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*VOICES OF EQUITY: COMMUNITY MEMBERS AND COUNTY EMPLOYEES SPEAK OUT ABOUT HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH*

*COMPILED SEPT. 4, 2008*

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## EXECUTIVE SUMMARY

During March, April, and May 2008, the Health Equity Initiative shared a series of documentaries entitled *Unnatural Causes: Is Inequality Making us Sick?* with Multnomah County residents and county employees.  The purpose of these screenings was to increase awareness of the underlying or root causes of health inequities, to generate discussion about the problems and causes of health inequities in Multnomah County, and to generate potential solutions.

In addition to discussing the documentaries, viewers were asked to complete a health priority survey based on their concern about 30 factors that affect health.  This executive summary presents key findings from the viewer dialogues as well as from the survey.

This summary was prepared to record what viewers shared with us and with one another.  The information presented should be considered community input rather than  findings from systematically conducted research. Participants self-selected to attend the dialogues and likely over-represent people with concerns about and knowledge of health inequities.  In addition, the discussions were facilitated by a group of volunteers whose facilitation styles varied substantially.  Although care has been taken to present quotes from viewers as accurately as possible, we have relied on notes taken by county staff rather than on recordings of the dialogues in preparing the summary.  While we have tried to present this information as accurately as possible, we may have unwittingly made some changes to the participants' words.

## BACKGROUND

The dialogues were conducted immediately following screenings of episodes of the **Unnatural Causes** series.  This series includes seven episodes produced to increase awareness of the underlying causes of health inequities and to generate discussion of potential solutions. A brief summary of each of the seven episodes follows:[1]

### *In Sickness and in Wealth*

This episode lays out the big picture and explains who gets sick and why. It is set in Louisville, Kentucky and shows how health and longevity are correlated with class status, how racism imposes an additional risk burden, and how solutions lie in making inequality an urgent public policy matter.

### *When the Bough Breaks*

African American infant mortality rates remain twice as high as for white Americans. African American mothers with graduate degrees deliver more low birth-weight babies than white women who haven't finished high school. How might the chronic stress of racism over the life-course become embedded in our bodies and increase risks?

### *Becoming American*

Recent Mexican immigrants, though often poorer, tend to be healthier than the average American. But the longer they're here, the worse their relative health becomes. How do social inclusion, community ties and economic mobility play a role in maintaining health?

### *Bad Sugar*

O'dham Indians living on reservations in southern Arizona have perhaps the highest rates of Type 2 diabetes in the world. Increasingly, researchers are reconceptualizing chronic diseases like diabetes as a bodily response to poverty, oppression and futurelessness. A new approach suggests that regaining control over a collective future is vital to reversing this epidemic.

### *Place Matters*

Why are your zip code and street address such a good predictor of population health? What policies and investment decisions create radically different environments – some that are harmful and others that are protective of health? What actions can make a difference, particularly in low income communities?

### *Collateral Damage*

In the Marshall Islands, local populations have been displaced from a traditional way of life by the American military presence. Now that both their social and immune systems have been eroded, they contend with the worst of the "developing" and industrialized living conditions and extreme poverty and chronic disease stemming from the stress of dislocation and loss.

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### Not Just a Paycheck

How do unemployment and job insecurity affect health? Residents of western Michigan struggle against depression, domestic violence, and heart disease after the largest refrigerator factory in the country shuts down. Ironically, the plant is owned by a company in Sweden, where mass layoffs – far from devastating lives – are relatively benign, because of government policies that protect workers.

### Screenings

The project in Multnomah County included 57 screenings shown between March 2 and May 17, 2008. Twenty-nine screenings were conducted with community members and twenty-eight were with Multnomah County employees.

Community screenings were held in six locations: Gresham Library, Central Library, Midland Library, Portland Community College Cascade Campus (PCC Cascade), Northwest Library, and New Columbia Education Center. Screenings for Multnomah County employees were held in four locations: East County Health Center, Northeast Health Center (NEHC), McCoy Building, and the Multnomah Building. After each screening viewers were asked to discuss the following questions:

(1)     What did you see? or What caught your attention?
(2)     What were the problems/causes?
(3)     How do these problems affect our community?
(4)     How can we work together to solve these problems?

Facilitators included volunteers from Multnomah County departments and community members who received three hours of training prior to facilitating the group dialogues.

Although each of the episodes covered a self-contained topic, there was substantial overlap among the causes and solutions discussed. For this reason, the themes that emerged are summarized across episodes for community viewers and for county employees.

## PROBLEMS AND CAUSES OF HEALTH INEQUITIES

It was clear from the initial viewings that community members see health inequities as a complex problem and hold an expectation that government can improve health inequities through policy. Similarly, county employees see the complexity of the conditions leading to health inequities and also feel that as government employees it is their responsibility to be part of the solution.

*"We saw that there was health inequality and I found two main things cause it. First are social factors that can be controlled. The second is the power to control them. . . We make choices but within limits we are given. Society determines what you eat, where you live, and what kind of education we can pursue. The problem is that policy needs to change. The people who make policy need to make changes."* (**In Sickness and In Wealth**, Gresham Library 3/2/08)

*"I'm struck by how complicated all of this is. We are stockholders; property taxes are going up; we don't want to pay higher taxes; because we don't want to pay more we are inclined to shop at Wal-Mart, but because there is a Wal-Mart it has put some of us out of work . . . It's all interrelated."* (**Not Just a Paycheck,** McCoy 4/11/08)

### Health Care

Although most experts estimate that only 10-15% of health inequities are due to lack of access to health care[2], most community viewers of the documentaries expressed a belief that everyone was entitled to health care and favored universal health care. A need for culturally competent health care including mental health care was expressed by many.

County employees mentioned the need for universal health care less frequently than community viewers, but identified the inability of small employers to afford health care coverage for their employees, the lack of paid sick leave for many employees, and the lack of preventive care as challenges to health care.

Dissatisfaction with health care spending stemmed from a belief that the State spends too much money on emergency department visits and too little on health promotion and prevention.

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*"The way we approach health, we are willing to fix problems, but not to prevent them. I'm interested in what we can do to improve our quality of life."* (**Bad Sugar**, Gresham Library 3/30/08)

### Social Determinants

Other problems that community viewers and county employees associated with health inequities included access to healthy foods, lack of affordable healthy housing, access to alternative transportation, challenges for immigrants including language barriers and balancing the pressure to assimilate while maintaining their own cultural identity, and government responsibility.

*"We do have farmers' markets and school food programs that are making things better, but there needs to be a lot more effort on a continuous level. The choice of what we can eat does not extend to all income levels."* (**Bad Sugar,** Central Library 3/31/08)

In addition to these challenges, some community viewers saw feelings of hopelessness and powerlessness in their communities.

*"I see a general sense of despair in my community. People don't know what or how they can make an impact."* (**Place Matters,** Northwest Library 4/2/08)

### Public Policy

Participants in the community dialogues believe that government at the local, state, and national levels should take leading roles in addressing health inequities. They asked for better coordination of services and more voice in government decisions.

*"It is my belief that part of the problem when you say political solutions are inadequate is that the people designing the solutions don't understand the problem like the people experiencing the problem."* (**In Sickness and in Wealth**, Central Library 3/31/08)

Some community viewers believe that the problems of racism, poverty, and access to health care can only be resolved when there is sufficient national will for the government to step up to the challenge.

Community and county employee viewers noted challenges with government services. Both groups noted a problem with coordination of information about county services. In addition, several county employees saw the money spent on U. S. dominance and war as contributing to health inequities by diverting money away from health care and the development of healthy communities.

Frequently mentioned causes of health inequities that emerged from the dialogues included racism and discrimination, gentrification, capitalism and consumerism, social isolation, and income and wealth distribution.

*"The system is deliberately engineered to have one group be more advantaged than others. When parts of a population can't participate in a democracy, that is a problem. The rules are set to benefit the fewest number of people."* (**In Sickness and In Wealth**, Multnomah Bldg 3/18/08)

*"As gentrification has happened, poverty has moved out here (to Gresham). Some services have moved, but they are not moving out here as fast as the people. . ."* (**When the Bough Breaks**, New Columbia 5/3/08)

*"I think the problem is alienation of people from each other. You get a sense that you're in this by yourself. It has come to a point where people identify more with characters on TV than with people." **(In Sickness and In Wealth**, Central Library 3/3/08)

## Solutions

The solutions proposed by viewers of the *Unnatural Causes* series tended to fall into three areas – policy level recommendations, ideas for practice improvements, and proposals for individual actions. There are considerable overlaps between policy and practice recommendations and between practice and individual recommendations, but they have been categorized on the basis of subjective judgment for ease of presentation. The following table displays viewer generated policy, practice, and individual recommendations. We have not attempted to identify specific agencies or agents to address each recommendation, but offer them for consideration by multiple parties.

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## POLICY RECOMMENDATIONS

| Domain | Viewer Recommendation |
|---|---|
| Access to affordable and culturally appropriate health care | Universal health care including mental health care and prevention |
| | Require businesses with more than 20 employees to pay towards health care coverage |
| | Require health insurance to cover alternative health care |
| | Require health insurance to cover costs of health promotion and prevention activities |
| | Expand (childhood) early intervention programs |
| Access to affordable healthy food | Create incentives to increase supermarkets/ grocery stores and access to healthy food in underserved areas |
| | Ban junk food marketing in schools |
| | Require food labeling so that consumers know what chemicals are in their foods |
| | Expand farmers' markets to East Portland and East Multnomah County |
| | Permit the use of food stamps and WIC vouchers at farmers' markets |
| | Expand support of community gardens Promote school gardens and garden-based learning |
| | Create a county-sponsored "Friends of Gardens" program to establish gardens within neighborhoods |
| | Use zoning laws to regulate the number of liquor stores and fast food restaurants in neighborhoods |

| Domain | Viewer Recommendation |
|---|---|
| Affordable, healthy housing | Establish standards for indoor air quality |
| | Create incentives to reduce asthma triggers in existing housing |
| | Require features to improve indoor air quality and reduce air pollutants in new home construction |
| | Provide incentives to build better houses rather than building faster |
| | Add exercise rooms to new public housing |
| | Build more mixed income developments |
| | Require periodic inspections of rental properties |
| | Use emergency department savings to develop more "asthma free" public housing |
| | Increase the number of homeless shelters for women and children |
| | Increase affordable housing in the Gresham area |
| | Assess extent of housing need in Gresham |
| Accountability | Determine whether and how many new living wage jobs result from business tax incentives |
| | Examine the long-term costs of displacement during development |
| | Require reporting on the services provided by weatherization funding |
| | Use a systems (holistic) level approach in providing related services, for example, education, housing, and anti-violence |
| | Increase funding and ability to provide Health Impact Assessments |
| Public awareness and engagement | Expansion of SUN Community Schools |
| | Provide support for "Connected by 25" to provide youth with resources, skills, and connections to succeed |
| | Provide access to ESL (English as a second language) services |
| | Provide tax credits to companies that support employee volunteering |

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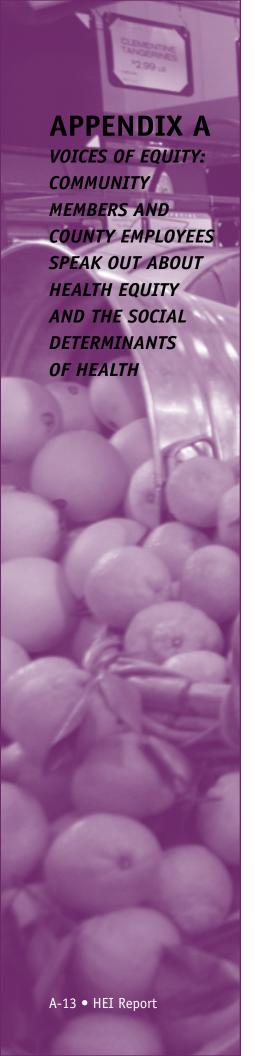HEALTH EQUITY
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| Domain | Viewer Recommendation |
|---|---|
| Empowerment | Establish a Youth Empowerment Strategies program to encourage youth and adult civic engagement (http://crahd.phi.org/projects/YES.html)<br><br>Include building community capacity in all grant applications |
| Health promotion | Expand funding for health promotion programs<br><br>Provide free or reduced cost fitness memberships to low-income residents |
| Income/wealth distribution | Require corporations to invest in the well-being of the communities they do business in<br><br>Require employers to provide "livable" wages<br><br>Require employers to provide paid sick leave, paid vacations, and incentives for healthy behaviors<br><br>Support working poor by permitting employment without loss of benefits<br><br>Provide tax incentives to low-income families with college students<br><br>Tie tax increases to specific health and social services<br><br>Increase poverty thresholds |
| Racism | Engage in community dialogue to understand racism<br><br>Provide/expand low-interest loans to minority-owned business<br><br>County should promote current efforts to develop a streamlined process for promoting and contracting with minority, women, and emerging small businesses |

| Domain | Viewer Recommendation |
|---|---|
| Sustainability | County should buy locally and support minority businesses |
| | Establish economic incentives to rebuild farming |
| | Protect rural areas from development |
| | Establish disincentives for manufacturing plants that use 25 or more acres of agricultural land |
| | Build smaller communities with services within walking distance (20-minute community) |
| | Promote telecommuting, fewer work days, or longer work days |
| | Provide incentives for small stores and disincentives for large stores in low-income neighborhoods |
| Transportation | Develop more walking and biking trails |
| | Establish bike boulevards separated from traffic |
| | Establish disincentives for long car commutes |
| Workforce development/ Employment | Require companies that relocate out of the area to finance retraining programs for workers in industries that are growing (e.g., health care, engineering, technology, media, etc.) |
| | Require severance pay for layoffs due to relocation |
| | Require employers to provide on-site day care |
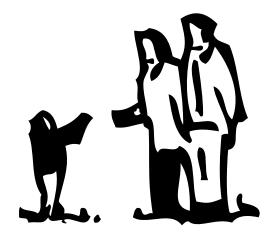
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## PRACTICE IMPROVEMENT RECOMMENDATIONS

| Domain | Viewer Recommendation |
|---|---|
| Access to affordable, culturally appropriate health care | Collaboration of provider system (e.g., Kaiser, Legacy, Multnomah County) to establish an urgent care system to divert patients from more expensive emergency department care |
| | Establish health clinics in the work place Require training in cultural competency for all health care providers |
| | Lengthen visit time to assure that providers understand patient needs and concerns |
| | Improve communication and information sharing across county providers to increase consistency of information to client |
| Access to affordable and healthy food | Use library story time to teach young children about healthy eating |
| | Promote cooking and canning classes |
| Accountability | Evaluate the effectiveness of community resources |
| | Create a list of possible individual actions to reduce health inequities |

| Domain | Viewer Recommendation |
|---|---|
| Public awareness and engagement | Continue community discussions about health and social equity |
| | Use public service announcements to raise awareness of future discussions |
| | Spread the dialogues to churches, neighborhoods, and schools |
| | Make *Unnatural Causes* available to prenatal providers and community leaders |
| | Work with women's community groups and organizations to raise awareness of risk factors for low birth weight and infant mortality |
| | Facilitate conversations to make local government more transparent |
| | Establish a clearing house for volunteer opportunities |
| | Establish patient support groups to bring people together around a common issue and to reduce social isolation |
| | Establish community-building benchmarks for all programs |
| | Expand efforts to share local data with the community |
| | Add or reinstate curriculum in schools including civics, nutrition, physical education, personal finance, and health education |
| | Show *Unnatural Causes* series in high school civics, health and social studies classes |
| | Educate young women and men on the risks for low birth weight and infant mortality |
| Empowerment | Include affected people in decision making |
| Health promotion | Increase focus on women's health |
| | Sponsor free clinics, health fairs, and community fairs with incentives for attendance |
| | Provide diabetes education |
| | Establish nutrition programs |
| | Provide coping skills training |
| | Provide incentives to employees, such as TriMet passes, for healthy behaviors |
| Racism | Surveys, statistics, and presentations should provide positive as well as negative information about minorities |
| | Confront racism at work |

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## RECOMMENDATIONS FOR INDIVIDUALS AND GROUPS

| Domain | Viewer Recommendation |
| --- | --- |
| Access to affordable, healthy food | Value and celebrate the Willamette valley as a community garden |
| Public awareness and engagement | Vote<br><br>Run for public office<br><br>Encourage others to attend *Unnatural Causes* screenings<br><br>Engage in community organizing<br><br>Join a coalition or non-profit group<br>Participate in a community garden to increase access to fresh food and opportunities to socialize<br><br>Partner with neighbors to beautify the neighborhood<br><br>Volunteer<br><br>Become informed through community participation |
| Health promotion | Identify risk factors for poor health |
| Livable wage | Shop at stores that provide a livable wage to their employees |
| Values | Pass on values and social norms through good parenting<br><br>Value family and community<br><br>Value health<br><br>Invite people different from you to your home<br><br>Celebrate different cultures and cuisines<br><br>Respect different opinions, choices, and ways of life |

## HEALTH PRIORITIES SURVEY

In addition to discussing the episodes, viewers of the *Unnatural Causes* series were asked to complete a health priority survey. The survey listed 30 factors that affect health and requested that respondents indicate their priorities based on their level of concern (low, medium, or high) about each factor. Although viewers were told they did not need to repeat the survey if they attended multiple screenings, some viewers may have completed multiple surveys. Despite this possibility, the survey provides a general indication of viewers' health priorities.

There was substantial consistency in the top ten priorities for the two groups.

**Health Priorities for Community Viewers and County Employees**
**Top Ten Priority Areas**

| COMMUNITY VIEWERS | COUNTY EMPLOYEES |
|---|---|
| • Poverty | • Access to medical care (primary care) |
| • Access to medical care (primary care) | • Poverty |
| • Quality public education | • Quality public education |
| • Quality affordable housing | • Child abuse and neglect |
| • Discrimination | • Access to affordable healthy food |
| • Child abuse and neglect | • Elder abuse and neglect |
| • Access to affordable, healthy food | • Discrimination |
| • Employment and job security | • Air quality |
| • Chronic diseases | • Public safety |
| • Public transportation | • Quality affordable housing |

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## CONCLUSIONS

Input from community members and county employees was relatively consistent. Both groups identified similar problems, causes and recommendations for addressing health inequities. For example, both groups were likely to see health inequities as stemming from racism and discrimination, capitalism and consumerism, social isolation, and inequities in income and wealth, and were supporters of healthy food policies.

Community members were more likely to voice their support for universal health care and for affordable, healthy homes. County employees were more likely to express dissatisfaction with federal spending priorities. County employees also made more comments about the U.S. cultural focus on individualism at the expense of communal responsibility and on the need for family support.

Other policy recommendations made by viewers addressed accountability, public awareness and engagement, empowerment, health promotion, income and wealth distribution, sustainability, transportation, and workforce development/employment. Recommended organizational practice improvements addressed health care, affordable and healthy food, accountability, public awareness and engagement, health promotion, and racism. Recommendations for individuals centered on promoting public awareness and community engagement.

## HEALTH EQUITY INITIATIVE COMMUNITY DIALOGUES

From the first episode forward, it seemed clear to community viewers that the causes of health inequities are complex and involve many interrelated factors.  The viewers clearly received and played back the messages that stress and lack of personal control are important determinants of health. It was also clear from the initial screenings that community members hold expectations that health can be influenced through policy changes.

*"It's a broader picture than I thought when I came in.  We are affected by the choices available to us – clean air, access to food, poor housing. We are limited by what is available to us. So it is an environmental thing rather than access to health care."* (**In Sickness and In Wealth**, Gresham Library 3/2/08).

*"Mental health is really important, but socioeconomics will affect your mental health. If you don't have money for clothes and food, that will affect your children's health long term. All of these things are connected."* (**In Sickness and In Wealth**, Central Library 3/3/08)

*"We saw that there was health inequality and I found two main things cause it. First is social factors that can be controlled. The second is the power to control them. . . We make choices but within limits we are given. Society determines what you eat, where you live, what kind of education we can pursue. The problem is that policy needs to change.  The people who make policy need to make changes."* (**In Sickness and In Wealth**, Gresham Library 3/2/08)

*"One of the lines that stuck with me was 'economic policy is health policy.' What are our elected officials going to do about these things? Multnomah County should have a forum so people know where legislators sit on the issues."* (**In Sickness and In Wealth**, PCC Cascade 3/8/08)

### Problems/Causes

Although each of the episodes contained a separate message, the discussions following each episode overlapped substantially.  For example, access to health care was mentioned in nearly all of the discussions regardless of episode viewed.  When asked about the problems they saw and how they relate to Multnomah County recurring themes emerged.  Among these were access to health care including culturally competent care and mental health care, misplaced health care spending, access to healthy foods, affordable healthy housing, transportation,

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crime, hopelessness and lack of power, challenges for immigrants, and government responsibility. The recurring causes of health inequities that were discussed include racism and discrimination, gentrification, capitalism and consumerism, income and wealth distribution, and poverty. It should be noted that what some people considered problems others considered causes and that the categories are used only for ease of presentation.

## Access to Affordable and Culturally Appropriate Health Care

Although access to health care was not necessarily seen as the primary contributor to health inequities, it was clear that most of the community participants felt that access to health care within the current system was unacceptable. The requirement of co-payments discouraged some viewers from seeking health care. Others reported that when people become unemployed, they stop taking medications.

*"I lived in Germany for 5 ½ years. They had great health insurance benefits. The U.S. is 100 times richer but we can't take care of the health issues."* (**Becoming American**, Gresham Library 3/16/08).

*"We talk a lot about community and diversity, but the health care system is unacceptable the way it is set up. We need access for everyone, even immigrants. Plenty of people like me don't have access."* (**Becoming American**, Midland Library 3/24/08)

*"I had pains in my chest, but have to pay co-pays. Everyone might think differently if they have no coverage. We have probably the worst health services in the world."* (**Place Matters**, PCC Cascade 3/22/08)

*"The U.S. is the only industrial nation without guaranteed health care for its citizens. When unemployment happens and benefits get lost, things get out of control. People stop their depression medications."* (**Not Just a Paycheck**, Midland Library 4/14/08)

The need for culturally competent mental health services was mentioned by many. Not only is there a need for access to mental health care, there is also a need to address the stigma associated with mental health.

*"An outlet for mental health support would be crucial, and it needs to be     affordable and available."* (**When the Bough Breaks**, New Columbia 5/3/08)

*"Affordable, if not free, mental health would have to be available."* (**When the Bough Breaks**, New Columbia, 5/3/08)

*"Blacks won't go to see mental health doctor, because of stigma. Multnomah County should put an emphasis on mental health of the Black community. . . Mental health needs to be addressed."* (**In Sickness and In Wealth**, PCC Cascade 3/8/08)

*"Mental health is a factor. It affects everything in our life. When you beat down a culture and expect them to be resilient it is unrealistic."* (**Collateral Damage**, Midland Library 4/21/08)

In addition to the problems associated with the cost of health care, problems with the lack of culturally competent care were also discussed. Viewers indicated that providers need to take the time to understand patient needs and to be sensitive to variations in communication style that are based in culture.

*"When Black people go to a doctor, they are seen by a white physician. They (white physicians) don't understand. It's a circular conversation. People say they are fine when they go to the doctor when they are really not."* (**In Sickness and In Wealth**, PCC Cascade 3/8/08)

*"There are not a lot of people of color in the health care field serving people. People aren't comfortable going to people outside their cultural group to get care."* (**When the Bough Breaks**, PCC Cascade 4/12/08

A few of those who participated seemed satisfied with the current health care system or were fearful or universal health care.

*"Health care is expensive. My health insurance is too, but I feel blessed to have it."* (**Place Matters**, New Columbia 4/19/08)

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*"About universal health care. I know someone who died in Canada. She waited for surgery. She could have gotten the surgery down here. I'm not saying that our health system works, but others have problems."* (**Becoming American**, Gresham Library 3/16/08)

## Misplaced Health Care Spending

Participants in the community dialogues were dissatisfied with the distribution of health care spending. The inadequacy of health promotion and prevention spending was seen as a primary contributor to the overall cost of health care.

*"The State pays too much money for emergency room services, rather than prevention."* (**Place Matters**, New Columbia 4/19/08)

*"The way we approach health, we are willing to fix problems but not to prevent them. I'm interested in what we can do to improve our quality of life."* (**Bad Sugar**, Gresham Library 3/30/08)

*"Everyone pays for bad health of the community, through increased health care costs, prescriptions, and insurance premiums."* (**Place Matters**, 4/19/08)

*"Spending on the health care system goes to health insurance companies. All they do is dictate what doctors and services we should get. The third party takes a big part of the money. It is unfair."* (**Becoming American**, Gresham Library 3/16/08)

## Access to Healthy Foods

Dialogue participants experienced a variety of factors that influenced whether or not their diets included healthy foods such as fruits and vegetables. Among the challenges are high costs of fresh fruits and vegetables, poor nutrition standards for school lunches, the prominence of fast food outlets, and busy lifestyles.

*"We do have famers markets and school food programs that are making things better, but there needs to be a lot more effort on a continuous level.  The choice of what we can eat does not extend to all income levels."* (**Bad Sugar**, Central Library 3/31/08)

*"We can't afford the food on the outside rows of the grocery store (where fruits, vegetables, and meats are usually displayed). I can buy three packages of top ramen for the price of one bell pepper. I can have calories or one pepper."* (**Bad Sugar,** Central Library 4/7/08)

*"School nutrition bills and federal regulations say they have to hit a certain number of calories. It resulted in empty calories. We are measuring the wrong thing. Calories are part of the problem. Let's measure success by nutrition of the food."* (**Bad Sugar**, Central Library 4/7/08)

*"We should be eating food from our own cultures. Fast food is cheap and     available to the young."* (**Becoming American**, Central Library 3/17/08)

*"I think it is lifestyle. I'm a student and I'm barely at home. I'm getting kind of fatter."* (**Becoming American**, Gresham Library 3/16/08)

One participant in the dialogues noted the irony of fresh fruits and vegetables being unavailable to migrant farm workers due to their high cost.

*"Farm workers are keeping the food safe for everyone else, but the irony is not having it for themselves. Frontline of our food security have the most diminishing health status."* (**Becoming American**, Midland Library 3/24/08)

### Affordable Healthy Housing

A variety of problems confront those in need of affordable housing in Multnomah County. Not only is the supply of affordable housing inadequate, few of the homes that are available have the 'breathe easy' features, such as insulated windows and ventilation that filters fresh air, that lessen the challenge of living with asthma that are described in the Place Matters episode from the *Unnatural Causes* series.

*"Affordable housing is not available anymore in this state. It's a huge issue."* (**Not Just a Paycheck**, Midland Library 4/14/08)

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*"We hear about indoor air quality but our experience is that it is very difficult and expensive to make a home healthy."* (**Place Matters**, PCC Cascade 3/22/08)

*"Contractors build according to bare standards."* (**Place Matters**, New Columbia, 4/19/08)

## Transportation

A few viewers talked about transportation-related concerns. One viewer stated that TriMet provides better service in Portland than in Gresham. Another viewer related that it is easier to bike in France where bike lanes are on the sidewalks rather than in streets. In contrast, the viewer found it frightening to ride a bicycle in Portland.

*"TriMet is good in Portland, but not out here (in Rockwood)."* (**Place Matters**, Gresham Library 3/23/08).

*"I've noticed that in France there is no one who is overweight. . . Most people don't have cars, there are bike lanes on the sidewalks not on the streets. It is easy to bike there. You fear for your life in Portland. It's about planning and transportation, better access to parks. There is a park around every corner there."* (**Bad Sugar,** Gresham Library 3/30/08)

Another viewer noted that solutions to health inequities that required people to come together were not available to everyone, because some people do not have access to transportation.

*"I agree about having people come together, but they have no transportation . . ."* (**In Sickness and In Wealth**, PCC Cascade 3/8/08)

### Crime

It is interesting to note that when crime was discussed as a problem it tended to be within the context of challenges such as lack of access to food and shelter, and intergenerational poverty.

*"I see more crime because basic needs are not being met.  Some people are going to get drugs and what they want because they don't feel they can get what they need. They don't believe in us – they don't believe there is a chance. They think only of surviving once they believe they won't ever have enough to eat or a place to sleep."* (**In Sickness and In Wealth**, Central Library 3/3/08)

*"I can be so disturbed by gangs and problems we have, they are not new problems. They are passed from generation to generation."* (**Place Matters**, Midland Library 3/17/08)

### Hopelessness/Powerlessness

Hopelessness and feelings of powerlessness are closely associated with poor health outcomes.[3] Feelings of hopelessness and powerlessness were expressed by some community dialogue participants and insight into the oppressive conditions that cause these feelings was provided by others.

*"I see a general sense of despair in my community. People don't know what or how they can make an impact."* (**Place Matters**, Northwest Library 4/2/08)

*"Health is related to the ability to control your own destiny. If you look at populations that have experienced slavery or other oppression you will see this."* (**Bad Sugar**, Gresham Library 3/30/08)

*"I think overarching all of this is a philosophy of no responsibility on the part of those that are oppressors. Economically whoever has the most power can do whatever they want. There are no consequences for hurting others. . . Like in the case of FEMA and Katrina survivors. . . . How do we change the whole structure so this can't happen? What about this whole overarching issue, this Machiavellian thing?"* (**Bad Sugar**, Midland Library 4/7/08)

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## Challenges for Immigrants

Immigrants in Multnomah County experience challenges similar to those experienced by low-income families. These include access to culturally competent health care, affordable housing, and healthy foods.  In addition, immigrants may face language barriers and the challenge of balancing the pressure to assimilate into American society while maintaining their own cultural identity.  Many also live with the knowledge that the longer they are in the United States, the more likely they will face health challenges.

*"Children are the interpreters for their parents. Priests help the family buy the car because they can read the contracts. I used to work in a hospital. We had a 12-year-old doing interpreting on a maternity ward. That was in the 1980's, but it is still happening."* (**Becoming American**, Gresham Library 3/16/08)

*"In my family we forget to talk about our Vietnamese or Jamaican heritage. They forget, my children forget. They go to school and forget it, but don't talk about it. It isn't cool to talk two different languages. It looks like you just got off the boat. My kids are afraid that they will be made fun of for speaking differently or another language."* (**Becoming American**, Gresham Library 3/16/08)

*"Based on my experience, this society and culture makes us sick. In school, they teach our kids to be independent, when they come home, we teach them to depend on each other. They say we don't want to listen to you. We have to work hard to keep the food on the table, so we have no time to watch them. We blame it on the society, the structure. That is why we become sick."* (**Becoming American**, Midland Library 3/24/08)

Additionally, some viewers noted that affordable homes were often too small to accommodate whole families.

*"The houses were too small to take in families. We moved further away because we needed more room, but family and community became more diverse. Then we had problems. Wouldn't it be nice if the city/county made living affordable in the ethnic enclaves so that we could stay?"* (**Becoming American**, Midland Library 3/24/08)

Social isolation is another challenge facing immigrants, especially if they are not able to find housing near people of their own culture.

*"This goes back to the question of social isolation. . . Multnomah County and city need to realize that we land as families and groups, not as individuals."* (**Becoming American**, Midland Library 3/24/08)

## Government Responsibility

Clearly, participants in the community dialogues believe that government at the local, state, and national levels should take leading roles in addressing health inequities. At the first screening one participant asked, "What are our elected officials going to do about these things?" Others have asked for greater voice in program and policy decisions and for better coordination of services.

*"I'd like to see a greater connection between what the county is doing and what's going on in the community. Have those candidates running for mayor say what they want to do when they get into the communities. Will they say 'it's your program," and put resources into communities and let them (the community) create the programs?"* (**In Sickness and In Wealth**, PCC Cascade 3/8/08)

*"It is my belief that part of the problem when you say political solutions are inadequate, is that the people designing solutions don't understand the problem like the people experiencing the problem."* (**In Sickness and In Wealth**, Central Library 3/3/08)

*"The system is fragmented and you can't find the right agency to help you. There is a general lack of communication about who is really providing what. Agencies say they do something but they don't actually do it. Agencies should partner and coordinate services better within Multnomah County government."* (**Becoming American**, Central Library 3/17/08)

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*"The way people's needs are met by government agencies is not good for people's health. Maybe there is a different way for people to live as a community and help each other. Going through bureaucracy is difficult and time consuming."* (**Becoming American**, Central Library 3/17/08)

Some viewers expressed feelings of shame at the treatment of Native Americans and Pacific Islanders by our federal government.

*"It's stunning to see the complete lack of accountability. Exploitation, racism – so many of the worst characteristics of humans are responsible. It is shocking and shameful that we are all connected with a government that does this. Certainly we don't know, we were not taught about this."* (**Collateral Damage,** Central Library 4/14/08)

Finally, some believe that the problems of racism, poverty, and access to health care can only be resolved when there is sufficient national will for government to step up to the challenge.

*"It speaks to whether we have the national will to solve issues of racism, access to health care, and poverty. There are things that we can individually take actions on but we are doing it in the context of a nation that lacks the will to take action. This is a national problem and it isn't a matter of growing a garden, or getting along with your neighbor. Until we build a community where we all work together we will not make progress even if there is education."* (**Bad Sugar**, Gresham Library 3/30/08)

### Racism and Discrimination

The stressful effects of being the subject of racism and discrimination and the subsequent effects on health were made clear in the *Unnatural Causes* series. Similar effects occur in Multnomah County where populations of color, particularly African Americans, experience poorer health outcomes than the white population. Many participants in the community dialogues noted

that education does not protect against the effects of racism. Others noted evidence of discrimination in the response to drug problems in Multnomah County and commented on the lack of progress in acceptance of African Americans over the past 40 years.

*"Even with education, racism affects health. You can be the most educated person, but with racism you still have stress."* (**In Sickness and In Wealth**, Central Library 3/3/08)

*"There was little action when the crack problem began. When it became a white epidemic, actions were taken, and we're really talking and doing things about meth addiction and that is affecting mostly whites."* (**Place Matters**, New Columbia 4/19/08)

*"In 1968 in Portland, some neighborhoods were not ready for African Americans to come in; some white families even moved out. Here it is 2008, and there really hasn't been that much change.*" (**Place Matters,** New Columbia 4/19/08)

*"When I was attending a Black college my stress level changed versus being raised here in the Northwest. There just wasn't that additional question of performance and why was I performing well. There was not an expectation that I would not perform well."* (**When the Bough Breaks**, PCC Cascade 4/12/08)

*"At first I was overwhelmed when I saw the video. Seeing that lawyer, the strong black woman syndrome and you're supposed to be strong and just get over the racism. But it stays inside you. We need to say to our daughters, you don't have to be that strong black woman. I don't want to have to be that woman. You don't have to hold it in; you don't have to be strong all the time."* (**When the Bough Breaks**, PCC Cascade 4/12/08)

Discrimination also affects those living in public housing.

*"Vocational rehab said I can't work because of health problems. Now I live in section 8 and I am viewed as a lower class person. I have been told that I should be under greater scrutiny because I am on section 8."* (**Place Matters**, Central Library 3/10/08)

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## Gentrification/Displacement

From the perspective of community members the gentrification of Northeast Portland has had an effect on both Northeast and East County where many of those displaced have been relocated.  One dialogue participant felt that gentrification had taken a toll on mental health of those in Northeast Portland; another felt that the move to areas in East County by those from Northeast was putting a strain on services and community cohesion.

*"I have seen a drastic change in mental health of sisters and brothers, and in the way neighborhoods look because of gentrification. Not disrespecting people for moving here, but blacks take the fall, but must also take the blame for leaving their community…We have already decimated the Black community, now gentrification, and the  mortgage crisis."* (**In Sickness and In Wealth**, PCC Cascade 3/8/08)

*". . . I live in this neighborhood; it's so different from 10 years ago. I see how it's become forgotten.  People aren't investing in this neighborhood as much as others. Gentrification and displacement are happening."* (**Place Matters**, Midland Library 3/17/08)

*"As gentrification has happened, poverty has moved out here. Some services have moved, but they are not moving out here as fast as the people. Look what gentrification has done to community cohesion."* (**When the Bough Breaks**, New Columbia 5/3/08)

## Capitalism and Consumerism

The U.S. capitalistic economy is seen by many as contributing to the types of problems depicted in the *Unnatural Causes* documentaries. Problems associated with capitalism include: (1) Using business incentives to attract businesses to a specific geographic area only to have them leave when there appears to be

no advantage to staying. (2) Businesses need to earn a profit for their owners or stakeholders and in many cases to pay union salaries. To keep the business in the area, consumers need to be willing to pay for higher-priced goods. (3) We do not expect manufacturers to invest in the community. (4) Capitalism encourages people to consume more goods and services than they actually need.

*"The government is happy to lure a company into an area with business advantages, yet do not create a reason to keep them here."* (**Not Just a Paycheck**, Central Library 4/7/08)

*"We need to regulate capitalism better. Are we willing to pay more for a U.S. product? According to our laws, corporations are obliged to get the highest return of profit for shareholders."* (Not **Just a Paycheck**, Central Library 4/7/08)

*"We lack expectations for manufacturers to invest in the community in this country."* (**Not Just a Paycheck**, Central Library 4/7/08)

*"We give incentives like tax breaks to get a business to come into an area, why shouldn't we get incentives from them if they leave?"* (**Not Just a Paycheck**, Central Library 4/7/08)

*"We are able to control our wants. In third world countries, people adjust and don't want as much stuff. They want what is needed to survive. When people get here they see Land Rovers. Is that why people have to work so hard?"* (**Becoming American**, Gresham Library 3/16/08)

*"People go into debt and have continuous stress. They're trading a flat screen TV for health."* (**In Sickness and In Wealth**, PCC Cascade 3/8/08)

## Income and Wealth Distribution/Poverty

Some of the viewers pointed to income and wealth inequities as problems associated with or causes of inequities in health. They saw the problem as stemming from living in areas of poverty without opportunities to earn a livable wage. One viewer believed that these areas persist because people with money fear that mixed incomes will lead to neighborhood deterioration. Another viewer pointed out that while the situation exists, the disparity between the rich and the poor continues to grow.

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*"Health problems intersect with neighborhood problems. You're affected by place and income. How many of the problems would occur in neighborhoods with a livable wage?"* (**Place Matters**, Gresham Library 3/9/09)

*"The people who have the money are separatists. They believe letting people in will bring their neighborhood down so they put walls up in their minds."* (**Place Matters**, Gresham Library 3/9/08)

*"The disparity between the rich and poor is growing."* (**Place Matters**, Gresham Library 3/9/08)

## Social Isolation

Social isolation was often seen as a problem associated with health inequities. Viewers linked social isolation with too much television, the elderly living alone, and the mobility associated with job relocation.

*"I think the problem is kind of alienation of people from each other. You get a sense that you're in this by yourself. It has come to a point where people identify more with characters on TV than with people."* (**In Sickness and In Wealth**, Central Library 3/3/08)

*"There are different groups who are isolated. The elderly are susceptible to this, they worked their whole lives. They have kids, but still live alone and fail to realize what is changing."* (**Becoming American**, Gresham Library 3/16/08)

*"There's a lot of mobility related to jobs that keeps you disconnected and constantly reacquainting yourself to a new place. It is an anomaly to stay in one place in professional circles."* (**Becoming American**, Central Library 3/17/08)

## SOLUTIONS

The solutions proposed by viewers of the documentary series tended to fall into three categories – policy level recommendations, ideas for practice improvements, and proposals for individual actions. In some instances, there is considerable overlap between policy and practice recommendations or between practice and individual recommendations but they have been categorized on the basis of judgment for ease of discussion. Examples follow.

### Policy

Many participants seemed to believe that health inequities need to be addressed through policy change.

*"I think the perception is that health is individual choice. It is more than personal choice. . . Policies need to empower individuals."* (**In Sickness and In Wealth**, Gresham Library 3/2/08)

One viewer felt the problems presented in the first documentary, **In Sickness and in Wealth**, would be particularly responsive to policy changes made at the appropriate local, state, or federal level.

*"I was struck from the very beginning at how solvable it was. You just see the fast food places and no grocery stores and all of those simple things that are so doable. I think that the kinds of things that can be done to relieve stress – home ownership among African Americans, the zoning for not so many fast food places, being able to walk outside – those are doable. Do those kinds of things that can be solved from a leadership perspective."* (**In Sickness and In Wealth**, Midland Library 3/10/08)

### Practice

Recommendations for practice improvements that were made by viewers were aimed at a variety of organizations including Multnomah County Health Department (MCHD), schools, and medical practices. These recommendations suggest organization, service, or product changes that can be put into affect by administrative decisions. The example below was directed to MCHD.

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*"Some of this (the product of the dialogues) is awareness, I'm sure, but it needs to end in action. We can do this in our private lives, but how do we deal with institutions that affect our health. Consider coming out with a document that lists the specifics of what we can do."* (**Collateral Damage**, Central Library 4/14/08)

## Individual

The third category of recommendation was aimed at the individual or group level. These are actions that the individual can take either alone or in connection with a group of other individuals.

*"One of the things I heard in the film, the phrase control of destiny is a key thing. There are small ways that even if you are at a lower income and not the CEO that you can feel in control of your destiny. And those are bite size things we can work on. Like community organizing, control of place we live in, beautification, partnering with neighbors to clean up."* (**In Sickness and In Wealth**, Midland Library 3/10/08)

Viewers recommended solutions in a variety of domains that correspond loosely to the problems and causes that they identified following the documentaries including access to affordable and culturally appropriate health care, access to affordable and healthy food, affordable healthy housing, accountability, public awareness and engagement, empowerment, health promotion, income and wealth distribution, racism, sustainability, transportation, values, and workforce development. For each of these domains, policy, practice, and/or individual recommendations that were generated by viewers are presented.

Access to Affordable and Culturally Appropriate Health Care
Both policy and practice level solutions to improve access to health care were offered by viewers.

## Policy

Policy recommendations included provision of universal health care coverage, requiring companies with more than 20 employees to provide health care, requiring affordable or free access to mental health services, and requiring insurance coverage for alternative practice.

*"I'm for universal health care. We all deserve it for free like in other countries."* (**Becoming American**, Gresham Library 3/16/08)

*"I think there should be legislation that says that any company that has over 20 employees should pay towards a health care plan."* (**Not Just a Paycheck**, Midland Library 4/14/08)

*"Mental health support is crucial; it should be affordable if not free."* (**When the Bough Breaks**, New Columbia 5/3/08).

*"Paying for alternative practice is less expensive and a better investment. That's shut off because dollars go to allopathic (conventional) medicine."* (**Place Matters**, PCC Cascade 3/22/08).

## Practice

Among the practice level solutions offered was a recommendation for health care providers and hospitals to collaborate to create an urgent care center that would divert patients from more expensive emergency departments.

*"Get OHSU, Emanuel, the County, and all hospitals to pay for an urgent care center to prevent uninsured from using the most expensive resources – emergency rooms."* (**Place Matters**, New Columbia 4/19/08)

Other practice recommendations included establishing health clinics in the work place, providing additional cultural competence training, and directing providers to take the needed time to understand patients concerns and needs.

*"Let's get employers to think about health clinics in the workplace."* (**Becoming American**, Midland Library 3/24/08)

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*"One of the things that they might think about is having more race dialogues among medical professions because they don't get this piece. They think it is all psychological and that socioeconomic status doesn't have anything to do with your health outcomes."* (**When the Bough Breaks**, PCC Cascade 4/12/08)

*"Doctors need to take the time to really find out what is going on with you and how you are doing."* (**In Sickness and In Wealth**, PCC Cascade 3/8/08)

## ACCESS TO AFFORDABLE AND HEALTHY FOOD

### Policy

Among the policy recommendations related to healthy foods were banning the sale of junk foods in schools, requiring food labeling so that consumers know what chemicals are in their foods, permitting the use of food stamps at more farmers markets, and continuing support for community gardens.

*"We need to exclude the junk and the parents should be asking for this to happen. The soda machines in schools are there to raise money for the school. . . It is a complex issue and everyone has to get in on the act and has to provide support through political action or other ways to get the bad food out."* (**Bad Sugar**, Central Library 3/31/08)

*"I worked at the VA and learned about chemicals the food industry used. They have an obligation to tell us what is in food in simple terms so we know what we are eating."* (**Becoming American,** Gresham Library 3/16/08)

*"Community gardens serve multiple purposes. They support community involvement, give fresh vegetables for yourself and to sell, and provide an opportunity to get to know your neighbors."* (**Place Matters**, New Columbia 4/1908)

### Individual

At the individual level there was support for valuing the fertile Willamette valley in the same way that the rose garden is valued. Through this endeavor fresh food would be made available while promoting a sense of community pride.

*"We live in a fertile valley, in a big way we have a community garden. We could treat it like the rose gardens, with high esteem. We could create a kitchen, we could raise ourselves up with this wonderful soil we have."* (**Bad Sugar**, Midland Library 4/7/08)

## AFFORDABLE HEALTHY HOUSING

### Policy

Viewers generated a variety of policy ideas to assure the availability of healthy homes including setting standards for indoor air quality and promoting "breathe easy homes." Breathe easy homes are constructed with special features to improve indoor air quality and reduce air pollutants. Special features include airtight construction to reduce opportunities for mold growth, insulated windows and an insulated foundation to reduce dust and pollen, and the use of ventilation that removes stale air and filters incoming fresh air.

*"I think putting something about indoor air quality into the building codes would be helpful. If it was a baseline part of the building code, everyone would do it."* (**Place Matters**, Central Library 3/10/08)

*"I would advocate that the asthma project should be the norm for all buildings."* (**Place Matters**, Central Library 3/10/08)

*"Building standards need to be redefined to include better building codes. There should be incentives to build better – breathe easy – homes rather than building faster."* (**Place Matters**, New Columbia 4/19/08)

Other recommendations included putting exercise rooms in new public housing, building more mixed income developments, and expanding requirements for rental inspections.

*"The Housing Authority is building new units on Alberta and Vancouver. The Health Department or government should work with them to put in exercise rooms. Some days it's too cold or hard to get out. Exercise rooms would encourage people to work on their health."* (**Place Matters**, PCC Cascade 3/22/08)

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*"What about mixed income developments? For every million dollar house, they should have a $200,000 house. . . We need to talk about them as our people that are poor, not as those people."* (**Place Matters**, Central Library 3/10/08)

*"When owners lived off-site, didn't the city (Gresham) pass an ordinance requiring inspections to make sure the properties were inspected? I remember seeing a televised City Hall meeting where community said 'this is not acceptable.' They weren't originally invited to the table, but they made themselves heard."* (**Place Matters**, Gresham Library 3/9/08)

Finally, one viewer proposed that savings from the reduction of emergency room visits due to asthma be diverted to further increase the number of healthy homes.

*"The trouble is getting the $3000 in emergency room visits (savings) and using it for healthy homes."* (**Place Matters**, Central Library 3/10/08)

## ACCOUNTABILITY

### Policy

Some of the viewers indicated that they would like to see a greater level of accountability for some of the current county actions. For example, in discussing business incentives, one respondent noted that,

*"There needs to be some consideration to giving business tax breaks because it's supposed to bring in more jobs. I want to know if that happens, because I've heard that it doesn't. There needs to be some accountability. . . Is it benefitting our community or is it economic blackmail?"* (**In Sickness and In Wealth**, Midland Library 3/10/08)

Other viewers noted a need to evaluate services that are currently provided, and a need to take a more holistic approach to provision of services.

*"I recently applied for weatherization. Some of the services that we think exist need to be reevaluated to see what they actually provide. We need to use the resources that we have available to form a cooperative. We have a lot of money coming in and it's about providing appropriate distribution."* (**Place Matters**, 3/10/08)

*"We don't see things as connected. We are not using our resources to the best we can to address issues. Education, housing and anti-violence are all connected."* (**Place Matters**, Midland Library 3/17/08)

Greater county involvement in assessing the health impacts of new policies, programs, and community projects was also recommended.

*"We can talk about things like the cola plant (in the film) and the process they had to go through to get permits and tax breaks to bottle their soda, but they never had to file a health impact statement. That is something we should have our county start doing for new projects. Have them define what the impact on health will be."* (**Bad Sugar**, Central Library 3/30/08)

*"Health Impact Assessment should be done with new buildings and products themselves."* (**Bad Sugar**, Central Library 3/30/08)

## Public Awareness and Engagement

Education and community participation were often seen as solutions to problems associated with inequities and as a means of understanding the inter-relationships of health, social, and economic policies.

*"People with less power to change things . . . may not know what is affecting them. That's where education comes in. Education is vital."* (**In Sickness and In Wealth**, Gresham Library 3/2/08)

Participants defined education broadly including not only formal education, but informal exchanges of information as well. Policy, practice, and individual level solutions were offered.

## Policy

Continuation and expansion of two Portland area education programs, SUN Community Schools and Connected by 25, were proposed by viewers. SUN Community Schools are a joint effort by Portland area school districts, Multnomah County, and Portland Parks and Recreation. SUN Community Schools transform neighborhood schools into full-service community centers. The

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program links families with education, health and social services, multi-cultural and cultural arts, recreation and leisure activities, and opportunities for community involvement[4]

*"I work in SUN schools and their goal is to make the school a community center, tapping into what is in the community already. Maybe we could expand on that."* (**When the Bough Breaks**, PCC Cascade 4/12/08)

Connected by 25 is a coalition of more than 35 community groups, educators, business leaders, and policy makers who are dedicated to ensuring that young Portlanders are connected to school, work, and community by age 25. The program seeks to provide youth with the resources, skills, and connections that they need to succeed in education and work. The group has recognized that the transition from eighth to ninth grade is particularly important and links youth to critical services to support them during that period and beyond[5].

*"There is an achievement gap between 8th and 9th grades. The biggest predictor (of high school drop out) is if they don't have enough credits by eighth grade. Portland school foundation works with Connected by 25 – once you get kids connected, their chances are much better. They are looking to get them employment and a mentor, and to work with them during the summer to try to figure out how to keep kids in school."* (**Place Matters**, Midland Library 3/17/08)

## Practice

A need to continue the discussions about health and social inequities was expressed in nearly all of the dialogues following the documentaries. Viewers saw opportunities to encourage further conversation through the use of public media campaigns, and through encouraging dialogues in churches, neighborhood and school settings as well as in organizations that provide services to young women. These conversations would not only raise awareness of inequities, but would provide information to teachers about the diversity of their students and to young women about the risk factors for low birth weight and infant mortality.

*"I took the bus here. There was not one public service announcement in any language other than English. It's a missed opportunity. We could use buses to encourage public conversation."* (**Bad Sugar**, Midland Library 4/7/08)

*"Keep opening up the dialogue in churches, neighborhoods, schools. Teachers need to be aware of differences in students' backgrounds. Dialogue and communication may be a start."* (**When the Bough Breaks**, PCC Cascade 4/12/08)

*"I think taking ownership is really important. The county, city, and state should work with non-profit groups that work with women to help create or augment informational toolkits to make people aware of these issues. Not just women's groups but organizations like SEI that have young women in their organizations to create girls groups. This is the information how can we get it out there?"* (**When the Bough Breaks**, New Columbia 5/3/08)

A few viewers suggested continued conversations as an effort to keep the public informed and government more transparent.

*"I'd like to see Multnomah County facilitate more conversations about things we don't know about right here in Multnomah County. Not necessarily about health. I think I will send an e-mail to Ted Wheeler."* (**Collateral Damage**, Midland Library 4/21/08)

Other practice improvements proposed by viewers included additions to school curriculum and additional health education. It was suggested that the *Unnatural Causes* series be included in health curriculum and that courses in civics, nutrition, physical education, and personal finances be reinstated in schools.  Viewers also expressed a need for additional health education for youth in the areas of diabetes and risks for poor birth outcomes.

*"I think this series is excellent and needs to be included in curriculum for younger people – the future policy makers who will decide on water issues."* (**Bad Sugar**, Central Library 3/31/08)

*"Have to drill down to younger people and teach our children how to participate as citizens. We need civic education and civic participation. Our school system doesn't teach that."* (**In Sickness and In Wealth**, Midland Library 3/10/08)

*"We need to reinstate nutrition and physical education in schools. Lots of people around me don't know what a healthy diet is."* (**Place Matters**, PCC Cascade 3/22/08)

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*"Require mandatory courses in school on savings and financial literacy."* (**Not Just a Paycheck**, Central Library 4/7/08)

*"There should be education in schools to teach kids how to avoid diabetes."* (**Bad Sugar**, Central Library 3/31/08)

*"Educate youth at a younger age on the possibilities that this could happen (low birth weight, infant mortality). Younger teens are expecting and aren't aware of what can happen to their babies. It's more prevalent in African American families than Caucasian families and these young women need to know that as well as young men need to know so they can be prepared."* (**When the Bough Breaks**, New Columbia 5/3/08)

### Individual

Many of the viewers saw community engagement as a way to achieve solutions. They advocated for community engagement as a means for individuals to unite to improve schools and to influence policy. An added benefit is that through community engagement individuals may begin to feel they have some ability to control what happens in their lives through their joint influence with others on community policy makers.

*"We need to work to connect people. Part of the break down is cocooning in our homes. More community organizing in the county and the city can bring resources to improve schools. There are small community grant programs to give resident groups little bits of money to do things."* (**In Sickness and In Wealth**, Midland Library 3/10/08)

*"When people organize they begin to take control. So much in the community can affect policy and can exert pressure on negative influences such as the number of fast food restaurants. Communities can say we don't want more fast food restaurants and make restrictions possible."* (**Place Matters**, PCC Cascade 3/22/08)

Others saw joining community coalitions or becoming involved in community gardens as a way to become more engaged in the community. One women challenged others to get to know their neighbors and to become involved in community health decisions.

*"I am joining a coalition in North Portland, Healthy Eating and Active Living, involving communities and parents. There are so many opportunities to join coalitions, and nonprofit groups."* (**Becoming American**, Midland Library 3/24/08)

*"I was thinking about community, we're talking about community gardens, social gatherings. How many do we have in areas of town that don't have as much access to fresh produce? How can we connect all of the pieces, harvesting together, giving bored kids something to do, and cooking meals together?"* (**Place Matters**, Midland Library 3/17/08)

*"I want to challenge people to get to know their neighbors, to participate in community health decisions, and become involved."* (**Place Matters**, Northwest Library 4/2/08).

Viewers saw community participation and exchanges of information as ways to continue education.

*"Education is being informed in a variety of ways. It's exchanging information. Everyone has knowledge. No one person has all of the solutions. If everyone participates, together we can make a difference."* (**In Sickness and In Wealth**, Gresham Library 3/2/08)

*"If stress, or lack of control, determines health, we can give people more options. Education gives you more options – a wider menu of options."* (**In Sickness and In Wealth**, Central Library 3/3/08)

### Empowerment

The link between stress and health was one of the primary messages of the ***Unnatural Causes*** series. Viewers agreed that stress is a major factor in determining health, but also felt that stress is very difficult to control. One woman stated,

*"What we can do is make policies that empower people and inform people so that they can take charge of their environment"* (**In Sickness and In Wealth**, Gresham Library 3/2/08).

The following ideas offered by viewers have been grouped under empowerment since they all deal with increasing the capacity of individuals or groups to make choices and take desired

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actions[6]. The suggestions made ranged from including affected community members in the decision making process to developing new programs such as the Y.E.S. (Youth Empowerment Strategies) program mentioned in the documentary series.

## Policy

One viewer suggested that the Youth Empowerment Strategies program should be used in Multnomah County and extended to include both youth and adults in civic engagement. The Y.E.S. program is an afterschool empowerment and research project for early adolescents that provides opportunities to engage in civic improvement programs with other youth[7].

*"Develop a Y.E.S. program for adults as well as children to raise hope and self-esteem."* (**Place Matters**, Northwest Library 4/2/08)

Another viewer suggested requiring a community capacity building component to all grant proposals.

*"What about requiring a community capacity building component to all Health Department grants?"* (**In Sickness and In Wealth**, Gresham Library 3/2/08)

## Practice

Including affected people in decision making was proposed by several viewers.

*"Have the affected people be a part of the decision making."* (**Collateral Damage**, Midland Library 4/21/08)

*"County should reach out to immigrants to find solutions within the immigrant population. They may have solutions that white people may not have at all."* (**Becoming American**, Central Library 3/17/08)

One viewer appeared to feel that including community members in decision making would help to change the expectation that the government would be the provider.

*"We have such a welfare state that people expect to be served and we have to break the (government as) provider model. It should be everybody in the circle – it's a community – everybody is part of the contribution. The county and city should step back more and ask 'How should we serve you,' instead of giving statistics and saying, 'the statistics say this, so we are going to do this."* (**In Sickness and In Wealth**, 3/10/08)

## HEALTH PROMOTION

A variety of health promoting ideas at the policy, practice, and individual levels were offered by viewers. Since there is a great deal of overlap among topics such as health promotion, community engagement, and empowerment, other health promotion ideas were included in earlier sections of this report. For example, it was suggested earlier that individuals could increase community engagement through joining the Health Eating and Active Living coalition in North Portland, and that community gardens provide opportunities for community engagement. Programs such as these and others represent Health Promotion efforts. Health promotion-related solutions that have not been included elsewhere appear below.

### Policy
Viewers proposed that the County sponsor free or reduced cost fitness club memberships for low income residents.

*"The County should work with other organizations like exercise companies to offer low price or free memberships."* (**Place Matters**, PCC Cascade 3/22/08)

*"In dealing with stress, fitness is important. Can the County work with LA Fitness, 24 Hour Fitness, and Bally's to provide passes for low-income folks, especially as health plans are scaling back on wellness programs."* (**When the Bough Breaks**, PCC Cascade, 4/12/08)

### Practice
Increasing County involvement in women's health issues was recommended.

*"Is it possible for the County to work with young women in the community or in organizations that work with young women? Is there some way for the County to work with known health issues that affect young Black women, maybe in the clinics or in certain high schools?"* (**When the Bough Breaks**, PCC Cascade, 4/12/08)

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### Individual

At the individual level, viewers felt that individuals should learn more about their own risk factors and take charge of their own health.

*"Look at all the risk factors for one's own health. Find out what is within our control and solve it now."* (**Not Just a Paycheck**, Central Library 4/7/08)

## INCOME AND WEALTH DISTRIBUTION/POVERTY

### Policy

Some viewers felt that efforts should be made to achieve greater equity in wealth and suggested that corporations, such as those who benefited from the development of Northwest Portland's Pearl District should be required to give back to the community in some way.

*"Balance the wealth. How much in tax breaks were given to developers in NW Portland? We need to require corporations to take care of the community in which they do business."* (**Not Just a Paycheck**, Central Library 4/7/08)

There was support from some viewers for raising taxes if the money were spent on efforts to improve health equity.

*"We are in control of this situation. We are in charge of who is elected. Taxes pay for all of these things. We have to elect someone who will raise our taxes... The rules need to be changed."* (**Not Just a Paycheck**, Central Library 4/7/08)

*"Oftentimes people within the state are not even getting health care. The solution is about fairness. I don't mind if my taxes go up a little if I knew it was going to education, health, etc."* (**Not Just a Paycheck**, Midland Library 4/14/08)

## RACISM

### Policy

Many of the viewers of When the Bough Breaks were concerned or disturbed that the documentary reported that even after hurricane Katrina the majority of white women don't think that racism occurs. A few of those viewers suggested that community discussions are needed to address the topic of racism.

*"When Portland was going through a really bad period, they had an Intensive Dialogue Period, with youth and average citizens. It was carefully orchestrated with diverse groups to talk about what they heard – kind of like understanding racism. We need to have a dialogue to admit there is a problem. Look even with hurricane Katrina, 70% of white women don't think racism occurs."* (**When the Bough Breaks**, PCC Cascade 4/12/08).

## SUSTAINABILITY

### Policy

A few viewers suggested sustainability[8]-related solutions such as promotion of farming that serves local communities, smaller communities, less commuting, and greater focus on energy conservation.

*"Increase economic and social pressure to rebuild farming that serves local communities rather than importing a lot of food. Peak oil is on its way. We need to focus on energy. We need small self-sustaining communities."* (**Place Matters**, PCC Cascade 3/22/08)

*"We need less funding to manufacturing plants that take up 25 acres instead of using it for agricultural land."* (**Not Just a Paycheck**, Midland Library 4/14/08)

One viewer pointed out that there may be a "silver lining" associated with the current economic downturn. With higher fuel costs individuals might look for smaller communities where they could walk to shopping areas and for opportunities for new relationships with work (perhaps telecommuting). Thus, the timing may be right for new local policies.

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*"There may be some hopeful avenues for devising new relationships and building community in the current economic downturn. If gas costs $5 per gallon, like in Europe, there are incentives to build smaller communities."* (**Not Just a Paycheck**, Midland Library 4/14/08)

*"Pricing of more expensive construction, transportation costs, and fuel costs may change our relationships to work. There is an opportunity to take more local control."* (**Not Just a Paycheck,** Midland Library 4/14/08)

## TRANSPORTATION

### Policy
Some sustainability-type solutions were aimed specifically at transportation. Many viewers supported alternative modes of transportation such as walking, biking, and public transportation.

*"Our transportation system affects health. We could be walking or riding bikes. Give us separate bike boulevards and more walking and biking trails."* (**Place Matters**, Northwest Library 4/2/08)

*"We need less commuting from suburbia. . . and more emphasis on public transportation. Fewer federal dollars should be spent on highway development."* (**Not Just a Paycheck**, Midland Library 4/14/08)

Another viewer suggested that there should be tax disincentives for longer commutes.

*"There should be a law saying that if you drive two hours to work, you will be taxed."* (**Not Just a Paycheck**, Midland Library 4/14/08)

## VALUES

### Individual

The importance of passing on values and social norms to our children and the need for a shift in values were among the individual solutions suggested by some viewers.

*"Our parents understood that it's about what you do in terms of taking care of your family. As a parent, you are securing your grandkids future. Our parents leave that to their grand kids."* (**In Sickness and In Wealth**, PCC Cascade 3/8/08)

For one viewer, health inequities provided evidence of a crisis of values and prompted a return to a simpler lifestyle and greater emphasis one community.

*"It kind of affirms that we have a crisis of values. We have lost our way. We watch too much TV, and do too many things that don't contribute to health. Then racism on top of it. I'm trying to simplify my life and put more importance on community and less on stuff. It's a myth that living in the suburbs with a two-car garage would bring happiness. We need to get community gardens."* (**When the Bough Breaks**, Midland Library 3/31/08)

Some viewers felt that individual level solutions to discrimination and social isolation should begin with getting to know people who are not like yourself, celebrating cultures, and respecting different opinions, ways of life, and cultures.

*"Invite Americans to have a party. Invite people not like you to your house. Open your house to others."* (**Becoming American**, Midland Library 3/24/08)

*It seems we lack an honoring. We are rich compared to those around the world. Ways of celebrating the various cultures in Portland. Celebrating cuisines. The food that comes from the ground."* (**Becoming American**, Midland Library 3/24/08)

*"We need to ask everybody to respect other people's different opinions, choices, and ways of life – their cultures. I think we can talk if we all respect."* (**When the Bough Breaks**, Midland Library 3/31/08

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## WORKFORCE DEVELOPMENT

### Policy

Some viewers of Not Just a Paycheck which documented the loss of jobs due to a plant relocation proposed that Oregon should require that companies that leave Oregon finance worker retraining programs.

*"We should propose that commissioners as well as legislators pass a law that requires companies that leave Oregon to finance training programs for workers in industries that are growing here, like health care, engineering, technology, media, etc. This can be implemented at state and county level."* (**Not Just a Paycheck**, Midland Library 4/14/08)

## HEALTH EQUITY INITIATIVE COUNTY EMPLOYEE DIALOGUES

The nature of the complexity of health inequities was somewhat different for county employees than for community members. Community members noted the importance of social factors such as where you live, what you eat, and your education in influencing health inequities. Some county employees were struck by their multiple and conflicting roles. Many county employees see capitalism as a contributing factor to health inequities while at the same time making contributions to deferred compensation plans and participating in PERS. County employees know that taxes fund county programs, yet some also would prefer not to pay high taxes. The conflict in roles was described by one county employee as follows:

*"I'm struck by how complicated all of this is. We are stockholders. Property taxes are going up. We as individuals don't want to pay higher taxes. Because we don't want to pay more, we are inclined* to

*shop more at Wal-Mart. But, because there is a Wal-Mart it has put some of us out of work. It's hard to know how to shift things. It's all interrelated. It makes me step back and think about the factors that are contributing to this dynamic. . . I want the series with the answers."* (**Not Just a Paycheck**, McCoy 4/11/08)

In addition to noting the complexity of the determinants of health inequities, county employees also tend to feel responsible for finding solutions to address health inequities.

*"I am government. It is my responsibility to be part of the solution."* (**In Sickness and In Wealth**, East County 3/5/08)

*"If there is an action that you are a participant in then you are responsible for the problems."* (**In Sickness and In Wealth**, East County 3/5/08)

## PROBLEMS/CAUSES

### Access to Affordable and Culturally Appropriate Health Care

Access to health care was seen as a problem by many county employees who viewed *Unnatural Causes*. Among the challenges identified were the inability of small employers to afford health care coverage for their employees, the lack of paid sick leave for many employees, and the lack of preventive care.

*"People get really sick before they go to the doctor because they don't have health insurance and this is a strain on the system."* (**Bad Sugar**, East County 4/2/08)

*"We are willing to spend money after the fact to fix the problem, rather than to prevent it. It's not proactive, it's reactive."* (**When the Bough Breaks,** Multnomah Building 4/9/08)

### Access to Healthy Foods

County employees identified a wide variety of problems that make access to healthy foods difficult. The comparatively high cost of fresh fruits and vegetables compared to other foods was noted by many of the employees. Many noted that highly processed foods are often less expensive than fresh foods and that cheaper processed foods are often higher in sodium. Even when food stamps are available, they don't cover all of the needed food.

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*"If you have a choice of buying cheap or buying at the farmers' market, I'm going to go cheap."* (**Not Just a Paycheck**, East County 4/9/08)

*"Dense highly processed food is really cheap compared to fresh."* (**In Sickness and In Wealth**, Multnomah Bldg 3/18/08)

*"The food choices are pretty profound.  It is easier to get ten Ramen noodles for a dollar than to go to Wild Oats for organic broccoli".* (**In Sickness and In Wealth**, NEHC 3/6/08)

*"Food choices are a problem. The cheap food is full of sodium and causes high blood pressure."* (**Becoming American**, McCoy 3/21/08)

*"Food stamps don't go very far.  You have a coupon but it's still difficult to eat."* (**In Sickness and In Wealth**, Multnomah Bldg 3/18/08)

Compounding the problem of the high cost of food is the unavailability of fresh foods in some neighborhoods and, for some people, the lack of transportation to other areas.  Food storage and preparation may also be challenging for some.

*"Out this way, there's no where to buy healthy food.  It's easier to by fast food. Driving through the Rockwood neighborhood, can you find a grocery store? There is no access in that neighborhood to farmers market."*  (**Place Matters**, East County 3/12/08)

*"People without cars don't have access to fresh foods.  Only so many places you can go on a bus.  For some folks just getting to bus transportation is a problem.  You can't take a train or street car if you live in areas with very limited options for getting around."* (**In Sickness and In Wealth**, Multnomah Bldg 3/18/08)

*"Going along with the economic part is storage.  Some people have to shop every day.  If shopping once a week and no place to store going to get stuff in a box that doesn't need refrigeration.  It will be ruined if its produce."*  (**In Sickness and In Wealth**, Multnomah Bldg 3/18/08)

*"With my clients I've noticed that cooking is becoming a lost art. When fruits and vegetables are available and less expensive, they don't know what to do with them."* (**Place Matters**, NEHC 3/13/08)

Busy lifestyles and the availability of fast food restaurants may also contribute to unhealthy food choices.

*"People flock to all the fast food restaurants"* (**In Sickness and In Wealth**, Multnomah Bldg 3/18/08)

*"It is also a matter of time. When you are traveling one and a half hours to and from work and you have chores at home, it is hard to prepare a meal. Our days have shortened a lot."* (**In Sickness and In Wealth**, Multnomah Bldg 3/18/08)

### Affordable Healthy Housing
In addition to the challenge of finding affordable housing with clean indoor air, county employees noted that families they serve may also face additional challenges in finding housing when they have a criminal history.

*"I see it with the families I see. They tell me, 'We have mold, what can I do? I have a criminal history and have no options because no one will rent to me so I have to take housing that I can get."* (**Place Matters**, East County 3/12/08)

The high cost of housing has some people opting for long commutes in order to buy homes in less expensive areas.

*"Houses are expensive – people will live in Clark County to get more house for their money and they deal with 1.5 hr commute to get that. We have to make good choices – is it really worth it to have that commute?"* (**Becoming American**, Multnomah Bldg 4/2/08)

### Transportation
A few county employees talked about transportation related challenges. Both the cost of transportation in terms of money and time were of concern. Use of public transportation is particularly time consuming.

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*"It's not just the time but also the cost of gas."* (**Becoming American**, Multnomah Bldg 4/2/08)

*"People may have to take two buses and a longer commute to get where they need to (in order to use public transportation)… You can get to some places in 20 min by car but it takes 1.5 hrs to take public transportation and that's a problem especially if you don't have a car."* (**Becoming American**, Multnomah Bldg 4/2/08)

## Challenges for Immigrants

Similar to community viewers, county employees who participated in the *Unnatural Causes* dialogues identified a variety of challenges confronting new immigrants including language barriers, stress caused by trying to fit in, and loss of some aspects of their original culture. In addition, some suggested that immigrants may feel discouraged after having come to the United States to achieve a better life if that hope is not fulfilled.

*"Our American society is self-sufficient. My priorities are all materialistic now. Capitalism erodes the Vietnamese culture. I see depression in the acculturation process."* (**Becoming American**, McCoy 3/21/08)

*"Immigrants who come here have the dream, but very few are allowed to get there. It is for a few and not many."* (**Becoming American**, Multnomah Bldg 4/2/08)

Other problems confronted by new immigrants stemmed from discriminatory beliefs and actions by the dominant culture. Some of the viewers reported a general belief by others that immigrants take away jobs from Americans and that the dominant culture fails to recognize that immigrants become a viable part of U.S. society. Another viewer reported that he had heard a lot of talk about Southeast Asians bringing their health problems to the U. S. with them. Finally, one woman reported more overt discrimination toward her children by other youth.

*"It is often said that immigrants take away jobs from Americans. This belief leads to us versus them thinking."* (**Becoming American**, Multnomah Bldg 4/2/08)

*"Our perceptions are the problem. We may expect immigrants to come in and take resources without contribution, but they become a viable part of our society."* (**Becoming American**, McCoy 3/21/08)

*"There was lots of talk where I grew up that the Southeast Asians who immigrated here brought their own health problems. It was their fault, not our responsibility."* (**Collateral Damage**, McCoy 4/18/08)

*"Seeing the series is heartbreaking. When I had to leave my country to come here, I thought 'Why do I have to leave my country?' I had small children with me, and kids would walk by and spit on us and say 'go home.'"* (**Collateral Damage**, McCoy 4/18/08)

## Government/ Government Responsibility

Several county employees saw the money spent on U.S. dominance and war as contributing to health inequities by diverting money away from health care and the development of healthy neighborhoods.

*"We went from being a democracy of, by and for the people to world domination. Spending all this money over seas and destroying them and then putting our money into rebuilding. Destroying and rebuilding, we'd save money if we left them alone."* (**In Sickness and In Wealth**, East County 3/5/08)

*"I was thinking about the last six or seven years and the choices that congress and the president have made. I'm concerned about upside down priorities. I want money going for health care, to people to have basic quality of life. The Declaration of Independence is of, by and for people, what I've seen is government for the rich and powerful so that they can contribute to congressional elections. I'm heavily concerned about how national problems affect our State. We could do something in Portland – provide more health care, design healthy neighborhoods. We need money to go to help people. I'm heavily concerned about the future of our county. We have to stop war, and bring the money back home."* (**In Sickness and In Wealth**, Multnomah Bldg 3/18/08)

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## Racism and Discrimination

Some of the county employees who viewed *Unnatural Causes* episodes noted that current social and economic systems provide advantages to the dominant culture that are not shared with other groups.

*"There is a huge difference between what I do to myself and what society does to groups of people. I recently participated in Building Partnerships Across Difference. I am second generation here. For years I'd hear stories, but I wasn't here when it happened (slavery). I now realize because I am part of white culture, I've gotten goodies. I am glad that the video talked about the Reagan policies and how those unfair policies keep going on. I'm realizing that there is a lot more that I don't know. It has been uncomfortable for me to get to know this (about the inequity)."* (**In Sickness and In Wealth**, NEHC 3/6/08)

*"The system is deliberately engineered to have one group be more advantaged over the other. When parts of a population can't participate in a democracy, that is a problem. The rules are set to benefit the fewest number of people."* (**In Sickness and In Wealth**, Multnomah Bldg 3/18/08)

The type of systematic disadvantage for certain groups that is described above is often referred to as institutional or structural racism[9]. An example is provided by one county employee who described Portland's development policies as benefiting only the middle class and ignoring the poor. A second example was provided by an African American woman recalling her nursing school experience.

*"I think development policy benefits the rich and middle classes, not the poor people. Transportation, land use – they benefit people with disposable income and access to cars. The whole suburban thing. The policies weren't developed for the poor."* (**Place Matters**, Multnomah Bldg 3/27/08)

*"I was not welcomed in Nursing School and I felt it was due to my color (African American). It is one thing to get into school and another to stay. There was no mentoring for me at that school. If I didn't have such a strong outside support system, I probably wouldn't have made it."* (**When the Bough Breaks**, NEHC 3/27/08)

Another type of racism is depicted in the following passage in which the media practice of identifying the race of African Americans while not commenting on the race of whites who are also involved is described.

*"I want them to describe the whole environment not just highlight the problems. An example was the methamphetamine show . . . They did not explain that most meth users were white. Another example is conferences. We always hear when it is something higher or worse in African Americans. Let's make sure that we hear about the bad things in white culture too. Don't point out only the bad things in African American culture. This affects how African American people see ourselves. . . Imagine how kids feel if they are always hearing they are bad."* (**In Sickness and In Wealth**, NEHC 3/6/08)

Several county employees of color commented on the ways in which they changed their own behaviors in response to racism. One woman described how she modifies her behavior in stores. Another described her efforts to be twice as good and to constantly prove herself, and a third explained that she tries to teach her children why they are treated differently.

*"When I go to the Lloyd Center, I don't go though my purse in the store. I'm an educated Black woman, but I look like the people who commit these crimes."* (**In Sickness and In Wealth**, NEHC 3/6/08)

*"Growing up Mexican I was always told you have to do twice as good – actually for women you had to do twice as well, but for Mexican it was over and above that. People think we take siestas – well it's done because we start at 4:00 a.m. and it is too hot to work in the afternoon. You constantly have to prove that you are just as good and just as entitled."* (**Becoming American**, Multnomah Bldg 4/2/08)

*"Stress management is great and diversity is great. I try to teach my kids why we get treated differently. We have to get to the core. We have to talk about differences in colors and being treated differently and the causes of it."* (**When the Bough Breaks**, East County 3/26/08)

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Finally, one viewer described the additional stress felt when one's own ethnic group perceives you as behaving like a white person.

*"One thing that this film didn't go into is the stress from your own ethnic group when they say 'you're being white.' And it's like I'm trying to do better for my family. Don't pull me back down. It's a double stressor. People don't understand it unless they actually live it. For our kids it can be really difficult to say 'you're not one of us.' Smart kids don't want to be perceived as white."* (**When the Bough Breaks**, Multnomah Bldg 4/9/08).

### Gentrification/Displacement

County employees saw gentrification and displacement as the result of redevelopment projects, increased housing prices, and increasing taxes.

*"Portland Development Commission is doing a lot of redevelopment in different areas.  Pearl District is really high end.  Now redevelopment of interstate max is underway, people owning older homes are being pushed further and further away to Gresham.  It seems that urban planners are contributing to the problem that lower- and mid-income people have trying to stay in a neighborhood."* **(In Sickness and In Wealth**, McCoy 3/18/08)

*"In Northeast Portland, displacement is pushing poverty out to East County  because of rising housing prices. We are displacing African Americans. . .  I can't imagine what that is like. . ."* (**Collateral Damage**, McCoy 4/18/08)

*"Taxes are so far above what people can afford, they have to move. People on fixed incomes can't stay in their homes."* (**Place Matters**, McCoy 3/14/08)

A few county employees described the challenges faced by displaced residents. Among the challenges are loss of a sense of community and increased transportation needs.

*"I live in Gresham, and when I see African Americans that are new to the area, they just look lost, with no sense of community, no place to get together. If you are an African American who lived in Northeast and got displaced to Gresham, you feel out of your comfort zone and the neighbors might be different than you."* (**Place Matters**, McCoy 3/14/08)

*"For those displaced to Rockwood and Gresham, transportation becomes an issue. What are the choices for those limited to certain areas?"* (**Place Matters**, McCoy 3/14/08)

## Capitalism and Consumerism

Many county employees felt that capitalism and consumerism are contributors to health inequities. In their view capitalism breeds inequality, leads us to value dollars and to gauge the value of a person in terms of dollars, and promotes materialism.

*"No one (in the video) talked about the capitalistic system as being the villain. Capitalism breeds inequality. People get different education depending on the school they can afford to go to. It gets back to fundamental issues with the capitalist system."* (**In Sickness and In Wealth**, NEHC 3/6/08)

*"We value dollars and the value of a person is also based on dollars – the definition of success carries a price tag on it whereas in other cultures success is defined by family and other things. We're only the richest country in the world if you measure by dollars."* (**In Sickness and In Wealth**, Multnomah Bldg 3/18/08)

*"Part of the problems is that we define success as money. It's a core problem when you value money more than people."* (**When the Bough Breaks**, Multnomah Bldg 4/9/08)

*"Today success is unhealthy. It's about material things that flash wealth."* (**Place Matters**, McCoy 3/14/08)

*"Corporate powers – telling us what we need – the type of shoes, TVs, etc."* (**Becoming American**, Mc Coy 3/21/08)

While some of the employees felt it was all about greed and maximizing profits, a few noted that as participants in deferred compensation and PERS they may be contributing to the problem.

*"It is downright greed, the companies want to maximize their prices, and make no attempt to negotiate with the laid off workers."* (**Not Just a Paycheck**, Multnomah Bldg 4/23/08)

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*"We are stockholders if we are in deferred comp or the stock market at all. . . PERS (Public Employees Retirement System) has money in the stock market, we don't know exactly where that goes.  How could we influence where that goes through PERS and deferred comp. We may be those shareholders they are trying to make money for."* (**Not Just a Paycheck**, McCoy 4/11/08)

*"It's all about profits for the investors, and greed. Although I have to admit I want to see my PERS and 401K increase in value."* (**Not Just a Paycheck**, Multnomah Bldg 4/23/08)

Finally, one county employee noted the paradox of wanting to pay less for goods and services and wanting better treatment of workers.

*"As a consumer, if I can buy something cheaper at a different store, I'm going to do it. We say that we want better treatment of the workers, but at the same time we all want the cheapest price. We don't realize the companies are trying to do the same – get the cheapest workers."* (**Not Just a Paycheck**, Multnomah Bldg 4/23/08)

## Individual vs. Communal Responsibility

After viewing the *Unnatural Causes* episode entitled, Not Just a Paycheck, many of the county employees compared the cultural traditions of the U.S. with those of Sweden that were shown in the episode. Viewers suggested that the cultural focus on individualism in the United States contributes to the lack of supports such as extended unemployment insurance, severance pay, and job retraining for displaced workers. In addition, a focus on individualism tends to serve as permission to blame others for their own plight.

*"The lost potential of a group of people costs all of society. Perpetuation of racism costs all of us. It's the emphasis (in the U.S.) on the individual rather than the group. There is a loss of a sense of community."* (**When the Bough Breaks**, Multnomah Bldg 4/9/08)

*"We as Americans develop policy looking at the individual. The Swedes look at the community feeling, so if one individual is hurting, the entire community is hurting."* (**Not Just a Paycheck**, Multnomah Bldg 4/23/08)

*"Historically . . . we have this rugged individualism. We believe government should not be doing stuff for employees. In Sweden, people see it as employees are working in Sweden.  If they loose their jobs, they are Swedes who need to work. They are not seen as workers for private industry."* (**Not Just a Paycheck**, Multnomah Bldg 4/23/08)

*"There are classes of people who we just don't have to care about because they didn't pull themselves up from their bootstraps as opposed to Sweden with a sense of communal responsibility."* (**Not Just a Paycheck**, McCoy 4/11/08)

One county employee felt that the competition for the "American dream" led to a breakdown in community and family.

*"Breakdown in community creates breakdown in family. There is competition to get the American dream and a need to "one up" your brothers and neighbors."* (**Becoming American**, McCoy 3/21/08)

## Environmental Justice
A few county employees noted the inequitable effects of environmental pollution.

*"Pollution is still being pumped out in the high industrial areas. It affects Columbia Villa more than Lake Oswego."* (**Place Matters**, McCoy 3/14/08)

*"NAFTA (North American Free Trade Agreement) may be free but it isn't fair if we trade with people who don't protect the environment or the people."* (**Not Just a Paycheck**, NEHC 4/10/08)

## Family Support
Several viewers suggested that families are not supported or connected as well in the United States as they are in other countries. Some even suggest that U.S. culture discourages family and provide a number of examples.

*"We don't take care of family as much in the U.S."* (**In Sickness and In Wealth**, Multnomah Bldg, 3/18/08)

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*"Our society sort of discourages family.  We don't have areas for breastfeeding, childcare a work or high school.  Can people afford higher education and childcare at the same time?"* (**Becoming American**, NEHC 3/20/08)

*"As families are experiencing more bills—they get less connected. It is hard to keep values when you don't spend time together."* (**Becoming American**, NEHC 3/20/08)

*"Look at our culture. I don't see families connected. We don't have extended families living with us like a lot of ethnic groups do."* (**Bad Sugar**, East County 4/2/08)

### Income and Wealth Distribution/Poverty

Some of the county employees who viewed *Unnatural Causes* commented on the growing income gap between the wealthiest and the poorest residents[10]. Some suggested that home ownership rates for minorities are low which leaves many people without means to accumulate wealth.

*"The middle class is getting squeezed smaller and the gap between high income and low income is getting bigger."* (**Place Matters**, East County 3/12/08)

*"There's a gap and people can't afford to go to college or pay for child care, or even buy a computer.  We just give them food stamps and other things instead of helping to better their lives."* (**Place Matters**, EC 3/12/08)

*"Home ownership rate for minorities are too low. To build wealth a person needs to be a homeowner."* (**Place Matters**, NEHC 3/13/08)

The emotional cost of poverty was clear in the comments of viewers. One viewer talked about the shame of needing help and another suggested that that shame stems from the attitudes of service providers. A European immigrant commented that the culture in the

U.S. requires that if you become rich it is at the expense of others and that it really bothers her to see people without.

*"There was a shame part of it too. I had three jobs and I didn't want the kids to know. If you go out and seek help there's a shame part of it too. As a society we need to make it feel like its okay."* (**Not Just a Paycheck**, McCoy 4/11/08)

*"And it starts with the people on the giving end of those services. I'm not dirt because I'm seeking help."* (**Not Just a Paycheck**, McCoy 4/11/08)

*"Something bothers me very much; coming from Europe...Coming to the U.S., every man has to make his own way. You can become rich, but at the expense of the community. We had taxes, but they all went to garbage pick up, schools, street maintenance, and safety net. I didn't think that we were that well off in my country, but I guess we were. Here, in a county that can do so much, it really bothers me to see people without."* (**Not Just a Paycheck**, NEHC 4/10/08)

Several of the county employees told stories about the working poor and felt that in some ways the working poor were worse off than those who did not have jobs. One employee told about a friend who was on the Oregon Health Plan (OHP), but after taking a job, no longer qualified even though her job did not provide health benefits. At least one county employee was of the opinion that it is now more difficult for the working poor to receive health services from the county than it used to be.

*"Low income communities have more access to health care than the working poor."* (**Place Matters**, Multnomah Bldg 3/27/08)

*"She (a friend) got a job and lost her health insurance (Oregon Health Plan). If you're really poor you can get it; make a little, and you loose everything."* (**In Sickness and In Wealth**, East County 3/5/08)

*"It used to be that the working poor could at least get health care from us. But now, only those with Oregon Health Plan can be seen. Those are the really poor, what about the working poor?"* (**Not Just a Paycheck**, NEHC 4/10/08)

Another employee told about his in-laws who lost their housing and food stamps after applying for and receiving Social Security Income (SSI).

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*"My in-laws are very sick. They had housing and food stamps.  Then they got SSI and lost their housing and food stamps and are worse off than before.  It is a catch 22."*  (**In Sickness and In Wealth**, East County 3/5/08)

Finally, the cost of college is a problem for many who make more than the minimum allowable income for financial aid.

*"My daughter is in college. I make too much to get financial aid, but not enough to pay for it. In the middle you don't qualify for services, have to go into large amount of debt."* (**In Sickness and In Wealth**, East County 3/5/08)

Some county employees expressed a belief that the problems associated with health inequities stem from the U.S. having lower tax rates than other countries.  Some felt that higher taxes for the rich would reduce the income gap between the rich and the poor and repair a broken system.  Others acknowledge that while they believed higher taxes are needed, they might not be popular in the U.S., particularly in Oregon.  Many felt that if Americans could see the benefits of higher taxes, they might be willing to pay more.

*"The problem is that we don't pay enough in taxes – the problem is systemic.  Bonuses for CEOs are large.  We shouldn't have a situation where the top 1% pays the same as the bottom 90%.  The system is broken."* (**In Sickness and In Wealth**, Multnomah Bldg 3/18/08)

*"My mother who lives in Pennsylvania pays twice as much in taxes and they have good schools and parks.  But people here don't want to pay for these things.  There is a cost to having the good things.  Here in Oregon we don't want to pay for anything.  We say we want all these things but we don't want to pay for anything."*  (**Becoming American**, Multnomah Bldg 4/2/08)

*"Historically Sweden has had the highest taxes in the world; more than 60%. I think that's part of it.  I don't think the U.S. would*

*do that. People look at taxes as being bad. They're not looking at the benefits."* (**Not Just a Paycheck**, McCoy 4/11/08)

*"The Canadian socialized health care wouldn't work here. It is difficult to get people to want to think about giving to the community. We don't want to give to people who aren't working as hard as we are. I'd pay more taxes if we could be more humane."* (**Becoming American**, NEHC 3/20/08)

Another county employee felt that if corporations were to pay their share of taxes, we would have more balance.

*"In Oregon, most citizens pay higher taxes than corporations. We do need them to pay more to have more balance."* (**Not Just a Paycheck,** Multnomah Bldg 4/2308)

## Social Isolation

Similar to the community viewers, county employees associated health inequities with social isolation. The elderly were seen as socially isolated by both community and county employee viewers of *Unnatural Causes*. In addition, county employees see the relationships of youth as suffering from their engagement with Game Boys and computer games.  Others saw the going away from home to college as socially isolating for older youth.

*"The isolation of the older folks is making them sicker. No contact with family, some have no family."* (**Becoming American**, East County 3/18/08)

*"Relationships are suffering from the isolation of youth with Game Boys, etc. Things are taking the place of relationships."* (**Place Matters**, McCoy 3/14/08)

*"To chase the dream you must leave the safe place – like go off to college where you may be the only one, isolation."* (**Becoming American**, McCoy 3/21/08)

## Solutions

## Access to affordable and culturally appropriate health care

County employees who viewed *Unnatural Causes* made policy and practice recommendations aimed at improving access to health care.  Policy recommendations included universal health care, and increased screening and delivery of early intervention services to children. Practice

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recommendations included providing health care in the workplace, and improving the consistency of information about health care services provided by the county.

## Policy

County employees tended to be less likely than community viewers of *Unnatural Causes* to call for universal health care. Nonetheless, some county employees support universal health care.

*"I would like universal health care. It breaks my heart every time we have to send someone away – even if they're sick."* (**Not Just a Paycheck**, NEHC 4/10/08)

*"I strongly believe that we need universal health care. I am tired of there being haves and have-nots. I am grief stricken by what I just saw."* (**Not Just a Paycheck**, NEHC 4/17/08)

It was suggested by a few that one way to reduce the long term costs of health care is to increase screening of children for developmental delays and disabilities. By receiving early intervention some children can avoid more serious and expensive long-term health problems.

*"We need to bring down the cost of health care. All the early intervention you can get for kids the better it is in the early years. Catching things at a younger age is better than when they get older."* (**When the Bough Breaks**, EC 3/26/08)

## Practice

One county employee called for providing health in the work place. This idea was also heard from community viewers.

*"One way to improve access to health care is to provide work place health care."* (**Becoming American**, East County 3/18/08)

Another employee suggested that there needs to be improvement in communication across the county so that there is greater consistency of information across providers.

*"There needs to be an improvement in communication and sharing of information within the county. We need a department that handles the information and distributes it. Providers give people different information. Clients rely on us to make the best decisions. We need access and information provided to everyone."* (**Collateral Damage**, NEHC 4/17/08)

## ACCESS TO AFFORDABLE AND HEALTHY FOOD

### Policy

County employees provided a variety of recommendations to improve access to affordable and health foods. Among these were promoting the geographic availability of affordable food by providing incentives for grocers in low-income neighborhoods, using zoning laws to limit the number of liquor stores and fast food places in neighborhoods, expansion of farmers' markets to eastern areas of Portland and Multnomah County, and acceptance of food stamps at more farmers' markets.

*"We should develop policy to allow grocers to exist in poorer neighborhoods. There could be incentives for their increased costs of doing business. There should be paybacks for stores to be clean and safe."* (**Place Matters**, McCoy 3/14/08)

*"Take a look at zoning laws. You can't have four liquor stores and five fast food places in a neighborhood. They are only in low income neighborhoods. Maybe allowing only one of each."* (**Place Matters**, Multnomah Bldg 3/27/08)

*"It would be good to have more farmer markets, there's not much on the East side of town."* (**Bad Sugar**, East County 4/2/08)"

*"We can get fresh fruits and veggies in this part of the world from local farmers at some times of year. But some farmers' markets (Hillsboro) won't take food stamps because it is too expensive to run machines . . . People end up going to the cheap grocery stores instead. There is a policy decision to be made in how to provide access to everyone."* (**Place Matters**, Multnomah Bldg 4/2/08)

One of the most often mentioned policy recommendations was to expand Multnomah County's role in community gardens. County employees are in favor of more community gardens, more

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gardens at schools so that children can have experience growing their own vegetables, and in creating an organized effort to help neighborhoods plant gardens.

*"We need more community gardens so that kids can have a hands-on experience."* (**Bad Sugar**, NEHC 4/3/08)

*"In the inner city, put gardens in the grade school. The kids would be learning and eating better."* (**Place Matters**, East County 3/12/08)

*"The idea of schools having gardens and good food for schools – that's how to get the ball rolling. Educate the children and get them excited about good food. Make that Multnomah County's gift to the world."* (**In Sickness and In Wealth**, McCoy 3/18/08)

*"We could start a 'friends of gardens' like 'friends of trees.' County could supply the tools and plants and we could plant vegetable gardens for people in our neighborhoods. I met a lot of my neighbors planting trees. We could do the same thing with gardens."* (**Becoming American**, NEHC 3/20)

### Practice
One of the practice recommendations was to use library story times to help young children learn about healthy eating.

*"The library's doing story time and can teach kids from an early age about healthy eating."* (East County 3/12/08)

Other recommendations included establishing cooking and canning classes to bring people together and to preserve left over foods from farmers' markets.

*"Cooking classes would bring people together."* (**Becoming American**, NEHC 3/20/08)

*"If there was a way to teach canning, we could find a way to get food from farmers markets and what they can't sell, this group could can it."* (**Not Just a Paycheck**, McCoy 4/11/08)

## AFFORDABLE HEALTHY HOUSING

### Policy

After being introduced to "breathe easy housing" in the Place Matters episode of *Unnatural Causes*, county employees recommended that standards for indoor air quality be established and that new home construction require special features to improve indoor air quality and reduce air pollutants. Other ideas were to provide incentives to builders to build healthier homes.

*"It's only $6,000 to make the air more breatheable in the house.  Make a policy where all new houses must add this feature. We have to prioritize this type of issue."* (**Place Matters**, McCoy 3/18/08)

*"If we were able to give incentives to the builders to build healthier homes, this could impact whole neighborhoods."* (**Place Matters**, East County 3/12/08)

Other recommendations addressed the growing need for homeless shelters for women and children and the increasing need for affordable housing in the Gresham area. The discussion of housing needs in East County included a call for an assessment to determine the extent of the problem.

*"The housing services developed for homeless were developed for men in Portland. Then, the homeless men moved to Gresham.  We now need money for women and children.  We don't even have shelters for women and children."* (**Collateral Damage**, East County 4/16/08)

*"There has been a consistent trend. People have been moving out to Gresham because it has cheaper housing."* (**Collateral Damage**, East County 4/16/08)

*"There are fewer homeless men in Portland because they are moving here (to Gresham). . . You have to do a thorough assessment of what is needed."* (**Collateral Damage**, East County 4/16/08)

*"Yes (group agreed). We are trying to serve a lot of low-income people.  I think that people think that Multnomah County is Portland. Gresham is a separate city and needs to be considered. A community health assessment needs to be done."* (**Collateral Damage**, East County 4/16/08)

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## ACCOUNTABILITY

### Practice

A few county employees called for a greater level of accountability. Some asked for the evaluation of the use of community resources, and another the need to examine the long term costs of displacement during development.

*"We need to be pragmatic. All of the needed resources are not available. We need to check on the community resources we refer folks to. Are they delivering what they say they will?"* (**When the Bough Breaks**, NEHC 3/27/08)

*"We need to look at the long term costs; we have to motivate the community. Some people are displaced (during development) and never return."* (**Place Matters**, McCoy 3/14/08)

## PUBLIC AWARENESS AND ENGAGEMENT

### Policy

Education and community engagement were seen as solutions to problems associated with inequities by county employees as well as by community viewers. Expansion of SUN Community Schools was proposed as one way to build community.

*"The county is trying to keep people together through SUN schools. This type of program should be expanded."* (**Becoming American**, NEHC, 3/20/08)

Volunteering is another way of encouraging community cohesion. It was suggested that companies receive tax credits for having employees volunteer. These incentives would then help to offset the costs of organizing events such as "Potlucks in the Park," a program that serves meals for the homeless.

*"Potlucks in the Park" (serving food to the homeless) were going to be charged an event fee, so it stopped happening. We should give companies tax credits for having employees who volunteer."* (**Place Matters**, McCoy 3/14/08)

County employees noted the need for interpretation services by some parents who have their children translate for them, and another employee pointed out the need for English as a Second Language (ESL) classes.

*"Non-English speaking parents are relying on the children to interpret for them. They need access to interpretation, and the chance to learn English."* (**Place Matters,** McCoy 3/14/08)

## Practice

Many county employees called for continued screenings of the *Unnatural Causes* series as a way to continue to raise awareness about health inequities and to foster community engagement. It was suggested that the libraries continue to have showings of the series and that the series should be shown to all county prenatal providers and community leaders. It was also suggested that the series needs to be shown to younger people (high school age), at colleges, and in ongoing county employee trainings.  One viewer proposed that the screenings be made available for showing at house parties as another way of raising awareness.

*"Something happens when people view this series; we need increased, widespread exposure. When you are confronted with this information, you begin to contemplate. Awareness is a big part of the solution."* (**Place Matters**, McCoy 3/14/08)

*"This should be part of social studies in the schools. We need to get it to the younger people, as well as their parents."* (**When the Bough Breaks**, Multnomah Building 4/9/08)

*"These need to be shown at colleges. A lot of education needs to happen at educational institutions."* (**Place Matters**, McCoy 3/14/08)

*"We need to be educated. The libraries have several copies of this series and it is free. Other Multnomah County departments should have copies you could check. This series should become part of regular training offers, maybe with lunchtime showings."* (**Collateral Damage**, McCoy 4/18/08)

In addition to continuing to show the *Unnatural Causes* documentaries, a few county employees indicated that efforts should be made to share local data with the public in an understandable way.

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*"The data are very powerful. We need to get that information out for our area. . . Not just on the website. We have to get it out in a way that the public actually gets it. Engaging the people with some of the why's behind the data in small bites."* (**When the Bough Breaks**, Multnomah Building 4/9/08)

Other county employees proposed that schools should teach basic life skills, such as buying a house, that would foster a sense of community; that county programs should establish benchmarks for building community; and that a clearing house to connect people with volunteer opportunities be established.

*"Basic life skills should be taught in schools, like how to buy a house."* (**Becoming American**, NEHC 3/20/08).

*"We need to prepare our African American children to become parents. We need to stress the importance of education and training."* (**When the Bough Breaks**, Northeast 3/27/08)

*"Maybe we could make a benchmark for every program that is about building community and bringing them together?"* (**Becoming American**, NEHC 3/20/08)

*"We need mentorship and a clearing house of volunteer opportunities to connect people with their interests. There should be a list of specific skills needed."* (**Place Matters**, McCoy 3/14/08)

Another employee suggested that forming health care-related support groups would help people come together around a common interest.

*"Something that can be done around health care...how about support groups?  I can't find a lot of the support groups I try to find for my clients.  We could help people come together with common issues and interest."* (**Becoming American**, NEHC 3/20/08)

### Individual

Individual actions that were proposed to foster public awareness and engagement included voting, running for office, sharing information with family and friends, joining coalitions, and volunteering.

*"Have a voice, vote."* (**Bad Sugar**, McCoy 4/4/08)

*"We need knowledgeable people to put in strategic areas of government from different communities."* (**Bad Sugar,** East County 4/2/08)

*"Join coalitions and getting involved in community based organizations and neighborhood associations."* (**In Sickness and In Wealth**, East County 3/5/08)

*"Early retirement is a great opportunity to volunteer and to give back to the community."* (**Place Matters**, McCoy 3/14/08)

*"As a group we can choose the kind of community, lifestyle, and country we want. If we band together we can make these changes. By ourselves we are stuck in our own issues – but if we approach community problems together we can build something that is different and healthy for all of us."* (**Becoming American**, Multnomah Bldg 4/2/08)

## HEALTH PROMOTION

County employees offered policy and practice recommendations to promote health.

### Policy

At the policy level health promotion efforts are seen as an investment that will save money later.

*"Pay upfront and save money down the road. You will be paying a lot more in health care down the road if you don't invest in community now."* (**Becoming American**, Multnomah Bldg 4/2/08)

*"Economically it makes sense. It's harder to do and harder to sell but you have to get people to understand that if you spend the money now (on health promotion efforts) you will gain so much at the other end."* (**Becoming American**, Multnomah Bldg 4/2/08)

## Practice

At the practice level it was recommended that health promotion efforts include free clinics, health fairs, and community fairs. In addition, it was proposed that monetary incentives or a reduction in work hours be provided to people who walk or bike to work.

*"Free clinics, health fairs and community fairs, you could give out incentives to get people to come."* (**Becoming American**, East County 3/18/08)

*"There should be rewards for healthier behavior such as money or shortened work hours if people walk or bike to work."* (**Becoming American**, NEHC 3/20)

Expansion of health promoting education efforts were also recommended by county employees. Specific recommendations included sharing diabetes research findings, establishing a nutrition education program, and providing training in coping skills to alleviate stress.

*"Education is so important. You need to get research findings out about diabetes and the nature of it. For a long time, people thought if you were a diabetic you must have done something, you are living wrong. But look, why is the percent of diabetes across the board?"* (**Bad Sugar,** McCoy 4/4/08)

*"Along with all the drug treatment programs, we also need to think about nutrition programs."* (**Bad Sugar**, East County 4/2/08)

*"We need education around coping with stress and access to counseling. If you are stuck in your situation, you need skills to cope – some way of connecting to other moms for example."* (**Place Matters**, McCoy 3/14/08)

## INCOME AND WEALTH DISTRIBUTION/POVERTY

The following section contains policy, practice, and individual recommendations to address inequities in incomes, reduction of poverty, and redistribution of income and wealth.

### Policy

Some county employees saw problems with government policies that cause people to lose all of their welfare or disability benefits if they take a job to supplement their benefits and called for a change in the poverty guidelines that would increase eligibility for services.

*"Government should reconsider our poverty line because that is what we use to evaluate whether someone receives services. It is unrealistic to live or raise family (on the current guidelines)."* (**In Sickness and In Wealth**, Multnomah Bldg 3/18/08)

*"We have policy that discourages people on disability from getting a job. So we need to change those policies and how they affect lives. People with disabilities would get a job and then lose benefits. There is always a spiral up and down. Changing policies would be good."* (**In Sickness and In Wealth**, NEHC 3/6/08)

Many county employees indicated a willingness to pay more taxes to increase a broad range of services and redistribute income.

*"Individuals who are ill due to stress affect family, neighborhood and whole communities. We have to be willing to pay for the right things (to improve health). We need investment in community, public safety, schools with physical education, and arts. We must be willing to pay a reasonable amount for all of that."* (**Becoming American**, Multnomah Bldg 4/2/08)

*"We could increase taxes and distribute the wealth. Aren't there a handful of Americans with 90% of the wealth?"* (**In Sickness and in Wealth**, NEHC 3/6/08)

*"We shouldn't be taxing the poor people more than rich ones."* (**Not Just a Paycheck**, NEHC 4/10/08)

*"I would pay more if everyone paid the same and got treated the same."* (**Not Just a Paycheck**, Multnomah Bldg 4/23/08)

One county employee suggested that with increased taxes and accompanying changes Oregon could be marketed as the cleanest, most educated, longest life span, and highest taxed state.

*"It could be a novel idea to sell Oregon as the cleanest, most educated, having the longest life span, and highest taxed state."* (Multnomah Bldg 4/23/08)

### Individual
Supporting businesses that pay a livable wage in an effort to contribute to the community was recommended by some county employees.

*"Shop at a place that pays their employees a reasonable wage that is unionized and comes back to our own salaries. I try to shop at union places. We need to start thinking about it that way, putting your money back into the community."* (**Not Just a Paycheck**, McCoy 4/11/08)

## JOBS/EMPLOYMENT

### Policy
Policy level ideas to improve working environments and influence health included mandating daycare, better wages, paid sick days, paid vacations, and rewards such as subsidized TriMet passes for healthier behaviors.

*"What if you had mandate that all employers have on site daycare so the parents can spend time with kids? That's a policy decision and may get complaints but people always complain about anything they have to pay for. The result would be healthier kids."* (**Becoming American**, Multnomah Bldg 4/2/08)

*"Spend our energy and money to focus on policy change such as paid sick days, and better pay."* (**Becoming American**, McCoy 3/21/08)

*"Mandatory vacations."* (**Becoming American,** East County 3/18/08)

*"I like the idea of rewarding employees for healthier behavior – both private and public employees.  Maybe with subsidized TriMet passes, etc."* (**Becoming American**, NEHC 3/20)

## RACISM

County employees proposed policy, practice, and individual level changes to address racism.

### Policy

Policy level recommendations addressing institutional or structural racism include increasing support for minority businesses through low-interest loans, and increasing the number of county purchases from and contracts with minority businesses. Assistance or training in the process of responding to requests for proposals was also suggested.

*"I just found out about the new Van Port Square. All the shops in the building were purchased by minorities with low-interest loans. That type of change, we need more of."* (**Place Matters**, NEHC 3/13/08)

*"The County should support local, buy locally, and steer business to minorities."* (**Not Just a Paycheck**, Multnomah Bldg 4/23/08)

*"We could use more minorities to contract with. We could teach how to submit RFPs (requests for proposals)".* (**When the Bough Breaks**, NEHC 3/27/08)

### Practice

Recommendations for addressing racism through practice changes include reporting positive information as well as negative information about minority groups in county reports and presentations and making efforts to stop racism in the work place.

*"Surveys, statistics, presentations need to give positive information about minorities also."* (**Place Matters**, NEHC 3/13/08)

*"Stop racism at work. When you see it happen, how do you react? You need to confront the issues and get involved politically."* (**When the Bough Breaks**, Multnomah Bldg 4/9/08)

# APPENDIX A

*VOICES OF EQUITY:*
*COMMUNITY*
*MEMBERS AND*
*COUNTY EMPLOYEES*
*SPEAK OUT ABOUT*
*HEALTH EQUITY*
*AND THE SOCIAL*
*DETERMINANTS*
*OF HEALTH*

## Individual

At the individual level racism can be addressed by letting go of preconceptions, treating all people with respect, personally embracing diversity, and starting early to teach these values to children.

*"One of the things that we need is to let go of our own conceptions about what people look like. How we treat people is based on how we perceive them. Lower those barriers that affect people. This inequity doesn't just happen in the Marshall Islands; it's about Portlanders and what we can do so we treat people with respect."* (**Collateral Damage**, NEHC 4/17/08)

*"Personally embrace diversity. Make friends with people who are different from you. I liked Portland because of the diversity compared to small town Oregon."* (Multnomah Bldg 4/9/08)

*"Racism can change if you start out early to teach your children. It starts in the home. Racism is a learned thing. We have to break it down."* (**When the Bough Breaks**, Multnomah Bldg 4/9/08)

## SUSTAINABILITY

### Policy

Recommendations aimed at assuring a healthy physical environment included discouraging large stores and encouraging small stores within low-income neighborhoods, and holistic land use planning to provide places for community gardens, shopping within walking distance, and protection of farm lands.

*"We need a policy that discourages huge stores from going into low-income neighborhoods and would encourage mom and pop stores back in neighborhoods instead."*(**Place Matters**, East County 3/12/08)

*"This is a county responsibility, community planning, land use planning so that we can have places for community gardens and have*

*stores that are within the community so that you don't have to get in a car and go somewhere. We have to have a full holistic picture."*(**Bad Sugar**, Multnomah Building 4/14/08)

*"What about policy that protects the rural areas from development. It's sad to see building taking over all the farm lands. We should be protecting our farmers."* (**Bad Sugar**, East County 4/2/08)

## HEALTH PRIORITY SURVEY

Health priority surveys were completed by 327 viewers. The table below compares the age, race/ethnicity, and incomes of community dialogue and county employee participants. Both the community dialogues and the county employee dialogues included a broad cross-section of participants. In general, there were more participants under age 35 in the community dialogues than in the county employee dialogues. County employee respondents were more likely to report being white and to report higher incomes. Both the community and county employee groups had a relatively high percent of respondents who did not answer the demographic questions.

Top 10 priority areas for community participants were: poverty, access to medical care, quality public education, quality affordable housing, discrimination, child abuse and neglect, access to affordable healthy food, employment and job security, chronic diseases, and public transportation.

Top 10 for county employee participants: access to medical care, poverty, quality public education, child abuse and neglect, access to affordable healthy food, elder abuse and neglect, discrimination, air quality, quality affordable housing, and employment and job security. (see pages 138 & 139.)

# APPENDIX A

*VOICES OF EQUITY: COMMUNITY MEMBERS AND COUNTY EMPLOYEES SPEAK OUT ABOUT HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH*

**Health Priorities Survey
Demographics by Dialogue Type**

| (N) | Community Dialogue (189) | County Employee Dialogue (138) | All Respondents (327) |
|---|---|---|---|
| **Age** | % | % | % |
| Less than 35 | 20 | 12 | 17 |
| 35-44 | 15 | 19 | 17 |
| 45-54 | 28 | 36 | 31 |
| 55-64 | 15 | 17 | 16 |
| 65 and over | 5 | 2 | 4 |
| No answer | 17 | 14 | 15 |
| | | | |
| **Race/Ethnicity** | % | % | % |
| African American | 12 | 11 | 12 |
| Asian/Pacific Islander | 14 | 6 | 11 |
| Latino* | 7 | 9 | 7 |
| Native American | 1 | 1 | 1 |
| White | 48 | 65 | 55 |
| No answer | 25 | 17 | 21 |
| | | | |
| **Income** | % | % | % |
| Less than $25,000 | 24 | 4 | 16 |
| $25,000-39,999 | 14 | 9 | 12 |
| $40,000-59,999 | 18 | 19 | 18 |
| $60,000-79,999 | 8 | 23 | 15 |
| $80,000 and over | 14 | 25 | 18 |
| No answer | 22 | 20 | 21 |

*Latino can be of any race.

**Health Priorities by Dialogue Type**
**Percent Rating Issue as a High Priority • Sorted by Community Dialogue**

| Health Issue (N) | Community Dialogue (189) % | County Employee Dialogue (138) % | All Respondents (327) % |
|---|---|---|---|
| Poverty | 78 | 78 | 78 |
| Access to medical care (primary care) | 70 | 85 | 77 |
| Quality public education | 68 | 77 | 72 |
| Quality affordable housing | 67 | 67 | 67 |
| Discrimination | 66 | 70 | 67 |
| Child abuse and neglect | 65 | 77 | 70 |
| Access to affordable healthy food | 65 | 77 | 70 |
| Employment and job security | 60 | 65 | 62 |
| Chronic diseases | 59 | 60 | 60 |
| Public transportation | 59 | 58 | 58 |
| Elder abuse and neglect | 58 | 74 | 65 |
| Air quality | 57 | 68 | 62 |
| Stress | 57 | 59 | 58 |
| Mental illness | 56 | 59 | 57 |
| Support of family, friends, neighbors | 51 | 54 | 52 |
| Physical inactivity | 50 | 52 | 51 |
| Community bike and pedestrian access | 50 | 46 | 49 |
| Public safety | 48 | 68 | 57 |
| Safe working conditions | 47 | 56 | 51 |
| Access to parks and natural areas | 46 | 52 | 48 |
| Other substance use | 44 | 52 | 47 |
| Exclusion of people with disabilities | 42 | 51 | 56 |
| Alcohol abuse | 42 | 47 | 44 |
| Infectious diseases & new diseases | 42 | 46 | 44 |
| Tobacco use | 42 | 42 | 42 |
| Unintended pregnancies | 41 | 41 | 41 |
| Immunizations | 37 | 53 | 43 |
| Sexually transmitted diseases | 35 | 36 | 36 |
| Emergency/disaster preparedness | 32 | 38 | 35 |
| Suicide | 31 | 41 | 36 |

1       Descriptions were prepared by California Newsreel for Unnatural Causes: Action
        Toolkit, 2008 California Newsreel. www.unnaturalcauses.org

2        Health Inequities in the Bay Area, Bay Area Regional Health Inequities Initiative.
        www.barhii.org/press/download/barhii_report08.pdf

3       Everson SA, Goldberg DE, Kaplan GA, et al: Hopelessness and risk of mortality and
        incidence of myocardial infarction and cancer. Psychosomatic Medicine 58:113-121, 1996.

4       www.sunschools.org

5        Connected by 25: Real results for young Portlanders.  www.connectedby25.org

6        Alsop R, Bertelson MF, Holland J. Empowerment in Practice. The World Bank, 2008.
        www.worldbank.org

7        Wilson N, Dasho S, Martin AC, et al. Engaging young adolescents in social action
        through photovoice. Journal of Early Adolescence 27 (2):241-261, 2007.

8       Sustainability is defined by the U.S. Environmental Protection Agency as follows:
        "Meeting the needs of the present without compromising the ability of future generations
        to meet their own needs." www.epa.gov

9       Jones C.  Levels of racism: A theoretic framework and a gardener's tale. American
        Journal of Public Health 90(8), August 2000, 1212-1215.

10      Oregon Center for Public Policy. New data shows Oregon's wealthiest pulling away from
        the rest. April 8, 2008.