

Tackling the Social Determinants of Health through Place-Based Initiatives

July 23, 2015 3:00 pm Eastern Time

Speakers:

Paula Braveman, University of California, San Francisco

Jacqueline Martinez Garcel, New York State Health Foundation

Irfan Hasan, The New York Community Trust



CENTER ON SOCIAL DISPARITIES IN HEALTH
University of California, San Francisco

Social determinants, place, and health: the links

July 23, 2015

Grantmakers in Health webinar

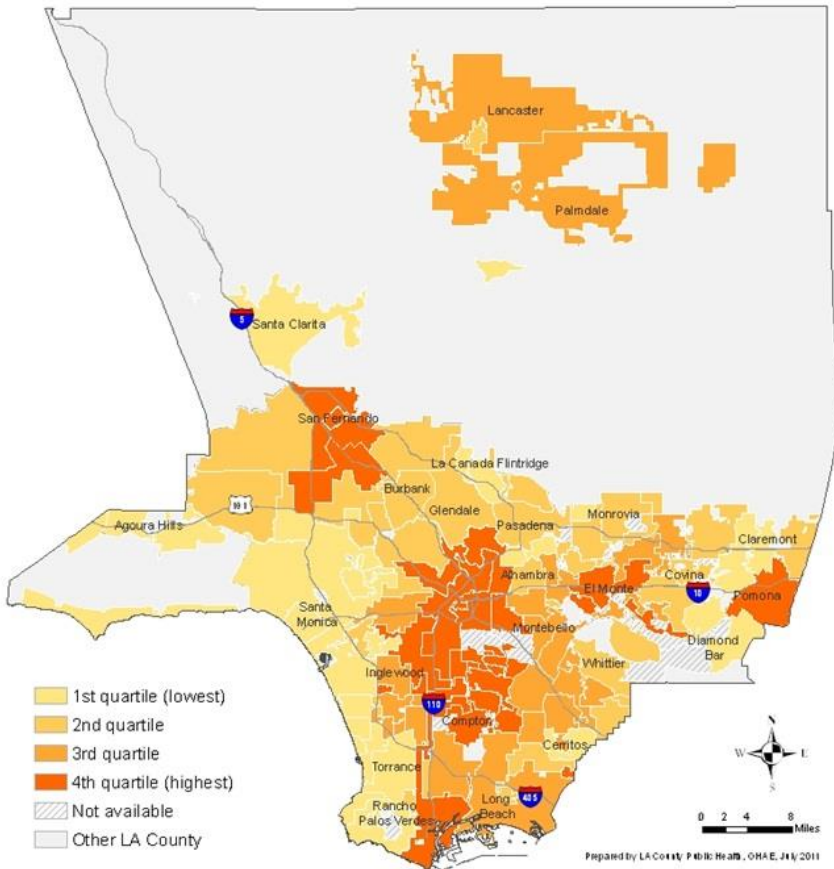
Paula Braveman, MD, MPH
University of California, San Francisco
Professor of Family & Community Medicine
Director, Center on Social Disparities in Health

More health care spending but less health: Life expectancy

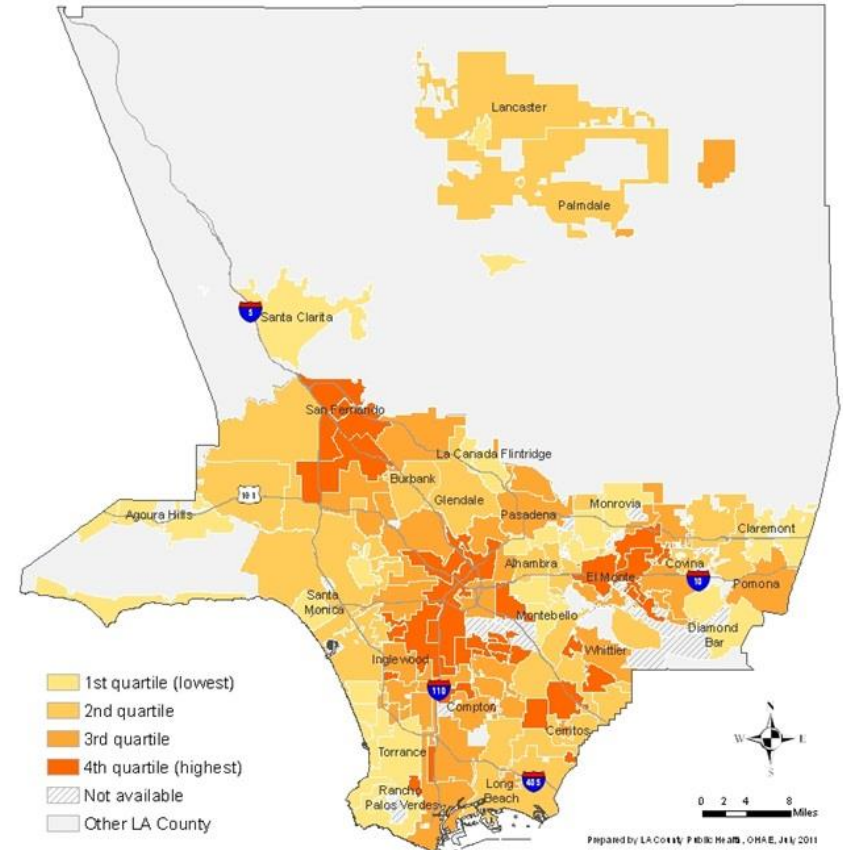
1	Japan (82.3 years)
2	Australia
3	Canada
4	Spain
5	Sweden/Switzerland
6	Israel
7	Iceland
8	New Zealand
9	Italy
10	Norway
11	Ireland
12	United Kingdom
13	Greece
14	Austria
15	Netherlands
16	Luxembourg
17	Germany
18	Belgium
19	Finland
20	Korea
21	Denmark
22	Portugal
23	United States (78.2 years)
24	Chile
25	Slovenia
26	Czech Republic

Economic hardship and poor health mostly inhabit the same places: childhood obesity

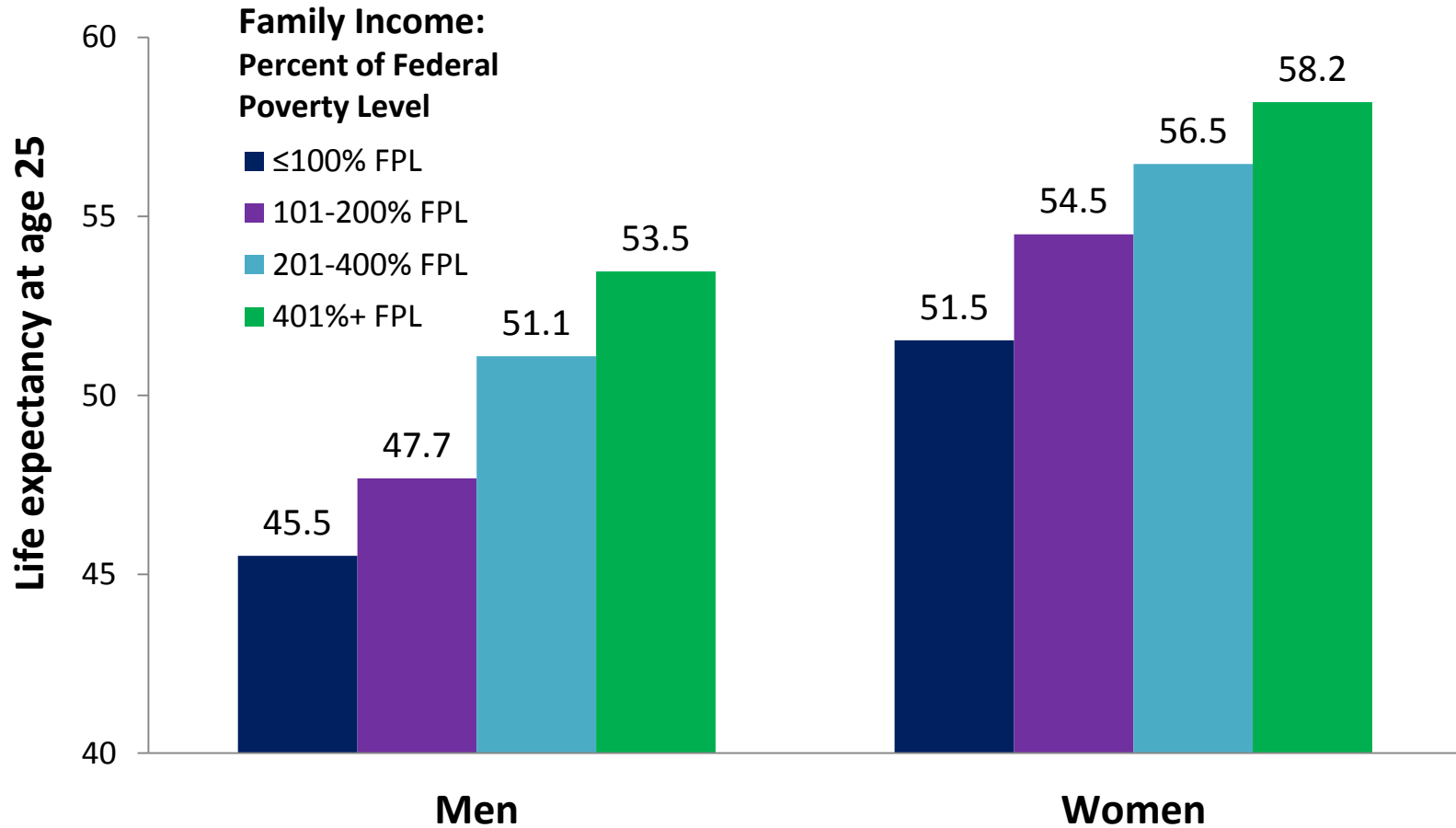
Economic Hardship Index by City/Community, Los Angeles County, 2000



Prevalence of Childhood Obesity by City/Community, Los Angeles County, 2005

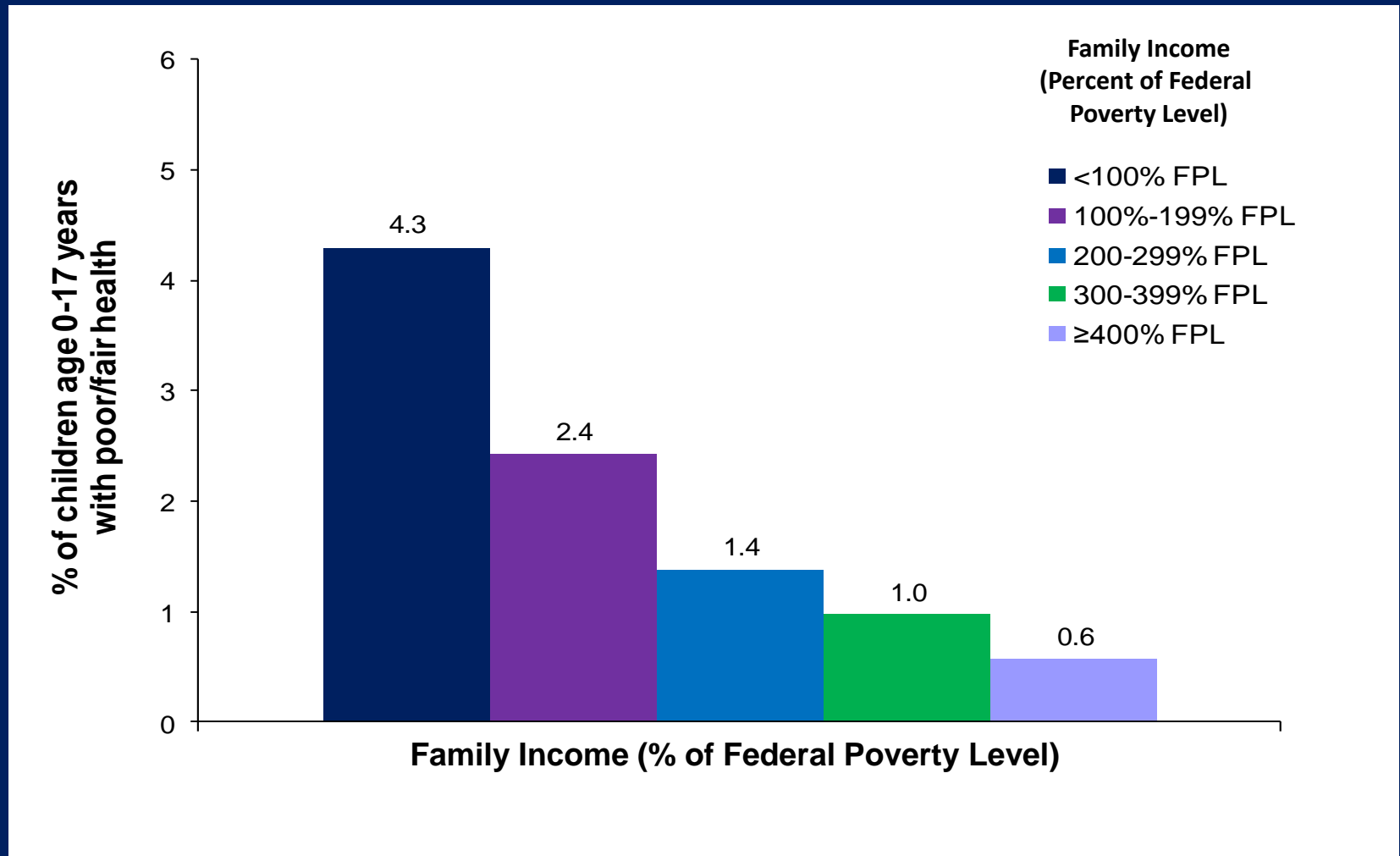


Higher income, longer life



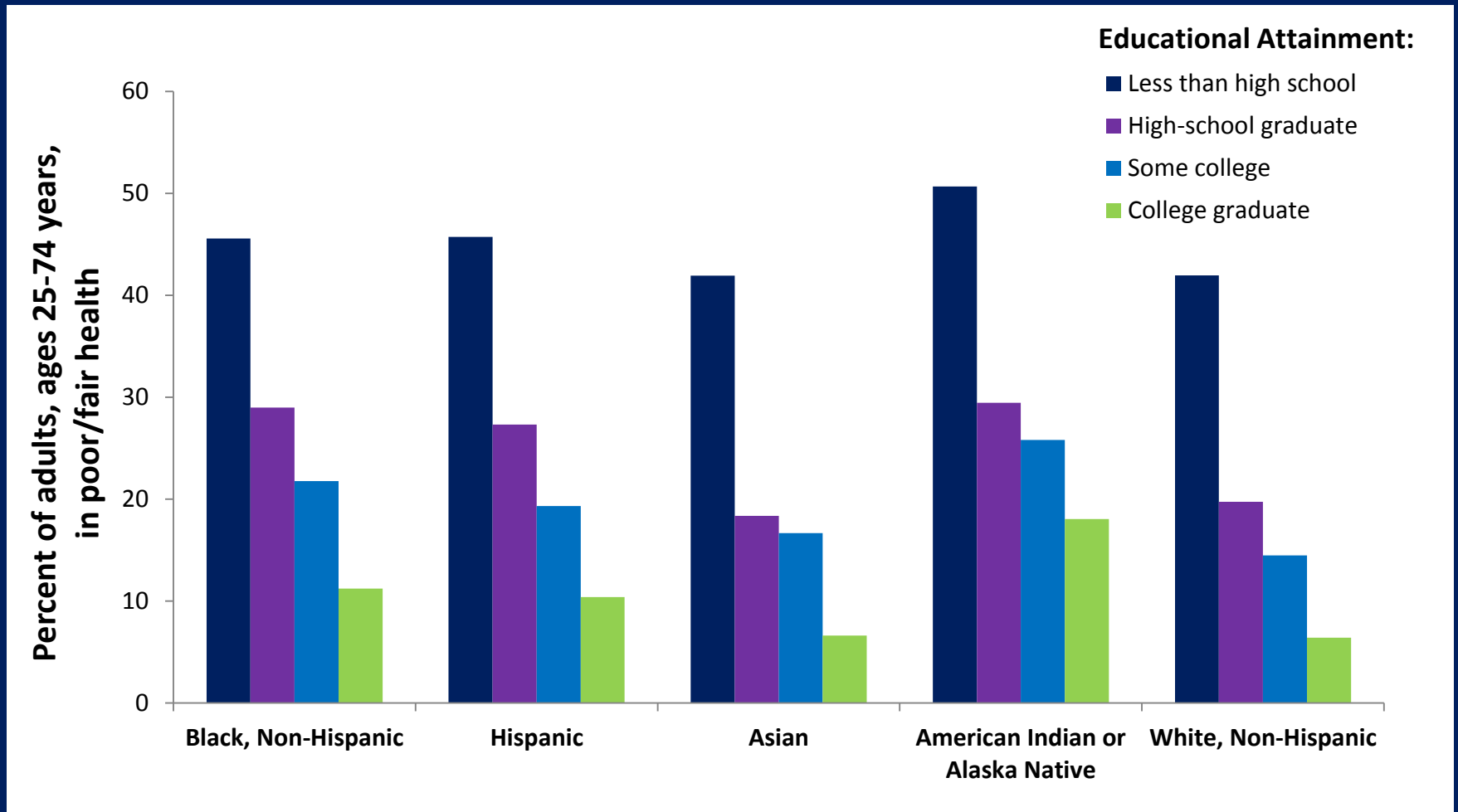
Source: National Longitudinal Mortality Study, 1988-98.

Higher family income , healthier children (fewer with poor/fair health)



Source: National Health Interview Survey (NHIS) 2001-2005.
Age-Adjusted.

Striking health differences by education are seen in all racial/ethnic groups: Poor/fair adult health



Source: Braveman, Cubbin et al., analyses of BRFSS 2008-2010. Age-Adjusted.

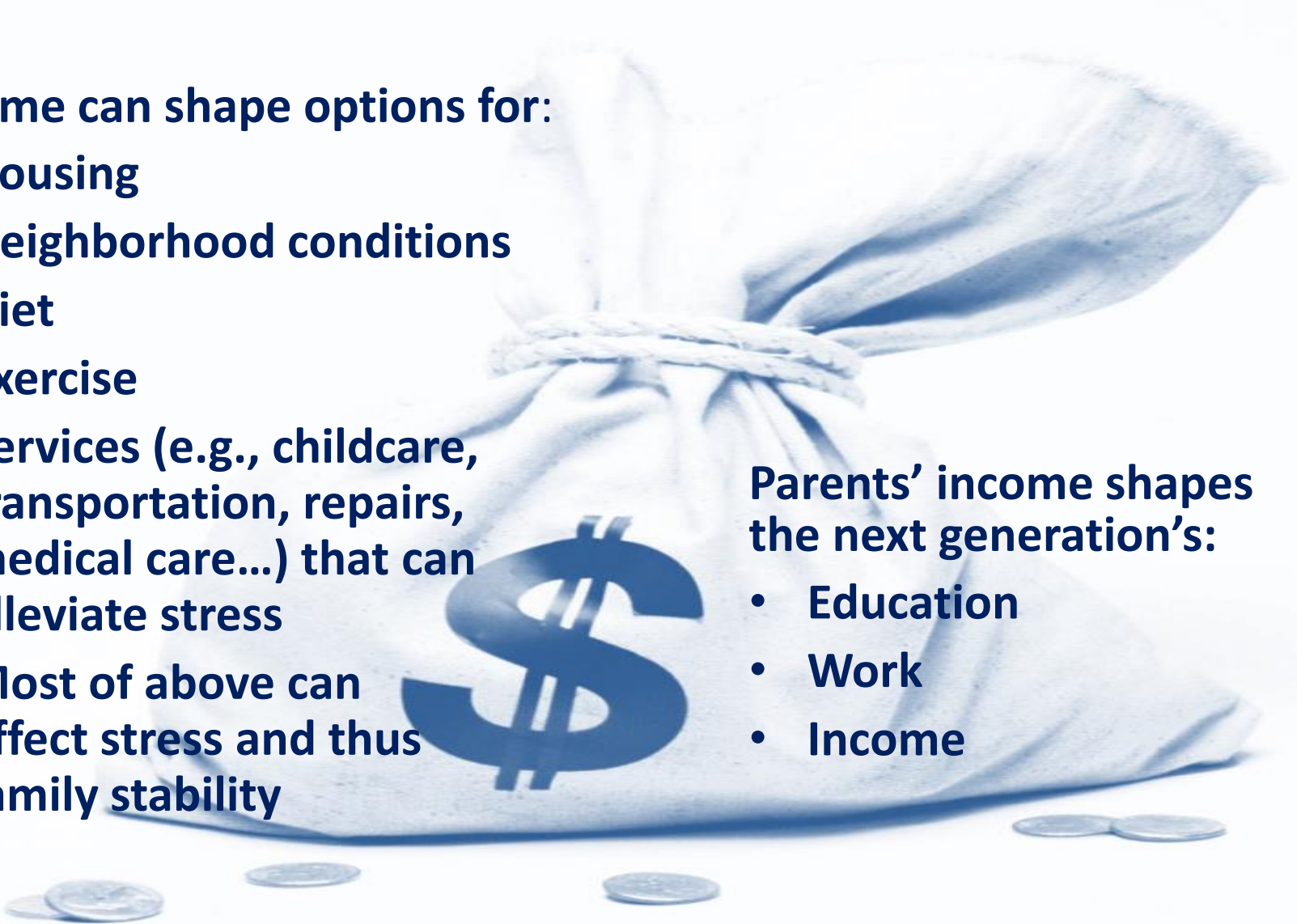
How could income affect health?

Income can shape options for:

- **Housing**
- **Neighborhood conditions**
- **Diet**
- **Exercise**
- **Services (e.g., childcare, transportation, repairs, medical care...) that can alleviate stress**
- **Most of above can affect stress and thus family stability**

Parents' income shapes the next generation's:

- **Education**
- **Work**
- **Income**



Income shapes neighborhood options.

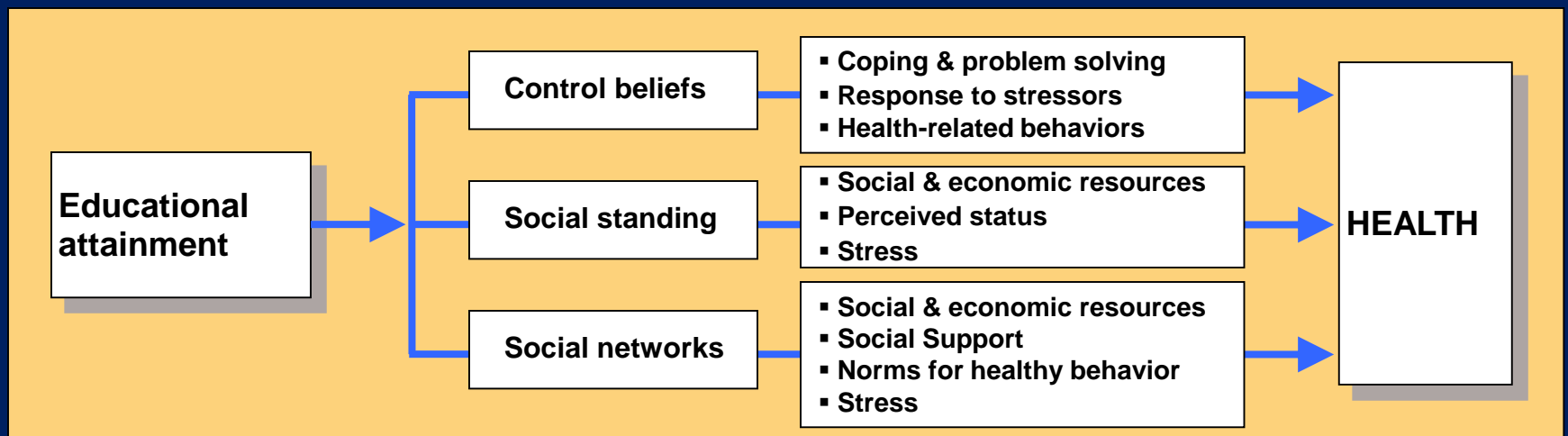
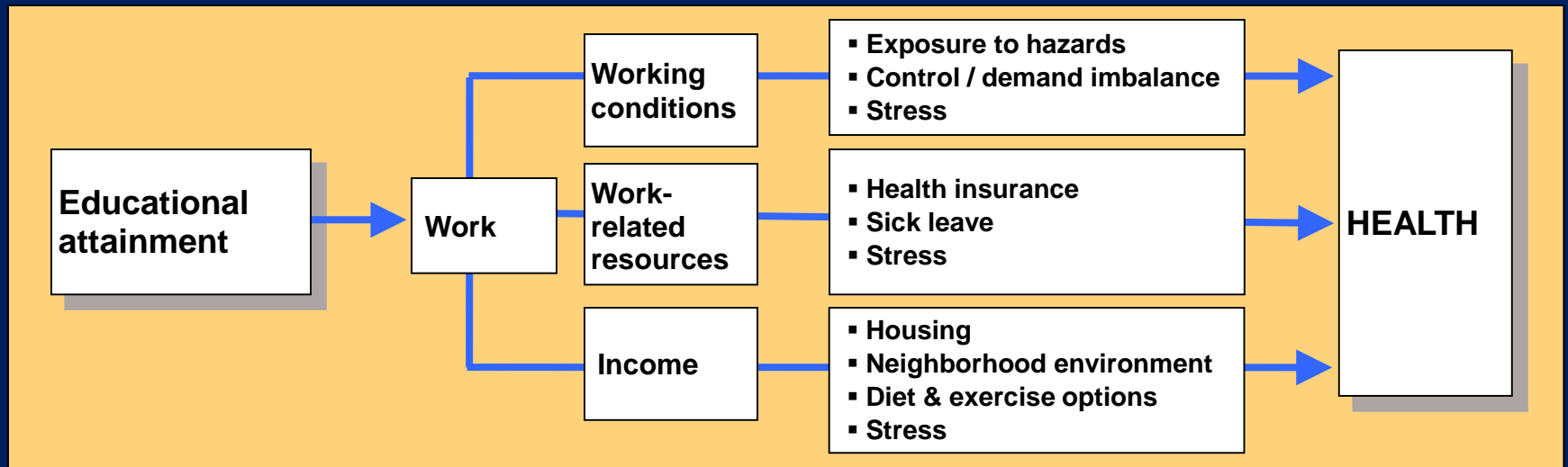
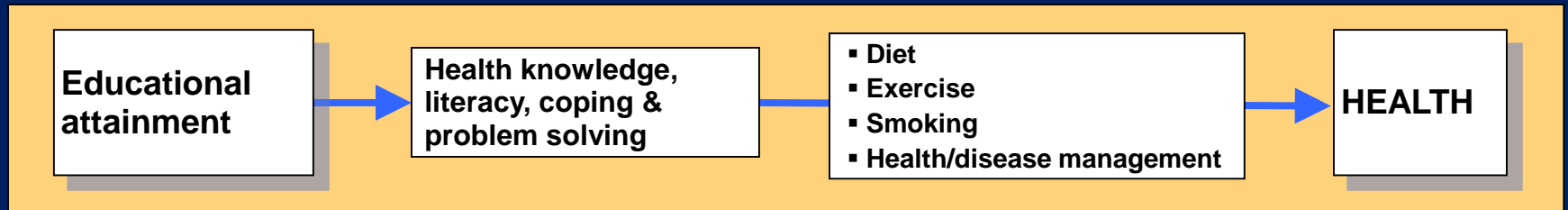
How could a neighborhood affect health?

- Safe places to exercise
- Access to healthy food
- Ads for harmful substances
- Social networks & support
- Norms, role models, peer pressure
- Quality of schools
- Stress
- **Racial segregation tracks Blacks & Latinos into poorer neighborhoods than Whites of similar income**

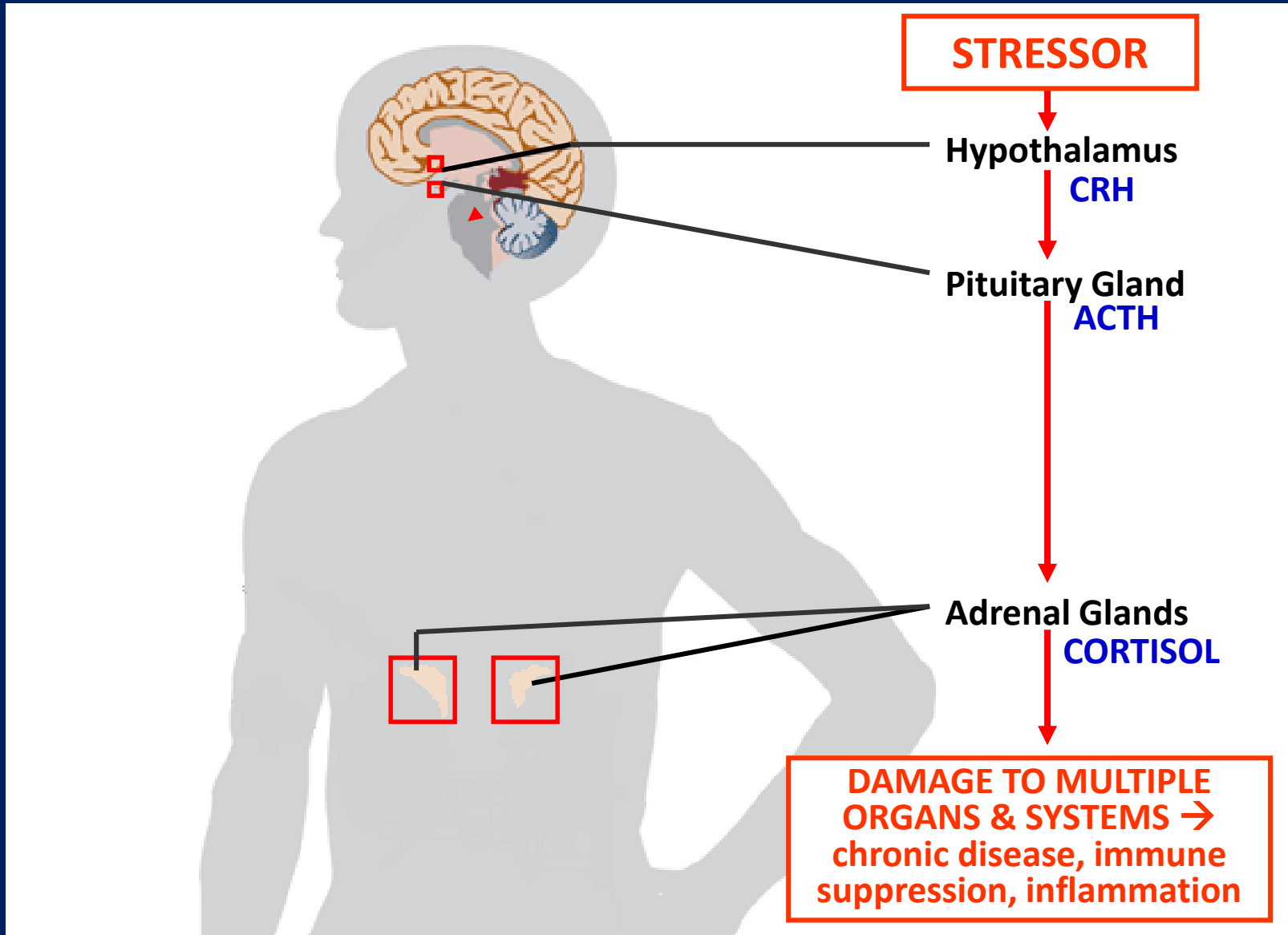


Image: <http://www.seattlemet.com/news-and-profiles/publicola/articles/some-rich-architects-mansion>.

How could education affect health?



How could stress affect health?





Racial segregation transmits socioeconomic disadvantage across generations

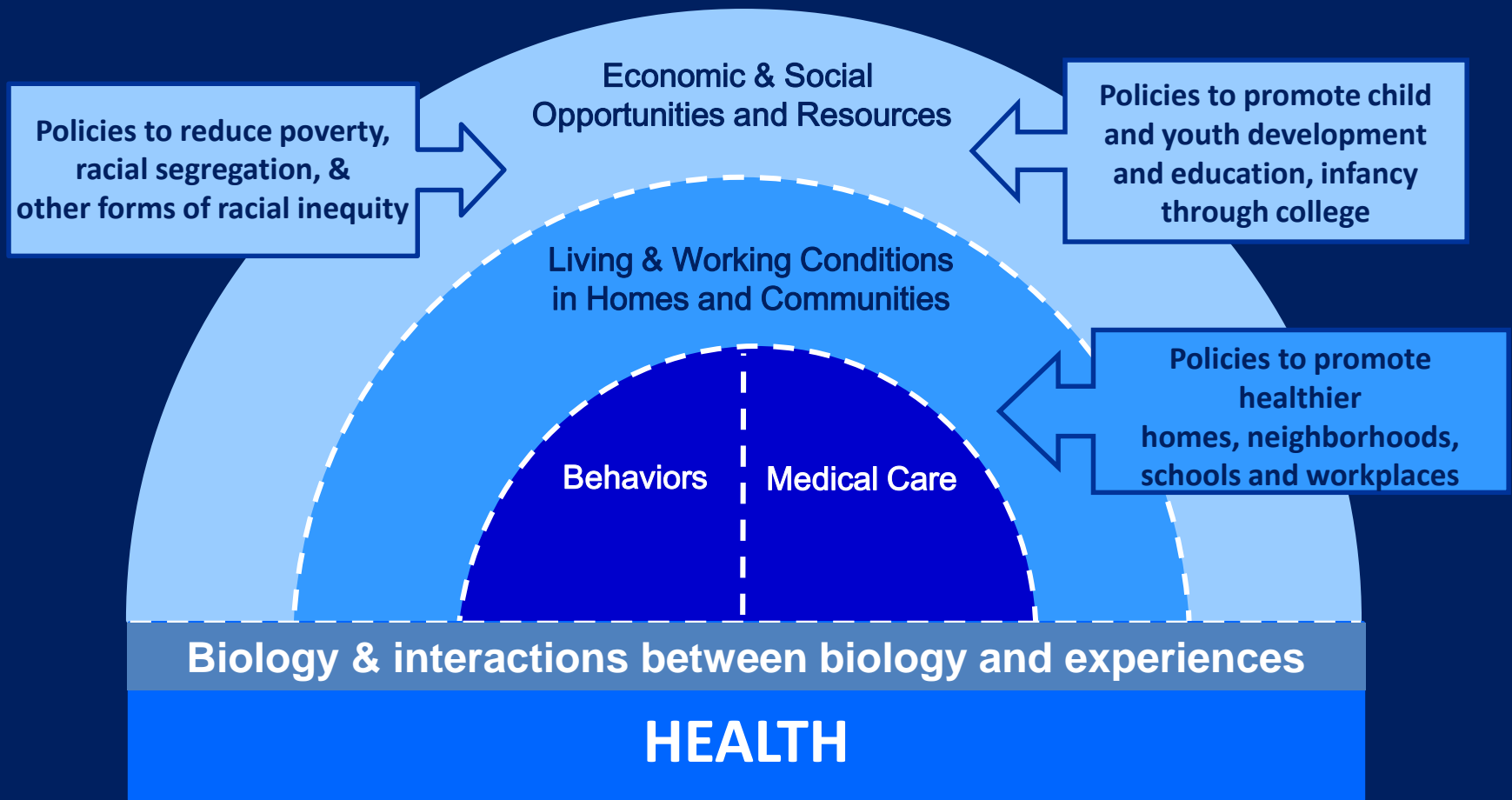
- The legacy of (once-legal) discrimination: lower incomes, wealth, education, occupations
- Structural racial bias is a social determinant of health that tracks people of color into lower SES
- Racial segregation is the most salient example
- Race often captures unmeasured socioeconomic factors (neighborhood conditions, wealth, childhood SES)
- Socioeconomic factors produce racial disparities in health



Can racial discrimination harm health in other ways – other than by limiting education, income, wealth...?

- Overt incidents still occur –to individuals & vicariously to groups
- But considerable stress even without overt incidents
- Pervasive subtle incidents. Chronic, pervasive concern about being judged or treated unfairly based on race
- Discrimination could affect health through pathways involved in stress; chronic stress is particularly toxic, even without dramatic events
- Internalized racism could harm health by undermining self-esteem and sense of control

Widening the focus to address social determinants at the individual, community, & policy levels



Building Healthy Communities: **Tackling Social Determinants through Neighborhood-based Investments**

Jacqueline Martinez Garcel, Vice President
New York State Health Foundation
July 23, 2015



Overview

- **About NYSHHealth**
- **Making the Case to Move Upstream**
 - The Context: Progress in NYC
 - Assessing Options for Prevention
 - Emerging Evidence of Scale of Problems and Solutions
- **Building Healthy Communities**
 - Healthy Neighborhoods Fund
 - Partnership with New York Community Trust
 - Tracking Progress
- **Creating Opportunities to Learn & Replicate**

About NYSHealth

- Private **statewide** foundation focused on **health**
- **Endowment** came from partial proceeds of the Empire Blue Cross Blue Shield **conversion** to for-profit status in 2002
- **Mission:** Improve the **State** of New York's health
- Guiding Principles: To have a **tangible**, meaningful **impact**, stay focused and adhere to **clear goals** and **strategies**.
- Our Priority Areas
 - Expanding health care **coverage**
 - Improving **diabetes** prevention
 - Advancing **primary care**

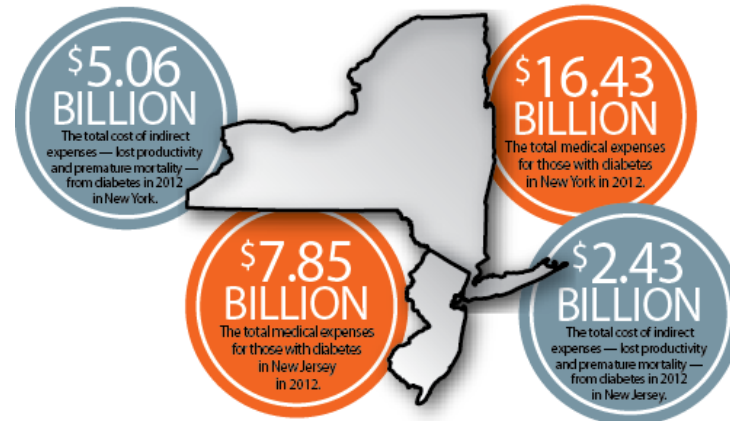
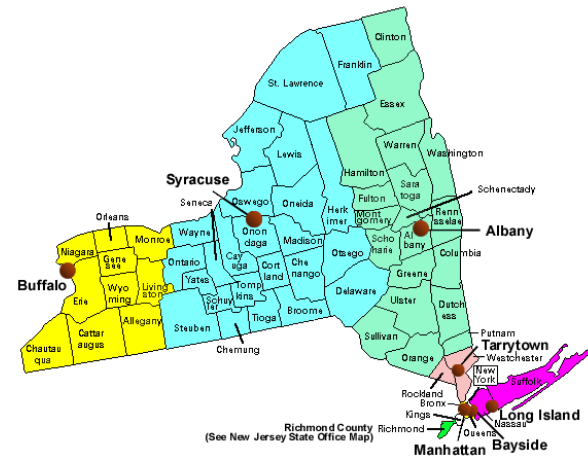
About NYSHHealth

- Relatively **new** foundation; began operations in 2006
- Endowment of approximately **\$300 million**; award about **\$11 million in grants** per year
- Lean towards a focus on **healthcare**: access, systems change to improve quality and cost of care

The Case to Move Upstream: New York State & Pressing Health Concerns

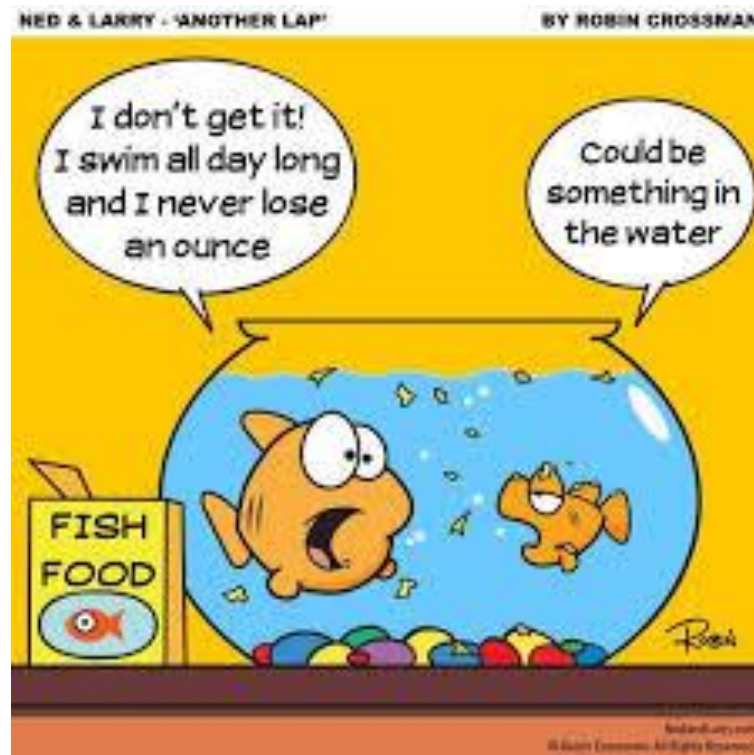
- Third largest state—62 counties.
 - Mostly urban state with rural areas in upstate
 - Median age: 38 year
 - Median household income: \$56,951
- Leading Causes of Premature Death in New York State (March 2013)
 1. Cancer
 2. Heart Disease
 3. Unintentional Injury
 4. Chronic Lower Respiratory Diseases
 5. Diabetes

All of Them Costly yet Preventable!



The Case to Move Upstream: Progress in NYC

A Focus on Prevention & Population Health



The Case to Move Upstream: Progress in NYC

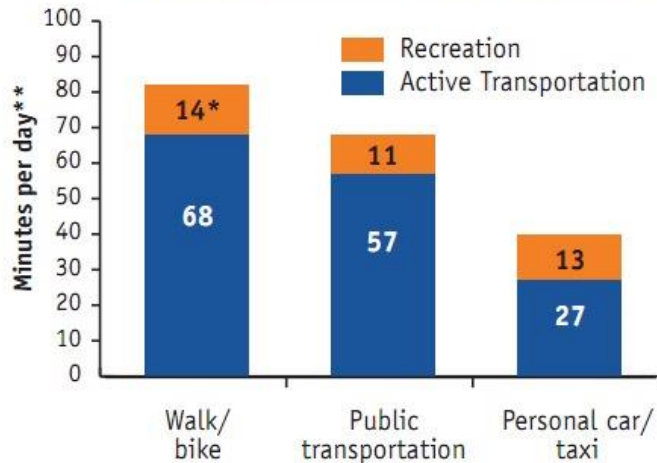
- Smoking Ban in Public Places
- Trans Fat Ban in Restaurants
- Farmers Market in Low-income Communities
- Health Bucks
- Marketing against Sugar Sweetened Beverages (SSB)
- Attempt to Ban Large Portions for SSB
- CitiBike Program
- Increase Walkability and Bikeability



The Case to Move Upstream: Progress in NYC

Policies and Programs Yielding Results

Average daily transportation and recreation activity among New Yorkers who work outside the home



Transportation used for most of commute

*Due to small numbers, estimate should be interpreted with caution.
**Minutes of at least moderate physical activity.

Source: Physical Activity and Transportation Survey Wave 1, 2010.

citi bike
A One Month Report Card

528,991 TRIPS TO DATE: (AS OF 5 PM JUNE 26)
more than the population of Miami, Atlanta, New Orleans, Pittsburgh, Oakland, Sacramento and hundreds of other US cities

200,823 TRIPS IN ONE WEEK: (JUNE 20-26)
roughly equivalent to the entire population of Akron, Ohio or the Metro, Iowa

1,280,000 MILES TRAVELED TO DATE:
the equivalent of 50 trips around the Earth

113,692 TOTAL ANNUAL, WEEKLY, AND DAILY SUBSCRIPTIONS
nearly the population of Berkeley, California

AVERAGE NUMBER OF RIDES ON EACH OF THE 6,000 CITI BIKES: **88**

50 MILLION THE ESTIMATED NUMBER OF CALORIES BURNED SINCE LAUNCH*
the equivalent of 91,000 Big Macs or nearly 50,000 pints of Ben and Jerry's Cherry Garcia ice cream

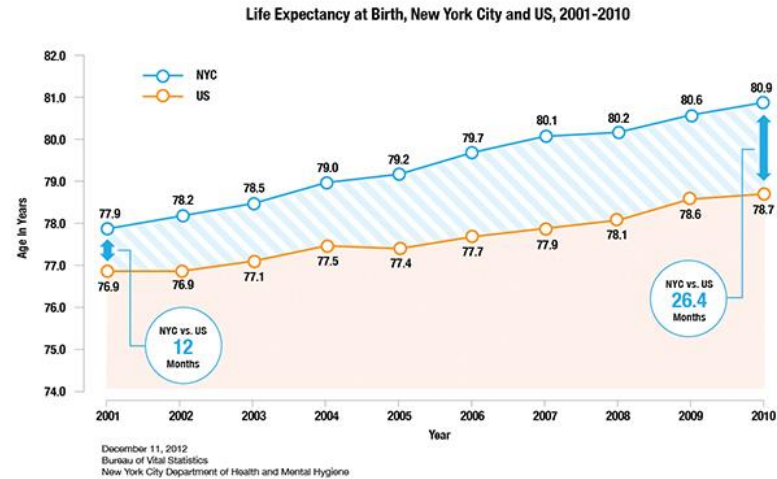
CITI BIKE LAUNCHED MAY 27, 2013. ALL DATA IS AS OF JUNE 27, 2013

* ASSUMES AN AVERAGE OF 40 CALORIES PER MILE BIKED
Data courtesy of NYC Department of Transportation and NYC Bike Share.

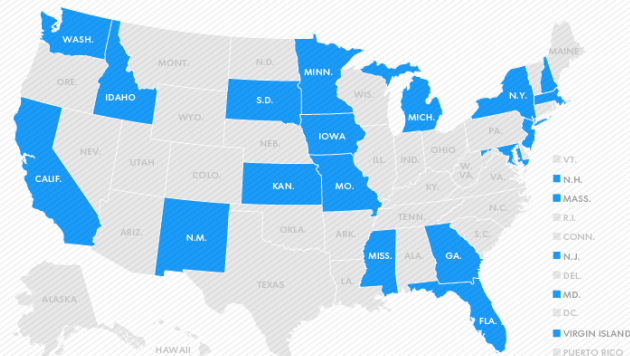
The Case to Move Upstream: Progress in NYC

Policies and Programs Yielding Results

- Steady Increase in Life Expectancy
- Obesity rates finally headed in right direction for children and adults
 - One of 18 states with decreases in childhood obesity
 - New York is ranked No. 47 for its population of obese adults
 - 23.6% of the population in 2012; from 23.9% in 2011



DECREASES IN CHILDHOOD OBESITY, 2008-2011

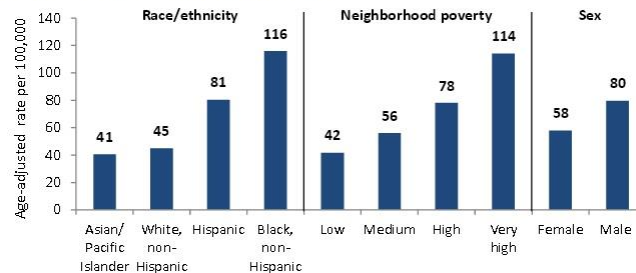


The Case to Move Upstream

All Great News...But Still a Ways to Go

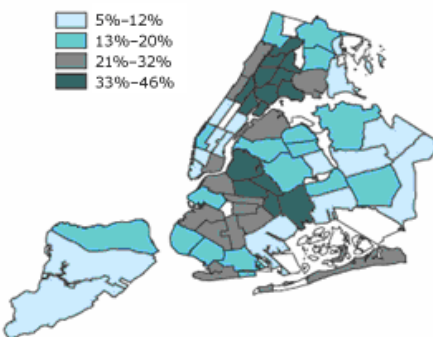
- Policy Changes have **not** been Replicated Across NYS
- 10% NYers with Diabetes and its still on the Rise
 - 24% with Pre-Diabetes
 - 30% with Hypertension
- Disturbing Health Inequities between Race/Ethnic groups and low-income New Yorkers

Age-adjusted diabetes-related death rates, by demographic characteristics, New York City, 2011

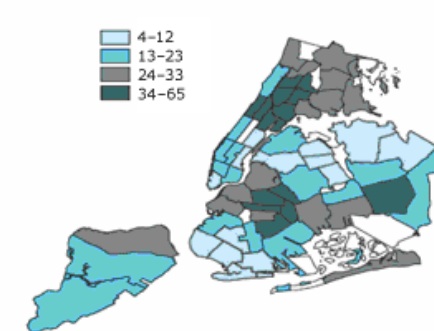


Sources: NCHS; Bureau of Vital Statistics, NYC DOHMH; US Census Bureau

Percentage of residents living in poverty (quartiles)



Diabetes deaths per 100,000 population (quartiles)

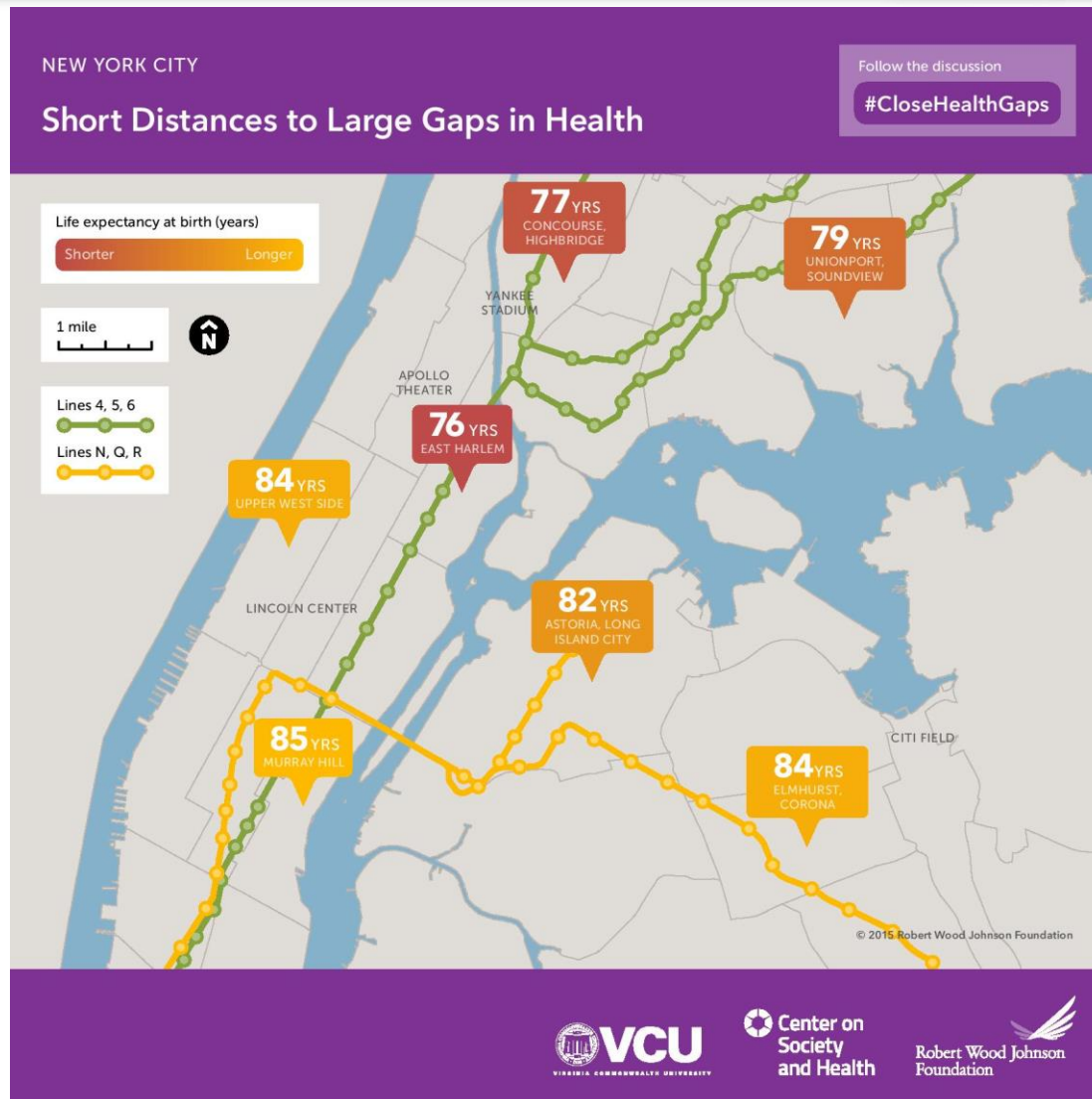


The Case to Move Upstream: Assessing the Prevention Strategy Options



Reference: Frieden TR. (2010). A framework for public health action: the health impact pyramid. *AJPH* 100(4):590-595.

The Case to Move Upstream: Emerging Evidence of Scale of Problems



The Case to Move Upstream: Emerging Evidence of Scale of **Solutions**

Case Study #1: Get Healthy Philly

- Comprehensive nutrition standards in public schools, including removal of sugary drinks from vending machines, deep fryers from kitchens, and candy from fundraisers
- Engaged 900 food retailers to promote healthy food sales, including 650 corner stores, 30+ farmer's markets and 211 Chinese take-out restaurants
- A menu labeling law led to a reduction in the number of calories (-151kcal), sodium (224mg) purchased
- A 5% reduction in childhood obesity, including larger reductions among African American Boys and young Latina's, and a plateauing in adults obesity prevalence.

The Case to Move Upstream: Emerging Evidence of Scale of **Solutions**

Case Study #2: Shape Up Somerville (controlled study)

- City-wide campaign to increase daily physical activity and healthy eating targeting all segments of the community (residents, schools, city govt., CBOs, and businesses)
- Engaged 100% of 1-3 grade classroom teachers, recruited 21 restaurants and all 14 local after-school programs, 353 community organizations
- New pedestrian/bike pathways built, local restaurants campaign offering healthy alternatives on menu, after school programs implemented physical activity options, school lunches were radically improved
- In the first year, weight for middle schools students decreased; over 4 year span, physical activity among middle and high-school students increased from 16-18% to 21-27%, respectively.

The Priority Area: Building Healthy Communities

- Priority Area formally Launched in January 2015
- 5 Year Commitment
- Three part strategy

The Priority Area: Building Healthy Communities

Strategy 1: Support **neighborhood-level (placed-based)** interventions to increase healthy food options, improve built environment.

Strategy 2: Advance **public policies** that promote healthy living.

Strategy 3: Increase access to lifestyle **behavior programs**.

Core Initiative: Healthy Neighborhoods Fund

Working Definition:

Place Based Initiatives (PBIs): focus resources and efforts in selected communities over a period of time. While place-based initiatives vary in emphasis on education, health, or other factors, they share a commitment to community level, systemic change through interconnected approaches, including: long term commitment, community decision-making, integrated programs, collaborative partnerships, capacity-building, and data and results-driven programs.

[Place-Based Initiatives Build Neighborhoods](#) by Barbara Alderson, MSW

Core Initiative: Healthy Neighborhoods Fund

Call for Proposal with Three Required Broad Areas of Focus

•Increase the availability of healthy, affordable food

- Examples: increase access to farmers' markets; increase availability of healthy food for students in pre-K through high school; improve access to healthy options in local restaurants; and increase availability of fresh produce at local groceries.

•Improve the built environment

- Examples: increase proportion of streets, parks, playgrounds, and other open spaces that are safe and conducive to physical activity for all residents; establish Complete Streets policies; increase opportunities for regular, vigorous physical activity; increase opportunities for healthy living in new housing initiatives; and improve traffic management for pedestrians and bicyclists.

•Link community residents to programs that support changes

- Examples: increase number of people participating in evidence-based programs to support healthy weight among children and adolescents; and increase number of programs that help enhance emotional and mental wellbeing.

Core Initiative: Healthy Neighborhoods Fund

...And Two Additional Optional Areas of Focus

- **Bolster economic opportunities**

- Examples: increase job opportunities in growing industries; strengthening training and career development for young adults; and increase number of residents with access to social supports that can improve income security.

- **Amplify art and cultural engagement**

- Examples: increase number of cultural institutions promoting healthy communities and increase number of residents participating in arts and cultural activities that can strengthen social ties among neighbors.

Important Note: Invested in areas already working economic
development
and social cohesion!

Healthy Neighborhoods Fund: The Six Sites

New York City:

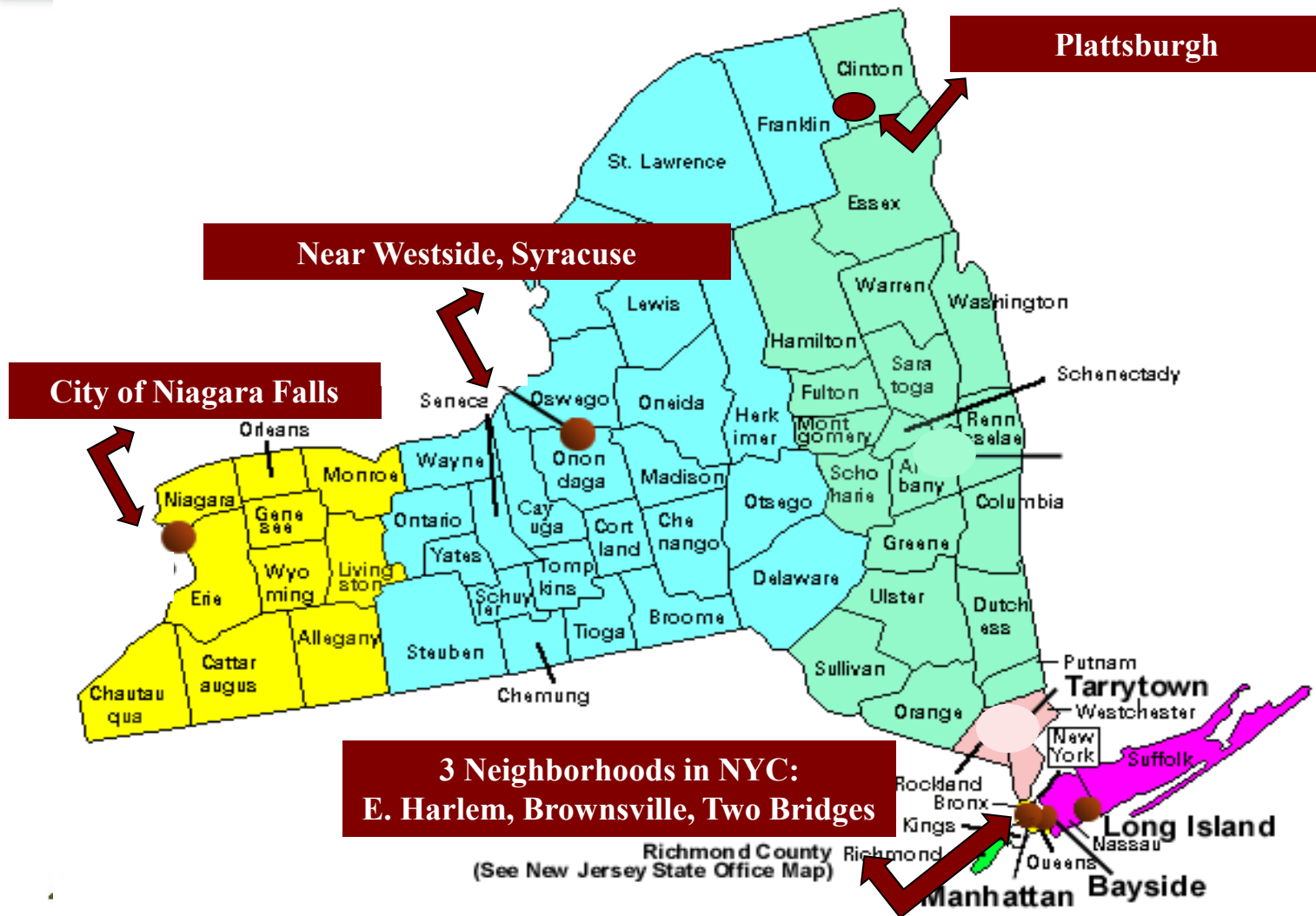
- Brownsville
- East Harlem
- Two Bridges (Lower East Side)

Upstate:

- City of Niagara Falls
- Near Westside (Syracuse)
- Plattsburgh (Clinton County)

Important Note: Selected sites not just based on need but where there was existing partnerships and ongoing efforts to address inequities.

Healthy Neighborhoods Fund: The Six Sites



Healthy Neighborhoods Fund: Guiding Principles

- Work at **Scale** in Each Neighborhood
- Identify **Community Quarterback** Organization
- Support **Collective Impact** Approach
- **Resident Driven** Vision and Targets for Change
- Work with Sites to Establish **Objectives** that were **S.M.A.R.T. +C** (specific, measurable, achievable, relevant, timed, and challenging)
- Partner closely with Government Agencies and leverage public resources
 - (DOT, Parks and Rec, City Planning, DOE)
- Remain **Flexible** with **Strategy** in Each Site
- **Flexible Funding** Pool
 - Set aside 25% of Budget for Resident led priorities

Tackling the Social Determinants of Health through Place-Based Initiatives

**Grantmakers in Health
Webinar - July 23, 2015**

**Irfan Hasan
Senior Program Officer
The New York Community Trust**



About The New York Community Trust

The New York Community Trust (The Trust) was founded in 1924 and is New York City's community foundation.

There are more than 2,000 charitable funds in The Trust and it is one of the oldest and largest community foundations in the country. The Trust offered the first-ever donor-advised fund in 1931.

The Trust is one of the largest private funders of New York City nonprofits. It ended 2014 with \$2.6 billion in assets and made \$158 million in grants.

The Trust focuses its grantmaking in the five boroughs. Its divisions, the Westchester Community Foundation and the Long Island Community Foundation, make grants in their respective communities.



About The New York Community Trust

Four broad areas of giving at **The Trust**:

1. Community Development and the Environment ; 2. Health and People with Special Needs; 3. Education, Arts, and Human Justice; 4. Children, Youth, and Families. More about **The Trust**:

www.nycommunitytrust.org

This work is co-led with my colleague:
Barbara Taveras, Special Projects Officer



Why a Place Based Initiative...

All the reasons that Paula shared...plus...

A community foundation by its very nature is place-based and its very DNA is to make grants to improve life in a specific location: Neighborhood, City, County, Region, or State.

A growing body of research tells us that conditions in the environments in which people are born, live, learn, work, play, and age greatly affect health and longevity.

The zip code where a person lives—and its characteristics—is far more likely to predict health outcomes for that individual and the neighborhood as a whole than the genetic code of the specific individuals involved.

THE NEW YORK
COMMUNITY TRUST



More on Why a Place Based Initiative...

Treating people with chronic health problems such as diabetes, obesity, and heart disease is expensive and addressing the root causes of poor health is a priority for policymakers

But prevention requires that people:

- ❖ have access to healthy food, clean air, safe space, and good jobs.
- ❖ feel connected to their community, arts, and social institutions.
- ❖ can find affordable and quality preventive health care.

It also means people have to change unhealthy behaviors.

But this is all easier said than done!

...and why the South Bronx

In New York State, the Bronx consistently ranks as the county with the worst health status. The highest morbidity and mortality rates are for people living in the South Bronx neighborhoods of Mott Haven, Morrisania, and Hunts Point:

- ❖ they are part of the poorest congressional district in the nation with 50% of the residents live below the federal poverty level.
- ❖ heart disease rates are 40% higher; obesity rates 30% higher, and diabetes rates double that of the rest of New York City.
- ❖ close to 40% of South Bronx children are obese or overweight.

Yet, despite these challenges, there are assets in the South Bronx:

- ❖ a strong network of community agencies
- ❖ a young population
- ❖ increased social and economic interest in the South Bronx

Our process starting in Spring 2014...

Reviewed the literature on the social determinants of health; held focus groups with community organizations; and interviewed experts, elected officials, policymakers, and government leaders.

Set five priority areas: physical and mental wellbeing; healthy food and physical activity; healthy indoor and outdoor environments; economic self-sufficiency; and arts and cultural engagement.

Invited nonprofits headquartered in South Bronx to submit brief concept papers that addressed at least two of five priority areas and built collaborations with other organizations. We received 24 submissions, which were reviewed by The Trust and the New York State Health Foundation.

Three agencies—BronxWorks, Claremont Neighborhood Houses, and Urban Health Plan—were selected to develop multi-agency initial plans to improve health in the three high needs South Bronx neighborhoods (December 2014)

...which changed from our original plan

>Our strategy changed we made planning grants, not implementation grants <

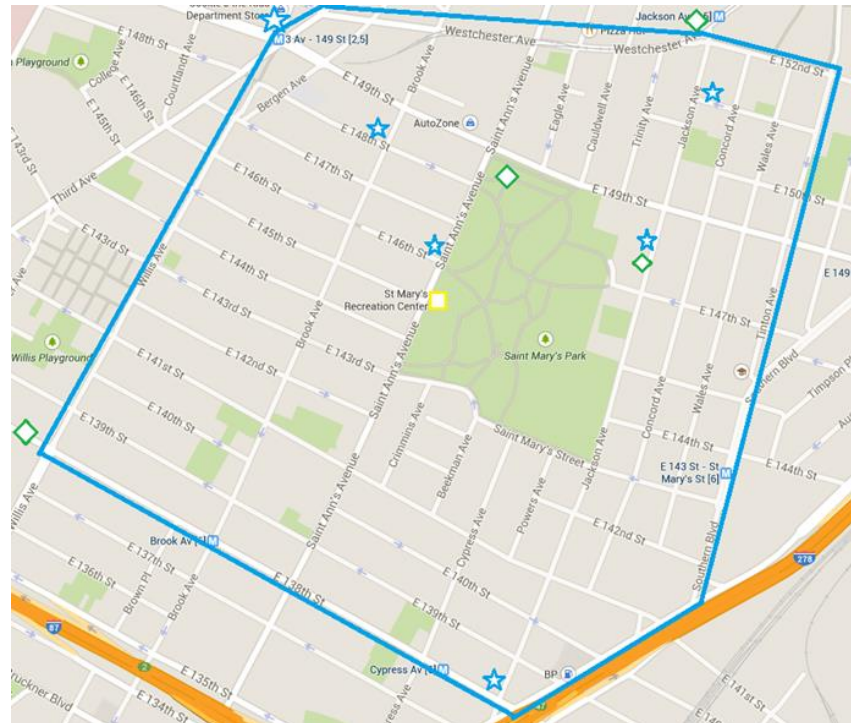
The Trust also made a grant to the New York City Department of Health and Mental Hygiene to assist grantees with data collection and analysis.

The Trust and New York State Health Foundation are **offering coordinated technical assistance, a joint learning collaborative** for grantees to meet to share progress, and a **multi-site evaluation**. **This is the first time a community foundation and a health foundation joined forces on such an effort.**

- ❖ Altman Foundation is supporting the grantee learning collaborative.
- ❖ Active Living By Design is coordinating the learning collaborative.
- ❖ New York University is conducting the multi-site evaluation.

Grantee: BronxWorks

Increase access to and knowledge of healthy food and open spaces in Mott Haven thereby decreasing rates of preventable chronic conditions such as diabetes.



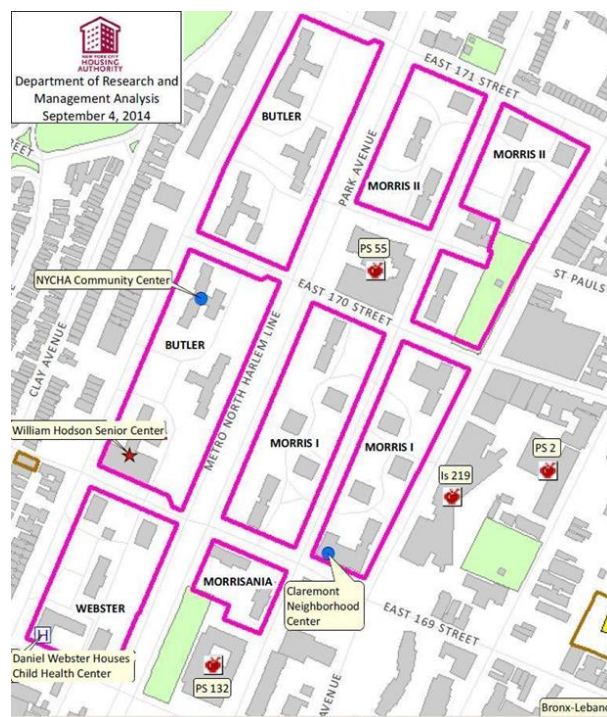
More on BronxWorks

Partners include:

- ❖ **City Harvest:** healthy grocery store, nutrition education, mobile market, community coalition
- ❖ **NYC Department of Health and Mental Hygiene:** technical assistance in data, healthy eating, active living strategies
- ❖ **Local Farmers Markets (Harvest Home, South Bronx FM):** food access and education (cooking demonstrations)
- ❖ **Partnership for Parks:** fostering park stewardship and community events
- ❖ **Friends of St. Mary's Park:** park stewardship and advocacy; active living programming
- ❖ **New York Restoration Project:** The Haven Project aims to renovate the network of open spaces in Mott Haven and Port Morris

Grantee: Claremont Neighborhood Center

To create and maintain a culture of health and wellness in the Claremont community by expanding the utilization of open space, encouraging and educating on the importance of exercise and nutrition, and expanding access and consumption of healthy food while forming an engaged community.



More on Claremont Neighborhood Centers

Partners Include:

- ❖ **GrowNYC:** Training youth to give nutrition education and cooking workshops as part of the fresh food box program and new Youthmarket.
- ❖ **Casita Maria:** Improve open space and the built environment by using artists and youth as change agents to activate public space through the arts.
- ❖ **Bronx Documentary Center:** Activate open spaces by hosting youth-led outdoor monthly documentary film screenings in the summer.
- ❖ **Bronx Lebanon Hospital Department of Family Medicine:** Contributes curriculum for nutrition education, health and wellness education, resources to conduct classes, health-related youth internship opportunities.
- ❖ **Directions For Our Youth (DFOY):** Direct a Youth Council that will engage community youth to identify social and environmental issues with the goal of developing and implementing youth-led solutions.

Grantee: Urban Health Plan

Create a healthy, vibrant community, through use of the built environment that invests and engages residents in actions to improve their quality of life.



More on Urban Health Plan

Partners Include:

- ❖ **Hunts Point Alliance for Children (HPAC):** Strong connection and commitment to the children and families in Hunts Point with 16 member organizations
- ❖ **Hunts Point Economic Development Corp (HPEDC):** Partnership with the Hunts Point Market and focus on improving business in the Hunts Point community
- ❖ **Project H.O.P.E:** Workforce Center equipping residents with the tools, strategies and resources needed to enter workforce. It collaborates with organizations to place qualified workers into trainings, programming and jobs.

Healthy Neighborhoods Fund: Tracking Progress

Intermediate Goals: Structural Changes:

Increased availability of nutritious and affordable foods	Increased accessibility to and availability of safe spaces for active living	Increase availability of community-based health promotion programs	Expand the financing streams for community-based health promotion programs
---	--	--	--

Output Goals: Behavioral Changes

Number of residents biking, walking, and participating in other forms of physical activity	Percentage of residents who are purchasing and consuming healthy foods
--	--

Long-term Goals: Health Impact Goals

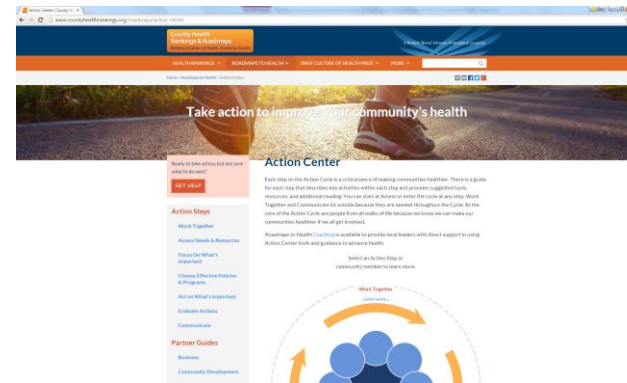
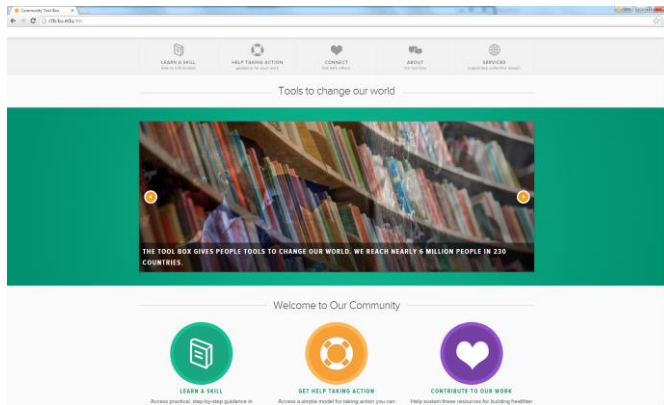
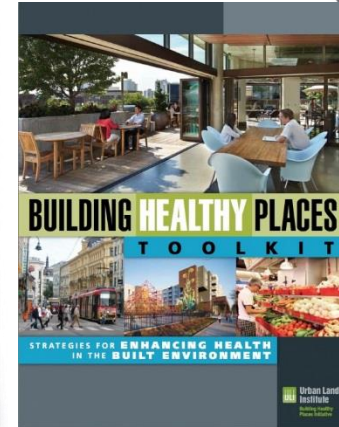
Decrease average BMI for school-age children	Decrease hospitalization rates for weight-related chronic conditions
--	--

Creating Opportunities to Learn & Replicate

- Partnering with New York Community Trust and Altman Foundation
- Supporting Learning Collaborative for cross-site sharing and leadership development (Active Living by Design)
- Supporting T.A. based on needs, requests, areas of focus for each site

Resources for Funders

- Active Living by Design
- Urban Land Institute
- Center for Active Living
- County Health Roadmap
- Community Toolbox



Opportunity Cost to Doing Place-Based Work

Since neither foundation is dipping into endowment, we have to be more judicious about other grant opportunities in the “regular” line of business

Almost every expert we spoke to said one needs to be in this for the long-haul: 5 to 10 years. That multiplies the challenge listed earlier.

THE NEW YORK
COMMUNITY TRUST



- More webinars on this topic?
- New topics you want to tackle or learn more about?
- Innovative work that you want to share?
- A question you want to pose to your colleagues?

Contact us at equity@gih.org