

Resources & Opportunities for A Healthier Denver: Building an Ideal System for Promoting Health In Denver

Executive Summary

April 2003

A Report of the Denver Healthy People 2010 Initiative

Introduction

In the fall of 2002, Denver Healthy People 2010 released a health promotion needs assessment on how to make Denver a healthier place for all, "Healthy Denver 2010---What We Know". It concluded with a set of actions recommended for creating an ideal health promotion system for Denver's people. Denver Healthy People 2010 is about to develop an action plan for making Denver a healthier place for all, and as a start to the process, Denver Healthy People 2010 has developed this report---a scan of what groups are already working in the recommended action areas, and a look at some great ideas for action tried elsewhere.

The System

The recommendations of Denver Healthy People 2010 for building an **IDEAL HEALTH PROMOTION SYSTEM** for building a healthier Denver are as follows:

- **COLLABORATION** --- Improve communication, collaboration and synergy between those working to improve the health of Denver, including traditional and nontraditional partners, especially community members.
- **DATA**--- Build better data systems to capture all of Denver's health data from public and private sources.
- **EDUCATE LEADERS & THE PUBLIC** --- Raise awareness among leaders and the public about ways to improve health.
- **FINANCIAL RESOURCES** --- Increase financial resources dedicated to health promotion and disease prevention.
- **MULTI-DIMENSIONAL HEALTH PROMOTION EFFORTS** --- Use multi-dimensional health promotion approaches that use proven health promotion methods, and address change on multiple fronts including policy change, people's economic, social and physical environments, as well as behavior change.
- **ADDRESS ROOT CAUSES** --- Address the root issues of poor health, including **social, physical, psychological and environmental issues**. **Income and education** are by far the strongest predictors of a person's future health, in good part, due to the difference a good income has on a person's physical and social environment. However, **environmental issues, such as availability of healthy food choices and social support for eating well**, affect people at all income levels. For example, when communities are built to allow easy walking to schools, stores, work, and for pleasure people are more likely to be physically active.

Denver Healthy People 2010 members identified two possible actions for the group to take on that relate to root causes: Advocate for a **livable wage/income** for every person in Colorado; Educate all Coloradans to know **how to impact the political system**.

- **ACCESS TO HEALTH CARE** ---Make access to health care, health promotion and disease prevention available and affordable to *all*.

DENVER'S HEALTH PROMOTION SYSTEM

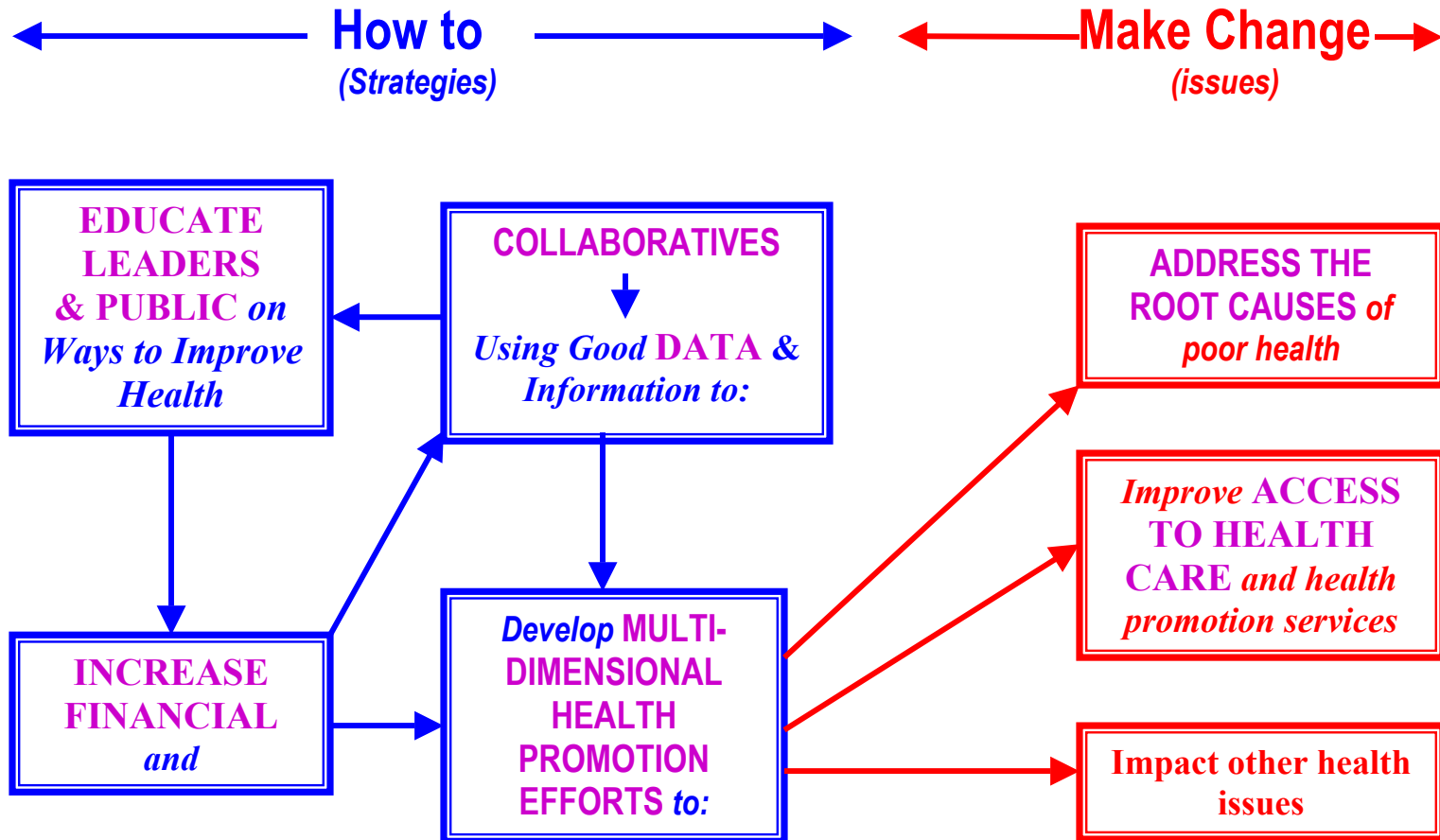
These recommendations can be visualized as critical pieces of the **HEALTH PROMOTION SYSTEM** needed to advance the health of all Denver's people:

Strong **COLLABORATIVES**, utilizing good **DATA** and information, can **EDUCATE LEADERS AND THE PUBLIC** on ways to improve health. This generates support for health promotion actions. In particular, **FINANCIAL SUPPORT**, as well as general support for policy change, programs, and other actions that lead to a healthier place for all. **COLLABORATIVES** can then garner the resources, and tap the data and information, to launch quality, **MULTI-DIMENSIONAL HEALTH PROMOTION EFFORTS** to improve health. These initiatives use quality health promotion methods, and address change on several fronts including policy change, people's economic, social and physical environments, as well as behavior change. Denver Healthy People 2010 highlighted several areas of change of particular interest: initiatives that **ADDRESS THE ROOT CAUSES** of poor health and those that improve **ACCESS TO HEALTH CARE** and health promotion services.

See Figure 1

Figure1

Creating an Ideal System for Growing a Healthier Community



What's Going On?

There are real opportunities for building bridges between health partners and those who work to address the underlying causes of poor or good health—the root causes embedded in people’s social and physical environments—and to create significant improvement in Denver’s health. Without education on the value of health promotion initiatives, such as programs or policy change efforts, there will not be adequate support, financial or otherwise, for these and other initiatives. Although there is tremendous interest in providing health care access and a highly organized system to advocate for it, health care access still eludes us, perhaps because the political will is not there in the public at large.

COLLABORATION & ADDRESSING ROOT CAUSES

There are many collaboratives in Colorado and Denver dedicated to improving health, mostly organized around a specific issue or population. There is some activity to connect these groups into looking at the larger picture. The Colorado Minority Health Forum plays this role around health disparities of people of color in Colorado. Still, there is tremendous potential for impacting the bigger picture of public health by strengthening common goals and partnerships.

There are also many collaboratives focused on improving the root causes of poor health such as housing, income, education, providing support for young children, etc. However, the two systems (those advocating for improved health issues and those advocating for impacting the root causes of poor health) have not come together to make the argument for addressing root causes in order to improve health. Many communities outside Colorado have successfully impacted the root causes of health in partnership with traditional public health partners by utilizing Health Impact Assessments (HIAs). These reports analyze the direct impact of a particular policy or practice in terms of the resultant effect on health. San Francisco successfully used HIAs to pass legislation and make policy changes such as passing a living wage, establishing bus routes to provide easy access from low-income neighborhoods to grocery stores and health services, switching to low emissions buses and other initiatives.

IMPROVING DATA

A number of groups have launched or are about to launch efforts to improve data and data access relevant to all who are concerned about improving health (i.e. Denver Benchmarks).

EDUCATING LEADERS & PUBLIC ABOUT IMPROVING HEALTH

Beyond a recognized need for preventive health care services, there is not a lot of support in the community at large, or in local and state leadership, for taking actions to improve the public’s health. Much of this stems from a lack of understanding about the underlying causes of poor or good health in a community, and from a general belief that there is no real evidence that various programs and policies designed to keep people healthy are effective. There is, of course, strong and growing evidence of the effectiveness of various interventions.

Leaders and the public are highly interested in having healthy communities. A well-designed social marketing communications campaign has potential for educating the public and leaders about the many benefits that investing in quality health promotion would bring to the community, including the cost effectiveness of controlling health care expenses. The potential for change in this arena is increased support for policies and programs that promote health, including financial support.

FINANCIAL RESOURCES

The financial environment for supporting health promotion—both for traditional programs and for the myriad health and social programs that support people and address the root causes of health—has suffered dramatically in the past year. Programs that promote health and address root causes are being cut in a big way, just as the people at the bottom of the economic ladder are losing income.

One potential avenue for increasing resources is by encouraging employers to implement quality worksite wellness programs, as these have proven positive effects on employee health and save employers health care, and other costs.

MULTI-DIMENSIONAL HEALTH PROMOTION EFFORTS

Recent funding cuts have had a devastating impact on quality multi-dimensional health promotion efforts designed to protect people's health. The Colorado Tobacco Initiative, which was launched with Tobacco Settlement Funds and is just now moving into full swing, was just cut dramatically from the State budget. Newly planned initiatives face limited sources for support.

Research shows that effective health promotion programs are designed and executed by using solid health promotion theory, quality information analysis, and proven health promotion intervention methods. The most effective efforts are also comprehensive: change is supported within all levels of barriers (environmental as well as personal), and support for change is pervasive for target audiences. Collaboratives are excellent vehicles for implementing changes within these multi-level venues.

The efforts with the highest potential for impact are those that tap into people's interests. New initiatives should be planned around themes that resonate with people's concerns. **Denver's people are interested in many root causes of health:**

- **clean, safe neighborhoods**, with low crime, little substance abuse, effective, unobtrusive traffic
- **affordable housing, employment, low poverty**
- quality, culturally accessible **education** for all ages
- **affordable food** and other **services** in their neighborhoods
- eliminating **unsafe family situations** such as domestic violence, substance abuse
- support for **parents**.
- **information** and help on how to keep healthy
- **discrimination** and cultural barriers
- **preserving neighborhoods**, building community cohesion
- **seniors and youth**
- involvement in **community decision-making**.
- **pregnancy, violence, substance abuse** (other people's), access to culturally appropriate **health care, pollution**.

ACCESS TO HEALTH CARE & HEALTH PROMOTION

Health care access is of paramount importance to the community and to health leaders, and a strong system of advocates and organizations (i.e. Colorado Coalition for The Medically Underserved) has been active in working on this issue for some time. However, there is no similarly organized effort around access to health promotion services. Washington State was able to reach the majority of its low-income pregnant women with personalized health education sessions by passing legislation that allowed these services to be paid for by Medicaid.

Potential Roles for Denver Healthy People 2010

In reviewing the scope of these existing groups and activities, Denver Healthy People 2010 participants identified some potential Denver Healthy People 2010 roles: It could increase collaboration, linking efforts and groups, creating new partnerships, helping to identify joint priorities and to influence policy change, especially in efforts to address root causes of poor health. It could provide leadership to increase awareness about the value of health promotion (both financial and quality of life), and could advocate for increased funding, increased health promotion services and for worksite wellness programs. It could ensure collection of data critical for building a healthier Denver.