Social Determinants of Health

2010 PROGRESS REPORT
Promoting Health Equity through Social Initiatives

Center on Health Disparities
At Adventist HealthCare
Last year’s rancorous debate regarding healthcare reform reinforced the view held by many Americans that health is a function of individual behavior and access to healthcare. While these factors are clearly important, a large and growing body of research finds that social and economic conditions, such as income, education, and neighborhood characteristics, are equally if not more significant in determining the nation’s health.

These social and economic conditions are not equitable for all. In fact, they are remarkably inequitable on the basis of race, ethnicity, and geography, and are the major factors leading to disparate health outcomes for low-income people and people of color. This important report released by the Center on Health Disparities at Adventist HealthCare reaches the same conclusion and demonstrates that relatively wealthy communities such as Frederick, Montgomery, and Prince George’s counties can also harbor inequalities that contribute to health disparities. The report powerfully illustrates how social conditions shape who in our communities will be healthy and who will not.

Neighborhood conditions, such as the level of crime and violence, increase risk of injury and death, but they also increase the stress levels of even those who are not directly victimized, which in turn can lead to “weathering” (premature aging) and a host of other stress-related illnesses.

Neighborhoods can also directly influence health through the quality of housing, environmental degradation, and exposure to air, water, and soil pollution. These include risks such as exposure to lead paint in homes, which can lead to permanent cognitive and behavioral impairment in young children, or molds, rodents, and insects, which are associated with asthma and other health problems. Children are also at greater risk for having asthma if they live in communities that have high levels of air pollution.

Neighborhood characteristics also shape health indirectly. For example, research has shown that when fresh produce and healthy foods are geographically available, people are more likely to report eating a healthy diet. In contrast, where low cost but nutritionally poor fast food is relatively abundant, residents have fewer and poorer nutritional options and consequently have higher rates of obesity and related illnesses.

The likelihood that neighborhood residents will be able to exercise or enjoy an active lifestyle is also powerfully shaped by community characteristics. In neighborhoods that aren’t safe or where residents are fearful and distrustful, people find it harder to bike, jog, or play outdoor sports.

Other attributes, which we don’t typically think of as affecting people’s health, such as the quality of schools, also powerfully shape health. The best predictor of a person’s health is their educational level. But too many children in the United States—especially children of color and those living in families with low incomes—attend schools that lack adequate resources. As a result, they consign too many children to a life of diminished opportunities.

Several historic and contemporary forces have contributed to these problems, including housing discrimination, residential segregation, environmental injustice, and limited economic opportunities. These forces, however, can be countered by adopting policies and practices that promote investments in communities and expand opportunities for all.

Many stakeholders, as this report notes, need to be involved in the effort to promote equitable opportunities for good health for all. Government can’t do it alone. Grassroots organizations, business leaders, faith groups, health systems, health professionals, and public health departments—to name a few—must work together to address social and economic conditions that shape health.

This report identifies many important community-based initiatives that are working to achieve health equity. The common element among them is that they are helping communities to strengthen their voice and collective ability to take action.

As a resident of Montgomery County, I am proud of the work being done in the tri-county area to address health inequities, and of the leadership from Adventist HealthCare and its Center on Health Disparities to compel action.

Brian D. Smedley, Ph.D.
Joint Center for Political and Economic Studies
It is hard to believe that one year ago we came together to discuss the positive impact of culturally competent and linguistically appropriate healthcare services on the lives of people in our communities. We looked at the progress made by Adventist HealthCare and by our partners in providing person- and family-centered care that takes into account the cultures, languages, health beliefs, and practices of healthcare staff, providers, individuals, and their families. I look back at what we have accomplished collectively and, with pride, recognize that we have made an impact. At the same time, looking at what lies ahead for all of us is humbling.

This year, we decided to look beyond healthcare to understand the social factors that contribute to people’s health and well-being throughout their lives. How can we organize ourselves so we can collaborate to improve the quality of life in our communities? Consider where people live and work. How can we improve health by improving the safety of neighborhoods, quality of education and housing, and availability of healthy food choices?

Together, community leaders and healthcare providers can build cooperative relationships to provide care and services in communities that are person- and family-centered. In turn, the relationships between healthcare providers and patients may be strengthened. The voices of people in our communities need to be heard, and our role is to bring leaders, professionals, and providers of services together to help build a better community for everyone.

How can healthcare providers partner with organizations and professionals in other domains to directly impact the health of people and communities? What are the roles of stakeholders in education, housing, the justice system, the labor market, healthcare, and other industries in leading social change? I cannot help but think about the example of how a local hospital collaborated with a legal services organization to help reduce allergy triggers in one community by requiring landlords to improve building conditions.

For this report, we interviewed many organizations that are doing incredible work on behalf of underserved residents of our communities. The staff at Avalere Health did a great job gathering and putting together the information for the report, as well as developing the final design. The Center’s Research Institute staff and outside experts were invaluable as contributors and editors of the scientific evidence. To all of you, I say thank you.

It is my hope that as you read this report, you can begin to identify synergistic partnerships or strengthen existing relationships that can further improve the health of people and communities.

In my view, the role of the healthcare system is to start a conversation with professional counterparts in housing, education, the justice system, neighborhood development, banking, and other sectors to address social determinants that impact health to improve the quality of life and health of the people and communities we serve.

Our work is such a privilege.

Marcos Pesquera, R.Ph. MPH
Executive Director, Center on Health Disparities
Introduction
The 2010 Center on Health Disparities Progress Report summarizes the evidence on social factors that influence health disparities among racial/ethnic groups in the tri-county area, and local efforts to eliminate them. Factors such as income, education, housing, and neighborhood characteristics have a strong influence on our health and our access to healthcare. How these social determinants impact our health often varies according to socioeconomic status. Better educational and employment opportunities can heighten the ability of people and communities to access quality healthcare and services, and to engage in healthier behaviors. Communities with parks and walking trails can encourage exercise and better fitness among residents. On the other hand, poor quality schools and fewer job opportunities can limit healthy lifestyle choices. A neighborhood with many fast food restaurants but no supermarket can promote poor diet and higher body weight.

INTRODUCTION

Research shows that socioeconomic status as well as race and ethnicity are correlated with health status. Minorities have lower average socioeconomic status than their white, non-Hispanic counterparts. As a result, these groups disproportionately suffer the negative consequences that poor social and economic conditions can have on measures of health. Because everyone—middle-class people and those of all race and ethnic backgrounds—is affected by health disparities, eliminating disparities would be beneficial to all.

Understanding how factors outside the healthcare system affect health can broaden approaches to improving healthcare quality and reducing health disparities in our community. Improvements in social and economic conditions can do more than reduce disparities in health. They can lead to better neighborhood conditions, more community development, and greater educational and employment opportunities.

Adventist HealthCare, based in Rockville, Maryland, is a non-profit network of healthcare providers that includes hospitals, home health agencies, rehabilitation and nursing centers, and other healthcare services. Adventist HealthCare provides services throughout Maryland and New Jersey. In Maryland, its primary service area is the tri-county area of Frederick, Montgomery, and Prince George’s Counties. In 2007, Adventist HealthCare launched the Center on Health Disparities with a mission to reduce and eliminate disparities in health status, and healthcare access, treatment, quality, and outcomes throughout the diverse communities it serves.

The Center on Health Disparities has three areas of focus: increased services for underserved populations, a research program to identify and promote best practices; and an education initiative to improve the ability of caregivers to provide quality care to those populations. The Center also hosts an annual conference bringing together community partners and promoting collaboration among those working to reduce disparities in the tri-county area. Each year, the Center releases a report highlighting issues related to health disparities and local efforts to improve health equity.

METHODOLOGY

Avalere Health reviewed the literature on the social determinants of health and the social sources of racial and ethnic disparities in health. Research focused primarily on studies performed in the United States. Avalere conducted interviews with leading providers of social and healthcare services in the tri-county area as well as the District of Columbia to understand their programs and to identify potential gaps in services. Interviews focused on program activities, key challenges in promoting equity, and interactions with other social and healthcare organizations.

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A 35-year old African American male, Robert, arrives at the emergency room in an ambulance with his wife, Mary. Robert seems to have suffered a heart attack. Following the ride in the ambulance, hospital staff brings Robert and Mary to the coronary care unit. While Robert undergoes a series of tests to determine the severity of his heart attack, Mary gives Robert’s information to the patient registrar in admissions. During the interview, Mary reveals that Robert has not had health insurance since he lost his job one year ago. He had been experiencing some health problems over the past month, but refrained from visiting the doctor given the high cost of paying for his care without insurance. During his visit, Robert’s cardiologist identifies a severely blocked artery and performs coronary angioplasty. Throughout Robert’s time at the hospital, it becomes increasingly apparent that Robert’s social and economic conditions have affected his health. He worked at a local car dealership for several years before being laid off, which meant losing his family’s health insurance coverage. Mary’s job at a daycare center does not offer health insurance, so the whole family has been without coverage for a year. Recently, Robert had been working shifts at a manufacturing plant. His schedule was unpredictable and inflexible, making it difficult for him to maintain a regular sleep and exercise regimen. Robert was having trouble finding stable employment in his community, and often found that potential employers offered opportunities to individuals with post-graduate degrees, whereas Robert graduated from a local community college. Fresh fruits and vegetables became increasingly unaffordable as his family income declined. Robert’s situation demonstrates that many social factors can influence health long before someone seeks care at a hospital. The circumstances in which individuals live, work, and grow are strongly linked to both health status and access to healthcare. In this report, we will examine social determinants of health and their role in perpetuating health disparities in our nation. The strong link between social factors and health underscores the need to address health disparities by improving social conditions for all people in our communities. Community partners in multiple sectors must increase their awareness, collaborate with one another, and establish integrated systems to improve the health of people and communities.
Background
What are social determinants?

Social determinants of health—conditions in which people are born, grow, live, work, and age—not only influence exposures to risk factors and health disparities, but also opportunities to live healthy lives with access to appropriate health resources. As social determinants play an essential role in health disparities, health interventions are salient and sustainable when they address the root causes of the disparities. Despite recognition that multiple factors outside of the medical system contribute directly to the health of individuals and communities, they are often left unaddressed in interventions to improve health status, access to care, and outcomes. Addressing these factors requires collaboration among public officials, researchers, community organizations, and members in public health, healthcare, and other relevant domains.

We often think of health as something driven by one’s genetics and behaviors—something that is treated in a doctor’s office or hospital. In truth, health status is a product of many interrelated factors, including environmental, behavioral, and socioeconomic conditions. Social circumstances, such as the availability of safe housing and nutritious food, as well as access to educational and employment opportunities, are strongly associated with good health. They affect people’s basic ability to make healthy choices.

BACKGROUND

Negative social determinants can impact people’s health in two critical ways: (1) By harming actual health status, and (2) by creating barriers to accessing healthcare and achieving better health. For example, a person may live in a neighborhood where it is challenging to practice healthy behaviors, such as exercising and eating healthy foods, due to a lack of local resources (e.g., grocery stores and community parks). As a result, this person may struggle with weight or suffer from chronic health conditions. In addition, where a person lives, and her financial resources, may limit her access to transportation to get to a doctor’s appointment.

This report considers four key determinants, based on existing research and our interviews with local organizations. Factors such as income and race/ethnicity play a critical role in each determinant, as minority and low-income populations are more likely to experience disadvantages in multiple areas.

• Education: Educational attainment correlates with disease and mortality rates. Education levels influence access to employment and opportunities to practice healthy behaviors.

• Employment: Being unemployed has psychological and financial consequences that may be detrimental to
people’s health. For those who are employed, workplace characteristics, such as schedule flexibility, stress level, and income, also influence health status and access to care.

- **Housing**: Housing conditions can increase exposure to unhealthy environmental factors, such as extreme temperatures and triggers for asthma and allergies. Neighborhood characteristics also play an important role in presenting opportunities to practice healthy behaviors and to access care.

- **Food**: Food insecurity, or a lack of availability of nutritious calories, encourages conditions ranging from malnutrition to obesity and is linked to a higher incidence of disease.

These determinants influence one another; challenges in one area often lead to or are a result of poor conditions in another. They can have a cumulative effect over a lifetime.

Socioeconomic factors and environmental circumstances often have a disproportionate impact on specific racial and ethnic groups. In Maryland, like the United States as a whole, blacks and Hispanics have lower median household incomes and are two to three times more likely to live in poverty than their white counterparts. Furthermore, blacks and Hispanics tend to complete fewer years of education compared to their non-Hispanic white counterparts. Differences in community resources and exposure to social risks place racial and ethnic minorities at a distinct disadvantage when it comes to health. Consequently, social inequalities contribute to health disparities and represent a fundamental barrier to achieving health equity.

The evidence supporting the link between social conditions and health underscores the need to address health disparities both within and outside the healthcare system. Improvements within the medical system need to be accompanied by changes in socioeconomic conditions that adversely affect health and by expanding opportunities for all people to make healthy choices.

As Michael Marmot, chair of the World Health Organization’s Commission on the Social Determinants of Health, notes, “if the health of a population suffers it is an indicator that the set of social arrangements needs to change.”

Thus, health can be improved by investing resources to enhance social conditions. Improving access to educational and employment opportunities as well as the conditions in which people live and work can directly impact health.

For years, national and local organizations have worked to promote social equity in our nation. In the tri-county area of Frederick, Montgomery, and Prince George’s counties, many programs address the social determinants by providing services, increasing awareness, and advocating for change. These initiatives include public and private programs, such as those that work to promote homeownership, increase availability of nutritious foods, and improve access to education and employment.

As we work to achieve health equity in the coming decade, it will be important to take a closer look at national and local efforts, key strategies and lessons learned, and opportunities for future action.

**The Social Gradient**

Socioeconomic status measures an individual’s economic and social position relative to others. Income directly impacts access to opportunities, such as housing and food, and societal risks, such as neighborhood quality.

The evidence supporting the link between social conditions and health underscores the need to address health disparities both within and outside the healthcare system.
Research throughout the past several decades supports a positive relationship between socioeconomic status and health. High levels of socioeconomic deprivation are correlated with shorter life expectancies. In addition, Americans in their thirties and forties with “low” socioeconomic status have levels of sickness similar to Americans with “high” socioeconomic status in their sixties and seventies. Further, low-income individuals (those earning less than $10,000 a year) are two to three times more likely to die from heart disease compared to middle-income individuals. While low-income populations are most affected by poor health, people in the middle class are also less healthy than people who are more affluent. This evidence demonstrates what many refer to as the social gradient—that is, health gets better as social and economic conditions improve.


IMPACT OF SOCIAL DETERMINANTS ON HEALTH

This section explores how four social issues—education, employment, living situation, and access to high-quality food—impact health status and access to healthcare services.
The Bottom Line
Disparities in disease incidence and mortality rates across education levels are prevalent. In fact, several studies have found that people with more education have longer life expectancies and lower disease rates than their less-educated counterparts. Because minority groups in Maryland tend to complete fewer years of education than whites, they may be at particular risk for worse health. Those with lower educational attainment (i.e., completed high school or less) have been found to have higher mortality rates due to chronic conditions, such as heart disease and cancer.  

The Evidence
Mortality rates are strongly influenced by education level. Individuals with at least some college education have a life expectancy of 81.6 years, approximately six years longer than those who completed high school or less.  

In Maryland, 52 percent of whites have above a high school education, compared to only 43 percent of blacks and 24 percent of Hispanics.  

In the tri-county area, community groups work to reduce the influence of educational disparities by offering supplemental education programs for all ages. For elementary school children, the focus is on promoting reading skills and involving the whole family in reading. The Housing Initiative Partnership sponsors a program called Reading Is Fundamental, which funds magazine subscriptions for families to read together. The program also encourages children to use its free library and sponsors summer reading programs. The Partnership also sponsors an after-school program, where tutors help students with their homework. Parents who do not speak English fluently and have difficulty helping their children with their homework particularly appreciate this program. In August 2010, the Reading Is Fundamental family literacy program reported assisting 20 families with 53 children.

Among teenagers and young adults, educational disparities are often the result of students dropping out of school. Several local programs aim to keep students in school or help them gain their general educational development (GED) degree. The Interagency Coalition to Prevent Adolescent Pregnancy works to reduce teen pregnancy—a common reason teenagers drop out of school. Efforts in Our Community

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Researchers have also found that better educated people are more likely to report good health status, and less likely to report depression. With more education, people become less likely to engage in high-risk behaviors, such as smoking, drinking, and illegal drug use, and more likely to practice healthy habits, such as a nutritious diet and regular exercise. In fact, one study shows that four additional years of education reduces chances of death within a five-year period by nearly two percentage points.

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For students who do become pregnant, the program offers GED classes. La Clinica del Pueblo, a DC-based community clinic, also helps clients enroll in GED classes. Local community colleges, like Frederick Community College, also play an important role by offering low-cost, higher education opportunities close to home.

For adults in the tri-county area, educational outreach efforts focus on improving English proficiency and educating people about maintaining good health. The Housing Initiative Partnership also offers English as a second language (ESL) courses to promote language proficiency for adult residents. Local community colleges, like Frederick Community College, also play an important role by offering low-cost, higher education opportunities close to home.

Each of these programs aims to improve the education of the community. These efforts should have a positive impact on health by (1) encouraging additional years of education for the participants; (2) helping participants get better jobs in the long term—with employers who are more understanding of health needs and more likely to offer health insurance; and (3) increasing health literacy and understanding of health improvement.

Similar links exist between education levels and disease incidence. For example, women with diabetes are less likely to have a high school diploma. In fact, 82 percent of diabetic women graduated from high school, compared to 87 percent of non-diabetic women. Further, people with less education have higher levels of mortality due to heart disease or cancer. This trend persists across causes of death, including chronic obstructive pulmonary disease and cerebrovascular disease. Researchers have also found that better educated people are more likely to report good health status, and less likely to report depression. With more education, people become less likely to engage in high-risk behaviors, such as smoking, drinking, and illegal drug use, and more likely to practice healthy habits, such as a nutritious diet and regular exercise. In fact, one study shows that four additional years of education reduces chances of death within a five-year period by nearly two percentage points.

FIGURE 4. Age-Standardized Deaths Per 100,000 Americans, by Education, Race, and Cause (2000)
At the national and local levels, social interventions can improve educational attainment by increasing access to education for people of all ages and backgrounds. In the tri-county area, organizations target both children and adults through a range of educational programs, such as after-school programs and English as a second language (ESL) courses, to supplement existing public school options. Some of these educational programs are offered by organizations focused on housing issues, further highlighting the interrelated nature of social determinants.

Some minority groups may have fewer educational opportunities, such as limited access to good schools, after-school programs, and positive role models. Residential segregation on the basis of race and ethnicity can contribute to disparities in quality of education, since school districts are typically based on the location of one’s residence. Black and Hispanic children experience higher levels of residential segregation and associated educational challenges compared to white and Asian children. Furthermore, these neighborhoods often have fewer highly educated adults, which can negatively impact children’s perceptions about the educational opportunities available to them.

Several studies have found that people with more education have longer life expectancies and lower disease rates than their less-educated counterparts.
The Bottom Line

Employment and job security are strongly associated with health status and access to care. Loss of employment has an array of consequences—financial, psychological, and others—that may increase the risk of illness. A higher proportion of blacks and Hispanics are unemployed, and that gap has widened during the recession. For those who are employed, workplace factors, such as schedule flexibility, level of stress, and insurance coverage also are tied to disease rates.

The Evidence

Unemployment is correlated with higher disease rates and shorter life expectancy. When people lose their jobs, it often leads to increased levels of stress and anxiety, financial hardship, and loss of health insurance. These negative consequences of unemployment raise one’s likelihood of poor health. One recent study found that job loss increased the likelihood of fair or poor health by more than 50 percent. The study also found that among individuals without preexisting health conditions, the risk of developing a health condition increased by 83 percent.

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In Maryland, efforts to increase employment opportunities focus on connecting residents with available jobs, training unemployed residents with new job skills, and conducting targeted outreach to specific groups facing employment barriers.

Broad employment efforts in Maryland are led by the Governor’s Workforce Investment Board (GWIB), which collaborates with the Workforce Investment Network (WIN) for Maryland, to link qualified candidates to current job vacancies. These groups operate a network of One-Stop Career Centers that offer job search and training services to more than 350,000 residents annually. The program, together with its partner organizations, has helped more than 60,000 residents secure employment. One-Stop services include professional career assessment, literacy, GED preparation, ESL courses, and employment and workplace counseling. The Career Centers also provide labor market information, career workshops, and referrals to occupational skills training.

Other efforts target immigrants who are trained in health professions but are not certified to practice in the United States. This population tends to be under-employed and not working in the health field, despite their training. These groups experience difficulty entering the healthcare workforce due to lack of United States certification. The Welcome Back Center of Suburban Maryland addresses this issue by offering employment-readiness programs, such as ESL courses, board examination preparation, as well as mentoring at local healthcare facilities, for foreign-trained health professionals. The Welcome Back Center also offers case management services to support foreign-trained professionals during their transition to employment in the healthcare field.

From 2006 to 2010, the Welcome Back Center has worked with 76 foreign-trained health professionals. Of those, 20 participants have successfully passed their boards to become registered nurses (RNs).

Efforts in Our Community

Minority groups experience higher levels of unemployment, and in turn, may suffer disproportionately from the adverse effects of job loss. For example, at the end of the second quarter of 2010, the unemployment rate for whites was 8.8 percent, whereas the unemployment rates for blacks and Hispanics were 15.8 and 12.5 percent, respectively. Even though unemployment rates in the tri-county area are lower than the national average—5.7 percent in Montgomery County, 7.6 percent in Prince George’s County, and 6.6 in Frederick County—recent upticks in unemployment may still be detrimental to the health of local residents.16

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In addition to employment, job quality is also important to health. Workplace conditions, such as long or inflexible hours, workplace safety (e.g., exposure to chemicals or extreme temperatures), and levels of physical activity, affect health. Studies have demonstrated a relationship between exposure to low temperatures and increases in acute mortality from coronary artery disease and cardiovascular disease.\(^{26}\) Shift work has also been associated with higher prevalence of health risk factors, such as smoking, drinking, and high blood pressure. People working shift schedules tend to report heightened levels of stress.\(^{21}\)

Exposure to health risks and high levels of stress in the workplace raise chances of poor health and premature death. Job control, or receiving adequate rewards for invested efforts, is strongly related to incidence of disease. Highly demanding jobs with low levels of control seem to carry particular health risk. The imbalance between personal efforts and rewards has been linked to heart disease risk. One study found that people with high job control have lower rates of heart disease compared to those with intermediate or low levels of control.\(^{29}\)

Employment status and workplace flexibility also influence one’s access to healthcare services. Notably, a majority of Americans obtain health insurance coverage through an employer.\(^{23}\) Thus, becoming unemployed can leave people without access to affordable health insurance coverage. A one-percentage point rise in the unemployment rate has been estimated to cause the number of uninsured to increase by 1.1 million.\(^{24}\) Indeed, the number of uninsured in the U.S. in 2009 hit a record 50.7 million, up from 46.3 million in 2008.\(^{25}\) Without coverage, people may have trouble finding providers who will care for them and have difficulty paying for services.

Workplace flexibility also influences access to care. Rigid work schedules, lack of paid medical leave, as well as poor proximity to public transportation can hinder one’s ability to seek medical care, particularly routine and preventive care that providers may offer only during standard business hours. Certain populations face disproportionate challenges in finding and securing employment. Residential segregation plays a large role in determining access to employment opportunities. For example, over the past few decades, high-paying entry-level jobs have been shifting from urban to suburban areas.\(^{26}\) This shift can be a disadvantage to many urban African Americans residing in areas without a supply of jobs that meet their skill sets. Further, segregated neighborhoods often lack role models and social networks that support secure employment.\(^{27}\)

**FIGURE 6. Job Control (Self-Reported) and Incidence of Coronary Heart Disease (1998)**

<table>
<thead>
<tr>
<th>Job Control</th>
<th>Risk of Coronary Heart Disease (HR, Job Control Set at 1.0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Job Control</td>
<td>1.00</td>
</tr>
<tr>
<td>Intermediate Job</td>
<td>2.00</td>
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<tr>
<td>Low Job Control</td>
<td>2.04</td>
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A person’s living situation—the condition of their homes and neighborhoods—is a crucial determinant of health status. Low-quality housing may contain a range of environmental triggers that can cause or exacerbate health conditions, like asthma and allergies. Homelessness amplifies these threats and introduces new risks, such as exposure to extreme temperatures. Furthermore, aspects of a neighborhood, including limited availability of reliable public transportation, may prevent people from accessing healthcare. Residential segregation has led certain neighborhoods—particularly minority neighborhoods—to face greater health risks due to living environments.

**Research shows that variation in housing, neighborhoods, transportation, and homelessness are closely connected to health.**

**The Bottom Line**

Research shows that variation in housing, neighborhoods, transportation, and homelessness are closely connected to health.

**Housing:** Poor quality housing is a common source of asthma and allergy triggers as well as a variety of safety threats. The United States Department of Housing and Urban Development (HUD) identifies seven principles for a healthy home—dry, clean, pest-free, safe, free of contaminants, ventilated, and well maintained. **HUD’s healthy homes campaign targets asthma and allergies, mold and moisture, carbon monoxide and radon, lead, drinking water, and hazards in the home (including chemicals, pesticides, and accidental injuries).**
In Maryland, local efforts to improve living situations include those that promote home ownership, provide temporary financial or in-kind assistance to pay bills, and offer resources for homeless people.

To encourage home ownership within Prince George’s County, the Housing Initiative Partnership helps people with limited income buy homes in the county. The program buys older houses, rebuilds and repairs them, and sells them to people who qualify for the program based on their income. The Partnership also offers homeownership counseling and workshops to help people learn more about buying a home and being a successful homeowner. The Partnership’s foreclosure prevention counseling and workshops aim to keep people in the homes they own. It assists those who are having trouble paying their mortgages by screening them for tax assistance and loan modification programs. The program also helps clients develop a plan to prevent foreclosure through budgeting, refinancing, and engaging with lenders.

Other organizations provide assistance to help people pay their bills. Community Support Systems in Prince George’s County has a Temporary Cash Assistance Fund to help people in the community pay their bills, buy kerosene or heating oil, and make car or home repairs. They also help residents avoid energy assistance programs. Other programs in the community, including the Housing Initiative Partnership as well as the county departments of health, link residents to energy assistance programs that help make energy costs more affordable for people with limited income.

Several efforts in the tri-county area that aim to improve residents’ living situations are centered on the homeless population. One office within the Montgomery County Department of Health and Human Services helps homeless people in the county access medical care. Healthcare for the Homeless coordinates with providers to offer healthcare services for homeless individuals living in the county. This office trains local hospital staff to identify patients who are homeless in order to link them with discharge planning—including follow-up medical care, designated medical beds in shelters, and access to prescriptions.

The Montgomery County Coalition for the Homeless has shelters and emergency housing as well as a program to provide permanent housing for families throughout the county. These permanent housing solutions also offer case management to help people succeed as tenants. The organization helps residents apply for Medicaid, food stamps, and other entitlement programs. It provides vocational assistance for their residents, including GED and ESL classes at Montgomery College. The Coalition provides bus tokens and other means for people to help them travel within the county.

Each of these local programs attempts to overcome challenges to people’s housing and living situations. However, since problems with housing can be quite expensive to remedy, such programs are limited in the number of families they can help.
Transportation: Lack of reliable transportation is a common barrier to accessing healthcare. For low-income people—even those with insurance—problems accessing care remain when they do not have a dependable source of transportation. Unreliable or unavailable public transportation can prevent individuals from seeking care and cause them to miss scheduled appointments. This problem has been well documented across low-income groups—from rural to urban areas and across race and ethnicity. For example, the Children’s Health Fund reported that lack of transportation was among the top three persistent barriers to care for individuals across the nation. Another study in Houston, Texas showed that people who do not use a car to get to medical appointments are more than three times more likely to miss an appointment compared to someone who uses a car.

Homelessness: Perhaps the most extreme case of a living situation having a negative impact on health is that of homelessness. A study by the Urban Institute estimates that between 2.3 and 3.5 million people experience homelessness each year in this country.

In the tri-county area, shelters, transitional housing, and motel placements in fiscal year 2008 served nearly 8,000 residents. People who experience homelessness have multidimensional health problems and often report unmet health needs, even if they have a usual source of care. A national study of homeless adults found most unmet needs could be attributed to lack of insurance, but other factors were important as well. For example, additional predictors of unmet needs related to accessing care included food insufficiency and vision impairment.

Ownership, and non-home ownership. This study concluded that among those living in deprived communities, the poorest individuals were most impacted by the neighborhood, suggesting that poorer individuals rely more on collective neighborhood resources (defined as material and social resources, including services, job opportunities, and social supports) than people with higher incomes.

Residential segregation is another important factor for neighborhoods. A study of children in metropolitan areas showed that white and Asian children live in different neighborhoods than black and Hispanic children. In the largest metropolitan areas, 72 percent of black children and 56 percent of Hispanic children do not live in fully integrated neighborhoods.

In these same metropolitan areas, on average, black children live in neighborhoods with a poverty rate of 21 percent, while the poverty rate is 8 percent for white children, 19 percent for Hispanic children, and 11 percent for Asian children on average.

Poor neighborhood conditions may increase exposure to social risks and reduce access to resources. For example, weight-related health behavior is often linked to neighborhood environment. Residents are less likely to eat nutritious food if they do not have nearby access to healthy food options. Those living in segregated neighborhoods may disproportionately suffer the negative impacts that social and economic conditions can have on measures of health.

DAILY STRESS CAN IMPACT SHORT-TERM HEALTH AND HAVE PERSISTENT NEGATIVE EFFECTS ON LONG-TERM HEALTH. Research has identified relationships between psychosocial risk factors and socioeconomic indicators. One study estimated the correlation between sources of stress and negative life events (including financial stress, marital/domestic stress, parental stress, number of major negative events over a lifetime, and number of major negative events in the past three years) and health status (including mortality, functional health, and self-rated health). The results of this study indicate that stress and negative life events are clearly related to socioeconomic status, and that a higher count of negative life events is associated with mortality. Finally, financial stress predicts functional health, while parental stress is associated with fair or poor self-rated health. In short, this study concludes that differential exposure to stress and negative life events is one of the many ways in which socioeconomic inequalities may lead to health disparities.

The Bottom Line
Poverty often leads to food insecurity—the limited availability of nutritious food. As a result, low-income families are disproportionately overweight and undernourished. Such conditions are the precursors to a range of other health conditions, including diabetes, heart disease, and hypertension. Food insecurity is also tied to lower self-reported health status and depression.

The Evidence
Historically, malnutrition has been understood as a state of under-nutrition; however, this meaning is changing. Recent literature now defines malnutrition as a state of improper nutrition—either too little food or too much unhealthy food. The United States Department of Agriculture’s (USDA) definition of food insecurity is the “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”

Within communities where there is food insecurity, the problem is often not that there are too few calories to feed people in the community. It is more often that the calories available are nutritionally deficient. While people may not be hungry, they are still undernourished. As a result, places with high food insecurity are often correlated with obesity. When households have limited money for food, families compromise the quality of their diets—eating more energy-dense foods that are lower in nutrients. Energy-dense foods (higher in fats and carbohydrates) cost less than nutrient-dense foods.

Food insecurity impacts populations differently. In an examination of their data for 2008, the USDA found that very low food security (a more intense level of insecurity) varied by race, ethnicity, income, and head of household.

Federal programs aim to address the issue of food insecurity in this country, including USDA-sponsored Supplemental Nutrition Assistance Program (SNAP); School Meals; Women, Infants, and Children (WIC); Summer Food Service Program; and Child and Adult Care Food Program.
Local efforts aimed at improving access to healthy food include food banks, supplements to school lunch programs, and transportation solutions to help people access food resources. These organizations offer innovative approaches to providing food for people in need in the tri-county area.

Several food banks work to incorporate fresh foods into their normal distribution. Manna Food Center, a central food bank in Montgomery County, provides food assistance directly to individuals from 14 locations across the county. Manna works with local farms and orchards to provide fresh fruits and vegetables to their clients. In 2009, Manna provided food to over 100,000 people, assisting approximately 5 percent of Montgomery County residents.

In Prince George’s County, Community Support Systems serves over 7,000 people each year. The Community Support Systems pantry has canned food but also offers fresh fruit, vegetables, and meat through partnerships with local farmers.

In 2005, Manna implemented a remedy for a problem many teachers reported on Mondays during the school year—weekend hunger. This program, called Smart Sacks, offers eligible students a backpack full of nutritious, kid-friendly meals for the weekend, which the students receive on Fridays and return on Mondays. The Smart Sacks program feeds approximately 1,400 students each week in 40 elementary schools. This program is designed to address the issue that between 25 and 30 percent of students in Montgomery County qualify for free or reduced-price meals at school, putting them at risk of food insecurity.

Other organizations across the tri-county area recognize transportation challenges, especially for people with limited income. Several local food programs deliver boxes of food to their clients, including Germantown HELP, Manna Food Center, and Community Support Systems. Additionally, the food pantry at Community Support Systems has a reduced-price bus service providing transportation to and from the pantry. Since the food pantry is the point-of-entry for many new clients, Community Support Systems brings many of its other services to the pantry location, including health screenings, advocacy services, and other assistance programs.

Whether they offer delivery, transportation, or programs directed to children in need, these organizations have worked to overcome access challenges to deliver food and other services to those who need it.
Studies show that the actions people take affect their health. From parents’ behaviors throughout pregnancy and early childhood through individuals’ actions during their own lives, behavior plays a significant role in health. In general, the social determinants described earlier may also contribute to unhealthy behaviors within populations, contributing to health disparities. More often than not, people’s behaviors are profoundly affected by the social circumstances in which they live. If they face persistent social and economic challenges, people may continue to experience barriers to achieving good health even if they try to change their behavior. Thus, addressing barriers that limit the ability to choose healthy behavior is important for eliminating health inequality.

The Early Years
Beginning even before a person is born, behavior has a profound impact on the health of an individual. It is well documented that a pregnant woman’s behaviors influence her baby—diet, alcohol, smoking, prenatal care, and exercise all are shown to affect a growing baby. Prenatal care has a documented impact across populations. The Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau has examined the racial and ethnic differences in birth outcomes. HRSA’s research determined that the racial and ethnic trends in infant mortality causes are consistent with patterns of risk factors for poor birth outcomes. The findings in this report suggest that targeted interventions that help reduce risk factors can improve birth outcomes in the target population and reduce racial/ethnic disparities in infant mortality. For this reason, HRSA has created and implemented a program, Healthy Start, which aims to reduce racial and ethnic disparities in access to and utilization of health services, improve local healthcare systems, and increase consumer participation in healthcare decisions.
Healthy Behavior as Adults

Physical activity and other weight-related health behaviors have a significant impact on health status. Unlike some other factors, however, weight-related health behavior is often linked to neighborhood environment. Even if motivated to do so, people are far less likely to be physically active in neighborhoods where they do not feel safe to walk. Also, if a neighborhood has few healthy food options, residents will be less likely to eat nutritious food.

Recent studies have examined the link between food environments and health behaviors, including physical activity and walking. One analysis examined the issue of obesity and food environments, finding that residents of walkable neighborhoods with access to recreation facilities are less likely to be overweight or obese. Similarly, communities with access to healthy foods have residents with more healthy diets. The converse is also true. Residents of non-walkable communities and communities without healthy foods are more likely to be overweight or obese or to have a less healthy diet, respectively.41

Efforts in Our Community

Health departments in all states and counties have, to varying degrees, programs to help people improve healthy behaviors. One local agency, the Frederick County Health Department, offers many programs to improve the healthy behaviors of county residents. Specific examples include:

- Stop Smoking for Life cessation program—offering ongoing classes and free nicotine replacement therapy for over 500 people each year.
- Kids Like Us Alcohol and Drug Awareness Program—for 20 years helping 4th through 8th grade children learn to make healthy choices about relationships, alcohol, and other drugs. In 2009, this program assisted 156 students.
- Power to Prevent—helping adults who have and are at risk for type 2 diabetes to become more physically active and to eat healthier.
- Commit to Be Fit—encouraging Frederick County residents to make healthy lifestyle choices.

La Clínica del Pueblo, located in Washington, DC, also offers programs to help people improve their healthy behaviors. At health fairs year round, community health educators from La Clínica del Pueblo offer community education to promote healthy living. These health educators consist of trained, Spanish-speaking staff who provide health screenings (e.g., blood pressure, glaucoma, BMI) and health counseling (e.g., nutrition, health insurance, HIV).

More often than not, people’s behaviors are profoundly affected by the social circumstances in which they live.
The Cumulative Impact of the Social Determinants

INFANT MORTALITY IS CONSIDERED A KEY MEASUREMENT TO INDICATE THE HEALTH OF A NATION. The United States is ranked 28th among developed nations for this measurement, behind many far less affluent countries. There are significant disparities in measurements of infant mortality across populations in this country. For example, the rate among white Americans is half the infant mortality rate of African Americans.

Studies have examined this issue in depth. Considerable research has demonstrated the importance of the mother’s role in pregnancy outcomes. Very little research, in contrast, has been published on paternal involvement during pregnancy. The tide is turning, however, and more efforts are in the works to develop the literature base as well as to change the way prenatal medicine is practiced. Recently, groups have begun to examine the impact of a father’s involvement on pregnancy itself. While the evidence is limited, there is reason to believe that increased paternal involvement could improve pregnancy outcomes.

The Joint Center for Political and Economic studies houses the Commission on Paternal Involvement in Pregnancy Outcomes (CPIPO). CPIPO’s aim is to raise awareness of the role of social determinants on pregnancy outcomes as well as the role of the expectant father. The Commission’s early work has shown that while men are an important part of maternal and child health, their role during pregnancy is quite limited. A recent publication by CPIPO identified three focus areas for policy improvements: (1) addressing policy barriers to paternal involvement; (2) promoting best and promising practice in paternal involvement; and (3) expanding research on paternal involvement and pregnancy outcomes.

Because of the intertwined nature of the determinants, it is important that local organizations address social issues by communicating and collaborating with one another.

The social determinants of health are closely intertwined. Changes in one social area influence other aspects of one’s life. A person without adequate education opportunities will face difficulty securing employment. Without a job and sufficient income, affording housing and food is challenging. These circumstances result in increased levels of stress and anxiety, which may increase the likelihood that a given individual will practice high-risk behaviors, such as illegal drug use and alcohol abuse. Because of the related nature of these determinants, poor social conditions concentrate in certain neighborhoods and among specific populations.

Moreover, the impact of poor social conditions on health accumulates throughout one’s life and across generations. Living with disadvantages—as do so many minorities, low-income families, and residents of rural areas—substantially raises the likelihood of becoming ill and living shorter lives. An individual facing a disproportionate share of social disadvantages faces barriers to maintaining good health. Eliminating disparities can improve an individual’s health while also improving future opportunities for better education, income, and health for their children and the greater community.

Because of the intertwined nature of the determinants, it is important that local organizations address social issues by communicating and collaborating with one another. Some programs provide a range of services on site. However, it is not always feasible for local programs to address social and health needs in one integrated system, due to limited resources.
services to residents of a 97-block area of Central Harlem, New York. The project provides a network for residents through in-school, after-school, social, health, and community-building programs. Harlem Children’s Zone aims to surround children with an enriching environment of supportive adults and college-oriented peers to counter the toxic environment of anti-social behavior that has long characterized this area of the city. The project’s data-driven approach deploys best practice programs through-out youth and young adulthood. The pipeline begins with the “baby college,” a workshop series for children age 0-3 years and their parents. The project continues with participants through college and stresses the role of the family.

The project’s approach has proven successful, reducing dropout rates and increasing the percentage of Harlem’s children who attend college. For example, 90 percent of the project’s high school seniors were accepted into college for the 2009-2010 year. In addition, Harlem’s Children’s Zone offers programs targeted at improving the health of Harlem residents. For example, after noticing high levels of asthma incidence, the project launched the Asthma Initiative, working with children suffering from asthma to manage and lessen the negative consequences of the disease. To date, the program has enrolled more than 900 children. The project also operates a Healthy Living Initiative to promote healthy behaviors such as exercise and eating right. In addition to offering cooking classes, the initiative operates a cross-site wellness challenge to encourage a lifelong commitment to healthy behaviors.

Some social programs address the negative impact of social determinants on health by providing a range of services in one location. Some social programs address the negative impact of social determinants on health by providing a range of services in one location. Such an approach ensures that disadvantaged individuals have access to services that meet many of their needs in one location. This approach also allows program staff to closely monitor client progress. Below, we take a closer look at two organizations that use an integrated approach when serving residents.

Bread for the City
Bread for the City is a non-profit agency that serves DC’s poor population at two locations in the city. Bread for the City offers residents a comprehensive suite of services, including food, clothing, medical, legal and social services. When people access Bread for the City’s services, they go through a central intake and screening process that allows the program’s staff to understand their needs, beyond the primary purpose of the visit. This process allows staff to offer other potentially helpful services, such as access to the food pantry or legal support, in addition to being served in the medical clinic. At Bread for the City, DC residents are able to access multiple services in one location, avoiding the need to travel to other locations for needed services.

Harlem Children’s Zone
Harlem Children’s Zone takes a holistic approach to rebuilding a community by delivering comprehensive services to residents of a 97-block area of Central Harlem, New York. The project provides a network for residents through in-school, after-school, social, health, and community-building programs. Harlem Children’s Zone aims to surround children with an enriching environment of supportive adults and college-oriented peers to counter the toxic environment of anti-social behavior that has long characterized this area of the city. The project’s data-driven approach deploys best practice programs through-out youth and young adulthood. The pipeline begins with the “baby college,” a workshop series for children age 0-3 years and their parents. The project continues with participants through college and stresses the role of the family.

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Lessons Learned and Opportunities for Action
To eliminate health disparities, we must identify the root causes of inequality among different populations. A range of social factors – environmental, behavioral, and socioeconomic – influence health status and access to care. Thus, while leaders and providers in the healthcare system should evaluate and address health disparities, achieving health equity will require looking beyond the healthcare system and tackling problems that affect society as a whole.

Local programs in the tri-county area address social determinants that may negatively influence health. Interviews with program leaders unveiled best practices and key challenges. Program representatives also identified areas for program improvement and opportunities for action to promote equity in the tri-county area.

Four key lessons learned and opportunities for action are outlined below:

1. Intake and follow-up processes are important. Comprehensive intake and screening help programs to identify peoples’ needs and connect them to proper resources. Interviewees noted that screening clients upon arrival helped them to gain a better understanding of all the social challenges a given individual was facing. These processes also allowed staff to identify eligibility for public programs, such as Medicaid, food stamps, and energy assistance. Detailed documentation also improved programs’ ability to follow up with clients.

   - Opportunities for action: Continued investment in these processes will help local organizations serve the needs of the changing population in the area. Investments in information technology, such as electronic intake interviews, help to improve the efficiency of these processes, freeing personnel to take on other responsibilities. Further, improving the compatibility of systems within a given program and across organizations offers the potential to improve collaboration and timely communication.
4. Cultural competency is critical.

The demographics of the tri-county area are changing. Interviewees noted a compelling need to address and improve cultural competency among healthcare and social service providers because of these changing demographics. Many residents of the tri-county area are foreign-born or have limited English proficiency. The need to improve cultural awareness and communicate effectively is critical to providing quality healthcare and services to all residents.

Opportunities for action:

- Improved awareness of the demographic and cultural composition of the area, and continuing education in cultural competency, will continue to be important for programs addressing the needs of residents.
- Sharing best practices and encouraging adoption across service areas may help to improve cultural competency in healthcare and other service areas.

Improving the health of people and communities requires local programs to continue to capitalize on opportunities to improve communication, efficiency, and collaboration. Working together allows community programs to stretch limited resources and develop innovative approaches to meet the complex needs of tri-county residents. Given the changing demographics of this region, local leaders also have a strong imperative to focus on building cross-cultural awareness and skills. Continued investment in technology systems will support improved collaboration and increased efficiency.

As community programs continue to take advantage of opportunities to collaborate and innovate, they will improve their ability to reach and serve people in need.

Such programs serve communities throughout the nation, and there is need across the socioeconomic spectrum. As such, promoting health equity in the tri-county area and beyond will require increased investment in social programs, innovative approaches to serving residents, and enhanced collaboration. To eliminate health disparities in this nation, we must address the root causes of inequity, both within the healthcare system and throughout the broader community.

2. Communication is central to effective service.

Clear and frequent communication helps ensure coordination of services, which is particularly important when clients are receiving a range of support services. Program leaders stressed the challenges of communicating across service areas. This “silo effect” was noted by organizations that provide many services in-house as well as those that partner with outside organizations. In the healthcare sector, providers are often linked into the larger network of social resources and make recommendations to patients on social services post-discharge. However, hospital staff, particularly those caring for emergency room patients, are often limited in their ability to follow up with patients after they leave the hospital.

Opportunities for action:

- Fostering open communication within and across community organizations enhances coordination of services. Improved information technology supports improved coordination, but it is not the entire solution. Building interpersonal relationships among community leaders and professionals helps to promote communication. Continued focus on communication and cross-program collaboration will ensure that services are coordinated and resources are used effectively.
- Opportunities for action: With declining funds from public grants and private donations, local social services programs have been using creative approaches to sustain operations and continue to serve the community. Many local programs have found that improved collaboration helps to stretch limited resources and foster innovation. Collaborative efforts have also increased awareness among community leaders about the range of social programs available in the tri-county area, improving their ability to direct residents to the appropriate organization.

3. Resource constraints are paramount.

Many interviewees noted resource limitations as the chief obstacle to improving their programs and promoting social equity. Finding the financial and human capital to make program improvements has become increasingly difficult in the current economic climate. Most local programs cited financial resources as a key constraint, leading to the use of rationing mechanisms such as wait lists and service caps.

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Overview of Local Programs

Bread for the City: Bread for the City is a non-profit agency that serves DC’s poor through locations in the Northwest and Southeast areas of the city. Bread for the City offers residents a comprehensive suite of services, including food, clothing, medical, legal, and social services.

Community Support Systems (CSS): CSS supports residents in Prince George’s and Charles’ Counties by providing food, senior housing, and advocacy services. Advocacy services include support applying for energy assistance and food stamps, temporary cash assistance, vehicle repairs, employment services, and support for families facing homelessness.

Frederick County Health Department: The Frederick County Health Department provides a variety of health and social services to the residents of Frederick County, such as substance abuse and mental health services, vaccinations, and public program administration (e.g., Medicaid and Women, Infants, and Children (WIC)). The agency runs many programs to improve the health of its community, including the Stop Smoking for Life cessation program and the Commit to Be Fit program.

Germantown HELP: Germantown HELP offers an emergency food supply to the residents of Germantown, in Montgomery County, Maryland. Germantown HELP also offers a prescription drug program whereby clients can receive needed medications at reduced prices.

Governor’s Workforce Investment Board (GWIB): GWIB develops strategies and policies to shape the workforce in Maryland through several education, employment, and training programs. The Board focuses on achieving two outcomes—developing a workforce that meets the demand of local firms, and creating opportunities for residents to succeed in the workforce.

Healthcare for the Homeless (Montgomery County): Healthcare for the Homeless, a division of the Montgomery County Department of Health and Human Services, provides healthcare services for the homeless in Montgomery County. Specifically, this program provides training for the county hospitals to help them identify homeless patients. Healthcare for the Homeless also works with clients to ensure a smooth transition from the hospital back into the community.

Healthcare for the Homeless (Baltimore): Healthcare for the Homeless provides health, education, and advocacy services for the homeless in Maryland. The program has clinic sites in Baltimore City as well as Frederick, Montgomery, Hartford, and Baltimore Counties. The program is part of the National Healthcare for the Homeless Foundation.

Herschel S. Horowitz Center for Health Literacy (University of Maryland): The Horowitz Center for Health Literacy was launched in 2007 to address poor health literacy and its effect on health outcomes. The Center’s goals include: (1) preparation of the future public health workforce; (2) keeping practitioners updated; (3) creating health literacy science; and (4) applying health literacy science to community-based needs of vulnerable populations.

Housing Initiative Partnership (HIP): HIP focuses on creating housing and economic opportunities for persons of low and moderate income. The Prince George’s County-based organization offers homeownership, rental, and counseling services. HIP also offers education programs, including an afterschool offering that emphasizes reading and the role of family.

Housing Opportunities Commission: The Housing Opportunities Commission is the housing authority for Montgomery County. The Commission provides affordable housing and support services for families and individuals of low and moderate income. This program also provides assistance to county residents to enable homeownership, including low-interest mortgages and assistance with closing costs.

Joint Center for Political and Economic Studies: The Joint Center for Political and Economic Studies is a research and public policy institution that focuses efforts on African Americans and other people of color. One of the initiatives of the Joint Center is the Commission on Paternal Involvement in Pregnancy Outcomes. The Commission aims to improve paternal involvement in pregnancy and family health by (1) identifying barriers and suggesting solutions; (2) developing standardized research guidelines, policy, education, and practice to improve paternal involvement; and (3) developing a national media strategy to address needed changes.

Overview of Local Programs

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La Clínica del Pueblo: La Clínica del Pueblo is a DC-based community clinic providing a range of healthcare and education services in the Latino community. La Clínica provides direct medical services, including testing and care for HIV/AIDS and mental health services, as well as patient and community education. This program also offers medical interpretation services in the community.

Manna Food Center: Manna Food Center is one of the main food banks in Montgomery County. Many county nonprofit organizations rely on Manna to provide essential food to their clients. Manna has three main programs: (1) Food Distribution to Families, which supplies a three to five-day supply of food for people in need; (2) Smart Sacks, which distributes backpacks full of kid-friendly food for children every Friday; and, (3) Food Distribution to Agencies which furnishes food to soup kitchens, food pantries, group homes, and emergency shelters in the county.

Montgomery County Coalition for the Homeless: The Montgomery County Coalition for the Homeless manages shelters and emergency housing across the county. The Coalition also offers a program to provide permanent housing for families as well as job training services.

Montgomery County School Health Services: Montgomery County School Health Services works toward the health, safety, and well-being of students enrolled in public elementary, secondary, and special education schools in the Montgomery County Public School system. In addition to general healthcare services, the program also has strategies in place to prevent and contain communicable diseases, assure that students are appropriately immunized, and respond to school and community-wide emergencies. Montgomery County School Health Services also provides specialized programs including Head Start Health Services, School-Based Health and Wellness Centers, and Teen Pregnancy Prevention.

Montgomery County Children, Youth, and Family Services: This agency within the Montgomery County Department of Health and Human Services offers a variety of assistance programs for children, including Juvenile Justice and Child Welfare Services. One program within the agency, the Gang Prevention Task Force, employs street outreach to reduce gang involvement in schools and communities.

Welcome Back Center of Suburban Maryland: The Welcome Back Center of Suburban Maryland offers employment readiness programs, such as ESL courses, board examination preparation, as well as mentoring at local healthcare facilities, to assist foreign-trained health professionals in reentering the healthcare workforce. The Welcome Back Center also offers case management services to support foreign-trained professionals during their transition to employment in the healthcare field.