

THRIVE: Community Tool for Health and Resilience in Vulnerable Environments

Pre-training checklist

- € Room set up (ideally participants are grouped at tables)
- € Laptop, projector, screen, extension cord
- € Flip chart, Flip chart stands, Markers
- € Two Steps to Prevention Worksheet
- € THRIVE Scenario
- € THRIVE assessment
- € Evaluation

Slide Number/ Facilitation	Script	Facilitator Notes
<i>Setting the Stage for THRIVE</i>		
<i>Welcome and Overview</i>		
1-2	Welcome to the THRIVE Training. THRIVE, or the Tool for Health and Resilience in Vulnerable Environments, is designed to identify and prioritize community level social determinants of health. THRIVE is also a tool that helps to advance health equity because it intentionally looks at how resources and opportunities are distributed, and how this distribution can disparately impact diverse populations.	Introduce your organization at this time.
3	<p>Objectives for the Day— We've got a lot of ground to cover over the course of this training. Together we will:</p> <ul style="list-style-type: none"> • Develop a shared understanding of the THRIVE health factors and health equity • Provide an overview of the THRIVE process to support community-led resiliency • Participate in activities designed to help advance 	

	community efforts toward health equity.	
4	First we'll start with a short activity to get a sense of who is in the room.	
Facilitator Instructions: <i>In Your Community, What Impacts Health & Safety</i>	Introductions: Go around the room and ask participants to state their name, where they live or work, and in two words describe something in their community that could impact health.	This has to happen very quickly (10 minutes or so for the whole group) so encourage quick, off the top of the head responses. Write responses on board or flipcharts. Compliment the list and identify any patterns (e.g., notice that many people talked about things that aren't traditionally thought when we talk about health, such as education; notice the diversity of answers, particularly categorized as place, people, and opportunity; notice specific populations mentioned, particularly related to inequities). Transition by saying something such as "this is a great list, and we'll come back to a number of these ideas throughout the day."
<i>Introduction to THRIVE</i>		
5	<p>THRIVE was originally developed with support from the US Dept. of Health and Human Services' Office of Minority Health between 2002 and 2004. The original advisory board brought together academics, community advocates, public health practitioners, and representatives from leading foundations. Much of the work was based on the health factors described in Healthy People 2010.</p> <p>At that time, the literature on determinants of health was still relatively new—especially as this information translated to actionable tools. As the THRIVE research team came to agreement on 13 THRIVE Health Factors, it was observed that these fit into three clusters including: Equitable Opportunity, Place and People. These clusters and factors underlie this accessible approach for community change.</p> <p>For the updated THRIVE, we have worked hard to update the previous information and also to make a stronger case for equity.</p>	
5	World Health Organization, which is one of the leading	

	<p>authorities on health, released a report identifying the greatest determinants of health and grouped them into three categories, including:</p> <ul style="list-style-type: none"> • Improve daily living conditions • Tackle the inequitable distribution of power, money, and resources • Measure and understand the problem assess the impact of action <p>If we think about community-driven efforts, we can probably have the greatest impact on the first category: Improving daily conditions. The factors that comprise this category include:</p> <ul style="list-style-type: none"> • Equity from the start <ul style="list-style-type: none"> ○ Early childhood development ○ Programs for children, mothers, and caregivers ○ Quality, compulsory primary and secondary education for all children • Healthy places, healthy people <ul style="list-style-type: none"> ○ Affordable housing, sanitation, electricity ○ Healthy behaviors, physical activity, healthy eating, reducing violence and crime, and control of alcohol outlets • Fair employment and decent work <ul style="list-style-type: none"> ○ Full and fair employment ○ Living wages ○ Worker protections ○ Improved working conditions • Social protection through life <ul style="list-style-type: none"> ○ Universal social protection policies ○ Social protection of those in precarious work (informal sector, household or care work) • Universal health care 	
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6-7	<p>The updated research has kept the same framework with three clusters: Equitable Opportunity, People and Place; and 12 of the original factors. Racial justice was eliminated as its own category under equitable opportunity because when you really think about it, racial justice underlies each of these factors. In the new factor sheets you will see sections on how each factor impacts, or is impacted by equity, and also some structural reasons for why things are the way they are.</p>	
<i>Health Equity Frame</i>		
8-9	<p>THRIVE is a tool to advance health equity, and we will use a <i>health equity</i> frame throughout the day to introduce these concepts.</p> <p>To start, let's all get onto the same page regarding some semantics. Let's start with the definition of <i>health disparities</i>.</p> <p><i>Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States</i></p>	Read definition from the slide.
10-11	<p>Health inequities, which are sometimes conflated with health disparities, are: 'differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.' Thus, equity and inequity are based on core values of fairness. The term 'inequity' can be used when the referenced differences in health outcomes have been produced by historic and systemic social injustices, or the unintended or indirect consequences of social policies."</p>	

12-13	<p>Now let's look at the definition of health equity</p> <p><i>Health equity means that every person, regardless of who they are—the color of their skin, their level of education, their gender or sexual identity, whether or not they have a disability, the job that they have, or the neighborhood that they live in—has an equal opportunity to achieve optimal health.</i></p> <p>What are the differences between the two definitions?</p>	<p>Flip back and forth between the slides. Ask about word choices. Prompt participants to think about how health inequity defines the difference. Equity and inequity are based on core American values of fairness and justice whereas “disparity” is a narrow descriptive term that refers to measurable differences but does not imply whether this disparity arises from an unjust root cause.</p>
13	<p>This slide shows life expectancy for men and women in eight counties in Southeastern Pennsylvania.</p>	<p>Insert a map of your communities' location.</p>
14	<p>As you can see, life expectancy for males and females differs in every county, but for both genders is highest in Lancaster and Montgomery Counties and lowest in Philadelphia. Where you live affects your life expectancy.</p>	<p>Please find a similar map or similar statistics for your community</p>
15	<p>We know that: <i>People's health is strongly influenced by the overall life odds of the neighborhood where they live. Indeed, place matters. In many low-income urban and rural communities, whole populations are consigned to shortened, sicker lives.</i> This is exactly what the THRIVE approach sets out to improve – the factors in the social-cultural, physical, and economic environment that deeply impact health.</p>	<p>7</p>
16	<p>This slide from the California Endowment illustrates health equity by showing two little girls of the same age and race, but living in two different zip codes. The girl on the left lives in 9002, which is in East Oakland, which has a low SES. The girl on the right lives in Palo Alto, which has a high SES, and she will live 14 years longer, on average, than the girl on the left.</p>	

17	<p>This as we know, is not unique to one place but is happening all over the country. In Washington DC, the metro lines are associated with differing life expectancy rates.</p> <p>But there are two sets of data embedded in this map. The first is obvious, as one moves outside of DC into the Virginia and Maryland suburbs life expectancy increases. For the second piece of information let me ask if there anyone that knows the DC area here? (If yes, ask them how the populations of Fairfax County (VA), Ann Arundel (MD) and Prince Georges (MD) differ). Fairfax County and Anne Arundel Counties are about 80% white, whereas, Prince Georges County is about 80% African American. Here we see that even across non-urban areas, race can impact health.</p>	
18	<p>THRIVE promotes health equity by:</p> <ul style="list-style-type: none"> • Helping to develop a shared understanding of the social determinants of health and health equity; • Promoting the value of upstream approaches as an approach for equity; • Building community capacity while building on community strength; • Being a strategic planning tool at community and organizational levels; • Organizing difficult concepts and enables systematic planning. 	
<i>Health Equity and the Environment</i>		
Facilitator Instructions: What's Health Got to Do with It?	Prior to the training, select 1-2 slides for this section. Make sure they are slides you're comfortable with and represent a variety of health issues. The challenge here is to get the group engaged and exploring the ways in which the environment shapes health equity without getting into too deep a conversation. You can move the group along by saying "that's an interesting point, we're going to delve into that in more	Trainers will have local examples of examples where mixed health messages are being sent. Good to have between 1 and 2 slides.

	depth later" or ask another question or say "that's a really interesting point" and move to the next image.	
19-20	What's Health Got to Do with It? We're going to look at a picture, and I'm going to ask you a few questions about them (What do you see here? What are the health implications of what's shown? Why do you think this is the case? Is there anything positive happening here?) A similar picture could probably be taken in every city in the country. If this is what's available for lunch, and people end up drinking unhealthily, it begs the question: Is it just behavior?	Really focus on the health outcome, tie the image back to a particular illness or injury such as violence or diabetes.
<i>A Community Resilience Approach to Health Equity</i>		
<i>Building a Health Resilience Approach</i>		
21	A river provides a strong and common metaphor for prevention strategies in public health and safety. The story goes that some people are by the bank of a river when they notice someone drowning in the water. They jump in to rescue the person, only to find that there are several more people in the water racing downstream, needing to be rescued. They are unable to save everyone, and finally ask themselves how these people got in the river in the first place. Traveling upstream, they find there's a bridge with a gigantic hole in it, through which people are falling. They have to make a decision, use some of their resources to patch the bridge, or continue to focus on the rescue operations taking place downstream. <i>Read Gloria Steinem quote: We are still standing on the bank of the river, rescuing people who are drowning. We have not gone to the head of the river to keep them from falling in. That is the 21st century task."</i>	You can ask if anyone from the audience is familiar with the story and ask them tell the story.
22	When we think about transforming the environment to improve health, we're really talking about primary prevention. Prevention is being tossed around a lot, but what do we really mean when we say prevention? <i>Give definition from slide-Prevention is a systematic process that reduces the</i>	

	<p><i>frequency and/or severity of illness or injury.</i> And today we are focusing on <i>Primary Prevention</i>, which promotes healthy environments and behaviors to prevent problems from occurring before the onset of symptoms. In other words, preventing disease and illness before it occurs. Also, when we apply a justice or equity lens, the further upstream we go, the more we get at the root causes of inequity and poor health.</p>	
23	<p>The Prevention Continuum is a framework for categorizing preventive strategies, with primary (or Up front) prevention strategies taking place before injury or illness occurs, secondary (or In the Thick) prevention taking place after the symptoms or risk of illness or injury, and tertiary (or Aftermath) responses taking place after the onset of illness or injury.</p>	
<p><i>Two Steps to Prevention: Identifying Points of Opportunity for Prevention</i></p>		
24	<p><i>Transition:</i>Now we'll look at this idea of the environment a bit more in-depth.</p> <p>The upper arrow in the diagram represents the direct effect of the environment on health and safety: this includes the effect of toxins in the air, water, and soil; physical hazards; as well as stressors such as racism and poverty. The lower arrow represents the influence that the environment has in shaping behaviors, which in turn shape health. For example, the number of liquor stores in a community (environment) has been demonstrated to have an effect on the rate of alcohol consumption, which in turn has a wide range of health effects including injuries, liver disease, mental illness, and so on.</p>	
25	<p>Focusing in on how the community environment shapes health brings us to Prevention Institute's "Two Steps to Prevention" framework. This framework was developed to help expand an understanding of how to systematically move</p>	

	from thinking about disease to thinking about the underlying causes of disease.	
25	Looking at the Trajectory, 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 compounding inequities and increasing poor health status. Elements along the pathway combine to produce compounding inequities in health and safety.	
26	We'll walk through the Two Steps to Prevention framework using the leading causes of death. In the United States, heart disease, cancer, stroke, diabetes, and injuries and violence are the five leading causes of death. We know that there are large racial/ethnic disparities for each of these conditions, and these inequities are a result of differences in the community environment.	
34	Moving from right to left, we can look at each element of the trajectory to better understand how illnesses, injuries, and inequities occur. When asked about what's most important for health, most people immediately think of health care services (those in this room have a more sophisticated understanding).	
35	<p>Make no mistake, improving the system to ensure quality affordable care, proven preventive care, and culturally competent services are critical for reducing inequities. But, thinking in terms of health care services leads to characterizing the problem as disease and injury.</p> <p>When you all think of health care services, what comes to mind?</p> <p>Here we have listed some first thoughts that others' have offered.</p>	

	Discuss how many default to medical care as the necessary ingredient for good health.	
Key Point	Health care alone cannot significantly reduce or eliminate inequities. By design, health care generally treats one person at a time, after they are already sick or injured. Health care is also not the primary determinant of health, as we discussed earlier. It is important to shift from thinking about services as the sole solution, and to move away from characterizing the problems only as specific illnesses and injuries. If, for instance, the problem is defined as "diabetes" then the solutions will be pharmaceuticals, stomach stapling, and glucose level monitoring.	
27	Let's take a step from health care services to the exposures and behaviors that, in the great majority of cases, lead to the need for health care.	
27	Keeping in mind that we started this example talking about the leading causes of death, and then looked at how medical advances have helped manage these illnesses and injuries, we now want to take a step backward to look at those exposures or behaviors that help contribute to the development of these illnesses and injuries.	
27	Limiting unhealthy exposures and behaviors enhances health and reduces the likelihood and severity of disease. For example, sedentary lifestyles and the availability of sugar sweetened beverages are strongly associated with multiple negative health outcomes.	
28	In a landmark study, researchers McGinnis and Foege examined US death certificates from a single year and linked each cause of death to an underlying exposure and behavior, what they called the "actual causes of death." They concluded that more than half of the deaths in the U.S. were preventable. Three of the actual causes/exposures & behaviors are shown on the left here. One of the benefits of	

	focusing on the exposures & behaviors is that addressing diet and activity patterns, for instance, has the potential to improve multiple health outcomes.	
29	So there may be several types of exposures and behaviors that lead to different health outcomes. Let's take another step, from exposures & behaviors to the environment, in order to understand the factors that shape those exposures & behaviors.	
29	At the far left, the largest circle in the trajectory is the environment. The environment has the greatest influence on health, safety, and inequities.	
29	If you have an environment like this, where you can't even cross the street safely or where there are no bike lanes or sidewalks, walkability is severely impacted...	
29	Let's look at one of the community factors, parks and open space. In this study by the Trust for Public Land, researchers looked at acres of available park space in Los Angeles in three different neighborhoods: predominantly white neighborhoods, African American neighborhoods, and Latino neighborhoods. Who do you think had the most park access?	
29	Most of you said the predominantly white neighborhoods had the most park space, and you were right. Why is it so easy to answer that question?	

29	<p>The environment is comprised of root factors and compromised social and physical conditions. Individuals are born into a society that neither treats people nor distributes opportunities equally. Root factors, such as poverty and racism, are evident in policies and practices in major corporations, organizations, and at various levels of government. Economic and racial segregation, for example, is among the most powerful forces shaping health in the U.S., and has been established and maintained through government policy and investments, as well as through the practices of institutions and organizations.</p> <p>We are focusing today on the community environment, not because it is the only level for taking action, but because the places where people live, work, play, and learn are an important venue for intervention. At this level, the conditions that shape health are extremely visible, it is easier to see quick change and get a wide range of people engaged, and successes at the local level often inspire broader change. Further, root factors play out at the community level in the way that they shape community conditions and, therefore, health. A strong community health approach can improve health by altering the way that root factors play out and their impact.</p>	
<i>Two Steps to Prevention Activity</i>		
Facilitator Instructions: Two Steps To Prevention	<p>Try to keep this section as interactive as possible. Walk around and listen in on the groups, make sure that they are advancing in their tasks and that they are getting to an appropriate level of detail when they get to goals/indicators (for example, "fix the pothole on Vine Street" is too specific, "Safer streets" is too general).</p> <p>When all groups are finished, have the first group share what they came up with in each column. Point out how different it</p>	

	<p>is to think about the problem based on the answers in column D (more actionable) than column A. Have the other groups present Column A and Column D. Ask a few probing questions such as:</p> <p>What was the most difficult part for your group?</p> <p>How would you apply this to your work?</p> <p>If you had to prioritize Column D, where would you start?</p>	
30	<p>We're now going to do an activity that helps to drive home taking two steps to prevention. On the current slide you will see four columns.</p> <p>Column A represents a health issue that is prevalent in your community—diabetes, heart disease, chronic illness, some types of cancer, fertility problems, miscarriages, or low birth weight babies.</p> <p>For each of the issues we raised in Column A, we can probably identify those Exposures and Behaviors that are considered root causes. Some of these are suggested in Column B but feel free to add your own.</p> <p>Column C then takes things another step back and looks at those determinants that impact behaviors and exposures.</p> <p>Once the Community Health factors are identified, one can then work to develop environmental goals or strategies to help prevent or at least minimize the behaviors and exposures that led to the original health issue from Column A.</p>	
31	<p>Here's an example of one group's results when they stepped back from Type II Diabetes to exposures and behaviors, and the community health factors. Column D are the goals the group came up with to increase activity, promote a healthier diet and limiting alcohol intake.</p>	

	In your handouts you will find the Take Two Steps to Prevention Worksheet that we would like you to work through with your team at your table. You'll have to negotiate a bit on your initial health issue, but then I'm sure you all will be able to work backwards. Please only work on the first page of the worksheet; we'll save the second part for later in the day.	
<i>Delving Deeper – The THRIVE Clusters and Factors</i>		
32-33	Delving Deeper: The THRIVE Clusters and Factors. We will spend some time learning about the THRIVE clusters and factors and we'll practice using the THRIVE assessment to strategically plan a comprehensive approach to address health inequities.	
34	Elements of Community Health—In our original research for the tool, and in subsequent efforts to update the tool, we selected 12 factors that represent different elements of the social, cultural, and physical environment. When grouped for similarities, these factors fell into three categories: Equitable Opportunity, Place, and People, all which reside at the community and neighborhood level.	
34	The Clusters help local efforts by serving as natural groupings for workgroups and subcommittees. Let us start going through each of the factors so we can develop a shared understanding of what each contains.	Each of these factors has a fuller description deeper in the binder.
<i>Break</i>		
35	Factor Activity Sheets. We are going to spend a significant amount of the next hour developing a deeper understanding of the 12 THRIVE community factors. <i>Follow Facilitator Guide.</i>	
36	Equitable Opportunity. We define equitable opportunity as the <i>level and equitable distribution of opportunity and</i>	

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	<i>resources</i> . Two community health factors fall under this cluster: Living wages & local wealth and Education.	
36	Living Wages & Local Wealth. There is a clear connection between a person's health, job, and his or her wealth. We define <i>Living Wages and Local Wealth</i> as local ownership of assets, accessible local employment that pays living wages and salaries; and access to investment opportunities.	
37	Research has demonstrated that having less income is associated with domestic violence, substance abuse, depression, coronary heart disease, and type II diabetes. Why might this be the case?	
38	There is also a clear impact on health equity. In 2007, Blacks, American Indian, and Alaska Native families earned 59 cents for every dollar a white family earned. And rates of child poverty are three to four times greater for Latino and African American children when compared to white children, which has long term impacts on wealth opportunities.	For data points that may resonate with your community, please refer to your factor sheet.
39	Education. We define Education as high quality, accessible education and literacy development for all ages that effectively serves all learners.	
40	Common health outcomes associated with education include: cancer, hypertension, violence, and maternal depression.	
41	Education's impact on health equity is stark-Youth of color are more likely to be taught by inexperienced teachers, go to schools that offer fewer advanced courses, and receive harsher discipline than white children.	For data points that may resonate with your community, please refer to your factor sheet.
42	Place is the physical environment in which people live, work, play, and go to school. Place is comprised of seven factors-Look, feel & safety, parks & open space, getting around/transportation, housing, what's sold & how it's promoted, air, water, & soil, and arts & culture.	
43	What's Sold and How its Promoted We define <i>What's Sold and How It's Promoted</i> as the	

	availability and promotion of safe, healthy, affordable, culturally appropriate products and services—for example: food, pharmacies, books and school supplies, sports equipment, arts and crafts supplies, and other recreational items—and the limited promotion, availability, and concentration of potentially harmful products and services (e.g. tobacco, firearms, alcohol, and other drugs). What are other things that you can think of in your neighborhood that fit into this definition?	
44	What’s sold in a community and how it’s promoted can impact several health outcomes including cirrhosis of the liver, cardiovascular disease, HIV/AIDS, traffic crashes, and violence.	
45	People living in low income areas, communities of color, and individuals who can’t move beyond their neighborhood easily have less access to healthy food and places to play, and have more harmful products in their neighborhood. For example, Low-income communities have 25% fewer supermarkets than their middle-income counterparts and white neighborhoods have four times as many supermarkets as black neighborhoods.	For data points that may resonate with your community, please refer to your factor sheet.
46	Look, Feel, and Safety Look, feel, and safety can encompass many different components of healthy and vibrant neighborhoods. We define it as, <i>Surroundings that are well-maintained, appealing and perceived to be safe and culturally inviting for all residents.</i>	
47	Health outcomes that are associated with look, feel, and safety include cardiovascular disease, cancer, pedestrian death, and death and injury from gun violence.	
48	Disinvestment by public and private entities has left low income communities and communities of color with declining infrastructure in the physical and	For data points that may resonate with your community, please refer to your factor sheet.

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	social environment. For example, people with lower incomes and people of color are more likely to live in neighborhoods receiving less public and private investment in infrastructure and consequently can appear disorganized and unsafe.	
49	Parks and Open Space We define parks and open space as the availability and access to safe, clean parks, green space, and open areas that appeal to interests and activities across the generations.	
50	Health outcomes associated with parks and open space include: crime and violence, asthma, type II diabetes, and stress.	
51	We know, however, as with our other community elements, that access to open green space is unequal in our communities. Low income communities have fewer places to play and often have parks near traffic, noise, and have equipment that can be unsafe.	For data points that may resonate with your community, please refer to your factor sheet.
52	Getting Around Transportation The ability to get around your neighborhood and access transportation is key to health, safety and economic security. We define transportation as the availability of safe, reliable, accessible and affordable ways for people to move around, including public transit, walking, biking.	
53	Health outcomes associated with transportation include asthma, cardiovascular disease, hearing loss, and traffic crashes.	
54	Communities of color and low income communities have less investment in sidewalks and bike lanes, and suffer from higher rates of injury. These same communities also experience direct exposure to pollutants from nearby roads and freeways. For example, Hispanic children suffer a pedestrian fatality rate more than 40 % higher than white children, and for black children the rate is well over twice that of white children.	For data points that may resonate with your community, please refer to your factor sheet.
55	Housing	

	Housing is a critical determinant for community health; in fact it's a basic necessity. When we are talking about housing we are talking about the actual structure itself, where the housing is located and its affordability. It is defined here as High-quality, safe and affordable housing that is accessible for residents with mixed income levels.	
56	Health outcomes associated with housing include Tuberculosis, respiratory problems, obesity, isolation, and stress.	
57	But access to high quality affordable housing that is also near key amenities is hard to find in many communities. Communities that do not have safe affordable housing can result in families moving to low quality housing and housing that is far away from basic necessities. For example, homeownership rates in 2010: Whites – 74% American Indians & Alaska Natives – 52% Asians – 59% African Americans – 45% Hispanics – 48%	For data points that may resonate with your community, please refer to your factor sheet.
58	Air, Water, and Soil is defined as Safe and non-toxic water, soil, indoor and outdoor air.	
59	Ample research links toxins in our air, water and soil to poor health and safety outcomes. Lead in old paint in our homes, air pollution from nearby highways, and water pollutants from oil or farm runoff impacts our health via respiratory illness, nerve disorders and cancer, and also results in low birth-weight babies. There are other health outcomes such as hearing problems and reproductive problems.	
60	Exposure to these toxic conditions results in poor health outcomes for everyone, but we know that often times, the neighborhoods that are most impacted by environmental pollution are home to low-income communities and	For data points that may resonate with your community, please refer to your factor sheet.

	communities of color. (22, 23)For example, People of color receive 27% more toxic chemical exposure and have 32% more risk of cancer caused by hazardous air pollutants	
61	<p>Arts and Culture</p> <p>When the artistic and cultural needs of a community are met, abundant opportunities exist within thatcommunity for:</p> <ul style="list-style-type: none"> • Cultural and artistic expression and participation; • For positive cultural values to be expressed through the arts; • Arts and culture to positively reflect and value the backgrounds of all community residents. <p>Art and culture encompasses a broad number of things including murals, community gardens and dance.</p>	
62	Health outcomes associated with Arts and Culture include mental health problems, trauma, substance abuse, and violence.	
63	While access to art and cultural expression is important, not everyone has access to these forms of creative release. Children in lower-income families have less access to literature, dance and music lessons than children from middle and higher income families, limiting their exposure to creative expression and opportunities to develop artistic skills	For data points that may resonate with your community, please refer to your factor sheet.
64	People. The final cluster of the community/neighborhood is people defined as the relationships between people, the level of engagement, and norms, all of which influence health outcomes.	
65	<p>Social Networks and Trust</p> <p>Who you are able to trust in your community and the social support that is available in your community impacts your health. We define <i>Social Networks and Trust</i> as trusting relationships among community members built upon mutual obligations and a shared history that provide opportunities to exchange information and form new connections People who trust their neighborhoods are healthier, they smoke less, are</p>	

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	more physically active, experience less depression, and live longer. People who are in healthy relationships and have strong social networks can more easily change their behaviors, such as quitting smoking, overcoming drug abuse, or exercising and eating healthy.	
66	Health outcomes associated with social networks and trust include, cardiovascular disease, depression, poor nutrition and activity, substance abuse, and violence.	People who trust their neighborhoods are healthier, they smoke less, are more physically active, experience less depression, and live longer. People who are in healthy relationships and have strong social networks can more easily change their behaviors, such as quitting smoking, overcoming drug abuse, or exercising and eating healthy.
67	Social support and trust is vital to disadvantaged communities because it can protect against poverty and the impacts of discrimination. Low-income individuals are more likely to live in under-resourced neighborhoods with poorer design, maintenance, and limited economic opportunities, all of which influence crime, diminish trust, and decrease community cohesion.	For data points that may resonate with your community, please refer to your factor sheet.
68	Participation and Willingness to Act How much a person is willing to act for their community greatly impacts health. We define <i>Participation and Willingness to Act</i> as individual capacity, desire, and ability to participate, communicate, and work to improve the community; meaningful participation by local/indigenous leadership; involvement in the community such as through local community and social organizations and participation in the political process.	
69	Health outcomes associated with this factor include, depression, substance abuse, mortality, violence and crime.	
70	The inability to participate in community decision making is directly related to equity. In places where policymakers do not look like or share the same background and aspirations of the residents, the potential for the enactment of policies and practices that are harmful to health is elevated.	For data points that may resonate with your community, please refer to your factor sheet.

71	<p>Norms Norms can be hard to define in any one community. We chose to define them here as broadly accepted behaviors to which people generally conform that promote health, wellness and safety among all community residents; discourage behaviors that inflict emotional or physical distress on others; and reward behaviors that positively affect others. Norms include values and practices stemming from belief systems that are often linked to those core personal characteristics from which identity derives. What are some norms that you can name in your community?</p>	
72	<p>Norms associated with illness and injury include, type II diabetes, HIV/AIDS, substance abuse, traffic crashes, and homicide.</p>	<p>What's widely accepted can directly impact health, for example, smoking cigarettes was once a widely accepted and popular behavior despite the negative health consequences. Another norm that is widely accepted is the belief that domestic violence is a personal matter-something that is meant to be addressed at home and is for the individuals themselves to work out. This widely held norm inhibits people, and even our police, from stopping violence, which results in completely preventable injury and death.</p> <p>Over the past several decades the food eat, and what we categorize as normal consumption, has drastically changed. Portion sizes have grown dramatically, processed foods are widely available, and soda consumption has greatly increased, all which have direct links to chronic disease such as type II diabetes. The movement away from small family farms and locally grown foods, towards large-scale agriculture and processed food, has contributed to our youth not knowing where our food comes from. Similarly, cars our now the primary mode of transportation for most families in America, a norm that, when combined with our increasingly fast-paced lifestyles, has significantly reduced physical activity.(55)</p>

73	<p>A narrow definition of “accepted” norms as they relate to race, gender, ethnicity, age, or ability can be extremely harmful to health and has direct links to equity.For example, Black drug users are nearly 20 times more likely...to spend time in prison for their use...and the rate of black incarceration for drug offenses is anywhere from 20 to 57 times greater than for whites despite equal or greater rates of drug law violation by whites.</p>	
<i>Putting THRIVE into Action</i>		
74	<p>THRIVE Tool Screenshot: We will now use the assessment tool to go through an exercise in the identification and prioritization of THRIVE community health factors.</p>	
75	<p>Activity Instructions</p> <ul style="list-style-type: none"> • Select a facilitator and a time-keeper • Spend 10 minutes individually and reflect on the <i>Two Steps to Prevention</i> worksheet and prioritize one health issue. • Reconvene as a group and come to a consensus on the prioritized health outcome. • After the group identified a health outcome, spend 10 minutes individually to identify 3 community health factors that impact the prioritized health outcome. • Reconvene as a group and select three community health factors. • Use the back of the <i>Two Steps toPrevention</i> worksheet to develop Goals around the prioritized health factors. 	
<i>The Spectrum of Prevention</i>		
76	<p>The Spectrum of Prevention. We’ve spent the first part of our training identifying and assessing the root causes of health inequities using THRIVE. For the rest of the training we are going to focus on how to move from identifying an</p>	

	issue to developing an effective strategy for doing something about it.	
76	<p>The Spectrum of Prevention is Prevention Institute's signature tool. It is a framework that includes 6 levels of action that when applied together create a comprehensive primary prevention strategy. In thinking about the video, we can see how strategies at each level were required to create a comprehensive approach to promote no-smoking areas. Activities under each of these levels should support one another in a unified approach. We'll go through each level shortly. Sometimes people look at the Spectrum and ask where community engagement and community organizing fit. To be clear, these critical components of community health and well-being are not stand alone levels. Rather, engaging the community throughout the entire process, by prioritizing issues and goals important to community members and identifying corresponding activities at each level of the spectrum to implement a strong plan, is all critical. Community organizing is a tool to help engage community members and may be an explicit strategy, such as when you are trying to influence local policy change.</p>	
76	<p>The Spectrum isn't really sequential, you could start thinking about activities at any level, but we start here to emphasize moving toward organizational practice change and policy: without action at those levels it is extremely difficult to create sustainable change in community environments. Strengthening Individual Knowledge and Skills typically focus on providing one-on-one education and skills-building opportunities that are designed to reduce a person's risk of injury or illness or to increase their capacity to promote health and safety. Skills can also be developed that support an individual's ability to improve the health and safety within his/her community.</p>	
76	Promoting Community Education is an activity that many	

	health-focused organizations are already engaged in. This second level of the Spectrum focuses on reaching groups of people with information and resources to promote health and safety and drawing attention to and effectively framing issues.	
76	Utilization of social media and marketing messaging is another way to advocate for policy change. These advertisements, developed by The California Endowment show how your zip code predicts health, even though it shouldn't. Here, you see that, much like we saw in the introduction to Module 1, a person living in South Los Angeles can expect to die 14 years earlier than someone living in the community of Palo Alto. What kind of community education efforts are you currently engaged in?	
76	Educating providers, is about training professionals and service providers to transmit skills and knowledge to others and/or to become champions or advocates for your goal.	
76	The fourth level of the Spectrum is Fostering Coalitions and Networks. How many of you are members of a coalition or network? How many of you are part of 2 or more coalitions or networks? That must take a lot of time, why do we do it? (Leverage resources, align strategy, communications, emotional support, because funders require it, etc.)	
Key Point	Coalitions and networks are different than community engagement. Community engagement runs throughout the Spectrum and should be considered at every level.	
76	Activities at this level of the Spectrum are designed to shape organizational practices so that they support health and safety and increase equity. Activities at this level can focus on major community institutions, employers, community based organizations, churches and any other organization.	
76	Organizational practice is the general practices of organizations and institutions that guide activities and norms. Org practices are often overlooked as a means to creating	

	change but, not only does virtually everyone belong to multiple organizations, organizations can change practice quickly and serve as models and innovators.	
76	Influencing Policy and Legislation is the 6th Level of the Spectrum. Activities at this level focus on creating, modifying or enforcing policies that affect health and safety. How many of you work on policy? Why? Why not?	
76	<i>Policies are the rules that guide the activities of government or quasi-governmental organizations, and that provide authority for the allocation of resources.</i>	
77	The actions that are selected as part of comprehensive strategy should always be based on existing data: has this strategy been successful before? Is this the issue that community residents are most interested in? Is the problem to be addressed fully understood? (For example, if the issue is traffic safety, do you have data on dangerous intersections and the role of alcohol in crashes?) The Spectrum can be employed at the beginning of a planning process but also in the middle or end of a process to evaluate efforts. By plotting completed or ongoing activities on the Spectrum, gaps may emerge, ways to better integrate activities become evident, and new challenges or opportunities can be incorporated.	
<i>Debrief and Discussion</i>		
78	Evaluation template/image: included in your worksheets is a blank evaluation that you can modify to reflect your date and training. Please do not modify the questions and encourage the participants to fill in the optional demographic section at the bottom of the second page. Once you have your evaluations, please hand them in. We will not be identifying individuals and will only be reporting results in aggregate.	
	Thanks for taking time out of your busy schedule to attend the THRIVE training. We hope you learned a lot, and if you have any questions feel free to contact us.	Feel free to insert a slide here with your organization's contact information.

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