



DIRECTORS OF HEALTH PROMOTION AND EDUCATION HEALTHY COMMUNITIES POLICY BRIEF

Issue:

Improving the health of a population requires a population or community focus rather than merely an individual behavior focus. Such a focus considers ways to improve the places and organizations that touch people's daily lives—schools, work places, health care sites, faith-based organizations, and other community settings— in order to advance healthy living and attain health equity. It addresses environmental concerns such as population growth and climate change in order to enhance livability and environmental conditions. To improve the health of the U. S. population, national, state and local leaders must collaborate to enact policy, systems and environmental changes that have been found effective and sustainable in impacting the overall health status of a population.

Factors that affect a population's health include those that are environmental, economic and social. According to Healthy People 2020¹, "Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place. In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins." Addressing these factors requires actions at all levels – global, national, state, and community.

Background Information:

The Healthy Communities concept is not new. In 1988, the World Health Organization (WHO) identified 11 broad characteristics of a Healthy City/Community² including:

1. A clean, safe physical environment of high quality (including housing quality).
2. An ecosystem that is stable now and sustainable in the long term.

¹ <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>

² Moreton R, Hawe P, Thomas M, Corne S, Jones H. Promoting Health in the Urban Context. WHO Healthy Cities Papers. FADL Publishers, Copenhagen, 1988.



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3. A strong, mutually supportive and non-exploitative community.
4. A high degree of participation and control by the public over the decisions affecting their lives, health and well-being.
5. The meeting of basic needs (for food, water, shelter, income, safety and work) for all the city's people.
6. Access to a wide variety of experiences and resources, with the chance for a wide variety of contact, interaction and communication.
7. A diverse, vital and innovative city economy.
8. The encouragement of connectedness with the past, and the cultural and biological heritage of city dwellers and with other groups and individuals.
9. A forum that is compatible with and enhances the preceding characteristics.
10. An optimal level of appropriate public health and sick care services accessible to all.
11. High health status (high levels of positive health and low levels of disease).

The publication “Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010”³ stated that a “healthy community is one that embraces the belief that health is more than merely an absence of disease; a healthy community includes those elements that enable people to maintain a high quality life and productivity. For example:

- A healthy community offers access to health care services that focus on both treatment and prevention for all members of the community.
- A healthy community is safe.
- A healthy community has roads, schools, playgrounds, and other services to meet the needs of the people in that community.
- A healthy community has a healthy and safe environment.”

In 2006, the Centers for Disease Control and Prevention (CDC) convened the National Expert Panel on Community Health Promotion, which recommended strategies appropriate for CDC’s role in

³ Office of Disease Prevention and Health Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services, Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People. Available from 2010”
<http://www.healthypeople.gov/Publications/HealthyCommunities2001/default.htm>



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communities. The report, released in July 2007⁴, provided eight recommendations that were designed to improve community health promotion, ranging from research and surveillance to capacity building. With the release of the 2011 National Prevention Strategy⁵, many of the strategic directions included in this prevention plan have clear implications for state level programs and policies. Implementing some recommendations will change how federal agencies channel funds to states; implementing others will change how federal and state agencies engage and mobilize communities.

Directors of Health Promotion and Education's Role:

Directors of Health Promotion and Education (DHPE) and its members are uniquely positioned to assume a leadership role in the Healthy Community movement. DHPE is a nonprofit association comprised of state health agency officials who direct health promotion, health education, and health equity initiatives through partnerships with local health agencies, businesses, schools and a wide array of community organizations. DHPE believes that prevention programs and policies that keep Americans healthy should be state and national priorities and that encouraging Americans to adopt healthy lifestyles is in everybody's best interest. DHPE also believes that Americans deserve healthy and safe places to live, work, learn and play. Specifically, DHPE's mission addresses strengthening public health capacity in environment, policy and systems change to improve the health of all and achieve health equity.

DHPE's members have expertise in community health promotion and skills in coalition building and community development. Members are trained to work through collaborative partnerships and to explore the social, cultural and environmental contexts that shape health status. These skills and competencies are paramount to community health promotion efforts.

Recommendations for State and National Implementation:

⁴ Navarro AM, Voetsch KP, Liburd LC, Giles HW, Collins JL. Charting the future of community health promotion: recommendations from the National Expert Panel on Community Health Promotion. *Prev Chronic Dis* [serial online] 2007 Jul [accessed Jan 20 2009]. Available from http://www.cdc.gov/pcd/issues/2007/jul/07_0013.htm.

⁵ <http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>



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Use new communications technologies to develop learning communities that support healthy community competencies. New and web-based technologies can enhance the ability of state health professionals and community members to: obtain information on effective policies and programs; identify community partners and resources; integrate approaches for community health; and, share expertise and knowledge on community health promotion.

Provide training that can help state level staff assist local communities with easy to implement policy, environmental and systems change strategies.

Work with national and state partners to coordinate funding, training and technical assistance that supports effective policy change strategies such as model ordinances directed toward improving the health of communities.

Advocate for surveillance systems which monitor health trends, health status and emerging outcomes and enhance current surveillance systems, such as Behavior Risk Factor Surveillance Survey, by adding community health and social indicators.

Advocate for funding that supports prevention and health promotion efforts at the national, state, and community levels; work with stakeholders across federal and state agencies to develop an inventory of healthy community and prevention funds available to state and community partners; encourage states to develop healthy community inventories that identify funds from federal agencies allocated to their state and community-level partners.

Identify existing measures such as Health Impact Assessments that community members can use to develop and implement initiatives, and/or develop new tools and advocate for adding indicators of community health to existing resources such as the Mobilizing for Action through Planning and Partnerships (MAPP) tool.

In conclusion, dealing with today's complex health issues necessitates a population or community focus, not merely an individual one. It challenges community members to identify their specific problems and



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implement strategies to improve the health of their citizens. These national and state recommendations can help community members advance effective, sustainable approaches that improve the health status of all, and thus promote health equity. These recommendations also provide a framework to assist state public health agencies and health departments with program integration, strategic planning, and voluntary accreditation efforts. DHPE and its state-based members are ideally positioned to assist with this effort and to take a key public health leadership role in assuring and advancing health for ALL communities.