Welcome to Module 3! In this segment we will explore 18 community factors. These 18 factors are linked to health equity. As we’ll soon see, each factor is part of a community and provides tangible opportunities for achieving equitable health and safety outcomes.
Learning objectives:

- Identify factors in the community environment that influence health and safety
- Describe how the community health factors work synergistically with each other to promote health equity

At the end of this module, you will be able to:

Identify factors in the community environment that influence health and safety; and Describe how community factors work synergistically to support equitable health and safety outcomes.
First, let’s recap the conceptual models from Module 2. The trajectory of health inequities illustrated that the environment has a fundamental influence on illness and injury. It is comprised of both overarching social forces, such as inequality and racism, and community-level factors. The environment influences exposures and behaviors and the health care services available to a community. This trajectory illustrates the relationship between the environment and inequities in illness and injury. The environment provides a key opportunity and central focus for reducing inequities.
This diagram illustrates how the community environment can lead to health inequities: through exposures and behaviors. Factors in the community environment, such as clean air, water and soil directly influence health outcomes through exposures. Unhealthy exposures, for example can result in respiratory or water-borne illnesses. Such exposures are more often found in low income communities and communities of color.

The community environment also exerts an influence on health inequities by shaping behaviors that can, in turn lead to illness and injury. For example, The availability of healthy food can have a positive influence on dietary behavior. Health eating reduces the risk of chronic illnesses such as diabetes. Low income communities are less likely to provide healthy food and the result is typically higher rates of chronic illness in these communities. This model suggests that inequities in health and safety are shaped in large part by the community environment.
Community factors are organized into 4 clusters that interact and influence one another. These are: Equitable Opportunity, People, Place and Health Care Services.

1) Equitable opportunity relates to the fair and equal distribution of things like quality jobs and education.
2) Place relates to the physical structures of a space like parks, streets and food retail.
3) The People cluster includes how people interact with one another and civic engagement; and,
4) Health Care Services relates to the availability and accessibility of high quality affordable health services.

Divided into these 4 clusters are 18 community factors.
Through research and an expert panel review, Prevention Institute identified these 18 factors that influence health behaviors and exposures on a community-wide level. These same factors apply to every community. Some communities have an abundance of health promoting factors, while others are severely lacking them. By looking at the community environment, we can see how these factors play out and influence health and safety outcomes. Now we'll take a look at each cluster and the factors within them.
The place cluster might commonly be referred to as the built and natural environment. Factors within the Place cluster include reliable, safe, affordable transportation and housing; accessible and affordable nutritious food, safe parks and open space, and clean air, water, and soil. Also, consider that factors in the place cluster can reflect history and culture. For example, displayed public art can reflect pride in the culture and heritage of the community?

These factors are a reflection of investment in a community, or lack of it.

Let’s now go to an example from Boyle Heights, California. Residents there worked to change the physical environment, and as a result, they encouraged physical activity, and improved the safety of their community.
Boyle Heights in East Los Angeles, California has severely limited parks or safe, open spaces. For this predominantly Latino neighborhood, physical inactivity and unintentional injuries were major community concerns.

These conditions led to the formation of the Evergreen Jogging Path Coalition, which worked to create a rubberized jogging path around the local cemetery.

Today, over 1,000 people enjoy this path daily for physical activity. The path has not only made it easier to be active, but has improved safety and social cohesion among residents. Many people now feel safer in the area, and volunteer to keep the path clean, safe and appealing.

This example shows how improving community factors in the Place cluster delivered remarkable results for health equity. It also reflects national research, which suggests that nearness to walking paths appears to have a significant impact on physical activity for adults.

The next cluster we will cover is Equitable Opportunity. Equitable Opportunity is the foundation for social, economic, and racial justice at the community level. It includes community factors that have to do with the availability and quality of education, jobs, access to capital, and whether or not local institutions, or institutions acting in a community, function in racially just ways.

Examining how equitable opportunity relates to health outcomes requires asking some important questions, such as:

• Are people of all races, income levels and genders graduating from high school at equal rates? Getting accepted to college at equal rates?
• Do residents have access to good loans, adequate opportunities to earn living wages?
• Are hiring practices fair and equitable? Is there income equality for people of different races and genders who hold the same positions?

Research literature suggests an association between income, education, and race with health inequities. Let’s look at an example that specifically addresses the Racial Justice factor.
In early 2008, leadership within the health department of King County, Washington formed the King County Equity & Social Justice Initiative.

Health department leaders were finding that biology and genetics could not account for the extreme inequities in opportunity and health and safety outcomes among its residents. Rather, deep rooted discrimination within the social and economic structures were influencing these outcomes. To quote King County Executive, Ron Sims, “It is unacceptable that the color of your skin or your home address are good predictors of whether you will have a low birth weight baby, die from diabetes or your children will graduate from high school or end up in jail.”

With a three-tiered strategy, the initiative mobilized partnerships with community members to prioritize equity in all policies, programs and decisions made. King County is one of a growing number of counties leading local efforts to address health inequities through a focus on racial and social justice.

King County Equity & Social Justice Initiative: http://www.kingcounty.gov/exec/equity.aspx
The next set of factors we will explore are within the People cluster. These factors describe the social and cultural environment of a community. Healthy and safe standards for behavior, willingness to act for the common good and trust among neighbors fall within this cluster. These factors are particularly important for the long-term improvement of health and safety in historically disenfranchised communities.

Let’s go to an example from Stamford, Connecticut that addresses Social Networks & Trust in the People cluster.
Stamford’s Westside is an urban community in the industrial area of the city. 80% of residents are either African-American or Latino.

Historically, urban renewal projects had displaced residents and gentrified areas. When Stamford’s mayor proposed the restoration of Mill River Park in the Westside, residents did not support it. In response, local officials focused first on building trust before addressing the dilapidated parkland.

Officials surveyed residents and responded to their requests. They engaged residents to build on existing community assets, and met important needs for local leadership and social support. Today, the social networks and trust formed in conjunction with the improvement of Mill River Park has helped improve physical activity among residents. It has also created the social cohesion necessary for future efforts to address health and safety inequities.

This example demonstrates that stronger, trusting relationships between local departments, officials and community residents creates a powerful momentum for improving environments for better health and safety.
The last cluster we will cover is the Health Care Services cluster. It contains factors that ensure high-quality, linguistically and culturally appropriate services for all communities. These factors can also contribute to a more robust community environment if service providers are actively participating in the community and engaging residents.

School-based health centers, community clinics, and hospitals are local assets that play a large role in enabling or eliminating health and safety inequities. One must ask whether their services are easily accessible by all residents. Whether preventive services are offered. Whether those services are culturally appropriate.

An example from Chicago demonstrates how culturally appropriate care makes services more accessible and meets the health and safety needs of residents.
Project Brotherhood
Chicago, IL

• Addressing the needs of a neglected population of Black men living in the Chicago Area

• No appointments necessary – provide walk-in services and evening hours

• Primary and specialty health care for free

• Majority of staff is both African American and male

Project Brotherhood in Chicago, Illinois was formed to address the physical and mental health needs of a neglected population of Black men. The project addresses the financial, cultural, and social barriers to care. Staff see patients on a walk-in basis. Services are provided for free. And most of the staff is African American and male.

Staff also hold casual evening gatherings weekly, which provide informal support group discussions, fatherhood classes, counseling, and even haircuts by a barber to provide a more inviting environment. Project Brotherhood is looking beyond the traditional medical model. It is working to create a safe male-friendly place where a wide range of health and social issues confronting black men can be addressed.
Now that you have had the opportunity to explore examples in all four community health clusters, can you see how all four work synergistically?

In Boyle Heights, addressing the need for parks and open space also bolstered the social network of people organizing for change. Project Brotherhood demonstrated how factors in the Health Care Services Cluster can strengthen social networks and trust among African American residents and health care providers.

The clusters shown above are intertwined to illustrate the connections between all of a community’s factors. Each community factor can contribute to a more safe, healthy and equitable community. But as actions are taken to improve one factor, a domino-effect can take place, and other factors in the community can begin to improve as well.
For more in depth discussion on the 18 factors we have described, please visit THRIVE, Prevention Institute’s Tool for Health and Resilience in Vulnerable Environments.

THRIVE is a free, web-based tool used to assess the conditions in a community and prioritize factors which can be improved to help address inequities. It has been pilot tested nationally and has proved useful in catalyzing communities into action.

For more information: http://www.preventioninstitute.org/thrive/index.php
Communities are comprised of community factors. Working to improve the community environment and bolster each of the community factors is an important component of health equity efforts. Equitable Opportunity, People, Health Care Services, Place.

Key Points:

This module provided an overview of the community environment and described four clusters and 18 factors that shape health and safety outcomes.

As the examples demonstrated, each community factor provides a tangible opportunity for making local improvements.

Improving community level conditions is vitally important to those living in inequitable community environments. The community environment provides a focal point for local efforts. Because of the interconnected nature of all elements in a community, work to improve one or more factors in the community environment can generate change in other areas. Local efforts to improve community factors can not only improve health and safety for local residents, but it can also provide evidence and momentum for broader—state and national efforts to reverse social forces like disinvestment, racism, and inequality which have a profound impact on health inequities.

The next module in this series will introduce you to a tool called The Spectrum of Prevention. It is used to develop synergistic action at six strategic levels of intervention. Please open Module 5 when you are ready to move on.