



PLACE AND HEALTH: BUILDING HEALTHY COMMUNITIES TO REDUCE HEALTH DISPARITIES

In an attempt to understand and address the social factors that drive health inequities in Baltimore, the Johns Hopkins Urban Health Institute and the Office of the Provost sponsored the 2nd annual symposium on the Social Determinants of Health in April 2013 and invited local and national leaders to discuss how we can achieve health equity in Baltimore City. Understanding the importance of place in successfully reducing health inequalities was a central theme of the symposium.

Only six miles separate the poorest neighborhood in Baltimore from the wealthiest. So how can it be that a child born in one has a life expectancy 20 years longer than the other? Researchers have found that where we live—and the conditions in which we are born, live, learn, work, play, and age—determines our health.

These conditions, known as the social determinants of health, are not a matter of personal choice. Rather, social determinants of health are shaped by economics, politics, and social policies that favor some and not others. The end result is that people have unequal access to the basic opportunities to grow up happy and healthy. These inequities are systemic, avoidable and unfair, and result in vast differences in health status, mortality rates and distribution of disease.

UNDERSTANDING THE SOCIAL DETERMINANTS OF HEALTH

Many of the factors that influence health are directly related to what kind of neighborhood you live in. So, for example, where we live determines the rate of HIV and sexually transmitted infections more than behavior and

where we live also determines our access to cancer treatment protocols more than race. So what is it about where we live? Poverty? Social conditions? Access?

If you live in an affluent community, you are more likely to live a longer, healthier life. But if you live in a poor community, you are more prone to chronic conditions like obesity, asthma, diabetes, and heart disease, not because of unhealthy behavior, but because of the conditions of your neighborhood, access to resources, and mainstream attitudes and biases.

UNHEALTHY NEIGHBORHOODS LEAD TO HEALTH DISPARITIES

When there are no grocery stores with nutritious foods in a neighborhood, you can't eat healthy. When there are no parks or open spaces, you can't exercise. When there are no good schools, no businesses moving in and no economic development, there are no opportunities. When your housing is dilapidated and infested with rodents, cockroaches, mold, or lead, your family's health suffers. When the streets are unsafe, when you are routinely exposed to violence, open

air drug markets and danger, your stress levels soar and stress alone can lead to hypertension, cardiovascular disease and a predisposition to chronic diseases. When you don't have access to health care or the transportation to get there, you are unable to get preventive care or treatment for controllable conditions like hypertension and diabetes. If you live in one of these poverty-stricken neighborhoods, you have a higher chance of dying from stroke, heart attack, cancer, or violent crime.

The problem is that people cannot escape factors that are place-based. Two-thirds of children born in Baltimore City are Medicaid-eligible. When people are born into poverty, they lack the resources or social mobility to move out, so they have no control over the conditions in which they live. And when people can't move, their opportunities are restricted. As a result, people have unequal access to the basic opportunities to grow up safe and healthy.

When you consider all of the multifaceted issues that affect health disparities—social and economic policies related to health, early childhood development, education, economic opportunity, employment, and housing—the task of reducing inequities seems daunting. However, at the local level, there is abundant evidence that change can happen.

health, and alcohol-related morbidity and mortality. Through the Transform Baltimore initiative, a bill was proposed to reduce the concentration of liquor stores and provide incentives for liquor store owners to convert their business to a health food outlet or other alternative business. The bill is anticipated to reduce violent crime in the city and may also result in improved health outcomes.

levels of incarceration, and an inability to move out of these communities create segregation where people are separate and unequal. Potential solutions discussed at the symposium included mapping of STIs at the neighborhood level and ensuring mobile van availability for diagnosis and treatment in highest impact areas.

We will only be successful if we work together—if The Johns Hopkins University works together with city government, business and philanthropy, the community-based organizations and our neighbors—that is the only chance we will have of being successful.

*Dr. Robert Blum,
Director of the Johns Hopkins Urban Health Institute*



IMPROVING HEALTH OUTCOMES BY REDUCING ALCOHOL-OUTLET DENSITY

In Baltimore City, liquor store establishments are disproportionately concentrated in African American neighborhoods that have the highest rate of poverty, the shortest life expectancies, the highest homicide rates, and the poorest health outcomes. Research has shown that there is a correlation between the concentration of alcohol outlets and violent crime, as well as cardiovascular disease, sexually transmitted infections, HIV, behavioral

REDUCING SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections (STIs) are easy to diagnose and treat, so there is no reason why there should be such great disparities in treatment between populations. In Baltimore City, there are two premiere STI clinics with free services located in the area with the highest concentration of STIs, so it is not an issue of access. The issue is that neighborhoods where STIs exist are different from the neighborhoods where they don't exist. Place-based factors such as an abundance of liquor stores, open air drug markets, high

REDUCING JUVENILE INCARCERATION

Our current criminal justice system is not only expensive, but also ineffective as a deterrent. Maryland spends \$750 million to house city residents in foster care, juvenile facilities, and prison—custodial programs that harm people rather than help them. Holding a young person in juvenile detention is exorbitantly expensive, costing \$462 per day, and we know that forty three percent of adults released from prison will go back again. One in three African American men are in the criminal justice system, either in jail, on parole, or probation. For many young men who find themselves in juvenile detention, it becomes a turning point in their lives—the point where life starts to fall apart.

For individuals who are on their way to juvenile incarceration, the Maryland Opportunity Compact is a program that provides an intervention that costs less and produces better outcomes than incarceration. These individuals are offered a Capable Youth Compact Program, funded by private investment, in which they are paid for an apprenticeship, receive family counseling, and are able to earn a GED. The State of Maryland has agreed to pay for this intervention going forward if this program proves successful and costs less money. The potential cost savings are vast compared to the amount of money spent on jails and custodial programs. The proposal for a new jail would cost \$13 million annually. Instead, this money could be invested in human capital-building programs that could help prevent incarceration such as summer jobs,

recreation centers, or sports and extracurricular activities.

OPPORTUNITIES TO MOVE TO SAFER, HEALTHIER NEIGHBORHOODS

While we are figuring out how to transform communities, families should have the right to leave them. The evidence is clear that growing up in a disadvantaged neighborhood reduces verbal cognitive scores for African American children by the equivalent of missing a year of school. The damaging effects of living in concentrated poverty accrue over time and can affect an individual's odds of graduating from high school, finding a job, and leading a healthy life.

In one initiative, Moving to Opportunity, families in a variety of cities including Baltimore were given the opportunity to move to neighborhoods with better schools and less violence. Two thousand families relocated as a result of this initiative and the improvements in

mental health among women who escaped poverty were on par with best practices in antidepressant therapies. One woman who relocated describes her former neighborhood, "Living in [that environment] made you feel trapped, caged, and worthless, just stuck into the atmosphere of absolutely no progress." Another participant explained that when all you see around you are people worse off, there is no incentive to stop using drugs or do something to improve your life. Boarded-up buildings and concrete with no greenery clearly impacts people's sense of purpose and value.

Relocation also reduced extreme obesity and diabetes for these families and increased levels of subjective well-being equivalent to earning another \$25,000 a year. Participants experienced an increase in housing quality and safety, a reduction in neighborhood poverty, and an increase in access to higher quality schooling.

The Moving to Opportunity initiative demonstrates that giving people the opportunity to escape concentrated poverty can make a difference, and we should encourage a number of options for safe, affordable housing when evidence shows it's helpful.

SEEK CHANGES IN HOUSING POLICIES

The number one cause of emergency department admissions in children is asthma, which is exacerbated by living in a house with mold and mildew, moisture, and roach infestation. When housing is substandard, in disrepair, and full of environmental toxins like lead paint and mold, children's health is put at risk. Part of being healthy is maintaining a healthy environment, and more needs to be done locally to encourage property developers to produce and maintain affordable housing and support landlords by giving incentives for preserving the housing stock, obeying housing codes and improving housing quality.

STRATEGIES THAT SHOULD GUIDE OUR INITIATIVES

DRAW ON EVIDENCE-BASED PRACTICES

Sir Michael Marmot, Chair of the World Health Organization's Commission on Social Determinants of Health, put forth six domains of recommendations in his commissioned report for the British government, "Fair Society Healthy Lives," that would give every child the best start in life: early childhood development, education to enable all children and young people to maximize their capabilities, fair employment and working conditions, minimum income standards for healthy living, sustainable communities, and prevention. His evidence-based recommendations are closing the gap in health disparities in London and Birmingham, England was able to close the gap in just three years.

Dr. Tony Iton, Senior Vice President of

Healthy Communities, The California Endowment, presented strategies being used to improve the health of 14 low-income communities with health disparities in California. They are investing a billion dollars to build healthy communities focusing on six key areas: health systems, human services, schools, and physical, social, and economic environments. The strategy is based on gathering meaningful input from those most affected, breaking down the silos, investing in youth leadership, leveraging partnerships, and changing the narrative about why health disparities exist.

FOCUS ON UPSTREAM INTERVENTIONS TO CHANGE DOWNSTREAM OUTCOMES

We need to look for the root causes of disparities and change them if we want

to change results. We need to focus on interventions that will improve quality housing, education, health services, social support, employment, and other critical factors that result in health inequities. For example, we should advocate for health promoting policies that would improve walkability and bikeability in the community, and using public properties like schools as parks or recreational centers in the summers and evenings.

MAKE CLEAR WHAT THE COSTS AND BENEFITS ARE TO EVERYONE—NOT JUST THE POOR

Make it clear that the cost of continuing health inequity is millions and billions. We need to demonstrate costs and benefits using concrete examples: How much does it cost if a child has several emergency department visits a year for asthma

versus the cost of fixing an apartment? We need to show what's at stake for our society and for individuals. We are engaged because we see health inequities as an ethical and moral issue, but others are more interested in economic implications.

LISTEN TO THE COMMUNITY AND ECHO THEIR THOUGHTS

Engage those who are directly affected and seek their input. Bring people most impacted together to craft solutions. Make sure the message reflects their culture and what they want.

EMPOWER INDIVIDUALS AND COMMUNITY

Invest in community organizing to get the individuals who are most affected involved and inspire people to participate in changing the agenda. The California Endowment is spending \$100 million on hiring community organizers to go door-to-door to invite people to participate in the Healthy Communities effort to change their communities. The goal is to create a critical mass of social and political power.

START SMALL, THEN SCALE UP

First, identify strategies at a neighborhood level that improve health outcomes. Start small—changing outcomes at the neighborhood level—and then scale up to multiple neighborhoods, then the entire city, state, and beyond.

MEASURE OUTCOMES

We can measure the effects of adapting recommendations by looking at specific outcome measures. We can observe changes in not only the length of life, but the quality of life, as measured by life lived without disability, for example. A range of measurable outcomes, such as obesity, out of wedlock births, prenatal births,

or the number of children born in poverty need to be developed. We should select specific measures and hold ourselves accountable every year to see what differences have been made. The societal goal should be to improve health for everyone as well as narrow the gap.

DON'T UNDERESTIMATE THE IMPORTANCE OF POLITICS

It is important to recognize that health is political. In the U.S., policies and practices have steered resources disproportionately to favored populations due to racism, classism, immigration status, sexual orientation, disability status, and political priorities. Even with statistics that show the truth, justice is also about power. In order to change health inequities, we need to understand power and how it works. Politics can be defined as the struggle over the allocation of scarce social goods. Child poverty is a political decision not to use taxes and social policies to reduce child poverty. No child chooses to be born in poverty and poverty is not a matter of personal responsibility. According to Dr. Iton, a framework for health equity should include changing the narrative, policy advocacy, and building power in place. The current political narrative needs to change.

USE SOCIAL MEDIA, ADVERTISING AND MEDIA TO CHANGE THE NARRATIVE

We need to change the narrative by telling the stories of people affected because that is how the general public learns. Look at who has been the most effective with getting people to buy into their message and bring them into the mix. Use individuals trained in advertising and social media as well as health educators to craft messages that move people to act. Include community organizations and local health departments, and don't

discount non-traditional partners who may agree with your position and have the opportunities to change people's opinions, for example, faith communities.

LEVERAGE PARTNERSHIPS

Approach banks, hospitals and other corporations and ask to leverage their Community Reinvestment Act obligations to invest in things like grocery stores, child care facilities, and parks, and push them to work with you to improve communities.

WORK TOGETHER TOWARD THE COMMON GOAL

"We will only be successful if we work together—if The Johns Hopkins University works together with city government, business and philanthropy, the community-based organizations and our neighbors—that is the only chance we will have of being successful," says Dr. Robert Blum, Director of the Johns Hopkins Urban Health Institute. We should consider ways to work together toward common results, including when approaching foundations for funding, because it's better to pool resources and use each organization's natural strengths to complement each other.