Why Place & Race Matter

Impacting Health Through a Focus on Race and Place

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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.
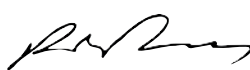
Since then, much has changed. The idea that place matters has percolated up from the ground, gaining currency in public health, research, government, and policy circles. Health and equity issues are increasingly taken into account in decisions and investments shaping the future of neighborhoods, cities, 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
President 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

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.

I

Health at the Juncture of Place and Race

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

It is your address.

If you live in a community with parks and playgrounds, grocery stores selling nutritious foods, access to good jobs and to other economic opportunities, clean air, safe streets, good schools, ample health care and social services, and neighbors who look after one another, you are more likely to thrive. 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 also 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. This simple fact, supported by a deep, evolving body of research, is propelling a broad-based movement in California and in this nation to improve the health of people by improving

conditions in the places where they live, work, study, and play. 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. Woven throughout the nexus of health and place is the often unspoken strand of race.

It is well documented that people of color, especially with the lowest incomes, have the worst health outcomes of anyone in our society. It is also well documented that neighborhoods of color have the highest pollution levels; the fewest 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. Stark, 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

aimed at dismantling the structures of racism and transforming ailing, disinvested communities into healthy places where everyone has opportunities to prosper in every way: economically, physically, emotionally, culturally, and socially.

In this report, we examine how place and race intersect and how they impact health together and independently. We present a framework for building healthy communities, with an emphasis on policy change focused on equitable results. We showcase promising initiatives in California and beyond to improve health through an intentional focus on place, and often on race. We discuss opportunities for action in specific policy arenas. And we present strategies for dismantling racially based policies that are undermining the health of the state and nation. These are fundamentally different from remedies to correct injuries, or even prevention strategies aimed at helping vulnerable people to avoid further harm. Dismantling structural racism means changing the way the systems and institutions of our society operate.

Although health disparities disproportionately harm certain groups, they threaten the well-being of our entire society. They are fueling the obesity epidemic and the rapid rise of chronic illnesses, with serious consequences for premature mortality and quality of life. Further, they are driving up health-care costs to unsustainable levels. Decisive action is not just the moral thing to do; it is the only thing to do to ensure our future health and productivity. As a Los Angeles advocate for community health observed, "If you want to invigorate society, you start where the need is greatest."

A Golden State for Whom?

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. But 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 who crossed its borders in appreciable numbers, not to mention the native populations who lived there for thousands of years. California has always had two distinct realities: a land of

golden opportunity for many (though not all) whites; and a place of bias, discrimination, and narrow prospects for the indigent and people of color.

Indians were the first targets. Thousands were killed during the Gold Rush, as miners poured in, attacking native people and destroying traditional food sources. In 1850, when California joined the Union as a "free" state, the legislature passed the Indenture Act, permitting enslavement of native people.[1]

Migrant workers from China and Japan, beckoned by the promise of jobs, were confined to ethnic enclaves,[2] as were Mexicans who remained on land acquired by the United States following the Mexican-American War. The "Dust Bowl" migrants of the 1930s—impoverished whites from Texas, Arkansas, and Oklahoma—also came to California seeking opportunity and encountered public hostility instead, complete with border patrols dubbed "bum blockades" in some cities.[3] Publicity, notably the writings of John Steinbeck and the photography of Dorothea Lange, helped draw sympathy to the plight of migrant families, which resulted in the abolition of laws restricting interstate travel and in modest protections for farm workers. Yet antipathy toward poor, uneducated newcomers is still evident in public attitudes and policies toward immigrants to this day.

Despite California's popular image as an open, liberal state, it permitted racial segregation of public facilities until the 1950s. A web of 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 also barred a number of ethnic groups from buying homes in many neighborhoods into the 1960s. Employment discrimination was an accepted way of life.

While federal and state laws prohibit many overtly discriminatory policies, the entrenched structures of racism maintain two separate and shamefully unequal societies. More than half of the Latinos in this country and nearly 65 percent of African Americans live in neighborhoods of color,[4] generally low-income ones. Two-thirds of black children live in high-poverty communities, compared with only six percent of white children—a percentage that has not changed in 30 years.[5] Persistent residential segregation, coupled with the concentration of poverty in inner cities, older suburbs, and rural communities, compounds the burdens of all of society's ills.

Consider the fallout of the Great Recession, for example. While Americans across the board have been hurt, people of color have suffered disproportionately. In 2009, California made headlines as the only state where the Latino unemployment rate (15.7 percent) exceeded the rate for African Americans (15.3. percent), but the more important story was how severely both groups had been affected and how much worse they fared relative to whites (8.6 percent).[6] (The reality was even bleaker, of course, since the statistics do not include people who are incarcerated, also disproportionately African American and Latino men; or who have given up on finding work.) Nationally, the unemployment rate for black men ages 16 to 19 was 33 percent, a higher rate than the United States suffered during the Great Depression.[7]

As we will discuss in detail, economically distressed communities, which in California are primarily communities of color, have the least 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 clean drinking water and sewer systems.

Residents 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, or if sidewalks and parks do not exist or are too deteriorated for walking and playing. They cannot be healthy if the opportunities critical for their well-being—education, jobs, good schools, safe and well-maintained housing—remain elusive.

An African American baby in the predominantly low-income neighborhood of West Oakland is **1.5** times more likely to be born premature than a white infant in the Oakland Hills, **7** times more likely to be born into poverty, and **4** times more likely to have parents with only a high school education.

The risks accumulate and worsen over the life course of the black baby:
2.5 *times more likely to lag in vaccinations as a toddler*
4 *times less likely to read at grade level in fourth grade*
5.6 *times more likely to drop out of high school*

In adulthood:
5 *times more likely to be hospitalized for diabetes*
3 *times more likely to suffer a fatal stroke*
2 *times as likely to die of cancer*

The West Oakland infant can expect to die almost **15** years earlier than the white infant born in the Oakland Hills.[8]

These are the reasons why place and race matter. They must inform our understanding of the serious health problems confronting our state and nation, and they must shape our solutions.

Achieving Health Equity

Racial health disparities have been evident for years in California and in America. In Los Angeles County, African American infants die at 2.6 times the rate of white babies.[9] In California, African Americans are hospitalized and die from asthma at three times the rate of whites.[10] 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.[11] Nationally, Latino girls born in 2000 have a 66 percent higher lifetime risk of diabetes than white girls.[12] Lung disease, hypertension, hepatitis B, and AIDS are among the debilitating, preventable conditions that are far more prevalent, and deadly, among African Americans, Latinos, and to a lesser degree, Asian American and Pacific Islanders.[13] Immigrants face particular challenges that threaten their health, including fear of deportation, language barriers, and the lack of health insurance.[14]

Economic inequities are a significant factor in these disparities: Income is a well-documented determinant of health, and race and ethnicity strongly influence earning power. Yet income alone does not explain the health 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. 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.[15]

Accessible, high-quality, affordable health care is critical to address health disparities. Residents of low-income communities of color are in dire need of practitioners who speak their language, understand their culture, counsel healthy habits, provide free or low-cost preventive services, prescribe effective treatments, and follow up.

African Americans are far more likely than whites to have no health-care coverage.[16] More than one-quarter of Latino adults lack a regular health-care provider.[17] The passage of federal health-care legislation, signed by President Obama in March 2010, marks a tremendous step forward. Millions of people of color stand to benefit from expanded coverage.

Better access to health care, however, must mark the starting point, not the finish line, in the drive to improve health. The fundamental causes of health disparities also must be addressed. Medical care contributes only modestly to health status, an estimated 15 percent, primarily by reducing the severity of disease.[18] Interventions aimed at improving the conditions in which low-income people and people of color live are necessary to prevent illness.

We already spend more money on health care than does any other country in the world.[19] We also spend more on health care than we do on housing or food: $2.2 trillion in 2007, or $7,421 per person.[20] Health disparities add to the price tag. A recent study found that disproportionate rates of several common preventable chronic diseases among African Americans and Latinos cost the nation's health-care system $23.9 billion in 2009, including $6 billion in California alone.[21] The indirect cost of disparities runs even higher—an estimated $1 trillion in lost work time and lower productivity from 2003 to 2006.[22] And that does not include the incalculable emotional toll.

It will take bold, creative action to achieve health equity and improve health for everyone. No doctor can undo the ill effects of patients living in communities without healthy food outlets, walkable streets that allow safe passage to school and work, or green spaces. No medication can reverse the damaging consequences of living in neighborhoods with systemic obstacles to wellness: poverty, dilapidated housing, abysmal schools, pollution, high unemployment, gangs, violence, crime, and despair. People's surroundings determine their options for making decisions every day that affect their health.

Studies reveal 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.[23] 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.[24]

A simultaneous focus on individual health and community environments can be especially powerful. For example, Long Beach resident Martha Cota and her sons go to doctors for the treatment and information essential 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 may suffer fewer asthma attacks.

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

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

Seeds of Change

The Long Beach Alliance is part of a growing movement in California and the nation to build healthy communities. Advocates, residents, community leaders, health practitioners, and policymakers are increasingly recognizing that changing the structural and cultural components of a place can benefit more than an individual; it can also improve the life trajectory for a generation.

The actions 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 have organized to demand government funds 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 and have waged one battle after another to protect it, first from construction of a power plant, then from a garbage dump, and recently from expanded oil drilling in adjacent fields.

Recognizing the complex interconnection among issues confronting vulnerable communities, activists in land use planning, transportation, environmental justice, housing, faith communities, and grass-roots groups are formulating an equity-focused agenda that integrates health, job training, environmental quality, and economic vitality. In a groundbreaking example, Richmond—a multiracial city that is home to an African American community dating back to World War II as well as a growing immigrant gateway community—is incorporating far-reaching health and wellness elements into its general plan to guide future development. And the city is doing it with extensive resident participation.

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. The Bay Area Regional Health Inequities Initiative (BARHII), a collaborative among health departments in the San Francisco area, is working to understand how social and cultural dynamics contribute to the medical problems of the multiethnic and immigrant populations who increasingly move there. "Public health is not about microbes," says Bob Prentice, executive director of BARHII. "It's about how the way people live influences their health."

In the same spirit, more 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. The clinics bring leadership, trained staff, expertise in prevention, and significant resources to the movement for healthy communities—providing volunteers for neighborhood projects, contributing money to local organizations, and adding their voices to the chorus calling for policy change.

Likewise, major institutions such as medical centers and universities are increasingly engaged in community issues. Several universities, for instance, are working to broaden community access to their research and teaching capacities. For example, researchers at the University of California, Davis, are working with the Coalition

on Regional Equity (CORE) in the Sacramento area to develop equity indicators and launch efforts to improve access to healthy foods, transportation, and other critical services.

Grass-roots advocates are also spearheading innovative partnerships to knock down long-standing barriers to health. In low-income communities in Fresno, Los Angeles, Oakland, and San Francisco, residents are approaching local shopkeepers and restaurant owners to sell healthier foods. Advocates and residents are also reaching out to large food retailers, chain supermarkets, food distributors, and trade associations, tackling head-on issues of racial bias that have guided food industry decisions and stripped many neighborhoods of access to healthy foods and vital sources of economic stability.

The path to create healthy communities is not always straightforward, and it is rarely easy. It takes time, patience, and determined, sustained leadership. It requires the creativity to leverage assets and the courage to confront challenges. Racial dynamics add a layer of complexity that many people are unaccustomed to, and uncomfortable with, confronting directly. Race often becomes a factor in relationships with institutions and policymakers, and it becomes an issue among colleagues and peers. While African American, Latino, and Asian American residents are finding common cause in the neighborhoods they increasingly share in California, tensions still exist.

Some groups believe the best way to overcome differences is to collaborate on a common agenda that addresses pressing economic and social needs—to advocate on issues of jobs, health, environmental quality, social justice, education, and so forth—without a stated focus on race.

Other groups deal with issues of racial equity and intergroup tensions forthrightly, openly discussing race, ethnicity, culture, and history. "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."

Experience has also taught us that place-based work achieves its greatest success when it is connected to policy. Policies set the rules and parameters for factors that profoundly affect every person's health: the types of housing, transportation, schools, and services we create and where; the price and availability of healthy and unhealthy food; the kinds of jobs available and to whom; the quality of teachers, the educational standards, and the physical state of school buildings. The list goes on.

Policies are set at the local, county, regional, and state levels, and community participation can have a big impact on what is adopted. Community leaders can speak about the impact of policies on their lives and on the quality of life in their neighborhoods. In California, stronger connections between state and local groups are critical to develop an authentic statewide policy agenda. Relationships must be honest, marked by trust and the ability to listen. Local priorities, knowledge, and action must drive state policy proposals, strategies to mobilize broad support for them, and decisions about their implementation. Community residents have crucial insight into the most pressing needs, the community strengths that can be tapped, and the solutions likely to succeed and endure.

A lot of work remains to be done. But the energy and momentum of the movement to build healthy communities bear witness to the growing certainty that place and race matter. With strong community leadership, the wisdom and voice of residents, support from a wide range of interests and officials at all levels of government, and an unwavering vision of equity and inclusion for all, change can—and will—happen.

The deep economic divide between "haves" and "have-nots" in California forms the backdrop of a movement for change. A recent United Way study of Los Angeles County portrayed the gap starkly: 250,000 millionaires, more than almost anywhere else on the planet, yet a poverty rate of 15 percent—1.47 million people.

II

California's Changing Communities

Dramatic population shifts are altering California's communities, simultaneously reinforcing and erasing old divides of race and ethnicity. One of the biggest challenges facing advocates for healthy communities is to figure out which policies, practices, and organizing strategies will be effective in neighborhoods and in a state that look very different than they did a few years ago and than they will a few years from now.

What does "community" mean in hugely varied places? Consider the range in California: unincorporated rural areas that lack basic infrastructure such as sidewalks, sewers, and clean drinking water and that represent some of the most marginalized, neglected places in America. Gateway communities—an initial stop for immigrants intent on moving up and out. Aging suburbs, with some of the fastest-growing rates of poverty in the state. Inner-city neighborhoods, where long-standing residents of color must contend both with limited mobility and displacement pressure. What does community mean to diverse residents sharing many of these neighborhoods—to those who

have lived in a place for decades and those just moving in?

How do we take the full measure of a community, recognizing its needs while acknowledging and building on its strengths? Which institutions form the glue—which church, barbershop, hair salon, community center, or clinic? Who are the leaders, the mentors, and the wise elders?

How do we build community in increasingly multiethnic neighborhoods, particularly in the wake of an economic tsunami that caused massive layoffs, destroyed record levels of wealth in communities of color, and fueled racial tensions in an atmosphere of social and financial insecurity?

The deep economic divide between "haves" and "have-nots" in California forms the backdrop of a movement for change. A recent United Way study of Los Angeles County portrayed the gap starkly: 250,000 millionaires, more than almost anywhere else on the planet, yet a poverty rate of 15 percent—1.47 million people.[25] The color dimension is equally stark: 8 percent of whites, 11 percent of Asians, 19

percent of African Americans, and 20 percent of Latinos in Los Angeles live in poverty. The pattern is repeated statewide, and has remained so for decades—and the gap is even worse for children. In the three years leading up to the recession, on average, 8 percent of white children in California lived in poor families, compared with 13 percent of Asian, 26 percent of African American, and 27 percent of Latino children (see Figures 1, 2, and 3).[26]

Efforts to build healthy communities must be guided by an understanding of the geography of poverty; an appreciation of the extraordinary range of racial identity, cultural identity, and spoken languages; and a deliberate recognition of the race-based structures that perpetuate discrimination and segregation.*

A closer look, now, at three of the most salient forces in California.

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* The poverty rate in California mirrors the growing poverty rate nationwide, as evidenced in U.S. Census Bureau reports published in September 2010. The most current statewide data are presented in Figures 1, 2, and 3. As for the national perspective, one in every seven Americans lives below the poverty line. Observes PolicyLink founder and CEO Angela Glover Blackwell citing U.S. Census Bureau figures, "The story of who's hit first and worst is clear: More than one in four black and Hispanic people live below the poverty line; Hispanics saw the biggest jump in poverty (2.1 percent), and the biggest drop in real income was among black people and non-citizens" (a 4.4 percent and 4.5 percent drop, respectively).

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.[27] Nearly every county—from Imperial to Del Norte—has a sizable immigrant population,[28] as do 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.

California's immigrants are first and foremost from Mexico; next are large numbers from Central America and South Asia. But no matter where they come from, most arrive with the drive to build healthy, productive lives for themselves, their families, and future generations. Categories such as Latino or Asian represent a rich array of cultures and nationalities. These varied backgrounds must be understood and considered in every realm of policymaking and social action, including health planning and advocacy. An
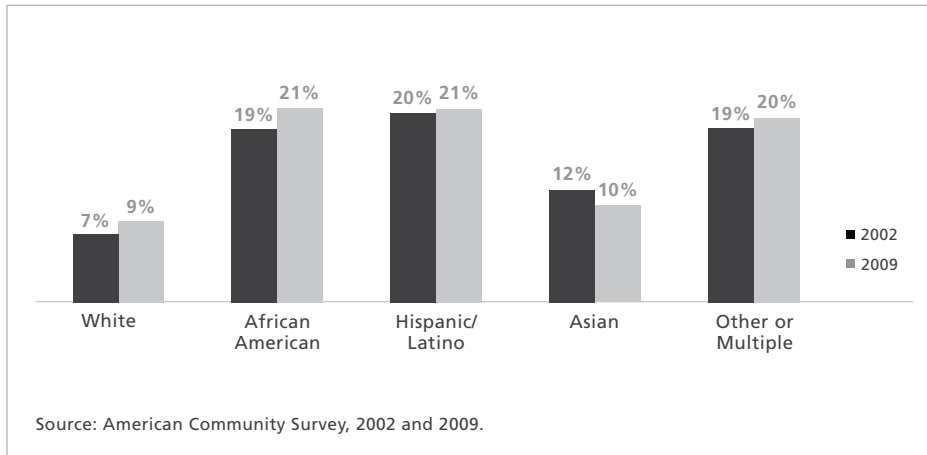
Figure 1: **Poverty Rates in California by Race/Ethnicity, 2002 and 2009**

Source: American Community Survey, 2002 and 2009.
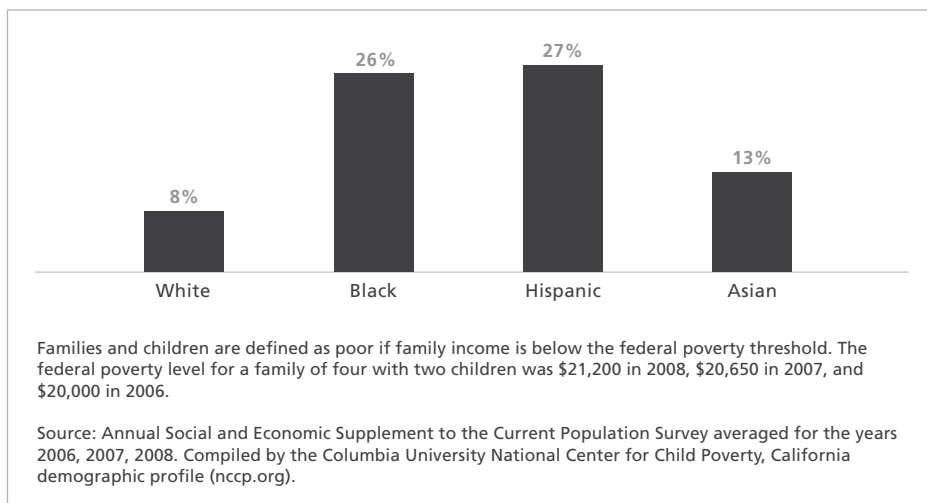
Figure 2: **Children in Poor Families in California by Race, Three-Year Average, 2006-2008**

Families and children are defined as poor if family income is below the federal poverty threshold. The federal poverty level for a family of four with two children was $21,200 in 2008, $20,650 in 2007, and $20,000 in 2006.

Source: Annual Social and Economic Supplement to the Current Population Survey averaged for the years 2006, 2007, 2008. Compiled by the Columbia University National Center for Child Poverty, California demographic profile (nccp.org).

Figure 3: **Non-White Household Income as a Percentage of White Median Household Income in California, 2002 and 2009**

*The median household income for 'Other or Multiple' was calculated by taking a weighted average of the median incomes for American Indian and Native Alaskan, Native Hawaiian, and Pacific Islander people who self-identify as other or with two or more races. 2002 median income adjusted to 2009 dollars.

Source: American Community Survey, 2002 and 2009.

estimated 10,000 immigrants from Oaxaca, Mexico, include 17 ethnic groups who maintain their indigenous languages and speak Spanish only secondarily; they have distinct issues, strengths, and cultural practices from the broader Latino population, including people from other parts of Mexico. Hmong communities in Fresno or the Mien in Richmond have vastly different life experiences, skills, and challenges than recent immigrants from Korea, to say nothing of Asian American groups whose California roots extend back several generations.

It takes tremendous courage and fortitude to master an unfamiliar economic environment and establish social connections. The challenge also is stressful, especially against a backdrop of prejudice and discrimination. One of the most striking findings in immigrant health research is that the longer immigrants live in this country—where life presumably would be better—the more likely they are to suffer a host of preventable chronic conditions.[29]

Which aspects of American culture are harmful to newcomers? What strengths and cultural practices do immigrants bring to this country that should be embraced, maintained, and lifted up for everyone to learn from? The Hmong, for instance, have made important contributions to agriculture in communities throughout the state.

How can communities—whether they are gateways that immigrants pass through briefly or neighborhoods where they intend to settle— provide support to newcomers, foster cohesion, and protect the health of immigrants and their children? Residents and leaders across the state are grappling with these questions.

Changing Notions of Ethnic Identity

More than half of California's children are second-generation Americans, and they view ethnicity differently than their parents. The sons and daughters of Latino immigrants are much more likely to identify themselves as Latino or

Hispanic and less likely to call themselves white. Jennifer Lee and Frank Bean, sociologists at the University of California, Irvine, say this suggests that for some immigrant families, racial and ethnic boundaries are becoming firmer rather than more flexible the longer they live in this country.[30] To a degree, perhaps to a large one, this may reflect their experiences here—in particular, encounters with discrimination and with the barriers of structural racism that can be difficult to overcome.

Even as the lines of identity are becoming more distinct in some quarters, they are blurring in others. Intermarriage is on the rise. One of every 21 Californians and one of every 14 children are mixed race.[31] In the face of this unprecedented racial melding, where will old divides of race and ethnicity fade? Where will they persist? What do these shifts mean for effective policies, systems, and services as well as for efforts to build healthy communities? Over the long term, the most effective organizations and alliances will be those that remain attentive and responsive to the social and demographic changes and adept at connecting with and building upon indigenous traditions that are a wellspring of strength and resilience for so many people.

Growing Multiethnic Neighborhoods

Once predominantly African American communities—among them Richmond, Oakland, and Compton—are now home to large and growing Latino or Asian American populations. At the same time, African Americans are dispersing from the largest cities and moving to outlying cities and peripheral counties.[32] Consider the following: In Compton, 54 percent of the population was African American in 1990, and 42 percent was Latino. Now, the population is 64 percent Latino and 34 percent black. In the past decade, the black population of Bay Area counties declined by 19 percent, while in San Joaquin County, where new housing

developments are within commuting distance of East Bay cities, the black population grew by nearly one-third.

As African Americans and Latinos (and to a lesser degree Asian Americans and Pacific Islanders) increasingly live in close proximity in neighborhoods,[33] new opportunities open to transcend historical boundaries of race and culture and build a broad movement for equity, justice, and inclusion. There are also fresh challenges, 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.

For instance, advocates working on water issues in a Latino community in the Central Valley sought to help residents learn about other communities of color that have historically been denied public services. The advocates hoped to broaden understanding of the context of the local struggle and dispel negative perceptions of African Americans that had begun to emerge. They arranged for residents to travel to the rural South to visit black communities that have relentlessly fought for access to water. Participants not only learned about effective strategies and tactics, but also discovered how much the two groups shared—in their experience of economic distress and social isolation, in their passion for justice and equity, and in their vision of a healthy community.

There is no common terminology on the subject of race. The word itself can have all sorts of meanings, used at times as a synonym for color or ethnicity and at times as a reference to nationality, immigration status, culture, even language. While we need clarity in the terms we use, there is an even greater need to clarify what it means to make race the focus of efforts to erase disparities and build healthy communities.

III

The Roots of Health Disparities

Health means more than the absence of disease or injury. The World Health Organization defines health as "a state of physical, mental, and social well-being."[34] Conditions in the places that form community—whether community means neighborhood, workplace, or school—either nourish or undermine well-being. Underlying this report is a vision of healthy communities as places of opportunity for all: neighborhoods, institutions, and physical environments that support everyone in making healthy choices, achieving educational and economic success, and engaging in robust social and cultural networks.

A compelling body of research demonstrates that opportunity is a leading determinant of health and longevity. To put it another way, disadvantage drives health disparities. On any and every measure of socioeconomic status (SES)—income, savings, education, occupation, social ranking—the evidence is clear: People at society's lowest rungs are more likely to become sick, more likely to get diagnosed and treated later (if at all), and more likely to die sooner than people higher up the ladder.

This is true regardless of a person's skin color or cultural background. Yet, as previously noted, people of color are more likely to occupy the lower rungs that put people at health risk. And even at society's higher tiers, people of color generally have worse health outcomes. The research is clear: Race and ethnicity have a powerful influence on health, both as factors in earning power and independently.[35]

Many dynamics underlie these disparities. Structural racism limits opportunities for economic and social mobility as well as access to the services and resources people need to stay healthy. The day-to-day indignities of racism—personal experiences of segregation, social exclusion, and prejudice—act as stressors that can have damaging consequences for physical and mental health. Internalized racism, the by-product of living in a stratified society, can compound the stressors and their associated health risks.

The Color Lines of Socioeconomic Status

The links between communities of color and low

socioeconomic status (SES), and low SES and poor health demand more attention than ever, as California and the nation struggle to recover from the worst economic downturn since the Great Depression. Even before the recession, the shift from manufacturing to a service- and knowledge-based economy led to significant losses of blue-collar jobs with good wages, benefits, and opportunities for advancement. Latinos and African Americans disproportionately suffered the impact. The financial meltdown and the collapse of the housing market accelerated the slide, wiping out thousands of construction jobs in California—a huge loss particularly for Latinos. Between June 2008 and June 2009, employment in construction fell 19 percent statewide, by far the biggest job loss in any sector.[36]

The mortgage foreclosure crisis also has hit people of color hardest, reversing gains in homeownership levels and causing the worst destruction of Latino and African American wealth in history.[37] Nationally, black and Latino homebuyers were two to nine times more likely than whites to receive subprime mortgages and other risky home loans.[38] Predatory

lenders targeted people with limited English skills.[39] In Bakersfield, 55.5 percent of African American homeowners and 48.4 percent of Latino homeowners had high-risk mortgages. By the end of 2009, approximately one in 16 owner-occupied homes in the city was on the foreclosure market—one of the highest rates in the state (which itself had one of the highest rates in the nation).[40]

With the loss of jobs, homes, and hard-won assets accumulated over the years, the black and Latino middle class will likely suffer the most lasting impacts of the recession,[41] posing a serious threat to health in communities of color for years to come.

The Physiological Effects of Bias and Discrimination

Although many people are treated unfairly at some point in their lives, members of marginalized groups face discrimination and bias more frequently than members of groups with power and privilege.[42] Hate crimes cause immediate harm, but subtler prejudice also takes

a toll. In fact, chronic discrimination is more corrosive, physically and psychologically, than a single ugly encounter with bigotry.[43] Everyday discrimination is associated with a higher risk of hypertension, heart disease, breathing problems, and other ailments.[44] Although Asian Americans are sometimes portrayed as a "model minority" that presumably no longer faces discrimination, research reveals that they encounter discrimination, which is associated with health risks.[45] African Americans who say they have confronted repeated discrimination feel less in control of their lives, experience more anger, and have less emotional support. They also report more tobacco use, more alcohol consumption, and greater lifetime use of marijuana or cocaine.[46]

In the face of this persistent hostility and prejudice, some members of marginalized groups may start to believe, consciously or not, the negative stereotypes held by the dominant culture. Internalized racism is associated with a menu of health problems—depression, suicide, and substance abuse,[47] as well as heart ailments,[48] increased diabetes risk, and obesity.[49]

Dismantling Structural Racism

Broad, deep patterns of discrimination created by forces and policies dating back decades reverberate in neighborhoods and other contexts that form community and influence health, such as the education system and the workforce. Entrenched inequities in societal institutions erode well-being for people of color, especially the poor but at all income levels. Inequitable distribution diminishes access to everything from parks and healthy foods to good schools and fair home loans. Further, it isolates communities of color from job training, professional networks, and other opportunities that help lift people out of poverty and secure their hold on the middle class. Finally, it disadvantages people of color over the course of their lives and from generation to generation.

Forty-two percent of children born to low-income families will remain poor, according to a recent study; another 42 percent will just barely make it out of poverty. Here, again, race is decisive: African Americans are far less likely than whites to advance beyond the income level of their parents.[50]

Residential segregation and the concentration of poverty in inner cities, older suburbs, and rural communities form the underpinnings of such statistics. Poor people in California and all across America tend to live in communities with many other poor people, and low-wage people of color tend to live in the poorest places of all.[51] Conditions in these neighborhoods structure people's life chances from cradle to grave.

Many people have struggled to change this equation. Typically they have focused on providing services to alleviate the harm to disadvantaged communities. Services are clearly needed, but they get us only part of the way. They do not change the structures that cause, compound, and perpetuate inequities. In the words of a nationally recognized expert on racial justice, responding to the needs of disadvantaged communities without tackling structural racism is "like washing with dirty water."

Yet washing with clean water will not happen easily. Race remains one of the most intractable problems in our society and one of the most sensitive and painful topics to discuss in any setting. There is no common terminology on the subject of race. The word itself can have all sorts of meanings, used at times as a synonym for color or ethnicity and at times as a reference to nationality, immigration status, culture, even language. While we need clarity in the terms we use, there is an even greater need to clarify what it means to make race the focus of efforts to erase disparities and build healthy communities. In the next section, we address this challenge.

Closing the Health Gap

Unnatural Causes: Is Inequality Making Us Sick?, a landmark, four-hour documentary series produced by California Newsreel, sounds the alarm about our glaring racial and socioeconomic inequities in health and searches for their root causes. Its remarkable reach has helped shift the conversation from awareness to action and highlights the important role of filmmaking as a catalyst for change.

The series profiles ethnic communities across the nation dealing with issues from high rates of infant mortality and chronic disease to immigrant health and economic stress. Their stories make clear that to improve health, we need to consider a broad range of "non-health" strategies, including investing in schools, providing quality housing, integrating neighborhoods, creating living-wage jobs with career ladders, and advocating for more equitable fiscal policies.

Since the film's release in 2008, more than 400 outreach partners and countless others—ranging from Minnesota churches to YMCAs, from the SEIU to the Health Trust of Silicon Valley, from the Pan Ethnic Health Coalition to HUD, along with public health departments around the country—have convened at least 20,000 community dialogues, trainings, policy forums, town hall meetings, and other events around *Unnatural Causes.* This public education campaign includes a Community Action Toolkit and a website (www.unnaturalcauses.org) with resources to help organizations structure their screenings to become stepping-stones to action.

A Framework for Building Healthy Communities

When the Alameda County Health Department asked its staff, area residents, youth, advocates, and local leaders what makes a community healthy, they answered with remarkable consistency: Having access to good jobs, healthy foods, decent housing, and homeownership. Living in an environment with clean air, clean water, and places to safely walk and play. Enjoying trust among neighbors, good relations with police, safety from violence and crime, and an atmosphere free of prejudice and discrimination.[52]

The many community factors that affect health can be categorized into four broad "environments": (1) economic, (2) social, (3) physical, and (4) service. Race is an overarching consideration, affecting each environment separately and collectively, with profound consequences for health and important implications for community transformation efforts. Most factors influence health across several, if not all, of the environments; they do so both directly and indirectly.

Consider crime, for example. It directly causes bodily and emotional harm to victims and their families. But the indirect effects are damaging as well and even more widespread. In a neighborhood plagued by gangs, violence, and illegal drugs, residents avoid walking outdoors, and parents forbid their children to play outside after school and on weekends; thus, crime compromises the physical environment. Studies show that these constraints on physical activity increase the risk of an immobilizing disability among older adults[53] and obesity among children and teens,[54] to name just two of the deleterious health impacts. Crime also strikes at the economic and service environments: Businesses often refuse to locate in a neighborhood that is dangerous (real or perceived), and human services are often stretched thin and underfunded. Finally, crime frays the social fabric. People from other neighborhoods hesitate to shop in the area, attend cultural events, or even visit friends there. Residents themselves become isolated behind locked doors.

Many community factors that influence health can be protective or harmful, depending on the circumstances. Parks are a good example. If they are safe, well maintained, and accessible, they encourage active play, walking, bicycling, and social interaction. If they are full of weeds, garbage, broken benches, and crumbling play equipment, they discourage physical activity and contribute to blight and crime. More protective

Economic ········· Physical

Social ········· Service

Place & Race
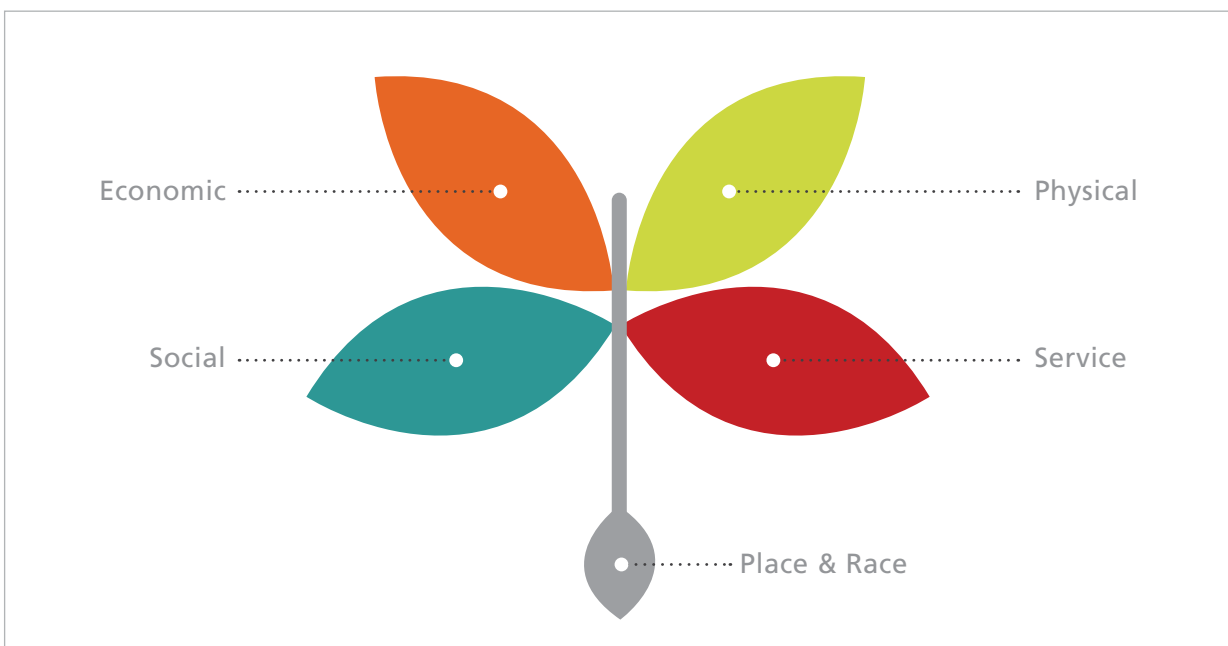
factors make for a healthier community. They influence individual behaviors as well as local norms, encouraging prevention and better management of illness.[55]

All communities have both protective and harmful community factors, but the scale far more often tips to the negative in communities of color. This imbalance reflects policies that cut off these communities from opportunities, resources, and investments. In other words, many community factors that harm health have been erected upon and supported by the structures of racism.

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.[56] As the case studies interspersed throughout this section illustrate, a wide range of activities and issues fall under this umbrella.

While we discuss these environments one by one, they do not exist or affect people's lives in isolation. Rather, they blend into, respond to, and influence one another. The most effective organizing strategies and the most durable solutions reflect this melding. Local residents and advocates often understand the

connections instinctively.

Consider the youth activists in South Los Angeles who are working to improve their schools by demanding facility improvements as well as better curricula. They well understand the connection between good schools and the long-term prospects for economic vitality in their neighborhoods. They movingly describe how they feel when they take a bus across town, watching through the windows as the landscape changes gradually until they see places strikingly different from the places where they live: well-lit and impeccably paved streets; shaded parks; vibrant retail; and beautiful, welcoming school campuses. These students say it takes a lot of effort to keep from internalizing the images and feeling that the disparities somehow reflect their own worth. Yet they are inspired to enlist other young people to demand equity in their neighborhoods and their schools, working explicitly to improve services and physical conditions. But the economic and social environments are also part of the equation, tapping into their seemingly innate sense of justice and desire to join with others to claim their place in the world.

The presence of diverse businesses such as grocery stores, banks, restaurants; opportunities to own homes and build wealth; pathways to jobs and entrepreneurship—a thriving local economy is requisite for healthy communities and the people who live and work there.[57]

Conversely, health suffers when a moribund local economy leaves residents to cope with joblessness, the threat of homelessness, and the violence and alienation that can be fueled by dim prospects.[58] Revitalizing the economy of disinvested inner cities, aging and increasingly impoverished suburbs, and isolated rural communities is urgently needed for improving health and reducing disparities.

RETAIL

The vibrancy of a commercial district is a leading indicator of, and a major contributor to, a community's health. When neighborhood businesses are plentiful and robust, they draw foot and car traffic, create local jobs, and stimulate more commerce. When local businesses wither, communities tend to spiral downward—the tax base shrinks, resulting in public disinvestment. Streets are not swept, and trash piles up. Streetlights burn out and remain dark. Residents must shop outside their neighborhood; and without a vital customer base, new businesses do not locate there. The result: an image of decay that contributes to the overall negative perception of communities of color. Furthermore, blighted commercial corridors depress the values of residential property nearby, making it difficult or impossible for homeowners to accumulate wealth.

The food retail environment is an especially important element. Not only do grocery stores provide the benefits of any other robust local business—foot traffic, commerce, jobs—but also foster better eating.[59]

In most affluent, predominantly white communities, supermarkets are fixtures that

residents take for granted. Not so in poor neighborhoods and communities of color. Nationwide, 23.5 million people in low-income communities do not have supermarkets or large grocery stores within a mile of their homes.[60] Studies across the country consistently show that low-income neighborhoods have fewer supermarkets than affluent areas and that neighborhoods of color have fewer than predominantly white neighborhoods.[61] In California, lower-income communities have 20 percent fewer healthy food sources than higher-income areas as well as a greater concentration of fast food restaurants and convenience stores that stock mainly high-fat, high-calorie foods.[62] Predominantly white areas of Los Angeles have 3.2 times as many supermarkets as black areas and 1.7 times as many as Latino areas (see Figure 4).

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 (see Figures 5 and 6).[63]

The absence of grocery stores is often symptomatic of broader retail patterns that undermine health. Low-income communities of color have less access to pharmacies, banks, and other essential commercial services. They also have higher densities of liquor stores and bars, which are associated with more injury, drunken driving arrests, cirrhosis deaths, and violent crimes.[64]

As with many of the damaging environmental factors we discuss in this framework, the disparate economic landscape did not come about simply from blind market forces. From the post–World War II period through the 1960s, federal and state policies provided powerful incentives for white homeownership, thereby promoting white flight first from inner cities and then to the ever-distant suburban edge.[65] Many businesses, including supermarkets, left the inner city, taking their jobs and tax revenues with them. Chain stores became oriented to these new suburban locations, with their abundant, inexpensive land and customers who owned cars. Many large chains did not

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.
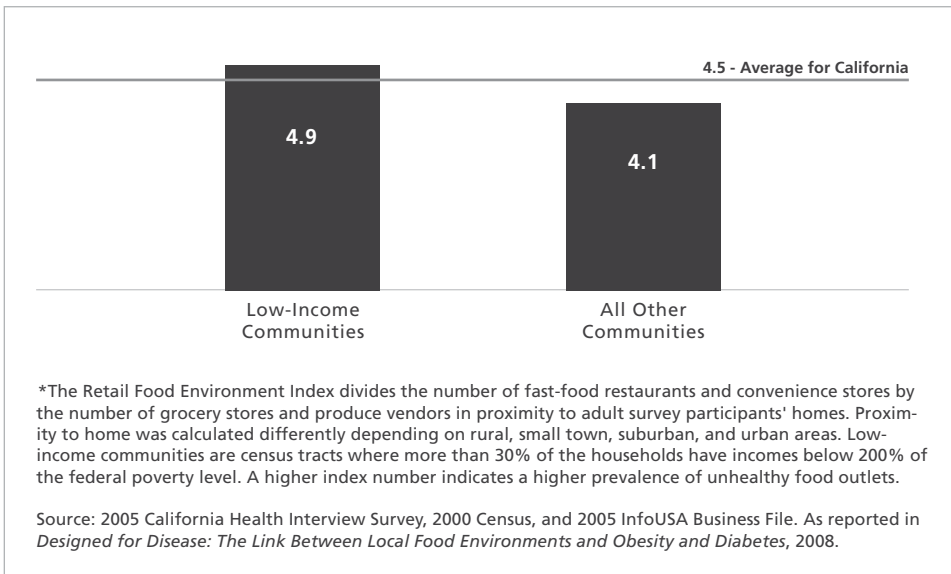
Figure 4: **Ratio of Unhealthy to Healthy Food Outlets by Community Income in California, 2005***

*The Retail Food Environment Index divides the number of fast-food restaurants and convenience stores by the number of grocery stores and produce vendors in proximity to adult survey participants' homes. Proximity to home was calculated differently depending on rural, small town, suburban, and urban areas. Low-income communities are census tracts where more than 30% of the households have incomes below 200% of the federal poverty level. A higher index number indicates a higher prevalence of unhealthy food outlets.

Source: 2005 California Health Interview Survey, 2000 Census, and 2005 InfoUSA Business File. As reported in *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*, 2008.

Figure 5: **Obesity Rates and Access to Healthy Food in Lower-Income Communities in California, 2005**

For a definition of the Retail Food Environment Index (RFEI) and low-income community, see Figure 4. Obesity is defined as having a body mass index of 30.0 kg/m² or greater.

Source: 2005 California Health Interview Survey, 2000 Census, and 2005 InfoUSA Business File. As reported in *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*, 2008.
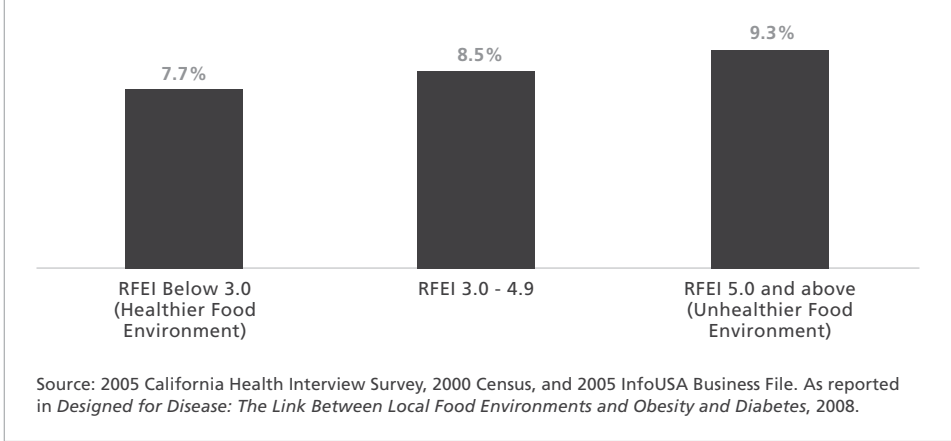
Figure 6: **Diabetes Rates and Access to Healthy Food in Lower-Income Communities in California, 2005**

Source: 2005 California Health Interview Survey, 2000 Census, and 2005 InfoUSA Business File. As reported in *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*, 2008.

Taken together, these three charts—Figures 4, 5, and 6—illustrate that low-income communities not only have more unhealthy food outlets, but also have higher rates of obesity and diabetes than other communities.

regard urban locations, especially low-income ones, as viable.

Recent studies demonstrate how the marketing analyses that influence retailers' location decisions systematically undervalue inner-city neighborhoods.[66] Marketing firms often rely on national data sources such as the U.S. Census, which tend to undercount city residents, especially people of color.[67] Market studies also generally look at average household income rather than at total area income, a measure that more accurately captures the density of an urban neighborhood and therefore its purchasing power.

Further, some marketing firms use distorted generalizations and even gross stereotypes to assess the investment potential of neighborhoods. For example, one firm described the residents of predominantly African American neighborhoods in Milwaukee as "very low-income families [who] buy video games, dine at fast food chicken restaurants, use nonprescription cough syrup, and use laundries and Laundromats." The same company described the residents of a suburban community as "interested in civic activities, volunteer work, contributions, and travel."[68] Setting aside the ethical and moral aspects, such assessments can steer companies away from investing in underserved communities that may very well offer significant opportunities. Food 4 Less, which opened nine years ago in the Diamond Neighborhoods of San Diego as the anchor of the 10-acre Market Creek Plaza,[69] has been consistently profitable, even in difficult times.

Over the past decade, new analyses such as Social Compact (www.socialcompact.org) and LISC MetroEdge (www.metroedge.org) have been refined to more accurately capture the financial assets and business potential of low-income communities. Cities, community developers, and advocates are using these analyses to make the case that low-income communities hold the ingredients to foster successful enterprises.

Building healthy retail.

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, the movement is gaining traction in the face of the obesity epidemic.[70]

In Baldwin Park, a largely Latino city east of Los Angeles, residents enlisted the help of the mayor and city council to commend merchants willing to make healthy changes in their grocery and convenience stores. In South Los Angeles, African American and Latino teens persuaded corner store owners near their school to feature fresh fruit and vegetables; the kids themselves helped paint the stores and rearrange display cases. In West Oakland, a cooperative struggled and then successfully opened a grocery with abundant healthy foods across the street from a BART station that hosts a farmers' market on the weekend.

A strong local retail environment means more than a grocery store, of course. When residents of disinvested communities get a fair chance to

Closing the Grocery Gap

The Pennsylvania Fresh Food Financing Initiative, a public-private partnership that has spurred investment in more than 83 new or improved stores in underserved communities, has emerged as a model for the nation. President Obama's 2011 budget proposal includes $345 million to establish the Healthy Food Financing Initiative, based on the Pennsylvania program, to be invested in new or expanded supermarkets, farmers' markets, and other food outlets. The program would move the country a long way toward ensuring that residents of all states and communities have access to healthy food stores and an important anchor for local economic activity.

Food Stamps at the Flea Market

Over generations it has become a tradition for Latino families in Fresno County to shop at the local flea market for fresh fruits and vegetables. When Fresno Metro Ministry learned that residents increasingly relied on food stamps to feed their families, it collaborated with state officials and the California Nutrition Network to supply the Selma Flea Market with the technology to enable merchants to accept electronic benefit transfer (EBT) cards. Now, shoppers can simply swipe their card to shop at eligible food vendors at the market.

Thousands of families use the system to buy nutritious food at a place where they feel welcome and comfortable, and produce vendors—many of them local growers and entrepreneurs—have seen their revenues increase. The EBT initiative has expanded in the county.

revive their commercial districts, they often seek a mix of stores and services with good selections, fair prices, and friendly service; in short, the amenities that are a way of life in most middle-class communities.[71]

Often overlooked as assets in California's urban, suburban, and rural neighborhoods are small businesses. These "mom and pop" enterprises—corner stores, restaurants, auto repair shops, dry cleaners, beauty salons, barbershops, the list goes on—are a testament to the entrepreneurial spirit that drives communities and to their resilience even in challenging economic environments. Many of these business owners live in the surrounding neighborhoods and hire from there. In fact, in low-income communities of color isolated from jobs and transit, small businesses may well be the primary employers. They must be connected to the movement to build healthy communities.

BROAD ECONOMIC DEVELOPMENT

The retail environment is only one aspect of community economic development. To build healthy places, we must address all the factors that contribute to a strong local economy, including housing, employment, job training, noncommercial development, and local public finance. It is beyond the scope of this report to examine each of these in depth. But to provide a sense of the challenges and opportunities, we will touch briefly on two economic factors critical to health equity.

Housing.

Quality affordable housing is the centerpiece of a healthy community—and a perennial challenge in California. Just a few years ago, when the economy was strong, many lower-income people struggled with soaring housing costs. Gentrification added to the pressures on residents, as some neighborhoods, especially in large cities, attracted affluent newcomers. The problem of housing affordability remains, but it now exists in the context of the subprime lending debacle and the mortgage foreclosure crisis, which have hit the state especially hard. In March 2009, as foreclosure filings reached their peak, five of the nation's eight metropolitan areas reporting the highest rates were in California: Stockton, Modesto, Merced, Riverside–San Bernardino, and Bakersfield.[72]

In the state's older central cities, lower-income neighborhoods have the highest foreclosure rates. As previously discussed, people of color are more likely than white homebuyers to receive subprime mortgages and to lose their homes. The turmoil extends well beyond those who wind up in foreclosure; it reverberates throughout the

community, destroying property values, eroding financial equity for all homeowners, and contributing to neighborhood decline. These conditions cause immeasurable emotional stress, which increases the risk of illness. And they leave families throughout the community vulnerable to financial disaster in the event of a job loss or a major illness with significant uninsured health-care costs.

Even though massive public housing projects are no longer built in the most undesirable parts of cities, and federal housing policy has a goal to deconcentrate poverty, housing markets in the state and nation remain starkly divided by race and income. This is not simply an urban versus suburban phenomenon. More older inner-ring suburbs are economically precarious, as they become destinations for families of color seeking affordable housing. In fact, poverty rates in the United States and some California regions are rising fastest in the suburbs.[73]

Jobs and workforce development.

As discussed earlier, the loss of blue-collar jobs has had its biggest impact on communities of color. While the loss of construction jobs reflects the recent collapse of the residential and commercial real estate markets, which eventually should rebound, the decline in manufacturing jobs signifies the longer-term shift to a service- and knowledge-based economy.

The economy in each region includes several sectors with significant potential for job growth or jobs to be filled because of retirement and other turnover. Many of these sectors hold genuine opportunities for people in disadvantaged communities to pursue promising career pathways. Successful workforce development strategies call for building partnerships with these sectors. Such partnerships can match education and training with the needs of industries and expose young people to emerging career opportunities while strengthening their academic skills and improving their access to higher education.

Employers, high schools, community colleges, labor unions, adult education schools, and community-based organizations all have important roles to play. Expanded, innovative workforce development and training programs must be in place to prepare men and women of color—the first to be laid off when the economy stumbles—for the growth sectors of the future. People reentering communities from jail or prison also must have access to educational pathways to well-paying jobs with career ladders in

Affordable Transit-Friendly Communities

Advocates are pressing to make affordable housing available throughout regions, especially near good schools, jobs, and efficient public transportation.[74] Building affordable housing near transportation also reduces driving and related greenhouse gas emissions; thus, it is also a key response to climate change.

In the Bay Area city of San Leandro, Urban Habitat and Congregations Organizing for Renewal engaged residents in an extensive planning process that identified affordable housing as the top priority for improving quality of life. Organizers and residents have worked with city officials to develop a plan for a vibrant, mixed-income residential and commercial community in the downtown area, built around a transit hub that would link to Oakland, Berkeley, San Francisco, and other job and educational centers. The project is part of the region-wide Great Communities Collaborative, which recently partnered with the regional transportation agency to launch a $40 million fund that will support land acquisition for 1,100 to 3,800 new affordable homes near rail or bus stops.

viable sectors.

The health sector is an important employer and economic force in virtually every region in the state. Financial services, information technology, and agribusiness are major players in a number of communities. The green economy—the sector concerned with energy efficiency and sustainable development—holds promise as both a significant source of jobs and a foundation to revitalize distressed communities. This sector can potentially address fundamental concerns of advocates for healthy communities (and it must be said, concerns that environmental justice advocates have worked on for decades): equitable and sustainable economic growth, public health, and environmental quality. That is the idea driving the work of Strategic Concepts in Organizing and Policy Education (SCOPE) in Los Angeles. This group is leading a public policy campaign to ensure that low-income communities are strategically connected to the job creation and the environmental returns of the green economy. In 2006, Los Angeles city officials, including Mayor Antonio Villaraigosa, committed to work with SCOPE and its allies to develop a green workforce. In 2009, the city council unanimously adopted an ordinance to begin green retrofits in all city buildings and to connect low-income communities to the jobs created by this large project.

Like the most promising place-based workforce development strategies, SCOPE forcefully addresses all four broad environments in the healthy communities framework: economic, by creating jobs with a career path; social, by engaging residents in coalition building and civic engagement to gain political support for their goals; physical, as the jobs created will improve both the natural and "built" environments; and service, because public buildings will be upgraded to better serve residents. "Shaping the green economy, to me, goes hand in hand with healthy communities," says Elsa Barboza, campaign director of SCOPE.

Kids Make a Stand in Shasta County

Three checkout stands at a Wal-Mart in Anderson, California, are stocked with healthy snacks such as trail mix, granola bars, dried cranberries, and diced peaches, thanks to Kids Make A Stand, a project to promote healthy eating in Shasta County. After convincing the store manager that good nutrition builds their bodies and minds, the students, ages 11–13, designed the stands and surveyed customers to get their reaction. Since the project began in 2006, sales of the healthy snacks have almost tripled. This permanent addition to the store also includes refrigerated cases for water, sales of which have nearly quadrupled.

Offering healthy options has become an important part of the store's approach. Wal-Mart uses Network for a Healthy California's online calculator to determine which products are suitable to stock in the "Kid Healthy Choices" area. Anderson, a predominantly white rural community with a median family income of less than $25,000, is so economically isolated that its residents have access to very few retail outlets, making Wal-Mart the only major viable option, as well as making this victory that much more significant.

Energized by their success in Anderson, the youth made presentations to managers of Wal-Mart stores in Redding and Red Bluff, who have replicated the effort. The students also lobbied the Anderson City Council for an ordinance to have healthy food sections in every grocery and corner store in the area; when the council raised its concern about community business support, the young people persuaded two local corner stores to feature their innovative displays. While a citywide initiative did not pass, the youth had a significant impact on the city's healthy choice vending policy, removing sodas from and adding healthy snack options to all vending machines in city-owned or -leased facilities.

Kids Make A Stand is a project of South Shasta Healthy Eating, Active Communities (HEAC), a four-year initiative to combat childhood obesity spearheaded

Youth in Shasta County now have healthy, nutritious choices for snacks in stores near their school, thanks to Kids Make A Stand.

by The California Endowment. Healthy food advocacy is one of many efforts the collective has undertaken. Young people participating in other projects persuaded the City of Anderson and the parks director to refurbish park restrooms, add lighting for safety, and replace basketball nets. In a historic partnership among the city, Cascade Union School District, and HEAC, youth have prompted the partners to carry out a Safe Routes to School project that will allow for the development of sidewalks in front of, and on the way to, the middle and high schools. Students will be encouraged to walk and bike to school to decrease traffic and increase physical activity. According to a staff member, it has become routine for the city to ask youths' opinion on anything that might affect the health and well-being of the community.

ENVIRONMENTS: ● Economic ● Social ● Physical ● Service

Community Health Councils' Neighborhood Food Watch

At first glance 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 many of the chain stores are inferior to their counterparts in more affluent neighborhoods. All too often, the markets are not well maintained; they smell of rotting meat and produce; and they 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 be sold in stores in underserved communities.

To address the pervasive components of structural racism in South Los Angeles—misperception of weak buying power, lender redlining, and disinvestment in this historically African American community— a resident-driven study was conducted to assess food access options in the area. Community Health Councils, Inc. (CHC), a nonprofit community-based, health promotion, advocacy, and policy organization that conducted the study, found that people in communities of color were simply unable to find the same foods in their neighborhoods as in high-income, predominantly white neighborhoods.

CHC started a strong grass-roots effort, the Neighborhood Food Watch, to ensure the availability of high-quality healthy food options in South Los Angeles. It gives residents the opportunity to hold local food vendors accountable to "standards of quality" established by the community. Stores may participate in the effort by signing a promise to abide by the standards, which include maintaining clean store environments and stocking fresh and healthy foods that meet or exceed USDA quality standards. Monitoring includes shopping lists and store quality checklists that residents can use to assess the availability and promotion of particular food items in their neighborhoods. Community residents also invite representatives of grocery trade associations to brainstorm ways to increase the number of markets and improve grocery stores. This increases their

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.

leverage by expanding the collection of voices that can put pressure on the stores.

"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

Great Communities Collaborative

Developing housing, jobs, and transit on the 375 open acres around the forthcoming Hillcrest BART station in Antioch; transforming the Broadway–Valdez District, also known as Oakland's Auto Row, into more than 1,700 new homes and a million square feet of new retail space: These are just a few examples of what it takes to build a sustainable "great community." Oftentimes low-income people do not live in cities where they have access to new quality housing that is close to transit and job centers. As urban sprawl becomes the norm nationwide and affordable housing moves farther away from commerce, it is critical to refocus growth around public transportation and existing downtowns so that all residents can participate in the local economy, while also protecting current residents from the potential for displacement. Rarely are community members involved in planning processes or in the development of the very neighborhoods where they live.

The Great Communities Collaborative, a nonprofit community-foundation partnership in the Bay Area, has been working since 2006 to engage residents in more than 25 communities—including low-income communities and communities of color—in local transit oriented development (TOD) planning processes to ensure that by 2030 all people in the Bay Area can live in complete communities, affordable across all incomes, and with nearby access to quality transit.

The collaborative developed a toolkit that guides community groups nationwide to create TOD opportunities that promote affordable housing, walkable/transit-friendly commutes, local shops, access to job centers, and improved community services. The kit includes fact sheets, policy principles, a guide to develop a transit station plan campaign, educational resources for community members, technical tools, detailed references, and accounts of people whose lives changed when they moved or worked closer to public transportation.

Pam Nelson-Hollis, executive director of Congregations Organizing for Renewal (COR), at San Leandro City Hall with COR members.

Tameeka Bennett from Peninsula Interfaith Action explains the various land uses proposed in the Envision-Transform-Build East Palo Alto Coalition Community Plan, with help from Fernando Marti with the community's Urban Ecology technical assistance team.

ENVIRONMENTS: ● Economic ● Social ● Physical

Reconnecting Young Adults to Viable Workforce Pathways and Leadership

With support from federal and state government, businesses, workforce training providers, and local governments are collaborating to chart an equitable, sustainable economic recovery. Two programs in different parts of the state have developed innovative partnerships to create the job training structures and support systems needed to ensure that the most vulnerable members of our next generation are ready to fill the jobs of the future.

The 911 Sustainable Communities Initiative is working to link residents of South Los Angeles' Vernon-Central neighborhood, where four out of 10 residents live in poverty, to jobs associated with the greening of the neighborhood. Led by the CDTech Community Development Technologies Center, the partnership includes the Community Planning and Economic Development Program at Los Angeles Trade Technical College, the Los Angeles chapter of the Green Business Council, LA CAUSA Youth Build, and the Vernon-Central Workforce Collaborative. The effort has primarily targeted 18- to 24-year-olds who are out of school. In its startup year, the 25 young people who participated in a six-week job and leadership program provided conservation education to more than 240 households, recruited 25 businesses into a local toilet retrofit program, conducted 125 energy assessments, and

retrofitted five homes. The partnership is raising resources to significantly expand these efforts.

In Oakland, the Construction Employers' Association (CEA) and Northern California Carpenters Regional Council worked with the joint labor-management Carpenters Training Committee in 2005 to initiate the pilot Carpenters Pre-apprenticeship Program. Organized in stages, the training includes: preconstruction and basic skills education, vocational skills training needed to secure an apprenticeship in a specific trade, and paid on-the-job training and experience. It is run out of the Cypress Mandela Training Center in Oakland, which is committed to expanding access to jobs in all aspects of the construction trades industry. The pre-apprenticeship program has proven to be effective and continues to grow. Since the recession began, 85 percent of graduates were placed in jobs with wages typically starting at $12–$16 per hour; graduates have exceeded a 75 percent job retention rate. In June 2009 the center graduated 40 students from the first 12-week green jobs training cycle. As the workforce ages, developing apprentices into skilled, productive journey-level craftsmen is essential to meet the future labor needs of the industry.

Above: Innovative programs in leadership development and job training are helping to prepare California youth for promising careers.

ENVIRONMENTS: ● Economic   ● Social   ● Service

We all need a strong social fabric to thrive. This matters at an individual level: People who are socially isolated are at higher risk for a variety of illnesses, accidents, and death. This also matters at the level of community.

When people are connected to those around them; when they trust their neighbors, their local shopkeepers, their community leaders, the teachers in their children's schools, they feel greater attachment to the place where they live. And when they feel that attachment and enjoy those relationships, people are better able to organize and advocate for improvements in their neighborhoods, their schools, and their workplaces.

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.[75] 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.[76] One of the most revealing studies of the importance of social bonds—because it looked at an actual event rather than a survey of a sample population—comes from an analysis of deaths during a Chicago heat wave in 1995. A neighborhood with relatively weak social bonds and cohesion had a mortality rate 10 times higher than the rate in a neighborhood of similar income but with stronger social relationships.[77] People who died from the heat were almost always alone and isolated.

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. The inequities can feed on themselves. Weak community networks make it difficult for residents to organize and advocate for the very services, investments, and policies that would strengthen civic cohesion, build pride and a sense of ownership, and improve prospects for a healthy future. Recent research indicated that neighborhoods experiencing ethnic and racial changes were more likely to have toxic waste dumps located within their boundaries.[78] This recognition that communities in transition may not have been able to resist environmental degradation affirms the assessments of issue- and faith-based groups involved in local organizing around these issues.

The concept of "social capital" is key to understanding the intersection between the social environment and the health of residents. Researchers talk about two types of social capital in the context of vulnerable communities. "Affective capital" can ameliorate the corrosive effects that extreme poverty can have on interpersonal bonds and supports. "Instrumental capital" builds the civic, economic, and political power of residents for collective action.[79] This is not as abstract as it sounds. Just as research indicates that weak social networks

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.

are linked to relatively poor health, studies show that more social capital is associated with better health.[80] For example, a study of Filipino Americans found that learning about one's cultural heritage, participating in cultural practices, and experiencing a sense of pride and ethnic connection—in sum, a high level of social capital—buffer the emotional stress of perceived discrimination and are strongly associated with fewer depressive symptoms.[81]

Building healthy social supports, community engagement, and leadership.

Strong social networks that bring residents together—whether to check on an elderly resident who lives alone, help a child with homework, tend a neighborhood garden, or push for space and funding for that neighborhood garden—are integral to healthy communities.[82] Mentoring, supportive relationships and 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. This is the guiding principle of the *Naa Xini* training series, developed by El Centro Binacional Para el Desarrollo Indígena Oaxaqueño (CBDIO), to build leadership and advocacy skills in the growing community of immigrants from Oaxaca, Mexico, who have settled in the San Joaquin Valley.[83] *Naa Xini* means "The Leaders" in Mixteco, one of the indigenous languages of Oaxaqueños. Building on cultural values and practices, the program teaches people from one of the most invisible groups in California how to advocate for better health services in their new land.

Mentoring and trusting relationships can be lifesavers, especially for youth. More than a dozen programs listed on the Promising Practices Network—a project of the RAND Corporation to review scientific evidence on ways to improve outcomes for children and families—use mentoring as one of their main approaches. From large nationwide programs to small neighborhood ones, programs built around

mentoring have been shown to improve conduct, boost academic performance, and increase the number of young people graduating from high school.[84]

When diverse people come together for a common goal, they not only increase their potential to achieve it, they discover opportunities for bridging differences as well. For example, Santa Cruz Barrios Unidos is working with former gang members, other out-of-school youth, and young prisoners to strengthen their self-esteem, cultural pride, and other life-affirming qualities as an alternative to violence. Building black-brown alliances is emphasized, even in the tough terrain of the prison system. As for the young members, who are largely Latino, Barrios Unidos helps them rediscover their drive to succeed by reconnecting them with their culture, often through the practice of indigenous spiritual traditions. The approach is reminiscent of many programs based in black faith traditions.

Religious congregations are, in fact, among the most vital, stable institutions in many lower-income communities of color. Their qualities can serve as the basis for grooming leaders, framing issues broadly, organizing action, and working toward policy changes and community improvements that promote health for large numbers of people. Ethnic associations and immigrant aid societies, often lifelines for people navigating the challenges of a new land, can also build local leadership and political power. The affiliated groups of the faith-based PICO Network across California have exhibited just this kind of trajectory (www.piconetwork.org). Not only have they worked at the local level for municipal government improvements to their neighborhoods; they also have coalesced into a powerful statewide advocacy network for policies to increase access to health care. In another example, some of the strongest advocates for equitable allocation of park resources in Los Angeles grew out of soccer clubs founded by Central American immigrants.

More parks and other improvements such as farmers' markets, cleaner air, safer streets, better housing, and positive factors in the

four environments of the healthy communities framework are possible with strong organizing, mobilization, and staying power. When neighbors know one another, when they feel invested in the betterment of their community, and when they feel empowered to raise their voices, they create ways to join together and fight for changes that improve the lives of everyone.

Promoting Healthy Neighborhoods through Leadership Development, Policy Advocacy, and Community Involvement

When you walk through the doors of the Community Coalition in the heart of South Los Angeles, the vibrant energy and passion for social justice are palpable. You are likely to see a mix of community activists, youth organizers, and an elected official or two working together. CoCo, as it is often called, was formed in 1990 to address the impact of the crack cocaine epidemic then ravaging South Los Angeles—a community of more than 800,000 residents— and taking a particular toll on African Americans. Its initial intent was to organize social service workers, the frontline responders, to build a powerful body of political activists around the issue. Over time, it has moved to a much broader approach to issues of substance abuse and treatment, recognizing that addiction is connected to the social and economic problems confronting low-income communities of color.

While the coalition's work has gradually expanded to incorporate issues well beyond substance abuse, its efforts have resulted in a deeper understanding of the effects of alcohol availability on community health, as it correlates to high levels of crime, child abuse, domestic violence, and gang recruitment and activity; and to community economic viability by stifling development and driving other retail uses away. Known for their efforts to address the environmental and social factors that contribute to health disparities by cleaning up or closing down nuisance businesses such as liquor stores and cheap motels that fostered drug-related violence, coalition members set out to change city policies related to such businesses, with dramatic results. For example, after the 1992 civil unrest in Los Angeles, hundreds of members collected evidence and provided testimony in public hearings before local government bodies; as a result, 150 problem liquor stores were prevented from rebuilding. Moreover, 44 of those problem stores were replaced by businesses that serve community needs—social service programs, Laundromats, and markets without alcohol.

The coalition's focus on substance abuse and alcohol availability has had a significant impact on policy at the city,

The Community Coalition in South Los Angeles engages residents in strategic planning to address the social and economic ills that drive away development in their community. The coalition also promotes youth activism.

state, and national levels. Locally, the group gained passage of an ordinance adopted by the Los Angeles City Council that restricts the number of new alcohol outlets in South Los Angeles. The coalition also won a significant legal decision before the California Court of Appeals, affirming the power of cities to regulate alcohol-related nuisance businesses; the ruling was subsequently upheld by the California Supreme Court. Coalition members also worked with other alcohol policy groups throughout the state to draft legislation giving local communities a greater say in granting liquor licenses.

Its youth component—South Central Youth Empowered Thru Action (SC-YEA)—is developing the next generation of Latino and African American activists capable of leading their peers and impacting public policy. The SC-YEA chapters on seven of South Los Angeles' most underserved high school campuses give voice to students. Youth focus their activism on the conditions of their schools and address both facilities and curricula. For example, they campaigned for the Los Angeles Unified School District (LAUSD) to redirect school

bond funding, resulting in $153 million for additional school repairs at previously overlooked South Los Angeles and other inner-city schools. Youth activists also helped win a resolution toughening high school graduation requirements and making college preparatory courses available to all students throughout the district, critically impacting African American and Latino students who were often not college ready.

The coalition constantly strives to understand the complex forces that shape South Los Angeles and other communities of color. Members of the staff study social policy and history, focusing on residential segregation, shifts in political power, and the civil rights movement. They also train community members of all ages to advocate for significant policy change, providing childcare, translation, and transportation so people can take part. The organization endeavors to enhance all members' understanding of different races and cultures and to encourage participation and leadership across lines of race, ethnicity, age, and gender.

ENVIRONMENTS: ● Economic   ● Social   ● Physical   ● Service

Structural Inequality through the Eyes of Youth

The vivid descriptions by young people of their communities are made even more haunting by the accompanying bleak photographs that capture everything: from dilapidated drug houses with boarded-up windows and unevenly paved roads with no sidewalks or street lights to locked playgrounds and obese children consuming super-sized sodas and snacks. These are some of the observations shared by students, ages 10–18, participating in Photovoice, a statewide project used by the Central California Regional Obesity Prevention Program (CCROPP). Program staff recognized the need for

a health-promoting built environment. Photovoice gives youth the opportunity to document the challenges to healthy eating and active living in their communities.

Active in low-income communities and communities of color throughout the state, Photovoice trains youth in advocacy, photography, writing, and public speaking. The youth present their work to stimulate discussion on, and action for, structural changes essential to community health. As founder Caroline Wang describes it, "Photovoice entrusts cameras to the hands of the people to enable them to act
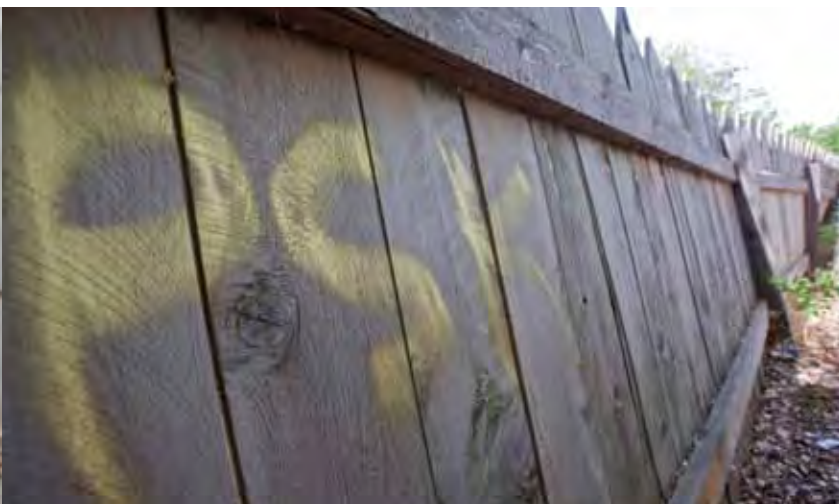
"I see a very dirty alley that is not gated or safe. This picture shows something that makes being active a challenge."

— Alexis, 16

"In this photo I see a food store, and near the door, there are seven soda machines and only one water machine. People are more likely to buy soda, especially because some sodas cost twenty-five cents while the water is more than a dollar."

— Jasmine, 15

Youth throughout California are using cameras to document unhealthful neighborhood conditions and to make the case for increasing opportunities to access healthy food and physical activity.

as recorders—and potential catalysts for social action and change—in their own communities."

In Fresno County, participants used their work to advocate for new farmers' markets and a community garden; in Baldwin Park, the youths' photos of both the positive and negative things that were happening in their neighborhood were so moving that their recommendations were incorporated into the city's guide for planning park programming and design.

ENVIRONMENTS: ● Social ● Physical

A Center for Youth Leadership and Community Transformation

Whether it is mid-day, after school, or a weekend, Youth UpRising (YU)—next to Castlemont Leadership Preparatory School, Castlemont Business and Information Technology School, and the East Oakland School of the Arts—overflows with creativity, activism, and energy. This 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.

Youth UpRising grew out of the needs articulated by students after racial tension at Castlemont High escalated into violence in 1997. Young people pointed to inadequate educational resources, insufficient employment opportunities, limited health services, and a lack of "things to do" as root causes of the problems facing them. The Alameda County Health Services Agency and City of Oakland officials responded by convening a diverse group of stakeholders—youth representatives, community leaders, clergy members, service providers, and public officials—and

authorizing the conversion of a vacant facility next to the school into a 25,000-square-foot, state-of-the-art facility that provides comprehensive programming and a wide array of free services.

In a neighborhood where graduation rates are just above 50 percent, many of the parents of students are not educated themselves, leaving them underemployed or without work at all. There is little access to any kind of viable economic infrastructure. Youth UpRising's vision is to build a healthy and economically robust community by harnessing the leadership of young people to become agents of positive change. Its mission is to help teens overcome the tremendous barriers, both external and internal, to navigating adolescence successfully; and to support young people in actualizing their potential through consciousness raising, personal transformation, and skills and leadership development.

YU provides comprehensive, fully integrated well-being, career and education, and arts and culture programming to

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

expand life opportunities for all who come through its doors. Central to its approach are health and wellness activities, including primary health care and robust mental health services. Civic engagement is taught using the career and education programming, expanding the idea to encompass more than matriculation and classroom-based consciousness raising by making sure eligible youth are registered to vote and exposing them to the idea and opportunity of sitting on a board of the City of Oakland or Alameda County. This area also encompasses the Social Enterprise department, featuring Youth UpRising's on-site Internet restaurant, Corner's Café, which creates jobs and offers career promotion, entrepreneurship support, and income generation. Youth UpRising rounds out its activities with arts and expression: physical, performance arts that provide youth with alternative, safe channels to develop self-esteem, discipline, cultural and artistic pride, as well as physical fitness. Media Arts, anchored by YU, includes music and film production as well as web-radio.

Youth UpRising also has developed significant partnerships with the mayor's office and Oakland Police Department (OPD). Code 33 is an innovative culture-shifting experience designed to improve youth-police relations in the city by engaging them in intensive dialogue together to address stereotypes held by each about the other. With the full commitment of the OPD, YU will train all of the department's 400 "boots on the ground" officers who have daily contact with the community. The first round of training was held May–June 2010.

ENVIRONMENTS: ● Social ● Service

Crime Prevention Through Environmental Design in Chula Vista

Chula Vista, in San Diego County, about seven miles north of the "busiest international border crossing in the world," is an ethnically and economically diverse community. The western part of the city has high rates of poverty and is predominantly made up of Latino families, but it is also home to African American, Asian American and Pacific Islander, and white residents. While children live in more than 40 percent of local households, there are few safe parks and outdoor spaces for physical activity and healthy food options; conversely, fast food outlets abound. Because of the correlation between childhood obesity prevention and public safety, Chula Vista Healthy Eating, Active Communities (HEAC), in partnership with local youth, promotoras, and the Public Health, Parks, and Police departments, has been using Crime Prevention Through Environmental Design (CPTED) to transform the built environment and to make safe, active living an option for all residents.

CPTED operates on the premise that criminal activity can be deterred by making potential offenders feel as if they can easily be seen. The strategy is to enhance well-lit public spaces, create landscaping that does not shield public view, and limit entry and exit points. Resident participation in planning is key. This crime prevention approach is unique because it promotes both physical and social change and allows community members to engage in making their streets safer.

With the support of the National Convergence Partnership and Prevention Institute, the collaborative has recently launched a new initiative that focuses on the redesign of six sites throughout west Chula Vista that are too dangerous for residents to access safely. As the work progresses, residents remain invested in and accountable for the work, strengthening the social fabric of the neighborhood.

Harborside Park and Eucalyptus Park in Chula Vista have been redesigned to promote safety and encourage physical activity.

ENVIRONMENTS: Social ● Physical

Faith-Based Institutions

In many neighborhoods, churches, mosques, and temples have assumed important roles in building community; offering educational opportunities; promoting violence prevention; stimulating economic vitality; developing housing; and providing tools for health education, disease prevention, and intervention.

West Angeles Church of God in Christ, in the heart of Los Angeles' Crenshaw District, has a membership of over 24,000; it founded its community development arm in 1994. Its efforts are directed toward increasing social and economic justice in the largely black and Latino neighborhood by developing quality low- and mixed-income housing; mobilizing community members and resources; and practicing conflict mediation and resolution. With a portfolio of close to $50 million in real estate and an annual operating budget of almost $3 million, the church's West Angeles Community Development Corporation (CDC) has significantly invested in a community that has gone critically underserved for decades; it continually strives to revitalize the area and its residents, as it creates living-wage jobs and engages individuals in this empowering process.

Three hundred miles north, in East Oakland, Allen Temple Baptist Church—home to 5,500 members—offers training and employment programs for individuals upon their return to the community from prison; provides counseling for survivors and perpetrators of domestic violence; and runs one of the most widespread HIV/AIDS awareness and prevention programs in the area, along with providing supportive housing for people debilitated by the disease. Church leadership not only makes medical and social services available; it has also made great strides in removing the taboo from an epidemic that has disproportionately affected the African American community nationwide.

Allen Temple Baptist Church provides an array of counseling, health, and social services to residents of East Oakland.

West Angeles Church of God in Christ develops quality low- and mixed-income housing among other community development efforts in the heart of Los Angeles' Crenshaw District.

ENVIRONMENTS: ● Economic ● Social ● Physical ● Service

Building Bridges among Isolated Indigenous Groups in California's Central Valley

More than 200,000 Native Americans, primarily from the Mexican states of Guerrero and Oaxaca, live as an almost invisible population across the United States. There is great diversity in this group; Oaxaqueños (who speak Spanish as a second language) include 17 ethnic groups who still maintain their indigenous languages. The estimated 10,000 Oaxaqueños who live in Fresno County have high rates of illiteracy and low levels of formal education. Most individuals are employed in low-paying jobs on farms, in dairy processing centers, or in the service sector; most are uninsured; and many are undocumented. To help give voice to this community, El Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO) trains and mentors Oaxaqueño resident leaders in several San Joaquin Valley communities who are taking on advocacy campaigns designed to strengthen the public health system's response to the distinct needs of their communities, which are usually lumped together with all "Mexican" immigrants.

Working with policy and community capacity building experts, CBDIO developed the Naa Xini training model, a culturally based health advocacy

Above: Oaxaqueño leaders from Fresno participate in advocacy campaigns to make the public health system in the San Joaquin Valley more responsive to their needs.

training series. Naa Xini, which means "The Leaders" in the Mixteco language, directly incorporates indigenous cultural values in community building and in the strategic advocacy actions that are employed to strengthen the accountability of public agencies to the diverse Oaxaqueño communities. For example, the Mixteco value of Tequio, which translates into collective work/responsibility, is used to describe the community research, outreach, and advocacy actions that Naa Xini participants undertake throughout the leadership development project. Equally important was the deliberate extension of Tequio as a value that Naa Xini participants have advocated should be used to frame the collective responsibility of the indigenous families and the public health system to work as partners to improve community health. The CBDIO's cultural community-building events such as the annual Guelaguetza Festival helped spread the word about the community health challenges and issues the Naa Xini participants were addressing through advocacy campaigns. In a two-year pilot, CBDIO trained 40 community leaders in Fresno and Madera counties.

ENVIRONMENTS: ● Social ● Service

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.[85]

On the flip side, inadequate and dilapidated public facilities are bad for health. They limit options for physical activity, social engagement, and other healthy activities, and they expose residents to hazards such as mold, pollutants, and infestations that can lead to illness. Unfortunately, poor physical conditions are all too common in underinvested communities of color.

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. Nearly two-thirds of the children in Los Angeles County—almost all of them kids of color living in low-income neighborhoods—have no park or playground near their homes, according to the City Project, which has worked for years to change these statistics (www.cityprojectca. org/losangeles.html). And park space is not a problem in cities and built-up suburbs only; it is an issue in rural communities as well. "You think of these wide open spaces…but you get into the communities and you talk about letting your kids ride a bike to school with no shoulders? Or go out and play in what—a cow pasture with old oil wells? It's not realistic," says a healthy communities advocate in rural northern California.

The history of metropolitan sprawl and inner-city disinvestment created and perpetuates these problems. The patterns we previously described in the economic environment section are literally etched in concrete in the physical environment of low-income urban communities: the exodus to the suburbs of jobs, businesses, and white residents; and the isolation of people of color in economically and politically neglected neighborhoods.[86] Many neighborhoods in cities may have been built to the standards of an earlier day as compact communities with public gathering spaces and commercial districts. But now sidewalks are often poorly lit and

maintained; streets roar with traffic; and parks are often unsafe, unkempt, and much too small for the current population, if they exist at all. To say these conditions discourage walking, bicycling, and active play understates the dilemma. Government neglect of infrastructure in poor communities can make it dangerous for residents to engage in the physical activities essential for health, without even factoring in crime rates or negative perceptions about public safety.

Other health hazards exist. Bus depots and facilities that spew pollutants are disproportionately located in these communities; highways often run through them; ports and airports abut them.[87] They foul the air of already vulnerable neighborhoods. The predominantly black community of West Oakland, for example, sits against a busy freeway, a major port, and an airport. A 2005 study found the air inside some homes was five times more toxic than in other parts of the city. Years of research have shown that air pollution can trigger the wheezing, coughing, and gasping for breath that signal an attack in people with asthma, but a study of 10 California cities raises the even more troubling possibility that pollution can lead to the onset of the disease. The study found that the closer children live to a freeway, the more likely they are to develop asthma.[88]

For decades, environmental justice activists have called attention to the connections among pollution, illness, land use planning, and public policy. They also have documented the heavy burden on communities of color and challenged the mainstream environmental movement's disregard of these issues. The Asian Pacific Environmental Network, for example, has

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.

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. In Los Angeles and Long Beach, broad-based coalitions have been fighting to reduce diesel emissions from port-related transportation. In Kettleman City in the Central Valley, environmental justice advocates have waged an extended campaign against the nearby hazardous-waste landfill, the largest in the state, bringing attention to the dangerous health effects on the primarily Latino communities in the area.

By revealing insights into the juncture of social inequity and public health, environmental justice activism laid important groundwork for advocacy on health and place.[89] The history of the environmental justice movement also offers a cautionary lesson: Unless a social change movement intentionally focuses on equity and engages communities of color in crafting policies and programs that benefit everyone, solutions to broad societal problems are likely to overlook the most vulnerable people and may harm them even further.

Substandard housing construction or run-down apartments are another source of pollutants and allergens in low-income communities of color.[90] Peeling paint may contain lead, which causes mental and physical developmental delays in fetuses, infants, and children.[91] Deficient housing is correlated to greater rates of injuries and higher health-care costs.[92] There is an emotional toll as well: A study in Detroit found that people living in neighborhoods with a greater number of buildings in poor condition suffered increased stress levels and more symptoms of depression.[93]

Landlords in low-income communities are often not held accountable for the conditions of their rentals. Undocumented residents are especially vulnerable, fearing deportation or other retaliation should they report code violations. In Los Angeles and Boston, doctors at neighborhood clinics stepped in after seeing patients sickened by mold, rats, cockroaches,

broken plumbing, peeling paint, and no heat. The doctors collaborated with lawyers to push landlords to repair and clean up their properties, an example of the important role health professionals can play in building healthier communities, a topic we explore in greater detail in the following section on the service environment.

Deplorable school facilities, including many older portable buildings, are all too common in underfunded, overcrowded districts. They pose the same health risks as substandard housing, compounding the dangers for children with asthma and other respiratory conditions[94] who get no respite either at home or school, thus causing declines in their academic performance. A class-action lawsuit (Eliezer Williams et al. vs. State of California et al.—filed by Public Advocates, Inc., ACLUs of Southern and Northern California, MALDEF, Morrison and Foerster, LLP, and the Advancement Project against the State of California and state education agencies on behalf of students in San Francisco County attending unhealthy schools)—exposed egregious problems in California: collapsing ceilings, broken water systems, and schools without a basketball hoop or a climbing structure. The case ended with a settlement, and the state committed to invest $800 million in desperately needed improvements.[95] The public attention surrounding the case helped marshal support for two ballot measures, allocating tens of billions of dollars in school construction bond funds, with provisions for underfunded communities.

A built environment that supports health.

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. Local residents, particularly people of color who have been left out of these discussions for too

long, must be engaged at every step.

Advocates across the state are working hard to increase community participation in infrastructure decisions and to bring critical resources to the places that need them most. For example, advocates in the Central Valley are targeting resources from California's Safe Routes to School program—funded by federal transportation dollars—to low-income communities. Resources for this program have been focused more in higher-income communities. More funding in poor communities to build sidewalks, bicycle lanes, and other infrastructure would make walking or biking to school a safe alternative to driving—an important strategy for increasing physical activity and reducing obesity.

Thanks in large part to grass-roots advocacy, a growing number of municipalities are recognizing the connections between health and community design and are integrating health concerns into zoning and planning decisions. In San Francisco, for instance, the Healthy Development Measurement Tool (HDMT), designed by the Department of Public Health in conjunction with leaders of several diverse low- and moderate-income neighborhoods, is used to forecast the health consequences of redevelopment proposals. The concept marks a striking departure from traditional urban planning approaches. It holds projects accountable for long-overlooked outcomes, including sustainable transportation, healthy housing, access to goods and services, and resident participation. The tool explicitly speaks to the need for development that serves current neighborhood residents and workers and the city's low-income population more generally.

Even as health concerns find a place on the municipal planning agenda, however, officials in California and the nation tend to consider aspects of development one by one. While this approach gives focus to their work, it undervalues the connections among issue areas. Further, it reinforces the very program, policy, and funding silos that have contributed to unhealthy metropolitan growth patterns and spending priorities that have marginalized

communities of color. In many cities, suburbs, and rural communities, advocates and residents are fighting for a more comprehensive, coherent development approach to support health and advance economic opportunity. The City Project of Los Angeles, for example, has articulated a vision of healthy, livable communities for all and has published equal justice principles to guide land use and transportation planning, infrastructure spending, philanthropic funding, and community organizing.[96] Through coalition building, policy advocacy, and lawsuits as a last resort, the group is working to create a web of parks, playgrounds, high-quality school buildings, beaches, forests, and transportation that serves diverse low-income Los Angeles communities that have had little or no access to such amenities.

Building a New Green Urban Movement

Nearly two-thirds of the children who live in Los Angeles County have no park or playground nearby. Latino, Asian, and African American youth suffer most because existing parks are concentrated in predominantly white neighborhoods. Structural racism as a result of flawed land use policy—whether intentionally discriminatory or not—and blatant environmental injustice, combined with high rates of obesity for Latinos and African Americans, point to an unhealthy future for low-income families and people of color in the county.

The City Project is striving to reverse those negative projections and expand open space. It is identifying the affected communities and using mapping to indicate where large numbers of people of color live and then noting the absence of parks in those areas contrasted with predominantly white areas. The City Project uses these data as a core advocacy tool to support the equitable distribution of parks and recreation facilities in Los Angeles County and around the state.

For example, consider the City Project's focus on the massive effort to renovate the Los Angeles River, where the development of 80 new parks to create a continuous 51-mile recreational greenway has been proposed. As a result of the organization's work, the city council has adopted a resolution that addresses how river revitalization can and must meet the needs of low-income people and people of color living along the river.

To expand resources for park development, a wide-ranging group of advocates has pushed for passage of five local and statewide bond measures, including Prop 84, which

Health advocates, including the City Project, are pushing for more parks to be built because they realize the numerous benefits parks offer, including community connection and civic pride. They also fight to protect parks such as this one, the Kenneth Hahn Regional Park, which is ringed by oil derricks.

LOS ANGELES COUNTY

calls for $400 million for parks throughout California. The City Project helped define corresponding legislative criteria to ensure that funds will go to communities that are park poor[97] and income poor. These criteria serve as a mechanism to hold elected officials accountable for equitable investment.

Approaching health equity from another front—schools and the lack of physical education—the City Project joined with United Teachers Los Angeles (UTLA), parents, health advocates, and youth groups to launch a five-part campaign demanding that LAUSD enforce physical education standards. In December 2009 the board of education unanimously voted to enforce the standards. The campaign, entitled "For the Health of It," calls for enforcing physical education minutes requirements; providing qualified physical education teachers; limiting physical education class sizes; and joint use of schools, pools, and parks.

All parties are working together to implement the plan. The LAUSD—with a student population that is 92 percent children of color, with 74 percent of students eligible for free or reduced lunch, in a city where many communities typically have no or limited access to safe space for physical activity—is the second-largest school district in the United States. The coalition's next step is to use this victory to persuade other districts to enforce the physical education standards.

ENVIRONMENTS: ● Economic   ● Social   ● Physical   ● Service

Fighting for Environmental Justice in Kettleman City

More than three years ago in Kettleman City, California, with a population of just 1,500, Maura Alatorre's son was born missing part of his brain; Magdalena Romero's daughter was born with a cleft palate and died four months later; Daria Hernandez's son was also born with a cleft palate and continues to undergo surgeries; Maria Saucedo's daughter died as a result of severe health problems at about 11 months; Lizbeth Canales had a miscarriage, only to find out that the fetus had a heart condition and clubbed feet and hands; and five more babies were born either disfigured or suffering life-threatening health problems. The alarming rate of birth defects in this poor farm-worker community—which lies just over three miles from the largest hazardous waste landfill west of the Mississippi River—catalyzed the mothers, local organizers, and environmental justice advocates to demand an investigation into the impact of Waste Management's toxic site when the Kings County Board of Supervisors unanimously approved its expansion.

In addition to the landfill, Kettleman City's water is contaminated with arsenic, its air is polluted with pesticides and toxic emissions from the neighboring highway, and there are few sidewalks and no grocery store. Residents know that the structural inequities they face are directly related to the fact that Kettleman City is over 90 percent Latino, with a median income of just about $22,000. "I'm telling you that if the dump is allowed to expand, we'll suffer more damage and illness. Why? Because we are poor and Hispanic," Alatorre told the *Los Angeles Times*.[98]

Mothers of sick or deceased children and environmental justice advocates began to organize tirelessly, boldly speaking out to the same elected officials they shied away from a year earlier. Their locally based community group, El Pueblo para el Aire y Agua Limpio/People for Clean Air and Water, and Greenaction for Health and Environmental Justice in San Francisco filed a lawsuit with the Center on Race, Poverty and the Environment against the board of supervisors when

The alarming rate of birth defects in Kettleman City—a poor, farm-worker community near the largest hazardous waste landfill west of the Mississippi River—catalyzed the mothers, local organizers, and environmental justice advocates to demand that local officials investigate the toxic impact before allowing that landfill to be expanded.

it failed to adequately investigate the possible linkages between the nearby dumping site and birth defects and other health problems.

In late January 2010, Governor Arnold Schwarzenegger ordered the California Environmental Protection Agency and Department of Public Health to examine and analyze the toxins that are emitted from Waste Management's landfill. Three months later, a separate federal investigation determined that officials had been lax about pursuing violations documented in 2007 and that hazardous materials had not been disposed of properly. While investigations by both state and federal agencies in Kettleman City continue, community organizing has led to significant action because voices that are often silenced could not be ignored.

ENVIRONMENTS: ● Social ● Physical

Joint Use

Where can a child play if there are no parks or playgrounds in her community, she has no backyard, and there are gangs controlling the streets? Where can a child learn a traditional dance or play basketball or tennis when she is surrounded by farmland? One way to address these problems is through a policy called joint use, or the sharing of public space by several institutions or groups within a neighborhood. While seemingly a simple concept, it can have a positive impact on residents' physical activity and can lead to an enhanced sense of community. The majority of joint use partnerships are between schools and community organizations, day-care centers, athletic teams, adult education programs, and affordable housing developments; however, any piece of property or new construction can be used for this purpose. Ironically, joint use agreements have generally not been in effect in communities that need them most.

Joint use can be carried out at the community level by grass-roots organizations. One effective partnership is between Pixley School in California's Central Valley and the local Ballet Folklorico troupe, Los Girasoles. The troupe practiced outdoors until the 100-degree heat and cracked playground became too much for its young dancers to handle. It joined with the one school in this town of fewer than 3,000 and gained access to the gym, providing a cool space for the children to practice and, in turn, promoting cultural and health benefits. Opening the school gave residents a sense of pride and ownership in the community; it continues to enhance the confidence, tradition, focus, and joy of the vibrant children who dance with the company.

Collaboratives including the Joint Use Statewide Task Force (JUST) and the California Pan Ethnic Health Network (CPEHN) are working to advance legislation at the state level to increase the number of joint use agreements. Policy advocates are also raising community awareness and encouraging grass-roots organizations and residents to seek joint use, equipping them with the tools to launch

Joint use agreements make it possible for dance programs such as Los Girasoles, a Ballet Folklorico troupe in California's Central Valley, to practice in a comfortable, safe place.

successful programs. Advocates are trying to improve the implementation prospects by anticipating the obstacles that inevitably arise on the part of government—insurance liability, operating budgets, labor agreements, cleanup and maintenance, and security. The interactive website, (www.jointuse.org), offers resources, including maps of jurisdictions throughout California where joint use agreements are in effect and downloadable agreements that can be adapted to the needs of most communities. Despite the potential of joint use, there are limits; joint use does not obviate the need for prospective land use decisions that acknowledge that all neighborhoods require open space for physical activity.

ENVIRONMENTS: ● Social ● Physical

The City of Richmond is among the municipalities in California breaking new ground in how they plan their future directions, which will now include health and wellness components.

A Tool to Build Healthier Communities

Like many metropolitan areas, San Francisco must contend with several, and often competing, interests and needs as it makes decisions regarding economic and land use development. Despite a growing scientific understanding that neighborhood and working conditions can exacerbate or mediate health disparities and differences in life expectancy, health is often not considered during city planning and policy decision making.

Health Impact Assessment (HIA) is a combination of methods that can be used to judge the effects of policies, projects, or programs on the health of a population. The Eastern Neighborhoods Community Health Impact Assessment (ENCHIA) was an 18-month process to assess the health benefits and burdens of development in several San Francisco neighborhoods, including the Mission, South of Market, and Potrero Hill. Convened and facilitated by the San Francisco Department of Public Health (SFDPH), ENCHIA was guided by a multistakeholder Community Council of more than 20 diverse organizations whose interests were affected by development.

The ENCHIA process resulted in a number of important outcomes:

- A vision of a Healthy San Francisco.
- Twenty-seven community health planning objectives to reflect that healthy city vision.
- Development and regular updating of 100+ community health indicators.
- Creation of a healthy development checklist.
- A menu of policy and design strategies to advance the health objectives.
- Integration of the above into the Healthy Development Measurement Tool (HDMT), an evidence-based support tool for healthy planning and policymaking.

The ENCHIA process led to the institutionalization of healthy city planning in San Francisco through (1) SFDPH staff engagement in various planning processes and projects; (2) increased interdisciplinary and cross-agency collaborations; (3) development and application of HIA and planning tools (including air quality and noise measurement and modeling, indexes of pedestrian and bike environmental quality, survey of retail food availability, and models for determining vehicle-pedestrian injury collisions and pedestrian flow); and (4) the creation of new regulations, resolutions, and policy and planning documents.

The HDMT has been adapted for uses by community-based organizations, academics, policymakers, and others outside of San Francisco. For example, the HDMT was adapted by the City of Richmond to develop a health element for its general plan; by Humboldt County as part of its general plan update; by the City of Oakland for its Central Estuary Specific Plan; and by the cities of Denver, Galveston, and Berkeley to create their own specific HDMTs. In these contexts, Health Impact Assessment has become part of a broader effort to build capacity and empower communities to hold decision makers and developers accountable for the costs and benefits of development as well as to improve the health of communities locally.

ENVIRONMENTS: ● Economic ● Physical

Planning for a Healthy Future
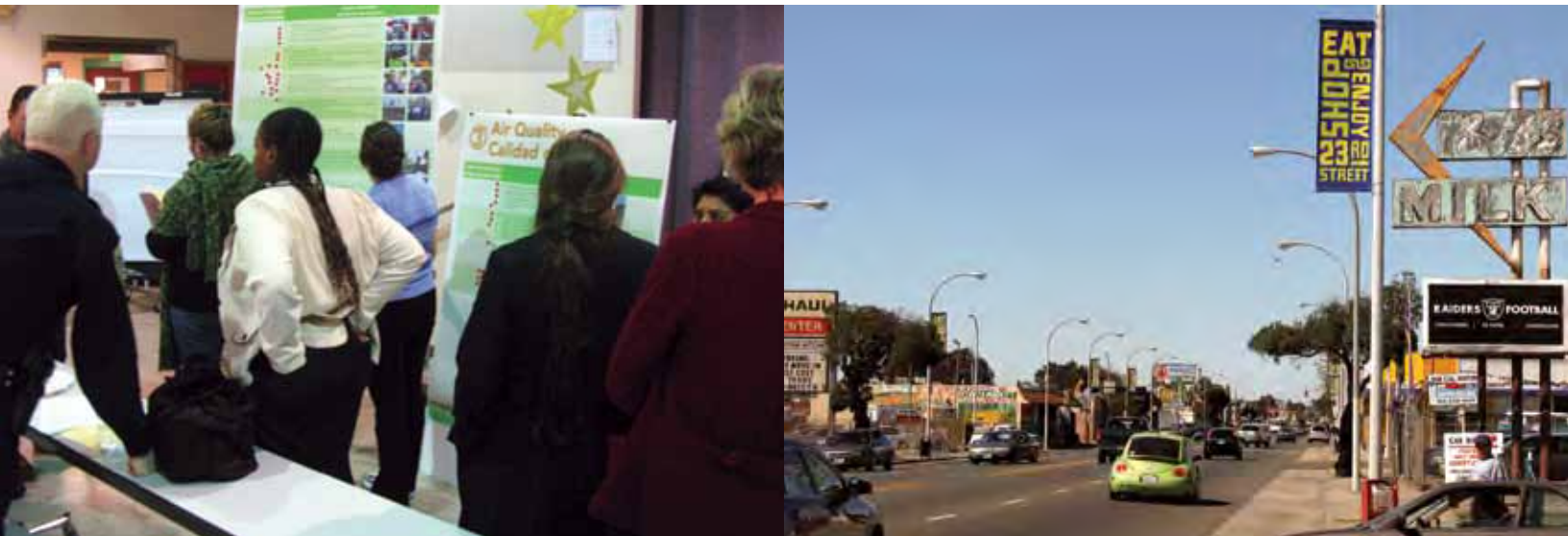
A city's general plan is an important statement of its intentions for the future: how and where to grow, what to preserve, and what values underlie the vision for the community. The general plan is the main policy document that shapes land use and includes elements on housing, transportation, economic development, and other aspects of community life. The City of Richmond is updating its general plan and, as previously noted, is adding a health and wellness element. Both the process and the results are breaking new ground for municipalities in California.

The economic, social, and environmental issues faced by the people of Richmond make it an ideal place in which to address health concerns. Richmond is a diverse city, with a substantial industrial base, particularly in the petrochemical industry; a large shoreline; several major transportation corridors; and communities that range from semi-rural to high-value waterfront condominiums to economically struggling flatlands. It has a large African American population and is a growing immigrant gateway community, with substantial Latino and Asian American

populations. Richmond includes some areas of lively real estate development as well as some of the most thoroughly disinvested neighborhoods in the Bay Area. The recent epidemic of foreclosures has hit Richmond hard, making efforts to revitalize lower-income communities more difficult. Residents have been organizing in response to problems of public safety, air quality, economic opportunity, and education for many years. There are twin challenges of attracting growth and managing that new investment so that it serves the interests of current residents.

The health planning process included extensive outreach. In addition to the city-sponsored efforts, a coalition of community-based environmental justice, labor, and faith-based organizations—the Richmond Equitable Development Initiative—educated its members about health and its relationship to land use, housing, and economic development; developed policy positions; and brought about extensive participation.

The framework for the health element covers 10 issue areas, many of which intersect with the rest of the

general plan: access to recreation and open space; access to healthy foods; access to health services; access to daily goods and services; access to public transit and safe active transportation options; environmental quality; safe neighborhoods and public spaces; access to affordable housing; access to economic opportunities; and green and sustainable building practices.

For each of these areas, the analyses of current conditions are followed by recommendations to guide future development, including new standards and measurements of health impacts. For topics that are also the subject of their own element of the general plan (e.g., transportation, housing, and economic development), the health element broadens and reinforces the recommendations made in these other elements.

Implementation of the plan has begun. Two pilot neighborhood improvement projects are directly addressing the residents' priorities for health and safety through new public works, enhanced parks and recreation, more effective community policing, and other city government strategies.

A host of new municipal policies are being drafted to guide development and protect environmental health and safety on subjects as diverse as urban agriculture and street design. A system of indicators by which to measure progress toward better health is being created as well. This implementation features a partnership between the City of Richmond and the Contra Costa County Health Services Agency, along with active involvement of the local school district. Overall, more than 20 distinct projects to improve the built environment and improve health are already underway within Richmond, led by these government agencies and community-based organizations.

Above: The City of Richmond has updated its general plan—the blueprint stating how the city wants to shape its future—adding a health and wellness element. This groundbreaking move resulted from meetings between city officials and a coalition of advocates determined to influence policies affecting their lives.

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, 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, significantly higher than national asthma rates.

LBACA staff trains neighborhood assessment teams (A-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.

Members of the A-Team have testified at public hearings and have shared their experiences with port executives and government officials.

LBACA is a founding member of the Trade, Health, and Environment Impact Project, a collaborative of community organizations and scientists from across southern California. This project works to combat the impact of structural and environmental racism by helping to win several policy changes that have reduced diesel emissions from port-related transportation; it is setting its sights on broader goals to change land use planning practices so that health is always a prime factor in locating facilities for freight movement.

ENVIRONMENTS: ● Social ● Physical

Center for Community Action and Environmental Justice

For more than two decades, beginning in 1956, the Stringfellow Acid Pits in Riverside County were used as a dumping ground for about 34 million gallons of toxic waste—enough to fill over 130 Olympic-sized swimming pools and giving the canyon its nickname. In the fall of 1978, a severe rainstorm flooded the pits; officials feared that the dam would not hold up, allowing the eight million gallons of liquid waste to flow out of the canyon and into the community of Glen Avon. To avoid this disaster, they released one million gallons of toxic water through the flood channel system, but the hazardous brown waste ran through the streets and school playgrounds where children played in the puddles; it also contaminated the local water system.

At least 12 years passed before thousands of resident advocates, who had been organizing tirelessly for over a decade, began to see evidence of their efforts with the Environmental Protection Agency (EPA). Five of the companies that had used the site were ordered to pay more than $34 million in damages, and the largest single civil suit ever over hazardous waste was filed against the state, county, and offending companies.

After purchasing the land with funds collected from the lawsuit donated by the prosecuting attorney, the Center for Community Action and Environmental Justice (CCAEJ)—a nonprofit organization under the leadership of Executive Director Penny Newman—spent nine years planning and building the Glen Avon Heritage Park. It was an effort to give something beautiful and accessible to the community, which is still trying to escape the stigma of the hazardous flood of 1978, and to restore the value of their neighborhood. The park consists of a family area, a water playground, hiking trails, gardens, basketball courts, and a soccer field. CCAEJ

The Glen Avon Heritage Park, near the Stringfellow Acid Pits Superfund site in Riverside County, was built with funds assessed against polluting facilities in the largest civil suit ever over hazardous waste.

continues to work for revitalization of the business and residential community. In *Beyond Stringfellow: Thirty Years of Raising Hell*, Newman wrote, "We've come to understand that the current laws and policies do not serve the interests of the low-income/working class and communities of color where CCAEJ works. In our fight to stop exposures from the Stringfellow site, we found that we needed a whole new system—new institutions—to begin addressing the conditions of our neighborhood."

ENVIRONMENTS: ● Physical ● Service

The inequitable distribution of public services—hospitals, clinics, good schools, sanitation, and adequate police and fire protection—erodes well-being in communities that get the short end.

Nowhere in California are the neglect and deprivation greater than in very poor, unincorporated rural communities. Thousands of hamlets lack the basics: Water is contaminated. Sewer systems back up when it rains, flooding communities with raw sewage. Emergency medical response often does not exist.[99] But service inequities are not a problem only in hidden back-road communities. They are also a long-standing issue in inner cities and increasingly evident in older suburbs. The fallout has dire consequences for residents from birth, or even earlier, since low-income women of color are more likely to lack access to prenatal care and suffer disproportionate rates of infant mortality and low birth weight. The effects of government neglect and underinvestment spiral from there:

- Struggling neighborhoods with less access to high-quality preschools that provide the foundation for academic success and self-esteem.
- Underfunded elementary, middle, and high schools with inexperienced teachers and inadequate materials (not to mention the ill-equipped and often downright dangerous facilities, discussed in the previous section).
- A frayed and in some places dysfunctional foster care system that often fails its charge to provide a safe haven for youth of color.
- Neighborhoods that lack basic services such as transportation to connect to jobs, yet are saturated with gangs, violence, and illegal drugs.
- Police who are quick to detain and harass people of color, men especially, and a criminal justice system far more willing to incarcerate and re-incarcerate them than to reintegrate them in their communities after their release.

African Americans are locked up at nearly six times the rate of whites, and Latinos at nearly double the rate of whites.[100] In California, which has one of the highest incarceration rates in the United States (which itself has the highest reported rate in the world), 60 percent of former prisoners return to prison within three years.[101] Traditional rehabilitation and reentry approaches are failing and draining limited state resources that might otherwise be available for education, health services, and social welfare programs that could keep people out of the criminal justice

system in the first place. Ex-offenders encounter persistent discrimination and disadvantage once they leave the system and try to find their way in communities and labor markets.[102] When so many black and brown men are marginalized economically and socially, in prison and after their release, the well-being of families and communities suffers.[103] And when so many children of color find themselves in a cradle-to-prison pipeline, hope can be as elusive as health, which drags down entire families and communities. "Folks are afraid of kids," says a violence prevention advocate in Los Angeles. "Folks are afraid of their *own* kids. We are perpetuating a reality for a whole

generation of urban youth that tracks them to a hopeless path."

Community violence and concerns about safety are leading mental health hazards and a significant risk to physical health in inner cities.[104] Merely witnessing a violent act in one's neighborhood, even without direct involvement, is associated with symptoms of depression and anxiety.[105] A higher percentage of African Americans than whites perceive their neighborhoods to be unsafe, which deters them from walking or encouraging their children to play outside.[106] High crime rates and perceptions that a neighborhood is unsafe are associated with higher risks of disability and immobility,

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.

threatening the independence and fueling the isolation of the elders in communities of color.[107]

Building a service environment that supports health.

The equitable distribution of essential neighborhood-level services is vital to the health of a community, indeed, to its very survival. In 2009, the California Rural Legal Assistance Foundation and PolicyLink addressed the more than one million[108] Californians living in disadvantaged, unincorporated communities. They developed a focused strategy to make sure that grants provided by Proposition 84—which authorized more than $5.3 billion in bonds to fund safe drinking water, state and local park improvements, public access to natural resources, and sustainable community and climate change reduction strategies—are distributed equitably and that funds are set aside for places in dire need.

In many inner-city neighborhoods, aging suburbs, and rural areas, an important starting point for improving the service environment is high-quality, accessible, health care. Culturally competent preventive and treatment services with well-trained and appropriate practitioners, based in facilities throughout the neighborhoods where vulnerable populations live, are essential for reducing health disparities. Outreach to and engagement with uninsured people and undocumented immigrants are 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.

The Street Level Health Project in Oakland, for example, works with some of the most underserved populations in California, including day laborers and the Mongolian community. The project provides free screening, drop-in first aid, and simple injury treatment. Moreover, clinic staff and volunteers act as cultural brokers when clients need to navigate the larger health-care system or other services such as legal aid, mental health, shelter, housing, food, and dental care. The clinic also serves as a gathering spot, sponsoring lunches, classes, even a knitting circle in its efforts to build a sense of community and empower patients to advocate for themselves, their families, and their neighbors.

Many community clinics are employing wide-ranging strategies to build healthy communities. They have always been committed to prevention, devoting time, staff, and resources to make classic preventive services such as health screenings, immunizations, and lifestyle counseling accessible to the most isolated, vulnerable populations. Increasingly, the clinics view prevention more broadly—not merely as a strategy to change individual behavior but also as a movement to change conditions in communities. In the Bay Area, La Clinica de la Raza has launched an effort focused on boys and men of color, who have the worst health outcomes on just about every measure. Asian Health Services in Oakland has been deeply involved in neighborhood planning, bringing critical leadership to ensure that the needs of residents are addressed. For instance, the group has participated in long-term planning for a nearby BART station and has pushed vigorously for changes in traffic after documenting serious pedestrian hazards.

The need for high-quality, accessible, and culturally sensitive services extends beyond medical care to all types of social services. Innovative approaches are also happening in these arenas. In Los Angeles, the Department of Children and Family Services (DCFS) found that analyzing demographic data about children in foster care led to improved outcomes for program participants. The county was particularly concerned that public policies resulted in a foster care population disproportionately made up of people of color. DCFS has embarked on a pilot project, hallmarks of which include community investment; agency accountability; resources for prevention; and collaboration with other stakeholders, particularly schools and law enforcement. The approach has reduced the African American population in foster

care from 75 percent in 2003 to 27 percent today.

Advocates in the Central Valley are targeting resources from the state's Safe Routes to School program—paid for with federal transportation funds—to low-income communities. In the past, resources for this program have been more focused in higher-income communities across California. Advocates are seeking resources for low-income areas, both urban and rural, that lack sidewalks and other physical infrastructure to make walking or biking to school a safe alternative to driving as well as a viable alternative to increase physical activity and reduce obesity.

Such cross-boundary innovations are evident in a growing movement known as "engaged institutions." Organizations of all sorts—from street-level service providers to K–12 schools to world-class universities—are increasingly recognizing they are part of the fabric of a community, and they are stepping up to the task of making it a healthy place for all. These institutions are building relationships with new partners, including resident groups. They are investing resources, sharing facilities, and spearheading model initiatives. For example, Kaiser Permanente, the largest managed health-care organization in the country, helped develop the Healthy Eating Active Living initiative—HEAL—and has added walking paths and farmers' markets on medical center campuses.

Public safety services are essential to a healthy community, of course. Many low-income neighborhoods and communities of color need more fire stations; they also need police protection that is culturally sensitive and responsive to their needs. And communities are becoming more aware that violence is being better and widely understood as a public health hazard. This recognition has contributed to the creation of more effective model programs for addressing the root causes of domestic abuse, gang violence, crime, and the prevalence of weapons in society. A growing number of advocates are focusing on the population most vulnerable to violence and its health effects—and disproportionately punished by get-tough policies: boys and men of color. The Haywood Burns Institute, for example,

has piloted restorative justice projects that have proven to be effective alternatives to school "zero tolerance" policies, dramatically reducing the number of African American youth being detained for aggravated battery (school fights). It has also collaborated with probation departments, courts, schools, child welfare agencies, and local groups in communities in California and around the nation to change policy and provide alternatives to youth detention (www.burninstitute.org).

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. Parks and community centers must provide venues for positive social interaction as well as physical activity. Senior centers must offer opportunities for gathering and socializing. As discussed earlier, 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.

Beyond opening their doors to the community, schools must succeed in their primary mission of providing all students with an education that forms the foundation for social and economic success. High-quality, responsive foster-care services must offer youth a safe refuge from distressed or dysfunctional families. Prison rehabilitation and reentry programs must offer people who have been incarcerated a real chance for a productive life. Healthy communities require the full range of resources that fall under health and human systems—well-funded programs, innovative and responsive leadership, and effective services that protect, assist, and empower all people to reach their full potential.

A Battle for Safe Drinking Water in Unincorporated Communities of California's Central Valley

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, costing many residents upwards of $150 a month. Spending seven percent of one's income on water, some of which is poisoned, is three times the federal recommended affordability guideline, underscoring the reality that inequity is not just in the cost, but also in the quality of resources.

Because the Community Service District is deep in debt, it has no reserves and was without resources to fix the plant. Fed up with the unlivable conditions, leaders from within the community emerged and exercised their collective voice by gathering in living rooms, garages, and churches to organize and build the political pressure and momentum necessary to raise awareness and 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. The lack of infrastructure, combined with heavy exposure to environmental toxins, is detrimental to the health and well-being of community members. While some of these areas are rural, others are now on the borders of, or even surrounded by, the valley's fast-growing cities.

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

Residents of Lanare in Fresno County are demanding government funds to fix or replace their contaminated, dysfunctional water system.
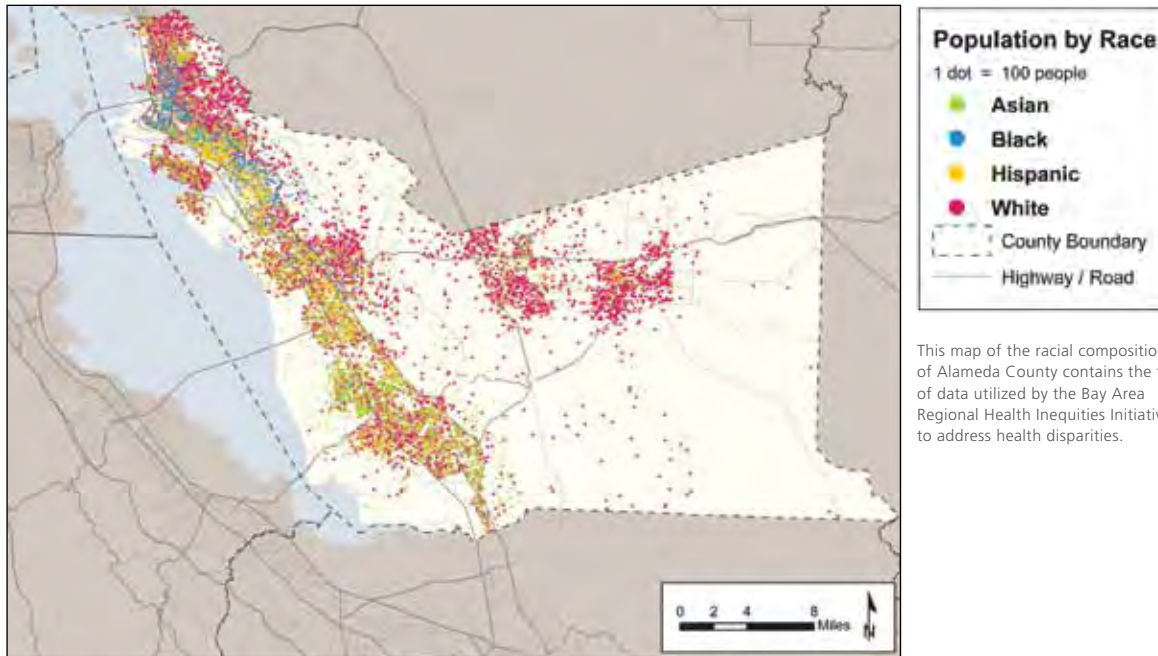
and federal funds for water systems and other infrastructure.

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 dismantle structural racial barriers by working for equitable infrastructure and representation, both in Lanare and in unincorporated communities across California.

Developing a Public Health Discourse on Race

This map of the racial composition of Alameda County contains the type of data utilized by the Bay Area Regional Health Inequities Initiative to address health disparities.

Map created by PolicyLink, January 2011.

Source: American Community Survey 2005-2009.

As demographics change throughout California and communities become increasingly multiethnic, it is critical to delve into the effects of race and structural racism to understand place. The Bay Area Regional Health Inequities Initiative (BARHII), a collaborative among health departments across the San Francisco Bay Area, is integrating this idea into the practice of public health professionals and addressing health disparities everywhere. The organization includes public health directors, health officers, senior managers, and staff from Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, and Solano Counties; and the City of Berkeley.

BARHII's scope extends beyond a singular focus on disease and risk factors "to encompass the broad range of social and environmental conditions that affect community health."[109] The members have acknowledged, for example, that infant mortality rates are influenced by more than the perinatal period and that public health professionals must consider a woman's "life course" to fully understand her experiences as an African American or Latina in a society shaped by the influence of structural racism, biological processes, and health outcomes.

The initiative's Social Determinants of Health Work Group focuses on understanding the various factors that contribute to people's day-to-day lives, maybe most significantly the fundamental importance of race in the United States, and how individuals experience the places where they live. The group plans to explore structural racism so that public health departments can use this race-based framework along with data to develop a related set of field-wide approaches to health disparities. While this marks a departure for public health, BARHII stands firm on the idea that a social movement is critical to changing community health across the country, and it is working to put public health at the forefront of developing the momentum for that movement.

ENVIRONMENTS: ● Physical ● Service

Service and Advocacy in Oakland's Chinatown

Asian Health Services (AHS), based in Oakland's Chinatown, has a dual mission of service and advocacy to address health disparities and structural inequities throughout the community. It provides comprehensive health-care services and education in eight Asian languages and English to best serve the diverse clientele whose ethnic differences and varied health concerns are often grouped and overlooked by other institutions. According to Executive Director Sherry Hirota, who paints a vivid picture of this "culture transcends geography" phenomenon, "Of the 20,000 annual visits, approximately 3,000 are from Chinatown, another 3,000 from the surrounding zip codes, and the remainder travel from other parts of Oakland and Alameda County." Through experience and community surveys, AHS has found that residents perceive it as a safe haven both culturally and economically.

Much more than a clinic, Asian Health Services is an institution deeply engaged in the community. In addition to ensuring access to quality health-care services "regardless of income, insurance status, immigration status, language, or culture," AHS consistently advocates for justice and struggles to undo a history of local inequities. As a result of decades of land planning and development without any input from stakeholders in Chinatown, structural racism is apparent throughout the community: from the congested one-way streets and freeway running through the neighborhood, to the main entry and exit points between the cities of Oakland and Alameda, and to the pollution that abounds in the midst of the transit. After a pedestrian was killed stepping off the corner in front of its office, AHS began to research, organize, and advocate, only to discover that Oakland's Chinatown had more pedestrians than in any other part of the city; it also had more traffic-related injuries and deaths. The clinic's strategic and tireless campaign resulted in the city's first traffic signal scramble system, making the streets much safer for both pedestrians and drivers.

In another instance of Asian Health Services' community advocacy, Peralta College, Bay Area Rapid Transit (BART), and the City of Oakland were planning to redevelop the area

Health clinics are an essential element of a campaign to overcome health disparities.

Asian Health Services is more than a clinic in Oakland's Chinatown; it strives to undo a history of local inequities, including health disparities.

around the Lake Merritt BART station without first gathering any input from advocates in nearby Chinatown. A coalition of concerned groups including AHS met in the summer of 2009 to make sure that the environmental impact on residents was considered. While the coalition had to fight to be involved, it was critical that it did because there were no measures in place to assess how the proposed 10,000 new housing units with a lack of open space would affect the health of the community. AHS and its partners surveyed more than a thousand residents about the neighborhood and used the results to create a set of policy principles that will shape the actual redevelopment process. Asian Health Services' work serves as a significant anchor for the community and its residents, reinforcing the clinic as a stable institution promoting community health, empowerment, education, and advocacy.

ENVIRONMENTS: ● Social ● Physical ● Service

Strategic Growth Council

The Strategic Growth Council (SGC)—an interagency body that includes representatives from California's Environmental Protection Agency, Health and Human Services Agency, Business Transportation and Housing Agency, Natural Resources Agency, the Governor's Office of Planning and Research, and a public member—was tasked with developing a process and guidelines to distribute Sustainable Community Planning Grants provided by Proposition 84. The California Rural Legal Assistance Foundation and PolicyLink worked through the council's public process to ensure that equity was a prominent component in the new program guidelines and that resources would be dedicated to planning in some of California's most underserved communities.

Working closely with SGC staff, the partners were able to accomplish several notable wins that will ensure that this program advances equity in communities across the state, including the economically disadvantaged, unincorporated communities that have historically been left out of planning processes.

First, the guidelines adopted by the SGC include a focused prioritization of projects advancing equity and benefiting economically disadvantaged communities. Applicants who can demonstrate that they will direct benefits to economically disadvantaged communities and advance equity will receive additional points on their applications.

Second, the guidelines establish a 20 percent set-aside of the funds for disadvantaged communities. Projects seeking these prioritized funds must show that the planning to be funded would be primarily or substantially within an economically disadvantaged community and, where appropriate, will be connected to any larger planning effort

The Strategic Growth Council partnered with several agencies to develop guidelines for distributing state funds, ensuring that resources would be dedicated to planning in some of California's most underserved, economically disadvantaged communities.

undertaken with other program funding.

This combined approach—scoring equity as a focus and providing a set-aside for disadvantaged communities— ensures that an equity floor is established in the program so that disadvantaged communities will not be left out, while ensuring that the program's impact in disadvantaged communities will not be limited to the set-aside funds.

This emphasis on equity will provide the capital— political and monetary—to ensure the inclusion of disadvantaged, unincorporated communities in critical planning processes and, in doing so, help transform them into vital and sustainable neighborhoods within a vital and sustainable California.

ENVIRONMENTS: ● Physical   ● Service

V Taking Action

The movement to build healthy communities was born from an understanding of the connections between place and health. Race has always been an important, though often unspoken, part of the 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 work have been key to the evolution of the movement. The challenge now is to design strategies and policies that consider both race and place to create effective solutions that build on the assets of a community.

Dismantling racially discriminatory policies is difficult, as they are deeply woven into the fabric of our government and institutions. Pulling out the threads requires innovation in the face of laws and regulations that largely bar race-specific remedies. Nevertheless, some advocates have made it a priority to dismantle structural racism, working to deconstruct problems, identify the policies that cause or compound them, and then create approaches that intentionally reverse or eliminate them.

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.

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.

02
Increase Political Power of People of Color and Immigrants

In California, there is an enormous racial gap between the overall population and the actual 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 a critical ingredient for needed changes. When the civic engagement of diverse communities increases, officials will have to address their concerns with greater focus and greater resources.

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.

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 undermine learning and harm 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. To stay with the previous example, everybody wants safer schools, and there are better ways to get them than by summarily expelling kids. As community-based programs have demonstrated, student court, community service, counseling for at-risk students, and other alternative measures are much fairer than summary expulsion and vastly more effective at creating an atmosphere that supports learning.

By emphasizing racial issues, our framework for building healthy communities strengthens rather than dilutes the place-based focus of the analysis. Place remains essential to understanding the obstacles to opportunity that drive health disparities. Place is an essential locus for effective organizing and sustainable change.

A movement also 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. Efforts are underway at the local and state levels to expand access to water. While activists in unincorporated Central Valley communities demand clean, safe water, water bonds proposed at the state level would provide the needed financial support.

Safe parks. Advocates in the Los Angeles basin have organized, filed administrative complaints, and sued to develop and protect parks. Efforts are underway to identify revenue sources to help maintain and upgrade parks.

Joint use. Greater coordination among the state, municipalities, and school districts would expand joint use even more effectively and ultimately 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. While debate at the federal level has centered on health insurance, local groups are tackling access more broadly. In Los Angeles, for instance, new community clinics, including school-based health centers, are opening. A multimillion-dollar medical center replacing Martin Luther King Hospital in South Los Angeles will anchor a massive revitalization project.

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. For example, to address the crisis impacting boys and men of color, a comprehensive agenda is being forged that calls simultaneously for strategic action and policy change in education, health, workforce and job creation, juvenile justice, and foster care.

Health Impact Assessments (HIAs).
This tool to help decision makers assess the potential effects that a policy or project would have on health is particularly useful when applied to areas outside the traditional public health arena, such as transportation and land use. The impacts of major proposed changes to the residential and commercial character of a neighborhood—density, air quality, traffic safety, and many other health-related factors—can be measured and included in decision making about development. Moreover, working on HIAs provides opportunities for collaboration among public health practitioners, planners, community residents, government officials, business leaders, and other groups with a stake in the community's future.

Health in all policies. Recognition is growing that policy decisions in an array of sectors—transportation, housing, agriculture, land use, infrastructure, and education, to name a few—impact health. Prominent leaders, organizations, and institutions at the local, state, and national levels are promoting the adoption of *Health in All Policies,* a strategy that calls for viewing a broad range of policies through a health lens to ensure that they either enhance health or mitigate the negative health consequences of previous policies and investments.[110]

Access to healthy foods. In low-income communities and communities of color, efforts to expand access to healthy foods are yielding promising results. The Pennsylvania model of providing public-private financing to attract and upgrade stores in underserved areas has been so successful that it has inspired the federal Healthy Food Financing Initiative (HFFI), proposed in President Obama's FY2011 budget. 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, distributors, and retail trade associations. New opportunities for collaboration are being explored, promoting regional food systems and sustainable agriculture as well as expanding venues such as farmers' markets, farm stands, and farm-to-school programs.

Transportation. 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 reauthorization of federal transportation legislation presents a tremendous opportunity for policy advocacy. At the regional and local levels, other opportunities have emerged, including 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. Communities can also be redesigned to improve the health of their residents. "Smart growth" strategies, which promote health considerations in housing policy, are gaining traction across the country. Mixed-use development, for example, enables the inclusion of retail that serves the community, such as a grocery store, alongside affordable housing.

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. A host of new 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 sustainable communities. The HFFI has brought together the departments of Agriculture, Health and Human Services, and Treasury. Promise Neighborhoods and Choice Neighborhoods 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 and increase the opportunities available in communities.

VI

From Local Advocacy to Statewide Change

Winning support for a comprehensive policy agenda, to say nothing of actually implementing one, is tough under the best of circumstances. Given California's fiscal crisis, the undertaking seems even more daunting. And money is not the only barrier. State government has become virtually dysfunctional amid partisan bickering, arcane procedural tactics, and voting requirements that have paralyzed the legislature. Yet failing to act is not an option. Health will only get worse unless determined action continues, spreads, and gains broad support.

The priorities of local communities should anchor an authentic statewide policy agenda to create healthy places for all. 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. Which issues should take priority? Is state preemption of local policies acceptable and, if so, under what circumstances? What specific policy

components are needed for the state as a whole and for diverse, far-flung local communities? Many policy debates important to the healthy communities agenda have struggled with these and related questions.

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. Too often, local groups lack the connections and power to engage effectively in statewide policy advocacy, particularly in the legislative process. Collaboration between state and local advocates can address this issue, increasing the power of local leaders and expanding their access to government officials. Determining the structure and leadership of collaborative efforts is critical to building trust and ensuring effectiveness.

Local advocates often say their participation is limited to mobilizing turnout to support policy proposals that the state already has crafted— without their input. They want to be included in key strategic decisions about the content and

scope of policies affecting their communities. And they should be. Alternative models that include shared leadership with local advocates would make for better processes and produce better results. Not only would statewide agendas reflect local needs, but the deeper engagement of local leaders would also strengthen the power to 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 an array 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 live, work, study, and play.

APPENDIX: LIST OF INTERVIEWEES

As noted in the Acknowledgments, *Why Place and Race Matter* benefited immeasurably from the contributions—primarily one-on-one interviews—of activists, advocates, and practitioners working in communities throughout California and across the nation. Their thoughtful and candid input as well as their insight and experience informed this report.

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NOTES

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