Take Two Steps to Prevention

Welcome to Module Two: Take Two Steps to Prevention
Learning objectives:

• Discuss the Two Steps to Prevention framework;
• Identify the elements in the Trajectory of Health Inequities; and
• Use the Two Steps to Prevention framework to move from a focus on services to the environment, and address the reasons why people are disproportionately sick or injured in the first place.

After completing this module, participants will be able to:

• Discuss the Two Steps to Prevention framework;
• Identify the elements in the Trajectory of Health Inequities; and
• Use the Two Steps to Prevention framework to move from a focus on services to the environment, and address the reasons why people are disproportionately sick or injured in the first place.
If you recall from module one, we described the prevention continuum and emphasized the value of primary prevention for building equity in health and safety through a set of systematic strategies.

We also introduced the terms disparities and inequities. Health disparities are differences in the incidence and prevalence of illness and injury; but as these differences compound, it becomes insufficient to look at differences, one condition at a time. The more systematic problem of health inequity reflects a recurring pattern of differences in health outcomes that are not randomly distributed, but predictable based on race / ethnicity; social status, class and income. Inequities are not only unnecessary and avoidable, but in addition are considered unfair and unjust.
To provide a visual representation of how inequities are created, and where primary prevention strategies are most effective, Prevention Institute developed the Trajectory of Health Inequities. Here, the circles decreasing in size represent the relative contribution to increasing inequities. This means that the environment has the largest contribution. The arrows increasing in size and darker in shading from left to right reflect growing inequities and increasing poor health status. Elements along the pathway combine to produce increasing inequities in health and safety.
The first level of the trajectory is health care services. Traditionally, a focus on health care services has been the strategy for addressing inequities in illness and injury. When heart disease, cancer, and injuries are characterized as the problem, it is easy to see why the emphasis would be on health care services. Quality care, proper screening, and culturally competent services are a part of the solution.
Inequities in illness and injury create a differential need for healthcare services among specific populations. Differences in access to and quality of care further contribute to inequitable outcomes. A landmark report by the Institute of Medicine, Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare, shows that people of color experience disparities in treatment across all socioeconomic levels. This report also provides strategies for addressing these disparities.
Although we know that equitable health care is critical, services alone cannot reduce inequities in health and safety for several reasons:

First, health care services are not the primary determinant of health.  

Second, health care services treat one person at a time and focuses largely on specific illnesses and injuries as they arise.

Finally, treatment often comes late and does not always restore health. Health care services usually come into play after the occurrence of illness or injury. And many common chronic health problems, such as heart disease, diabetes, asthma, and HIV/AIDS are never cured.

In addition to ensuring proper health care access and treatment we also need to identify what is causing people to get sick and injured in the first place.
To do this, we must take a step from health care services to the exposures and behaviors that contributed to the illness or injury.
Exposures and behaviors, the second level of the trajectory, contributes to the need for health care services. For example, poor diet and inactivity are associated with diabetes and stroke. And breathing polluted air triggers asthma. All of which require medical attention.

Differences in exposures and behaviors lead to a differential need for health care services, and a disproportionate rate of illness and injury. The larger circle represents the fact that exposures and behaviors are a greater determinant of health and safety than health care services.
An emphasis at this level often focuses on trying to change individual behavior, such as poor diet, through such activities as education and awareness building. This alone will not eliminate or significantly reduce inequities in health and safety.
It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.

Institute of Medicine

So we need to focus on the environment for the greatest impact. As stated by the Institute of Medicine, “It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.”
So let’s take a second step from exposures and behaviors to the environment.
At the far left, the largest circle in the trajectory of health inequities is the environment. The multiple factors within the environment have the greatest influence on inequities in health and safety. Environmental factors shape exposures and behaviors that contribute to health and safety.
The environment is comprised of root factors and compromised conditions. Individuals are born into a society that neither treats people nor distributes opportunities equally. Root factors, such as poverty and racism, shape policies and practices in major corporations, organizations, various levels of government, as well as public agencies, such as criminal justice, housing and transportation. Economic and racial segregation, established and maintained through government policy and investment and the practices of institutions and organizations, is one of the most powerful forces shaping health in the U.S. These conditions are also sources of chronic stress, such as the psychological impact of financial insecurity and living with chronic poverty and institutionalized racism. Stressors contribute to higher rates of chronic illnesses. Root factors also shape the community environments where people live, work, play and learn every day. This is reflected in the Trajectory as compromised social and physical environments.
The health inequities we see are the embodied expressions of social inequality. They are not just about individual bad choices.

Nancy Krieger, Harvard School of Public Health

Renown scholar Nancy Krieger of the Harvard School of Public Health stated that, “The health inequities we see are the embodied expressions of social inequality. They are not just about bad choices.” Dr. Krieger’s statement affirms that addressing the root causes of social inequality is essential for eliminating inequities. The environments shaped by root causes often dictate the exposures and behaviors affecting health and safety.
This diagram illustrates how the environment shapes health inequities through two pathways. One is directly through exposures, such as chronic stressors and polluted air, and the other is indirectly by shaping behaviors, such as eating and activity patterns and violence. The relationship between the environment and health inequities is important for informing health equity efforts. All environments are not created equally; therefore, good health and safety outcomes are not enjoyed equally among all communities. The emphasis of these training modules is on improving community environments by understanding how root factors play out at the community level and improving conditions where people live, work, play and learn.
In module three, we will introduce a range of community factors that can be improved for better health and safety. These can be grouped into four clusters. Place is one cluster. Place refers to physical elements in the community such as what's sold and how it's promoted, parks and green spaces, housing, and transportation, to name a few.
Another group of factors is the ‘People’ cluster. Here we analyze the social and cultural environment in communities. Factors within this cluster are related to the relationships that people in the community have with each other, and their willingness to act on behalf of the community good. We will also consider the unspoken and spoken codes of what people in the community consider to be normal and acceptable, which can be influenced by socio-economic status, religious background, ethnic background, advertising and media messaging.
A third cluster of factors is labeled “Equitable Opportunity.” It represents the economic environment, and is concerned with the level and equitable distribution of opportunities and resources. It includes factors such as education, jobs and local ownership, and racial justice.
A Focus on The Environment Reduces Inequities

Seeing how the environment shapes exposures and behaviors, we recognize that actions at this level of the trajectory provides a key opportunity to reduce inequities. Communities need accessible and comprehensive health care services that coexist side by side with an environmental approach that promotes health and safety. Through the trajectory we see that health care services are not the primary determinant of health, and alone cannot eliminate inequities in illness and injury.
We use the Two Steps to Prevention framework as a visual representation of the trajectory, recognizing that the starting point for many people is eliminating disparities in health care services. From that starting point, we can take two steps to prevention by recognizing the exposures and behaviors that led to the illness or injury, and then the environment that shapes exposures and behaviors.
Bringing the Environment to Public Health

We are “drawn towards a medical care model and individual behavior/individual responsibility model. We must shift towards an environmental perspective and look at the social determinants of health in our work.”

– Jim Bloyd, Cook County Department of Public Health

More than ever, public health departments are articulating their need and desire to move towards a model that looks at what can be done to promote health equity in the environment, including where members of the community live, work, play, and learn.

Jim Bloyd from the Cook County Department of Public Health in Illinois says we are “drawn towards a medical care model and individual behavior/individual responsibility model. We must shift towards an environmental perspective and look at the social determinants of health in our work.”
To recap module two, we learned that:

• Taking two steps to reduce health inequities means moving 1) from health care services to exposures & behaviors and 2) from exposures & behaviors to the environment.

• The Trajectory of Health Inequities demonstrates how the environment holds the greatest opportunity for reducing health inequities, because it addresses how health inequities manifest in the first place, including root factors such as racism and poverty.

• The environment shapes inequities directly through exposures and indirectly by shaping behaviors.

• Root factors shape community conditions and focusing at this level is one key opportunity to reduce inequities.

The next module will go into greater depth on factors within the community environment that can be improved to reduce inequities and push back against the root factors of racism and poverty. When you are ready, please move on to module three.