



Countering the Production of Health Inequities

Ensuring the Opportunity for Health for All

We Have Produced Inequities in Health Outcomes

Being healthy is the foundation for success in many realms of life—from school and work to family life. While access to quality health systems and services is often most equated with supporting good health, other factors, including housing, public safety, education, employment, income and wealth, and the environments where people live, work, learn, and play also have a major influence on whether or not people will be healthy. That's why these are all called determinants of health.

Unfortunately, the opportunity to be healthy is not afforded to everyone in America. As a result, heart disease, cancer, diabetes, injury, mental illness, substance abuse, suicide, and other illnesses occur in higher frequency, earlier, and with greater severity among people living in concentrated poverty and in communities of color. This is not coincidental, and it is not about poor choices or only about access to quality healthcare. Indeed, these poor outcomes have been produced by historical and current-day policies, laws, practices, and procedures that shape the determinants of health and, consequently, have segregated too many people from the opportunity to be healthy.¹ The ways they impact our communities, and ultimately our health, are sometimes visible—such as lead-tainted water in Flint, Michigan—and sometimes invisible—such as who is selected to rent an apartment or buy a house. Over time, these policies, laws, practices, and procedures have shaped the norms and shared values within the sectors and institutions that serve communities—too often embedding bias and discrimination. These types of structural classicism and racism underpin people's daily lives, producing health inequities across, for example, socioeconomic and racial/ethnic lines.

For example, a myriad of policies and practices across various sectors have contributed to the disinvestment in and declining vitality of rural communities, including trade policies that resulted in many U.S. manufacturing jobs relocating overseas and agricultural policies that resulted in a dramatic decrease in local and small family farms critical to the economic survival of many rural communities. As a consequence, industries have been decimated, unemployment is high, social and physical isolation is common, and, relatedly, health has also been declining. Indeed, entire rural communities have been segregated from opportunities to be healthy. Thus, it's not surprising that rural communities have been disproportionately impacted by the opioid crisis and experience higher rates of depression, suicide, and premature death than other communities.^{2,3,4}

Similarly, the policies and practices in urban communities, such as redlining practices by housing lenders that restricted mortgages for people of color to neighborhoods that were disadvantaged; small business administration practices that favored loans to alcohol retail establishments in communities of color; and highway planning policies that divided neighborhoods of concentrated poverty with freeways creating physical barriers to employment and other opportunities have contributed to, for example, failing schools, poor quality or inadequate housing, limited transportation options, high alcohol outlet density, lack of healthy foods, and low-wage jobs. These policies have, over generations, resulted in fewer opportunities to be healthy, such as nutritious food, quality jobs, and safe communities.

The poor health outcomes experienced by communities with concentrated disadvantage and in communities of color are referred to as health inequities because they are unjust and unfair. They are a predictable outcome of the policies, practices, and procedures that have segregated many people from the opportunity to be healthy. By understanding what has contributed to these inequities, we can transform health in communities across the United States in support of a culture of health in which every person in the U.S. has the opportunity to achieve health and wellbeing.

As the Robert Wood Johnson Foundation (RWJF) laid out its bold vision for a “Culture of Health,” staff and leadership recognized that, as a nation we cannot achieve a Culture of Health when there are inequities in health outcomes. Their Achieving Health Equity team asked Prevention Institute to conduct an analysis of a set of prioritized determinants of health, to inform an actionable path forward. This brief paper provides an overview of that analysis that unmask the systemic causes that have created the community conditions that undermine health and analyzes the complex web of laws, policies, practices, and procedures—both current and historic—that have led to health inequities. The analysis also provides policy recommendations, community examples, and actionable solutions for creating an equitable Culture of Health.

In many ways, our analysis boils down to this: through policies, laws, practices, and procedures, we have segregated some groups of people from the opportunity to be healthy, thus producing health inequities. Fortunately, there is a pathway forward to produce health equity. Specific sectors have played roles in creating the current conditions and necessarily have invaluable roles to play in solutions. Further, making change at the community level—through local, regional, state, national and sectoral actions—can and will make a difference for communities. With an ever-widening wealth gap and our country’s population growing in racial/ethnic diversity, it’s imperative that sectors, institutions, and agencies actively explore their role in producing inequities and intentionally move to counteract those policies, laws, and practices that have made it impossible to achieve health equity for all.

“Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality of education and housing, safe environments, and health care.”

— Paula Braveman, *Health Affairs*, June 2017

Determinants of Health— Why They Matter

RWJF's Achieving Health Equity team has prioritized seven specific determinants of health (DOH)—environment (sociocultural environment and built/physical environment), housing, public safety, education, employment, income and wealth, and access to quality health systems and services—for action. These factors all have well-documented connections to health and safety, illness and injury, and inequities in health and wellbeing outcomes.^{5,6}



Environment

SOCIOCULTURAL ENVIRONMENT

This environment, sometimes referred to as social capital, refers to the people within a community, the interactions between them, and norms and culture. It also encompasses social networks and trust, and participation and willingness to act for the common good. When people have positive family or other social supports, feel connected to their community or culture, and have opportunities for civic participation (e.g. voting), they are more likely to experience positive health outcomes.^{7,8,9,10} For example, residents in neighborhoods with greater perceived social cohesion and safety report better health and engage in health-promoting behaviors more often: they smoke less, are more physically active, experience less depression, and have a greater life expectancy.^{11,12,13,14,15,16}

PHYSICAL ENVIRONMENT

This environment refers to the place, including the human-made physical components, design, permitted use of space, and the natural environment. The look and feel of a neighborhood, access to affordable, healthy foods, parks and open space for physical activity, what's sold and promoted, accessible transportation and how people get around, and the quality of air, water, and soil all are strong indicators of health and influence health outcomes.¹⁷



Housing

The availability of high-quality, safe, and affordable housing that is accessible for residents with mixed income levels positively impacts health and the overall ability of families to make healthy choices.^{18,19} Housing also refers to the density within a housing unit and within a geographic area, as well as the overall level of segregation/diversity in an area based on racial/ethnic and/or socioeconomic status. The physical conditions within homes, the conditions in the neighborhoods surrounding homes, and housing affordability affect the overall ability of families to make healthy choices.²⁰



Public Safety

Public safety is the safety and protection of the general public, characterized by the absence of violence in public settings. Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological or emotional harm, maldevelopment or deprivation, and trauma from actual and/or threatened, witnessed and/or experienced violence.²¹



Education

Access or lack of access to high-quality learning opportunities and literacy development for all ages that effectively serves all learners.²² Education is a process and a product: as a process, education occurs at home, in school, and in the community. As a product, an education is the sum of knowledge, skills, and capacities (i.e., intellectual, socio-emotional, physical, productive, and interactive) acquired through formal and experiential learning. Educational attainment can influence health knowledge and behaviors, employment and income, and social and psychological factors, such as sense of control, social standing, and social networks.²³



Employment

Level or absence of adequate participation in a job and/or workforce, including occupation, unemployment, and underemployment. Work influences health not only by exposing employees to physical environments, but also by providing a setting where healthy activities and behaviors can be promoted. The features of a worksite, the nature of the work, and how it is organized all can affect workers' mental and physical health. As well, many Americans obtain health insurance through their employers. Health also affects one's ability to maintain stable employment. For most working adults, employment is the main source of income, thus providing access to homes, neighborhoods, or services that promote health.²⁴



Income and Wealth

Income is the amount of money earned in a single year from employment, government assistance, retirement and pension payments, and interest or dividends from investments or other assets. Income can fluctuate greatly from year to year, depending on life stage and employment status. Wealth, or economic assets accumulated over time, is calculated by subtracting outstanding debts and liabilities from the cash value of currently owned assets—such as houses, land, cars, savings accounts, pension plans, stocks and other financial investments, and businesses.²⁵ Access to financial resources safeguards individuals against large medical bills while also increasing the likelihood they will have other health-promoting resources such as access to healthy neighborhoods, quality housing, open spaces, and parks.²⁶



Access to Quality Health Systems and Services

Access to effective, affordable, culturally and linguistically appropriate, and respectful preventative care; chronic disease management; emergency services; mental health services; and dental care. Limited access to health services can increase premature death and morbidity from preventable chronic diseases, injuries, and disabilities. This also encompasses the promotion of better social and community services, and community conditions that promote health over the lifespan, including better population health outcomes. It also refers to a paradigm shift that reflects healthcare over sick care and promotes prevention.

A Closer Look at **Housing** as a Determinant of Health

Housing segregation is one of the most powerful factors contributing to poor physical and mental health outcomes in the United States. The concentrated disadvantage and economic inequities that result from housing segregation limit access to health-promoting conditions and increase exposure to hazardous conditions. Segregated communities are more likely to have limited economic opportunities, a lack of healthy options for food and physical activity, increased presence of environmental hazards, substandard housing, lower performing schools, higher rates of crime and incarceration, and higher costs for common goods and services. These conditions combined severely limit opportunities for good health.

Despite passage of the Fair Housing Act of 1968, a critical piece of civil rights legislation that prohibited housing discrimination based on race and ethnicity, residential segregation persists today. That's because even as the Fair Housing Act was implemented, other housing and banking industry policies were working against its intended positive effects.

By 1968, earlier policies had already set a path towards racially segregated neighborhoods. The Housing Act of 1937 actually required residents of public housing developments to be of the same race as the neighborhoods where the developments were located. Meanwhile, housing lenders used Federal Housing Administration (FHA) "redlining maps" to determine which neighborhoods they could issue mortgages in. There would be no mortgages issued for neighborhoods with substantial numbers of people of color but plenty for the suburbs as long as developers made sure those neighborhoods stayed white.

Even under the GI Bill, white veterans were given access to credit in "high-opportunity" neighborhoods that would become the suburbs, while veterans of color were restricted to living in the neighborhoods labeled by the FHA as "declining." Other policies, ranging from "urban renewal" in the 1950s and 1960s to the subprime loan and foreclosure crisis of just a decade ago continued to reinforce housing instability and segregation from opportunity of communities of low income and people of color.



Discrimination practices in the housing sector continue today, limiting the neighborhoods and opportunities Americans of color have available to them. A report by the Harvard T.H. Chan School of Public Health and National Public Radio showed that nearly half of Black Americans, a third of Latinos, and a fourth of Asian Americans have experienced racial and ethnic discrimination when trying to rent a room or apartment or buy a house.²⁷ In recent years, there has been growing evidence of the harmful effects of unhealthy housing on medical conditions such as respiratory and cardiovascular diseases as well as on unintentional injury.²⁸

Understanding the Web of Determinants of Health

The determinants of health are interrelated and interconnected. It's difficult to disentangle one social determinant of health from another when it comes to health equity. They are connected through policies, practices, systems, and sectors as well as in their impact on communities. For example, a lack of public safety inhibits economic development in communities, which affects employment, income, and wealth. That lack of economic development then directly influences the sociocultural and physical environment of the community. Conversely, educational outcomes, income and wealth, and employment are all associated with an increased or decreased risk of violence (public safety), as is the sociocultural and physical/built environment. This suggests that solutions that address the interrelationships may create the biggest opportunities for health. The graphic below illustrates how determinants of health influence each other and are influenced by each other.

The Determinants of Health Influence Each Other and are Influenced by Each Other



An Emerging Systems Framework to Achieve Health Equity

Understanding how health inequities have been produced sheds light on the path forward to addressing them. This analysis revealed a three-pronged solution: 1) single sector action, 2) multi-sector actions and 3) a system to ensure a continued and deliberate focus on achieving health equity. Across all of these, solutions must:

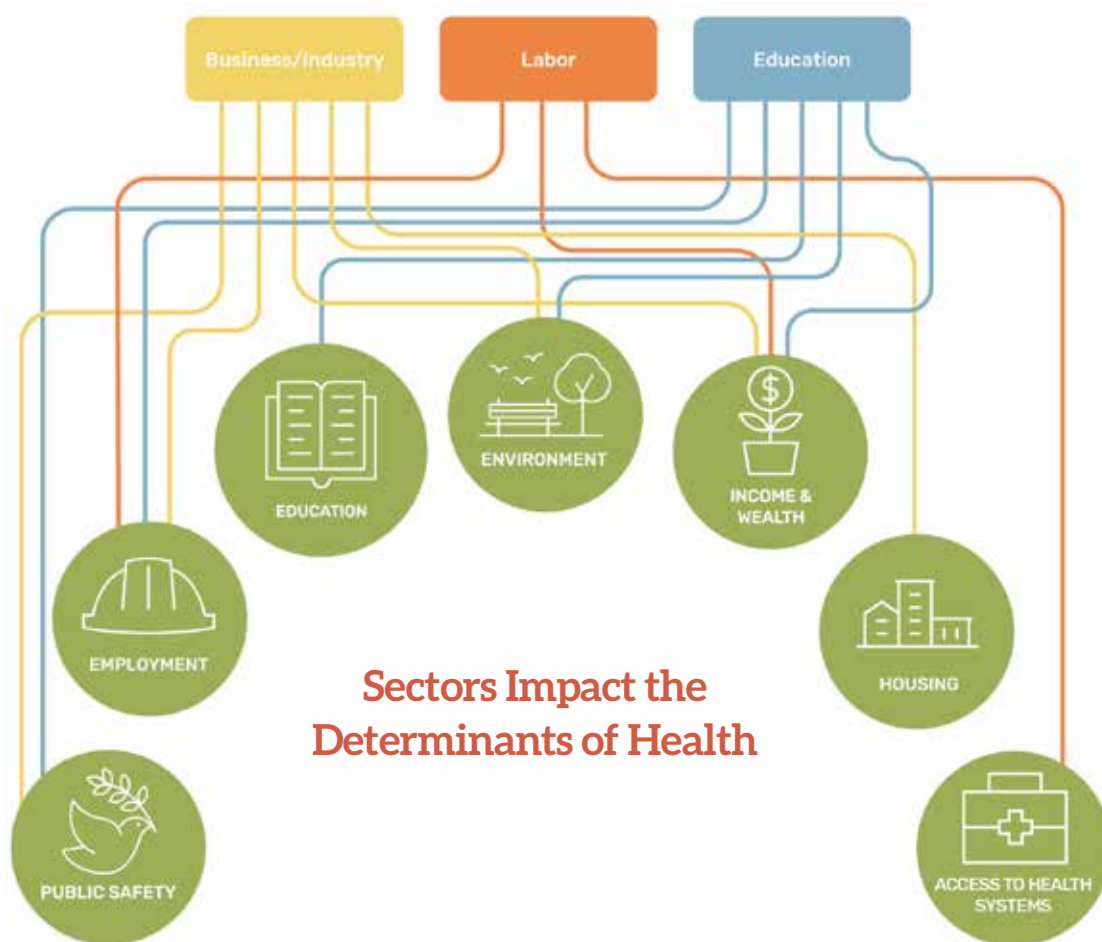
- **Interrupt or reverse** the production of health inequity through policy and practice change;
- **Ameliorate** the impacts through community-level change, supported by regional, state, federal and sectoral action;
- **Accelerate and sustain** the production of health equity;
- **Establish metrics to track and measure progress** on addressing the determinants of health and on achieving the production of health equity at the local level; and
- **Change norms and values** to produce equitable opportunities for health and wellbeing.

Single-sector Action: Fostering Co-Benefits for Engaged Sectors

Concentrating efforts on the various sectors that have been key actors within and across many determinants of health is actionable. Specific sectors are key actors within the determinants of health and in many cases, across multiple determinants. A sector is a specific field, discipline, or area of expertise that is characterized by a combination of related activities and functions that are typically understood as distinct from those of others. Fifteen specific sectors emerged as key actors within the determinants of health. (See Appendix A for examples of how select sectors have produced inequities. For a full chart of the roles of fifteen sectors in the production of inequities, see [Countering the Production of Inequities: A Framework of Emerging Systems to Achieve an Equitable Culture of Health.](#))

In many cases, sectors have played historical and/or current roles in the production of health inequities. For example, the community development sector utilized eminent domain to remove long-time residents and community businesses in the name of urban renewal, breaking up neighborhoods, eroding social cohesion, and interrupting local economies. The business/industry sector has relocated jobs overseas, reducing or eliminating employment opportunities and living wage salaries in many communities.

Significantly, all sectors have critical roles to play in achieving health equity. (See Appendix B for examples of how select sectors can work to implement policies and laws that advance health equity or go to [“Countering the Production of Inequities: A Framework of Emerging Systems to Achieve an Equitable Culture of Health”](#).) The first step in identifying opportunities for each sector in enacting solutions is to understand key information about each sector, such as mandates, activities, and data collected. Understanding these kinds of elements will also inform the best ways to engage sectors in a multi-sector effort to achieve health equity. Cross-sector engagement and collaboration becomes an engine that generates new ways to catalyze and sustain change. And in turn, sectors benefit from a healthier population. For example, academic achievement and school attendance increases for the education sector when students are healthy, and the business/industry sector benefits by the increase in productivity and decrease in insurance premiums that come with a healthy workforce.^{29,30}



The policies and practices of certain sectors impact how determinants of health play out in communities. In some cases, these policies and practices have produced health inequities. But, the same sectors can also play a critical role in achieving health equity. For more information, see Appendices A and B.

Multi-sector Action: Systems for Health Equity and Thriving Communities

The community is an actionable place for change. By transforming the places where people live, work, play, and go to school, people will have the opportunity to be healthy. Multiple sectors shape these places, and they have pivotal roles in transforming these places, in partnership with those who live in communities impacted by inequitable policies. The following multi-sector systems—which incorporate multiple sectors and address multiple determinants of health—offer opportunities for action at the community level, including at the local, regional, and state level, to address policies, laws, practices, and procedures that will move us toward health equity.

10 Multi-sector Systems to Achieve Health Equity:

1

Community-Driven Solutions for Health Equity in Thriving Communities

6

Safe Communities through Preventing Violence

2

Health Equity by Design: Healthy Land Use and Planning

7

Cradle to Community

3

Active Transportation for Health and Safety

8

Developing a Workforce for the 21st Century

4

Housing Choice to Build Opportunity

9

Creating Economic Engines in Service to Community

5

Sustainable Food System

10

Community-Centered Health System

1

Community Driven Solutions for Health Equity in Thriving Communities

In working to reverse inequities, there must be a system that ensures that residents are engaged in the process of creating healthy communities and that interventions draw on the strengths of a community and are tailored to the community's values and cultures. Through these approaches, which incorporate processes that engage community members in planning and decision making, we can build the capacity of community members to create their own solutions and the mechanisms for ongoing engagement.

2

Health Equity by Design: Healthy Land Use and Planning

Bringing together tools of the planning field with robust community engagement activities, this system facilitates design and policy development to increase community access to health-promoting resources—such as jobs, transit, housing, healthy food retail, and safe places to play. The system uses economic incentives as well as political and social support for healthy, equitable investments by public and private agencies to increase social capital and economic growth in underserved neighborhoods. At the same time, it protects people from hazardous and unsafe land uses.

3

Active Transportation for Health and Safety

An active transportation system enables people of all ages and ability levels to move safely and comfortably around their community without relying on vehicles, and to access essential places and resources, such as schools, workplaces, healthy food markets, and parks. Active transportation includes modes of human-powered transportation like walking, bicycling, and using a wheelchair.³¹ A robust transportation system is one that provides safe mobility and access to resources for all users, particularly those most likely to rely on active and public transportation, such as low-income households, children, older adults, and people with disabilities.³²

4

Housing Choice to Build Opportunity

This system ensures the conditions within and surrounding houses are healthy, and that housing is accessible to people from diverse backgrounds and circumstances. It does this by advancing policies and practices that safeguard affordability, stability, and inclusion, and ensures that renters, homeowners, and businesses are not discriminated against, displaced, and/or segregated by bias and market-driven housing activities. For example, the system ensures “development without displacement” by controlling rental market inflation, incentivizing development of affordable housing, and increasing community ownership of land,³³ and protects existing social networks, neighborhood identities, and cultural amenities.

5

Sustainable Food System

A food system influences the accessibility and affordability of healthy food in communities and the sustainability of the natural environment. Elements of a healthy and equitable food system include access to healthy food in retail settings and institutions; infrastructure and programs that foster local, sustainable food production; safe and fair working environments for food system workers; and limits to the marketing of energy-dense, nutrient-poor foods. A sustainable food system not only increases access to healthy foods and fosters better eating habits but also strengthens the economy and social fabric of neighborhoods.

6

Safe Communities through Preventing Violence

Safe Communities is a system in which government leadership, community members, the public sector, and other stakeholders come together to improve community safety through multi-sector efforts that span the continuum from prevention to intervention, enforcement, and reentry efforts. Increasingly, strategies address the underlying contributors to violence (i.e. risk factors) such as community deterioration, access to weapons, and weak social networks, while also bolstering resilience factors (i.e. factors that are protective against violence occurring, even when risk factors are present), such as economic opportunities, community connectedness, and coordination of resources and services among community agencies.

7

Cradle to Community

This comprehensive system fosters positive early childhood and youth development, invigorates lifelong learning, dismantles the cradle-to-prison pipeline, establishes restorative and inspiring school practices, and strengthens continuity between learning and employment. Early in the “pipeline,” the system ensures universal access to quality early childhood education, which confers lifelong benefits beyond youth. Cradle to Community addresses the underlying reasons for inequities in academic outcomes and focuses on keeping young people in school, for example, by establishing equity-oriented school cultures with restorative justice practices for closing achievement gaps and managing school discipline. Ultimately, this system supports healthy early childhood, youth development, and learning so that all young people have the opportunity to become engaged and contributing members of society.

8

Developing a Workforce for the 21st Century

This system ensures all individuals are prepared for and connected to quality employment, so that they and their families can achieve financial stability. The system identifies living-wage employment opportunities of the future, prioritizing the needs of communities most affected by the production of inequities. It endeavors to include all workers—including women, people of color, those returning from incarceration, and young people. It then proactively readies those community members who have been affected by inequities for successful employment in emerging job markets.

9

Creating Economic Engines in Service to Community

This system drives economic and job growth in areas that fuel the economy for people and communities that have not benefited from economic opportunities and investments. It is fundamentally about creating economic opportunity for the people and communities who need it most while also protecting people and the planet, and improving other determinants of health. It should support local success with broader strategies, including instituting financial incentives for investment in sectors and projects that fuel the economy while improving the determinants of health.

10

Community-Centered Health System


A Community-Centered Health System marshals the resources and influence of healthcare delivery organizations and healthcare payers to work with other partners to prevent illness and injury of populations by focusing outside the healthcare system on the community factors that shape health outcomes. It connects people to non-medical supports and services necessary to support health, and most importantly, catalyzes community-wide solutions to address the community factors that shape health outcomes. A Community-Centered Health System expands from a primary focus on sick care to include prevention, and from a focus only on individual patients to a focus on community conditions driving inequitable patterns of illness and injury. By strengthening community resilience factors, the system improves recovery/disease management for those who are sick or injured and prevents illness and injury.



Children playing at the Grand Rapids Township Park Playground in Michigan.



Community gardens increase access to healthy food and serve as a gathering place for neighborhood residents.

A photograph of two young men with dark skin and short hair, smiling at the camera. They are in an indoor setting with large windows in the background. The man on the left is wearing a grey shirt, and the man on the right is wearing a black shirt and a white beanie. The background shows a room with a colorful abstract painting on the wall and a glass partition.

City Heights Making Connections participants work to build leadership skills and confidence to improve their community.

1 Community-Driven Solutions for Health Equity in Thriving Communities

United Women of East Africa fosters connection and wellbeing among young refugee men

San Diego, California

In response to a string of suicides among young men in their community of East African refugees, the United Women of East Africa (UWEAST) reached out to other groups in the close-knit City Heights neighborhood of San Diego to address concerns facing young men. Refugees who may have experienced traumatic events in East Africa often face yet another set of challenges when they arrive in the U.S., including lack of educational and economic opportunities, unsafe living conditions, and isolation. Further compounding the problems are stigmas about mental health challenges in East African communities.

To take on these issues, UWEAST forged a partnership with the Southern Sudanese Community of San Diego, the Partnership for the Advancement of New Americans, the Center for Community Health at the University of California, San Diego, and others. The UWEAST coalition secured funding from The Movember Foundation to participate in the Making Connections for Mental Health and Wellbeing Among Men and Boys initiative, through which 16 communities are working to improve community conditions that influence the mental health of men, boys, and their families.

The first phase of their efforts included engaging young men in the community in a series of conversations to understand the roots of the challenges they face, and to develop community-level strategies for problems like post-traumatic stress disorder (PTSD), depression, suicide, gangs, and substance misuse. Now they are moving to address these issues, with the young men leading the decision-making, helping to build confidence and resilience among these young leaders. Among their first priorities was creating a hub where community members gather to help one another develop the skills and resources they need to thrive, from information on tenants' rights to college preparation courses to support for parents who want to learn how to talk with their sons about difficult issues like mental health. In future years, the UWEAST coalition plans to continue to strengthen the leadership skills of these young men so they can advocate for effective, culturally appropriate community policies that support mental health and wellbeing.



PUSH Buffalo activists speak out about the high cost of heating bills.

4 Housing Choice to Build Opportunity

Green and Healthy Homes through People United for Sustainable Housing³⁴

Buffalo, New York

People United for Sustainable Housing (PUSH) Buffalo is a local membership-based community organization working to make affordable housing available on the West Side of Buffalo through community-driven, community-led, and community-owned approaches. Many of the residents they work with are immigrants and individuals with low household incomes living in neighborhoods facing the threat of displacement. The work brings together residents and a variety of organizations focused on clean energy economies, economic and racial justice, and arts and culture to take direct action to bring resources into Buffalo's growing community.

Within the Green Development Zone, a 25-square-block area on Buffalo's west side, PUSH develops green properties in their efforts to grow a new economy. Through community organizing and leadership, PUSH has gained ownership of 120 pieces of land on the west side that have been allotted for affordable housing, food-producing family-owned gardens, schools, and commercial buildings. They have also trained 250 individuals in green jobs and employed 100 people in the area. Homes are high quality with zero lead, permanently affordable, and offer environmentally sustainable shelter. The idea is that affordability and sustainability are essential to one another in a climate where heating bills consume a significant portion of the residents' housing costs. In 2011, PUSH transformed a house into the Niagara region's first NetZero Energy house, where the home produces all of the energy that it consumes. It generates hot water and electricity from solar panels, and heat from a geothermal system installed in the vacant lot next door. In a community that was once fragmented, residents now have healthier homes, stronger neighborhoods, more jobs and a greater sense of community pride.



Community Farm Alliance partners work together to make local, farm fresh food more accessible and affordable.

5 Sustainable Food System

Bridging Rural Farm Policy with Urban Food Access^{35,36}

Berea, Kentucky

For Community Farm Alliance (CFA), the health and prosperity of Kentucky's urban residents is inextricably linked to a thriving rural economy. Using a blend of economic development, youth development, and community development principals, CFA promotes the sale and consumption of food grown by rural family farmers.

The group aims to increase access to healthy, affordable food throughout Kentucky, including in urban, African-American communities. The organization's state-level policy advocacy targets institutional and financial levers to create a more favorable market for rural farmers. For instance, CFA is working to create incentives for neighborhood corner stores to carry Kentucky-grown produce and has helped launch a number of programs and local farmers' markets to improve urban food availability. Two CFA farmers' markets located in Louisville communities that have a low-average household income serve about 8,000 people annually. These strategies have enabled CFA members to help enact two dozen pieces of legislation in support of Kentucky's farmers and the rural and urban communities that depend on them. Through this mission, CFA was successful in shepherding "preferential purchasing" legislation which mandates that all state government institutions purchase from local growers whenever possible.



Minneapolis community members protesting gun violence.

6 Safe Communities through Preventing Violence


City-wide Blueprint for Action Treats Violence as a Public Health Issue^{37,38,39,40}

Minneapolis, Minnesota

In 2005, the city of Minneapolis adopted a new approach to addressing violence against youth as a public health issue and created a multi-faceted, long-term solution to address this problem. The effort was in response to the tragic increase in the number of homicides from 2003 to 2006, during which 80 young people between the ages of 15 and 24 lost their lives.

Through the Blueprint for Action, the city identified various strategies from mentoring to employment, mapping out plans for the multiple resources in Minneapolis and organizing them into a coordinated framework. Resources included Youth are Here Buses, a transportation service for youth to avoid gang territory and travel safely from community-based organizations to parks and libraries; Step Up, a city-operated employment program where youth ages 14-18 were placed in non-profit organizations; and rites-of-passage programs for American Indian boys, drawing on restorative justice principles and using drum circles to align the program with their traditions and culture.

Within two years, focus neighborhoods saw a 40% decrease in juvenile crime rates while arrest rates decreased. The city then expanded their Blueprint to Action framework from five to 22 neighborhoods, resulting in a 60% reduction in juvenile homicides and 46% of Step Up participants obtaining year-round employment. The Minneapolis Blueprint for Action embodied a change in values within the community, where its strategies are a mix of evidence-based practices and suggestions from residents, allowing the city to be responsive to the needs of its communities.



B'More for Healthy Babies connects pregnant women, mothers, and caregivers to support, education, and services.

7 Cradle to Community

B'more for Healthy Babies Reduces Infant Mortality

Baltimore, Maryland

Alarmed by high infant mortality rates, the Baltimore City Health Department launched B'more for Healthy Babies with Family League of Baltimore and HealthCare Access Maryland. The initiative works to address the city's fragmented systems of care and make sure all of Baltimore's families have access to quality maternal and infant health services and supports. Since 2009, it has galvanized hundreds of agencies across the city to focus efforts on addressing the three leading causes of infant death: premature birth, low birth weight births, and unsafe sleep.

The initiative includes a range of services, policies, and community outreach programs: home visitation support for postpartum women, the Sleep Safe initiative, the Baby Basics prenatal health literacy program, early Head Start, a teen pregnancy prevention program, family planning, and a program to prevent substance-exposed pregnancies. This comprehensive, multi-agency approach has been tremendously successful in bringing the city's infant mortality rate down 28 percent overall and down 40 percent for Black infants.⁴¹

Building off of the success and life course approach of B'more for Healthy Babies, the health department has extended the 'zero to five' initiative to support a unified safety, wellness, and health strategy for youth ages six to 19. The purpose is to align and maximize efforts, funds, and ultimately impact, instead of duplicating work. Since systems of support now exist across the city, from prenatal and birth to adolescence and beyond, it is possible to evaluate and support success longitudinally. B'more for Healthy Babies evaluates the initiative's impact on measures such as infant mortality, child abuse and neglect, and school readiness, while Youth Health and Wellness examines child fatality, teen births, and missed school days.

Catholic Charities of Ashtabula County “Getting Ahead” workshop participants.

9 Creating Economic Engines in Service to Community

ALICE Tool Reveals the True Extent of Community Poverty

Ashtabula, Ohio and hundreds of other communities

In 2008, the United Way developed a tool to help policymakers and the public understand just how many families are financially insecure but do not fall below the official federal poverty level. The tool, ALICE, which stands for “Asset Limited, Income Constrained, Employed,” was first piloted in New Jersey and is now being used in some 400 local communities across 16 states.

The ALICE Index looks at the total cost of five household essentials—housing, child care, food, transportation, and health care—and is calculated separately for each county, and for six different household types. The ALICE “threshold” represents the minimum income level necessary based on the household survival budget.

Many communities are using the ALICE Index data to make the case that traditional measures of poverty are not capturing the magnitude of people who are struggling financially in their community and often are not eligible to access services to help meet their basic needs. The Index provides communities a more accurate assessment of poverty, including an understanding of how many families are bordering on the brink of impoverishment.

For example, in Ashtabula County, Ohio, the federal poverty level data shows 20% of households living below the federal poverty line, but the ALICE Index identifies the number of households struggling to meet basic needs is closer to 31%. Having quantifiable data that captures the number of Ashtabula County children who are at-risk of trauma from not having their basic needs met has increased collaborative efforts aimed at addressing poverty and trauma.

Using the ALICE index as a more accurate representation of poverty, the Ashtabula Family and Children First Council—a partnership of local government, service providers, educators, and community members—launched its Bridges out of Poverty initiative. As part of that initiative, council participant Catholic Charities is implementing a 16-week “getting ahead” class for people who are living in poverty. The program’s steering committee will use information gleaned from the class to take on the systemic issues that create barriers for Ashtabula residents working to get out of poverty and ensure supportive services necessary for strong families and a thriving community.



Residents and youth of Kalihi Valley gather to build community and give thanks for the land and their ancestors.

10 Community-Centered Health System

Community Health Center Partners to Create Space for Physical Activity and Community Food Production⁴²

Honolulu, Hawaii

Kalihi Valley is a densely populated, low-income community in Honolulu, Hawaii. The valley lacks sufficient sidewalks, bike lanes, and public green space to support regular physical activity for its residents.

Kokua Kalihi Valley Comprehensive Family Services (KKV), a community health center, obtained a 20-year lease on a 100-acre parcel in Kalihi Valley. In partnership with local organizations and agencies including the City of Honolulu, a local bike shop, leaders from a public housing development, and other community-based organizations, KKV has transformed the parcel of land into a nature park with hiking trails, walking and biking paths, community food production, and a cultural learning center.

The park has 10 acres of community gardens, which provide space for people to be physically active and grow healthy foods, as well as gather to build community and social supports. The opportunities for safe physical activity and healthy food access that the park provides will support the health of those living in the KKV community.

A System to Ensure a Continued and Deliberate Focus on Achieving Health Equity

There is a pathway to produce health equity, and it will require deliberate focus and intentionality to transform thinking and develop key components of an integrated “System of Health Equity.” A System of Health Equity is a way of organizing and structuring relationships, innovation, learning, and advocacy for coherent and interrelated practices—within philanthropy, government, the private sector, and community—to attain health equity across the population.⁴³ This system requires leaders and champions from one or more sectors who can facilitate collaborative action and coordinate all efforts, including those to build and strengthen multi-sector solutions. Importantly, an effective System of Health Equity establishes a mechanism to employ rigor through intentional measurement and learning via feedback loops, common metrics, and real-time improvements, which promote systems change.⁴⁴

Operationalizing a System of Health Equity involves the following:

PURPOSE: INTENTIONALITY FOR HEALTH EQUITY

- **Apply a health equity lens:** Without explicit attention to improving health outcomes for communities with low-average household incomes and communities of color, the outcomes cannot be maximized. This means that for each action—policy, law, practice, procedure, or project—these questions must be asked: Is this producing health equity? How will this achieve health equity? Does this counter the production of inequities?
- **Address bias, discrimination, institutional and structural racism, and classism:** At its core, a purpose that is focused on changing the culture and norms within institutions, sectors, and across systems provides an anchor for equity-oriented decisions and actions. Organizations should perform internal policy reviews to identify “blind spots” that may perpetuate differences in the treatment and outcomes of the communities they serve.
- **Account for community trauma:** Because trauma serves as a barrier to effective solutions, it is critical to acknowledge the legacy and impact of practices and policies that have produced inequities as a first step toward healing and moving forward with solutions.⁴⁵
- **Foster connections between people, systems, issues, and opportunities:** To maximize health equity outcomes, new connections become vital conduits for information, ideas, and emergent solutions. These connections can be tangible, such as linking two program areas or grantees together, or conceptual, as in exploring the connections between issues that haven’t typically been connected.

Strong programs need
to be embedded in a
strong system.

— Kisha Bird

PEOPLE: LEADERSHIP AND ENGAGEMENT

- **Create a shared vision:** A shared vision can be an overarching framework for multiple partners to rally around and can galvanize the imagination of a nation. Strong leadership can bring key partners and diverse elements of a growing movement together to advance a shared vision and promulgate the tools and standards needed to hold others accountable.
- **Lift up community voice, participation, and leadership:** A System of Health Equity moves from community as recipient to community at “the center of efforts.” The voices of those traditionally under-represented in leadership and decision-making, including youth, must be elevated as stewards of the system.
- **Promote multi-sector engagement:** Multi-sector engagement and collaboration is a very specific form of fostering connections. Advocates must develop skills to be able to engage multiple sectors and agencies to encourage collaboration and identify win-win solutions.

PRACTICE: METHODOLOGY AND CAPACITY

- **Develop health equity tools, approaches, and methodologies:** Existing resources should be made available to health equity advocates and new tools should be developed and disseminated to multiple audiences, making them available to inform the field of new developments that further advance the practice of health equity.
- **Train and build capacity across systems and sectors:** Building organizational capacity at the local level is critical. Training and capacity building across sectors should foster collaboration and comprehensive approaches, and shift cultures and norms that may produce inequities.

PLATFORM: INFRASTRUCTURE TO SUPPORT SUCCESS

- **Make the case through communications:** Communicate using diverse channels to convey positive messages about achieving health equity. Effective communication will also require building the skills of participants within the health equity system to feel comfortable talking about health equity and developing the language to integrate health equity aims across diverse sectors.
- **Leverage financing and funding to support equity:** Diversify resources, financial investments, and incentives across multiple sectors, remove funding silos, and build partnerships for long-term investments in community change. Investing in health equity requires greater integration of funding across sectors to create a larger pool of funding sources that can be flexibly and efficiently woven together.
- **Establish metrics and measurement:** Measuring progress on the determinants of health is a key element to creating a System of Health Equity. Metrics are important both as a tool for measurement of health inequity at all levels, and for fostering understanding of solutions. Establishing metrics that measure and track our progress on the determinants of health can help set priorities and inform necessary actions.

When you give
communities the
resources and power
to decide what they
want to address,
and they organize
themselves to figure
out how they want to
go about it, incredible
things can happen.

– Kathy Ko Chin

A Call to Action: Create Equitable Opportunity for Health

As our nation's diversity expands and the wealth gap increases, we all have a vested interest in having the healthiest population possible. We can achieve this goal by creating opportunities for everyone to be healthy.

Despite the growing appreciation of the importance of a health equity approach within certain sectors such as academia and healthcare, too often determinants of health are still understood only on a national scale and not at the local level, where they play out differently in each community. While it is critical to support national and state action to achieve health equity, there is also important work to be done translating the goal of health equity into actionable solutions aimed at specific sectors, systems, and local issues. We can learn from the pioneering communities, local organizations, and coalitions that are profiled in this paper, among others.

Further, changes need to be accelerated: Evolution is too slow; transformation is needed. There are actionable solutions to reverse inequities and disparities and create health equity. There is a role for every institution, sector, and system working together to achieve an equitable culture of health across the United States. It is our urgent imperative to create health and opportunity for all.

Read more: For a more detailed understanding of the Countering the Production of Inequities Framework, read the extended summary report:

<https://www.preventioninstitute.org/publications/countering-production-health-inequities-extended-summary>



PUSH Buffalo activists mobilize community members to get involved in shaping their neighborhoods.



Artistic expression fosters community health and wellbeing by creating meaning in community members' lives.

Acknowledgements

Prevention Institute (PI) is a focal point for primary prevention, dedicated to fostering health, safety, and equity by taking action to build resilience and to prevent problems in the first place. A national nonprofit with offices in Oakland, Los Angeles, and Washington D.C., we advance strategies, provide training and technical assistance, transform research into practice, and support collaboration across sectors to catalyze innovation, advance policy and systems change, and build momentum for prevention, wellbeing, and health equity. Since its founding in 1997, Prevention Institute has focused on transforming communities by advancing community prevention, health equity, injury and violence prevention, healthy eating and active living environments, health system transformation, and mental health and wellbeing.

This summary report was made possible with support from the Robert Wood Johnson Foundation, which is building a Culture of Health where everyone has the opportunity to live the healthiest life possible.

Prevention Institute extends its gratitude to the numerous individuals and organizations advancing health equity each and every day, including the champions and trailblazers whose work is featured in this report.

Please visit our [website](#) to view the in-depth analysis of the production of inequities, the determinants of health, sectors, multi-sector systems, and solutions for health equity in the extended version of Countering the Production of Health Inequities: An Emerging Systems Framework to Achieve and Equitable Culture of Health.

APPENDIX A:

How Different Sectors Have Produced Inequities

The chart below provides information about specific sectors—fields, disciplines or areas of expertise that share related activities and functions that are typically understood as distinct from others—that emerged as having played a role in creating health inequities. While not every action or every individual involved in each sector has been part of the production of health inequities, specific actions within these sectors have contributed to inequities.

Examples of the production of health inequities across sectors:

SECTOR	EXAMPLE
AGRICULTURE	Agricultural subsidies incentivize the production of food crops that are cheap, high-fat, high-sugar, and processed, making healthy food less affordable for people of low income, communities of color, and rural residents.
BANKING/ FINANCE	Predatory lending practices and inequitable financing options, such as subprime loans, disproportionately target women, people of color, and people with low income, limiting their opportunity to own and keep homes, and hindering their ability to accrue equity and wealth.
BUSINESS/ INDUSTRY	Business hiring practices, such as criminal background checks and insufficient family-friendly policies (such as minimal parental leave, limited childcare options, and a lack of guaranteed sick days) are obstacles for low-wage workers and workers of color to provide for their families.
COMMUNITY DEVELOPMENT	Entire communities of color were designated as “blighted,” allowing for the use eminent domain to remove long-time residents and community businesses in the name of urban renewal. Such practices broke up neighborhoods, eroded social cohesion, and interrupted local economies.
EDUCATION*	School funding formulas result in vast disparities in spending-per-pupil spending, contributing to vast achievement gaps.
HOUSING*	The Housing Act of 1937 contributed to racial segregation by requiring residents of public housing developments to be of the same race as the neighborhoods where these developments are located.
LABOR	The declining influence of labor unions is associated with a decrease in wages and benefits; wages, for example, are lower in right-to-work states.
LAND USE AND MANAGEMENT	There is less investment in maintenance and improvement of parks, trails, and recreational facilities in communities with low-average incomes.
TRANSPORTATION	The Federal-Aid Highway Act (1956) financed the building of highways that cut through urban neighborhoods and parks, undermined local businesses, and fostered residential segregation.

* Note: Education and housing are both determinants of health and sectors.

APPENDIX B:

How Different Sectors Can Support Health Equity

Just as specific sectors have contributed to producing health inequities through some of the policies and practices detailed on the previous page, there are actions these sectors can take to achieve health equity.

Examples of sector-specific policies and practices that can promote health equity include:

SECTOR	EXAMPLE
AGRICULTURE	Increase Farm Bill protections for local and family farming and de-incentivize big agriculture and absentee farming in rural communities where the economic vitality of the community is so closely tied to farming and agriculture.
BANKING/ FINANCE	Expand support for small business development and entrepreneurship training in disinvested communities and develop financial products and services such as microloan programs for small business owners and entrepreneurs who do not meet conventional banking loan underwriting guidelines to help them start or grow existing businesses in their neighborhoods.
COMMUNITY DEVELOPMENT	<p>Focus community development efforts and investments on rural communities that have been devastated by the flight of industry and jobs, fueling lack of economic opportunity for youth and their families.</p> <p>Create mixed-income housing to revitalize a neighborhood and produce benefits such as jobs, further local purchasing power, and improved neighborhood quality.</p>
EDUCATION	Support high-quality universal pre-kindergarten—universal access to quality early childhood education, which confers lifelong benefits beyond youth.
HOUSING	<p>Provide tax incentives to developers and owners of multi-family rentals that incentivize them to designate a percentage of their units for affordable housing rentals for residents making between 65-85% of median income.</p> <p>Advance policies that promote renter protections and emergency assistance as strategies to combat displacement.</p>
LAND USE AND MANAGEMENT	Establish and fund land trusts to build community ownership of property and increase access to green space and other health promoting resources (e.g., Los Angeles Neighborhood Land Trust; Dudley Street Neighborhood Initiative).
TRANSPORTATION	<p>Invest revenue generated from toll lanes and parking fees in active transportation infrastructure (e.g., Los Angeles County Metro ExpressLanes, Net Toll Revenue Reinvestment Grant Program).</p> <p>Focus transportation investments in disinvested, distressed communities and neighborhoods, especially low-income neighborhoods and communities of color, with emphasis on ensuring accessibility to quality housing, jobs, healthy foods, medical care and other basic services.</p>

For a full chart of the roles of fifteen sectors in advancing health equity, see [“Countering the Production of Inequities: A Framework of Emerging Systems to Achieve an Equitable Culture of Health”](#)

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