Tackling the Health Equity Challenges to Healthy Eating and Active Living: New Research and Action Strategies

All-IAPO Coalition Meeting
March 22, 2015
2pm-3:30pm

Keynote Address

Mildred Thompson
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Critical Intersection of Health Equity and Obesity

Illinois Public Health Institute Webinar

Mildred Thompson, Director
PolicyLink Center for Health Equity and Place
March 22nd, 2016

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The Center for Health Equity and Place at PolicyLink

The PolicyLink Center for Health Equity and Place recognizes that improving health is dependent on improving the social and economic conditions that are at the root of disparate health outcomes.

*Where you live affects how you live.*

Source: Creative Commons

Impact of Racism and Poverty on Obesity
Disparities in Low-Income Communities

- Residents *Pay More* for food
- Average low-income community has *four times* as many fast-food restaurants and convenience stores as they do grocery stores and produce vendors
- *Quality* of foods are not equal in all communities
- *Transportation* barriers prevent many residents from access to supermarkets
- *Marketing* of unhealthy foods and beverages unfairly target communities of color both in schools and neighborhoods

Designed for Disease

Access to healthy food matters—one recent study found that fruit and vegetable intake of African Americans increased by 32% for each additional supermarket in a census tract.
Communities of Opportunity

- Parks
- Grocery Stores
- Financial Institutions
- Better Performing Schools
- Good Public Transit

Low-Income Communities

- Fast Food Restaurants
- Liquor Stores
- Unsafe/Limited Parks
- Poor Performing Schools
- Toxic Waste Sites
- Limited Public Transportation
- Increased crime

Race, Class, Ethnicity and Health

**Contributing Factors to Health Status**

- **Discrimination/Racism** – practices & behaviors (institutionalized and internalized)
- **Segregation** – in homes, schools, workplaces
- **Cumulative Stress** – Repeated assault of living with racism creates physiologic – flight or fight response
- **Relative sense of control over one’s life choices** – quality of life diminishes when people are not able to exert high level of control over how their lives are lived.
Racial Injustice as a Determinant of Health Disparities

- Racial discrimination can literally ‘age’ the body and may contribute to the poorer health outcomes.

- The cumulative impact of racism results in lowered immune system, which leads to a greater risk for a poorer overall health status.

- A majority of black Americans report racial discrimination as a chronic stressor, which has a negative impact on health, including obesity.

Source: RWJF Scholars Forum: Disparities, Resilience, and Building a Culture of Health, Amani M. Nuru-Jeter

Food as Salve

- Lotus of control over one’s life

- Food as coping mechanism

- Cultural significance and relationship to food

- Sense of hopelessness and diminished prospects for future
The State of Obesity 2015

- Nationally, obesity rates are 38 percent higher among Blacks than Whites; and more than 26 percent higher among Latinos than Whites (Obesity rates for Blacks: 47.8 percent, Latinos: 42.6 percent; and Whites: 32.6 percent)

- Adult obesity rates are at or above 40 percent for Blacks in 14 states.


Adult and Child Obesity, by Race/Ethnicity: U.S.

- 47.8 percent of African Americans, 42.5 percent of Latinos, 32.6 percent of Whites and 10.8 percent of Asian Americans were obese (2011 to 2004).

- 20.2 percent of African American, 22.4 percent of Latino and 14.3 percent of White children ages 2 to 19 were obese.

- 8.5 percent of African American children and 6.5 percent of Latino children were severely obese (1999 to 2012).

Source: RWJF, National Health and Nutrition Examination Survey
The Cost of Obesity

- Childhood obesity costs the nation more than $14 billion every year in medical expenses.

- The direct medical cost associated with adult obesity is an estimated $45 billion.

- The total lost productivity of the workforce—due to absenteeism and poor productivity—as a result of obesity is estimated at $11.7 billion per year.

*Statistics are from All-in Nation.

The Importance of Engaging Community Voice: Advancing Health Equity in the Policy Process
Principles of Community Engagement

- **Empower residents** through meaningful inclusion and partnerships
- Prioritize **community knowledge** and concerns
- **Target resources** to support ongoing engagement
- Facilitate mechanisms that encourage **mutual learning and feedback mechanisms**
Institutional Structures for Community Engagement

**Ascending Impact**
- **Governance Level**
  - Appointment to decision making boards and commissions
- **Consortia**
  - Membership based group with options for decision making
- **Advisory Groups**
  - Provide guidance and advice to decision makers
- **Task forces**
  - Short term participation with opportunity to offer recommendations
- **Focus Groups**
  - One-time opportunity to provide input
- **Town Hall Meetings**
  - Information provided one time, sometimes an ability to offer group comments

**Descending Impact**

Guidelines: Organizing Coalitions for Action

- Agreement on fundamental goals, vision and strategy
- Clear understanding of each person’s value, contribution and role
- Clarity on time commitments (often long haul)
- Celebrate successes
- Understanding of decision making / conflict resolution process
- Continual communication among members
- Acknowledgment of power dynamics
- Shared credit, visibility, victories and set-backs
An Equity Agenda

Policy & Environmental Changes to Support Health

- Safety/violence prevention
- School wellness policies
- Land use/zoning
- Safe Routes to School
- Trails and safe parks
- Bike share programs
- Developing or updating neighborhood/general plans
- Grocery stores/supermarkets
- Corner store/bodega and restaurant initiatives
- Farmers’ markets & collaboratives with local farmers
- EBT access at farmers’ markets

Value of Multi-Sectoral Partnerships
**Transportation Sector: Built Environment Improvements**

- Access to grocery stores and medical visits; focus on highway infrastructure, transit options and bicycle/pedestrian routes
- Health Impact Assessment (HIA)
- Joint use
- Safe parks
- Availability of healthy housing near transit options

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**Sector: Planners, Architects and Developers**

- Joint use agreements
- Complete streets and sidewalks
- Walkability assessments
- Bike lanes
- Input in Parks Master Plans – guidelines for safety, lighting, walkability, equipment and design
Department of Agriculture, HFFI (Healthy Food Financing Initiative)

- Promotes a healthy diet which can contribute to reduced rates of diabetes & obesity
  - Health
- Creates jobs with career paths
- Lowers the cost of food
  - Income
- Revitalizes neighborhoods
- Leverages private capital
- Increases local taxes
  - Economic Stimulus

HFFI Grantees

HFFI was recently passed in the Farm Bill and is authorized for up to $125 million dollars and will be housed in the USDA.

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Department of Labor: Economic Security for All

- Foster inclusive job creation
- Raise job quality
- Expand work-supports
- Access to job training programs

Clinical Providers: Exercise as Vital Medicine

Exercise is Medicine

- Monitoring, measuring, and improving activity levels, screening for exercise (frequency and duration)

- In 2009, Kaiser Permanente began asking patients:
  - “How many days a week do you engage in moderate to strenuous exercise (like a brisk walk)?” and
  - “On average, how many minutes per day do you exercise at this level?”
Thank you!

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