

The True Wealth of Health

A Region Is Only As Healthy As Its Residents

It's not unusual these days to hear socioeconomic conditions described in terms befitting a patient in intensive care. The national economy is "ailing." The housing market remains chronically "sick." Big banks may or may not be "unhealthy." And whole communities are "dying." In early 2011, Newsweek even ranked the nation's 10 fastest-dying cities. Cleveland made the list.

These health-related metaphors are more than mere literary device. They underscore the important but often underappreciated link between economic well-being and physical well-being. Many fail to realize that, as the general health of a city's residents declines, health itself becomes an economic liability. A healthy workforce contributes immensely to the success and growth of local businesses and corporations through uninterrupted attendance and robust productivity. Conversely, poor health and chronic illnesses weigh heavily on employers, ultimately limiting their growth and significantly reducing their profit margins.

Beyond the current economic challenges, Northeast Ohio faces myriad health issues. Any efforts to revive the regional economy cannot be sustained without tackling these threats to overall well-being.

A Critical Medical Examination

America is growing and changing rapidly in any number of ways. The population composition is shifting, technological advances are creating dramatically different life experiences as compared to previous decades, and the global economy is affecting how we live, work and interact with the rest of the world. Many of these factors will affect our economic future, but no category demonstrates the magnitude of change and its

by Randell McShepard
& Gregory L. Brown

PolicyBridge
850 Euclid Avenue
Suite 1100
Cleveland, OH 44114
www.policy-bridge.org
November 2011

omnipresent impact more distinctly than health.

The World Health Organization, as far back as 1946, defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Wikipedia defines health as the level of functional and metabolic efficiency of a living being. In humans, health usually means to be free of illness, injury or pain of mind, body and spirit. Americans have made major strides toward these definitions of health, with citizens increasingly taking preventative measures, such as regular exercise, proper diet and more frequent check-ups, to ensure “good health.” These steps are all contributing to improved outcomes and longer lives.

Notwithstanding these trends, far too many Americans are missing out on the benefits of good health. The economic downturn has resulted in higher unemployment rates, leading to fewer Americans with adequate health care coverage. Retirees have also suffered under the current financial crisis, as many employers have abandoned medical coverage benefits as a part of extensive cost-cutting measures. The uncertainty of the Health Care Reform Bill has insurers, employers, providers and citizens in a state of bewilderment and concern.

An even more daunting challenge facing America is the issue of health disparities. Issues such as obesity, diabetes, HIV and high blood pressure are running rampant in minority communities, particularly those with high African- American and Latino populations. According to America’s Health Rankings (2010), obesity is more prevalent in Ohio among non-Hispanic blacks, at 40.9 percent, than non-Hispanic whites (28.3%). Prevalence of diabetes also varies by race and ethnicity in the state, with 14.1 percent of non-Hispanic blacks having diabetes, compared to 9.4 percent of non-Hispanic whites.

According to the American College of Physicians, the Centers for Disease Control and Prevention reports that “relatively little progress has been made toward the goal of eliminating racial/ethnic disparities” for a wide range of health indicators. Although all Americans are healthier today, the gaps between minority and white groups remain nearly the same as they did a decade ago. For example, the mortality rate for African-Americans remains about 1.6 times higher than for that of white people and is identical to the mortality ratio in 1950.

Determinants of Health

The World Health Organization identifies the main determinants of health as being related to the social and economic environment, the physical environment and individual characteristics and behaviors. Key factors that determine health outcomes include:

- Income and social status
- Social support networks
- Education and literacy
- Employment/working conditions
- Personal health practices and coping skills

PolicyBridge is a non-partisan public policy think tank founded in 2005 to monitor urban policy issues affecting the quality of life for minorities in Northeast Ohio and inform regional public policy debates by framing issues of relevance to the minority community. PolicyBridge would like to thank Fran Stewart for helping to prepare this report. For more information, contact PolicyBridge at policybridge@sbcglobal.net.

- Healthy child development
- Biology and genetics
- Health-care services
- Gender
- Culture

Although all of these are critical and integral to the general health of people all over the world, a few of them stand out as more heavily weighted and relevant to the challenges in Cleveland and Northeast Ohio. These are: income and social status, employment and working conditions, social/physical environments and culture. Each of these categories is further analyzed below:

Income and social status – It is well-documented that those with lower income levels or those living in poverty have a much higher probability for health problems than those with higher incomes and social status. The rising cost of health care is making access to medical attention much more challenging, even for those with financial means. Equally challenging are the current and future cuts to Medicare and Medicaid being bantered about by Congress as part of the deficit-reduction debate. President Obama has proposed some \$320 billion in cuts to these longstanding programs over 10 years. In Ohio, Governor Kasich and the General Assembly in the most recent two-year budget slashed Medicaid spending and services to help eliminate an estimated \$80 billion deficit and balance the budget. Regardless of political party affiliation, the business of health care is shifting health care access to more of a benefit for those who can afford it instead of a service readily available to those who need it.

Employment and working conditions – Because of the swift transition to the knowledge economy, the majority of jobs available to lower skilled workers (i.e., lower-income individuals) will be in the service industry. These will include retail jobs at places such as Wal-Mart and various fast-food chains that occupy many major intersections in urban communities. Although employment of any kind certainly has merit, these jobs frequently offer minimal or no benefits and pay wages too low to support a family. Lower wages and underemployment often lead the “working poor” to work multiple jobs to make ends meet. Access to health care, and thus maintaining good health, is a challenge in such a work environment.

It should be noted that working conditions are often synonymous with health and healthy outcomes. The worker who is employed at a fast-food restaurant might be more inclined to eat higher portions of the fast-food product, as it is easily accessible, convenient for meal breaks and often comes with an employee discount. The worker in the drafty assembly plant might also face environmental challenges such as an unsanitary work space and limited options for meals (including vending machines or food trucks). The opposite and perhaps ideal employment

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setting might involve a company that promotes healthy eating, encourages exercise programs and bans harmful habits, such as smoking, on the premises. Thousands of large and small companies across the country are realizing that proactive and preventative health measures can decrease employee illnesses and increase productivity.

Social/physical environments – Residents who dwell in urban core communities in particular have vast social and physical environmental challenges to overcome in order to maintain a decent quality of health. Food deserts preclude access to fresh foods and exacerbate a comfort level with or a propensity for fast-food dining. A report from the Cuyahoga County Food Policy Coalition states that Cleveland residents have to travel 4.5 times farther to shop at grocery stores than eat at fast-food restaurants. The report goes on to say that this is especially problematic considering that half of all households in Cleveland don't have cars.

Single-parent households often are also low-income households. In Cleveland, about 64 percent of all households in 2010 were headed by females and about 48 percent of households lived on less than \$25,000 last year, according to Census data. This prevalence of single-parent, low-income households decrease the likelihood of the "family meal" social dynamic. Transient lifestyles of lower-income families also impede connection to social networks and health-oriented community programs, such as sports teams at local gyms.

Place matters when it comes to healthy outcomes. A recent study in the *New England Journal of Medicine* found that when low-income residents had the opportunity to move from areas of high poverty to areas with lower poverty rates, there was a reduction in the prevalence of extreme obesity and diabetes.

Limited access to open, safe and pedestrian-friendly spaces (parks, sidewalks, etc.) and few public places with exercise equipment hinder, if not eliminate, the development of exercise routines among city residents. Lack of exercise contributes to obesity and chronic illnesses such as diabetes. According to the Trust for America's Health, Ohio is the 13th most obese state, with 30 percent of adult Ohioans considered obese. Such a finding points to the need for active engagement in exercise and healthy eating for all Ohioans, and for minority communities in particular. The same study found that nearly 41 percent of Ohio's adult African-American population and roughly a third of Hispanic adults in the state are obese.

Finally, the physical environment also poses significant health-related challenges, especially in the urban core. These challenges range from lead poisoning to pollution and are often times beyond the control of the typical resident. Public infrastructure, general awareness and a keen understanding of environmental risks are all integral factors that determine a community's ability to respond to health needs with the proper tools and at the proper time.

Culture – The culture of health care (or lack thereof) is worthy of special note. Regular medical checkups are paramount to maintaining good health, however, urban dwellers and low-income residents too often rely on emergency room care. This acute approach to health care, even for those who suffer from chronic illnesses, too often leads to a diagnosis of a serious problem when it's already too late. Developing a pattern of annual checkups is difficult without health coverage and a primary doctor. Men have a culture of not visiting the doctor as often as women, and African-American men have even a greater reluctance to visit the doctor. Possible reasons for this include fear, mistrust of the health-care system and doctors, false-confidence

in their own good health, a limited history or track record with medical service providers, or simply a feeling of invincibility.

A culture of good health includes proper hygiene, stress management, sleeping habits and non-critical health maintenance in areas such as eye and dental care. Any of these areas, if neglected, can cause or contribute to serious health problems. However, unhealthy cultural habits typically supersede proper attention being paid to these areas, resulting in many individuals going about their lives unaware that a medical “time bomb” is about to explode.

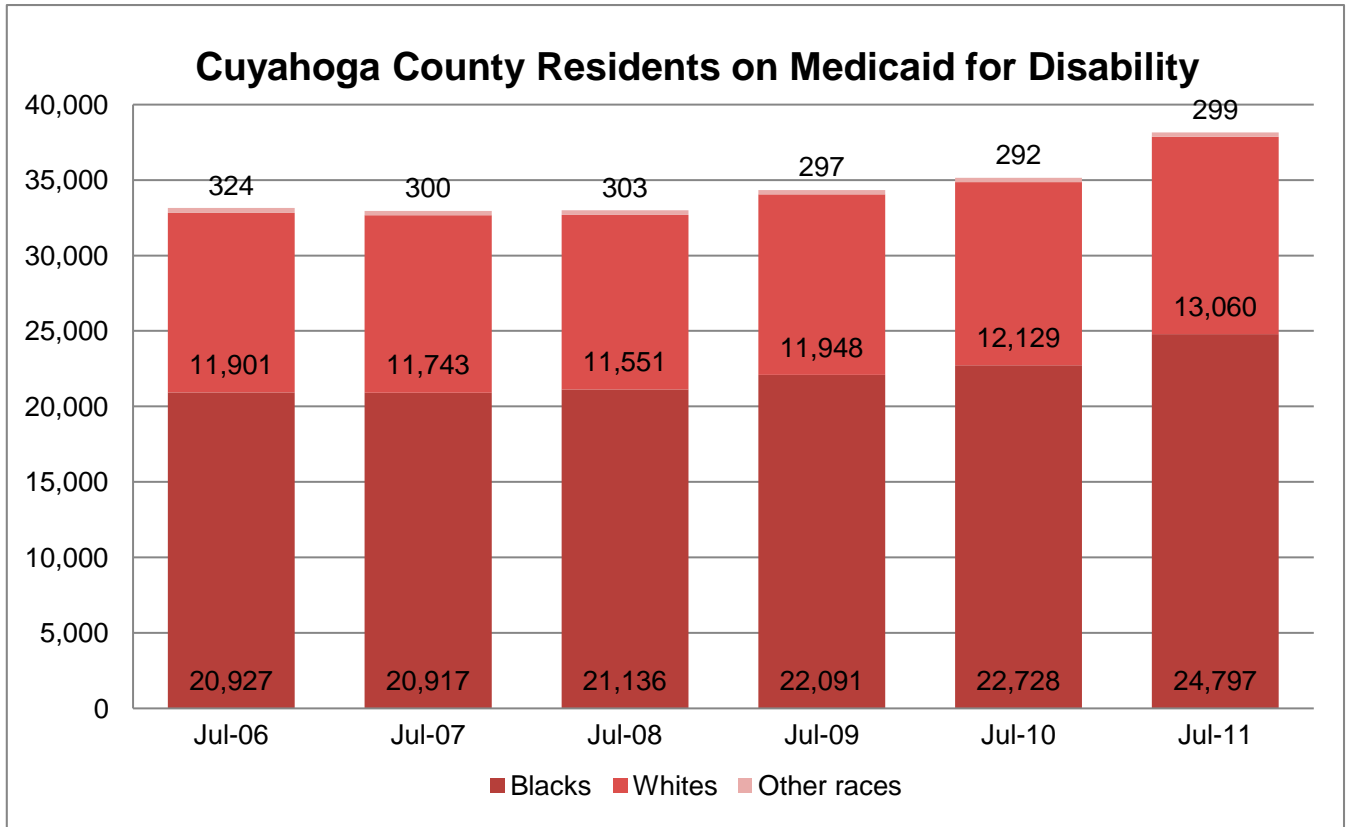
Culture also plays a negative role in terms of eating habits and diet, leading many people to refuse healthy options, not necessarily because they don’t like the foods, but because they are not accustomed to eating them or do not know how to prepare them. A poor diet exacerbates serious health concerns such as diabetes, obesity and high blood pressure, all of which are pervasive in Cleveland and Northeast Ohio. According to the 2008 Healthy Ohio Community Profiles, an estimated 8 percent of Cuyahoga County adults suffer from diabetes and about 27 percent of residents (37 percent of black Cuyahoga County residents) have been told they have high blood pressure.

Dollars and Sense: How do chronic health problems and disparities negatively impact our regional economy?

All of the aforementioned health and health-care challenges are devastating to individuals and families. Yet, they also can be injurious to the larger community. The negative impact that poor and chronic health conditions and ongoing disparities of care has on local economies does not get the attention it should. Unhealthy workers slow productivity, increase the number of lost work days, and raise health-care costs for employers. Declining financial gains and increasing costs, in turn, often lead companies to cut benefits or reduce the size of the workforce. Such workplace losses, in turn, lead to fewer dollars circulated throughout the low economy and lower tax revenues in public coffers. Simply put, there is a shared economic cost of individual chronic health issues.

In 2000, 125 million Americans had one or more chronic conditions; by the year 2030, that number is projected to increase by 37 percent, to more than 170 million. A September 2007 Current Population Report by the U.S. Census Bureau offered insight into factors keeping people from engaging in the workforce. Drawing on data from the 2004 Survey of Income and Program Participation, the report found that, among men ages 20 to 64, chronic illness or disability was the reason cited most often for joblessness, accounting for a full one-third of all non-workers. Nearly 37 percent of joblessness among black workers was attributed to chronic illness or disability, compared to about 25 percent of jobless white workers.

In Ohio, disabled workers of any age are eligible to receive Medicaid provided they earn no more than 250 percent of the federal poverty level. In 2010, the Ohio Medicaid program covered 242,091 disabled adults, accounting for nearly 62 percent of the program’s Aged, Blind or Disabled benefit group, according to the Health Policy Institute of Ohio. Although the benefit group made up of children under age 19, their parents and pregnant women encompassed nearly 80 percent of all Ohio Medicaid enrollees, the ABD group represented 67.5 percent of Ohio’s Medicaid expenditures. Consequently, disabled working-age adults accounted for more



Source: NEO CANDO

than \$6.4 billion of \$15.4 billion in Medicaid expenditures in Ohio in 2010. Of the program’s total expenditures, the federal government pays 78 percent and the state pays the rest.

Data available through the Northeast Ohio Community and Neighborhood Data for Organizing (NEO CANDO) system of Case Western Reserve University’s Center of Urban Poverty and Community Development reveal that the numbers of Cuyahoga County residents receiving Medicaid for disability have increased substantially in the past five years. The total number of Cuyahoga County residents receiving Medicaid for disability rose by 15 percent (18% for black residents). Black residents accounted for nearly 65 percent of all county residents receiving Medicaid for disability in July 2011. Of the total number of county residents receiving Medicaid for disability, nearly 82 percent were between the ages of 18 to 64. The chart shows the rise in public subsidy of disability among Cuyahoga County residents.

The Centers for Disease Control and Prevention report that 75 cents of every health care dollar spent is attributed to chronic diseases, with a significant portion of that cost preventable. The Kaiser Foundation reports that businesses lose \$310 billion in lost productivity and health care costs from tobacco use, obesity and related complications such as heart disease, diabetes and cancer. According to a 2007 report by the Milken Institute, seven chronic diseases – cancer, diabetes, high blood pressure, stroke, heart disease, lung diseases and mental illness – cost Ohio’s economy nearly \$57 billion annually, with nearly 75 percent of that cost due to lost productivity.

Such staggering findings support the notion that businesses should invest mightily in preventative measures. Studies have shown that for every \$1 a company puts into a corporate wellness program, \$3 is saved through decreased sick days, increased worker productivity, and employee retention. An example of proactive measures taken by employers comes from Apogee Enterprises, Minnesota-based firm that engineers glass and metal framing. According to a 2011 Star Tribune article, Apogee encouraged its corporate office staff to climb flights of stairs equivalent to the buildings they were working on. In response to this call for action, the 40 employees walked up 32,185 stairs, which would be the equivalent of climbing Mount Everest 12 times, according to Apogee.

A local business known for its dramatic and proactive health-care programs is Cleveland Clinic. The Clinic removed McDonald's restaurant from its campus years ago and made national headlines with a decision to ban smoking on the campus. All prospective employees are to be tested for tobacco use along with drugs and will not be hired if they smoke, according to a 2007 Columbus Dispatch story. This step came after the Clinic had already removed trans fats from its cafeteria menus and sugar-sweetened beverages from its vending machines. The hospital system is part of the recently announced Healthy Cleveland program that has brought together several area hospitals and the City of Cleveland to address public health issues and to introduce healthy lifestyle options to Greater Clevelanders.

Equally important to evaluating the economic impact of health is analysis of disparities. According to the U.S. Census Bureau, racial and ethnic minorities currently represent one-third of the U.S. population and will become a majority of the population by 2042. However, according to the American College of Physicians, minority Americans do not fare as well as the majority population in the U.S. health care system. Even after adjusting for insurance status and income, racial and ethnic minorities tend to have less access to and lower quality of health care than non-minorities.

The Joint Center for Political and Economic Studies further illuminates the size and scope of the health disparities dilemma in a report titled "The Economic Burden of Health Inequalities in the United States." The key findings of this report show that eliminating health disparities for the years 2003-2006 would have reduced direct medical care expenditures by \$229.4 billion. Additionally, the combined costs of health inequalities and premature death over that same time period totaled \$1.24 trillion and equated to \$309.3 billion annually lost to the economy. The economic impact of premature deaths (which are all too prevalent in minority communities) was also sobering. The Joint Center report noted that premature deaths represent a substantial loss of human potential, talent and productivity that might otherwise have contributed to the betterment of society.

The Institute of Public Health offers another interesting perspective that suggests chronic

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unemployment affects and exacerbates chronic illnesses. Its studies show that unemployment is a cause of premature mortality, can lead to lower levels of psychological well-being and can activate stress mechanisms that increase diseases such as coronary heart disease. Unemployed people are more likely to smoke and drink, and socio-economic deprivation can lead to mental breakdown and irreparable damage in home relationships. Such poor health outcomes can greatly stress the overall health of cities and, if unaddressed, can metastasize to dangerous levels for an entire region.

In light of these facts, addressing health disparities is no longer merely a moral lament or a plea for social justice. It is vital for ensuring a productive workforce and critical to the nation remaining competitive in a global economy.

It is abundantly clear from the information above that the financial impact of health care needs to be viewed as one of the most important priorities facing any regional economy. Although education is cited as the biggest challenge to the workforce, health is equally daunting as it addresses both the employed worker suffering from chronic illness as well as the unemployed person seeking employment. Health is a true “triple threat” for employers, driving up costs (employee health coverage), reducing profits (limited output from chronically ill workers) and upsetting the proverbial applecart due to issues of budgeting uncertainty and staff morale.

Key Policy Areas That Will Affect Health And Wealth

The following three policy areas will be critical for health- and wealth-building in America over the next 1 to 3 years and should be monitored carefully:

Federal Health Care Reform

The current health-care reform bill is designed to expand coverage to 32 million uninsured Americans at a cost of \$940 billion over 10 years. A point of contention is with employers, who must provide health insurance for every employee if the workforce numbers 50 or more. Under the plan, companies that do not provide insurance will be fined \$2,000 per worker annually if any worker receives a federal subsidy to purchase health insurance. By 2014, every individual will be expected to purchase health insurance or face a \$695 annual fee. Although there will be some exceptions for low-income individuals, the plan could forever change the way health-care services are rendered. Other questions pertaining to reform efforts include health care exchanges, Medicaid, insurance reforms and immigration, making this critically important legislation to watch over the coming months and years.

2012 Farm Bill

Every 5 years the federal government establishes the nation’s food and agriculture policy. The Farm Bill addresses areas such as farm payments, supplemental nutrition assistance programs (SNAP, formerly known as food stamps), conservation programs, food safety and agriculture research. A massive overhaul of this legislation is being called for by critics, including the National Sustainable Agriculture Coalition, which is suggesting that farmers be rewarded for environmental stewardship instead of offered incentives for overproduction. Other critics

are calling for a 50-year Farm Bill to deal with ongoing issues such as soil degradation, water pollution and climate change.

The 2012 Farm Bill will have to incorporate policies that recognize and reward the growing urban agriculture market and the positive impact this industry could have on quality of life for urban dwellers. Urban and rural farmers can and should be united in this effort, as they all can realize profits while supplying fresh food in pockets of major cities where it is vitally needed.

2011 Proposed Jobs Bill

President Obama is promoting a \$447 billion Jobs Bill aimed at adding significant numbers of jobs across the country to revive a sputtering economy. The plan includes initiatives such as infrastructure spending for roads and bridges, funding for teachers and first responders, investing in the refurbishment of vacant and foreclosed homes, and cutting payroll taxes for workers. The plan also includes significant investment in community colleges.

In the spirit of creating jobs, health care should be a promising area of focus. Growing health-care challenges across the country will require a skilled workforce that can keep pace with exploding demand. Minority health-care professionals will be needed to provide the cultural competence necessary to best serve growing minority populations with heightened levels of chronic illnesses. Whether the Jobs Bill is successfully passed in its current form or at a smaller scale, health care in America should be viewed as one of the most viable opportunities for employment.

U. S. Sustainable Communities Program (Housing and Urban Development)

In 2010, Northeast Ohio was awarded a \$4.25 million grant from the U.S. Sustainable Communities Program, an initiative designed to support regional approaches to land use, housing, environmental stewardship and economic development. Northeast Ohio was one of 45 communities selected nationwide, according to the Fund for Our Economic Future, which led the local effort.

The Northeast Ohio effort enlisted an impressive mix of partners, including city and county governments, metropolitan planning organizations and non-profit institutions. Key elements of the project will include land use, transportation and mobility infrastructure, equitable housing policies and priorities, community and neighborhood development policies and priorities, and economic development growth policies and priorities.

Federal agencies including Housing and Urban Development (HUD) and the Department Labor (DOL) are to be commended for realizing and linking the many partners and disciplines necessary for regional development and prosperity. However, it will be important that collaborative initiatives, such as Sustainable Communities and WIRED grants (DOL) include the Department of Agriculture as a key partner. Sustainable agriculture is a broad and fast-growing industry that intersects with many of the aforementioned areas. Examples of how the disciplines intersect include land use (urban/rural farms), economic development (green jobs), neighborhood development policies (fresh food access) and environmental stewardship (soil remediation).

Any and all regional collaborations that are charged with addressing the economy and quality of life should include partners or entities that address health, wellness, and food production and distribution.

These policy areas, combined with the continuing research into and understanding of health disparities, suggest some viable action steps for public and private-sector entities in the region. Recognizing the importance of personal physical and mental well-being to the overall region's economic well-being would be a critical first step toward a more vibrant Northeast Ohio.

Recommendations

1. Track health-care costs and lost productivity for employers. There are many costs, both visible and hidden, that employers incur on an annual basis as a result of poor or chronic health conditions among employees. These conditions or health challenges slow productivity, impede economic growth and drive up health-care rates. Therefore, real-time employer information should be incorporated into broader health-care policy discussions to ensure that the true magnitude and complexity of the problem is understood by all. Federal agencies and business groups and associations should synchronize efforts to track and share critical information.
2. Monitor regional public-sector health-care costs. Regional and statewide business groups such as the Greater Cleveland Partnership and the Ohio Business Roundtable have tracked health-care issues and reported on the negative impact that increased costs have on local businesses and the public sector. Such reports should be updated annually and shared widely with the general public as a joint effort of businesses and local governmental entities. Everyday citizens should be repeatedly made aware of the costs and implications of health care and how it affects not only individuals, but employers and governments alike.
3. Connect health care to economic development planning and funding. As was referenced earlier in this report, large-scale state and federal programs that bring departments and agencies together for economic development projects must begin to include a health and wellness component. Health care is among the largest budget items for government and corporations and is proving to be an economic engine in terms of jobs and business creation. This should create a sense of urgency for all stakeholder groups to delve into the issue with a shared purpose/vision and funding support.
4. Integrate health and wellness programming into sustainability and "green movement" initiatives. As sustainability and "green" movements continue to proliferate in Northeast Ohio, leaders of these initiatives should collaborate with health and wellness institutions and professionals to ensure strategic and tactical program integration to improve health, wellness and quality-of-life outcomes. The Healthy Cleveland Initiative, sponsored by the City of Cleveland, Cleveland Clinic, University Hospitals-Case Medical Center, MetroHealth and the Sisters of Charity Hospital System could serve as an ideal model for such integration and could track and report health outcomes and the resulting economic impact on the region.

5. Establish a robust urban agriculture industry. Northeast Ohio has a fast-growing network of urban farms and organizations dedicated to fresh food access and sustainable practices. Local and state officials should continue to support and nurture this nascent industry by creating policies that allow for land assembly, rezoning, agriculture-friendly ordinances and infrastructure improvements. Special incentives could also be developed to attract grocery stores and regular farmer's markets to these areas. The region could become a national leader in urban and rural agriculture if relationships with food distributors, grocers and restaurants can be properly coordinated. Such relationships would lead to significant job creation opportunities and would mitigate the fresh food "deserts" that exist in so many urban communities today.
6. Build cultural competency and minority capacity in the health-care field. Few African-Americans and Latinos work in many of the health-related positions available by the thousands in Northeast Ohio. This leads to limited workforce development opportunities for minorities and an adverse economic impact for the entire region. Training and hiring more minorities in health-care fields would make a significant economic impact while also addressing cultural competency in the field. Such efforts could also help to reinforce good health practices among minority families and communities. Additionally, seeing more medical professionals who look like them or come from similar backgrounds would help to improve the level of trust minorities have for medical providers.

Conclusion

The true wealth of health is not limited to an individual's health circumstance. Poor health and health care threatens the very framework of local, state and national economies. National policymakers clearly face a quagmire in balancing the growing costs of health care and reducing the federal deficit. This challenge is monumental and cannot be denied. However, the nation faces monumental costs every day that often go unnoticed by many Americans. Sick employees drive up annual medical costs. Employees with chronic illnesses in many cases are not able to give the "100 percent" expected of them in the work environment, which dramatically affects workplace productivity and output. Statistics show that large numbers of Americans are battling ongoing health challenges such as cancer, diabetes, heart disease and obesity. As such, the workplace is becoming less productive and less competitive. In a volatile economy, this is even more pronounced and concerning.

The issue of health and health care can no longer be relegated to social science or political discussions. Health has become as much an issue of economics as all other recognized factors that drive an economy's vitality (education, productivity, skilled workforce, etc.). Therefore, the connection between health and well-being and economic impact and growth must be realized and incorporated into the broader political and economic agenda. Although it is wealth that every region looks for to determine its success, a region's true wealth is good health.



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