

health

Our region has been one of the fastest-growing metro areas in the country since the 1950s, topping four million people at the turn of the 21st Century. This phenomenal growth over the last half century resulted from and in a vibrant economy and substantial prosperity. But it has also strained our natural resources and infrastructure. Our sprawling development pattern has left us with traffic congestion, air quality issues and, in many places, a reduced sense of community. It is now time to determine how best to overcome these challenges. Looking 50 years into the future, there are certainly questions about how we can create a more sustainable region. Answering those questions requires envisioning where we will live and how our communities will differ from those of today. Working together and sharing our goals for the next 50 years with one another will be key to creating a sustainable future Atlanta.

The Atlanta Regional Commission's **Fifty Forward** initiative is an ambitious visioning effort to delve into the critical issues that will shape metro Atlanta 50 years into the future. This will be achieved through a series of public, open-house style forums held quarterly for the next two years, attracting the best national and international thinkers on a variety of key topics vital to the future success of metro Atlanta. Topics include sustainability, population and employment shifts, regional economic trends and future development patterns.



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Thinking Outside the Healthcare Box

Fifty years ago, the nation was in the midst of passing major healthcare legislation, introducing Medicare/Medicaid. In general, the healthcare industry was transitioning its focus from infectious disease to chronic disease, and the use of medication was increasing dramatically. The top causes of death were heart disease, cancer and stroke.

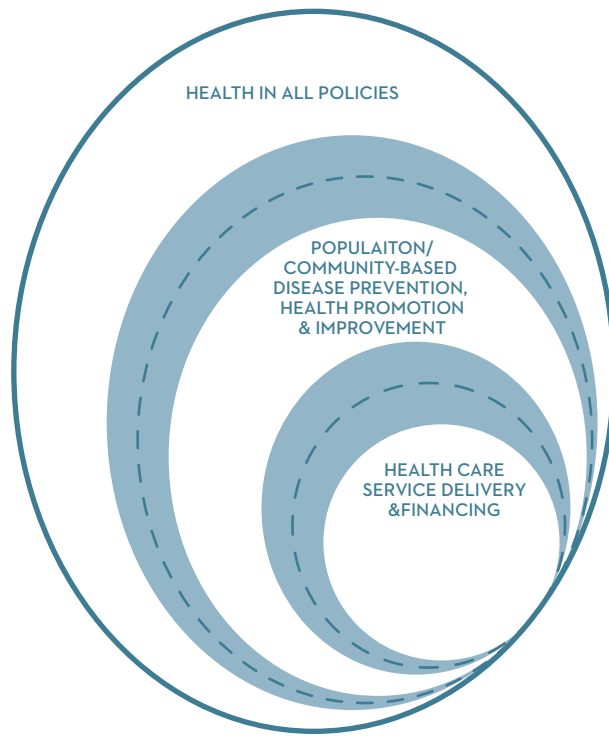
Today, the nation is just beginning to feel the effects of new healthcare legislation. Because of our investments in health and healthcare, we are living much longer than we did 50 years ago. Technology continues to improve our ability to treat and diagnose complicated diseases. Even so, the top causes of death are still heart disease, cancer and stroke.

Although many of the patterns in healthcare have remained consistent over the last 50 years, there is reason to hope that metro Atlanta can make significant gains in becoming a healthy place for all residents between now and 2060.

One way to expand the possibilities for a healthy Atlanta Region is to think outside the healthcare box. Health can be improved through treatment, but it can also be improved through disease prevention and by creating healthy places to live, work, play and learn through policies that promote good health and healthy lifestyles.

connecting at the intersections

Many discussions about improving health in the future revolve around how healthcare will be delivered or financed. But thinking outside the healthcare box means considering other opportunities for change, as well.



Source: Georgia Health Policy Center, 2008

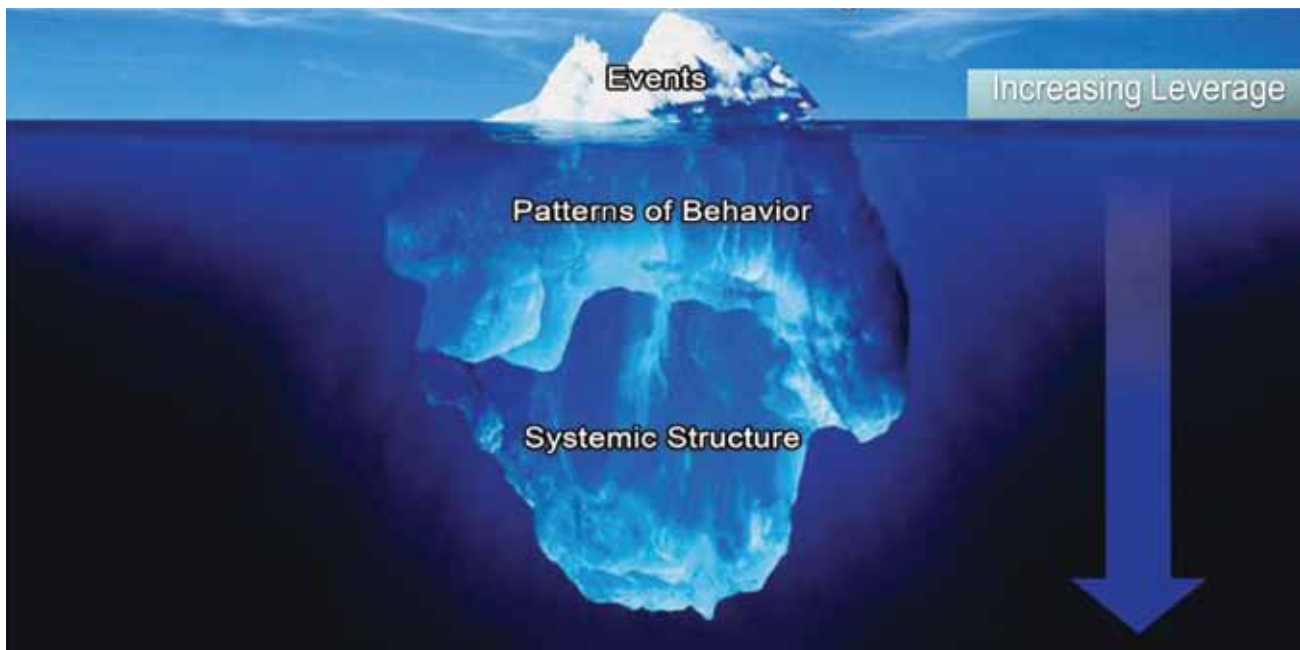
Community-based strategies for health promotion move beyond curative care and focus on behaviors, lifestyles and chronic disease management.

Health in All Policies is a strategy that includes health, social, economic, environmental and other policies and analyzes their impact (intentional or unintentional) on health. It highlights the need to understand the relationship between various problems, and to think in advance about both the immediate and more long-term consequences of policy decisions. It provides the opportunity to explore policies that address multiple issues at once by bringing different sectors together.

Creating a healthy Atlanta region in the future will require looking at all three methods for improving health (shown in the graphic above) at the same time. It will mean focusing on the opportunities to connect at the intersections – finding ways for healthcare to

intersect with community-based opportunities to improve health and finding ways for health-promoting policies to support health behavior interventions. Creating a healthy region for all will require a multifaceted approach to health.

more than the tip of the iceberg



Source: D. Meadows, Sustainability Institute; adapted from other versions for the organizational learning field

Much of the current attention on health focuses on how to treat events like poor health outcomes. How do we reduce the number of heart attacks and strokes? What can we do to better treat or cure cancer? These are certainly valuable and necessary strategies for healthcare. But they only address the surface of the issue.

Patterns of behavior lie below the surface of these events. Behavior and lifestyle choices can greatly increase the risk that these events will happen and the severity of the outcome. Strategies to promote healthy eating and exercise behaviors can play a key role in reducing the risk of events such as heart attacks, strokes and cancer. But healthy behaviors can be very difficult to start and maintain in an unhealthy environment.

Systemic structures, like the environments where people live, work, play and learn, along with the policies that create them, can have a deep effect on people's behaviors and the health events they experience. Using a **Health in All Policies** approach can provide a tool to create health-supporting systems. What are the policies that affect the neighborhoods where people live and age? Which policies affect the places where people work and the environments where children and adults learn and play? Exploring the health impacts of these systems can have a deep and powerful effect on improving the health of individuals and the larger community.

taking a deeper dive

Our health is related to who we are and where we live. Simply living in poorer neighborhoods with fewer resources can make it more difficult to be healthy in many different ways. Successfully improving the future health of our region demands that people who live in all parts of metro Atlanta have equal opportunities to be healthy. Our health is intimately tied to our resources. Not just the resources we have to get healthcare, but the resources we have to live, work, play and learn in healthy places—places that make the healthy choice the easy choice.

Let's look at three illnesses as examples: heart disease, obesity and asthma.

Heart Disease

In 2005, cardiovascular disease accounted for nearly one of every three deaths in the United States. Heart disease can be reduced by four percent with each additional daily serving of fruits and vegetables. Fruit and vegetable intake increases by 11 to 32 percent for every additional grocery store in a Census tract. 23.5 million people in the U.S. lack access to a supermarket within a mile of their home. Many of those people, however, can walk to a gas-station convenience store for a bag of chips or a pack of doughnuts.

Obesity

More than 33 percent adults and 16 percent of children in the U.S. are obese. There is a six percent greater chance of being obese for every hour spent in a car each day. Residents of metro Atlanta spend an average of more than 1.5 hours in the car each day. Only about one in 20 homes in metro Atlanta is in a walkable neighborhood that allows for less driving. Metro Atlanta residents in high-walkability neighborhoods are 2.4 times more likely to engage in a healthy level of physical activity.

Asthma

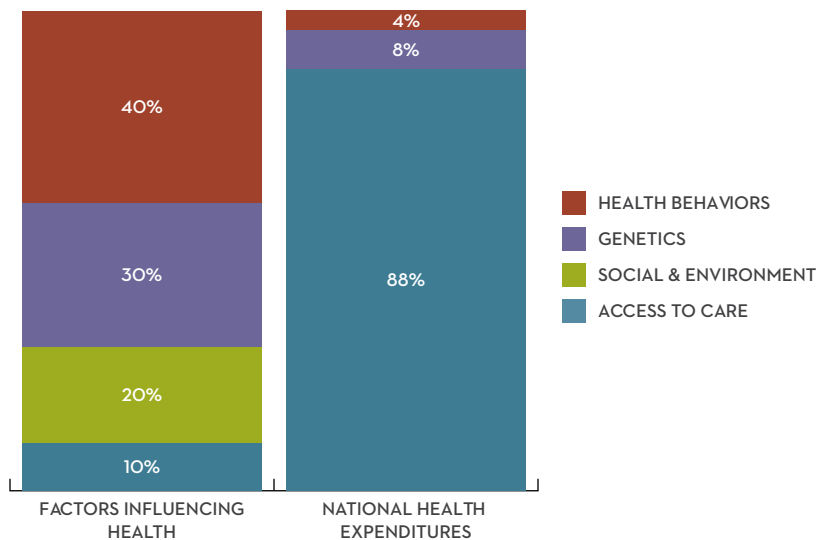
Atlanta ranks in the 10 worst cities for asthma. Nearly two-thirds of people in the U.S. with asthma live in an area where at least one federal air-quality standard is not being met. For every three-fourths of a mile closer to a freeway a child lives, their risk of asthma increases 89 percent. In 2009 the Atlanta metro area ranked 16th worst in the nation for particle pollution and 19th worst for ozone. Ozone is a combination of nitrogen oxide and volatile organic compounds (VOCs). Nitrogen oxide is reduced six percent and VOC is reduced 3.7 percent for each step up the five-part walkability scale.

Heart disease, obesity and asthma are all conditions that can be addressed with healthcare services such as medications and medical treatments. But the prevalence of these diseases is also greatly impacted by places we live and work. Healthy eating, increased physical activity and changes in commuting behaviors can all decrease the likelihood of acquiring heart disease or asthma or of becoming obese. They can be addressed with community-based educational programs.

The chart below illustrates the disparity between the things that impact our health and the way we spend our financial resources to stay healthy. Current spending on health is disproportionately focused on healthcare, with limited investment in health behaviors and systemic structures. Expenditures focused on access to care and healthcare represent the event level of the iceberg. Extensive costs can accrue at this level, both through direct costs associated with the healthcare and indirect costs associated with lost productivity.

For example, in 2009, the U.S. spent \$475.3 billion on direct and indirect costs of cardiovascular disease and stroke. The annual direct and indirect costs of obesity in Georgia are estimated at \$2.4 billion, or \$250 per Georgian each year. Children born in the U.S. in the year 2000 will likely require \$3.2 billion worth of medical care. An additional \$4 billion will accrue in lost productivity, all from the affects of asthma.

Lost productivity due to high burdens of chronic illness can deter potential businesses from locating in a region, negatively impacting economic development. How might our economic future be impacted if we adopted a **Health in All Policies** approach?



Source: Centers for Disease Control and Prevention, University of California at San Francisco, Institute of the Future, 2000

Likewise, how would the look and functions of our communities change if we took a **Health in All Policies** approach to planning and development? Improving access to fruits and vegetables, designing walkable communities and improving air quality are all systems that can be addressed by a **Health in All Policies** approach. City planning ordinances, zoning and codes, parks and recreation policies and tax incentives for businesses can support the creation and location of grocery stores, community gardens, farmer’s markets and urban farms. Community design can improve walkability, and transportation and clean energy planning can improve air quality.

Of course, these systems do not operate independently, and they can benefit multiple health outcomes at once. Heart disease and obesity can be addressed through physical activity and healthy eating.

One example of a systemic structure change impacting a health event is the Atlanta area’s strategy for the 1996 Summer Olympics. Atlanta reduced downtown traffic congestion during the 17 days of the Olympics by closing the area to private cars, enhancing public transit and encouraging businesses to have their workers telecommute and work alternative hours. During that time period, daily peak ozone levels dropped 28 percent and hospitalizations for asthma fell by almost 20 percent.

Policies can support healthy places to live, work, play and learn by locating resources in neighborhoods and workplaces. Environments that provide equal opportunities to be healthy can address the very deepest part of the iceberg.

check for a mate at each level

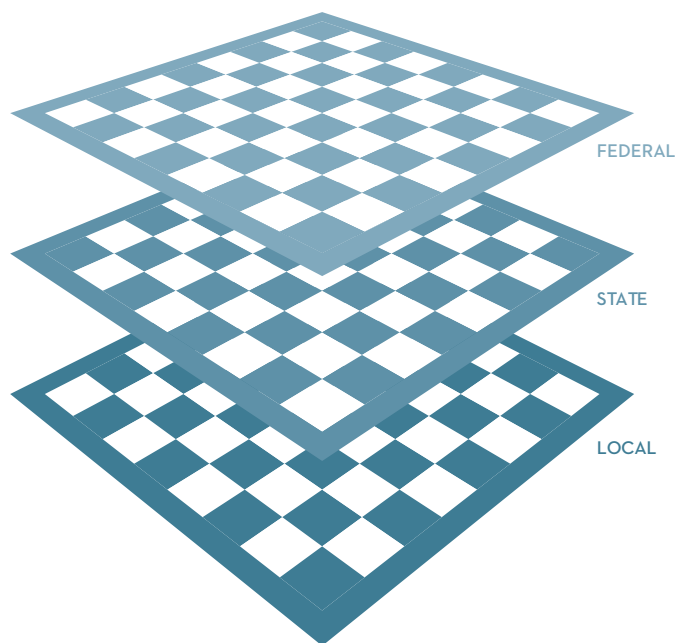
Policies that affect health can, and should, be located at the federal, state and local levels. The most effective way to improve health requires aligning efforts at the three levels so they support one another.

Local governments, businesses and non-profits are critical partners, as well. By aligning their efforts with those of state and district health departments, we can create built environments, natural environments, transportation systems, public safety systems, educational systems, agricultural systems, economic systems, energy systems and others that support health. Federal agencies could provide funding opportunities that cut across sectors, identify best and promising practices from across the country and provide policy guidance.

Local, state and national philanthropic organizations could create health-promoting policies through their funding streams. These opportunities should cross sectors and engage public, private and non-profit organizations to connect at the intersections, improving health at multiple levels at the same time.

The future of Atlanta's health is likely to depend on how well we align our efforts in addressing more than the tip of the iceberg. A **Health in All Policies** approach has been adopted by cutting-edge communities across the globe. It requires cross-sector collaborations and comprehensive planning, implementation and resource allocation. But it is the most effective path for addressing long-term community health and making lasting change.

This is exactly the kind of challenge the Atlanta region is used to and a critical opportunity to improve quality of life now and in the years to come.



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