



# PLACE MATTERS: Advancing Health Equity





“PLACE MATTERS HAS INCREASED THE CONVERSATION ABOUT HEALTH EQUITY ISSUES AND LOOKING AT WAYS TO REORGANIZE AND ENGAGE COMMUNITIES.”

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## **FORWARD**

The Joint Center for Political and Economic Studies has a long and distinguished history of research and action to close racial and ethnic gaps, whether related to economic opportunity, political participation, health, and other issues. Of all our accomplishments, one that I am especially proud of is the Joint Center Health Policy Institute's PLACE MATTERS initiative, a groundbreaking effort that is transforming how we understand and tackle persistent racial and ethnic health inequities.

PLACE MATTERS is the vision of Dr. Gail Christopher, then Vice President and Director of the Health Policy Institute. Dr. Christopher sought a means to respond to the growing body of research that points to residential and occupational segregation as a "root cause" of racial and ethnic health inequities, given that many people of color live and work in neighborhoods and environments that are separate from whites and unequal in opportunity.

With the generous support of the W.K. Kellogg Foundation, the Joint Center has since 2006 operated PLACE MATTERS in an effort to build the capacity of leaders in communities around the country to identify and improve social, economic, and environmental conditions that shape health. PLACE MATTERS teams work in 24 jurisdictions in ten states and the District of Columbia to identify community concerns related to health and well-being, understand their root causes, and build support for innovative policy solutions. PLACE MATTERS team members reflect the many different sectors that must come together to solve health inequities, including public health, grassroots and community-based organizations, academic institutions, faith groups, and business leaders. Through their work, they are raising awareness of the importance of social, economic, and environmental conditions as determinants of health and health inequities, and are working with affected communities to identify solutions. This summary – excerpted from a larger report – documents some of the teams' early successes.

Thank you for taking the time to read this summary. I hope you will join us in this critical work to ensure that every child in America has an equal opportunity for a healthy life.

**Ralph B. Everett, Esq.**

*President and CEO*

*Joint Center for Political and Economic Studies*

Racial and ethnic health inequalities literally span from the cradle to the grave, in the form of higher rates of infant mortality, chronic and infectious diseases, disability, and premature mortality among many minority groups relative to national averages. The persistence of health inequalities has caused untold and unnecessary suffering in many communities of color, and this suffering alone should prompt urgent, comprehensive efforts to rectify these disparities. But racial and ethnic health inequities also pose a significant economic burden for the nation, given the costs associated with treating and managing preventable diseases as well as the economic losses associated with poor health among some of the fastest-growing segments of the U.S. population. Research commissioned by the Joint Center for Political and Economic Studies has estimated that between 2003 and 2006, the total cost of health inequalities experienced by African Americans, Asian Americans, and Latinos was \$1.24 trillion in direct medical costs and indirect costs such as lost productivity and wages due to illness and premature mortality.<sup>1</sup>

When confronted with these statistics, many Americans would suggest that the nation find ways to improve access to health care for those that need it, or encourage those at risk for poor health to take preventive steps, such as adopting healthy eating habits. These kinds of approaches are certainly important. But they rarely address the root causes of health inequities. According to a large and growing body of research in public health, a major structural mechanism that sustains racial health inequities is residential and occupational segregation – the fact that many people of color live and work in neighborhoods and environments that are separate from whites and unequal in opportunities for good health.<sup>2</sup> Too often, communities of color face environmental health threats, whether in the form of unhealthy homes (e.g., from lead-based paint, infestation), polluting industries, or vendors selling harmful products (e.g., tobacco and alcohol, and sugary, high-fat and high-sodium products from convenience and carry-out stores), yet they lack access to health-enhancing resources (e.g., grocery stores or farmers' markets, parks or recreation facilities, primary health care facilities).<sup>3</sup>

To address these inequities, since 2006 the Joint Center has supported a groundbreaking initiative, PLACE MATTERS, that seeks to build the capacity of leaders in communities around the country to identify and improve social, economic, and environmental conditions that shape health. PLACE MATTERS teams work in 24 jurisdictions in 10 states and the District of Columbia to identify community concerns related to health and well-being, understand their root causes, and build support for innovative policy solutions. PLACE MATTERS team members reflect the many different sectors that must come together to solve health inequities, including public health agencies, grassroots and community-based organizations, academic institutions, faith groups, and business leaders. Through their work, PLACE MATTERS teams are raising awareness of the importance of social, economic, and environmental conditions as determinants of health and health inequities. They are working with affected communities to identify solutions and to build public support for positive change. And they are working with elected officials to help craft policies that improve opportunities for good health for everyone. This summary – excerpted from a larger report – documents some of the teams' early successes.

<sup>1</sup> TA LaViest, D Gaskin, P Richard. (2009). *The Economic Burden of Health Inequalities in the United States*. Washington, DC: The Joint Center for Political and Economic Studies, available at [http://www.jointcenter.org/hpi/sites/all/files/Burden\\_Of\\_Health\\_FINAL\\_0.pdf](http://www.jointcenter.org/hpi/sites/all/files/Burden_Of_Health_FINAL_0.pdf).

<sup>2</sup> TA LaVeist, D Gaskin, AJ Trujillo. (2011). *Segregated Spaces, Risky Places: The Effects of Racial Segregation on Health Inequalities*. Washington, DC: The Joint Center for Political and Economic Studies, available at <http://www.jointcenter.org/research/segregated-spaces-risky-places-the-effects-of-racial-segregation-on-health-inequalities>; MR Kramer and CR Hogue. (2009). *Is Segregation Bad for Your Health?* *Epidemiologic Review* 31(1): 178-194, available at <http://epirev.oxfordjournals.org/content/31/1/178.full>; first published online May 23, 2009.

<sup>3</sup> Ibid.



## BUILDING Multisector Coalitions

All PLACE MATTERS teams have effectively led and/or participated in multisector community-based coalitions focused on advancing health equity and eliminating health inequities. Some teams are led by leaders in the public health sector, community organizations, or business. Others are led by researchers and academicians. The Jefferson County (AL) PLACE MATTERS team, for example, is led by the Minority Health and Health Disparities Research Center at the University of Alabama-Birmingham, but it includes members from public health and other relevant agencies and enjoys strong partnerships with faith leaders. Similarly, the San Joaquin Valley (CA) team and the Orleans Parrish (LA) teams are led by academic leaders at Fresno State University and Loyola University of New Orleans, respectively, but enjoy strong community partnerships. The Cuyahoga County (OH) team is co-led by staff at the Saint Luke's Foundation of Cleveland and the County Board of Health, with representatives from planning, philanthropy, public health, county government, and health care serving as core members. The Marlboro County (SC) team includes a variety of disciplines, such as public health, human services, health care, and academia. Given the team's interest in reducing school dropout, expulsion, and suspension rates, it was important to include a member from the school district, who now is the team leader.

"PLACE MATTERS IS ADDING ANOTHER VOICE AT THE NATIONAL LEVEL BUT ALSO AT THE LOCAL LEVEL IN THE SPECIFIC COMMUNITIES WHERE IT IS WORKING. THIS IS REALLY IMPORTANT, BECAUSE AT THE END OF THE DAY, WE NEED A NATIONAL POLICY BUT WE ALSO NEED ACTION, LEADERSHIP AND BUY-IN AT THE LOCAL COMMUNITY LEVEL WHERE PEOPLE ARE ENGAGED AND EMPOWERED TO REALIZE THAT THEY CAN MAKE A DIFFERENCE."

*David R. Williams, PhD, MPH,  
Florence Sprague Norman and  
Laura Smart Norman Professor of  
Public Health, Department of Society,  
Human Development, and Health*

Yet another PLACE MATTERS team focuses on building leadership for equity across county government. As will be described below, the Martin Luther King, Jr. County (WA) PLACE MATTERS team works to promote equity and social justice in decision making, policies, and practices across all county government agencies, branches, and departments. King County team members formed an inter-departmental team that consisted initially of departments under the executive branch (e.g., health, public safety, transportation, natural resources, etc.). This team worked to promote equity and social justice in King County through its Equity and Social Justice Initiative. This initiative led to passage of the county's Equity and Social Justice Ordinance, which required all government entities to consider equity in their decision making. The inter-departmental team expanded to the inter-branch team, whose 35 members represent all offices and branches of the county.

## HARNESSING RESEARCH to Increase Awareness of the Place-Health Relationship

Several PLACE MATTERS teams have released Community Health Equity Reports (CHERs), which document the inequitable distribution of health risks and resources across communities and their relationship to health inequities. These reports were created as a result of a grant to the Joint Center from the National Institute on Minority Health and Health Disparities of the National Institutes of Health, and were prepared in collaboration with PLACE MATTERS teams as well as the Joint Center's research partners, the Center on Human Needs at Virginia Commonwealth University and the Virginia Network for Geospatial Health Research. Several of the studies generated striking findings. For example, all of the CHERs found dramatic differences in life expectancy and disease rates across communities, with the poorest

health generally in communities with high levels of exposure to environmental health threats, poor access to healthy food, and high levels of poverty.

In November 2012, for example, the Joint Center and Equity Matters, the Baltimore PLACE MATTERS team, released a report, PLACE MATTERS for Health in Baltimore: Ensuring Opportunities for Good Health for All, which documents how poor neighborhood, housing, and educational conditions lead to poor health outcomes in Baltimore. It found a nearly 30-year difference in life expectancy across the city's census tracts. The report assesses the influence of historical policies such as redlining and residential segregation on the health of Baltimore residents, and offers a number of policy recommendations. Released at the Druid Height Community Development Corporation, a nonprofit community-based development organization, before a standing-room-only audience that included Senator Ben Cardin (D-MD) and Representative Elijah Cummings (D-MD), the report generated significant media attention, including an editorial in the Baltimore Sun that called for swift and comprehensive action to eliminate inequities in the city. The full report can be accessed at <http://www.jointcenter.org/research/place-matters-for-health-in-baltimore-ensuring-opportunities-for-good-health-for-all>.

The Cook County (IL) PLACE MATTERS team collaborated with the Joint Center to develop a report that examines the relationships between health, community characteristics, and food access in Cook County. The report, which was completed in July 2012 and launched at the PLACE MATTERS Action Lab in Chicago, found as much as a 22-year difference in life expectancy in the county, as shorter lifespans are associated with poorer and more segregated African-American neighborhoods, and greater longevity is associated with whiter and wealthier neighborhoods. The CHER offers a number of recommendations to promote health equity, access to healthy food, and food justice in Cook County; it can be found at <http://www.jointcenter.org/sites/default/files/upload/research/files/Place%20Matters%20for%20Health%20in%20Cook%20County.pdf>.

In attendance at the report's release was Toni Preckwinkle, president of the Cook County Board of Commissioners, who delivered remarks and strongly endorsed the report. Other local elected officials offered similar praise. The launch of the Cook County CHER is viewed by the team as a "major win," because it has allowed the team to "really raise the issues around justice," according to a team member. The team's message has "played well in communities," another team member added, because people "intuitively get it when problems are explained from a justice perspective." In addition, according to the team, people have embraced "more than just the individual behavior change perspective" and are beginning to understand how systems and policies contribute to poor health. The CHER has also allowed the team to "bring different people to the table." Also as a result of the CHER, team members have received an "outpouring of support and offers of assistance from new organizations and people," a team member noted. As one example, the team received pro bono media assistance from the owner of a public relations and marketing firm, who met with team members and gave them advice for rolling out the CHER to help them get more coverage.

The Orleans Parish team also collaborated with the Joint Center and its research partners to develop a report that documents the relationship between neighborhood conditions and health outcomes for Orleans Parish residents. It found a 25-year difference in life expectancy across New Orleans' zip codes. The report also assesses the influence of historical policies such as residential segregation on educational attainment, violent crimes, and life expectancy, and provides recommendations for improving opportunities for children and families. The report was completed in June 2012 and can be accessed at <http://jointcenter.org/research/place-matters-for-health-in-orleans-parish-ensuring-opportunities-for-good-health-for-all>.

Orleans Parish team members report the completion and launch of the CHER as an important success. Team members believe that through the CHER, they have “increased public awareness, not only on a local level but nationally.” Also as a result of the CHER, team members have garnered interest from “officials on all levels that are interested in the work that [they’re] doing now.” City officials who were “not very friendly” in the past are “now at the table,” realizing that the team is doing “really good work.” In addition to gaining support from local leaders, the team gained significant media attention with the release of the CHER. Team members have conducted a number of interviews for television and radio, and the *Times Picayune* printed several articles and an editorial highlighting the report’s findings as well as the work of the Orleans Parish PLACE MATTERS team.

Other teams have conducted innovative policy analyses to inform lawmakers. The Wayne County (MI) PLACE MATTERS team, for example, has been involved in a number of activities to address infant mortality, including completing a white paper on infant mortality, conducting a health impact assessment on equity in pay for women, and collaborating with the Detroit Regional Infant Mortality Reduction Task Force. The PLACE MATTERS Infant Mortality Reduction Steering Committee, in collaboration with the Wayne County Department of Public Health, Detroit Department of Health and Wellness Promotion, and Wayne County Executive Robert A. Ficano, produced *“Already Broken: A Call for Upstream Action Through Community Collaboration to Reduce Infant Mortality in Detroit and Wayne County,”* which documented the severity of infant mortality in the area. The report provided a framework for identifying action steps for the entire community to “work together on a long-term, strategic and sustainable strategy to reduce infant mortality.” The Wayne County report was featured in two statewide Infant Mortality Summits, where copies of the report were provided on flash drives for participants. In 2010, Wayne County was one of several PLACE MATTERS sites to receive funding from the W.K. Kellogg Foundation (through a grant to Human Impact Partners) to receive training to conduct a health impact assessment (HIA) on the potential impact of gender pay equity policies on health outcomes. Specifically, the team looked at how gender pay equity impacts general income, stress, and health care access for women. Based on the findings, the team concluded that gender pay equity policies would have a significant positive impact on health for women and their families.<sup>4</sup> The team has presented the findings from the HIA both locally and nationally. Some of the venues include town hall meetings, local and national meetings and conferences (e.g., the PLACE MATTERS National Conference and National Pay Equity Day in Washington, DC), and meetings of state legislators and representatives.

## INFORMING Policy

Several PLACE MATTERS teams are working with elected officials to identify effective policy strategies to reduce the concentration of health risks in communities of color, while creating incentives to attract more health-enhancing resources.

The Cuyahoga County PLACE MATTERS team held two Health and Land Use Summits in 2009 and 2010 to begin building a movement for utilizing place-based approaches for addressing social determinants of health. More specifically, the summits heightened the awareness and understanding of local decision makers, key stakeholders, and community members on the health and equity impacts of land use decisions. The goal was to improve health outcomes, decrease premature death, and reduce health inequities. Team members are actively working to integrate a PLACE MATTERS and health equity framework into the county’s community health improvement planning process, the Health Improvement Partnership-Cuyahoga (HIP-C). HIP-C is utilizing existing data and community input to

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<sup>4</sup> A copy of the full report can be found at [http://www.aauw.org/learn/research/upload/NewVoicesPayEquity\\_AngelaStevenson.pdf](http://www.aauw.org/learn/research/upload/NewVoicesPayEquity_AngelaStevenson.pdf).

develop a plan that will improve the health of all people who live, work, learn, and play in Cuyahoga County. This plan promotes health equity by identifying and prioritizing community health issues and needs, and by developing goals and strategies that address the root causes of health inequities. Team members have facilitated the integration of the PLACE MATTERS framework into their own organizational systems, while informing and influencing many others throughout the county. The Saint Luke's Foundation of Cleveland, the Cleveland City Planning Commission, and the Cuyahoga County Board of Health have led the way, each taking unique approaches to integrating health equity into their organizations' strategic approaches. The Saint Luke's Foundation, for example, has changed its mission and transformed its grant-making approach to address the social determinants that impact places where people live, learn, work, play, and age. As stated by one team member, "not only have we integrated the PLACE MATTERS framework into how we go about our day-to-day business, but I believe that we have also informed and influenced others as we advance our agenda around community revitalization and improving public health."

The work of the King County PLACE MATTERS team has led to one of the most innovative local policies to advance health equity. In February 2008, the King County team worked with the county executive to create the Equity and Social Justice Initiative. The purpose of this initiative was to address the inequities and injustices faced by some of the most vulnerable residents in the county. It challenged King County to look at new approaches for serving its residents, and recommended the following principles to guide the work:

- » Move "upstream" to address the root causes of inequities
- » Actively seek out and promote decisions and policies aimed at equity
- » Empower communities
- » Work across agencies and departments
- » Recognize and honor cultural differences
- » Aim for long-term, permanent change

Using these guiding principles, King County set out to make equity and social justice central to its work. King County PLACE MATTERS team members were instrumental in this process. For example, all government agencies in King County are expected to consider equity when developing and implementing key policies and programs and in making funding decisions. To facilitate this process, the team developed the Equity Impact Review (EIR) tool, "a process and a tool to identify, evaluate, and communicate the potential impact – both positive and negative – of a policy or program on equity."<sup>5</sup>

**"We are working as a team to advance 'Health and Equity in All Policy.' We're building a movement through culture and value changes to transform the way decisions are made from an organizational level up to regional decision making."**

<sup>5</sup> King County Equity Impact Review Tool (2010), available online at <http://www.kingcounty.gov/exec/equity/toolsandresources.aspx>.

<sup>6</sup> Ordinance 16948, available online at <http://www.kingcounty.gov/exec/equity/~media/exec/equity/documents/Ordinance16948.ashx>.



In 2010, in large part as a result of the success of the initiative, the county council passed the first Equity and Social Justice Ordinance in the nation, “establishing definitions and direction, and identifying the implementation steps necessary to achieve the fair and just principle of the County’s strategic plan.” The ordinance identifies 14 determinants of equity and requires that all county government agencies work to ensure that all residents have equal access to these determinants.<sup>6</sup> In August 2012, the county released its first equity and social justice annual report. Key features of the report include a discussion of why King County’s fair and just guiding principle is important to promoting equity for all residents. The report also highlights demographic trends and baseline measures of determinants of equity, and describes activities to promote fairness and equity in King County. The report concludes with notable achievements of countywide and agency-specific efforts.<sup>7</sup>

## **BUILDING** Public Support for Action

Several PLACE MATTERS teams are engaging in campaigns and activities to increase awareness of social, economic, and environmental conditions that shape health, and they are building public support for policies that reduce the concentration of health risks and promote good health. For example, the Boston PLACE MATTERS team, housed within and led by the Boston Public Health Commission’s (BPHC) Center for Health Equity & Social Justice, “frames its work around racism as a root cause of inequities in health and recognizes comprehensive, multilevel racial justice strategies as fundamental to achieving racial and health equity.”<sup>8</sup> The team helped shape the BPHC’s “What’s Your Health Code” campaign, an innovative, multimedia approach to increasing public knowledge of how neighborhood conditions shape health.

To accomplish this goal, the commission spent over two years collaborating with the PLACE MATTERS team, social marketing consultants, and an artist, with feedback from community coalitions, to create billboards, posters, and signs that contained only a zip code and the “What’s Your Health Code” web address. As part of the campaign, the commission also launched a website that features videos, profiles, and updates about “organizations, initiatives, and policies that could benefit from collective action and more data about the health of each neighborhood.”<sup>9</sup> The interactive site contains links to 15 neighborhoods in Boston, and at the site users find a brief history and description of the neighborhood, community statistics, and the zip codes that make up the neighborhood. More information about the “What’s Your Health Code” campaign can be found at [www.whatsyourhealthcode.com](http://www.whatsyourhealthcode.com).

Among the Boston team’s many successes, the zip code campaign is viewed by members as a major win. The goal was to start the conversation about the importance of place in affecting one’s health. Team members are proud that the campaign raised awareness among community residents and policy makers, and even some staff within the public health commission. As stated by one team member: “I think the fact that people still talk about it is a win. I think the fact that it got the kind of local and national attention that it got was a win. For us, it was an opportunity to break down the conversation about how PLACE MATTERS, and what it taught us was that we have to go beyond the communities of color that we traditionally tend to work in when we think about health and equity. We’ve got to raise the global conversation to the level of acknowledging that racial health inequity hurts everyone.”

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<sup>7</sup> King County Equity and Social Justice Annual Report – 2012, available online at [http://www.kingcounty.gov/exec/equity/~/\\_media/exec/equity/documents/EquityReport2012.ashx](http://www.kingcounty.gov/exec/equity/~/_media/exec/equity/documents/EquityReport2012.ashx).

<sup>8</sup> <http://jointcenter.org/hpi/pages/boston-ma-profile>.

<sup>9</sup> [www.whatsyourhealthcode.com](http://www.whatsyourhealthcode.com).

## CONCLUSION

Negative conditions in schools, neighborhoods, and worksites can overwhelm even the most persistent and determined efforts of individuals to take steps to improve their health. Neighborhoods characterized by high levels of segregation and poverty concentration are disproportionately burdened by health risks, such as environmental degradation often brought about by a high density of polluting industries. At the same time, too many of these neighborhoods lack access to health-enhancing resources, such as safe places to play and exercise. Even healthcare providers, hospitals, and clinics are harder to find in these neighborhoods.

To address these root causes of health inequities, the Joint Center and PLACE MATTERS teams are building a groundbreaking initiative that is transforming how we understand and tackle persistent racial and ethnic health inequities. With the generous support of the W.K. Kellogg Foundation, the Joint Center has since 2006 convened PLACE MATTERS in an effort to build the capacity of leaders in communities around the country to identify and improve conditions that shape health. PLACE MATTERS teams and the Joint Center are raising awareness of the importance of social, economic, and environmental factors as determinants of health and health inequities, and are working with affected communities to identify solutions. This report documents some of these efforts, which provide examples of the kinds of strategies that will propel health equity movements, community by community, and across the country.

"I THINK THE PLACE MATTERS INITIATIVE HAS BEEN VERY IMPORTANT. I THINK THE WORK THAT THEY'VE BEEN ABLE TO DO ACROSS THE COUNTRY HAS BEEN ABLE TO REALLY FOCUS COMMUNITIES ON THIS QUESTION OF WHAT IS THE IMPACT OF PLACE ON HEALTH AND WELL-BEING."

"THIS IS THE BEGINNING OF A MOVEMENT THAT WILL TAKE EASILY A DECADE TO MAKE SHIFTS IN PEOPLE'S HEALTH. BUT I THINK THAT PLACE MATTERS HAS BEEN AN IMPORTANT INITIATIVE WITHIN THIS BROADER CONTEXT OF THIS MOVEMENT."

*Kathy Ko Chin, President & CEO  
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