Chronic Disease Prevention: The Social Equity Lens

Background: Health Disparities and Chronic Disease

Data gathered by health care agencies and organizations throughout California over the past 20 years show clear racial, ethnic and income disparities for rates of chronic disease, including diabetes, asthma, cardiovascular disease and cancer. While lack of access to health care plays an important role in chronic disease incidence and treatment disparities, their root causes can also be traced to social determinants including income levels, environmental factors and community characteristics, such as toxic stress, access to transportation, fresh food and safe outdoor activity.

On February 12, 2015, the California Health Policy Forum held a briefing titled “Chronic Disease Prevention: The Social Equity Lens” to explore these social determinants and look at programs and strategies that address health equity through community change. The briefing provided perspectives from state and local agencies including the Office of Health Equity, the Department of Health Care Services, the San Francisco Department of Public Health, the California Pan-Ethnic Health Network and the Toiyabe Indian Health Project.

Five Trends Igniting Current Efforts to Address Chronic Disease Prevention and Health Equity

Five key social, political and economic trends have ignited new efforts to address the challenges of chronic disease and health equity.

1. While the state economy has improved, not all Californians share in its benefits. Economic inequities highlight the need for policies to improve economic drivers, including development, transportation, education and jobs, which also impact health equity.
2. The Affordable Care Act (ACA) includes funding for public health departments and community care organizations to support community-focused chronic disease prevention efforts.

3. The state is moving health policy forward with collaborative efforts including “Let’s Get Healthy California,” the Health in all Policies Task Force, the California Wellness Plan and the CalSIM planning process. All of these initiatives include elements that address health equity.

4. California’s business community is increasingly involved in promoting wellness. Organizations including CalPERS, Pacific Business Group on Health, Silicon Valley Leadership Group and others are marshaling investments for social impact efforts to prevent chronic disease.

Health Disparities and Their Impact on Chronic Disease

In California, current chronic disease disparities concerns include:

• Increased incidence of childhood obesity: 1 in 9 children are obese and 1 in 3 teens are obese; obesity is a key driver of diabetes;
• Disparities in the incidence of diabetes, cardiovascular disease, cancer and renal disease;
• Disparities in treatment: studies show that African American women consistently receive late breast cancer diagnosis that impacts their survival rates;
• Asthma disparities: particulate matter in inner city Los Angeles, Richmond and rural Southern California impacts asthma incidence and lung health.

These disparities are evident in areas of California with the highest percentage of communities of color where less than half the population, or 47 percent, report that they are in good health. These same areas also share the following environmental and social characteristics:

• Poor air quality, or air with high levels of particles that can enter even the smallest airways;
• Inadequate access to parks or playgrounds within walking distance of home;

Briefing Panel Participants

Moderator
George Flores, MD, MPH, Program Manager, The California Endowment

Panelists
• Wm. Jahmal Miller, MHA, Deputy Director, Office of Health Equity
• Kevin Sherin, MD, Deputy Director, Center for Chronic Disease Prevention and Health Promotion, California Department of Public Health
• Caitlyn Morley, MSc, Program Coordinator, Toiyabe Indian Health Project
• Tomas Aragon, MD, MPH, Public Health Officer, Director, Population Health Improvement, San Francisco Department of Public Health
• Sarah de Guia, JD, Executive Director, California Pan-Ethnic Health Network
- High Retail Food Environment Index (RFEI), or ratio of fast food and convenience store outlets to grocery stores or produce vendors (low values of RFEI equate to healthier food environments)\textsuperscript{vii};
- High levels of pedestrian fatalities or rates higher than the state average of 1.6 per 100K people\textsuperscript{ix}.

In addition to environmental and community disparities, exposure to chronic stress or trauma among communities of color has an early impact on health and wellness that persists into adulthood. This toxic stress exposure undermines the body’s stress response affecting brain architecture, cardiovascular and immune systems and metabolic regulatory controls.\textsuperscript{x} Long-term, this early exposure to toxic stress impacts memory, judgment and self-regulation and can lead to risky behaviors.

**Addressing Health Disparities through Community-Focused and Coordinated Policy**

**ACA Public Health Fund: Health Change through Healthy Communities**

The ACA’s Prevention and Public Health Fund provides expanded and sustained investments in prevention and public health for both clinical and community prevention strategies. As part of this effort, public health practices are emerging to address social and institutional inequities and living conditions that impact individual behavior, disease and injury and mortality.

Source: Bay Area Regional Health Inequities Initiative
Health in All Policies Task Force

California’s Health in All Policies (HiAP) Task Force is a collaborative approach that addresses public health through integrated policy efforts. HiAP’s mission is to improve the health of all Californians by incorporating health, equity, and sustainability considerations into decision-making across sectors and policy areas. HiAP’s cross-agency members include:

- Air Resources Board: improving air quality and its impact on childhood asthma;
- CalEPA: improving environmental health in communities that are disadvantaged;
- Department of Food and Agriculture: Bringing local fresh food sources to communities.

In order to extend its reach, HiAP may consider designing curriculum on model programs, providing a “HiAP Checklist” for legislative staff in bill analysis, and providing additional education during the pre-hearing process.

Local Program Models for Building Community Health

Effective paths to building healthy communities support and encourage all community resources to engage in supporting public health. Strategies include working with non-traditional providers and building networks of support between government agencies, health care providers and social services. In California, successful local programs have developed models for cooperation and service integration that reach across previously disconnected agencies. The learnings from these models can help inform statewide policy to address health inequities.

The following examples illustrate how these models work to bring various seemingly disconnected resources together to improve health and prevent chronic disease.

The Toiyabe Indian Health Project mission is to improve and establish programs, policies and actions which focus on developing and maintaining healthy individuals, families and Indian communities while fostering tribal sovereignty, self-sufficiency and cultural values. To address chronic disease, TIHP has developed a framework that is implemented within the seven tribes and two Indian communities that it comprises.

As part of this framework, TIHP builds community capacity by holding workshops for community members on skills and tactics for addressing chronic disease. Participating community members then spread this information to families, friends and colleagues. In addition, TIHP supports community-based participatory research to build an evidence base for its work. It also works to counteract historical trauma, which manifests in violence, poverty and food insecurities, by identifying and focusing on community strengths and resiliencies.

TIHP takes a broad view of health, working with non-traditional partners such as Caltrans, to ensure that children have safe routes for riding to school, and
environmental organizations, to mitigate dust which impacts both tribal nations and their surrounding communities. TIHP brings tribal councils and county parks and recreation departments together to target messaging on services and support to tribal communities. The group also encourages local employers to adopt healthy food policies and create smoke-free work places, which expands THIP’s preventative measures to large numbers of people.

The San Francisco Department of Public Health conducts a number of programs to address health disparities.

The Healthy Hearts San Francisco program promotes communication and referrals between community prevention resources and primary care medical homes. Funded by a Centers for Disease Control (CDC) Reach Grant, the program is establishing a network to link safety net systems to resources in the community that support the cardiovascular health of safety net patients.

The Black/African American Health Initiative of San Francisco was launched in April 2014 to address health inequities affecting the African American community. Research continues to show decreased life expectancy for African Americans due to chronic disease and mental health issues. The Initiative is focused on community leader capacity building through a community-based policy/action agenda and on the elimination of institutional racism. As part of this effort, the initiative is focusing on workforce development in the community to bring African Americans into civil service jobs.

Intersectoral Collaboration Improves Health

These local efforts illustrate how collaboration and communication between previously unconnected agencies and institutions offer an effective strategy for reducing health disparities. State leaders can leverage knowledge from the Center for Collaborative Policy and those retired from legislative or Office of Legislative Affairs (OLA) roles. Reaching out to non-traditional partners, encouraging communication between siloed agencies and building coalitions and treatment protocols from these new partnerships increase community access to both health care and the social elements that build healthy lifestyles.
End Notes

i Kevin Sherin, MD, Deputy Director, Center for Chronic Disease Prevention and Health Promotion, California Department of Public Health (CDPH)

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iii Kevin Sherin, MD, Deputy Director, Center for Chronic Disease Prevention and Health Promotion, CDPH

iv Kevin Sherin, MD, Deputy Director, Center for Chronic Disease Prevention and Health Promotion, CDPH

v 2009 California Health Interview Survey

vi 2009 California Health Interview Survey for Race/Ethnicity; 2011 California Environmental Protection Agency for Air Quality

vii 2009 California Health Interview Survey

viii 2009 California Health Interview Survey for Race/Ethnicity; 2008 California Health Interview Survey for Food Environment

ix 2009 California Health Interview Survey for Race/Ethnicity; 2009 California Highway Patrol Statewide Integrated Traffic Records System for Pedestrian Fatalities

x “The Foundations of Lifelong Health,” Center on the Developing Child, Harvard University

xi http://sgc.ca.gov/docs/HiAP_Task_Force_Executive_Summary_Dec_2010.pdf

xii https://www.sfdph.org/dph/comupg/oprograms/CHPP/aahi.asp