

**EXECUTIVE SUMMARY**

Impacting Health Through a Focus on Race and Place

Lifting Up What Works  
**PolicyLink**

The  
California  
Endowment

# **WHY PLACE AND RACE MATTER**

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The  
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PolicyLink is a national research and action  
institute advancing economic and social equity  
by Lifting Up What Works®.

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## TABLE OF CONTENTS

Foreword .....	09
Preface .....	11
Acknowledgments .....	13
<b>Health at the Juncture of Place and Race (I)</b> .....	16
17 A Golden State for Whom?	
18 Achieving Health Equity	
<b>California’s Changing Communities (II)</b> .....	20
20 Immigration	
20 Growing Multiethnic Neighborhoods	
<b>A Framework For Building Healthy Communities (III)</b> .....	22
24 Economic Environment	
26 Social Environment	
30 Physical Environment	
34 Service Environment	
<b>Taking Action (IV)</b> .....	38
<i>Establish Strategic Place Targets / Increase Political Power of People of Color and     Immigrants / Enforce Laws That Prohibit Discrimination / Shift Public Perceptions /     Engage Strongly with Vulnerable Communities / Target Policies That Disproportionately     Hurt People of Color</i>	
<b>From Local Advocacy to Statewide Change (V)</b> .....	42
Notes .....	45





## FOREWORD

PolicyLink and The California Endowment have long recognized that place and race matter. Despite the fanciful talk in the media about a “postracial” society following President Barack Obama’s election, most neighborhoods are segregated along racial lines.

And neighborhood environmental factors—from economic opportunities to the physical environment to social connections among neighbors to supportive services—profoundly influence the health of residents.

In 2007, we published *Why Place Matters* to examine how these environmental factors can be strengthened and enlivened to benefit the health of all communities. The report looked at the growing movement in California and around the nation to develop place-based solutions to place-based problems—particularly in low-income communities and communities of color, where residents are disproportionately burdened by harmful environmental factors and a long list of associated health risks.

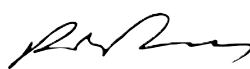
Since then, much has changed. The idea that place matters has percolated up from the ground, gaining currency in public health, research, government, and policy circles. Health and equity issues are increasingly taken into account in decisions and investments shaping the future of neighborhoods, cities, rural communities, and regions. The groundbreaking television documentary series, *Unnatural Causes: Is Inequality Making Us Sick*, has engaged a cross-section of the American public in an ongoing conversation about the complex connections among health, place, and race.

This report builds on our earlier work to look more intentionally and explicitly at race and ethnicity and what they mean in the context of building healthy communities. Our research and our conversations with people working in the field have reaffirmed our belief that place matters. By the same token, race matters—a lot. Race is an overarching consideration that affects where and

how we all live. Race continues to fracture our society, compounding disadvantage and perpetuating it across generations. The structures of racism—many of them rooted in discriminatory policies and practices of earlier eras—pose perhaps the most intractable barriers to equitable opportunity and a healthy, prosperous future. An effective agenda to improve the health of all Californians must consider both race and place, authentically and forthrightly.

An equitable approach to building healthy communities also requires wide-ranging approaches, spearheaded and sustained by many, many stakeholders. Collaboration across organizations and sectors, including the private sector, is critical to create robust, safe, opportunity-rich communities; in short, the kinds of places where we all want to live. The experience and voices of community members, particularly people of color, must be an integral part of discussions, strategic thinking, and action around sustainable change.

*Why Place and Race Matter* dives deeply into these issues and profiles dynamic groups and initiatives throughout California and beyond. Although approaches vary, each illuminates the interplay among people, place, and race. We hope these strategies and profiles will facilitate the exchange of ideas, encourage partnerships across disciplines and sectors, and stimulate action to build healthy communities.



**Robert K. Ross, MD**  
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Founder and CEO  
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## PREFACE

America likes to think of itself as a land of opportunity for all, but our protracted struggle with issues related to race is far from over. Moments of great progress repeatedly collide with instances of intense polarization. The election of Barack Obama as the first African American president of the United States seemed a triumphant example of racial healing. Yet, that triumph has been short-lived, with bigoted confrontation characterizing debate over many issues, such as immigration, and hate-filled speech becoming more and more a staple of media coverage and political discourse.

Against this backdrop, the life chances of people of color are increasingly under assault. Health indicators dramatically illustrate the point. In every instance, people of color suffer disproportionately from conditions that shorten life or compromise its quality. Until policymakers, advocates, and community leaders consider race as a factor that must be addressed, we are not likely to eliminate these disparities.

*Why Place Matters*, published in 2007, explored how to close the health gap and improve life outcomes by changing neighborhood environments economically, socially, and physically and by strengthening public services and institutions—from health clinics to schools to clean water systems—in low-income communities. The report examined the growing movement in California and around the nation to build healthy communities where all residents have opportunities to participate and thrive.

Since then, health and equity issues have gained broad support and are increasingly taken into account in decisions about transportation, economic development, community design, education—some of the very policy arenas that will shape neighborhoods, cities, rural communities, and regions in California and the nation for years to come.

We believe as strongly as ever that place

matters. As this report makes clear, however, race is carving up our landscape, affecting where and how we all live. It remains our deepest fissure, compounding disadvantage and perpetuating it across generations.

An effective agenda to improve health and prosperity in California and the nation must consider both race and place. It must embrace comprehensive approaches spearheaded and sustained by many, many stakeholders. Collaborative efforts must include the private sector and involve the voices and experience of people of color.

This update, *Why Place and Race Matter*, delves into these issues. Dynamic groups and initiatives are featured to illuminate action at the intersection of health, place, and race. With this report, we hope to further inspire creative thinking, new partnerships, innovative strategies to achieve sustainable change, and continued momentum in the movement to build healthy, opportunity-rich communities.



## ACKNOWLEDGMENTS

This report is a collaborative effort that benefited immeasurably from the contributions of an impressive array of activists, advocates, and practitioners working in communities throughout California and across the country. We are fortunate that they graciously agreed to share their views with us; they were willing to answer difficult questions and discuss topics that are often uncomfortable. We thank them for their thoughtful and candid input; it is their insight and experience that form the basis for this report. Their names and affiliations are listed in the Appendix in the back of this report.

We wish to thank The California Endowment not only for its generous support of this project, but also for articulating the vision that led to the final product. In particular, Marion Standish and Robert Phillips provided invaluable feedback throughout, assisted in the development of the initial structure of the report, and offered suggestions and editorial comments that added clarity and substance to the text.

We are indebted to Fran Smith for her extraordinary skill as a writer and editor. This report stems in large part from Fran's ability to listen and to reflect upon what she heard. Fran kept our team focused on the big picture while she patiently sorted through a sizeable amount of material, synthesizing distinct voices and views. Her diligence paid off and has enabled us to craft a frank and compelling narrative that effectively captures the energy and innovation emerging within the field. Natalie Gluck researched and wrote the report's case studies that vividly highlight efforts underway in communities across the state.

We also want to express appreciation to the staff of PolicyLink for its role in developing and producing *Why Place and Race Matter*. Its contributions ranged from conducting and transcribing interviews to undertaking research, producing charts and graphs, and

conceptualizing a design that augments the perspectives expressed in the report. Special thanks to the PolicyLink Center for Health and Place team: Mildred Thompson, Victor Rubin, Melanie Tervalon, Chione Flegal, Rubén Lizardo, Rebecca Flournoy, Sarah Treuhft, Solana Rice, Emma Sarnat, Cynthia Bazan, Cara Carillo, and Ariana Zeno. Thanks also to Milly Hawk Daniel, Glenda Johnson, Heather Tamir, Erika Bernabei, and Leslie Yang of the PolicyLink Communications team, with support from consultants Paulette Jones Robinson, Bureau Blank, and Photography by Hamilton.

Race is a central consideration for the healthy communities movement. Race has shaped our regions, creating places that offer profoundly unequal opportunities to their residents. In many ways, race remains our deepest divide. Effective strategies to build healthy, vibrant,



sustainable communities must address both race and place, openly and authentically. This report illustrates how to improve the **economic, social, physical**, and **service** environments of vulnerable communities through race-conscious strategies.



# Health at the Juncture of Place and Race

One number may determine how healthy you are and how long you will live. It's not your weight, cholesterol count, or any of those numbers doctors track in patients.

It's your address.

If you live in a community with parks and playgrounds, grocery stores selling nutritious foods, access to good jobs and other economic opportunities, clean air, safe streets, good schools, ample health care, social services, and neighbors who look after one another, you are more likely to thrive.

On the other hand, if you live in a neighborhood without these essentials, you are more likely to suffer from obesity, asthma, diabetes, heart disease, or other chronic ailments. You are more likely to die of a stroke, a heart attack, or certain forms of cancer. You are more likely to be injured or killed during a crime, in a car crash, or simply crossing the street.

Healthy people and healthy places go together. Yet in a state and a nation where neighborhoods remain largely segregated by skin color and ethnicity, the connection between health and place goes beyond mere geography: Deeply woven throughout this nexus is the often unspoken strand of race.

It is well documented that people of color, especially at the lowest income levels, have the worst health outcomes in our society. Neighborhoods of color have the highest pollution levels; the fewest basic services, amenities, and support structures; the most limited access to fresh foods, park space, and other resources for health; and the most entrenched obstacles to economic and social opportunities. Racially based inequities in local environments—the almost immeasurable gulf in resources between a Brentwood and an East Los Angeles, a Montclair and an East Oakland, a Carmel and a King City—lie at the root of our gaping health disparities and the alarming rise of preventable chronic diseases. Eliminating these disparities and creating a healthier California, indeed a healthier America, require comprehensive policies and strategies that dismantle the structures of racism and transform ailing, disinvested communities into healthy places—places where everyone can prosper in every way: economically, physically, emotionally, culturally, and socially.

This document summarizes the key ideas and recommendations of *Why Place and Race Matter*, an in-depth examination of how neighborhood environments and racially based barriers to opportunity intersect and impact the health of

individuals, families, and communities. In this document, we briefly (1) discuss the root causes of health disparities; (2) examine demographic shifts in California and their implications for community change efforts; (3) outline a framework for building healthy communities; and (4) present concrete strategies for dismantling racially based policies that undermine health and an action agenda in specific policy arenas. The full report, which includes 21 case studies of organizations and initiatives working at the intersection of health, place, and race, is available at <http://www.policylink.org>.

## A Golden State for Whom?

To look forward—to understand what it will take to transform all California communities into healthy, robust places—we first must look back.

The aftermath of the abolition of slavery in the United States ushered in more than a century of legal discrimination, segregation, intimidation, and violence. Most people associate these conditions with the American South. Yet California was no exception: It has a legacy of racist policies and brutal practices directed not only at African Americans, but also at many other groups that crossed its borders in appreciable numbers, not to mention the native populations who lived here for thousands of years.

Despite its progressive image, California permitted racial segregation of public facilities until the 1950s. Policies and real estate practices created and maintained segregated housing by enforcing covenants that restricted African

Americans from obtaining bank loans or participating in government-sponsored housing programs; they continued into the 1960s, barring a number of ethnic groups from buying homes in many neighborhoods throughout the state.

Employment discrimination also was widely accepted. While federal and state laws prohibited many overtly discriminatory policies, the entrenched structures of racism continued—and continue to this day—to maintain two separate, shamefully unequal societies. By every economic indicator—wages, assets, homeownership rates, foreclosure risk—African Americans and Latinos in California are substantially worse off than whites.

Economically distressed communities, which in California are primarily communities of color, have the poorest access to essential services such as grocery stores, medical care, and transportation, and the fewest social supports to overcome or eliminate the obstacles. Hundreds of unincorporated communities in California's Central Valley lack even such basics as sewer systems and clean drinking water.

People cannot be healthy if their communities are ailing—if the air and water are fouled, if nutritious food is not available or affordable, if crime rates and fears of violence keep residents indoors, if sidewalks and parks do not exist or are too deteriorated for walking and playing. People cannot be healthy if the opportunities critical for their well-being—education, jobs, good schools, safe and well-maintained housing—remain elusive. These are the reasons why place and race matter. Only by addressing them can we eliminate the glaring health disparities and

### Structural Racism

The term structural racism refers to a system in which public policies, institutional practices, cultural representations, and other norms work to reinforce and perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time.

—*The Aspen Institute*

reverse the epidemic of preventable chronic illnesses that threaten the future well-being and prosperity of our state and nation.

## Achieving Health Equity

In Los Angeles County, African American infants die at 2.6 times the rate of white babies.<sup>1</sup>

In California, African Americans are hospitalized and die from asthma at three times the rate of whites.<sup>2</sup>

A study of fifth, seventh, and ninth graders in California public schools found that 35.4 percent of Latino children and 28.7 percent of African American children were overweight, compared with 24.4 percent of white children.<sup>3</sup>

Researchers and policymakers have been talking for years about health disparities such as these. And it is well known that economic inequities play a significant role: Income is a leading determinant of health, while race and ethnicity strongly influence earning power. Yet income alone does not explain the gap. Researchers have documented worse health outcomes among African Americans, Latinos, Native Americans, and some groups of Asian Americans, even after controlling for the effects of income and related factors such as education and occupational status. To put it more starkly: An African American Ph.D. with a six-figure income is likely to be sicker and die younger than a white person of comparable achievement. Nationally, babies born to college-educated black women have a higher risk of dying before their first birthday than do the infants of white high-school dropouts.<sup>4</sup>

Accessible, high-quality, affordable health care is critical to address health disparities. Yet medical care contributes only modestly to overall health status—an estimated 15 percent—primarily by reducing the severity of disease.<sup>5</sup> Prevention is necessary to stop diseases from occurring in the first place. And effective prevention takes more than interventions to change the behavior of individuals, important as those can be. It requires action to improve the environmental conditions

crucial for health and sustained advancement.

Studies have revealed that it is virtually impossible for residents of many distressed communities to follow official guidelines for eating well and exercising regularly because of limited or no access to the requisite resources.<sup>6</sup> For residents who manage to adopt healthy behaviors despite the obstacles, the benefits appear to be muted: Toxic community conditions can trump an individual's determined effort to rise above them. A recent analysis of the medical records of more than a half-million Americans found that, regardless of what they eat, how active they are, and other personal factors, residents of poor neighborhoods generally die earlier than people living in wealthier communities.<sup>7</sup>

Focusing on both people and the places where they live—in other words, addressing individual health at the same time we work to improve community environments—can have powerful, and long-term, benefits. Consider Long Beach resident Martha Cota. She and her sons go to doctors for the treatment and information they need to control their asthma. But Cota does not stop there. She also works with the Long Beach Alliance for Children with Asthma to reduce pollution from the port, freeways, and refineries in her city. If the alliance succeeds in cleaning up the air, Cota, her boys, and many other families in her community may suffer fewer asthma attacks.

That kind of work is what the movement to build healthy communities is all about. Like members of the Long Beach Alliance, advocates, residents, community leaders, health practitioners, and policymakers around California and the nation increasingly recognize that changing the structural and cultural components of a place can help more than one person or one family. It can also improve the life trajectory for a generation.

The activities of this movement range in scale from city block to rural expanse to metropolitan region. In Lanare, a very low-income, predominantly African American and Latino community in Fresno County, residents

## Equity

Equity means just and fair inclusion. An equitable society is one in which all can participate and prosper. The goal of equity must be to create conditions that allow all to reach their full potential. In short, equity creates a path from hope to change.

—PolicyLink

have organized to demand government money to fix their contaminated and at times altogether dysfunctional water system. In Baldwin Hills, the historic African American heart of Los Angeles, community groups worked for years to create a park, waging one battle after another to protect it, first from construction of a power plant, then from a garbage dump, and most recently from expanded oil drilling in adjacent fields.

Recognizing the interconnection among issues confronting such vulnerable communities, activists in land use planning, transportation, environmental justice, housing, faith communities, and grass-roots groups are formulating an equity-focused agenda, integrating health, job training, environmental quality, and economic vitality. In the same vein, community clinics are reaching beyond their walls to respond to the urgent economic and social challenges confronting their patients and, quite literally, making them sick. Likewise, many public health officials and health-care practitioners have broadened their approach to prevention, addressing the economic and social factors that impact health in low-income communities and communities of color. “Public health is not about microbes,” says Bob Prentice, executive director of the Bay Area Regional Health Inequities Initiative. “It’s about how the way people live influences their health.”

This movement to build healthy communities was born from an understanding of how place and health connect. Race has always been an important, though often unspoken, part of that mix. Acknowledging the racial dimension of the community factors that influence health,

clarifying it, and lifting it up to inform, inspire, and propel place-based actions are key to the evolution of the work.

“There is always the assumption that if you are working on poverty, you are working on race,” says Anne Kubisch, director of the Roundtable on Community Change at the Aspen Institute. “I think we have found that there are racial issues that stand on their own. If you don’t keep putting race back on the table, it keeps falling off the table.”

# California's Changing Communities

Dramatic population shifts are altering California's communities, simultaneously reinforcing and erasing old divides of race and ethnicity. Advocates for healthy communities must figure out which policies, practices, and organizing strategies will be effective across the state and in neighborhoods that look very different than in the past and will be still more different a few years from now.

Two trends are especially salient.

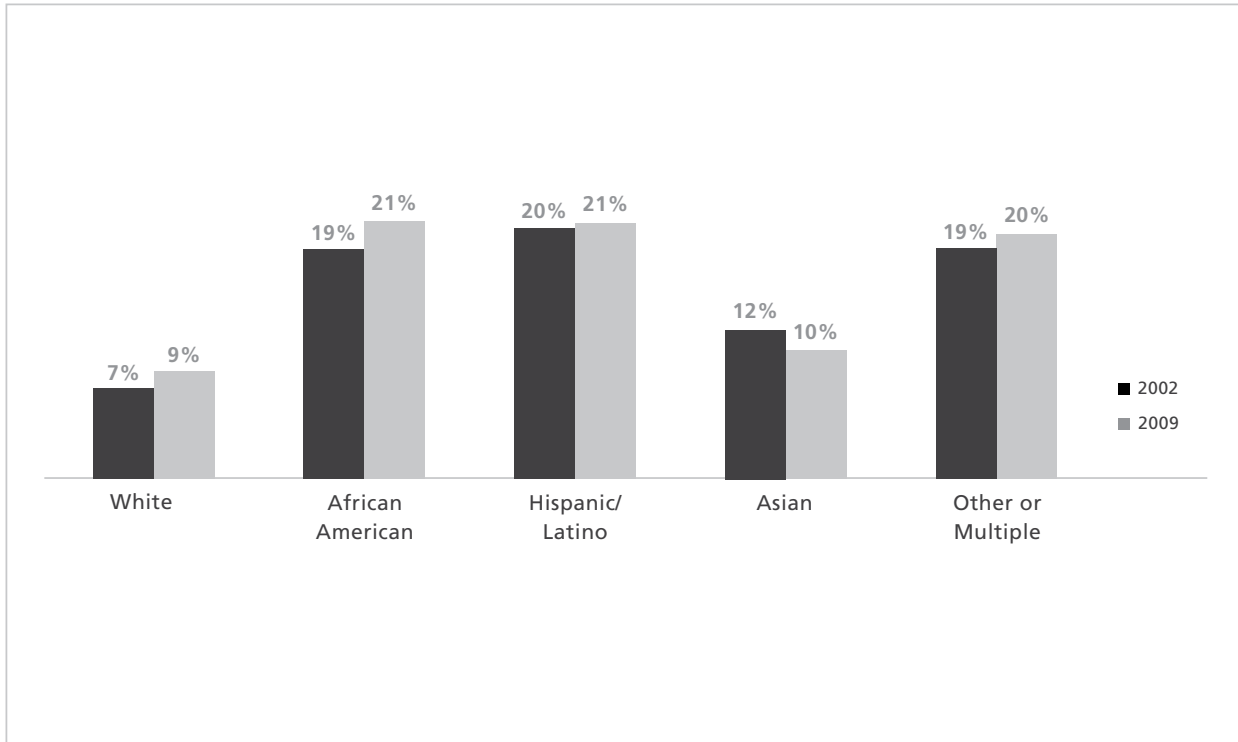
## Immigration

The California dream beckons people from around the globe. About 10 million people, 27 percent of the state's residents, are foreign born; about 2.7 million of them are undocumented.<sup>8</sup> Nearly every county from Imperial to Del Norte has a sizable immigrant population,<sup>9</sup> including a growing number of suburban communities. This means that equitable opportunity and inclusion—the foundations of health—are imperative not only for the state as a whole and long-standing magnet cities, but also for every region, county, city, and suburb.

## Growing Multiethnic Neighborhoods

Once predominantly African American communities—among them Richmond, Oakland, and Compton—are now home to large and growing Latino and Asian American populations. At the same time, African Americans are dispersing from the largest cities, moving to outlying cities and peripheral counties.<sup>10</sup> As African Americans and Latinos (and to a lesser degree Asians) increasingly live in close proximity in neighborhoods,<sup>11</sup> there are new opportunities to transcend historical boundaries of race and culture and to build a broad movement for equity, justice, and inclusion. Yet there are also fresh challenges,

**Figure 1: Poverty Rates  
in California by Race/  
Ethnicity, 2002 and 2009**



Source: American Community Survey, 2002 and 2009.

as intergroup political and social tensions arise, often because of perceptions of economic competitiveness. The most forward-thinking organizations working to build healthy communities are seizing the opportunities and grappling with the challenges.

Amid the rapid change, one thing has remained constant: the deep economic divide between “haves” and “have-nots”—and between white Californians and Californians of color. A recent United Way study of Los Angeles County portrayed it clearly: The county has 250,000 millionaires, more than almost anywhere else on the planet, yet a poverty rate of 15 percent—1.47 million people.<sup>12</sup> The color dimension is equally

stark: 8 percent of whites are poor, compared with 11 percent of Asians, 19 percent of African Americans, and 20 percent of Latinos. The pattern is repeated statewide, and has been for decades, as illustrated in Figure 1. These inequities form the backdrop for a comprehensive approach to building healthy communities.

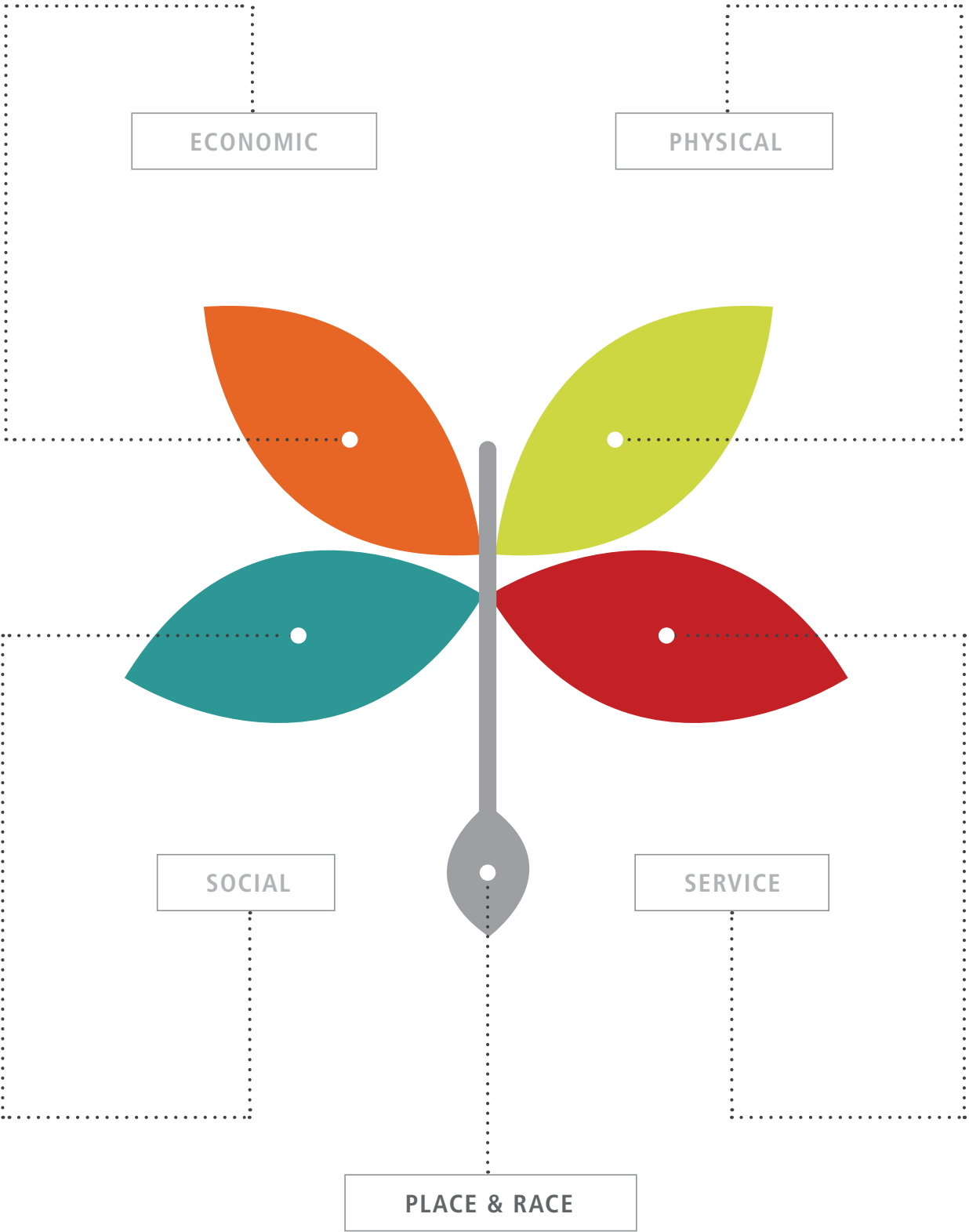


# A Framework for Building Healthy Communities

To think strategically about how to improve conditions in vulnerable communities, it helps to look at neighborhoods in terms of four broad “environments”: (1) economic, (2) social, (3) physical, and (4) service. In the real world, of course, these overlap and intersect, and the most effective approaches straddle several categories, if not all four.

The factors that make up each environment can protect health or harm it, depending on the circumstances. For example, if parks are safe, well maintained, and accessible, they encourage walking, bicycling, and social interaction. If they are full of weeds, broken benches, and hazardous play structures, they discourage physical activity and contribute to blight and crime. In essence, the movement to build healthy

communities is a push to increase and strengthen the protective factors in local environments while eliminating the harmful factors, with the goal of creating a healthier population.<sup>13</sup> Race is an overarching consideration, affecting each environment separately and collectively, with profound consequences for health and important implications for community transformation efforts.







## ECONOMIC ENVIRONMENT

A thriving local economy—the presence of diverse businesses such as grocery stores, banks, restaurants; opportunities to own homes and build wealth; and pathways to jobs and entrepreneurship—is requisite for healthy communities and the people who live and work there.<sup>14</sup> The food retail environment is especially important, providing all the benefits of any other robust local retail: It draws foot traffic, creates jobs, and stimulates commerce. Plus, it fosters better eating.<sup>15</sup> Studies across the country consistently show that low-income neighborhoods have fewer supermarkets than affluent areas and that neighborhoods of color have fewer supermarkets than predominantly white neighborhoods.<sup>16</sup> And when personal food choices are constrained, weights increase and health loses out. A study of nearly 40,000 Californians found that people living in neighborhoods with few supermarkets or produce outlets but crowded with fast food and

convenience stores are at significantly higher risk of obesity and type 2 diabetes.<sup>17</sup>

While advocates around the country have worked for decades to reverse the grocery store exodus and establish supermarkets and other fresh food outlets in underserved communities, their efforts have recently gained enormous traction in the face of the obesity epidemic.<sup>18</sup> The federal Healthy Food Financing Initiative, included in President Barack Obama's 2011 proposed budget, marks an important step toward ensuring that residents of all communities have access to healthy food stores and the benefits of economic activity.

Of course, the retail environment is only one aspect of community economic development. To build healthy places, advocates and policymakers must address all of the factors that contribute to a strong local economy—housing, employment, job training, noncommercial development, and local public finance.

### **EMPLOYMENT, INCOME, WEALTH, AND ASSETS:**

*The quality and quantity of employment opportunities available to residents and the amount of collective wealth and assets in the community, which can influence residents' health.*

**PROTECTIVE FACTORS:** Living-wage jobs with health benefits; safe workplaces. Savings, retirement, and homeownership provide economic stability.

**RISK FACTORS:** Large numbers of community residents with low-wage jobs with no benefits and unsafe working conditions. Racial and economic segregation and concentrated poverty, which lead to higher stress and premature mortality.

### **NEIGHBORHOOD ECONOMIC CONDITIONS:**

*Presence of commercial services, including grocery stores, banks, and restaurants.*

**PROTECTIVE FACTORS:** Public and private investment, which attracts more services and supporting infrastructure.

**RISK FACTORS:** Disinvestment, which leads to loss of jobs and businesses and a decline in property values.

## SOUTH LOS ANGELES:

# Community Health Councils' Neighborhood Food Watch



South Los Angeles residents now have more “food power”—quality, healthy food options and clean environments—at markets such as Fresh & Easy, thanks to CHC’s holding such stores to “standards of quality” that residents can monitor.

An outsider might not think of South Los Angeles as a food “desert”; there are numerous corner stores, liquor stores selling snacks, and even chain supermarkets. But all too often, the markets smell of rotting meat and produce and sell molded dairy products and even packaged or canned food years past their expiration dates. In one case, community advocates discovered that expired products were being moved from stores in higher-income parts of the city to stores in underserved communities to be sold. Community Health Councils, Inc. (CHC), a nonprofit advocacy, and policy organization, started a strong

grass-roots effort, the Neighborhood Food Watch, to ensure the availability of high-quality healthy food options in South Los Angeles. Residents may hold local food vendors accountable to “standards of quality” established by the community. Stores participate by signing a promise to abide by the standards addressing store cleanliness and product quality. “Exposure and opportunity to healthy options is what we’re trying to create for people,” says Lark Galloway-Gilliam, executive director of CHC. “It’s not that any store is better than nothing. Generally speaking, ‘something’ is not better than nothing.”



**ENVIRONMENTS:** ● Economic ● Social



We all need a strong social fabric to thrive. This matters at an individual level: A growing body of research shows that strong social networks and neighborhood cohesion are a win-win, associated with better mental and physical health and lower rates of smoking, alcohol, and drug abuse.<sup>19</sup>

This also matters at the level of community. When we are connected to those around us, we feel more attached to and invested in the place where we live. People who have those connections and feel that attachment are better able to organize and advocate for improvements in their neighborhoods, their schools, their workplaces, and other contexts that form community.

Research shows that weaker social networks, less cohesive neighborhoods, and environments marked by social conflict are associated with higher rates of homicide, suicide, depression, smoking, and alcohol and drug abuse.<sup>20</sup> One study of 12- to 15-year-olds in Chicago found that those who lived in neighborhoods with low levels of social cohesion were significantly less likely to participate in recreational or sports programs and less likely to be physically active two years later. Another study of urban teens pointed out that weak social bonds and networks are strong predictors of the rates of four common sexually transmitted diseases:

gonorrhea, syphilis, chlamydia, and AIDS.<sup>21</sup>

The absence of social cohesion is not wholly a function of income, of course. But the lack of resources and opportunity structures in poor communities and communities of color—parks, thriving commercial districts, good schools with well-funded athletic teams and fields, indeed, the factors in all four environments of this framework—strips neighborhoods of the amenities and gathering spaces that knit people together and inspire community service and action.

Mentoring, supportive relationships and robust social networks can teach, model, and reinforce virtually all the behaviors and activities that help people and places thrive: from healthy eating and physical activity to civic engagement and effective advocacy. Such relationships are particularly vital for youth. Programs built around mentoring—whether they are large nationwide programs or small, grass-roots initiatives—have been shown to improve conduct, boost academic performance, and increase the number of young people graduating from high school.<sup>22</sup>

### **CULTURAL CHARACTERISTICS:**

*Values, attitudes, and standards of behavior (including diet) connected to race, ethnicity, gender, religion, nationality, or other types of social and cultural groupings.*

**PROTECTIVE FACTORS:** Cohesion, a sense of community, and access to key cultural institutions.

**RISK FACTORS:** Racism, language barriers, and acceptance of unhealthy behaviors. Absence of expectations that promote healthy behavior and community safety.

**SOCIAL SUPPORT AND NETWORKS:**

*Friends, family, colleagues, and neighborhood acquaintances. These networks exist within the community and beyond it, such as churches and clubs.*

**PROTECTIVE FACTORS:** Social capital that can provide access to social supports and economic opportunities as well as to certain health services and resources. Adult role models and peer networks that are influential to young people.

**RISK FACTORS:** Lack of social supports and role models. Residents do not have access to networks outside the neighborhood that can link them to employment and other key opportunities (sometimes referred to as an absence of “bridging” social capital).

**COMMUNITY LEADERSHIP AND ORGANIZATION:**

*Level of capacity for mobilization, civic engagement, and political power.*

**PROTECTIVE FACTORS:** Community leaders and organizations providing needed supports and services. Political power allows needed resources to be leveraged into the neighborhood.

**RISK FACTORS:** Lack of leadership, organization, and political power, impeding the flow of resources needed for neighborhood problem-solving and hampering community leadership development.

# Promoting Leadership and Community Transformation



Youth UpRising provides leadership development, education, arts, and culture, as well as other life lessons to young people in East Oakland.

Youth UpRising (YU), a dynamic youth leadership development center, is a safe haven in an East Oakland community plagued by poverty, high dropout and unemployment rates, endemic substance abuse, and rampant violence. The project grew out of the needs articulated by students after racial tension at nearby Castlemont High escalated into violence in 1997. The vision is to build a healthy and economically robust community by harnessing the leadership of young people to become agents of positive change.

YU provides comprehensive programming in health, career and education, and arts and culture to expand life

opportunities for all who come through its doors. Civic engagement is emphasized. An on-site Internet restaurant, Corner's Café, creates jobs and provides entrepreneurship support. Performing arts and self-expression opportunities provide youth with safe channels to develop self-esteem, discipline, pride, and physical fitness. Youth UpRising is also working to improve youth-police relations by engaging the Oakland Police Department in intensive dialogue and to address the stereotypes that each group has about the other.



**ENVIRONMENTS:** ● Social ● Service





## PHYSICAL ENVIRONMENT

Clean water and air; well-maintained sidewalks and parks; structurally sound and attractive housing; clean, safe, well-tended school buildings—good physical conditions are bedrocks of a healthy neighborhood.<sup>23</sup>

Parks are high on the agenda of many healthy community advocates because of their huge benefits for health, community connection, civic pride, and environmental quality. They are also a priority because research consistently shows that low-income communities and communities of color—in urban, rural, and suburban areas alike—have less access to green spaces and playgrounds than more affluent, predominantly white communities.

Among the other physical factors on the advocacy radar: Bus depots and facilities that spew pollutants, which are disproportionately located in low-income communities; highways that often run through such communities; ports and airports that abut them,<sup>24</sup> fouling the air of already vulnerable neighborhoods. In port and industrial cities throughout California, grass-roots groups are increasingly energized. The Asian Pacific Environmental Network, for example, has been organizing Richmond's Laotian community, surrounded by more than 350 industrial sites and toxic hazards that expose residents to dangerous levels of lead, pesticides, and other chemicals.

Spending on the “built” environment—roads, parks, transportation systems, school buildings, water systems, and other essential infrastructure—is among the largest investments that governments and the private sector make. Planning and decision making must be done with the explicit goal of promoting health and equity. Two strategies are particularly promising.

- **Health Impact Assessments.** A combination of methods used to evaluate how a proposed policy, development project, or program would affect the health of a population.
- **Joint use.** Sharing public space by several institutions or groups within a neighborhood. Most joint use agreements are between schools and community organizations, day-care centers, athletic teams, adult education programs, and affordable housing developments; however, any property or new construction can arrange to share its space or facilities with the broader community.

### ENVIRONMENTAL QUALITY:

*Air, water, land.*

**PROTECTIVE FACTORS:** Policies and practices that maintain a clean, healthy environment.

**RISK FACTORS:** Presence of and exposure to toxics and pollution in residential areas and in work environments.

**BUILT ENVIRONMENT AND INFRASTRUCTURE:**

*Housing, parks, recreation facilities, utilities.*

**PROTECTIVE FACTORS:** Access to affordable, high-quality housing and local parks; practical opportunities to walk, run, and bicycle. Urban design that supports physical activity.

**RISK FACTORS:** Exposure to lead paint, problems with inadequate sanitation and pest infestation, dangerous types of work, and urban design that inhibits physical activity.

**GEOGRAPHIC ACCESS TO OPPORTUNITIES THROUGHOUT THE REGION:**

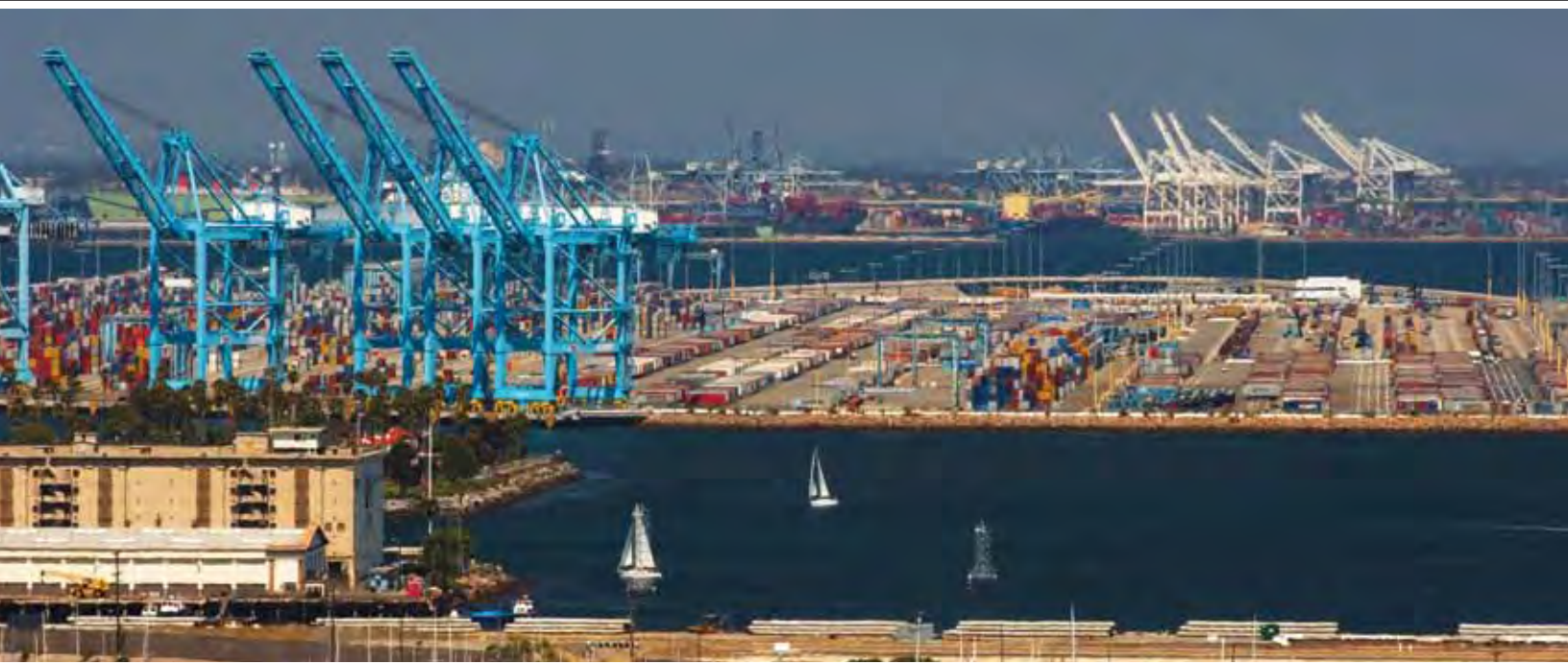
*Access to roads or transit connecting to resources within the neighborhood as well as the broader region.*

**PROTECTIVE FACTORS:** Convenient location and mobility allowing access to services, employment, and cultural and recreational resources.

**RISK FACTORS:** Isolation from job centers, particularly areas without convenient public transit access. Distance from recreational facilities or safe parks for health-promoting activities such as exercise.



# From Neighborhood Assessment Teams to Regional Policy Changes



Women on the neighborhood assessment team for the Long Beach Alliance for Children with Asthma (LBACA) find themselves in surprising places. They might be standing on the sidewalk counting the number of trucks going through their neighborhoods on the way to the Long Beach port. These neighborhoods lie within the wind corridor most affected by harbor, industry, freeway, and refinery pollutants; the 710 freeway runs through the heart of these communities, carrying more than 47,000 truck trips each weekday to and from the third-largest port complex in the world. As a result of land use decisions—and specifically in this case, the location of pollution-producing facilities near neighborhoods filled with families of color—structural racism is keeping residents exposed to toxins.

The concerns in Long Beach are echoed across the state. In 2005, the California Air Resources Board found that the ports and goods movement throughout the state caused more than 2,400 premature deaths annually,



**ENVIRONMENTS:** ● Social ● Physical



mostly from particulate pollution, and was responsible for 2,000 hospital admissions because of respiratory problems. Supporting data from the 2005 Los Angeles County Health Survey found that almost 20 percent of children in the Long Beach Health District have been diagnosed with asthma, a rate significantly higher than national asthma rates.

LBACA staff trains neighborhood assessment teams in leadership and advocacy. They also learn how to gather the data about pollution and truck traffic. These tasks provide helpful information for advocacy, but equally important is that they help participating moms to feel empowered. "By gathering data, these women find their voice," says Elina Green, project manager at LBACA. "Once they see the connection between health and pollution, they become advocates and tell their stories about living in a toxic community."

Pollutants from the harbor, industry, freeways, and refineries cause more than 2,400 premature deaths annually, statewide; in Long Beach, mothers have united with others to fight the toxic air in their communities.



The equitable distribution of essential neighborhood-level services is critical to the health of a community; indeed, to its very survival.

High-quality, accessible health care is mandatory for improving the service environment. Culturally competent preventive and treatment services—well-trained and appropriate practitioners, based in facilities throughout the neighborhoods where vulnerable populations live—are essential for reducing health disparities.

Reaching out to and engaging uninsured people and undocumented immigrants are also critical: A community cannot be healthy when large segments of its population find it impossible to obtain medical care because they have no insurance or they fear they will be deported should they seek help. Community clinics and grass-roots health projects are working hard, even heroically, to fill this gap.

Public safety services are also imperative: Too many low-income neighborhoods and communities of color need more fire stations; they also should have police protection that is culturally sensitive and responsive to their needs.

Violence is becoming much more widely understood as a public health hazard. More effective programs must be created to address the root causes of domestic abuse, gang violence, crime, and the prevalence of weapons in our society. Many community-based organizations have developed promising models; support for these efforts is desperately needed.

Every sector of public and human services has an important role to play in reversing years of underinvestment and neglect, dismantling structural racism, and building healthy communities. Youth programs and community centers must provide venues for positive social interaction as well as physical activity. Senior centers must offer opportunities for gathering and socializing. Schools can and should function as vital community centers, making their facilities available after hours to serve the recreation and learning needs of all residents, children and adults alike.

### HEALTH SERVICES:

*Accessibility, affordability, and quality of care for individuals and families.*

**PROTECTIVE FACTORS:** Necessary, accessible care delivered in a culturally sensitive manner in satisfactory health facilities with well-trained and culturally appropriate practitioners.

**RISK FACTORS:** Lack of access to necessary health-care services, while what is available is culturally inappropriate and of poor quality.

**PUBLIC SAFETY:**

*Police and fire protection, emergency services.*

**PROTECTIVE FACTORS:** Desired and necessary amount of police and fire protection. Little crime, lots of street/sidewalk activity and interaction.

**RISK FACTORS:** Prevalence of violence breeds fear, isolation, and a reluctance to seek even needed services, as residents avoid leaving their homes and spending time outdoors.

**COMMUNITY AND PUBLIC SUPPORT SERVICES:**

*Neighborhood-level public services, including schools, parks and recreation, transit, sanitation, childcare centers, youth development programs, and prison reentry programs. Community institutions include churches, social clubs, and block groups.*

**PROTECTIVE FACTORS:** Quality support services that act as important neighborhood institutions providing needed services as well as venues for local engagement, leadership development, and hope.

**RISK FACTORS:** Needed services are unavailable while those located in the neighborhood are undependable and of poor quality.

## LANARE, CENTRAL VALLEY:

# A Battle for Safe Drinking Water



Lanare, a very low-income, historically African American and increasingly Latino community of about 600 people in Fresno County, was left without any running water for two days when its water system failed twice during the scorching summer of 2009. There is no sewer system, but rather failing septic tanks, leaving raw sewage to run through the streets when it rains; and the water system that each household is responsible for paying to support is, not surprisingly, contaminated. Residents are forced to buy bottled water for drinking and cooking in addition to paying their \$50 monthly bill.

The Community Service District had no resources to fix the plant. Fed up with the unlivable conditions, community leaders gathered residents in living rooms, garages, and churches to organize and build political pressure to restore this most essential resource.

Throughout California's Central Valley are unincorporated communities, much like Lanare, where hundreds of thousands of people live without decent housing, sewer systems, sidewalks, streetlights, or storm drainage. While some of these areas are rural, others are now on the borders of, or even surrounded by, the valley's fast-growing cities.



**ENVIRONMENTS:** ● Economic ● Social ● Physical ● Service



The disparities and the lack of resources are the direct result of a long-standing lack of representation and local power. Because the unincorporated communities have no authority or budgets of their own, they are dependent on the decisions of counties, and their boards of supervisors and agencies have often overlooked these areas. Nor have the unincorporated areas received their fair share of state and federal funds for water systems and other infrastructure.

For several years, California Rural Legal Assistance (CRLA), Inc., has worked in partnership with residents throughout the state on legal advocacy to bring an equitable share of public resources to these unincorporated communities. Through hundreds of trainings and community meetings, education about the Public Records Act, and advocacy at the county level, the residents of Lanare and CRLA persuaded the Fresno County Board of Supervisors to demand \$30,000 in emergency potable water funds from the state. This got the system up and running again, yet no resources or reserves are available to support a complete overhaul. While securing the emergency funding was a significant victory, advocates still struggle to work for equitable infrastructure and representation.

Residents of Lanare in Fresno County are demanding government funds to fix or replace their contaminated, dysfunctional water system.

# Taking Action

The challenge to building healthy communities is designing strategies and policies that consider both race and place and that lead to effective solutions that build on a community's assets. This is not easy: Racially discriminatory policies are deeply woven into the fabric of our government and institutions, and confronting disparities among different neighborhoods raises serious economic, social, and physical challenges. Pulling out the threads requires innovation, persistence, and courage. The goal is to end practices that are harmful to people of color and replace them with approaches that enhance opportunity and life outcomes. No one solution will get the job done. Rather, it will take a combination of strategies, including some—or all—of the following.

## 01

### Establish Strategic Place Targets

In many instances, the needs of people of color can be addressed by targeting specific places, because racial segregation has isolated people of color into discernible neighborhoods. The work of the Harlem Children's Zone in New York City—the inspiration for the federal Promise Neighborhoods program—is a prime example. The initiative provides comprehensive services within a clearly marked geographic area, one with a predominantly African American population. Efforts in Richmond, California, and other neighborhoods across the state seek to take the principles and lessons learned in the Harlem Children's Zone and apply them locally.

## 02

### Increase Political Power of People of Color and Immigrants

In California, there is an enormous racial gap between the overall population and the electorate. As a result, the state's politics are heavily skewed, addressing the needs, and often the fears, of voters who tend to be older and whiter than the population as a whole. Civic engagement by people traditionally underserved is critical for needed changes. When the civic engagement of diverse communities increases, officials will have to address their concerns with greater focus and resources.

## 03

### Enforce Laws That Prohibit Discrimination

There are legal frameworks designed to protect people from discriminatory treatment. Practitioners and advocates have not consistently pursued rigorous enforcement of antidiscrimination laws, perhaps because they are unfamiliar with the process of filing administrative complaints with the public agencies responsible for enforcement, or perhaps because they believe the cost of fighting through the courts would be prohibitive. Nevertheless, they should make the effort: Successful enforcement can reduce disparities while increasing awareness of the available legal protections and the consequences of violating these laws. People who know their rights and the procedures to enforce them are less likely to be victimized. And potential violators are put on notice that they will be penalized.

## 04

### Shift Public Perceptions

Powerful imagery captures the public's imagination. All too often, TV, newspapers, and magazines present negative imagery of people of color. Mainstream media must recognize that the mainstream is changing—news outlets must be held accountable for coverage that reflects the diversity and the strengths of our increasingly multiracial and multiethnic communities. At the same time, advocates and residents should realize that they no longer have to rely on these channels alone. New technology and media tools, which are increasingly accessible, enable everyone to tell their own stories, display their own images, sidestep traditional outlets, and distribute their messages far and wide. These tools should be used to present new, and more accurate, views of people of color. In addition to changing perceptions, these tools offer the possibility of changing opinions that could then be galvanized to build healthy communities.

## 05

### Engage Strongly with Vulnerable Communities

The more that the people hurt by disparities know about the root causes and the possibilities and opportunities to change them, the more likely they are to help rectify the situation. It is imperative to provide detailed information and analysis to people of color and immigrants in formats that are relevant, accessible, and translated into appropriate languages, and to gain their full participation in setting and implementing an action agenda.



## 06

## Target Policies That Disproportionately Hurt People of Color

Many policies that contribute to racial disparities appear neutral. However, while they may seem to be crafted to apply to everyone, and in some cases to help vulnerable people, their effect is altogether different. For example, zero tolerance policies in schools may not appear to be biased; indeed, they are proffered as a response to violence and disruptive behavior that undermines learning and harms young people. But data show these policies do not make schools safer or support learning, and they disproportionately punish students of color, pushing young people out of school or causing them to drop out, increasing their risk of incarceration, and limiting, if not destroying, their life chances. Policy goals can and must be accomplished without disproportionately burdening vulnerable groups.

In addition to these six strategies, the movement to build healthy communities needs an action agenda with policy proposals to address issues with local, regional, statewide, and national impacts. Strategies that address both the race and place dynamics should be emphasized. Among the policy issues that should be considered:

**Safe water and safe parks.** While activists and residents in underserved communities work to expand local access to these essentials, equitable distribution of bond and other financial resources as well as legislation to guide the placement of new parks and facilities can provide critical financial support.

**Joint use.** The idea behind joint use is that tax-supported facilities—a school gym, for example—is a valuable public space that can be shared by the community. Joint use policies promote this sharing; in one Central California community, children in a ballet folkloric troupe were allowed to use a school gym during the summer rather than practice in the baking heat outside. Greater coordination among the state, municipalities, and school districts would expand these arrangements and allow more residents access to a precious resource: community space for cultural events, athletics, and other shared activities.

**Health-care access.** This issue obviously has relevance on the local, state, and federal levels. The federal health-care reform legislation, signed in 2010 by President Obama, will provide greater access to health insurance; local groups around the state tackling access more broadly are benefiting in many ways, for example, resources are now available to establish and support more community clinics and school-based health centers in underserved areas.

**Integrated services.** Vulnerable populations must be able to access services efficiently and effectively. Policy strategies must therefore be designed to work across silos, straddling each of the four environments described in this report. Coordination among public agencies and among service providers is also vital so that constituents are served holistically.

### **Health Impact Assessments (HIAs).**

This tool to assess the potential impacts that a policy or project would have on health is particularly useful when applied outside the traditional public health arena, such as transportation and land use.

**Health in all policies.** This strategy calls for viewing policies in an array of sectors—housing, transportation, agriculture, land use, infrastructure, and education, among them—to ensure that decisions and investments either promote health or mitigate the negative health consequences of previous policies.

**Access to healthy foods.** In low-income communities and communities of color, efforts to expand access to healthy foods are yielding promising results. The federal Healthy Food Financing Initiative, proposed in President Obama's FY2011 budget, is based on a successful initiative in Pennsylvania. Similar initiatives are being considered at the state level and within several California communities. Neighborhood activists are also taking on the issue of increasing access to healthy food by working directly with local merchants, farmers, distributors, and retail trade associations. New opportunities for collaboration are being explored, promoting regional food systems and sustainable agriculture, and traditional and nontraditional venues such as supermarkets, farmers' markets, farm stands, and farm-to-school programs.

**Transportation.** Poor transportation policies can impede access to healthy foods, health services, and jobs, and can increase pollution and its health consequences including asthma and traffic injuries. Without sidewalks or bike or pedestrian paths, active living is much more difficult. Public health advocates are increasingly partnering with transportation planners and activists from other sectors to make transportation policies more responsive to community health. The upcoming re-authorization of federal transportation legislation presents a tremendous opportunity for policy advocacy. At the regional and local levels, other opportunities are emerging, among them promoting transit oriented development in land use decisions.

**Housing.** Dilapidated, unsafe, overcrowded housing is still a significant health problem for the people who must live in it. Housing that is unaffordable, for whatever reason, creates an economic burden that crushes working families' budgets and puts other necessities out of reach. The basic agenda for improving affordability and quality remains as important as ever. On a larger scale, communities can be redesigned to improve the health of their residents. "Smart growth" strategies, which promote health considerations in housing policy, are gaining traction nationwide. Mixed-use development, for example, enables the inclusion of retail that serves the community, such as a grocery store, alongside affordable housing and transit oriented development, thus providing affordable housing and access to needed transportation.

**Leveraging federal resources.**

Individual programs typically come from one agency, often with requirements that can constrain comprehensive approaches. The Obama administration is embracing the need for more collaborative and comprehensive approaches to build healthy communities. Initiatives and policies are being proposed and pursued across programs, agencies, and federal departments. The Department of Transportation, the Department of Housing and Urban Development, and the Environmental Protection Agency are collaborating to create more sustainable communities. The Healthy Food Financing Initiative has brought together the departments of Agriculture, Health and Human Services, and Treasury. The Promise Neighborhoods and Choice Neighborhoods initiatives leverage and combine the resources of programs that have historically operated in distinct spheres—neighborhoods and education, in the case of Promise, and housing and education for Choice—to make broad improvements in health, educational outcomes for children, and the opportunities available in communities.

# V From Local Advocacy to Statewide Change

The priorities of local communities must anchor an authentic statewide policy agenda to create healthy places for everyone. This is true for every state in America: The experiences and the needs of local communities must be integrated, and local leaders must be fully involved in the process.

California has an uneven track record in this regard. Local leaders have not always felt that their priorities were well understood or well represented by groups working at the state level.

To move forward, relationships between state and local groups must be frank and genuine. This requires trust on all sides, and a commitment to ensure that state policy proposals and the strategies and decisions to get them adopted are driven by local needs, knowledge, and action.

Local advocates want to be included in key strategic decisions about the content and scope of policies affecting their communities. And they should be. Engagement would bring statewide agendas that reflect local needs, and the deeper engagement of local leaders would strengthen the power base and leadership needed to successfully move these agendas.

A push from leaders of a community can move individual legislators. The collective push of local leaders from throughout California, along with statewide advocates, can change the positions—and votes—of statewide policymakers. It can increase the momentum for equitable policies across a wide range of issues that affect the health of individuals and families, from Chula Vista to Shasta County, from the Inland Empire to East Oakland. It can be a catalyst for creating a California that lives up to its image for tolerance, openness, innovation, and progressive change, a state that honors and supports the extraordinary diversity and energy of its residents by making sure that every community is a healthy, opportunity-rich place to work, study, play; in short, the kind of place where we all want to live.





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