Achieving Health Equity in States & Communities

Supermarket Initiative Brings Fresh Food to Neighborhoods

The Island Avenue ShopRite grocery store in southwest Philadelphia’s Eastwick community is providing residents access to something that is in short supply in many low-income communities around the city—fresh and healthy food.

“Prior to us being here, you couldn’t buy produce in this neighborhood and … seafood, fresh meat and poultry,” ShopRite owner Jeff Brown recalls. Eastwick is one of the first sites of a unique state and community partnership that is increasing the availability of high quality, reasonably priced fresh foods. By increasing the number and diversity of grocery stores, officials are trying to make healthy food choices easy to make, improve health and revitalize communities in the process.

In the 1990s Philadelphia ranked second-lowest among metropolitan areas in the number of supermarkets per capita. Without supermarkets, residents were forced to rely on convenience stores and foods high in fat, sodium and sugar, without access to fresh fruits and vegetables.

The city’s low-income neighborhoods showed disproportionately high levels of diet-related diseases such as heart disease, diabetes and cancer. In 2002, The Food Trust, a local advocacy group, used mapping technology to show that people were more likely to die from these diet-related diseases in neighborhoods without places to buy healthy food.

It all hit home for Pennsylvania Rep. Dwight Evans, who chairs the House Appropriations Committee. He inserted funding into the 2004 state budget for a public-private policy solution called the Fresh Food Financing Initiative, which provides financial incentives for supermarkets to operate in underserved communities. Leveraging $30 million committed by the legislature, the Reinvestment Fund, a community investment group, raised an additional $90 million from private sources as well as the federal New Markets Tax Credits program. To date, 50 supermarket projects across the state, some of which are already open, were supported by the initiative.

It will be some time before the impact of the new stores on community behaviors, such as fruit and vegetable consumption, is known. The Food Trust and Penn State University will study the long-term goals of improving health and reducing the number of deaths from diet-related diseases. In the meantime, however, recent research elsewhere shows access to supermarkets is associated with lower body mass index and less adolescents who are overweight.

For some Philadelphia residents, the initiative has already made a difference in their lives. “ShopRite meets all of our needs,” said Eastwick shopper Alicia Burbage. “Oftentimes, the urban communities are neglected. Fresh food is very important to us.”

Why Should State Legislators Be Concerned?

- Some communities—including those identified by race, ethnicity, age, gender, geographic location, income or education—disproportionately experience:
  - Poorer health status across levels and types of care, many clinical conditions and many care settings;
  - Risky behaviors including tobacco use, physical inactivity, alcohol and drug use; and
  - Less access to and lower use of health services, as well as lower quality of health services received.
- African-Americans, Alaska Natives, American Indians, Asian-Americans, Hispanics and Pacific Islanders are more likely to have poor health and die prematurely, have decreased quality of life and fewer economic opportunities.
- For society as a whole, decreased productivity, increased health care costs and social inequity result from poorer health in these populations.
- The adverse effects on public health will be greatly magnified over the next 40 years with the projected growth of racial and ethnic populations with poor health status, raising concerns about the overall quality of health care provided in the U.S.

What Causes Poorer Health in Some Communities?

- **Socioeconomic factors, lifestyle behaviors and social environment** are all believed to contribute to disparities. Cultural and community barriers, language barriers, educational barriers, patient attitudes (including mistrust of providers and refusal of treatment) and health provider biases are believed to play a role as well.
- **Reduced access to care and use of health care services** can result from economic, geographic, linguistic, cultural or health care financing issues.
- **Poorer quality of health care services received** can result from patient-provider miscommunication or provider discrimination. Hispanics and African-Americans are particularly underrepresented in the physician population.

Communities are Addressing Health Disparities Through Targeted Strategies

- To reach specific populations, communities are developing culturally appropriate educational materials and launching marketing campaigns to encourage use of health care services and reduce rates of illness. Although promising policy solutions exist, further evaluations are under way to establish the best practices to reduce illness and improve health status.
- By working with community-based programs, researchers and public officials are gathering evidence to establish best practices. More collaboration is needed to document these achievements and share programs and policies that show promise.
Successful Community Approaches to Achieving Health Equity

Through the Racial and Ethnic Approaches to Community Health program—known as REACH—CDC has funded community-based programs since 1999.

- Forty programs in 22 states received funding in 2007 to reduce illness and death caused by heart disease, diabetes, breast and cervical cancer, lack of immunizations, infant mortality and HIV/AIDS.
- Programs are funded in the African-American, Hispanic/Latino, Asian-American, Hawaiian/Pacific Islander and American Indian/Alaska Native communities.
- Twenty-two programs are Action Communities that implement and evaluate proven approaches targeted to specific population groups.
- Eighteen REACH programs are establishing Centers of Excellence in the Elimination of Health Disparities and will disseminate information on effective practices and train new communities to implement them.

See list of communities funded at: http://www.cdc.gov/reach/reach_us.htm

States are Building Systems and Services to Monitor and Address Inequities

- States are developing plans to address health needs of communities by:
  - working with local health departments and community-based organizations to incorporate lessons learned on what works to decrease illness from specific health conditions; and
  - supporting minority health offices and disparities commissions to ensure their stability and success in collecting data on the health status of minority populations.
- States are working with health care providers and higher education institutions to:
  - increase participation of minorities in the health professions; and
  - improve the availability of culturally competent health services.
- States are improving access to health services in communities by:
  - implementing policies to reduce provider and facility shortages;
  - expanding health insurance coverage for the uninsured; and
  - establishing “medical home” initiatives that encourage use of physician offices rather than hospital emergency rooms for care.

What Can State Legislators Do to Help Achieve Health Equity?

- Support and collaborate with local community programs targeting health inequities.
- Consider legislation to improve understanding of inequities within the state, increase collection of data on health status, improve access to care for underserved populations, enhance the health care work force and reinforce achieving health equity as a goal across government.
- Provide funding and support land use and transportation policies that seek to improve the community environment and encourage citizens to lead healthier lifestyles.
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State Legislative Actions

✔ Maryland House Bill 86 (2004): Maryland Office of Health & Health Disparities
   The bill established the Maryland Office of Minority Health and Health Disparities to promote health and prevent disease among members of certain minority populations. The office provides funding for programs and reports on the improvement of minority health status. It also receives federal funds designated for minority health and health disparities programs. The office’s accomplishments to date include reporting data on health disparities in Maryland. The office also maintains a Web site that serves as an information clearinghouse and has been awarded five-year federal support to improve diversity in the health care workforce.

   Bill text: http://mlis.state.md.us/2004rs/billfile/HB0086.htm

   The bill established an ongoing multicultural health awareness and education program for health care professionals “regarding the knowledge, attitudes and practice skills necessary to care for diverse populations to achieve a greater understanding of the relationship between culture and health.” All state regulated health professions must integrate multicultural education into their curriculum by July 1, 2008.


   The bill established the Department of Community Health’s mission to address health inequities through the Health Disparities Reduction Program which:
   - funds community organizations to address health conditions within targeted populations;
   - requires managed care organizations to undertake disparities reduction initiatives; and
   - analyzes data across racial categories to identify disproportionate levels of poor health status.
   The program receives $900,000 in state funding annually and $580,000 from federal grants. The department is required to submit an annual report on the status, impact and effectiveness of the program.

For more information see these Healthy States publications available at http://healthystates.csg.org/Publications:

- Achieving Health Equity in States and Communities Legislator Policy Brief
- Local Solutions to Racial & Ethnic Health Disparities Legislator Policy Brief and Talking Points
- Addressing Adolescent Health Disparities Through Schools Legislator Policy Brief
- Confronting Disparities in Sexually Transmitted Diseases Talking Points

If you would like more information or references:
- Send your inquiry to healthpolicy@csg.org or
- Call the CSG Health Policy Group at (859) 244-8000

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