

A Community Approach to Address Health Disparities

THRIVE

TOOLKIT FOR HEALTH & RESILIENCE IN VULNERABLE ENVIRONMENTS

FINAL PROJECT REPORT EXECUTIVE SUMMARY

Prevention Institute prepared this information with funding from the Office of Minority Health, US Department of Health and Human Services

© September 2004

Prevention Institute is a nonprofit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development.

221 Oak Street
Oakland, CA 94607

510.444.7738

fax 510.663.1280

www.preventioninstitute.org

Prevention
Institute
Prevention and equity | at the center of community well-being

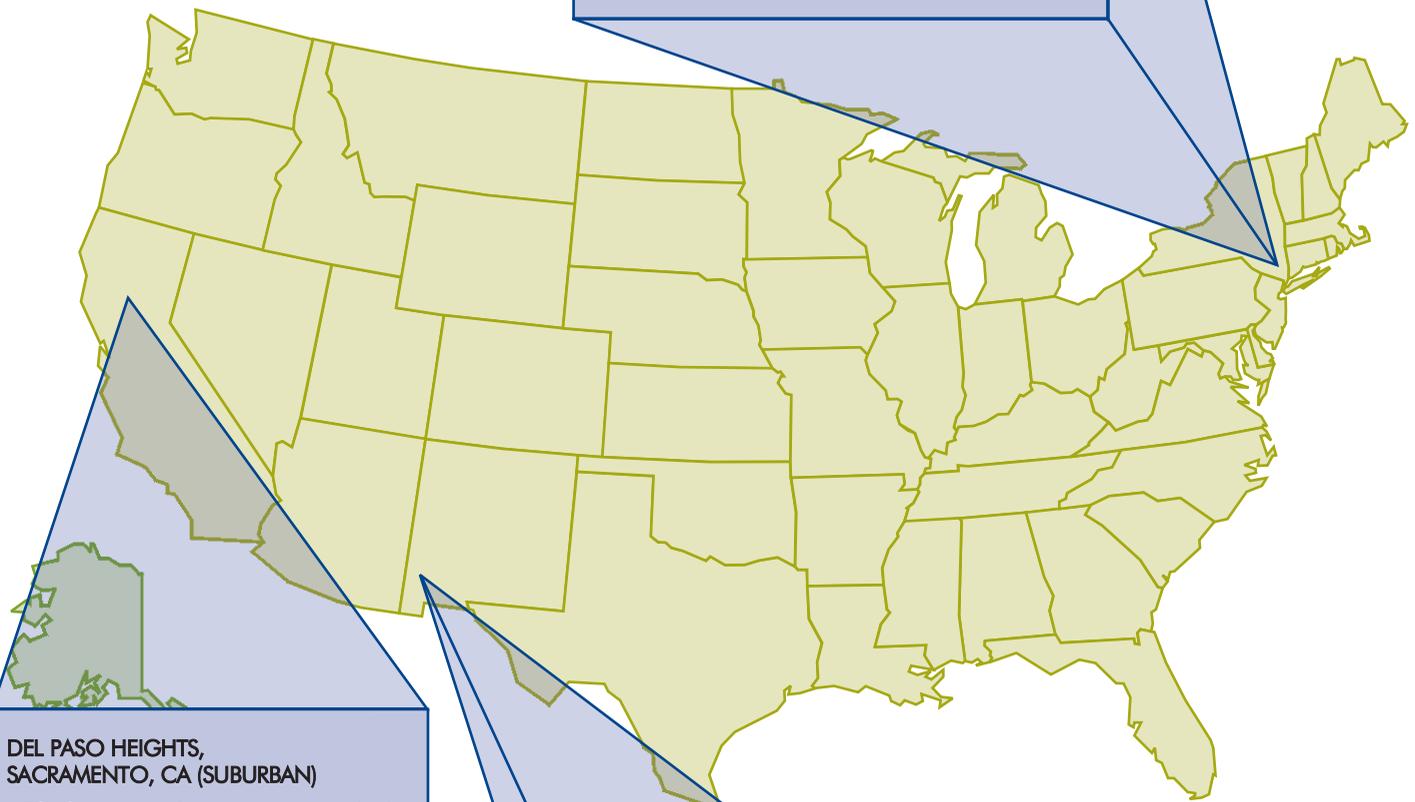
THRIVE PILOT COMMUNITIES

“THRIVE could be a valuable framework to present to other departments to help them understand the health impact of their sectors.”

—ROGER HAYES,
NEW YORK CITY PILOT SITE REPRESENTATIVE

EAST HARLEM, SOUTH BRONX, AND CENTRAL BROOKLYN, NEW YORK CITY (URBAN)

- **Pilot Host:** New York City District Public Health Offices
- **Population:** East Harlem:108,092; South Bronx 290,052; Central Brooklyn:317,296
- **Demographics:** East Harlem: 55% Hispanic; 33% African American; 6% White; 3% Asian. South Bronx: 43% Hispanic; 28% White; 21% African American; 5% Asian. Central Brooklyn: 80% African American; 11% Hispanic; 5% White; 1% Asian



DEL PASO HEIGHTS, SACRAMENTO, CA (SUBURBAN)

- **Pilot host:** Mutual Assistance Network of Del Paso Heights
- **Population:** 13,941
- **Demographics:** 35% African American; 25% Southeast Asian; 20% Latino; 15% Caucasian; 5% Samoan/American Indian

“THRIVE is a way to use community members’ ideas and strengths to move things forward.”

—RICHARD L. DANA,
DEL PASO HEIGHTS PILOT SITE REPRESENTATIVE

HIDALGO COUNTY, NEW MEXICO (RURAL)

- **Pilot host:** Hidalgo Medical Services
- **Population:** 6,000
- **Demographics:** 50% Latino; 50% White

“THRIVE has changed the way we view things. Resilience is the future for us. This has changed how we think about our youth and programs for them.”

—JAMES MARUFFO, HIDALGO COUNTY PILOT SITE REPRESENTATIVE

THRIVE

Final Project Report Executive Summary

Under contract with the US Office of Minority Health, Prevention Institute developed a community resilience assessment toolkit, THRIVE (Toolkit for Health & Resilience In Vulnerable Environments). THRIVE helps communities bolster factors that will improve health outcomes and reduce disparities experienced by racial and ethnic minorities. It provides a framework for community members, coalitions, public health practitioners, and local decision-makers to identify factors associated with poor health outcomes in communities of color, engage relevant stakeholders, and take action to remedy the disparities. The tool is grounded in research and was developed with input from a national expert panel. It has demonstrated utility in urban, rural, and suburban settings. Within months of piloting a great deal of momentum around community change was evidenced. Some preliminary results of that change were the initiation of farmers' markets and youth programs, among other outcomes. Now that the toolkit has been developed and demonstrated utility, the next steps are to disseminate it and to provide the necessary training and technical assistance.

The final project report provides an overview of the project, including conceptual background information, a review of existing resilience efforts, research that informed the tool, a description of the project's methodology, a description of the pilot events and outcomes, and recommendations for next steps. At its year two meeting, the project expert panel asserted that THRIVE has demonstrated utility and that it should be made available to the public as soon as possible. Further, the panel highlighted the value of training and technical assistance to ensure that the toolkit is put to maximum use.

THE HEALTH DISPARITIES CHALLENGE

Poor health and safety outcomes, including chronic disease, traffic-related injuries, mental illness, substance abuse, teen pregnancy, and violence are disproportionately high among low-income people and people of color in the United States.¹ The impact of racism and oppression increases numerous risk factors for illness and injury, including reduced access to fresh nutritious foods, fewer opportunities for physical activity, greater exposure to environmental toxins, and substandard housing and neighborhood conditions.

"[THRIVE] makes me believe I can make a difference in my community."

DEL PASO HEIGHTS
YOUTH PILOT PARTICIPANT

"I was impressed as to how in-depth this tool goes. Excellent!"

HIDALGO COUNTY PILOT PARTICIPANT

“THRIVE is an effective strategy tool that defines where public health can make its mark in the big picture.”

NEW YORK CITY PILOT PARTICIPANT

“[THRIVE] could be used for all kinds of strategic planning needs.”

HIDALGO COUNTY PILOT PARTICIPANT

Some of these environmental conditions directly cause ill health. For example, toxins in the environment can cause cancer, and chemicals and other pollutants in the air can trigger asthma. In other cases, the environment influences behaviors that can lead to ill health or injury. For example, poor choices about diet and physical activity, which account for approximately a third of premature deaths in the US, are not just based on personal preference or information about health risks. An individual will have a harder time changing his behavior if he lacks sufficient income to purchase food, is targeted for the marketing of unhealthy products, and does not have access to healthy foods. Similarly, it is much harder for people to be physically active when streets are unsafe and there are few gyms or parks. Targeting even one of these environmental conditions could contribute to decreasing rates of disease and disparities in health. However, even more than focusing on individual and community risks, THRIVE emphasizes the assets that communities have and bring forward. THRIVE highlights resilience factors that support health and safety outcomes in communities that at the same time builds resilience and reduces risks.

METHODOLOGY

Prevention Institute utilized a five-part methodology in the development and testing of THRIVE. This methodology included an environmental scan to determine the relationship between health and environmental factors, the formation of a national expert panel, the development of the THRIVE assessment tool, the pilot testing of this tool in three communities around the country, and the development of a set of preliminary guidelines.

THRIVE CLUSTERS AND FACTORS

THRIVE features community conditions that influence the *Healthy People 2010 Leading Health Indicators*. These indicators (tobacco use, physical inactivity, overweight and obesity, substance abuse, responsible sexual behavior, mental health, immunizations, violence and injury prevention, environmental quality, access to care) have been linked to eliminating health disparities.²

Current prevention strategies have focused largely on reducing risk factors. This is an essential aspect of prevention, but an equally important element is building upon and enhancing positive factors in communities. Building community resilience goes beyond secondary and tertiary interventions and approaches to address the issues out of which health disparities arise. Enhancing community resilience factors can have long-term, positive impacts on individual and community health and such factors can also serve as interim benchmarks in meeting *Healthy People 2010* goals.

The factors delineated here are based on findings of the environmental scan and were clustered by the authors into the following four categories: built environment, social capital, services and institutions, and structural factors.

Built Environment

- Activity-Promoting Environment
- Nutrition-Promoting Environment
- Housing
- Transportation
- Environmental Quality
- Product Availability
- Appearance/Ambiance

Social Capital

- Social Cohesion and Trust
- Collective Efficacy
- Civic Participation/Engagement
- Positive Behavioral/Social Norms
- Positive Gender Norms

Services and Institutions

- Public Health, Health, and Human Services
- Public Safety
- Education and Literacy
- Community-Based Organizations
- Cultural/Artistic Opportunities

Structural Factors

- Ethnic/Racial Relations
- Economic Capital
- Media/Marketing

THRIVE PILOT PROCESS

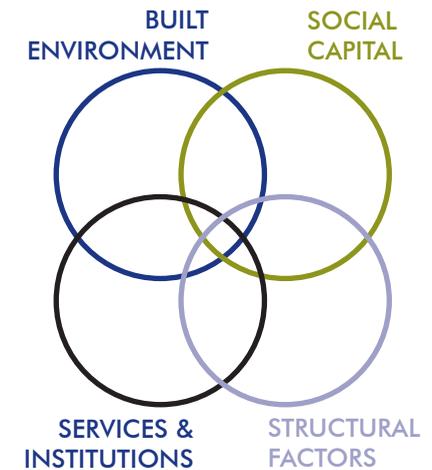
The THRIVE pilot events took place in Lordsburg, New Mexico with Hidalgo Medical Services (rural site), Del Paso Heights, Sacramento, California with the Mutual Assistance Network (suburban site), and in East Harlem, New York with the New York City Health Department District Public Health Offices (urban site). The purpose of the THRIVE pilot events was to determine the toolkit's applicability and utility.

Overall, the pilot events demonstrated the value of THRIVE. The toolkit contributes to a broad vision about community health, confirms the value of upstream approaches, challenges traditional thinking about health promotion, organizes difficult concepts and enables systematic planning, has rural and urban applicability, has utility for practitioners and community members, and is a good tool for strategic planning at community and organizational levels.

PRELIMINARY GUIDELINES

The guidelines are for people who recognize the value of a community resilience approach and want to advance the capacity of their communities to strengthen the four clusters and twenty factors delineated in THRIVE. Therefore, the guidelines describe sample actions, resources, tools, and community examples for each cluster and factor. In recognition that the use of the THRIVE toolkit takes place within a community process, the guidelines also provide general information designed to strengthen community resilience efforts including considerations about using the THRIVE toolkit, a description of a planning process and associated tools, issues to consider about every factor, and general tools and resources.

COMMUNITY CLUSTERS



“Great, insightful, and different way to look at the community.”

DEL PASO HEIGHTS
YOUTH PILOT PARTICIPANT

“Good priority-setting tool.”

HIDALGO COUNTY PILOT PARTICIPANT

“Good for planning and getting people to think outside of the box.”

NEW YORK CITY PILOT PARTICIPANT

NEXT STEPS

THRIVE offers communities an alternative way of viewing the environmental factors that influence health and well-being. The toolkit can be utilized as a learning tool, as a strategic planning tool, and as a needs assessment tool. Expert panel members consider the community resilience assessment tool to be complete and feel that it has immense value and utility in diverse communities. Panel members expressed the importance of bringing THRIVE to various governmental agencies and community-based organizations. They asserted that the pilot events provide a strong case regarding THRIVE’s applicability and utility in fostering and promoting healthy individuals and communities. Having concluded that the tool has utility and value, expert panel members emphasized the need to distribute the tool widely (outreach and dissemination), and to get it widely used effectively (bringing it to scale). An important element that emerged is the long-term need for tracking the use of THRIVE and understanding how it is being used and to what effect. Each of these is described in the chart at the end of the executive summary. Expert panel members think it is important to identify other opportunities and resources within the Office of Minority Health and in other places such as with the Centers for Disease Control and Prevention and foundations to accomplish the next steps that they recommended.

CONCLUSION

All members of a community are affected by the poor health status of its least healthy members.³ The US has a history and continued practice of deeply-rooted personal and institutional biases directed against people of color in key elements of community life, such as employment, housing, the justice and education systems, public health, and health care. Therefore, it is not surprising that there are disparities in health. Indeed, given the history of inequality and the resulting disparity in opportunity, health disparities are currently a predictable and persistent problem.

THRIVE provides a framework for identifying and addressing community conditions that can improve health outcomes and close the health gap. The framework translates research into a conceptual model that people can understand and into a tool that enables people to identify specific factors and concrete actions that will make a difference in communities. THRIVE works for a variety of health issues and fosters solutions that simultaneously address multiple health concerns. One of its unique contributions is its emphasis on resilience, building on community strengths and encouraging community leadership to foster positive change and close the health gap.

The THRIVE national expert panel identified ways that THRIVE can help close the health gap. There was clear consensus about the importance of emphasizing a resilience approach and building on strengths in disenfranchised communities to reduce disparities. Further, the panel emphasized the need to track this approach and associated data over time to build a stronger science and practice base for minority communities. Other ways the tool can be emphasized to help close the

“[THRIVE] makes me want to look forward to the future.”

DEL PASO HEIGHTS
YOUTH PILOT PARTICIPANT

health gap included: 1) Changing the way people think about health and safety, 2) Providing an evidence-based framework for change; 3) Building community capacity while building on community strength; and 4) Fostering links to decision makers and other resources.

Reactions from the pilot process and the expert panel confirm that this approach has great resonance. It links the ways that poverty, racism, and other forms of oppression play out at a community level to a practical approach to health promotion. Synthesis research by the Institute of Medicine and others has documented the powerful influence of social and environmental influences on health. Now that these factors are recognized, effective public health practice demands that they be addressed to reduce the prevalence of racial and ethnic disparities in health. THRIVE is one tool with demonstrated utility for doing so.

There is a great risk that the prevalence of disparities may increase as the population becomes even more multicultural. As the country becomes increasingly diverse, the reality of a healthy and productive nation will increasingly rely on the ability to keep all Americans healthy and eliminate racial and ethnic disparities by improving the health of communities of color. Health care is among the most expensive commitments of government, businesses, and individuals. Illness and injury also generate tremendous social costs in the form of lost productivity and expenditures for disability, worker's compensation, and public benefit programs. Eliminating racial and ethnic health disparities is imperative both as a matter of fairness and economic common sense. This tremendous challenge can—and must—be met with a focused commitment of will, resources, and cooperation to make change happen.

“If people know what is going on in their neighborhood, then we can all work together.”

DEL PASO HEIGHTS PILOT PARTICIPANT

“[THRIVE is] a guide toward reinforcing positive attitudes.”

HIDALGO COUNTY PILOT PARTICIPANT

ENDNOTES

- 1 House James S, Williams N, David R. Understanding and Reducing Socioeconomic and Racial/Ethnic Disparities in Health. Smedley Brian D, Syme Leonard S, eds. *Promoting Health: Intervention Strategies from Social and Behavioral Research*. Washington, DC. National Academy of Sciences; 2000:81-83.
- 2 Satcher D. Eliminating racial and ethnic disparities in health: the role of the ten leading health indicators. *Journal of the National Medical Association*. 2000;92(6):315-318.
- 3 Smedley, Stith, Nelson. *Unequal Treatment*. Institute of Medicine. 2003.

RECOMMENDED THRIVE NEXT STEPS FROM EXPERT PANEL MEMBERS

	RECOMMENDED ACTIVITIES	AUDIENCES
PUBLICATIONS	<ul style="list-style-type: none"> ■ Publish articles in professional journals, such as the <i>American Journal of Public Health</i> and the <i>Journal of Health Behavior and Promotion</i> ■ Publish articles in newsletters 	<ul style="list-style-type: none"> ■ Public health directors ■ Public health practitioners ■ State public health associations ■ Social workers ■ Medical practitioners ■ National Association of Community Health Improvement ■ National Association of City and County Health Officials ■ American Public Health Association ■ Federal, state, and local government agencies and departments ■ Housing authorities ■ City and urban planners ■ American Planning Association ■ Transportation agencies and groups ■ Transportation Research Board ■ National Governors Association ■ Annual Mayors Conference ■ Conference of Legislators ■ REACH 2010 grantees ■ Foundations ■ Foundation and government grantees ■ Graduate and professional schools ■ Community-based organizations ■ Coalitions
PRESENTATIONS	<ul style="list-style-type: none"> ■ Present at association meetings ■ Present at conferences 	
TRAINING AND TECHNICAL ASSISTANCE	<ul style="list-style-type: none"> ■ Create a training of trainers program to ensure quality and effectiveness of the toolkit ■ Create a training certification program to ensure fidelity and quality of the toolkit ■ Hold satellite trainings across the country to engage a larger audience on the importance of a community resilience approach and on THRIVE ■ Provide training on ways to build effective coalitions with sectors that cut across THRIVE ■ Facilitate community groups to use THRIVE products, and methodology ■ Translate the toolkit into different languages and provide appropriate material and consulting 	
ELECTRONIC TECHNOLOGY	<ul style="list-style-type: none"> ■ Share information about the toolkit on various list serves ■ Create a video that highlights the power and efficacy of the toolkit that might include testimonies from the pilot sites and expert panel members ■ Create a web-based application of the toolkit ■ Create a CD-ROM of the toolkit and its effective usage 	
DATA AND EVALUATION	<ul style="list-style-type: none"> ■ Highlight examples from communities and other groups that have successfully used a resilience approach to improve health or safety, (e.g., case studies and success stories) ■ Collect and assess long-term data that helps build the science and practice-base for community resilience approaches including THRIVE ■ Create a mechanism to collect data on the use of the toolkit to determine how it is being used, who is using it, its most effective uses, and what additional materials, training, and technical assistance might be of value 	

THRIVE EXPERT PANEL MEMBERS

Anna Caballero

Mayor, City of Salinas
Executive Director, Cultivating Peace
Salinas, CA

Judy Corbett

Executive Director
Local Government Commission
Sacramento, CA

Kitty Hsu Dana

Representing American Public Health Association
American Friends Service Committee
Associate General Secretary for Advancement
Washington, DC

Richard L. Dana

Executive Director
Mutual Assistance Network of Del Paso Heights
Sacramento, CA

Wayne Giles

Associate Director for Science
Division of Adult and Community Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Atlanta, GA

Roger Hayes, MA

Director
East Harlem Neighborhood Initiative
New York City Department of Health & Mental Hygiene
New York, NY

Bryna Helfer

Transportation Services Advisor
Federal Transit Administration
Washington, DC

Donna L. Higgins, MS, PhD

Research Scientist
Centers for Disease Control and Prevention
Seattle Partners for Healthy Communities
Public Health - Seattle & King County - EPE
Seattle, WA

Mareasa Isaacs, PhD

Senior Associate
The Annie E. Casey Foundation
Baltimore, MD

David E. Jacobs, PhD, CIH

Director
Office of Healthy Homes and Lead Hazard Control
U.S. Department of Housing and Urban Development
Washington, DC

*“[As a result of THRIVE],
I will be more observant
about what is going on
in my community.”*

DEL PASO HEIGHTS PILOT PARTICIPANT

*“Nice to have concrete
examples of upstream issues
summarized in THRIVE.”*

NEW YORK CITY PILOT PARTICIPANT

*“[THRIVE is a] tool to help
communities and
organizations thrive.”*

HIDALGO COUNTY PILOT PARTICIPANT

Katherine Kraft, PhD

Senior Program Officer
The Robert Wood Johnson Foundation
Princeton, NJ

Vincent Lafronza, EdD, MS

Senior Advisor Public Health Practice
National Association of County and City Health Officials
Washington, DC

James Marrufo

Grants Manager
Hidalgo Medical Services
Lordsburg, NM

Barbara McMillen

Disability Policy Analyst
Federal Highway Administration
Washington, DC

Theda J. McPheron-Keel

Director
Wind Hollow Foundation
Frederick, MD

Xavier Morales, PhD

Assistant Director
Arizona Prevention Resource Center
Phoenix, AZ

Howard Pinderhughes, PhD

Assistant Professor
University of California San Francisco
Department of Social & Behavioral Sciences
San Francisco, CA

Karen Pittman

Executive Director
The Forum for Youth Investment
Washington, DC

Robert D. Putnam, PhD

Professor of Public Policy
Harvard University
John F. Kennedy School of Government
Cambridge, MA

William J. Sabol, PhD

Former Associate Director
Center on Urban Poverty and Social Change
Mandel School of Applied Social Sciences
Case Western Reserve University
Cleveland, OH

Marion Standish, JD

Senior Program Associate
The California Endowment
San Francisco, CA