

#### **– Partnership for Prevention, 2008**

A Prevention Policy Paper Commissioned by Partnership for Prevention, December 2008

About: To encourage greater use of HIA's in policymaking, the authors recommend that Congress take the following steps:

1. Establish a national, quasi-governmental National Center for HIA;
2. Promulgate legislation to clarify and enable the consideration of impacts on human health within existing NEPA mandates;
3. Provide funds for interagency (e.g., NIEHS+USDA+Commerce) research grants to build state and local capacity to conduct and utilize HIA; and
4. Establish a task force, which includes the GAO, CRS and the National Center for HIA, to assess opportunities, value, and mechanisms for HIA in federal government.

\* Acronyms stand for the following: NEPA – National Environmental Policy Act; NIEHS –National Institute of Environmental Health Sciences; GAO – General Accounting Agency; CRS – Congressional Research Service

To view the full report, click [here](#).

### **Real Health Reform Starts with Prevention – Partnership for Prevention, 2008**

Partnership for Prevention, December 2008

About: In this report, partnership for prevention offers a series of recommendations to the 111<sup>th</sup> Congress to increase our health system's emphasis on health promotion and disease prevention.

Recommendations to make prevention an important part of health reform:

- **Clinical preventive services should be a basic benefit of proposed health financing reform.**
  1. **Make recommended clinical preventive services accessible to all.**
    - Ensure that federally- sponsored health insurance programs (e.g., Medicare, Medicaid, DoD, VA) and the private-sector health insurance offerings included in the Federal Employees Health Benefits Program provide coverage for clinical preventive services recommended by the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices. Consider withdrawing coverage for preventive services not recommended by these groups, helping to pay for added services and higher utilization of recommended services.

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- Create incentives for states to cover cost-effective clinical preventive services in their Medicaid and State Children’s Health Insurance Programs (SCHIP). Cost-effective services are those services that cost less than \$50,000 per quality-adjusted life year saved.
- Authorize the Secretary of HHS to expand Medicare coverage under Part B for immunization services recommended by the Advisory Committee on Immunization Practices (ACIP). The recently enacted Medicare Improvements for Patients and Providers Act allows the Secretary to cover services recommended by the U.S. Preventive Services Task Force but makes no mention of services recommended by ACIP.
- 2. Encourage patients to use preventive services.**
  - Offer first-dollar coverage (i.e., no deductibles or copayments) for cost-effective clinical preventive services in federally-sponsored health insurance programs, in state Medicaid and SCHIP programs, and in private sector insurance plans included in FEHBP.
- 3. Offer incentives to health care providers to deliver clinical preventive services.**
  - Increase reimbursement in federally-sponsored health insurance programs to provide an incentive to deliver cost-effective clinical preventive services. The services should be delivered on a recommended schedule with appropriate documentation and patient education.
  - Reward health plans and insurers that achieve high delivery rates of recommended clinical preventive services in federally-sponsored health insurance programs. Metrics, such as those developed by the National Committee for Quality Assurance, should be utilized, and such ratings should be shared with patients and employers.
  - Provide incentive payments to community health centers (CHCs) that meet performance objectives for delivering recommended clinical preventive services.
- 4. Reward employers for their active engagement in employee health promotion.**
  - Provide time-limited tax incentives to employers instituting or enhancing evidence-based workplace health promotion programs and policies. The programs should raise awareness about important health issues, encourage healthy behaviors, or create environments or incentives to encourage employee participation in the programs.
- **Community preventive services should be an integral part of health financing reform and of community-based health promotion and disease prevention.**
  - 1. Create healthy environments and promote healthy lifestyles.**
    - Identify and establish a discrete, sustainable revenue source from which proceeds would be dedicated to core state and local public health prevention activities.
    - Establish a Public Health Advisory Commission to recommend to the Congress how these core public health funds should be allocated to have maximum impact on the health of Americans. The Commission should advise on strategies to hold federal, state, and local public health agencies accountable for achieving the HHS-sponsored Healthy People National Health Objectives, and it should

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- report on the state of the nation’s public health system and on the delivery of evidence-based clinical and community preventive interventions.
- Provide incentive payments to states that meet state health objectives jointly developed by HHS and state health departments.
2. **Offer incentives to organizations that influence the health of populations to deliver community preventive services.**
    - Require that state and local recipients of public health funding use evidence-based programs and policies in all areas where they exist as a condition of full Federal funding.
  3. **Encourage Americans to give greater attention to prevention in their own lives.**
    - Support consumer education initiatives to encourage individuals to adopt healthy behaviors. Mount sustained campaigns that build on successful past campaigns, e.g., seat belt use, tobacco reduction, immunizations, and physical activity.
- **Health reforms should aim to increase the impact of prevention through studies and financing mechanisms.**
    1. **Increase support for research on community- based and clinical prevention.**
      - Support expansion of research on effective community interventions as well as the work being done by the CDC-sponsored Task Force on Community Preventive Services to conduct systematic reviews of what works to improve health at the population level, with related economic analyses.
      - Support expansion of research on effective clinical preventive services as well as the work being done by the AHRQ-sponsored U.S. Preventive Services Task Force to conduct systematic reviews of which clinical preventive services are effective in preventing disease, with related economic analyses.
      - Create a National Center for Health Impact Assessment to examine the potential health effects of a wide range of multi-sectoral proposed policies and programs, especially those that are not viewed as primarily health policies and programs, such as housing and urban renewal, land use, and agriculture.
    2. **Support development and tracking of system performance standards related to prevention.**
      - Invest in improved data systems to monitor progress toward achieving the HHS-sponsored Healthy People National Health Objectives and toward reducing disparities in access to preventive services among racial and ethnic population groups.

To view the full report, click [here](#).

### **Reducing Inequities in Health and Safety through Prevention – Prevention Institute, 2009**

Prevention Institute and Health Policy Institute at the Joint Center for Political and Economic Studies, January 2009

- Recommendations to Promote Prevention and Health Equity

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- Develop a national strategy to promote health equity across racial, ethnic, and socioeconomic lines, with specific attention to preventing injury and illness in the first place.
- Establish high-level leadership at the White House and the department level to serve as a focal point for prevention strategy and health equity and to ensure collaboration between government agencies.
  - 1.1. Ensure that all federal agencies screen their expenditures, policies, and regulations for health, safety, and health equity impact.
- 2. Build the capacity of federal, state, and local health agencies to lead population based prevention and health equity work.
  - 2.1. Establish a dedicated funding source for population-based prevention and health equity.
  - 2.2. Establish a strong system of training and skill-building for federal, state, and local government staff to support and engage in population-based prevention and health equity work, 55 and support training and deployment of a diverse public health work- force.
  - 2.3. Educate the next generation of health leaders and practitioners on population-based prevention and health equity.
  - 2.4. Elevate the importance of a population-based prevention and health equity approach at the Centers for Disease Control and Prevention.
  - 2.5. Support states in developing action plans for population-based prevention and health equity.
- 3. Expand funding for community-based initiatives.
- 4. Provide technical assistance and tools to support community-level efforts to address determinants of health and reduce disparities.
  - 4.1. Support health equity institutes and technical assistance centers.
  - 4.2. Support communities in the use of THRIVE (Tool for Health and Resilience in Vulnerable Environments) to help close the health gap.
  - 4.3. Expand the use and application of findings from simulation tools to plan and evaluate health system change.
- 5. Support the development of national, state, and local data systems to inform community efforts, foster accountability, and build a stronger understanding of a population-based prevention and health equity approach.
  - 5.1. Support development of the Community Health Status Indicators (CHSI) system.
  - 5.2. Support the ability of CDC surveillance systems to monitor state, individual, and community-level data on determinants of health and health equity (e.g., poverty, segregation, educational and economic opportunities).
  - 5.3. Advance efforts to disaggregate data on health inequities.
- 6. Expand research on and significantly expand the amount and proportion of federal research dollars for population-based prevention and health equity with an emphasis on translating research into targeted, community specific strategies.
  - 6.1. Support Prevention Research Centers (PRCs) and enhance their capacity to focus on population-based prevention and health equity.

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- 6.2. Apply the new economic models on community-level prevention to low-income communities and communities of color to understand the return on investment.
- 6.3. Commission the Institute of Medicine to conduct studies on the health consequences of racism and poverty.
- 6.4. Study policies and programs that reduce economic and racial/ethnic residential segregation.

To view this report, click [here](#).

### **Recommendations for the Prevention and Wellness Funds – PolicyLink and Prevention Institute, 2009**

A Memo prepared by PolicyLink and the Prevention Institute for President Obama’s Administration, April 2009

About: “This memo offers recommendations for targeting Prevention and Wellness recovery funds to maximize the health and equity benefits in the Recovery Act ... Through the specific recommendations outlined and then described below, PolicyLink and Prevention Institute encourage that recover y funds”:

- Build upon and leverage existing prevention initiatives;
- Promote equity by targeting America’s low-income communities and communities of color;
- Target multi-disciplinary strategies focused on environmental change;
- Develop the health workforce to effectively shape and implement prevention efforts; and
- Advance a vision of healthy people, health places.

The Prevention and Wellness Funds should be prioritized for projects that:

1. **Target people and places that are most vulnerable** by using community health and community development indicators to identify community needs.
2. **Address the core components of health communities through a focus on changing environments.** This means addressing the underlying community factors that impact health, such as ensuring safe places to live, work, and play, and access to health foods and transportation, particularly in the most vulnerable communities.
3. **Involve collaboration between community leaders, nonprofit organizations and agencies representing multiple disciplines and multiple sectors** in order to be more comprehensive in scope and impact, to better leverage resources from the philanthropic sector, and to build from a diverse range of experiences from community and leadership engagement.
4. **Bring in and integrate the voices of those most in need** with a particular emphasis on projects that engage residents in a leadership role and include them in the evaluation process.
5. **Build on successful prevention and wellness initiatives in place in communities** to utilize existing momentum, including both initiatives that have been funded with government funds, as well as those supported by philanthropic and other resources. Projects should be prioritized that can further develop successful strategies, build on experience, demonstrate effectiveness, document outcomes, and maximize existing momentum.
6. **Develop and use strategies that draw from existing knowledge and data**, including the importance of comprehensive approaches that link different sectors (e.g. health, law enforcement, housing, and transportation) and promote policy and environmental change for greater, long-lasting impacts.

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7. **Build leadership and workforce capacity** to successfully shape, communicate, and implement prevention strategies, engage diverse partners and promote health in a range of policy arenas including transportation, economic development, housing, and food policy.
8. **Provide both immediate health benefits in the short-term as well as reduce chronic disease rates over the long term.**

To view this, click [here](#).

### **Beyond Health Care: New Directions to a Healthier America – RWJF 2009**

Recommendations from the Robert Wood Johnson Foundation, Commission to Build a Healthier America, April 2009

About: “The following recommendations are the result of intensive study and debate, reflecting the need to identify cross-sector interventions beyond the health care system that are likely to achieve a significant positive impact on the health of all Americans in years, not decades.”

1. Fund and design WIC and SNAP (Food Stamps) programs to meet the needs of hungry families for nutritious food.
2. Create public-private partnerships to open and sustain full-service grocery stores in communities without access to healthful foods.
3. Feed children only healthy foods in schools.
4. Require all schools (K-12) to include time for all children to be physically active every day.
5. Become a smoke-free nation. Eliminating smoking remains of the most important contributions to longer, healthier lives.
6. 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.
7. Create “healthy community” demonstrations to evaluate the effects of a full complement of health-promoting policies and programs.
8. Develop a “health impact” rating for housing and infrastructure projects that reflects the projected effects on community health and provides incentives for projects that earn the rating.
9. Integrate safety and wellness into every aspect of community life.
10. Ensure that decision-makers in all sectors have the evidence they need to build health into public and private policies and practices.

To view this, click [here](#).

### **Getting Under the Skin: Using Knowledge about Health Inequities to Spur Action – Houston Institute 2009**

A Charles Hamilton Houston Institute for Race and Justice Research in Action Brief, May 2009

About: “This brief has two purposes. The first is to translate knowledge from the so-called “social determinants of health” arena into a useable form. The second purpose is to explore how to best use this knowledge to lobby for, and create policy and programming changes on the ground in, communities of concentrated disadvantage.”

Recommendations:

1. Through federal and state policy and incentives, increase access to high-opportunity neighborhoods and reduce the share of people who live in high-poverty neighborhoods through increased funding and availability of “mobility” programs and fair housing enforcement.

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2. Allow poor children in “low opportunity” neighborhoods more choices to attend low poverty schools that are less likely to be overwhelmed with social problems manifest in high-poverty neighborhoods and schools.
3. Educators, social service agencies and youth advocates should coordinate social services and actively partner so that families and children can more easily receive appropriate assistance in overcoming the mental and physical health challenges associated with high-poverty neighborhoods.
4. Support activities, events, and efforts in neighborhoods of concentrated disadvantage that bring neighbors together to meet and collaborate on initiatives to create healthier environments.
5. Local and state governments, foundations, and private business should provide funds to assist local efforts to increase access to healthier food outlets within communities of concentrated disadvantage. Many successful models exist.
6. Local and state governments, foundations, and private business should provide incentives and funds to assist local efforts to increase access to recreational opportunities.

To view this brief, click [here](#).

### **F As in Fat: How Obesity Policies are Failing in America – Trust for America’s Health and the RWJF, 2009**

Trust for America’s Health and the Robert Wood Johnson Foundation, July 2009

About: “The sixth annual edition of *F as in Fat* examines obesity trends in the United States. It assesses state and federal policies aimed at preventing or reducing obesity in children and adults and chronicles actions the federal government, states and communities nationwide are taking to address this critical health issue. Finally, it suggests ways to accelerate those efforts given the challenges of the economy and the opportunities of health reform.”

Recommendations:

- Make obesity prevention and control a high priority of health reform
  - In order to incorporate prevention of obesity and related diseases into health reform, TFAH recommends that:
    1. A **Dedicated Funding Stream** for prevention and public health must be established;
    2. **Universal Obesity-Related Health Care Benefits** should be made available; and
    3. **Obesity Interventions Should Be Targeted to the Pre-Medicare Population** to help keep people healthier before they reach old age.
- Launch a national strategy to combat obesity (the following are highlights from a framework for a *National Strategy to Combat Obesity* released in the 2008 edition of the report)
  - Federal Government-Overarching
    - The Administration and Congress should acknowledge that addressing the obesity crisis is a national priority.
    - A detailed review of federal policies should be conducted to determine how they impact physical activity, nutrition, and obesity.
    - A sub-cabinet working group should be convened to take a government-wide approach to combating key public health problems, including obesity, and an

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- official should be designated in each department who will focus on obesity-related policies.
- Health reviews should be conducted to examine the impact of new domestic policies, programs, and budgets on physical activity, nutrition, and obesity.
  - The government should develop clear and consistent recommendations for the public about nutrition and physical activity, and make this information widely available.
  - Sufficient resources must be given to implement and evaluate obesity policies.
- Federal Governments and Schools
    - The process to revise school nutrition guidelines to meet the 2005 Dietary Guidelines for Americans should be accelerated.
    - Congress should consider expanding the authority of the USDA to set nutrition standards for competitive foods in schools.
    - The U.S. Department of Education, HHS, and the President’s Council on Physical Fitness should set national standards for physical education and physical activity in schools.
    - The Carol M. White Physical Education Program and the CDC’s Division of Adolescent and School Health grants should be fully funded and expanded.
    - The Department of Education should consider ways to incorporate physical activity and nutrition standards into the 21st Century Community Learning Centers program to provide support for before- and after-school programs.
  - Federal Government and Business
    - The government should set an example for private organizations by encouraging workplace wellness and providing comprehensive health benefits for obesity within the Federal Employee Health Benefits Plan.
    - The government should find ways to incentivize employers to provide workplace wellness programs and preventive care coverage.
    - Medicare, Medicaid, and CHIP should update and increase obesity-related coverage. (A longer discussion of this topic can be found in the Making Obesity Prevention and Control a High Priority of Health Reform section of the recommendations.)
  - Federal Government and the Food and Beverage Industry
    - The government should:
      - Work with industry to eliminate junk food advertising to children.
      - Work with industry to develop clear and useful nutrition labeling and ensure packaged foods and meals reflect recommended portion sizes.
      - Require retail food outlets to provide menu labeling.
  - Federal Government and Agriculture
    - The government should:
      - Examine subsidies for growing fruits and vegetables.
      - Support small farmers and local food systems.
      - Incentivize healthy food consumption.
      - Revise school and government procurement policies.
  - Federal Government and Research
    - The government should?

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- Strengthen primary data collection systems.
  - Fund community-level research and evaluation.
- State Government
  - States should
    - Develop state-specific obesity plans.
    - Review programs and policies across state agencies to evaluate their impact on nutrition, physical activity, and obesity.
    - Dedicate revenue to implementing obesity-prevention and-control programs.
    - Provide workplace wellness programs and strong preventive service benefits to state employees.
    - Update and increase obesity-related coverage in state Medicaid and CHIP programs.
    - Leverage purchasing power by requiring a greater emphasis on nutritional value as a priority in food-purchasing bidding processes.
    - Evaluate current snack taxes.
    - Require menu labeling. The California menu labeling law provides a model for requirements.
- Local Government
  - Local governments should:
    - Provide improved access to healthy foods in low-income communities.
    - Use zoning laws to encourage healthy food providers to locate in underserved neighborhoods and maintain a ratio requirement for fast-food restaurants to grocers and farmers' markets.
    - Require menu labeling.
    - Encourage mixed-use commercial and residential areas and walkable neighborhoods.
    - Examine the health impact of new construction.
    - Encourage building design that prompts the use of stairs and offers other spaces in commercial and public buildings that facilitate activity.
    - Encourage green space development and build more sidewalks.
    - Encourage the use of transportation funds for mass transit and highway alternatives.
    - Modernize school-site construction requirements so that schools can be within walking or biking distance for children.
- Community and Faith-Based Organizations
  - Community and faith-based organizations should:
    - Offer healthy foods and incorporate obesity-prevention messages into events.
    - Provide opportunities for safe and supervised activity for children.
    - Provide no-or low-cost physical activity opportunities and nutrition counseling.
- Schools
  - The nutritional value of foods in schools should be improved.

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- Nutrition standards at schools should be higher than those required by USDA, such as those recommended by the IOM Food in Schools report, and include a ban on sugar-sweetened drinks.
- Free drinking water should be provided in schools.
- School districts should revise food contract policies and priorities to focus on maximum nutritional value of food served in schools.
- Schools should evaluate alternative fundraising options that do not involve providing foods that do not meet specified nutrition standards such as those recommended by the IOM Food in Schools report to students.
- Professional development should be provided to school food-service staff.
- School districts should ensure physical activity is part of students' daily lives.
  - Students should have time for activity during the school day, and physical education should be improved and requirements should be increased.
  - School districts should work with communities to make it easier for students to walk and bike to school.
  - Agreements should be developed so recreation spaces at schools and community centers can be made available for children to use before and after school when possible.
- School districts should evaluate and refine body mass index (BMI) and other health-screening initiatives.
- Nutrition and health education programs should be improved.
- School districts should assess their schools' health policies and programs, including their wellness policies, and develop a plan for improvements.
- Families and individuals
  - Individuals must learn to factor health considerations into their choices about eating and exercise.
  - Family members should be encouraged to think about the impact of their choices on others in their family. For instance, parents should be aware of the impact of buying foods with limited nutritional value for their children.
  - Mothers should be encouraged to breastfeed infants.
  - Parents and guardians should limit their children's amount of screen time so that kids see fewer advertisements for unhealthy food and beverages, eat less junk food, and have more time to be active.
  - Additional recommendations for individuals and families can be found on the Robert Wood Johnson Foundation Center to Prevention Childhood Obesity Web site: <http://www.reversechildhoodobesity.org/content/what-individuals-and-families-can-do-0>.
- Employers and Insurers
  - Employers should provide workplace wellness programs and strong preventive care benefits.
  - Employers should provide employees with opportunities to be physically active during the day, including fitness breaks.

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- Employers and insurance providers should make coverage available for nutrition counseling, weight-loss and weight-management programs, and other services to prevent and reduce obesity and related chronic diseases.
- Insurers should make preventive services available and affordable to companies of all sizes, not just large companies.
- Insurance companies should not discriminate based on a person's weight or use obesity as a risk factor for determining eligibility for insurance coverage or treatment.
- Food and Beverage Industry and Agribusiness and Farmers
  - Food, beverage, and marketing companies should develop and promote products that encourage healthy eating, and inform consumers about healthy options.
  - The Grocery Manufacturers Association should encourage members to open supermarkets in underserved communities, and grocery chains should work with such communities to develop mutually beneficial strategies for locating there.
  - Farmers' markets should be equipped to redeem SNAP and WIC coupons.
  - Farmers should work with schools to develop farm to school initiatives.
- Research Community
  - Researchers should focus on ways to evaluate the effectiveness of community-based disease prevention programs.
  - Researchers should increase their focus on translating research about health findings into practical advice for policymakers and the public.

To view this full report, click [here](#).

### **Community Health Indicators for the Washington Metropolitan Region – Metropolitan Washington Council of Governments, 2009**

Metropolitan Washington Council of Governments & Washington Regional Association of Grant Makers, June 24, 2009

Actions - To fully understand and address these [the report's findings] inequalities both across the region and within individual jurisdictions will require a number of actions, including:

- Collecting and mapping health data at the neighborhood level, by race/ethnicity, income and other socio-economic factors relevant to health status;
- Understanding those factors in our region that most influence health inequities;
- Understanding current work in our region to address critical health issues and identifying the gaps in service and policy;
- Understanding the health status of the region's children and adolescents;
- Educating our community to advance a broad-based and deep understanding of how fundamental causes of inequality shape community environments and how these environments, in turn, shape health;
- Researching community health models that promote health equity and give greater attention to a prevention oriented approach;
- Working across public, private, non-profit and philanthropic sectors to understand how each can contribute to achieving health equity;

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- Having a community conversation to determine what strategies might be applied to improving the overall health of our region; and
- Developing a regional plan of action.

To view the full report, click [here](#).

### **Addressing Racial and Ethnic Health Inequities: Tri-Committee Discussion Draft for Health Care Reform – Joint Center, 2009**

The Joint Center for Political and Economic Studies

Testimony before the House Energy and Commerce Committee, Health Subcommittee

July 23, 2009 – Brian D. Smedley, PhD

- Several evidence-based strategies can improve access and equalize the quality of health care for all, with particular attention to the needs of communities of color. These include strategies to:
  1. **Expand Access to Health Insurance.** The most important step toward eliminating racial and ethnic health care disparities is to achieve universal health insurance coverage. Benefits should be comprehensive, and should include services that many communities of color need to access appropriate care, such as interpretation services.
  2. **Improve the Diversity and Distribution of Health Care Providers.** Even if the United States achieved universal health insurance coverage, because of residential segregation and the dearth of health care providers and resources in communities of color, special efforts must be made to ensure that health care resources are better aligned with these communities' needs.
  3. **Promote Equal High Health Care Access and Quality.** As the studies noted above demonstrate, health insurance coverage by itself is insufficient to ensure that communities of color have access to and receive high quality health care. Several policies offer mechanisms to elevate and promote equitable care for all.
  4. **Empower Patients and Communities.** To ensure that health care meets their needs, patients should be empowered to participate in treatment decisions, and in the same vein, communities should be empowered to inform policies regarding the distribution of health care resources at the community level.
  5. **Address Social and Community-Level Influences on Health.** As noted above, health inequities are largely the by-product of socioeconomic inequality and community-level conditions that shape health. Several policy approaches can improve these social determinants of health in ways that provide broad returns to society.
- The draft Tri-Committee legislation contains a number of important provisions that will strengthen the federal effort to eliminate health and health care inequities. Importantly, the legislation offers the kind of comprehensive strategy of targeted investments that are likely to help prevent illness in the first place, manage costs when illness strikes, and improve health. Over the long haul, these provisions will result in a healthier nation with fewer health inequities, greater workforce participation and productivity, and long-term cost-savings. These provisions:
  1. Emphasize and support disease prevention and health promotion.
  2. Improve the diversity and distribution of the health professional work force.
  3. Create incentives to reduce health care inequities.
  4. Strengthen Medicaid.

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5. Improve access to language services.
  6. Improve accessibility of Health Information Technology (HIT) in underserved communities.
  7. Improve the application of Comparative Effectiveness Research to address health inequities.
- Suggestions for additional provisions to address health inequities
    1. Codifying the federal Cultural and Linguistic Appropriate Services (CLAS)
    2. Expanding successful community-based health programs.
    3. Addressing health in all policies.
    4. Strengthening the federal health research effort.
    5. Strengthening federal data collection.
    6. Ensuring that immigrants lawfully present in the United States face the same eligibility rules as citizens for public programs, including Medicaid, Medicare and CHIP, and that they have the same access as citizens to subsidies.

To view this draft, click [here](#).

### **Strengthening What Works: Critical Provisions for Prevention and Public Health in Health Reform Legislation – PolicyLink and Prevention Institute, 2009**

A Memo prepared by Prevention Institute and PolicyLink, 2009

About: “We offer this memo to showcase the benefits of including community prevention in health reform and present the following recommendations to ensure a successful, strong and sustainable implementation:”

1. Invest in community prevention as a core component of health reform
2. Promote collaboration across fields and sectors encouraging healthy people and healthy places
3. Prioritize people and places that are most vulnerable
4. Engage community residents and leaders in shaping solutions
5. Educate and train leaders and the health workforce
6. Develop a national strategy and establish high-level leadership to promote community prevention and health equity

To view this memo, click [here](#).

## **State and County Reports**

### **City of Berkeley Health Status Report, 2007**

City of Berkeley, Department of Health and Human Services, Public Health Division

About: This report presents a comprehensive assessment of Berkeley’s health status and community health needs.

Proposes 4 key areas for action:

1. A healthy start for every child:
  - Early childhood is a critical stage in the life course; low-income children are especially vulnerable to conditions in the very early years that can have a lasting impact on social-emotional development and educational and health outcomes. We need to ensure that

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we identify all young children at risk, and provide the support and services for families and children that promote healthy development and school readiness. This will require coordinated action among public health, mental health, schools, childcare providers, and existing coalitions such as the Berkeley Integrated Resources Initiative.

2. Positive youth development:

- Adolescence represents another critical time in the lifecycle in which youth are developing attitudes and behaviors that have a significant impact on their health and wellbeing throughout adult life. We see disturbing trends in our young people – consistent with Alameda County, California and U.S. trends – such as increases in sedentary activity, overweight, smoking and alcohol and other drug use, and unsafe sexual activity. Again, we need coordinated action uniting public health and many other sectors to help adolescents build on their strengths to develop healthy lifestyles and healthy relationships, and to enjoy opportunities for healthy transition to adulthood.

3. Chronic illness prevention:

- The epidemic of obesity threatens to undermine our recent progress in increasing life expectancy – today’s children may be the first generation to have a shorter lifespan than their parents. Chronic illnesses are also the biggest contributor to health inequities. Prevention of chronic illness relies on individual health behaviors and environmental and social supports that promote healthy choices and well-being. We need to increase our efforts to ensure that every person in Berkeley has access to healthy neighborhoods, healthy food, safe places to play and exercise, social support for healthy behaviors and stress reduction, and access to high quality preventive health services.

4. Public health preparedness:

- The report demonstrates public health’s success in limiting the impact of communicable diseases on health. We need to continue our activities to protect our community against infectious diseases including pandemic influenza, and other emerging health threats such as global warming, and to make sure that we are prepared for any natural, biological, or environmental disasters that may threaten our wellbeing.

To view this report, click [here](#).

### **Health Disparities Report 2008: A County Level Look at Health Outcomes for Minorities in Georgia**

Georgia Health Equity Initiative, 2008

#### Key Recommendations:

1. Increased Awareness

- Increase awareness of health disparities among the general public as well as key stakeholders by promoting, developing, and investing in programs and initiatives that work to eliminate racial and ethnic health disparities.

2. Data Collection and Documentation

- Commit to and budget for measuring disparities at local levels for all racial and ethnic groups, ensuring that documentation of progress is monitored towards the elimination of health disparities.

3. Community Empowerment

- Promote and increase community-level involvement by supporting leadership development and increasing the capacity within the community to more effectively

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address health disparities on the local levels. Additionally, funding must be provided for community organizations that represent and serve the target populations.

4. Public Policy

- Public policies and practices that have implications for improving and/or impacting health outcomes must be developed, identified and/or explored to ensure that they include key health disparities issues. It is imperative that incorporate key health disparities issues and identify areas for improvement.

5. Best Practices

- Identify, celebrate and highlight best practices that are dedicated to improving the health of disadvantaged and disenfranchised populations; and, recognize the programs that effectively demonstrate the link between health, poverty and improved health outcomes for Georgia's indigent and minority populations.

6. Workforce Diversity

- Work to create a culturally competent and diverse healthcare workforce that is responsive to and reflects the reality of Georgia's ethnic and racial diversity. The area of workforce diversity must also consider preparing emerging healthcare professionals to work effectively as public health and health policy leaders.

7. Accountability and Ownership

- Provide information to affected communities so that health disparities are known and increasing patient knowledge of how best to access care and participate in treatment decisions.

8. Collaboration and Partnerships

- Include a diversity of traditional and non-traditional constituents i.e., foundations, civic planning organizations/agencies, indigenous community leaders; traditional providers of services to the population including physicians, community health centers, the faith community and elected officials (city, county and state) to address the elimination of health disparities.

To view the full report, click [here](#).

### **Health Inequities in the Bay Area, 2008**

Bay Area Regional Health Inequities Initiative, 2008

About: "Health Inequities in the Bay Area, is an attempt to show how this larger set of factors influences our health in the nine-county Bay Area, and to suggest the kinds of policy initiatives and activities that will be crucial for both reducing the disparities among populations and improving our health overall."

What can be done:

- Income and Health
  1. Over the past few decades, changes in taxes on income, estates and capital gains have driven the transfer of income and wealth from lower and middle to higher income people. Tax policies that reduce the extremes between wealthy and poor can contribute to improvements in overall health.
  2. Minimum wage policies tied to cost of living would help improve health among low-wage workers. In 2007, Congress passed the first increase in the minimum wage in this decade, yet minimum wage has not kept close to the rise in cost of living.

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3. Living wage campaigns, such as the one passed in San Francisco, provide additional financial and health benefits.
  4. Education policies, from early childhood development through college, that mitigate, rather than exacerbate, levels of inequality in society can contribute to improved health.
  5. Housing policies that enable more people to make secure investments can contribute to improvements in overall health.
- Race/Ethnicity and Health
    1. Improvement of living conditions in increasingly multi-ethnic, low-income communities, which will have to become a priority for public agencies and private business investment, can make significant contributions to improving health.
    2. Building new alliances within communities to assure that neighborhood improvements do not mean displacement and gentrification will be an important corollary.
    3. Educational priorities, including those recently announced by the California Superintendent of Public Instruction, to reduce high school dropout rates among African Americans and Latinos will be important for creating avenues out of poverty and for reducing associated disparities in health.
    4. Renewed national dialogues on race and racism, perhaps with an opening emerging from the presidential campaign, could yield new strategies for reducing the toll that racism has taken on Native and African American populations, minimize its impact on immigrant populations and contribute to improvements in health.
  - Neighborhoods and Health
    1. Land use, transportation, economic development and redevelopment decisions that take health consequences into consideration will be an essential complement to other approaches.
    2. Improvements in neighborhood living conditions that combine mixed income, mixed use, no displacement, public transportation, affordable housing, open space and removal of blight can become centerpieces of public health in the 21st century.
    3. Building strong ties with communities where decades of mistrust of planning agencies has bred resistance can help establish the foundation for new relationships and opportunities to make communities healthier places to live.

To view the full report, click [here](#).

### **Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County, 2008**

The Alameda County Public Health Department, August 2008

Needed Public Policies

- Public Policies to Correct the Course in Alameda County
  - Listed below are several *policy principles* that provide guidance for how and with whom Alameda County takes on the challenges of addressing root causes of health inequities.
    1. Understanding the *historical forces* that have left a legacy of racism and segregation is key to moving forward with the structural changes needed to provide living wages, affordable housing, excellent education, clean air, and other social conditions in neighborhoods that now experience disadvantage.

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2. *Working across multiple sectors* of government and society is key to making the structural changes necessary. Such work should be in partnership with community advocacy groups that contribute to pursue a more equitable society.
  3. *Measuring and monitoring the impact* of social policy on health to ensure gains in equity is essential. This will include instituting systems to track governmental spending by neighborhood and tracking changes in measures of health equity over time and place to help identify the impact of adverse policies and practices.
  4. Groups that are most affected by inequities must have a voice in identifying policies that will make a difference as well as holding government accountable for implementing these policies. *Meaningful public participation* is needed with attention to outreach, follow-through, language, inclusion, and cultural understanding. Government and private funding agencies should actively support efforts to build resident capacity to engage.
  5. Acknowledging the *cumulative impact of stressful experiences and environment* is crucial. For some families poverty lasts a lifetime and is perpetuated to next generations, leaving its family members with few opportunities to make healthful decisions.
  6. The developmental needs and transitions of *all age groups* should be addressed. While infants, children, youth, and elderly require age appropriate strategies, the largest investments should be in early life because important foundations of adult health are laid in early childhood.
  7. Changing community conditions requires extensive *work on land use policy* to address the location of toxic sites, grocery and liquor stores, affordable housing and transportation, the primacy of the automobile, access to opportunities for physical exercise and building social supports, and overall quality of life.
  8. The *social fabric of neighborhoods* needs to be strengthened. Residents need to be connected and supported and feel that they hold power to improve the safety and well-being of their families. All residents need to have a sense of belonging, dignity, and hope.
  9. While low-income people and people of color face age-old survival issues, *new challenges* brought on by the global economy, climate change, U.S. foreign policy, and the need to immigration reform and energy alternatives are also relevant and should be addressed in the context of equity.
  10. Because of the cumulative impact of multiple stressors, our overall approach should shift *toward changing community conditions* and away from blaming individuals or groups for their disadvantaged status. Eliminating inequities in Alameda County is huge *opportunity to invest in community*. Inequity among us is no longer politically and morally acceptable and we all stand to gain from eliminating it.
- Goals and implications:
  - Policies that affect income, wealth, education, and work
    - Income, wealth, and employment
      1. Raise incomes of the poor, especially those with children: Increase enrollment in income support programs; expand access to earned-income tax credits; raise the state minimum wage; implement local living wage ordinances.

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2. Assist poor people to accumulate assets: Provide education and financial counseling to increase access to savings accounts and investment programs; expand home ownership and micro-enterprise opportunities.
  3. Support job creation and workforce development: Negotiate community benefits agreements, preserve industrial land for good paying jobs, and expand local green-collar jobs; increase access to education, training, and career ladders; fund job readiness and skill-building programs especially for African Americans, Latinos, and youth.
- Education
    1. Invest in early childhood: Provide high quality and affordable child care and preschools; ensure equitable distribution of and access to preschools and provide subsidies.
    2. Reform school funding: Finance to equalize access to quality education in K-12; create incentives for teachers to work in disadvantaged schools; ensure accountability, adequate facilities and highly qualified teachers and administrators.
    3. Invest in recruiting, training and retaining child care providers and teachers for K-12.
    4. Provide supports to schools and students and parents in need: Provide positive interventions for at-risk middle and high school students; invest in youth development programs; create greater support for low-income parents of color to participate in their child's education.
  - Policies that address adverse community conditions
    - Housing
      1. Increase affordability and stability: Ensure affordable housing for all by protecting existing stock, increasing production, and funding the EveryOne Home Plan. Protect affordable housing stock including just rent control laws and condominium conversion policies, as well as maintaining single room occupancy hotels. Increase production including increasing the redevelopment tax increment for affordable housing and affordable housing bond measures.
      2. Support homeownership: Use policies such as establishing community land trusts, increasing funds for and utilization of first-time home buyer programs, and establishing inclusionary zoning ordinances.
      3. Decrease foreclosure and displacement: Utilize strategies such as increasing funding for emergency housing assistance, partnering with community organizations to target preventative outreach to at risk households, and implementing Just Cause for Eviction ordinances,
    - Transportation
      1. Increase affordability: Utilize policies such as free bus passes for students 17 and under and low-income bus passes.
      2. Improve accessibility and reliability: Strategies include equalizing public transit subsidies and expanding bus service in the Metropolitan Transportation Commission identified communities of concern by implementing and funding community – based transportation plans.
      3. Decrease driving: Policies include equitable road pricing strategies and transit-oriented development.

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4. Decrease pedestrian and bicyclist injuries: Utilize tools such as fully funded regional, county, and city pedestrian and bicycle strategic plans.
- Air quality
    1. Reduce exposure to diesel particulates by eliminating diesel trucks in residential neighborhoods; enforcing the no-idling law near schools, requiring the use of clean technology in new ships and trucks; reducing emissions in existing fleets; and implementing existing state and federal emissions reductions regulations.
    2. Study trucking and shipping operations, including expanded monitoring around school sites, to assess the impact on low-income and vulnerable populations.
    3. Engage communities in decision-making about locally wanted and unwanted land use.
    4. Incorporate public health input on air pollution impacts in local land use planning and development decisions.
  - Food access and liquor stores
    1. Limit number and density of fast food restaurants, especially in low-income areas.
    2. Increase healthy food availability: Retain and attract supermarkets and full-service grocery stores through tax write-offs and other incentive. Encourage neighborhood stores to carry healthy foods through tax incentives, streamlined permitting and zoning variances, and local government support. Strengthen alternative sources of fresh produce such as farmers' markets and community- and school- based produce stands.
    3. Establish and enforce regulations to restrict the number of liquor stores in census tracts with an over-concentration of off-sale premises. Enforce regulations to limit nuisance activity (litter, prostitution, drug dealing) in and around stores. Limit the hours of operation and restrict the sale of cheap, fortified alcohol products.
  - Physical activity and neighborhood conditions
    1. Develop and promote venues for active recreation – parks, playgrounds and school facilities – especially in low-income communities. Improve access to public facilities for physical activity, such as facilitating after-hour use of school facilities. Promote regular physical activity in schools such as physical education programs and increasing funding for teachers and equipment in low-income communities.
    2. Engage policy makers, law enforcement agencies, residents, and community organizations in the development of zoning laws and general plans to improve safety of parks and other recreational facilities in high crime and low-income communities.
    3. Increase land use mix in urban and suburban areas as a strategy to promote walking and biking to work, entertainment, shops, and schools. Increase public transport access and improve walking and biking routes to schools.
  - Criminal Justice
    1. Reform crime laws: Decriminalize addiction and implement community programs for drug offenders in lieu of prison. Eliminate three-strike laws.
    2. Address the root causes of disproportionate incarceration rates for African Americans, Latinos, and low-income people.

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3. Support re-entry programs and combine probation with social services, health, and other programs to ensure a support system for probationers.
- Access to health care
  1. Support state and local proposals for universal access to quality health care.
  2. Streamline public health insurance enrollment and improve affordability of services within existing public programs such as Medi-Cal.
  3. Support legislation to improve affordability of critical prevention services such as childhood immunization.
  4. Promote culturally appropriate cancer screening programs for specific populations – for example, Asian women for cervical cancer – and support implementation of targeted breast and prostate cancer screening programs among low-income and lower literacy groups.
- Social relationships and community capacity
  1. Strengthen community capacity building efforts using a place-based approach.
  2. Build social capital in vulnerable communities by empowering residents to take action in partnership with city and county governments and community-based organization to improve their neighborhood conditions.
  3. Facilitate neighborhood-level strategies to address unfavorable neighborhood social conditions, increase protective resiliency factors.

To view this report, click [here](#).

### **Multnomah County Health Equity Initiative 2009**

#### Multnomah County Health Equity Initiative

#### Policy Priorities and Recommendations

- Income and Social Status
  1. Revise government policies that cause working poor to lose all of their welfare or disability benefits if they take a job to supplement their benefits; increase poverty thresholds to increase eligibility for services.
  2. Require corporations, such as those who benefited from the development of Northwest Portland's Pearl District, to give back to the community in some way.
  3. Promote current efforts to establish a County staff that mirrors the communities it serves by hiring, retaining and promoting a diverse workforce, such as health care providers, librarians, and service contractors. Improve County's current efforts to train, mentor, and promote persons of color to management careers.
  4. Partner with corporations to remove financial barriers to higher education in public service fields employed by Multnomah County, i.e., library science, public health, social work, criminal justice.
  5. Tax pornography to leverage dollars for women's health.
- Access to Medical Care
  1. Universal health care including mental health care and prevention. Support efforts to ensure access to healthcare for all Oregonians, such as the work of the Oregon Health Fund Board with particular attention paid to the recommendations of the Health Equities Committee.

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2. Require affordable or free access to mental health services. Enhance the mental health system.
  3. Require health insurance to cover alternative health care.
  4. Expand (childhood) early intervention programs. Increase screening of children for developmental delays and disabilities; provide early intervention for children to avoid more serious and expensive long-term health problems.
  5. Require health insurance to cover costs of health promotion and prevention activities.
  6. Support the collaboration of provider systems (e.g., Kaiser, Legacy, Multnomah County) to establish an urgent care system to divert patients from more expensive emergency department care.
  7. Engage health systems and educational institutions to create minority scholarships for health career education for graduates of public schools.
  8. Require businesses with more than 20 employees to pay towards health care coverage.
- Quality Affordable Housing
    1. Support programs that encourage minority ownership. Encourage home ownership through Community Land Trusts and low down payment, low interest loans for minority homeownership programs.
    2. Promote a “heat security” policy that would guarantee heat for low-income people by convening a forum of local energy producers, distributors and policy makers.
    3. Increase the number of homeless shelters for women and children.
    4. Add exercise rooms to new public housing.
    5. Assure the availability of healthy publicly funded housing including setting standards for indoor air quality and promoting “breathe easy homes” constructed with special features to improve indoor air quality and reduce air pollutants. Direct emergency department savings to develop more “breathe easy” public housing.
  - Discrimination
    1. Convene community dialogues to understand and confront racism.
    2. Provide and expand low-interest loans to minority-owned businesses.
    3. Promote the adoption by other local governments of an equity review process to consider equity in policy decisions related to community development, education, employment, transportation, etc.
    4. Provide Undoing Institutional Racism course for Multnomah County managers.
  - Healthy Child Development
    1. Advocate for full and adequate funding for early childhood programs such as Head Start. The CDC recommends comprehensive, center-based, early childhood development programs for low-income children based on strong evidence that such programs improve cognitive development.
    2. Examine the current distribution of County services, such as preventive services for children, checkups, etc., and consider expanding those services by geographic area of need.
  - Access to Affordable Healthy Food
    1. Ban the marketing/sale of junk foods in school.
    2. Expand Multnomah County’s connection with community food programs such as community gardens, gleaners and harvest share programs, and learning gardens through such community partners as Oregon Food Bank and Growing Gardens. Create an organized effort to help neighborhoods plant gardens. Promote school gardens and  
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garden-based learning for children. Create a county-sponsored “Friends of Gardens” program to establish gardens within neighborhoods.

3. Increase taxes on unhealthy products. Tax tobacco, alcohol, non-nutritional beverages, and junk food to fund policies and programs to decrease health inequities and subsidize healthy foods in local markets.
  4. Promote connections among small, local farms and low-income neighborhoods by (1) convening a policy forum with local farmers, residents and policy makers to identify policy and remove barriers to connecting local farmers with low-income people and reduce the cost of doing business for small, local farms, and (2) establishing land use agreements for food co-ops and farmers markets in low-income neighborhoods. Expand farmers’ markets to eastern areas of Portland and Multnomah County. Expand the use of food stamps and WIC vouchers at farmers’ markets.
- Employment and Working Conditions
    1. Require employers to provide “livable” wages.
    2. Mandate paid sick days and paid vacations, and incentives for healthy behaviors. Provide incentives, such as TriMet passes monetary incentives or a reduction in work hours to people who practice healthy behaviors like walking or biking to work.
    3. Promote current efforts to develop an equitable process for promoting and contracting with minority, women, and emerging small businesses, which may include a streamlined certification process.
    4. Protect workers from the consequences of company relocation. Require companies that relocate out of the area to finance retraining programs for workers in industries that are growing (e.g., health care, engineering, technology, media, etc.) or severance pay for layoffs.
  - Public Transportation
    1. Promote alternative modes of transportation such as walking, biking, and public transportation. Develop more walking and biking trails. Establish bike boulevards separated from traffic. Establish more off-street or low-use street bike paths and sidewalks throughout county neighborhoods. Establish, in partnership with City of Portland, a community bike-lending program, with plentiful low-cost rentals.
    2. Partner with community enhancement CBOs like City Repair to change the underlying physical structure of neighborhoods to enhance community connections.
    3. Build small communities with access to shopping and services within walking distance. Expand car-free neighborhoods on a regular basis to enhance the opportunity for neighbors to connect with each other. Promote telecommuting, fewer workdays, or longer workdays.

To view this full report, click [here](#).

## **The Landscape of Opportunity: Cultivating Health Equity in California - 2009**

California Pan-Ethnic Health Network, June 2009

Policy Recommendations

- Socioeconomic Factors

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1. **Improve Quality Education:** Early childhood education sets the stage for lifelong learning and academic success. We need to advocate for universal pre-K school programs and ensure equitable geographic location of preschools to guarantee access for low-income children of color. Our K-12 schools need increased funding targeting traditionally underfunded schools, and programs that invest in recruiting, retaining, and supporting high quality teachers for these districts. Lastly, we must increase access to higher education through scholarships and financial aid that cover tuition and text books, and institute admissions requirements that value diversity.
  2. **Increase Job Opportunities in Low-Income Communities:** We need to work with local and statewide elected officials to create new job opportunities and ensure that low-income people are paid a living wage. We should ensure that businesses and enterprises are located in and hire from low-income communities and communities of color. One approach is to require the development of new “green” jobs in these neighborhoods, creating sustainable economies.
  3. **Modernize the Federal Poverty Level:** A change in the Federal Poverty Level to reflect the true cost of living today would help those most in need access critical public programs. A report by the California Budget Project found that a single adult in California requires an annual income of \$28,336 — more than double the amount of the Federal Poverty Level — to cover basic expenses. The Federal Poverty Level needs to reflect current basic needs and geographic differences.
- Environmental and Social Factors
    4. **Improve the Condition of Neighborhood Housing:** Healthy people live in healthy homes, and developments that include a mix of residents contribute to positive neighborhood experiences. We should advocate that local housing and redevelopment agencies prioritize mixed-income housing through inclusionary zoning and provide incentives for including low-income housing in developments.
    5. **Improve Air Quality:** Many communities are striving to improve air quality by working with industry to mitigate pollution and reduce emissions. One immediate way is to hold our policymakers to task in implementing SB 375, legislation to control greenhouse gas emissions by curbing sprawl. The bill asks regions to develop integrated land use, housing, and transportation plans. Community voices must play a role in the planning process, through bodies such as the California Air Resources Board, the Regional Targets Advisory Committee, and the governing boards of the regional Air Pollution Control Districts.
    6. **Expand Access to Healthy Food Retail:** City developers and planners should encourage healthy food retail. Some communities are changing local zoning codes to allow farmers markets in neighborhoods where they were not allowed before. Zoning can also place limits on fast food outlets in certain neighborhoods.
    7. **Expand Spaces for Physical Activity:** Increasing the availability and appeal of open space, whether through new or improved parks or improved safety, would raise levels of physical activity. One way to increase access to open spaces is by opening up existing school grounds for community use. Policies that address funding streams and liability — such as new school bonds and legislation to expand the definition of joint use — would make it easier for low-income communities to have safe places to be physically active.

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8. **Encourage Healthy Transportation Policy:** Transportation policy should encourage walk- and bike-friendly communities through the development of bike paths, sidewalks, and trails. We need to ask our state and local officials to prioritize laws, practices, and ordinances to build sidewalks, promote traffic calming, and improve pedestrian safety.
  9. **Promote the Use of Health Impact Assessments:** Health Impact Assessment (HIA) is a set of tools used by public health professionals, planners, and community members to identify the health effects of proposed policies and projects. The Legislature and Administration should provide funding to the California Department of Public Health to implement an HIA program and provide guidance to local health departments and community organizations on how to conduct their own HIAs.
  10. **Incorporate Health in General Plans:** How we plan our neighborhoods — whether through the General Plan or Specific Plans — can lead to positive results. Public health officials and community members should advocate to ensure that General Plans and other land use policies incorporate health. Including a health element in general plans — or ensuring that health is considered in existing elements — would help promote walkable communities, increase healthy food retail, protect residents from pollution, and connect residents to jobs and transit.
- Neighborhood Safety and Cohesion
    7. **Work for More Cohesion in Our Neighborhoods:** We need to strengthen and expand place-based community capacity building efforts in low-income communities of color to empower residents to identify and address their pressing concerns. Community organizations and public agencies, including health departments, need to work with residents to help build their internal capacity and leadership skills.
    8. **Encourage a Politically-Engage Citizenry:** Ensuring that these recommendations are implemented can only happen when community members commit to social change. We need to design policies that guarantee equal access to voting, addressing complications caused by geographic and language barriers, and overturn laws that disenfranchise people with felony convictions. We must also work to break down historical and logistical hurdles barring our communities from joining and serving on commissions and planning committees, and running for office. Lastly, statewide and local government advisory boards should be required to include community members in their ranks that reflect California’s diversity.
  - Violence and the Criminal Justice System
    1. **Develop and Implement Efforts on Preventing Violence:** We need to shift our focus from punishment and incarceration to prevention and opportunity. Innovative programs that engage youth — connecting them to conflict mediation, job opportunities, after school programs, and leadership development — can help prevent violence before it occurs. In addition, cities need to prioritize violence prevention, developing a comprehensive approach and engaging all stakeholders, including public health, instead of relying on law enforcement and the criminal justice system.
    2. **Revise Punitive Criminal Justice Policies:** We need to track and revise correction and criminal justice system policies that disproportionately punish people of color, from the point of police contact through incarceration, including California’s Three-Strikes Law. At the same time, we must review and revoke laws that punish individuals returning to their communities — for example, repealing the federal ban on student loans to

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formerly incarcerated with drug convictions and allowing nonviolent drug offenders the opportunity to expunge their records.

3. **Reduce Recidivism:** We need to promote the successful re-entry of individuals back into our communities by supporting programs that connect them to needed social, health, educational, and vocational services. Additionally, we need to expand the availability of substance abuse treatment, both generally and for those in the criminal justice system, to help break the cycle of drug abuse and incarceration.
- The Health Care System
    1. **Increase Access to Affordable Health Care:** California needs a system of coverage that serves everyone and includes everyone, taking into account diverse cultural and linguistic backgrounds. We need to increase access for low-income communities by expanding public programs and supporting our existing safety net, such as community clinics and public hospitals. Additionally, in order to ensure those relying on public programs receive quality care, California needs to increase Medi-Cal reimbursement rates, which are among the lowest in the country.
    2. **Ensure Language Access in Health Care:** California leads the way in making sure those with health insurance can receive their care in the language they speak and understand. We must continue to hold our health plans accountable as they implement SB 853, the *Health Care Language Access Act*, which requires them to provide translated documents and interpreters at all points of care. The state must also set up a reimbursement system to enable Medi-Cal providers to use trained medical interpreters.
    3. **Expand and Diversify Health Professions:** Educational institutions and government entities must help diversify the health professions so that practitioners reflect and understand the needs of communities of color. California must establish programs to train, recruit, and retain people of color in the medical and allied health professions. The state should develop a statewide master plan to increase diversity in the health care workforce.

To view this report, click [here](#).

### **Healthy People in a Healthy Economy: A Blueprint for Action in Massachusetts – The Boston Foundation and the NEHI, 2009**

Understanding Boston - The Boston Foundation and the New England Health Care Institute, June 2009  
 About: “NEHI and the Boston Foundation believe that the time has come to launch a comprehensive effort to address both rising health care costs and the rising tide of preventable chronic disease through a campaign to improve overall health and fitness, building on initial progress with the Commonwealth’s *Mass in Motion* campaign. This effort should include the following sectors and strategies:”

- Schools
  - Lawmakers and educators should implement new approaches to replace unhealthy foods with nutritious options in schools.
  - Educators, health experts and lawmakers should encourage physical activity by reconciling health promotion with increasing academic requirements.

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- As BMI reporting becomes mandatory, both educators and clinicians in Massachusetts should learn from the experience of states like Arkansas and Pennsylvania and act to maximize communication with families.
- Municipalities
  - The state's transportation strategy should promote physical activity over a continued over-reliance on automobiles.
  - Housing policy should extend smart growth principles to create more walkable, fitness-friendly communities and housing developments.
  - Organizations that actively promote green building practices should also incorporate design standards that promote health through increased physical activity.
- State Government
  - The Commonwealth should work with insurers and employers to encourage adoption of wellness incentives (such as those in the state's health insurance reform law, Chapter 58 of 2006) that will be both effective and equitable for individual employees.
- Payers
  - Massachusetts payers should form a coalition to test effective, comprehensive approaches to promoting health and wellness interventions through health plans.
- Employers
  - Employer associations and the state should promote awareness of best practices in employee health management, as demonstrated by leading firms in the area.
  - Small- and mid-sized employers should work with the state's health insurers to effectively bring evidence-based health promotion to fully-insured firms.
- The Food Industry
  - Supermarkets and restaurants in the state should begin a direct dialogue to determine options for voluntary health-oriented food labeling.
  - The Commonwealth should end the current sales tax exemption for snack foods and soft drinks.
  - Massachusetts' network of community and neighborhood development corporations should work to expand the availability of healthy food options in urban communities.
- Physicians
  - Physicians and payers should leverage the renewed attention to payment reform to identify new opportunities to reimburse physicians for promoting healthy behaviors.
  - Health promotion and achievement should be an essential part of any move towards health care payment reform.
- Philanthropies
  - Grantmakers should continue to identify ways to coordinate with other like-minded organizations to share best practices and optimize funding for health promotion initiatives.
- The Media/Opinion Leaders
  - Organizations promoting healthy behaviors should join forces to reduce fragmentation, pool resources and strengthen and reinforce their messages.
  - Massachusetts' 'newsmaker cluster' should serve as an important partner in efforts to communicate positive messages around diet and fitness, helping to reinforce proven messages from other stakeholders.

To view this report, click [here](#).

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**Working Together for a Healthier Kansas: A Status Report on the Social Determinants of Health in Kansas – KDHE Center for Health Disparities, 2009**

Kansas Department of Health and the Environment, Center for Health Disparities

About: “To a large degree, our behaviors and lifestyles can place us on a path to health or on a highway to disease. There is an important role of individual responsibility. Each individual has to make healthy choices. But social responsibility is also required because everyone does not have the same opportunities to choose health. Research reveals that there is much that can be done to reduce barriers to good health and create new opportunities to support healthy choices. Social policies can make it easier for all to start a new journey toward better health. Thus, improving the health of Kansas will require the commitment of every Kansan to make healthy choices and the commitment of every institution in Kansas to make it easier for everyone to choose health. We now consider several factors that have been shown to influence health and outline specific examples of the kinds of actions that are necessary, in each area, to promote a healthier future for every Kansan. These recommendations are not comprehensive, but representative and illustrative of the kinds of interventions that are needed.”

- Adequate Income
  - What the Government and Public-Private Partnerships can do:
    1. Ensure that every worker in Kansas receives adequate income to choose a healthy lifestyle. This can be accomplished through living wage laws and minimum wage increases.
    2. Ensure that every citizen of Kansas who is able to work can find a decent job.
    3. Provide adequate assistance to vulnerable social groups such as the elderly, the disabled and newborns.
    4. Create incentives to encourage savings.
    5. Provide earned income tax credits to low income individuals.
  - What churches and community organizations can do:
    1. Advocate for policies that would ensure adequate income for all.
    2. Offer programs and outreach services to low income individuals to ensure that they receive all of the government benefits to which they are entitled.
  - What every citizen can do:
    1. Volunteer to work with national, state, community and faith groups that provide advocacy and support services for the poor.
    2. Write your elected political leaders about the relationship between adequate income and health and enlist their support for new initiatives to improve health.
- Education
  - What the Government and Public-Private partnerships can do:
    1. Provide access to high-quality early childhood educational enrichment programs for every child.
    2. Provide pre-natal and post-natal support services for vulnerable parents and ensure that all parents have the knowledge and skills to provide safe, supportive and nurturing environments for their children.
    3. Reform school financing so that every school has the financial and manpower resources to ensure that each child has the opportunity for high-quality experiences from kindergarten through college.

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4. Increase opportunities and reduce financial barriers so that every student who wants to can attend a community or 4-year college.
  5. Provide incentives so that every school can become a center of wellness for its students, staff and the surrounding community.
- What churches and community organizations can do:
    1. Offer classes and programs that would enable every parent to become competent in nurturing children.
    2. Advocate for investment in high-quality early childhood enrichment programs and an academically rigorous and welcoming school system.
  - What every citizen can do:
    1. Become a mentor for children who are at risk of academic failure. This group includes children:
      - Whose first language is not English.
      - Who are being raised by a single parent.
      - Who have a parent in jail or prison.
      - Who are falling behind in school.
  - What every parent can do:
    1. Make early and regular contact with your child's teacher.
    2. Advocate for high-quality teachers. Teacher quality is the most important factor in student achievement.<sup>5</sup>
- Housing and Neighborhoods
    - What Government and Public-Private partnerships can do:
      1. Ensure that everyone has access to affordable housing.
      2. Implement policies and programs to limit exposures to factors such as lead, radon, asbestos, cockroaches, and ensure access to smoke detectors, safe housing conditions (e.g. stairs), help with utility bills, and well-functioning heating and cooling systems.
      3. Ensure that every family has access to a neighborhood that is supportive of good health and provides opportunities to make healthy choices. This will require support for:
        - Strong crime prevention policies.
        - Zoning policies that reduce noise and pollution.
        - Initiatives that support adequate access to healthy foods and restricted access to fast food, alcohol and tobacco.
        - Programs and a built environment that encourages physical exercise and recreation.
    - What Churches and Community Organizations can do:
      1. Advocate for policies that support healthy homes and neighborhoods.
      2. Offer programs and services that increase awareness of how health is affected by where we live, learn, work, play and worship.
      3. Refer people to resources that exist for help with low cost housing, home repairs and safety, emergency shelters, and other neighborhood problems.
    - What every citizen can do:

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1. Volunteer for programs that address housing issues, such as fair housing agencies, Habitat for Humanity, emergency shelters, and other community housing programs.
  2. Develop and support crime watch programs; look out for your neighborhood.
  3. Work closely with community-based organizations and neighborhood groups to give them an active voice in working with government entities and the business sector in designing local solutions to neighborhood problems.
- Nutrition
    - What Government and Public-Private partnerships can do:
      1. Expand access to healthy food:
        - Increase support for the SNAP (formerly Food Stamp) program. Studies by the USDA indicate that expanding the Food Stamp Program is a sound investment that helps to strengthen the economy. Every \$5 of food stamps stimulates \$9.0 in local economic activity.<sup>7</sup>
        - Provide grants and loans to foster the development of supermarkets and grocery stores in underserved areas. The Pennsylvania Fresh Food Financing Initiative is a public/private program that has enhanced access to healthy foods.<sup>8</sup>
      2. Provide incentives for schools and workplaces to do more to enhance people's knowledge of food and nutrition and encourage healthy food choices.
    - What Churches and Community Organizations can do:
      1. Support the development of farmer's markets and community gardens to improve access to fresh fruits and vegetables.
    - What every citizen can do:
      1. Eat more fruits and vegetables.
      2. Use whole grain breads and cereals as the foundation of your diet – they provide important vitamins, mineral and fiber.
      3. Use low-fat or non-fat milk, cheese and yogurt.
      4. When preparing foods, use the 3B approach: Bake, Boil, Broil instead of deep fat frying.
      5. Read food labels so that you can know how much fat, fiber, sugar and salt is in the food.
      6. Use less salt because too much salt can raise your blood pressure.
      7. Reduce calories and fat by limiting your use (or using low-fat alternatives) of mayonnaise, vegetable oils, butter margarine and most salad dressings. They have 100 calories per tablespoon.
      8. Skin chicken and turkey to reduce fat content.
  - Stress
    - What government and Public-Private partnerships can do:
      1. Improve work and residential environments to reduce the levels of stress. These include:
        - Enhancing employees control over work.
        - Providing more opportunities for advancement.
        - Ensuring appropriate compensation and rewards.
        - Strengthening leave policies and worker protections.

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- What Churches and Community Organizations can do:
  1. Offer programs that help individuals manage stress and support their access to services that provide resources to reduce levels of stress.
- What every citizen can do:
  1. Make time in your life for regular exercise.
    - Start slowly and gradually increase.
    - Pick an activity that you enjoy.
    - Exercise with a friend.
    - Build exercise supplements (such as taking the stairs) into your daily life.
    - Check with your doctor before starting an exercise program.
  2. Take time to relax.
  3. Learn your signs of stress and take a break when they occur.
  4. Talk to a friend.
  5. Avoid debt. Don't purchase what you cannot pay for.
  6. Get adequate sleep every night.
  7. If you are still having trouble, get help.
- Social Support
  - What government and Public-Private partnerships can do:
    1. Workplaces, residential area and public facilities should be designed to encourage social interaction.
    2. Develop policies that build support at the local level by strengthening social networks, fostering economic development and empowerment and increasing civic participation and trust.
    3. Develop policies that strengthen opportunities for relationships at work.
  - What churches and other organizations can do:
    1. Ensure that organizational norms and practices communicate inclusiveness and equality regardless of an individual's personal or social background.
    2. Facilitate local community organizations (and churches) becoming an important source of friendships for many individuals.
  - What every citizen can do:
    1. Spend more time with people in distress. Be patient, sensitive and understanding.
    2. Volunteer to work for a crisis hotline or intervention center in your community.
    3. Get to know your neighbors.
- Personal Behaviors
  - What Government and Public-Private Partnerships can do:
    1. Implement policies and programs that reduce barriers for engaging in healthy behaviors and provide incentives and opportunities to make healthy choices.
 

Examples include:

      - Reducing the number and density of fast food restaurants, particularly in low-income areas.
      - Restrict access to alcohol in low-income areas: limit the number of retail outlets, the hours of operations and the sale of inexpensive, higher alcohol content beverages.

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- Ban the sale of soft drinks and junk foods in schools and workplaces and replace them with healthier options.
    - Increase taxes on alcohol, tobacco, and junk foods and earmark this revenue to support programs that encourage healthy choices.
    - Provide incentives for persons to enroll in smoking cessation and drug and alcohol abuse programs. Expand the number of such programs.
    - Increase access to facilities for physical activity by creating new facilities (such as parks or playgrounds) and encouraging the creative use of existing ones, such as the after-school use of schools, and the early morning use of enclosed shopping malls.
  - What Churches and Community Organizations can do:
    1. Model healthy behaviors in all programs and services, such as serving healthier lunches at meetings or at church-sponsored functions.
    2. Make facilities available after hours for exercise classes and health promoting activities to local community residents.
  - What every citizen can do:
    1. Become informed regarding the multiple behaviors that affect health.
    2. Volunteer with groups and organizations that are working to create healthier communities.
    3. Take care of your own health. Too many Kansans take better of their cars than their bodies.
- Medical Care
  - What Government and Public-Private Partnerships can do:
    1. Ensure that everyone has access to high quality care.
    2. Provide for the psychosocial and material needs of individuals in the health care context.
  - What every health care facility can do:
    1. Provide culturally appropriate programs and translation services to meet the needs of specific populations. Particular attention should be given to low-income and lower literacy groups.
    2. Give emphasis to prevention in the delivery of care.
    3. Provide effective treatment.
    4. Develop incentives to reduce social inequalities in the quality of care.
    5. Provide care that addresses the social context. This will involve consideration of extra-therapeutic change factors: the strengths of the client, the support and barriers in the client's environment and the non-medical resources that may be mobilized to assist the client.
  - What Churches and Community Organizations can do:
    1. Advocate for health care coverage for all.
    2. Provide information and resources on health care rights and link local residents to programs that provide access to those who lack insurance.
  - What every citizen can do:
    1. Get medical, dental and eye checkups.
    2. If you lack insurance, seek to identify community clinics that serve everyone.

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3. Do not hesitate to go to an emergency room if your life or someone else's life is at risk. By law, emergency rooms have to treat you if your life is at risk, even if you do not have insurance and you cannot afford to pay.

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