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## What is a Healthy Community?

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# What is a Healthy Community?

## Building Healthy Communities in Southern Nevada

The health of a community is dependent not only upon the genetics of its residents, but also upon the environment within which those individuals live. A person's health is a product of their environment. As such, a healthy community is one in which all residents have access to a quality education, safe and healthy homes, adequate employment, transportation, physical activity, and nutrition, in addition to quality health care. Unhealthy communities lead to chronic disease, such as cancers, diabetes, and heart disease. The health of our communities is critical to the growth and development of our region. To build healthy communities in Southern Nevada, we must develop multi-sectoral collaborations between community members and stakeholders to ensure the sustainability and adequacy of resources to support comprehensive reform.

*“A more holistic concept of health recognizes the influence of the social, economic, psychological and environmental well-being of the community on people's health.”*

(Nozick, 1998)

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# Building Healthy Communities in Southern Nevada



**B**efore we can begin to build healthy communities in Southern Nevada, we first must understand what makes both an individual and a community healthy. Health can be defined in many ways by different people. In its simplest form, health has been defined as merely the absence of disease and disability. Although this definition of health has been used historically, the World Health Organization has established a more useful and broader definition of health that highlights the connection of health and community:

**Health** is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief or economic and social condition (WHO, 1994).

Prerequisites for health include: peace, shelter, education, food, income, a stable eco-system, sustainable resources and social justice and equity (Ottawa, 1986). As such, a **healthy community** continually creates and improves the environment and expands resources such that the prerequisites for health are provided and all citizens of the community move toward the broad definition of health.

*“Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.”*



# Social Determinants of Health

To create a healthy community, the focus must shift from an individualistic, medical view of health to a view that considers health within the context of the social environment and policy perspective (Wolff, 2003). This is not to say that individuals should be taken out of their own health equation. Rather, a person's health and that of the community are products of the social environment and the choices that the individual makes as members of the community (Norris, Lampe, 1994). To address health issues in a meaningful way, consideration must be given to the relationship between health/wellness and the key components of the environment in which people live and work:

- quality education;
- adequate and safe housing;
- employment opportunities and job skills training;
- access to public transportation and recreational opportunities;
- healthy, clean and safe physical environments; and
- health education and access to health care (Norris, Lampe, 1994).

By taking the key components into consideration, we recognize that there is a fundamental relationship between a person's environment, his/her behavior, and his/her health.

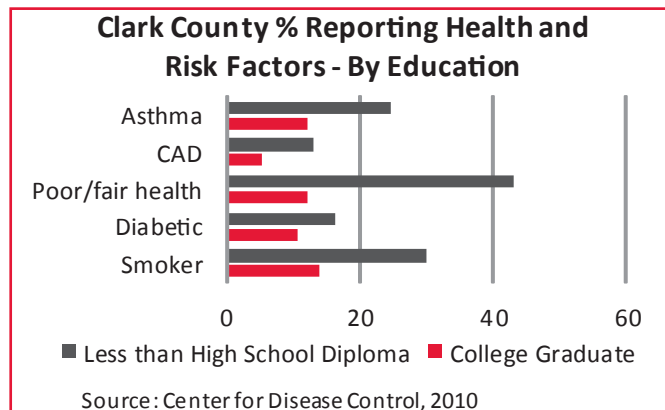


A person's health and that of the community are products of the social environment.



## EDUCATION

Quality education, from preschool to higher education, is the foundation upon which future success (and access) is built. However, access to quality educational programs is often lacking in poorer communities due to a weaker tax base (RWJF, 2009) and a disparity of resources based on socioeconomic status (SES). School buildings tend to be older and in poor repair and the environment surrounding the school may not be conducive for learning (crime, violence and environmental hazards) (RWJF, 2009). In Southern Nevada, as in many parts of the country, high school graduation rates and college entry rates are lower in poorer communities (Ready for Life Southern Nevada, 2010). The high school graduation rate for Clark County was 68% in 2009 for all students (NV Kids Count, 2010). The lowest graduation rates were among African American (57%), Native American (57%) and Hispanic (54%) children and highest among Asian (82%) and Caucasian (77%) children. Children who struggle in school or perform below their grade level are at an increased risk of dropping out of high school. They also have a higher probability of becoming unhealthy adults. Research shows that people with a college education have a higher quality of life through access to higher paying jobs, longer life expectancy, and less tobacco, alcohol, and drug use. A quality education must start in early childhood. Enrollment in quality early childhood educational programs, particularly for low-income youth, has been shown to improve performance in school, creating greater chances for success throughout the child's life. In Nevada, only slightly more than 25% of children aged three to four are in school, compared with nearly 50% of all three to four year olds in the U.S.



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Unsafe and substandard homes put a person at risk for illness or accident. Studies have found that asthma rates are higher for children living in substandard housing. Contributing factors include: poor ventilation, pest infestation, and mold resulting from water leaks (Lanphear, 2001). Incidence of lead poisoning in children is higher in homes built before 1978. In Las Vegas, people with extremely low incomes are more likely to live in a house built before 1978 when compared to all other income groups (43.85% compared to 27.10%) (City of Las Vegas, 2010). Increased risk of diabetes has been associated with inadequate housing conditions for urban African Americans (Schootman, 2007). Indoor air pollutants can also cause disease. For example, radon and asbestos has been associated with lung cancer (RWJF, 2009). Rates of headaches and migraines are higher in those living in poor quality housing, possibly due to exposure to neurotoxins such as pesticides (Julien, 2008). Extremely cold indoor temperatures have been linked to an increased risk of cardiovascular disease while both extremely cold or hot indoor temperatures are associated with increased risk of mortality for the elderly (Shaw, 2004). Additionally, houses that are in poor repair increase the potential for injury. In Las Vegas, Hispanic renters and owners are more likely to live in a house with housing problems. Families with an income at 0-30% of the median family income (MFI) are more likely to live in a house that lacks complete plumbing or kitchen facilities when compared to families with an income at 51-80% of MFI (44.01% compared to 1.29%) (City of Las Vegas, 2010).



**A person's health can be a reflection of the health of his/her home.**

**EMPLOYMENT/INCOME**

The connection between employment and health has been well documented. Unfortunately, Clark County has experienced the highest unemployment rates in the nation since mid-2008. The unemployment rate for Clark County increased from 5.4% in January of 2008 to a high of 15.5% in August of 2010 (US Bureau of Labor, 2011). People who are unemployed tend to have higher levels of impaired mental health including depression, anxiety, and stress as well as higher levels of mental health hospital admissions, chronic disease (cardiovascular disease, hypertension, musculoskeletal disorders) and premature mortality (Marmot, 2006). Additionally, unemployment is associated with unhealthy behaviors such as increased alcohol and tobacco consumption and decreased physical activity. Gainful employment provides the opportunity for income, access to health care and a higher SES. Nevada's who are employed are four times more likely to have access to health insurance and two times less likely to delay seeking medical treatment due to cost (Pharr, 2011).

People who have a high SES live longer than people with a lower SES. An American in the upper-middle class can expect to live six years longer than a poor American (RWJF, 2009). Poor Americans are three times more likely to have physical limitations due to chronic disease than Americans with upper-middle incomes (RWJF, 2009). Although the decision to engage in unhealthy behaviors (smoking, alcohol consumption, illegal drug use) is a personal choice, there are social, economic and environmental pressures that influence a person's decision. Lower SES communities are more likely to have a higher concentration of liquor and tobacco stores as well as advertisements and marketing of these products (Alaniz & Wilkes, 1998). In return, these communities also have higher rates of tobacco use and alcohol dependency (PolicyLink, 2004). Lower income communities are less likely to have a grocery store and more likely to have limited opportunities for physical activity, and Blacks and Hispanics typically live in lower SES communities when compared to whites (Bishaw, 2005). There is a disproportionate burden of disease in lower income and minority communities including higher incidence of heart disease, high blood pressure, and infant mortality.

**Health Disparities Across Incomes in the U.S.**

	Low Income <\$24K	Middle Income \$24K-<\$90K	High Income >\$90K	Difference Low vs High (pct. pts.)
Well-being Index Score	57.2	67.7	74.3	17.1
Percent Obesity	32	27.9	21.7	10.3
Percent Diabetes	16.1	10.1	6.7	9.4
Percent Heart Attack	7.2	3.5	2.2	4.9
Percent Depression	29	15.2	10.2	18.8
Percent Smoke	31.9	20.2	11.9	20.1
Percent Physically Active	48.8	51.3	56.3	7.5

Source: Gallup-Healthways Well-Being Index



**TRANSPORTATION**

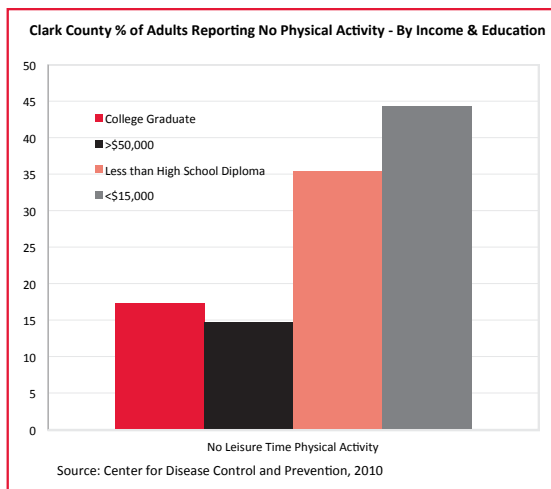
Transportation impacts a person's life, economics and health. Adequate transportation is often a prerequisite for accessing healthcare, employment, grocery stores and recreations facilities as well as being socially connected to the community. However, groups of people experience a transportation-disadvantage or the inability to obtain their own transportation. These groups include the elderly, low income persons, people with disabilities, racial and ethnic minorities and people with limited English proficiency (APHA, 2011). Unsafe streets and highways also present health issues for people who walk or cycle as their means of transportation. Las Vegas is the sixth most dangerous city for pedestrians in the US with an average of 2.5 pedestrian deaths per 100,000 people per year (APHA, 2011).

## PHYSICAL ACTIVITY AND NUTRITION

Regular physical activity and weight management are important components for the prevention of chronic disease and for improvements in overall health (O'Donovan, Blazevich, Boreham, et al., 2010; Vuori, 2010). Specifically, regular physical activity helps to reduce the risk of developing heart disease, stroke, diabetes, high blood pressure and high cholesterol and has been shown to have a positive impact on pulmonary function. Obesity has also been linked to chronic diseases, especially diabetes, coronary artery disease, stroke, cancer and pulmonary compromise and has been identified as one of the most modifiable risk factors for chronic disease (Nejat, Polotsky, & Pal, 2010). People are more likely to be physically active or to maintain a healthy weight if they live in a community which supports physical activity and healthy eating.

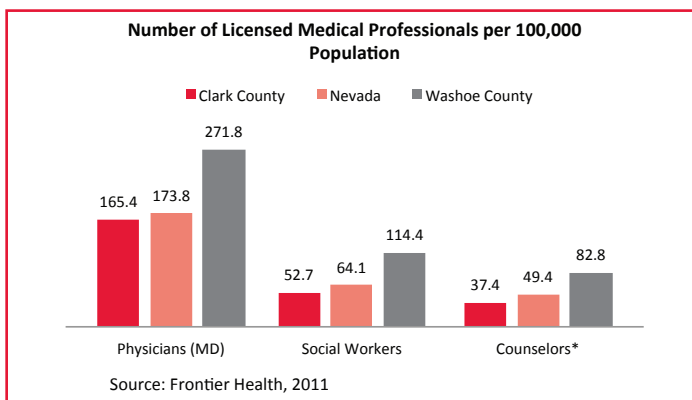
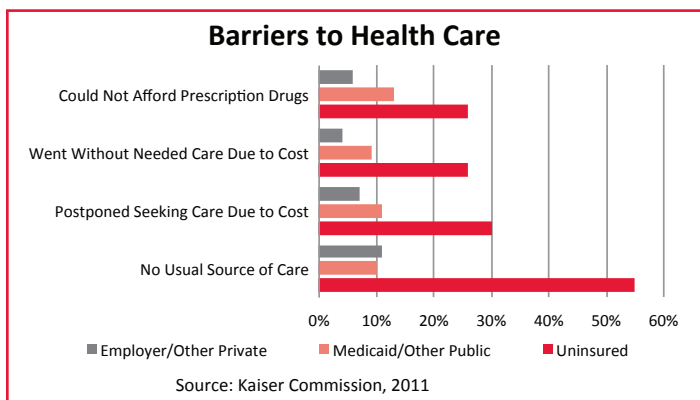
Community conditions that support physical activity include well lit streets, sidewalks that are in good repair, low crime rates and traffic, a lack of graffiti, walking and biking trails, parks and recreational facilities (Evenson et al., 2007, others). Children who live in poverty are more likely to be obese when compared to children who live in higher socioeconomic status families (SES) (RWJF, 2009).

Food choices for a family (or individual) are determined by supply, culture, affordability and availability (Marmot and Wilkinson, 2006). Lower SES communities often lack full service grocery stores that supply fresh fruits and vegetables and have an abundance of fast food outlets and convenience stores (Nayga & Weinber, 2005). As such, people living in these communities have a higher risk of obesity and diabetes (Design for Disease).



## HEALTH CARE

Access to health care and health education are important pieces of a healthy life. However, there are many barriers to receiving health care and health information. When we talk about access to health care, often people think of access to health insurance. In Clark County, 17.9% of the population lacks health insurance (Frontier Health, 2011). 18.6% of children under the age of six do not have health insurance while 64% of these children qualify for state and federally funded insurance programs (Medicaid Facts Nevada, 2011). Without health insurance, people lack a usual source of care, are twice as likely to delay health care due to cost, and more likely to go without prescription medication (Kaiser, 2011). Without health insurance, children are less likely to complete well-child check-ups or have preventive health care. People who lack health insurance are more likely to be hospitalized for avoidable conditions (Kaiser, 2011). The uninsured are less likely to be able to afford other necessities due to medical bills. While lack of health insurance or financial means to pay for health care services are barriers to receiving health care, so are transportation issues, language barriers and lack of health care providers in certain areas of a community. Communities that do not have a public transportation infrastructure limit access to medical care for people who do not have their own transportation, especially if physician practices are not evenly dispersed throughout the community. If a language other than English is predominantly spoken in areas of a community, then medical care and health information needs to be provided in multiple languages.





### A Community Investment

Investing in healthy communities has shown a positive return on investment (ROI). A study conducted by Trust for America’s Health (TFAH), The Urban Institute, the New York Academy of Medicine (NYAM), the Robert Wood Johnson Foundation (RWJF), The California Endowment (TCE) and Prevention Institute found that an investment of \$10 per person per year in proven community-based health promotion programs could save California more than 1.7 billion dollars in annual health care cost within three years. The health promotion programs focused on increased physical activity, improved nutrition and a reduction in tobacco usage. Implementation of these programs could reduce chronic diseases including type 2 diabetes, high blood pressure, heart disease, and stroke. Based on the model developed by the Urban Institute, projected ROI for California, and the Nation, for an investment of \$10 per person in proven community-based disease prevention programs would be \$5 for every \$1 invested within five years.



### Community Investment Logic Model



Health care costs continue to rise in America. The Robert Wood Johnson Foundation Commission for Building a Healthier America warns:

*The economic implications of our nation’s health shortfalls are sobering...The cost of medical care and insurance are now out of reach for many American households, pushing some families into bankruptcy, draining businesses, state and local governments...The current path of rising costs and rising rates of chronic disease is simply not sustainable. Greater access to effective, efficient medical care are important for our nation’s well-being, but medical care cannot deliver wellness, nor can health care system reform alone bring costs under control. Instead, we need a new vision of health that rests on changing the lives of Americans in ways that lead to healthier, longer lives.*



## Components of Healthy Communities

With an understanding that the communities in which people live impact their health, how do we build communities that support health? How do we build healthy communities? Norris and Pittman (2000) and Wolff (2005) outlined core principles to which healthy community groups ascribe. Adhering to these principles is key to enriching the work of healthy community groups within a community. Because healthy community initiatives are multi-sectoral collaborations between the people who live in the community and stakeholders, government, healthcare, business, non-profits, etc., healthy community initiatives must include:

- A broad definition of health and community
- A compelling and shared vision based on community values
- Improved quality of life for everyone in the community
- Diverse citizen participation and citizen-driven
- Widespread community ownership
- Collaborative problem-solving
- Focused on systems change
- Development of local assets and resources
- Measures and benchmarks of progress and outcomes
- Acknowledgement of the social determinants of health and the interrelationship of health and community

The outcomes or goals of a healthy community initiative are to improve the health and wellbeing of people within a community and the community itself. The eleven key elements of a healthy community include:

- A clean, safe, high-quality environment (including housing)
- An ecosystem that is stable now and sustainable in the long term
- A strong, mutually supportive and non-exploitative community
- A high degree of public participation in and control over the decisions affecting life, health and wellbeing
- The meeting of basic needs (food, water, shelter, income, safety, work) for all people
- Access to a wide variety of experiences and resources, with the possibility of multiple contacts, interactions and communication
- A diverse, vital and innovative economy
- Encouragement of connections with the past, with the varied cultural and biological heritage and with other groups and individuals
- A city form (design) that is compatible with and enhances the preceding parameters and forms of behavior
- An optimum level of appropriate public health and sick care services accessible to all
- High health status (both high positive health status and low disease status) (Hancock & Duhi, 1988)

**For more information about Healthy Communities, please visit:**

**Robert Wood Johnson Foundation: [www.rwjf.org](http://www.rwjf.org)**

Healthy Kids, Healthy Communities:

<http://www.healthykidshealthycommunities.org/>

Commission to Build a Healthier America - Beyond Health Care:

New Directions to a Healthier America:

<http://www.commissiononhealth.org/>

Commission to Build a Healthier America - Overcoming Obstacles to Health: <http://www.rwjf.org/files/research/obstaclestohealth.pdf>

**Federal Reserve Bank of San Francisco**

Healthy Communities Conference:

<http://www.frbsf.org/cdinvestments/conferences/healthy-communities/2010-washington-dc/>

**Center for Disease Control and Prevention**

Health Communities Program: <http://www.cdc.gov/healthycommunitiesprogram/>

**The California Endowment**

Building Healthy Communities:

<http://www.calendow.org/healthycommunities/index.html>

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The Lincy Institute at UNLV conducts and supports research that focuses on improving Nevada's health, education, and social services. The research will be used to build capacity for service providers and enhance efforts to draw state and federal money to the greater Las Vegas. The Lincy Institute will also serve to highlight key issues that affect public policy and quality-of-life decisions on behalf of children, seniors, and families in Nevada.

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