Health care policies are being debated with renewed intensity as the country gears up for Election Day on November 4. Community health advocates in California and around the country are seizing the opportunity to share their ideas about how to improve health and health care for everyone.

Ample research shows that health is determined not only by the availability, affordability and quality of medical care but also by our environment—things like air and water quality, neighborhood and workplace safety, and access to parks and healthy food. Improving health, especially in low-income communities, means changing the environment to reduce or eliminate the conditions that contribute to illness and injury.

"Before is the key word in prevention—before the disease or injury happens," says Larry Cohen, founder and executive director of Oakland-based Prevention Institute.

"Individuals intuitively ‘get’ prevention," he explains. "We need to support the healthy intuition of the individual, to make it easier, not harder, for people to achieve these efforts for themselves and for their families by making sure that their physical and social environments actually support and reinforce healthy choices."
President’s Message

Prevention is more than the luxury of doctors’ visits and medical screenings afforded to those lucky enough to have a health insurance card. From the air we breathe, the water we drink, the food we eat and the medical care we receive, to the places we play, learn and live, we have opportunities to prevent injury and illness. Unfortunately, our state and country have placed little value on prevention, primarily because it feels like such a long time before there is anything to show for the effort. As the Center for American Progress noted in a 2006 report, “the time lag between the action and benefit diminishes the motivation to act.”

But a new study by the Trust for America’s Health and the Prevention Institute, co-funded by The California Endowment, shows that the benefits of prevention are tangible and can be reaped more quickly than we might imagine. The report indicates that targeted disease-prevention investments could save more than $16 billion a year nationally—more than $1.7 billion in California alone—which comes down to an incredible $5.60 return for every $1 invested. We now have concrete examples of how to get real financial and social returns on investments in prevention, and proof that keeping people healthier in the first place is one of the best ways to reduce ballooning health care costs—in addition to being the right thing to do.

This issue of Centerscene delves deeper into the concept of prevention and how we can integrate it everywhere—in our daily lives, our community-based work, and our policy decisions. The California Endowment has such confidence in the prevention approach toward healthier people and a healthier state that we will be dedicating significant resources to it over the next 10 years.

All Californians want to live in healthy communities. We want our children and their children to have the opportunity to do the same in the future. To make this desire reality, we must commit to making smart investments in communities and systems that place greater value on prevention.

We no longer have the luxury to do anything else.

Robert K. Ross, M.D.
President and CEO
The California Endowment

Prevention Advocates Join Debate
continued from front cover

“Conventional wisdom is that prevention is an add-on: ‘We’d like to but we can’t afford it.’ This report shows you’d be foolish not to invest in prevention. It saves money, and it saves money quickly.” — Jeff Levi, Trust for America’s Health

SMALL INVESTMENT, BIG RETURN

Such support requires political and financial commitment, but prevention has traditionally taken a back seat to issues of cost and insurance coverage.

Thanks to a new study by the Trust for America’s Health (TFAH), there is now evidence that prevention and cost savings are one and the same. The report—Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stranger Communities—found that a small strategic investment in disease prevention could result in significant savings in U.S. health care costs. TFAH concluded that an investment of just $10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use, could save the country more than $16 billion annually within five years—a return of $5.60 for every $1.

“We have shown that keeping Americans healthier is key to reducing health care costs,” says Jeff Levi, executive director of TFAH. “Conventional wisdom is that prevention is an add-on: ‘We’d like to, but we can’t afford it.’ This report shows you’d be foolish not to invest in prevention. It saves money, and it saves money quickly.”

Robert Phillips is a senior program officer of The California Endowment, which helped fund the TFAH study. “In the past, advocates of prevention have themselves treated prevention as peripheral or ‘soft,’” he says. “They believed their cause was right and their ideas were good, but they really put money second by not making cost reduction a goal and by neglecting hard economic concerns. Now we have a solid economic model for cost savings through prevention.”

This model is already shaking up the policy debate: the Senate and House have introduced bipartisan resolutions calling for an increase in public health funding focused on prevention, and the report got attention from the Congressional Budget Office and both presidential campaigns. “We hope the report will frame the discussion more broadly for both candidates,” says Levi.

WALKING THE TALK

In October, TFAH and Prevention Institute will issue a follow-up report focused on California prevention investment, highlighting the economic value of this approach and key efforts currently underway at the community level.

Jennifer Lopez is an activist who leads one of those efforts. She runs the Central California Regional Obesity Prevention Program (CCROPP) in Kern County, and in that role “looks for natural leaders in the community and tries to support what they’re already doing. I see them as the ‘contextual experts,’ not as passive recipients of services. We partner with them and follow their lead.”

In the six-county region where CCROPP works, nearly two-thirds of residents are obese or overweight, twice the national rate. Many of these residents are beginning to take their health into their own hands. Every Monday through Friday, dozens of Bakersfield residents, many of them Spanish-speaking farm workers, join the Greenfield Walking Group for an aerobic workout in their local park. The group was started in the fall of 2006 by two women who met in a nutrition class and wanted to stay connected—and stay healthy—after the class ended.

The Greenfield Walking Group in Kern County worked to make their neighborhood safer for exercise.
They knew that exercise was important,” says Lopez, “but they didn’t live in a place that made it easy to get physical activity. Their park was full of drugs, gangs, graffiti, and aggressive stray dogs, and the lights were shot out.”

With Lopez’s help, the group conducted a Walkability Assessment in spring 2007, gathering data on neighborhood needs and conditions. They presented their findings to city officials, who were “extremely responsive” and helped clean up the park to make it safe for families. Since then, regular walkers have experienced health improvements including substantial individual weight loss (up to 80 pounds), stress reduction and increased confidence. The group went on to raise money to create a walking path, adds Lopez, because the terrain itself was so rough “you had to be the Hulk to get your stroller around the park!”

With this local victory under their belts, the Greenfield Walking Group has joined forces with groups such as the Central Valley Air Quality Coalition, It’s Our Healthcare, and the California Convergence to advocate for prevention-oriented policy changes on regional, state and national levels. Even more exciting, “People are now coming to us,” says Lopez. “Regional planners, city officials, transportation companies—they look to us as a resource before they get started on new projects.”

PREVENTION AND AMERICA’S FUTURE PRESIDENT

The next step in growing and replicating such successful community solutions is policymaker commitment and political will. Senators Barack Obama and John McCain both acknowledge the importance of prevention in reducing chronic diseases, which account for 75 percent of the country’s health care costs. Obama argues for increased investment in prevention and public health, for “shared responsibility...to create the conditions and opportunities that will allow and encourage Americans to adopt healthy lifestyles.” McCain emphasizes free-market competition, enabling individual patients to “drive the market and own their health care choices.”

As of this writing, in August 2008, an NBC News/Wall Street Journal poll on the presidential election found that 48 percent of voters believe Obama would address health care more effectively, compared with 27 percent who believe McCain would address the issue more effectively.

Phillips is encouraged that health and health care have returned to the national stage, but he also believes whoever ends up as the country’s top elected official must understand the fundamental changes that will make this country healthy. “Both candidates want to expand health insurance coverage, which is a laudable goal,” he says. “But do the benefits you get from that coverage actually make you healthy?” He says that health reform must emphasize health, not just health care, and go beyond insurance coverage. “We have to be firm on driving towards one goal, optimal health, and that means primary prevention—that means building healthy communities.”

For more information:
www.tfah.org
www.preventioninstitute.org
www.ccrropp.org

Focus on Larry Cohen

Growing up near New York’s Coney Island gave Larry Cohen a vivid education in diversity. “Bearded ladies and people with four arms were my friends when I was 2 or 3 years old,” he says, “so I realized early on that norms varied by community.”

Changing society’s norms has been a guiding principle of Cohen’s far-reaching efforts to prevent disease and injury in numerous areas of everyday life. He sees prevention as a matter of government and corporate, not just personal, responsibility, and has dedicated his professional life to research, advocacy, teaching and writing in support of policies that can change the conditions that affect health.

As a young social worker in New York City, Cohen worked in the juvenile justice system and was inspired by the transformative impact of healthy environments. “Even people who did terrible things could behave better given the right environment—one that supported positive choices instead of tolerating negative ones,” he recalls.

After moving to California, Cohen became the founding director of prevention for the Contra Costa County Department of Health, where he formed the first coalition in the U.S. to change tobacco policy by passing a multi-city smoking ban in the 1980s. “California had one of the biggest smoking rate drops in the nation,” he notes. “At one time smoking was seen as natural and sexy. Now you have people smoking in the rain on sidewalks as opposed to in our faces. We established a new norm.”

Cohen has also helped to re-frame problems such as violence, chronic disease, and automotive injuries as preventable, public health issues. In 1997, he founded the nonprofit Prevention Institute to provide a national focal point for quality prevention.

“There were other, topically oriented prevention groups,” Cohen says, “but no central organization where we could take all the learning from all the different initiatives underway around the country.” He has since shaped a generation of community health advocates with writings such as the textbook Prevention Is Primary: Strategies for Community Wellbeing. "Today, the Institute’s staff of 25 applies a comprehensive prevention strategy across diverse disciplines and issues and serves as a vital resource for prevention advocates locally, statewide and nationally."
Prevention that Works: Healthy Homes for Healthy Kids

Doctors like to know their patients. At St. John’s Well Child and Family Center, we want the communities we serve to know us, too, and trust that we will keep their children healthy and happy.

But in some cases, we’ve known our patients too well. Often, the same children would visit the same clinic with the same symptoms. Complications from asthma. Injuries from broken windows and crumbling play areas. Illnesses from vermin and insect infestation. And our doctors patched the wounds, administered the medication and sent the family home. Until next time.

This pattern continued until we began testing our patients for lead poisoning and discovered an alarming 54 percent of the children had dangerously high levels of the heavy metal in their blood. Community health promoters went to their homes to discover the source of the poison, which can cause brain damage, and found slum conditions, including lead paint chipping off the walls.

At this point, the definition of “do no harm” changed for the doctors at St. John’s. They were fed up with the revolving door of sickness and treatment and could no longer stomach the idea of sending kids back to homes like that. Our clinic teamed up with Esperanza Community Housing Corporation and Strategic Actions for a Just Economy (SAJE) to address the issue of slum housing and try to prevent the health conditions it causes.

I take great pride in the success our collaboration has had, but am frustrated that we are an exception to the norm. Primary prevention is often treated as a vague concept, best left to the sociologists. But every day, Esperanza pounds the pavement to do health and housing surveys. St. John’s gives free testing and follow-up care to at-risk children and offers education to families. SAJE teaches tenants to organize and advocate for themselves. And every day, we all break through the traditional boundaries of our work and collaborate toward a common goal.

This is how real change happens, and yet many of us in health-related fields take the narrowest view of our responsibility to help people. It’s no longer enough to offer immunizations and information about staying healthy. We must do more, or we’re complicit in a system that spends most of its health dollars treating largely preventable conditions.

Is it hard? Of course. There’s never enough money or political will. But as service providers, policy advocates and community leaders, we need to encourage one another to take the long view of the things that make us unhealthy and work together to change them. We know prevention works, and I hope someday all of our policymakers know it, too. Until then, get to know your doctors—and tell them it’s time to roll up their sleeves.

Jim Mangia is CEO of St. John’s Well Child and Family Center, a network of federally qualified community and school-based health centers.

HEALTHY HOMES COALITION

Healthy Homes is an economic justice coalition that protects children’s health, improves housing, enforces tenants’ rights and generates new policies through organizing and health promotion in Los Angeles. It was used as the model for the county-wide Healthy Homes collaborative.

The project has reduced the blood lead levels in thousands of children, spurred action by landlords to remove mold, mildew and other health hazards from their properties, and helped develop California SB 460, which incorporates lead safety into building inspection programs.

www.wellchild.org
www.saje.net
www.esperanzacommunityhousing.org
Entering the public policy arena can feel like walking into an already crowded party. When supporters of causes across every sector are courting the attention of policymakers, how can community health advocates break through the clamor and successfully translate their on-the-ground prevention efforts into meaningful policy?

Advocating for Change, a series of training sessions offered by the Health ExChange Academy through The California Endowment’s Center for Healthy Communities, provides California nonprofits the tools to get started.

SERVICE PROVIDERS AS PREVENTION ADVOCATES
Since 2005, the National Community Development Institute (NCDI) has partnered with the Center for Healthy Communities to develop and implement the Advocating for Change curriculum. NCDI works with numerous social justice, health, human service and community development organizations across the country and recognizes their role in shaping and informing public policy.

“We believe that communities are the best source of knowledge on how to identify and address their own problems,” says Diana Marie Lee, NCDI vice president of programs. “The solutions they develop are more likely to be culturally appropriate and to be ones that they can maintain and sustain over time.”

Groups like the Binational Center for the Development of Indigenous Communities (Centro Binacional para el Desarrollo Indígena Oaxaqueño) are trying to put those solutions into practice with help from Lee and NCDI. The Center is adapting the training curriculum for newly arrived immigrants, agricultural workers and indigenous populations in the Central Valley and developing a more robust advocacy plan based on their local work. Among other issues, the Center will advocate for more Spanish- and indigenous-language interpreters in hospitals and clinics and healthier, more culturally appropriate food bank offerings.

Using that type of grassroots experience to spur broader policy change is crucial to making underserved communities healthier, according to Karen Escalante-Dalton, a program officer with The California Endowment. “Many direct service providers think they can’t do policy advocacy,” she says. “But these groups are in the trenches, struggling with real challenges, and they have valuable experience to contribute to the policy discussion.”

ACTION, NOT RHETORIC
“The training was time well spent,” says Barbara Marquez-O’Neill, a youth development and violence prevention consultant who participated in Advocating for Change in 2007. She says the trainers walked through the steps of effective advocacy: “Making a plan, communicating your message, getting your facts straight, knowing the policymaker’s own passion and tapping into that.”

Marquez O’Neill works closely with Community Action Partnership, a Ventura County collaborative, on their comprehensive anti-violence plan. But making the plan’s prevention strategies reality takes more than good intentions.

“Unless you have the political will, the rhetoric may be there but the action is not,” says Marquez-O’Neill. Such action can be stimulated through targeted and well-timed policy advocacy, as demonstrated by case studies and techniques presented in the training program.

Advocating for change is rarely easy, but often necessary to transform systems and improve community health. “When a community is empowered and mobilizes on issues, there can be some feelings of discomfort from institutions,” Marquez-O’Neill observes. “It’s part of what happens when the status quo is challenged.”

“We believe that communities are the best source of knowledge on how to identify and address their own problems.”

— Diana Marie Lee, National Community Development Institute

YOUR TURN TO ADVOCATE FOR CHANGE
Advocating for Change is an in-depth training series offered by the Center for Healthy Communities throughout California. The program aims to increase the level and complexity of participants’ understanding of health policy advocacy; to demonstrate specific strategies for engaging in health policy advocacy; to increase interest in integrating health policy advocacy into their organization’s work; and to connect organizations to resources that facilitate planning and implementing health policy advocacy projects.

To date, Advocating for Change has helped more than 700 community leaders and nonprofit health organizations statewide develop key skills that will make them more effective advocates for systems change. These geographically and culturally accessible training sessions are available in English, Spanish, and for bilingual English-Spanish groups.

To learn more, e-mail Program Associate Brittney Weissman at bweissman@calendow.org.
The College Access Foundation hosted a conference titled “Building Stronger Nonprofits for College Access and Success,” where audience members participated in discussions on policy and advocacy and creative strategies to bolster student success.

Robert Shireman, president of the Institute for College Access and Success, sat on a panel discussion about student aid at the College Access Foundation convening on June 30.

As part of the College Access Foundation’s event, the group displayed student artwork from a scholarship competition called “Save Me a Seat in College.” The competition is part of larger policy and advocacy higher education work by the Campaign for College Opportunity.

Patt Morrison, columnist for the Los Angeles Times and host on 89.3 KPCC, moderated the August 19 event and discussed barriers to better mental health care in the United States and solutions for change.

Author and journalist Pete Earley discussed his experience as a father of a mentally ill son at an August 19 Center Scene Public Program.

Earley signed copies of CRAZY: A Father’s Search through America’s Mental Health Madness for audience members after the program.
At the Center Scene Public Program **Park City, L.A.** on September 17, experts in city planning and urban landscape talked about how to change Los Angeles from a city of parking lots to a city of parks. Panelists included, from left to right, Amanda Sigafoos, director of business development at Rios Clementi Hale Studios; Anastasia Loukaitou-Sideris, professor of urban planning at UCLA; and Emily Gabel-Luddy, chief urban designer at the Urban Design Studio in the City of Los Angeles Department of City Planning.

**Los Angeles City Councilmember Wendy Greuel provided the welcome address for the August 15 event “Zero Emissions and Carbon Footprints: A Green New World,” hosted by Breathe L.A.**

Joe Linton, co-founder of the Los Angeles County Bicycle Coalition, also sat on the September 17 panel. Linton helped coordinate Park(ing) Day LA, a grassroots effort to show the need for more open urban space, which inspired the Center for Healthy Communities’ event.

KNX 1070 reporter Claudia Peschiutta moderated a panel discussion about climate change at the August 15 event. S. David Freeman, Los Angeles Board of Harbor Commissioners president; Steve Glenn, CEO of LivingHomes; and Romel Pascual, Associate Director for Environment, Office of Mayor Antonio Villaraigosa, also participated in the discussion as part of Breathe LA’s Pollution and Solutions Salon Series.

At a conference titled “Building Communities: Empowering for Health,” Rev. Brian Reese (seated), Dr. Joyce Keith Hall (middle) and Dorothy Paynes (right) joined other community, business and academic leaders to discuss how to empower underserved communities. The convening was hosted by The Village P.R.O.J.E.C.T.S.

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**DID YOU KNOW?**

All Center Scene Public Programs are video recorded and posted in The California Endowment’s online newsroom. Recent discussions about gang violence, health reform and the 2008 election, and food policy can be found at [tcenews.calendow.org](http://tcenews.calendow.org) in the Multimedia section.
On your marks!
Get fit! Have fun!

The California Endowment’s Center for Healthy Communities presents its 3rd annual HEALTHY NEIGHBORHOOD FESTIVAL, a block party for downtown Los Angeles that celebrates well-being, healthy choices and cultural excitement. Join us for hula-hooping, music and dancing, rock climbing and raffle prizes. Healthy living is fun for the whole family!

Saturday, October 11 • 10 a.m. - 3 p.m.
The California Endowment’s Center for Healthy Communities
1000 N. Alameda St., Los Angeles, CA 90012
Admission and parking are free. Special thanks to City of Los Angeles First District Councilmember Ed P. Reyes and his staff for helping to make this event possible.
FOR MORE INFORMATION e-mail rsvp chc@calendow.org or visit www.calendow.org

OPINION EDITORIAL
Healthy Homes, Healthy Kids
by Jim Mangia
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