Lifting Up What Works®
PolicyLink

The California Endowment

Why Place Matters:
Building a Movement for Healthy Communities

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

Design by: Leslie Yang

COVER PHOTOS COURTESY OF (from left to right, top to bottom): ©iStockphoto.com (Danny Warren), ©iStockphoto.com (konstantin32), ©iStockphoto.com (Thania Navarro), Harlem Children's Zone, ©iStockphoto.com (Christopher Hudson), ©iStockphoto.com (Justin Horrocks), p.37: ©iStockphoto.com (kajetan), ©iStockphoto.com (Inger Anne Hulbækdal), Youth UpRising.

PHOTOS COURTESY OF: p.16: Harlem Children's Zone; p.26: ©iStockphoto.com (Justin Horrocks); p.27: ©iStockphoto.com (konstantin32); p.28: ©iStockphoto.com (Kerry Muzzey); p.29: ©iStockphoto.com (Tomas Levstek); p.32: Blue Cross & Blue Shield of Minnesota Foundation; p.33: ©iStockphoto.com (Hannamariah photography); p.34: Youth UpRising; p.37: ©iStockphoto.com (kajetan); p.38: ©iStockphoto.com (Thania Navarro); p.39: ©iStockphoto.com (Danny Warren); p.41: ©iStockphoto.com (Daniel Rodriguez), p.42: ©iStockphoto.com (Cameron Whitman); p.45: ©iStockphoto.com (Christopher Hudson); p.46: ©iStockphoto.com (Inger Anne Hulbækdal); p.47: ©iStockphoto.com (Brandon Laufenberg); p.48: ©iStockphoto.com (Michael Braun); p.57: ©iStockphoto.com (Pathathai Chungyam); p.58 iStockphoto (Bonnie Jacobs).

Lifting Up What Works®
PolicyLink

The California Endowment

Why Place Matters:
Building a Movement for Healthy Communities

Judith Bell
President

Victor Rubin
Vice President for Research

Table of Contents

Case Studies

Preface

PolicyLink and The California Endowment have long recognized that place matters. Our work is informed and driven by the recognition that neighborhood environmental factors—from local economic opportunities, to social interactions with neighbors, to the physical environment, to services such as local grocery stores where people can buy nutritious food—all affect individual health. We're extremely enthusiastic about the growing movement that's developing place-based solutions to place-based problems.

We know that residents of low-income communities and communities of color suffer disproportionately from negative environmental factors: poor air quality as a result of over-exposure to toxins such as diesel exhaust from highways and bus depots, poorly maintained homes with mold, lack of healthy food options, and the lack of clean, safe open spaces such as parks and playgrounds. Social, economic and service components—lack of access to good jobs, inadequate healthcare and other crucial services, and fractured social networks—also present obstacles. As detrimental as these are, we know that, unfortunately, they represent only a few of the factors that cripple far too many neighborhoods and the people who live in them. Understandably, there's much work to be done.

We believe that an equitable approach to building healthy communities requires a number of diverse tactics from multiple stakeholders. Collaboration across a broad range of sectors and groups, including the private sector, is necessary to create the type of healthy communities we want for ourselves and our neighbors. And the experience and voices of community members—particularly people of color—must be an integral part of discussions and strategic thinking around sustainable change.

We're not alone in our belief. The organizations and coalitions profiled in this report—many led by visionary leaders—demonstrate that environmental factors, which strengthen and enliven communities, can be created and replicated to benefit everyone. No one approach works for all communities, each is particular to the place and the people they are meant to serve, and the goals they want to achieve.

Why Place Matters offers examples of promising practices from across the country, with many concentrated in communities throughout California. Some groups are working with planners to develop strategies for improving residents' transportation options; some are joining with city governments to create plans for neighborhood economic revitalization; some are linking healthcare services to prevention, and others are working with the private sector to better serve their communities' social and service needs. We trust each of them will illuminate the connection between people and place in new ways, facilitate collaboration and the exchange of ideas, encourage cross-sector partnerships, and stimulate action.

We appreciate the participation of everyone who shared with us those best practices that are working well in communities, near and far. It is our hope that these successful strategies will be used by advocates and policymakers, government and business, researchers and educators, city planners and community builders, and all others who want to be a part of the movement to build healthy communities.

This report benefited significantly from research and writing by Diana Bianco, a health care policy consultant. The PolicyLink Center for Health and Place team—Mildred Thompson, Rebecca Flournoy, Glenda Johnson, Mary Lee, Rajni Banthia, Iman Mills, and Erika Bernabei—contributed throughout, from the initial conceptualization to final editing. The California Endowment was represented by Marion Standish who provided overall vision and oversight, and George Flores who added useful comments and editing suggestions. Paulette Robinson, consultant, provided excellent editing support. We thank them all for their dedication and hard work.

Robert K. Ross
President
The California Endowment

Angela Glover Blackwell
Founder and CEO
PolicyLink

Executive Summary

Driven by the knowledge that where you live determines how you live, a new movement is building. It is spearheaded by local leaders and anchored by the belief that a broad array of communities and interests must be engaged. Advocating for equitable policies and practices to establish healthy communities, this movement draws from a broad framework, incorporating a community's physical, social, economic, and service environments. Traditional single-issue boundaries are being broken, forging new connections and alliances across diverse sectors. Efforts are underway to influence and change environmental factors so communities can thrive.

The leadership of this movement is appearing in many parts of society. Public health officials, planning officials, and educators are studying a neighborhood's physical or "built" environment—the safety of its streets and parks, the condition of housing and schools, the location of businesses, and patterns of regional growth and change—as indicators of residents' health. Community leaders, elected officials, and organizations are realizing that a high degree of civic participation and strong social support systems inform people's sense of safety and belonging and influences their health. Business and community leaders and government officials are linking a neighborhood's economic health—for example, the presence of, or connection to, jobs paying living wages, a thriving commercial sector that employs local residents with neighborhood-serving businesses—to individual health and well-being. Local organizations are linking the presence of culturally-grounded, neighborhood-level services to the physical and emotional health of residents, understanding that every service from the effective delivery of medical care to the use of recreational programs has health implications.

The framework described in this report provides a way to understand the relationship between community conditions and health, analyzes the connections among all of the environmental factors that contribute to a healthy community, and identifies both protective and negative environmental effects on community health. *Why Place Matters* builds on the growing movement to improve the health of individuals through a focus on community and illustrates how organizations and groups are employing effective "place-based" strategies throughout California and the country.

I. Class, Race, Ethnicity, and Health

American neighborhoods are often segregated by race and income. Communities of color and low-income communities are plagued overwhelmingly by high crime rates, under-funded schools, insufficient services, poor transportation and housing options, and other harmful attributes that compromise individual and community health. Segregation limits residents' access to full-service grocery stores; safe, walkable streets; and a healthy environment. In fact, polluting businesses and factories are located much more frequently in communities of color, which means a less healthy neighborhood with more air and soil contamination. Communities of color—African Americans, Latinos, and some Asian Americans—suffer disproportionately

from certain health problems—diabetes, high blood pressure, obesity, and asthma.

Since so many American communities are informally but thoroughly segregated by race as well as income, health disparities are both a health and a place-based issue, one where improving community conditions could make a real difference in health outcomes. When policies and practices are put into place that improve the physical, economic, social, and service condition of communities, the lives of those within the communities also improve.

II. A Framework for Healthy Communities

Place matters.

Individual health is compromised when residents fear walking outdoors in the evening and won't allow their children to go outside during the day, after school, or on weekends. A child's health suffers when he or she must sit in shoddy school buildings in need of repair, without nutritious meals or an opportunity for physical activity. Children's and families' health are impacted when their neighborhood lacks a decent grocery store with fresh fruits and vegetables for sale. Families suffer when there is little access to economic opportunities. Residents suffer in high crime areas because crime influences the quality and availability of services and economic opportunities; it impacts whether businesses will locate in the neighborhood, or whether others will come to the neighborhood to patronize local businesses or attend social or cultural events. Neighborhoods across the country are afflicted with risk factors that have profound implications for community and individual health.

By contrast, many protective factors help build and sustain community and individual health. Safe, well-maintained parks can promote physical activity and public spaces for neighborhood gatherings. Access to healthy food can reduce obesity and related diseases such as hypertension and heart disease. Clean air quality can reduce asthma in adults and children. Reliable and safe public transportation can provide residents with the necessary mobility to get to jobs and schools. There are myriad ways that a neighborhood's protective factors positively impact individual health.

This report's case studies highlight examples of groups working to increase and fortify protective factors—in economic, social, physical, and service environments—throughout California and the country. The case studies show how the experience and voice of community members are critical for successful place-based strategies. Many of the efforts profiled represent innovative partnerships and new alliances for change. These collaborations are influencing policymakers—in the public, business, and nonprofit sectors—producing real change in communities and states. Many of the efforts also involve people of color in leadership positions, building the capacity of local leaders to advocate for policy change, showcasing the need for a focus on equitable outcomes.

The specific factors that are most important and the strategic approaches for enabling healthy communities vary, but there are some time-tested truths that these case studies confirm: local residents have significant insight into what problems are most critical to address, what community strengths can be used to improve health and community conditions, and what strategies and solutions will be most effective. Local leaders, connected with those at the regional and state levels, will create the power and momentum to pull the ultimate levers for sustainable change at the local, state, and national levels.

A. Economic Environment

A solid economic environment entails commercial investment, a focus on providing jobs that take people out of poverty, businesses that provide healthy food options to all residents, and a path that moves people to opportunity. The presence of thriving diverse businesses is a protective factor that helps build financially secure and healthy neighborhoods. New business development tends to draw additional activity as others seek to capitalize on existing economic vitality, providing an opportunity to hire local residents, creating increased individual income and available disposable income.

Coalitions, such as Fresno Works for Better Health, have been creating innovative programs to improve job quality, in terms of wages, benefits, and career ladders; to tailor training to the needs of local residents; and to ensure that residents of one community can have practical access to jobs throughout their metropolitan area. Within their neighborhood's retail sector, residents of low-income neighborhoods typically face a paucity of healthy food options. However, there are now many examples of organizations and coalitions working to improve healthy food access. One is Kaiser Permanente, which has established farmers' markets across the state; another is Fresno Metro Ministry, which worked with the California Department of Social Services, the U.S. Department of Agriculture, and the California Nutrition Network to ensure that low-income residents could use their food stamps to buy nutritious food at a local flea market.

B. Social Environment

Strong social networks that bring neighbors together—whether to advocate for change, cultivate a community garden, or provide services—can strengthen community ties and empower individuals to be advocates for themselves and change agents for their neighborhoods.

When diverse people come together for a common goal, it increases the potential for meeting their objectives and also offers opportunity for bridging differences. Knowledge, skills, and connections—to jobs, services, and civic life—can be shared, enabling individuals to build stronger ties to a broader community. For example, the City of Blackduck, Minnesota, and the Hmong American Partnership are part of a statewide effort—Healthy Together: Creating Community with New Americans—to reduce immigrants' health disparities by building social connections and relationships between newcomers and established community members, providing mental health services to new arrivals, and increasing the organizational capacity of groups that serve refugees and immigrants.

Building leadership within a community increases the level of capacity for mobilization, civic engagement, and political power. Youth in Shasta County, participating in one site of the multiyear, multisite Healthy Eating, Active Communities initiative came together to convince a local Wal-Mart to stock healthier options at the checkout stands. Strong community networks used their collective power to change business practices to be more supportive of healthy eating.

A community with strong social networks can also determine which businesses receive investment dollars and decide what the community's physical spaces will look like; whether there is investment in parks and school construction; they can present a collective voice as to where resources are allocated and public policy is implemented. When neighbors know each other and feel invested in the betterment of their community, they can create opportunities to come together and make changes that better all their lives.

C. Physical Environment

Safe parks; full-service grocery stores and/or farmers' markets; safe, walkable streets; less truck and bus traffic; well-maintained housing; and open spaces that encourage community gathering are all protective factors that contribute to the health of a community and have a positive impact on the health of residents. Likewise, residents' geographic access to opportunities—convenient location to reliable transportation that allows people to get to jobs and schools—contributes to healthy people and a healthy neighborhood.

A diverse group of organizations in Los Angeles County have come together to advocate for new parks for Latino, Asian, and African American neighborhoods that lack them. They are lobbying political leaders, conducting research, organizing underrepresented communities, and brokering solutions to increase the number of parks and open spaces in Los Angeles. And they've succeeded. Major new parks in the past seven years include the Los Angeles State Historic Park at the Cornfield in downtown Los Angeles, Rio de Los Angeles State Park at Taylor Yard, the Baldwin Hills Park, and the Ascot Hills Park. As part of a massive effort to revitalize the Los Angeles River, leaders have proposed the creation of 80 new parks to create a continuous 51-mile recreational greenway.

The City of Richmond, California, recognizes that the impact of a city's plans on health needs to be better understood and analyzed. It is updating its general plan with a "health policy element." The framework for the analysis and recommendations cover 10 areas: 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.

Improving the physical environment also entails keeping housing away from freeways and toxic polluters since polluting businesses and highways are linked to higher rates of asthma and other respiratory diseases for residents. It means eradicating unhealthy housing and the pernicious "slum housing disease," a term that describes a litany of conditions such as lead poisoning; skin rashes and fungal infections; and ailments brought on by peeling paint, mold, and cockroach infestations. It also means establishing new ways for local public health agencies to operate, using such techniques as the Healthy Development Monitoring Tool. Designed by the San Francisco Department of Public Health and concerned stakeholders, the tool provides the health rationales for considering each element of community conditions and moves through established standards, key indicators, development targets, and strategic suggestions for policy and design around eight elements: environmental stewardship, sustainable transportation, public safety, public infrastructure, adequate and healthy housing, healthy economy, citizen participation, and access to goods and services.

D. Service Environment

The equitable distribution of healthcare services and other neighborhood-level services has a huge impact on the overall health of a community. Access to quality healthcare services, public safety, and community support services are all necessary for a healthy community. Public services, such as adequate police and fire protection, water and sewer systems, healthcare facilities that are accessible and staffed with personnel who understand cultural needs, and quality facilities for neighborhood meetings and cultural events, are necessary for a healthy community. Reliable and regular sanitation service; mass transit that provides clean, safe, and reliable service; and responsive, caring public health providers all positively affect a community.

For several years, California Rural Legal Assistance (CRLA) has undertaken legal advocacy to bring an equitable share of public resources to some of California's Central Valley, low-income Latino communities. Because these communities are plagued by a lack of adequate water and sewer systems, quality housing, safe roads, no parks for children to play, and inadequate school facilities, CRLA and PolicyLink are conducting research to assess the causes and consequences to residents and to convene stakeholders in the region to identify new policy options.

Health systems are also recognizing that healthy communities extend beyond people having access to health care. Since 2003, Kaiser Permanente, in collaboration with local health departments and community-based organizations, has established 25 farmers' markets outside hospitals and health clinics in five states. Through its Community Health Initiatives, Kaiser is improving health through an emphasis on policy change and improving the community conditions that influence health.

Kaiser Permanente is only one of many community stakeholders whose emphasis is on improving the poor services and unacceptable conditions that create unhealthy communities. Youth UpRising and The Community Coalition have comprehensive, community-based approaches. Their constituents drive their programs and their advocacy. Both are also focused on developing the next generation of activists capable of leading their peers and impacting public policy.

III. Themes from Case Studies

The case studies profiled in this report represent a variety of approaches to addressing health disparities, based in different communities. Most of the case studies involve people from the community taking action, rather than waiting for an expert solution or a top-down government or foundation program. The studies highlight not only the factors that influence health, but also the actions that community leaders are spearheading to improve their situations. Armed with data to inform their strategies and build their cases, organizations and coalitions are safeguarding victories through new laws, regulations, or practices; lifting up their best practices for replication; and working on leadership development to elevate the importance of healthy communities. Whether their efforts are focused on achieving improvements for their neighborhood, such as a grocery store or a park, or improving air quality in their region by altering transportation plans, or changing the statewide policies that shape metropolitan development, they—along with diverse stakeholders—are acting on the basic truth that "place matters."

IV. Recommendations: Moving Forward

Fourteen recommendations emerge from research, practice, and efforts for policy change:

1. **Capitalize on emerging opportunities and prioritize needs:** Because changes are needed in the physical, social, economic, and service environments, certain issues will take precedence at any given time; not all needed changes can be pushed simultaneously. An understanding of the timeliness of issues and the capacity of advocates is crucial for success.
2. **Promote a comprehensive approach:** Comprehensiveness has multiple meanings for groups focused on building and sustaining healthy communities. It can mean that a single organization takes on a very broad array of issues and develops a multifaceted approach to serving, and working with, children, families, and neighborhoods. It can also mean that an organization takes on diverse areas of policy change that cut across traditional boundaries. A third approach emerges

when organizations that work primarily on one issue make stronger connections and alliances with others.

3. **Maintain a focus on equity and eliminating health disparities:** There is growing awareness of the importance of certain issues. For instance, the health impacts from obesity, as well as the consequences on climate from automobile-dependent development. The challenge to building healthy communities is to capture the broader sense of urgency and concern, and use it to strengthen a focus on the needs of vulnerable populations and the fundamental questions of race and class that underlie current disparities. Advocates for the good health of low-income communities and communities of color need to be engaged in debates about the specific challenges confronting their communities, the approaches to address them, and broader societal issues, to ensure that new policies and practices are equitable and overcome previous barriers to full inclusion and participation.

4. **Involve residents and leaders in policy change efforts:** Improving health through a focus on place is in large part a process of community change and development, and the participation of residents and community leaders is critical for successful programs and policy change. Community engagement is a prerequisite for place-based strategies and policymaking that is authentic in its approach and meaningful in terms of its impact.

5. **Build the capacity to analyze and solve community problems:** Diverse leaders who reflect their communities are crucial to increasing the participation of people of color and low-income individuals in the push for change. Community members need support to grow as leaders, and they need to be connected to policy change efforts at the local, state, and national levels. The organizations working to improve health and involve residents also need capacity to be effective advocates for change. Successful efforts for building healthy communities require connections, skills, and relationships to be cultivated and strategically applied.

6. **Foster collaborations and alliances:** Multi-sector approaches and new, unusual, and rekindled collaborations and alliances must be encouraged and fostered. Specific avenues for collaboration and coordination need to be identified and pursued. Collaborations and coalitions succeed because the mutual self-interests of member groups are well-served by their joint goals and activities. To succeed, groups need to identify their areas of common interest, understand the constraints that impact each other, and ensure good and open communication.

7. **Use local efforts as platforms for regional and state change:** Developing approaches to local challenges presents opportunities for risk-taking and experimentation. The voices of local advocates allow policymakers to understand protective and risk factors, from a community perspective. Successful approaches can become the basis for regional or statewide agendas for change.

8. **Push local governments, particularly public health departments, to prioritize healthy communities:** Community health can be recognized as important by local officials, but to act effectively, cities and counties must reorient their planning and operations, establish new methods of collaborating across sectors, and focus much more on prevention. Local governments have begun to incorporate a broader vision of health into their policymaking. More will be needed to build healthy communities.

9. **Translate research to highlight the link between community conditions and individual health and to provide insights about the effectiveness of different approaches:** Public health, medical, and social scientific research should continue to establish the link between health and community conditions, assess the effectiveness of existing policies, and help identify the priorities within and across communities. Research should be relevant to community needs, support community change agendas, be designed to document and better understand local issues, and provide diverse stakeholders with information needed to bolster efforts seeking policy change.

10. **Create healthy environments to support healthy personal choices:** Environments impact individuals and their ability to make healthy choices. Individuals do have choices, but their choices are dictated by where they live and to which services they have access. Linking health objectives to place-based issues, as well as to the policies and change strategies that will address them, is crucial to creating healthy communities. Healthy personal choices need to become the easy choice.

11. **Document and disseminate success stories:** The public needs a sense that change is possible. Stories about advocacy and policy change need to highlight how change can happen and the ways it can make a difference. The stories need to shine a light on the work of leaders in low-income communities of color—how they are advocating for change that makes their communities healthier.

12. **Help the media reframe stories:** Stories about healthy communities must take a new tack, moving away from a sole focus on portraying sad stories about individuals. Instead, stories must be about improving communities and people creating change. They must highlight the connection between health and protective factors in the social, services, physical, and economic environments. These stories confirm that change is possible, provide possibilities for replication, and attest that a broader movement can be stitched together to make a difference in communities across the country.

13. **Invest for the long-term:** Demonstrating improvement in health outcomes takes time. A long-term commitment is necessary to change the conditions in underserved and underprivileged communities. Invested stakeholders—funders, policymakers, researchers, advocates, practitioners, and the community—must understand that time and money will be needed; the work will be stalled by failures but also accelerated by successes. They must keep moving forward with the vision that healthy communities and healthy people exist—and thrive—together.

14. **Broaden the platform for change:** The case studies in this report are the tip of the iceberg of what is happening to advance a movement for healthy communities. Many connections need to be developed to build further momentum and to expand the impact of current efforts. Strategic new alliances, collaborations, and coalitions must continue to be developed to help move specific and broader agendas. Exciting and inspiring efforts are drawing different constituencies together to create the connections that will expand and strengthen a movement for healthy communities.

Healthy people and healthy places go together. The growing movement for healthy communities—with its push for an array of changes in the physical, economic, social, and service environments—holds great promise. Engagement, leadership, and a commitment to change will improve communities and allow people to live healthier lives.

Place matters.

Introduction

One number may determine how long you live and how good you feel. It's not your weight or your cholesterol count. In fact, it may help determine those, too. It's your address.

Live in a community with parks and playgrounds, living wages, a good healthcare delivery system, grocery stores selling nutritious food, and neighbors who know one another, and the odds are you're more likely to thrive. Take away the ingredients that lead to healthy communities, and you're more likely to suffer one of the plagues besetting the United States right now: obesity, asthma, heart disease, and high blood pressure.

American communities are often segregated by race and income—and unfortunately low-income communities and communities of color often have the worst community conditions and, correspondingly, the highest levels of many health problems. The specific factors that are most important for a particular community's health will vary, but local residents will have significant insight into what problems are most critical to address, what community strengths can be used to improve health and community conditions, and what strategies and solutions will be most effective.

Affordable and culturally appropriate healthcare is critical to address disparities, and efforts to expand access are underway at the local, state, and federal levels. Providing more children and families with quality health care would make a significant difference in improving individual health. But access alone will not solve our health crisis—lack of access to care accounts for only 10 percent of mortality in the United States.[1]

Resources continue to pour into the healthcare system. In 2005, healthcare spending in the United States reached $2 trillion, or $6,700 per person; It is projected to double, to $4 trillion, by 2015.[2] Despite all of these resources, America still is not the healthiest country in the world, nor has it erased significant health disparities.

A range of issues must be addressed to improve Americans' health and reduce racial/ethnic and income-based disparities in health. People need doctors and nurses who can speak their language, understand their culture, advise them on healthy living and prevention, and prescribe the right medication and treatment.

In addition, practitioners, researchers, and policymakers are realizing that to make people healthier, they have to make neighborhoods and communities healthier. No doctor can undo the ill effects of living in a community with unsafe streets and polluting businesses. Several studies have tracked physicians' "prescriptions" for patients to eat healthy foods and exercise regularly only to find that it was virtually impossible for residents of certain communities to fill that "prescription" because of limited access to the requisite resources.[3] Asking patients to exercise regularly, when they live in a neighborhood beset with violence and without any green space, presents environmental barriers to the active life prescribed for a healthy lifestyle. Similarly, a neighborhood without access to healthy foods, including fresh fruits and vegetables, presents a barrier to having a healthy diet.

The most effective means of building healthy and economically robust communities is to develop and harness the leadership of young people to become agents of positive change.

—
Vision Statement,
Youth UpRising

Measuring a Healthy Community

Community health indicators are essential tools for tracking progress towards developing healthy communities. Data indicators monitor social, economic, and physical conditions that impact quality of life, health-promoting behaviors, social well-being, and health status over time. Community report cards also feature rankings, comparisons, ratings, performance measures, or grades for various indicators and can be used to set minimum or baseline standards.

Comprehensive evaluations of community factors influencing health have recently been reported.[4,5] For example, Healthy People 2010, an indicators project initiated by the federal government, is widely used by state, local, and community-based groups to track progress towards the goal of eliminating disparities in health outcomes based on race and ethnicity.[6] The California Health Interview Survey includes ethnic- and race-focused data and facilitates robust analyses using other data sets, including the census. Information technology tools such as electronic medical records and GIS mapping also help strengthen community epidemiology.

The documentation of community indicators has supported broad health agendas that reflect multiple levels of influence (i.e., individual behavior, community or neighborhood characteristics, and policy change) and has supported calls for leaders outside the health services sector to be involved. Discussions about these indicators have helped expand the public's views about health to include factors beyond access to care. Advocates have used the data and conclusions to spur action by policymakers or by agencies responsible for oversight.

Individuals make decisions every day that influence their health, and their options are heavily influenced by their surroundings. That is why an emphasis on improving communities could result in better health for more people. Changes that affect the structural and cultural components of a neighborhood can mean improvements for a generation, not just for an individual. And community conditions, norms, and supports can make a difference both in preventing disease and in managing health when one is sick.

A simultaneous focus on individual behavior and community conditions can be particularly powerful. For example, a doctor can work with a child and her family to manage her asthma using education, medication, and treatment. If a community group succeeds in improving her substandard housing or rerouting truck and bus traffic away from her neighborhood to reduce harmful particulates in the air, the number of attacks she has will decrease and fewer of her friends will contract asthma. Similarly, a man who is obese needs to work with his physician to change his eating and exercise habits. If he has options for physical activity close to his home and a grocery store that stocks nutritious foods, his odds of losing weight are higher, and his children might avoid obesity. A movement is building to act on the idea that community—the place where we live and work—matters to health. Abundant research shows that there is a relationship between health disparities and community factors—the economic health of a neighborhood, the existence of support networks, the quality of the natural and "built" environment, and the availability of culturally-appropriate health services. Inspired by the data and motivated by the seriousness of the problems they face daily, local groups—especially in low-income communities and communities of color—are trying "place-based" strategies to improve health: addressing air quality, economic opportunity, and substandard housing, all of which can directly affect health. They are also tackling issues such as social supports and access to stores with healthy food. They are organizing residents to press government for services, advocating for policy change,

A range of tools is available to help community leaders target, structure, and fuel their change efforts. Individual organizations, including the Prevention Institute (www.preventioninstitute.org) and PolicyLink (www.policylink.org), have online resources and publications that explain and catalogue policies and case studies that are useful for developing agendas for change. Both organizations, The California Endowment (www.calendow.org), and several other groups also provide information about and training on the general tools for successful advocacy—forming and maintaining coalitions, choosing the appropriate forum for change, using research strategically, developing a successful campaign, and engaging in media and electronic advocacy.[7]

and looking for opportunities to replicate successful efforts. Such efforts to change policies seek greater equity for disadvantaged populations, and they are making a difference around the country.

The examples of action range in scale from the city block to the metropolitan region and reflect the diversity of cities and regions. In Los Angeles, residents are creating more parks in underserved neighborhoods. The Harlem Children's Zone in New York City opened a charter school that includes a free health clinic and a chef who prepares nutritious school lunches. In rural communities in California, public health advocates have partnered with teens to increase the availability of healthy food in grocery stores. A local community coalition convinced county commissioners in Washington state to create walking paths and bike trails. And in the San Diego area, asthma sufferers are lobbying local legislators to stop a proposed housing development that would be in a largely industrial area near a major highway that spews diesel pollution and would be adjacent to an industrial area.

These efforts are focused on improving individual well-being and addressing health disparities through a focus on community. Some are creating physical improvements at the neighborhood level, some are establishing new ways for local public health agencies to operate, and still others are making changes to statewide policies. Each effort differs in emphasis and style, but they are all contributing to a more comprehensive approach to health.

New, unusual, and rekindled alliances are hallmarks of this nascent movement. Public health advocates are collaborating with land use planners. Businesses are partnering with groups serving immigrants and refugees. Traditional environmental organizations, environmental justice groups, and health coalitions are working hand in hand.

This report seeks to build on this growing movement to improve the health of individuals through a focus on community. It describes "place-based" strategies—highlighting change in a neighborhood, city, region, or state—from around the country and presents research that supports these efforts. *Why Place Matters* offers a framework for understanding the relationship between communities and health and analyzes the connections among the factors that contribute to a healthy community. Case studies illustrate how communities have successfully improved local environments and built the knowledge and skill of community residents and leaders to guide future changes.

The framework, the case studies, and the recommendations for moving forward bear witness to the emerging certainty that place does matter, that community residents' insights and voice are critical, and that with the support of a wide range of stakeholders, significant change can happen.

Harlem Children's Zone:
Focusing on 100 Blocks and One Child at a Time

Factors: Economic, social, physical, service

The revitalization of Harlem occupies the minds and agendas of many people. While many focus solely on the economic aspects—developing luxury condominiums and commercial real estate—others believe that the most valuable aspect of Harlem's revival is its human capital, particularly its children. Geoffrey Canada, president and CEO of Harlem Children's Zone (HCZ), has adopted a 100-block area in Central Harlem in New York City and created a multifaceted approach to the healthy development of over 7,400 children—from infancy to adulthood. HCZ's approach focuses on strengthening families, providing opportunities for sustainable social and economic well-being, and creating physical environments that foster learning and growth.

According to the 2000 U.S. Census, approximately 152,000 people, predominately African American, live in Central Harlem; 26 percent are children. In 2003, a study of health in the neighborhood found that residents disproportionately suffer from conditions such as heart disease, stroke, and cancer and that rates of infant mortality are higher than in many other sections of New York City. The report found that the asthma rate among children is four times higher than in other parts of the city, childhood obesity rates are rising, and there's a high prevalence of Type 2 diabetes among teenagers. The financial health of the neighborhood mirrors its physical health: 61 percent of children live in poverty, and one in four black men in Central Harlem is unemployed.

To make a positive impact on the neighborhood, the Harlem Children's Zone Project is a multipronged, place-based approach to developing a healthy neighborhood—one child at a time. One of the HCZ Project's programs is the Baby College, which offers a nine-week series of classes on Saturdays to 60–100 parents of children between the ages of zero and three. Topics discussed include childhood nutrition, constructive ways to discipline children, and methods for educating toddlers. Since the program's inception seven years ago, outreach workers have organized monthly gatherings of the Baby College graduates to foster social networks that serve as support systems, providing emotional assistance in times of need. The monthly gatherings also introduce parents to other programs within HCZ. One such program is Harlem Gems, a universal pre-kindergarten program for four-year-olds.

To address the community's high asthma rate, HCZ launched its Asthma Initiative—in partnership with Harlem Hospital's Department of Pediatrics, Columbia University's Mailman School of Public Health, and the NYC Department of Health and Mental Hygiene—to screen all neighborhood children for asthma and to combat the triggers that cause asthma attacks. Workers conduct home visits to survey families and provide services to asthma sufferers. In 2006, the HCZ Asthma Initiative surveyed 5,793 students and found that over 30 percent had asthma. (The national rates are from 5 to 7 percent.[8]) HCZ has enrolled 756 children since the initiative began; outcomes show that participants are doing better since joining the program: the school absentee rate related to asthma dropped from 24 percent to 7 percent, and emergency room visits also dropped considerably. The organizational structure of HCZ contributes to the success of the Asthma Initiative outreach: HCZ has developed trust with parents through its programs such as the Baby College, Harlem Gems, and the Peacemaker program in the local elementary schools, and information on healthy living is distributed through the wide variety of HCZ's educational and social programs.

In January 2005, HCZ opened a six-story facility that houses part of the Promise Academy, a charter school that will ultimately educate up to 600 middle- and high-school students. The school includes a free health clinic, the Harlem Children's Health Project, operated by the Children's Health Fund. It provides medical, dental, and mental health services and screens children for asthma and other health issues such as obesity and diabetes. The HCZ Obesity Initiative works with children to help them obtain or maintain a healthy body mass index. HCZ hired a chef who prepares nutritious

(continued on next page)

foods in the cafeteria—a stark contrast to the fast-food spots, convenience stores, and donut shops that populate much of the neighborhood.

Another HCZ program that addresses healthy living is the TRUCE Fitness and Nutrition Center (TRUCE is an acronym for the Renaissance University for Community Education). Through the center, middle-school students have conducted surveys to analyze the factors that lead to obesity and diabetes in Central Harlem. They found that very few neighborhood grocery stores stocked healthy foods. To address this deficit, they created community gardens and donated the produce to food banks and sold it to local markets. Youth have become gardeners, learned about healthy eating, and developed their entrepreneurial skills.

TRUCE also offers a comprehensive youth development program for high-school students focused on academic growth and career readiness through the use of the arts, media literacy, and multimedia technology. Youth publish a quarterly newspaper and produce an award-winning cable TV program. Both outlets allow HCZ to communicate messages about healthy living, encourage dialogue around community issues, and inform the community about HCZ programs. TRUCE teens have excelled academically.

A healthy community must be economically sound. Through a partnership with a local bank (Carver Bank) and the Corporation for Enterprise Development (CFED, an organization that seeks to expand economic opportunity), families in the Young Harlem Investors program open savings accounts for their children to encourage the pursuit of higher education. HCZ and CFED match the family's deposits by contributing when families meet certain milestones.

The Investment Camp teaches youth about financial literacy, including investing in the stock market. According to Canada, this program—launched in partnership with Lehman Brothers—has resulted in 75 youth earning $14,000. "Let's say you're 14 and someone says to you, 'Hey, go and sell this package; if you get caught, you might go to jail or, worse, you might get killed.' We're saying, 'Learn these stock names; you'll make more money than you've ever imagined, much more than standing on that corner,'" says Canada. "Our job is to tell kids that there are lots of opportunities out there that they don't know about."

HCZ's impact extends further than the families it serves. The organization employs a number of vehicles to push for policy change. Canada co-chairs—with Richard Parsons, chairman and CEO of Time Warner—the city's Commission on Economic Opportunity, established by Mayor Michael Bloomberg. The commission is charged with coming up with time-tested, results-driven policy recommendations to reduce poverty. The initiative will focus on children younger than six, young adults ages 16–24, and the working poor—a parallel demographic to those enrolled in HCZ's comprehensive programs. Based on recommendations, the city will devise a strategic plan, which will be monitored by advisors. Additionally, Canada—with Karen Schimke, president and CEO of the Schuyler Center for Analysis and Advocacy—co-chairs the Children's Cabinet Advisory Board, which advises Governor Eliot Spitzer on his Children's Agenda announced in the spring of 2007.[9]

The Harlem Children's Zone philosophy and approach embody the proverb, "It takes a village to raise a child." Through its Practitioners Institute, the senior staff of HCZ plays a role in "lifting up what works" by citing best practices and successful approaches to programs. According to the institute's director, Rasuli Lewis, participants get a "surround-sound understanding of HCZ's conveyor belt of services, targeting those from zero to 24 years of age. . . . At the end of the visit, practitioners understand that improving the child's health must be comprehensive." He concluded, "You can't focus solely on one environment because oftentimes a child comes from a distressed home within a distressed neighborhood, so you've also got to provide services to the child, family, and community."

For all its comprehensive services and all the implications for broader policymaking, the zone remains at heart a neighborhood organizing strategy, one that emphasizes the power of adults getting involved and the need for mutual accountability for positive results among all parties, whether they be teachers, doctors, program managers, or parents. As Canada says, "People must realize that if our children don't make it, neither will our country."

I. Class, Race, Ethnicity, and Health

In order to have effective place-based efforts, we must address the needs of rural communities... we need basic infrastructure... supermarkets, transportation, lights, sidewalks, and reduced gang violence... this will build community cohesion.

— Veva Islas-Hooker, Central California Regional Obesity Prevention Program

Developing strategies for healthier communities requires understanding both people and the places where they live. A focus on equity requires understanding the pervasive effects of class, race, and ethnicity. Income, wealth, socioeconomic status, race, and ethnicity are all important influences on individuals' health and on the conditions in every community. They shape access to insurance and health services, the cultural competence of health providers, the nature of job-related health and safety issues, and even aspects of diet and lifestyle. These economic and social factors are also critical determinants of health outcomes. The neighborhood conditions that can either promote or prevent healthy living are not evenly distributed: they vary by income and race. The social supports that can be conducive to health and safety vary as well. In recent years, research has been isolating the particular effects of class and race on health; the findings add precision to our innate sense of just how, exactly, place matters. To understand that connection, we need to first examine the basic social determinants of health.

a. Socioeconomic Status (SES) and Health

People with low socioeconomic status have worse health outcomes than people with higher socioeconomic status.[10] The basic bottom-line finding holds for a wide range of indicators of income, wealth, occupation, or education. A variety of reasons for this persistent disparity have been explored.

In the most direct sense, income allows for meeting health-related needs and enables healthier choices. Regular and sufficient income enables one to purchase needed goods and services, such as health care, a habitable residence, or a car to drive to work. A lack of money can prevent someone from getting regular health screenings, eating nutritious foods, and exercising. And when there isn't enough money for basic needs, health suffers. For example, if a person has high housing costs, he or she often spends less on healthy foods and health care.[11]

Another important factor is one's ability to use savings or other assets to cover expenses related to an emergency or a catastrophic illness. Having a low income usually means little or no money in the bank. Without financial reserves, people with low incomes can find themselves in a double bind that leads to stress and related health problems.[12] For example, if someone is in between jobs, is too sick to work, or has a family member who needs assistance, he or she has no financial cushion. With no or meager savings, placing a deposit on a new apartment or a down payment on a home becomes impossible. The inability to maintain a stable place to live has a direct impact on health; the resulting displacement and homelessness can lead to mental health problems, hypertension, and a higher rate of ear infections and asthma among children.[13]

Similarly, people in the lowest occupational positions are more likely to suffer from depression, diabetes, heart disease, arthritis, chronic pain, and tension headaches than people with the highest occupational positions.[14] Jobs that pay lower wages tend to result in more job-related injuries, be more stressful, have greater turnover, and be less stable. Thus, such occupations can

produce adverse effects on both physical and psychological health.[15]

Education also influences health. For example, people who do not have a high school diploma, a college education, or a graduate degree tend to be sicker than their better-educated counterparts.[16] Several reasons may explain the influence of education. It influences people's ability to earn income and create wealth. It may influence one's perceived social status and also may improve one's occupational status, allowing a person to secure a job where he or she may have greater control over decisions and therefore less stress, or a job that has fewer occupational hazards.[17]

A person's perception of his or her position in society also makes a difference in health outcomes. People who feel they are on the "bottom rung" of the societal ladder are likely to be sicker, independent of income.[18] However, having any status in the community, even if it is not financial, can help. For example, someone who works as a janitor—a low-prestige, lower-income job—also might hold a high (unpaid) position at a church and therefore have clout in his community. Studies of "subjective SES" indicate that this janitor might be healthier than someone of similar income who lacks such status in the community. Better health is not just a matter of money and, in this case, could be attributed to the enhanced treatment, respect, control, and power received from their community status.[19]

Yet this does not mean that everyone should simply battle to get higher up on the ladder. In communities where the difference in average income between the highest and lowest earners is greatest, both groups have worse health outcomes than people who live in communities where the gap is smaller.[20]

Individuals experience income and other measures of SES not just as members of their own family, but also as members of a community, because neighborhoods are generally sorted by wealth, most basically by the capacity to afford housing of similar cost. And the socioeconomic composition of a neighborhood has important effects on health apart from the SES of individual households. A variety of studies have found that a neighborhood's overall SES influences a range of health behaviors such as likelihood of smoking and physical activity, as well as depression, hostility, and mortality risk.[21] Other studies have shown improvements in the health status of some children, particularly girls, who moved from poor neighborhoods to those with more mixed incomes, even when their family incomes did not change.[22] The availability of community supports and resources—services, social networks, and community-focused institutions—and exposure to detrimental factors such as polluting freeways all affect the health of individual community residents.

b. Race, Ethnicity, and Health

Race and ethnicity have implications for health at the individual level, at the community level, and at the level of broader societal norms and practices. As with economic factors, a growing body of research has evolved that sorts through the distinct influences of cultural and social factors at all three levels.

The starting point for any such discussion is the persistence of health disparities: racial and ethnic minorities are at greater risk of ill health than their nonminority peers, even when controlling for the effects of SES.[23] African Americans, Hispanics, Native Americans, and some groups of Asian Americans suffer poorer health outcomes than whites, regardless of socioeconomic position, because of the stress associated with being a person of color.[24] Experiences with racism or discrimination in daily life as well as institutional and internalized racism directly contribute to health disparities.[25]

Researchers have linked discrimination suffered by Asian Americans to higher rates of heart trouble and chronic pain.[26] African

Americans who experience 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 lifetime use of marijuana or cocaine.[27]

Internalized racism—where members of a marginalized group hold an oppressive view of themselves or start to believe in negative stereotypes perpetrated by the dominant culture—has additional adverse effects on health. It can lead to depression among women, violence and suicide among men, and substance abuse by both sexes.[28] One study found that internalized racism can lead to more heart problems for people of color.[29] Recent research also has shown that African-Caribbean women who report a high level of internalized racism are at increased risk for obesity and diabetes.[30]

Moreover, there are health consequences from larger patterns of institutional racism experienced in particular neighborhoods and in other contexts. For instance, people of color may experience racism in the educational system, the workforce, and housing. Persistent inequities limit socioeconomic mobility and decrease access to goods, services, and resources—all of which lead to poor living conditions that adversely affect health.[31]

Because so many American communities are informally but thoroughly segregated by race as well as by income, racial and ethnic health disparities need to be seen as a place-based issue, one where improving community conditions could make a real difference. Segregation and racial isolation lead to concentrated poverty, lower individual incomes, and poor air quality, as we will illustrate later in this report.[32] Segregation limits residents' access to full-service grocery stores and safe, walkable streets, since these resources are found less frequently in low-income communities of color.[33]

Physical environments are also affected. Polluting businesses and factories are located much more frequently in communities of color, which means a less healthy neighborhood environment with more air and soil contamination.[34]

c. The Health of Immigrants

Immigrants face unique challenges when it comes to health: they must master an unfamiliar economic landscape and strive to find new social connections. They often experience discrimination and a lack of economic opportunity—both of which can affect their health. A study of more than 5,000 immigrants from diverse ethnic backgrounds found that the longer they lived in the United States, the more likely they were to be obese, to have high cholesterol, and to smoke.[35] Immigrants may also face unsafe working conditions, and undocumented workers generally fear speaking out against labor practices and mistreatment, given their tenuous standing.

Although many ethnic groups in the United States experience poor health, drawing broad conclusions about the health status of immigrants is difficult. For instance, most people with low incomes have poorer health than people with higher incomes, yet research shows that this pattern is not true for all immigrants. First-generation Latino immigrants, for example, are healthier than other ethnic groups of similar socioeconomic status, as well as some higher-income Caucasians.

This often translates into immigrant parents being healthier than their (second-generation) children.[36] A recent study found that low-income, first-generation, and older Latino immigrants were healthier than low-income, second-generation Latinos. There is evidence that a similar pattern exists in other immigrant communities as well.

Important lessons can be learned from the immigrant experience. What aspects of American culture are harmful to health and should be changed? What strengths do

immigrants bring with them to this country that should be supported and maintained rather than lost? Should they live in an ethnic enclave or "gateway community" where they may find a supportive community, stronger neighborhood cohesion, and more congruent social norms to protect their health? Previous findings may be attributed to theories that suggest that immigrants tend to be healthier than those who did not immigrate. Nonetheless, the immigration experience is important to explore to better understand the impact of individual, community, and broader societal factors on health. *For immigrants, as for Native-born Americans, health is shaped by a complex mix of cultural, racial, and economic factors at each level in which they experience life: as individuals, family members, and workers, as well as residents of a community, city, and region, and as part of American society overall.*

We can take this grounding in the basic social determinants of health disparities and apply it specifically to a focus on communities. This focus is not only on the factors that influence health, but also on the actions that local leaders are taking to improve their circumstances. Whether their efforts are focused on achieving improvements for their neighborhood, such as a grocery store or a park, or on improving air quality in their region through altering transportation plans, or on changing the statewide policies that shape metropolitan development, they are acting on the basic truth that "place matters." Whether they take on one issue or, as in the case of the Harlem Children's Zone, are as comprehensive as possible, they are equally committed to improving health by improving their communities.

II. A Framework for Healthy Communities

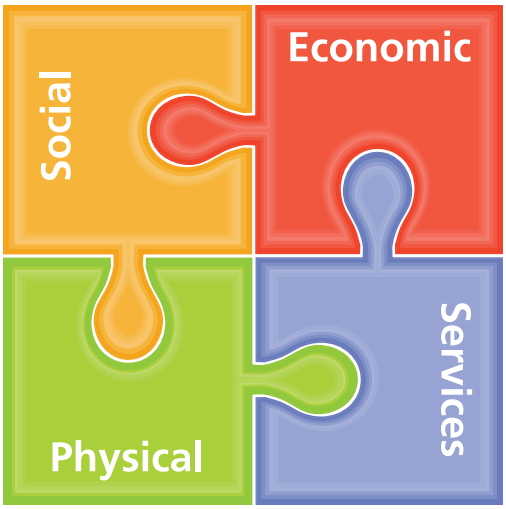
A way to start a movement on a statewide level is to get people to move past focusing only on one issue and embrace a comprehensive agenda and strategy for shared prosperity capitalism and a vigorous role for government. Furthermore, alignment has to come from engaged constituencies. The foundations and intermediaries can't start a movement. It must be created by constituencies.

— Donald Cohen, Center on Policy Initiatives

Building a movement for healthy communities requires a bold and broad-based vision. It requires understanding the factors that improve health, as well as those that have negative impacts. The framework that follows provides a common language and a platform for promoting community health.[37]

Community Environmental Factors:

This framework categorizes the numerous factors that affect community health into four components: the economic, social, physical, and service environments. Following is a discussion of each factor, with descriptions, explanations, and supporting research. While the factors are discussed separately, they do not exist independently; they blend into and influence each other. Also included throughout this report are case studies highlighting how community-based organizations and leaders are changing policy to improve health.



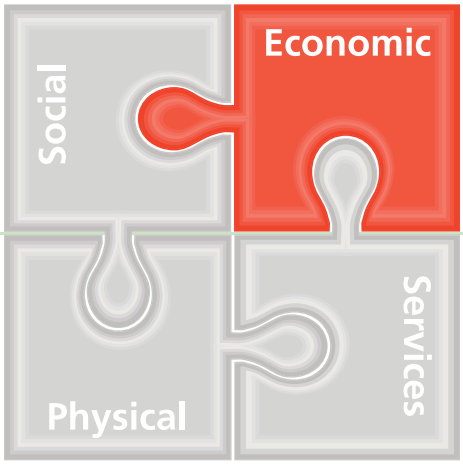
The terms "**neighborhoods**" and "**communities**" are primarily geographic references. In this sense, neighborhood is the relatively small area in which people live. **Community** is defined more broadly because where individuals and families work and socialize often traverses neighborhoods, cities, or regions. The term **community** also may apply to groups of people who do not live in immediate proximity to each other, but nonetheless come together and form a shared connection through an institution, such as a church or clinic.

A factor may affect health in multiple ways, directly and indirectly. For example, crime may have direct effects on the physical and mental health of victims. The indirect influences on healthy behavior are just as important. Consider: in a crime-ridden neighborhood, residents will avoid walking outdoors in the evening; adults will not allow their children to go outside to play after school, on weekends, or during school breaks. Crime may also influence the quality and availability of services and economic opportunities in the neighborhood: businesses most likely may not be willing to locate there; others outside of the neighborhood will hesitate patronizing local businesses or attending social or cultural events there.

Similarly, the factors in the framework can have protective or negative effects on health. A community environment with more protective factors is a healthier community. These factors influence individual behaviors, encouraging prevention and better management of disease, creating

a healthier population.[38] For example, safe, well-maintained parks can promote physical activity; conversely, a lack of accessible places for children and adults to exercise can contribute to higher rates of obesity.

The factors impact various constituencies and community residents differently, depending on geography, size, composition, and the culture of a community. The projects described in this report demonstrate that including local leaders and involving community members in identifying problems and developing solutions are critical to ensuring that the approaches, and their results, are appropriate and effective. In Shasta County, California, for example, middle-school students worked with a local Wal-Mart to make healthy snacks more readily available to shoppers. They identified and promoted this project that resonated not only among themselves, but also with other community members—with impressive outcomes (see the "Kids Make A Stand" case study later in this report).



a. Economic Environment

The economic environment of a community has a critical impact on health. Job opportunities, the presence of diverse businesses—grocery stores, banks, restaurants —and the amount of collective wealth—homeownership and savings—can influence residents' health.[39] Without a vibrant economic environment, residents must cope with joblessness or more tenuous job security and the higher crime rates that can be fueled by joblessness.[40] When there are few local businesses, or local businesses are closing, there tends to be a spiraling effect wherein new businesses do not choose to locate in the area. In contrast, new business development tends to attract additional activity as others try to capitalize on existing economic vitality.

Independent of the impact of each individual's income on his or her health, the economic environment of a neighborhood has its own impact. The economic health of a community affects the physical and psychological health of its residents. Longitudinal data from an Alameda County (California) study provided important evidence for the association between poverty areas and health: Residents in a neighborhood of concentrated poverty had an increased risk of death (mortality) over a nine-year period. The increased risk was associated with living in the neighborhood—regardless of the income, age, gender, education, baseline health status, or race of the residents.[41]

When we have statewide or national meetings, we have a real sense of community and everybody has a critical role to play. There are opportunities for leaders to talk expansively about where they want the movement to go and inspire people to be part of a team. It is really valuable to come together and paint a broad picture of the world that we all are seeking to create.

—
Marice Ashe, Public Health Law and Policy

Economic Environment

- ***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 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 lead to higher stress and premature mortality.
- ***Neighborhood economic conditions:*** Presence of commercial services, including grocery stores, banks, and restaurants.
  - › **Protective factors:** Attracts public and private investment in services and infrastructure.
  - › **Risk factors:** Disinvestment leads to loss of jobs and businesses and a decline in property values.

Moving to Opportunity

In its Moving to Opportunity (MTO) project, the U.S. Department of Housing and Urban Development looked at how residents of public housing fared when they were given assistance to move to less poor neighborhoods, compared with residents who stayed.[42] This included studying the effects of neighborhood poverty on health. Researchers examined how moving out of a depressed area affects health, educational achievement, and other aspects of the lives of children, youth, and families. Moving did have health benefits. Girls who left for better neighborhoods had large improvements in mental health. (The same move showed no significant change for boys.) While moving did not seem to diminish the incidence of asthma, high blood pressure, smoking, or drinking alcohol for adults, those who left poor neighborhoods did have lower obesity rates and a lower prevalence of psychological distress and depression.

Grocery stores, in particular, promote economic growth and foster healthy eating habits.[43] The presence of a grocery store draws foot and street traffic, becoming an economic anchor for other businesses. Low-income communities tend to have fewer supermarkets and more convenience stores and fast-food restaurants than wealthier communities.[44] In addition to the economic losses this represents, the lack of grocery stores contributes to residents eating more foods high in fat, calories, and sugar because they are largely available at the more prevalent convenience stores and fast-food outlets. The development of grocery stores or other healthy outlets in a community can improve the eating habits of residents and attract complementary retail services.[45] This example of how one component of a community impacts the broader economic environment as well as individuals' habits (in this case, their eating habits) highlights why a focus on community factors is crucial to strategies to improve health.

A recent study by the California Center for Public Health Advocacy found that the ratio of fast-food venues to grocery stores was over four to one in California.[46] A report published by La Salle Bank found far more fast-food restaurants than grocery stores in lower-income neighborhoods in Chicago.[47] In predominately African American neighborhoods, the nearest grocery store was twice the distance as the nearest fast-food restaurant. African American and lower-income neighborhoods reported higher rates of obesity, chronic illness (cancer, diabetes, and cardiovascular disease), diet-related deaths, and years of potential life lost (relative to life expectancy). These findings point to a link among food availability, eating habits, and health outcomes. The absence of supermarkets and the preponderance of unhealthy food retailers directly correspond to health outcomes.

A healthy neighborhood or small-town retail environment means more than a good grocery store, of course. When residents of disinvested communities get a fair chance to revive their commercial areas, they generally seek a mix of stores and services with good selection, fair prices, and friendly service; in short, the qualities most middle-class communities take for granted. In Southeast San Diego, the Market Creek Plaza shopping center, anchored by a supermarket, has prospered through the active engagement of lower-income residents who have had a voice in all design and marketing decisions.[48] The mix of the center's half locally-owned businesses and half leading national chains, with a strong emphasis on local hiring by all retailers, reflects the values of the residents; their cultures are represented and they have easy access to basic commercial services.

Residents of low-income neighborhoods face fundamental economic challenges that go well beyond the availability of consumer goods and commercial services. Without adequate education or training, their employment prospects have grown increasingly bleak. Massive changes in

Health Impact Assessment in San Francisco: A Tool to Build Healthier Communities

Factors: Economic, physical, service

Health Impact Assessment (HIA) is an approach to examining the effects that land use and development decisions could have on health in a particular geographic area. The methodology has been applied in England, Australia, Canada, and several other countries, while in the United States, the most comprehensive work has taken place in San Francisco.

For 18 months, beginning in November 2004, the San Francisco Department of Public Health worked on the Eastern Neighborhoods Community Health Impact Assessment (ENCHIA) with stakeholders in a part of the city slated for intensive redevelopment. Out of this process came the Healthy Development Measurement Tool (HDMT)—a guide to the definition of issues, the collection of data, and the assessment of options. The HDMT provides the health rationales for considering each element of community conditions and moves through the established standards, key indicators, development targets, and strategic suggestions for policy and design. The eight elements include environmental stewardship, sustainable transportation, public safety, public infrastructure, access to goods and services, adequate and healthy housing, healthy economy, and citizen participation.

The process has proven useful to community-based organizations and has informed the debate over redevelopment policies in neighborhoods. Several groups that participated in ENCHIA, including the South of Market Community Action Network, are continuing to use the HIA framework as a basis for leadership development and assessing project proposals. This is an educational and a voluntary process, rather than a mandated review process such as an Environmental Impact Assessment, though there are some topics that overlap the two processes.

The San Francisco experience is being mirrored by a growing set of other HIA processes, many of them driven by community coalitions. In Richmond and West Oakland, local groups are using the HIA approach not only for analysis but also as an educational tool and a way to organize and increase the participation of residents of lower-income communities. In this context, the HIA becomes part of a broader effort to hold decision makers and developers accountable for the costs and benefits of development.

the national economy have led to a loss of millions of blue-collar jobs with good wages, and in their place, many service-sector jobs offer only lower wages, fewer benefits, and little opportunity for advancement. Even when parents are fully employed, if their wages and benefits do not lift their family out of poverty, they are at greater risk in two respects: they can fall victim to financial disaster because of uninsured healthcare costs, and they will be at greater risk for chronic conditions, such as diabetes or heart disease, because they reside in a community that lacks the features of a healthy environment.

The shift to a service-focused, knowledge-based economy, however, is a phenomenon to which advocates for change at the community level are responding. Across California, regional coalitions have been creating innovative programs to improve job quality in terms of wages, benefits, and career ladders, to tailor training to the needs of local residents and to ensure that residents of one community can have practical access

to jobs throughout their metropolitan area, (see the "Fresno Works for Better Health" case study.)

Another economic challenge for lower-income residents comes from the high costs of housing, with the potential added pressures of gentrification and displacement as some neighborhoods become more appealing to those who can pay more. In San Francisco and a number of other cities where this kind of dislocation is a persistent problem, the consequences of neighborhood change are being factored into the assessment of community health. The Healthy Development Measurement Tool, designed by the local public health department in conjunction with leaders of the Eastern Neighborhoods, is now used to estimate the health consequences of alternative redevelopment plans, and the methodology is also being explored in Richmond, Oakland, and several other California cities.[49]

Metro Denver Health and Wellness Commission:
A Broad Coalition to Address Health in Schools, Worksites, and Communities

Factors: Economic, social, physical, service

The Metro Denver Health and Wellness Commission (MDHWC) wants to make metropolitan Denver the healthiest region in the nation. It seeks to boost economic growth by improving health, lowering healthcare costs, and increasing productivity.

In its recently released strategic plan, the MDHWC suggests area schools offer physical education/activities and nutrition classes and provide healthy food to improve test scores and concentration, reduce disruptive behavior and absenteeism, and lower depression. The MDHWC also wants large and small employers to start worksite wellness programs and provide health insurance incentives to promote healthy lifestyle choices. Their hope is that these efforts will lower absenteeism, improve safety and morale, and decrease health costs. Finally, the commission wants to see the development of a transportation system in metropolitan Denver that supports physical activity and to improve access to parks, trails, and healthy foods. The commission hopes these projects will reach 425,000 young people, 1.3 million employees, and 2.6 million metro-area residents.

The commission is a coalition of over 80 community leaders from government, nonprofits, business, and education. Members of the MDHWC include local mayors, foundation and business executives, school district employees, consumer health advocates, and groups that serve low-income communities and communities of color. The commission is chaired by Colorado's lieutenant governor and co-chaired by the executive vice president of the Metro Denver Economic Development Corporation, the director of the Center for Human Nutrition at the University of Colorado at Denver and Health Sciences Center, and the mayor of Broomfield, Colorado.

In forming the commission, staff and the co-chairs worked hard to make sure they had representation from organizations across many sectors. They recognized that diversity of membership and the involvement of government, nonprofit, and business leaders could uniquely situate the commission to make a real difference in the health of their community. The commission has begun implementation of the strategic plan with resources from local businesses and foundations committed to making the vision a reality.

Using Food Stamps to Buy Fresh Produce at a Local Flea Market

Factors: Economic, service

A flea market may not be the first place people think of when they want to buy fresh fruits and vegetables. But after doing a community food assessment, Fresno Metro Ministry in California learned that many people in its community shopped for produce at the Selma Flea Market. Unfortunately, when California switched to Electronic Benefits Transfer (EBT) cards for food stamp recipients, low-income individuals and families were no longer able to use food stamps at the market. To process the EBT cards, merchants needed high-tech machinery and a phone line. They had neither.

Fresno Metro Ministry worked with the California Department of Social Services, the U.S. Department of Agriculture, and the California Nutrition Network to change that. Now, market staff use a single wireless electronic device to swipe the EBT card and deduct an amount from the participant's food stamp account in exchange for tokens that they can then use to shop at eligible food vendors at the flea market.

Low-income families are now able to use their food stamps to buy nutritious food at a place in their community where they feel welcome and comfortable. "Going to the flea market is a weekend social event," says Edie Jessup of Fresno Metro Ministry. "For low-income families, farmers' markets can be expensive and intimidating—the EBT program at the Selma Flea Market provides a good alternative."

The EBT program has made a difference, both for vendors at the market as well as for community members, many of whom are farm workers. Vendors are regaining revenue they lost when the state switched to EBT from the previous coupon system. In 2006, they sold $38,000 worth of produce, up from $29,000 in 2005. They are projected to see revenue of $44,000 in 2007.

The EBT flea market program has expanded to two additional flea markets in Fresno County, and a third is considering starting the program. Flea markets in Merced and Madera, California, have learned from the Fresno experience and will implement EBT programs at flea markets in their cities.

Fresno Works for Better Health:
A Partnership to Improve Health Through Economic and Leadership Development

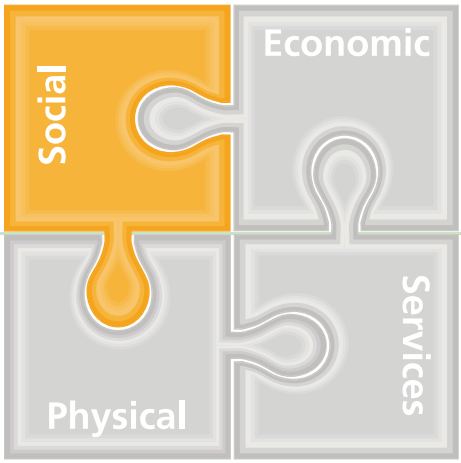
Factors: Economic, social

Donyell Hatter was unemployed, without a driver's license, and expecting his second child when he walked into one of three Neighborhood Employment Resource Centers operated by Fresno Works for Better Health (FWBH). Through his work with FWBH staff, Donyell completed training to become a carpenter. He now earns $15 an hour. Along the way, FWBH provided him with bus passes until he could get his driver's license, helped him buy clothes for work, and enrolled him in leadership development workshops. Donyell also completed a program for first-time homebuyers. As his economic health improved, the staff at FWBH hoped that Donyell's health, and that of his family, would improve as well.

Fresno has one of the highest concentrations of poverty of any city in the nation. To serve the predominantly low-income communities and communities of color in urban Fresno, three organizations—Fresno West Coalition for Economic Development, Fresno Center for New Americans, and One By One Leadership—came together to form FWBH. Fresno West Coalition for Economic Development is a community development corporation; Fresno Center for New Americans serves new arrivals and offers numerous services, including health education; and One by One Leadership is a faith-based organization that seeks to engage people in urban leadership. Through FWBH, these organizations sought to build an employable workforce, connect them to jobs, and improve the community's health through economic and leadership development.

FWBH has numerous success stories. Over a 2-1/2 year period, they placed more than 550 community residents in jobs and referred another 1,500 to training. Through their leadership development program, staff worked with residents to become involved and take leadership roles in the community. More than 20 graduates of that program have joined local commissions or boards. Finally, FWBH has advocated for policies to improve the urban core of Fresno. For example, they convinced a number of city vendors, including construction companies, to sign letters of agreement pledging to hire neighborhood residents for projects in West Fresno.

As the three organizations worked together, they learned about the challenges and rewards of partnership and collaboration. They saw the value in bringing together diverse organizations—each organization focused on its area of strength. They learned that it was key to clearly delineate responsibilities and leadership in their various projects. They also came to value the role of advocacy and policy change. When it looked like funding for FWBH was going to decrease, the organizations decided that to maximize limited resources, they would work together on systemic change. They created the Fresno Urban Neighborhood Policy Institute to advocate for policies to improve the employment status, economic situation, and health of West Fresno residents.



b. Social Environment

Smart growth captures imagination but needs to look more intently at equity and justice. We need healthier and more just communities. This must be the goal and expectation of this work and of this movement.

—
Adam Kruggel, Contra Costa Interfaith Supporting Community Organizations

A recent study provoked some serious discussion as well as some levity by showing that people with obese friends or family were more likely to be obese themselves; there seemed to be some sort of social "contagion" for being overweight.[50] It was one of those moments when science and the chatter around the office water cooler coincide. The findings provided evidence for what makes great intuitive sense: Our health-related behaviors are influenced by those around us, at home, at work, and in the communities where we live.

Taking a broader perspective on this, the social environment of a neighborhood affects the health of its residents. People need strong social networks to thrive. Such networks foster a sense of belonging and affirm culture and community. On a very basic level, communities with greater civic participation and strong leaders tend to be more cohesive. Strong social networks can have positive political impacts, including bringing more government services into the neighborhood.[51]

The concept of "social capital" is key to understanding how the social environment can affect a community's health. There are two types of social capital: bonding capital, which deepens social relationships within an immediate community, and bridging capital, which strengthens the links between one group and the people and institutions in the larger neighborhood. Immigrant communities typically reflect bonding capital. For example, in Minnesota, Hmong immigrants who have lived in the United States for years are helping new arrivals get acclimated in their new communities (see the "Blue Cross and Blue Shield Foundation" case study). That's bonding capital. If the same group of immigrants were building ties to the larger community to help their children find jobs or pursue higher education, they would be boosting their bridging capital.

Social capital is an important influence on health.[52] Those with more capital appear to have lower mortality and are less likely to report being in "fair" or "poor" health.[53] One study found that a low-level of social capital is a strong predictor of sexual behavior among adolescents that puts them at risk for HIV infection.[54] Research that chronicled deaths during a Chicago heat wave in 1995 found that mortality was linked to differences in individual relationships and supportive neighborhood institutions. A neighborhood with low levels of social capital had a mortality rate 10 times the rate of a neighborhood of similar income with higher levels of social capital.[55] This social capital was not an abstract concept; more social capital meant that elderly people who lived alone were more likely to have a friend, neighbor, relative, or service provider check

Social Environment

- ***Cultural characteristics:*** Values, attitudes, and standards of behavior (including diet) connected to race, ethnicity, gender, religion, or nationality, as well as from 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 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 provide needed supports and services. Political power allows needed resources to be leveraged into the neighborhood.
  - **Risk factors:** Lack of leadership, organization, and political power impedes the flow of resources needed for neighborhood problem-solving and hampers community leadership development.

on them to help them cope with the heat. Those who died from the high temperatures were almost always isolated.

Other aspects of the social environment can influence health. In positive and negative ways, social learning and role modeling often lead individuals to adopt behaviors practiced by others in their surroundings.[56] For example, peer groups may affect physical activity habits,[57] encouraging those who otherwise have been sedentary to become physically active.[58] One study found that weak social and political networks might make it difficult for communities to organize against toxins coming into their neighborhoods. As neighborhoods went through ethnic and racial transitions, they were at increased risk for having toxic waste dumps located in their area.[59]

The impacts of a community's social environment on health run the gamut from psychological to political, with consequences for the physical and economic environments. A community with strong social networks is better able to advocate for itself, its residents better able to control their individual and collective futures. Community organizing can build local leadership and create political power to leverage funds and other resources into a neighborhood, while a lack of organization can have the opposite effect, leaving the community overlooked and under-resourced. More parks and other positive changes such as farmers' markets, less truck and bus traffic, better maintained housing, and much more are all possible with strong organizing and mobilization; all factors that will directly affect the well-being of a community.

The reputation of a neighborhood can influence whether it will thrive and, in turn, contribute to the health of its residents.[60] Neighborhoods that are perceived as "good" or improving are conducive to new investment.

Poor and "bad" neighborhoods are subject to negative stereotypes and discriminated against, limiting success of community improvement efforts.

Kids Make A Stand in Shasta County

Factors: Economic, social, physical, service

Two checkout stands at a Wal-Mart in Anderson, California, are stocked with healthier options than would normally be expected—trail mix, granola bars, dried cranberries, diced peaches, and animal crackers. This is 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 designed the stands and surveyed customers to get their reaction. They did not even need to finish the surveys. Since the project began, sales of the healthy snacks have doubled, and Wal-Mart cannot keep the stands stocked. The Anderson Wal-Mart will add the healthy options to a third checkout lane; it recently added a refrigerated case for water and juice.

Until recently, Anderson was the only Wal-Mart in the nation to feature the healthy checkout stands, which are labeled "Kid Healthy Choices." The Anderson youth have made presentations to the managers of the Wal-Mart stores in Redding and Red Bluff, who are replicating the effort. The students also plan to lobby the Anderson City Council for an ordinance to have healthy food sections in every store in the area. They hope their efforts will be copied throughout California—and even nationwide.

Kids Make A Stand is a project of the South Shasta Healthy Eating, Active Communities (HEAC) initiative. HEAC is a four-year, $26-million initiative to combat childhood obesity spearheaded by the California Endowment. The project increases opportunities for physical activity and healthy eating throughout California and develops policies to reduce the risk factors for diabetes and obesity. South Shasta HEAC is one of six projects using a collaborative approach involving multiple groups to address the environmental risk factors for childhood obesity.

Kids Make A Stand is one of many efforts Shasta County HEAC has undertaken. Young people participating in other projects convinced the City of Anderson to install sidewalks along the road to a skate park and pressed the Anderson parks director to refurbish park restrooms and replace basketball nets. Shasta County HEAC staff members are also working with residents of Happy Valley—an unincorporated area of the county—to create a new park. They have helped Happy Valley farmers create a trail map to encourage purchase of local produce and preserve agriculture in the community. Farmers report an increase in visits to their farms. The farmers also have begun publishing the map on their own—a sign that the project will be sustainable.

These projects are making a big difference in the area. "HEAC is becoming part of the psyche of this community. There's a growing awareness that people care about healthy eating and physical activity. And the community has been receptive and responsive to all of our efforts," says Sheryl Vietti of Shasta County Public Health, a partner in the Shasta County HEAC project.

The Blue Cross and Blue Shield of Minnesota Foundation:
Grantmaking to Address Community Conditions That Impact Health

Factors: Economic, social, service

Residents of Blackduck, Minnesota, are taking unusual steps to welcome Hispanic immigrants to their small city. With funding from the Blue Cross and Blue Shield of Minnesota Foundation, Blackduck formed the Latino Support Committee, a group of nonprofit leaders, city officials, teachers, Latino workers, and business representatives seeking to improve the social environment for recent arrivals, most of whom work for Anderson Fabrics, the city's biggest employer. Projects include a dinner-exchange program where new arrivals share a meal with long-time residents to get to know each other; English-language tutoring at Anderson Fabrics, which happens concurrently with Spanish classes for English-speaking workers; a new soccer league; and a community garden. The projects are aimed at increasing cultural exchanges in Blackduck that will help old and new residents shape their community together instead of remaining apart.

In another Minnesota project, the Hmong American Partnership (HAP) is working to minimize the social isolation of new Hmong refugees. Through facilitated welcoming circles where refugees can discuss their experience with moving to a new country, HAP connects new arrivals with the larger Hmong community and provides them with information about community resources. HAP's goal is to reduce the stresses associated with resettlement in Minnesota and to provide a culturally competent venue for Hmong refugees to manage their process of social adjustment.

The City of Blackduck and the Hmong American Partnership are grantees of the Blue Cross and Blue Shield of Minnesota Foundation's initiative focused on immigrant health and integration. Healthy Together: Creating Community with New Americans is a statewide effort to reduce health disparities for immigrants by building social connections and relationships between newcomers and established community members, providing mental health services to new arrivals, and increasing the organizational capacity of groups that serve refugees and immigrants.

The foundation's focus on social connectedness is part of its larger effort to address the social, economic, and environmental conditions that affect health. In a place-based initiative focused on children—Growing Up Healthy: Kids and Communities—the foundation funds early childhood development programs, the creation of safe and affordable housing, and projects to create and maintain a clean environment. The foundation believes its focus on social determinants of child health might increase high school graduation rates, improve earning potential later in life, reduce the likelihood of criminal activity, and ultimately foster healthier communities.

In addition to funding programs, the foundation is building public awareness and policy support to address the social, environmental, and economic conditions that promote health. The foundation has provided funds to the National Conference of State Legislatures to conduct a series of policy roundtable discussions bringing together legislators and agency representatives with refugee and immigrant leaders to identify challenges and develop policy solutions for effective immigrant integration and healthy communities. The foundation also will sustain its work through a leadership program to develop community leaders who will address the connections between health and social, economic, and environmental factors.

Youth UpRising:
A Center for Youth Leadership and Community Transformation

Factors: Social, service

Youth UpRising (YU) grew out of the needs articulated by East Oakland youth after racial tension at Castlemont High School escalated into violence in 1997. Young people pointed to inadequate educational resources, insufficient employment opportunities, limited health resources, and a lack of "things to do" as root causes of the problems facing youth. The Alameda County Health Services Agency and City of Oakland officials responded by authorizing the conversion of a vacant facility adjacent to Castlemont High into a youth-leadership development center. Early research and development saw YU founders scanning local and national youth organizations for best practices and models, including Harlem Children's Zone. They also convened a diverse group of stakeholders—youth representatives, community leaders, clergy members, service providers, and public officials—to envision and draw up plans for what would eventually become Youth UpRising.

Youth UpRising's vision is to build healthy and economically robust communities by harnessing the leadership of young people to become agents of positive change. Its mission is to support young people in actualizing their potential through:

1. Consciousness Raising
2. Personal Transformation; and
3. Hard Skills/Leadership.

Youth UpRising provides comprehensive, fully integrated health and wellness, career and education, and arts and culture programming to Alameda County youth ages 13 to 24, with an emphasis on those living in East Oakland. YU's primary population lives in neighborhoods with pervasive poverty, high dropout and unemployment rates, child abuse and hospitalization due to assaults, and endemic substance misuse. As a result, these young people face tremendous barriers in navigating adolescence successfully into adulthood, barriers that are both external and internal. To combat these barriers and expand life opportunities for young people, Youth UpRising provides comprehensive programming in a 25,000-square-foot state-of-the-art facility and brings a wide array of free services under one roof—conveniently accessible to YU members—by partnering with a variety of "anchor" organizations. Programming and activities operate as follows:

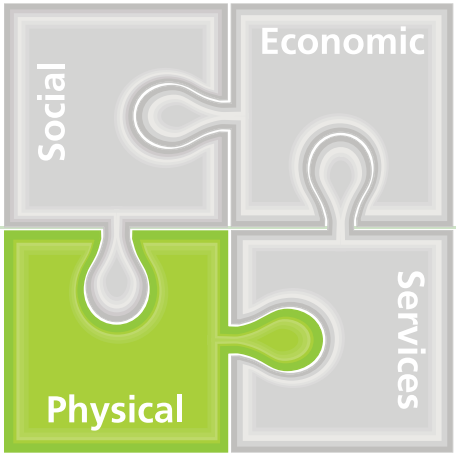
- Health and wellness activities comprise 52 percent of YU's overall programming. These activities are anchored by Children's Hospital and Research Center in Oakland, with support from the Upaya Center for Well-being, and in partnership with Youth UpRising's Sports and Recreation Department and the PeaceMaking Team. This is the central framework for YU's approach to holistic, comprehensive, youth leadership development. Primary healthcare and mental wellness services are provided in a 3,600-square-foot clinic.

- Career and education comprises 41 percent of programming and is anchored by Youth Employment Partnership, along with the Alameda County Office of Education. This programming provides ample opportunities for youth to gain leadership skills and meaningful work experiences while exposing them to a variety of career options and ensuring that they utilize education as a means to increase their competitiveness in the job market. This area also encompasses the Social Enterprise department, featuring Youth UpRising's onsite Internet restaurant, Corner's Café, which creates jobs and offers career promotion, entrepreneurship support, and income generation.

(continued on next page)

- Arts and cultural activities are anchored by Youth UpRising and the Destiny Arts Center, comprising 7 percent of YU's overall programming. Destiny Arts Center anchors 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's accomplishments have been consistently impressive and reflect continual growth in all aspects of the organization. The 2,200 enrolled members respond to YU's approach of couching transformative activities in a culturally relevant package that gets young people into the building and then offers multiple vehicles to access comprehensive services. YU is also a safe environment and has become a regular meeting place for community groups throughout the Bay Area. It has also successfully established the infrastructure required to manage the 25,000-square feet of space, including staffing, operational procedures, and a mixed base of funding from the public sector, foundations, and individual supporters. The achievements so far have been widely recognized by every major (and community) media outlet, including the *Los Angeles Times* and the *New York Times*.



c. Physical Environment

The physical features of a community influence the health of residents in many ways.[61] Clean water and air, the presence of sidewalks, and access to parks, safe streets, and quality housing all contribute to a healthy neighborhood. Conversely, the lack of such conditions may harm residents or expose them to risk factors that lead to poor health. The qualities of each neighborhood are, in turn, reflective of broader patterns of urban and regional development, including the density and types of housing, the relative dependence upon automobiles or mass transit, and the extent to which new development is occurring through transformation of "greenfields" sprawling across the fringe of metropolitan areas or through reinvestment in central cities.

The link between health and the "built environment"—streets, housing, businesses, schools, parks, and patterns of regional growth and change—has become a new focus for public health and planning officials.

Our first challenge is to get clinics to have external linkages with other clinics, hospitals, and public health departments, and then for these relationships to develop into community partnerships.
—
Jane Stafford, Community Clinics Initiative Project

Physical Environment

- ***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, 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 allow 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.

Looking at Transportation Planning Through a Health Lens

Factors: Economic, physical, service

The Coalition for a Livable Future (CLF) wants transportation planners to look beyond traffic volume and bus ridership when laying out new roads and rail lines. This Portland, Oregon-based group says health should be considered, too.

Build a system that fosters walking and biking for short trips, and light rail for longer ones, and you'll do more than reduce the congestion and commute times, the coalition says. People will be healthier, too.

The coalition has two rare opportunities at hand. First, the area's Regional Transportation Plan is in the works. The plan sets the direction for future investments in the region's transportation system and establishes policies and priorities for all forms of travel—motor vehicle, transit, pedestrian, bicycle, and freight. When completed, the plan will direct the spending of $4.2 billion over the next 20 years. The coalition is bringing in doctors and other health experts to shape the debate.

"We've brought new voices into the process and that has caught people's attention," says Jill Fuglister, executive director of CLF. "Involving the health community has created a new constituency that might make a real difference in transportation decisions."

The second opportunity is a new crossing over the Columbia River between Portland and Vancouver, Washington. Residents of neighborhoods around two existing bridges tend to have lower incomes and poorer health. Asthma and other respiratory problems associated with airborne toxins are twice as prevalent in these communities as in the general population.

The coalition wants bridge planners to consider the well-being of these communities. For example, it wants funds set aside for health clinics, along with dollars earmarked for bike routes and sidewalks to encourage exercise. Crucial to the coalition's effort is getting transportation mavens to see how they can improve health on a regional scale. That's where the health experts come in. With them at the table, the debate over placement of roads, rails, and new bridges will never be confined to "people-moving."

Health practitioners and researchers are becoming more concerned with the built environment because of its connection to chronic health conditions, especially those that arise from a lack of exercise and poor nutrition. In communities of every kind, only a small fraction of children walk to school, compared to the majority who once did so.[62] A growing body of research is showing that where communities are less easily "walkable" and more dependent on cars, both adults and children walk less, a factor that can contribute to obesity.[63] Areas with heavy traffic and few or no sidewalks or other pedestrian safety features (an increasingly common sight in certain suburbs) have higher numbers of accidents involving pedestrians.

Patterns of suburban sprawl and disinvestment in central cities also play critical roles in health disparities by limiting access to economic opportunity. As jobs and other economic activities have decentralized, many low-income neighborhoods have become relatively isolated, leaving residents—especially those without their own cars—with limited employment prospects and inadequate access to services. This lack

of access to opportunities places the entire community at risk for poorer health outcomes through the socioeconomic disparities discussed earlier.[64]

The challenges of poor urban design are hardly limited to the suburbs. Many neighborhoods in central cities, which may have originally been built to the standards of their day as walkable blocks, are often now very deficient with respect to supporting exercise. The parks in such neighborhoods are often unsafe, poorly maintained, and much too small for the current population. Lower-income housing is too often near freeways, ports, or other sources of diesel and other air pollution. Research shows that polluting sites are more likely to be built in low-income communities of color than in wealthier areas.[65]

The single most important lesson we've learned about creating parks in Los Angeles is the importance of coalition building. Creating broad, diverse, and nontraditional alliances has made a difference. We've also learned that we must clearly articulate what's at stake, including the physical and psychic health of our children, and create an inclusive vision that encompasses the needs and values of everyone around the table.

—
Robert Garcia,
Executive Director,
The City Project

The Greening of Los Angeles:
Improving Health Through a Movement for Urban Parks

Factors: Social, physical, service, economic

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. The lack of play space, combined with high rates of obesity for Latinos and African Americans, points to an unhealthy future for low-income children and children of color in the county.

Fortunately, a diverse group of organizations have come together to build more parks for the neighborhoods that need them most. They are lobbying political leaders, conducting research, organizing underrepresented communities, and brokering solutions to increase the number of parks and open spaces in Los Angeles. And they've been successful. Major new parks in the past seven years include the Los Angeles State Historic Park at the Cornfield in downtown Los Angeles, Rio de Los Angeles State Park at Taylor Yard, the Baldwin Hills Park, and the Ascot Hills Park. As part of a massive effort to revitalize the Los Angeles River, leaders have proposed the creation of 80 new parks to create a continuous 51-mile recreational greenway.

Los Angeles is getting new parks because a broad group of advocates is collectively pushed for the passage of five local and statewide bond measures, raising $15.5 billion for parks, open spaces, and water-supply projects. Approximately $600 million is targeted specifically towards urban or neighborhood parks. The most recent bond measure, Proposition 84 in 2006, drew support from environmental, conservation, and parks groups; labor and civic organizations; business interests; the environmental justice community; groups involved with public safety; agricultural organizations; public health organizations; and faith-based groups. Importantly, people of color also were instrumental in the passage of Prop 84, demonstrating their political power and their growing awareness that their communities should benefit from the bonds and that parks are an important aspect of their public health and well-being.

Los Angeles is becoming greener, and in neighborhoods that most need it, because groups with disparate mandates are working together. The coalition has broadened to include environmental justice groups and health organizations. Representatives of communities of color and low-income communities have joined with traditional environmental groups and are participating in an unprecedented fashion in parks advocacy. Together, all of these groups are literally reshaping the landscape of Los Angeles. While there is much work to be done, the momentum is there.

Keeping Housing Away from Freeways and Toxic Polluters

Factor: Physical

In Otay-Mesa, south of San Diego, developers have proposed 5,500 units of new housing in a largely industrial area near a major freeway. When staff at the San Diego Regional Asthma Coalition learned about the proposal, they began working with partners to stop it. They knew that housing built near polluting businesses and highways could lead to higher rates of asthma and other respiratory diseases for residents—in this case, lower-income Latinos.

Some unlikely partners joined the effort, for some unexpected reasons. Businesses in the area approached the Asthma Coalition with questions about the health impact of locating residences near the highway. They, too, wanted to stop the development because they feared that once housing was constructed in the area, they might have to relocate their factories because of health concerns.

Their concerns sprang from an ordinance passed in nearby National City in 2006. That law requires polluters to relocate from residential areas to keep toxins out. The Asthma Coalition had helped create the National City ordinance, too. It acted after noticing that efforts to help asthma sufferers at home were failing because nearby industries were pumping out pollutants that trigger the disease. In response, the town created the National City Asthma Committee, which spearheaded the law.

To avoid a similar fight in Otay-Mesa, the local chamber of commerce, along with local businesses, decided to partner with the Asthma Coalition to stop the developers before people started getting sick or new housing shut down local industry. Plans have slowed as a result, and developers have redrafted their proposals. The development may still go forward, but not without due consideration of prospective residents' health.

Neighborhoods located close to major highways can suffer from respiratory problems in higher numbers than the general population.[66] Recognizing the connection between transportation and health, the Coalition for a Livable Future in Portland, Oregon, is working with health advocates to show policymakers that transportation decisions affect the well-being of community residents (see "Looking at Transportation Planning" case study).

Water and sewer services, sidewalks, and streetlights are the most basic forms of urban infrastructure and are basic to good public health, and most city and suburban residents take their presence more or less for granted. However, in many rural areas and even on the outskirts of some fast-growing California cities, these basic investments are still lacking, and the system of public finance keeps these disparities from being addressed. A number of organizers and advocates are working to reverse this history and correct these disparities.

Individual houses and apartments in substandard condition can be health hazards, too. Run-down homes, and ones that are not well maintained or poorly constructed from the beginning, expose occupants to substances that trigger asthma attacks.[67] Peeling paint may contain lead, which is linked to negative health outcomes.[68] Substandard housing also is correlated with greater rates of injuries as well as higher

healthcare costs.[69] Landlords in low-income communities are often not held adequately accountable for the conditions of their rental properties, and undocumented residents may not report problems for fear of deportation or other retaliation. Community groups in Boston, Los Angeles, and New York City are trying to improve substandard housing by gathering data and advocating for improvements in housing and enforcement (see the "Improving Health by Improving Homes" case study).

Schools can present challenges similar to residences. Given the time that children spend in schools and the strong roles schools play as community anchors—for their physical presence and for all the services and social connections that they bring—they have been a focal point for activity and advocacy. Advocates have focused on all aspects of the school environment—the foods that are offered, the physical environment (and physical activity), and the air that children and teachers breathe (see the case study in Recommendations on advocating for healthy food and beverages in schools.)

Poorly maintained facilities can expose children to mold and other asthma triggers. Many older portable facilities have been shown to have poor air quality,[70] presenting additional issues for those with asthma and other respiratory ailments or sensitivities. In these environments student health and academic performance suffer. A recent case brought by the ACLU and Public Advocates (Williams vs. State of California) highlighted such egregious problems with poorly maintained school facilities that the groups won an $800 million commitment from the state to invest in desperately needed improvements.[71]

Advocates in several communities in California have focused on the ramifications of air quality with respect to where schools are located. Proximity to freeways and airports bring additional toxins and asthma triggers. Legislation about school siting now prohibits locating schools on freeway corridors.[72] Advocates in Los Angeles won funds for new air filters and other renovations when the Los Angeles International Airport proposed a major expansion increasing air traffic and pollution.[73]

A need to accommodate additional students, particularly in Los Angeles, increased the use of portable facilities. In addition to potential air quality issues within the facilities, the new portables reduced available outdoor recreational space for physical activity. In light of this, advocates are focused on improving schools' recreation space and programs because time for children to be physically active has dropped. At the same time, children's obesity rates have climbed.

Recreational opportunities are also key to a healthy community. Parks and safe paths for walking and biking all make it easier for residents to exercise. Studies have found that concern about safety, lack of sidewalks, and their inability to afford to go to recreation facilities are problems that keep residents from walking more than they currently do.[74] People with lower incomes were more likely to say that heavy traffic, unattended dogs, and air pollution from cars and factories made going outside for a walk or run unsafe or unattractive.[75]

These aspects of a city's or county's physical development are usually considered and dealt with one by one. This approach gives focus to the efforts of advocates and local officials alike, but tends to understate the connections across issue areas. Every decade or so, however, California cities and counties review their general plans, and in that process, these topics are revisited to develop a vision for the future and the accompanying policies and land use decisions. In the past year, several cities have decided to apply a community health lens to their new general plans, and the results will raise the level of attention to all of these factors. Richmond, for example, is developing a health policy element with 10 areas of concern, from land use and traffic management to food access and air quality (see the "City of Richmond" case study.)

City of Richmond:
Considering Health in the General Plan

Factors: Economic, social, physical, service

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 has added a health policy element to assess the health impacts of development projects and environmental conservation in the city. Both the process and the results are likely to break 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 populations. Richmond includes some areas of lively real estate development as well as some of the most thoroughly disinvested neighborhoods in the Bay Area. Residents' concerns with, and organizing around problems of, public safety, air quality, economic opportunity, and education have been intense for many years. There are twin challenges of attracting growth and managing that new investment so that it serves the interests of current residents. Neighborhood residents are acutely aware of the need for change in their communities and the pressures and potential effects of the larger regional Bay Area context of expensive housing and other costs.

An extensive outreach process has been underway, and in addition to the city-sponsored outreach, a number of community-based environmental justice, labor, and faith-based organizations are educating their members about health policy issues, developing positions, and encouraging their participation.

The framework for the health policy analysis and recommendations will cover 10 issue areas, several 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.

The goal is for health considerations not to be isolated but rather to be infused throughout the planning, development, and conservation policymaking guided by the general plan. For each of the 10 issue areas, the analyses of current conditions will be followed by a set of 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, economic development), the health policy element will intersect with, broaden, and reinforce the recommendations made in these other elements.

Improving Health by Improving Homes:
Research and Advocacy in Three Cities

Factors: Physical, service

Unhealthy housing makes for unhealthy children. The correlation is so strong that advocates have come up with a term for it: "slum housing disease."

We need to look at health as an outcome. Being sick can make you poor, but being poor can also make you sick.
—
Laura Bradeen, The West Broadway Tenant Task Force

The term describes a frightening litany of conditions: lead poisoning, asthma and respiratory problems, skin rashes and fungal infections, chronic colds, stress, depression, and bacterial infections. Kids living in run-down houses and apartments often suffer one or more of those ailments, brought on by peeling paint, mold, and cockroach infestations. Poor children and children of color suffer most. They miss school because of chronic illnesses. They suffer anxiety about getting bitten by rats. In the most tragic cases, they have permanent brain damage from lead poisoning.

Advocates around the country have recognized that overcrowded, substandard housing affects the health of residents, especially children. Groups in Boston, Los Angeles, and New York have created projects to better understand the link between health and housing and to take action.

All the groups have identified the same keys to success: educating, organizing, and empowering residents; creating diverse coalitions; and undertaking research and using the results to make the case for achievable and sustainable policy change.

In Los Angeles, Better Neighborhoods, Same Neighbors: A Public Health Approach to Slum Housing and Neighborhood Stability is a community-based public health initiative that includes practitioners, doctors, health promoters, tenant organizers, and researchers. Since 1998, a coalition of four groups—Los Angeles Community Action Network (LACAN), Strategic Actions for a Just Economy (SAJE), Esperanza Community Action Housing Corporation, and St. John's Well Child and Family Center—have taken a multipronged approach to improve health by improving housing. St. John's provides health assessments and exams and compiles data on illnesses that prevail in slum housing. It then refers certain patients to Esperanza, which goes into homes to interview residents and assess housing conditions. SAJE and LACAN are tenant organizers and educate tenants about their rights, help them find legal counsel, and press landlords to improve their properties.

In April 2007, Better Neighborhoods, Same Neighbors published a report documenting eight years of research. *Shame of the City: Slum Housing and the Critical Threat to the Health of L.A. Children and Families* sets the stage for another level of advocacy for policy change. The paper provides research documenting the link between poor health and substandard housing and outlines policy solutions.

Since 2001, the Healthy Public Housing Initiative (HPHI) in Boston has involved residents in research and action to improve public housing conditions. The project has focused on safe and economical pest control and reducing asthma triggers for residents of public housing. In the first phase of the project, public housing residents trained as community health advocates (CHAs) surveyed 238 families about environmental issues in their homes. The results were alarming. Homes were infested with rats and vermin, and residents were using unsafe pesticides to try to get rid of them. Almost 50 percent of households had a high enough concentration of cockroach allergens to trigger asthma, and nearly 60 percent of the tested children showed allergic sensitivity to them.

(continued on next page)

To mitigate the problems, project staff tried better ventilation, brought in new mattresses, arranged for commercial cleaning, provided low toxicity pesticides, and taught better methods for pest control. Then the CHAs went back and did the surveys again. The results were dramatic. Among them: a 50 percent reduction in reported asthma symptoms among the 60 children targeted for assistance.

Using these key findings, the group is entering HPHI Phase Two: Healthy Pest-Free Housing Initiative. During this phase, the team is organizing residents and training them to lead efforts to improve housing. They also are undertaking an education campaign about healthy housing targeted at residents, and they are working towards sustaining their work.

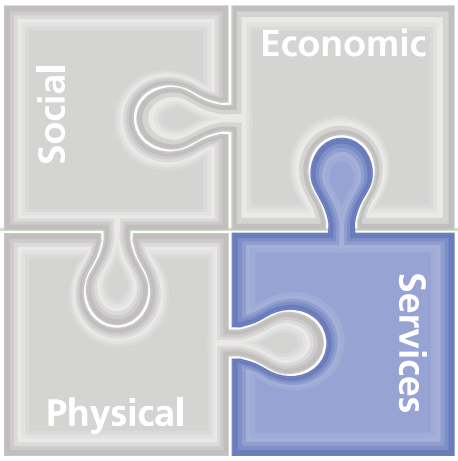
A diverse coalition of groups have participated in HPHI: schools of public health from local universities, the housing authority, the city's public health commission, tenant organizing groups, and the local asthma coalition. The most important participants have been the residents. They conducted surveys and inspections as community health advocates and continue to do environmental assessments in homes." Their participation in the process has been invaluable," says Margaret Reid of the Boston Public Health Commission. "They speak to other residents from a place of shared experience, and the community trusts them."

In **New York City**, the Coalition for Asthma Free Homes is advocating for healthier homes. Working with a city councilmember, the group has proposed changes to the city's methods for reducing asthma triggers. One major recommendation is that the city boost penalties on landlords for mold, mildew, and vermin infestations. It also is recommending better education and training for inspectors and landlords in identifying mold and what causes it.

The coalition based its recommendations in part on a report by the Fifth Avenue Committee, an economic and social justice group, and an immigrant worker organization, La Union de la Communidad Latina. Together, they held five focus groups and surveyed low-income renters in Brooklyn's Sunset Park neighborhood, asking residents about their health. Asthma topped the list of ailments. In one-third of the surveyed households, at least one member had asthma or another respiratory problem. Among that group, 90 percent reported that housing conditions exacerbated their illnesses.

As a solution, the Fifth Avenue Committee and La Union de la Communidad Latina recommend finding a faster way to hold landlords accountable for repairs; having family doctors report to the city housing department if they identify housing problems that are affecting the health of their patients; and reclassifying mold, mildew, and infestations as more serious violations by landlords, the major recommendation of the Coalition for Asthma-Free Homes.

As in Boston and Los Angeles, the work in New York City has depended on the participation of many groups, including asthma advocacy organizations, faith-based organizations, housing and immigration groups, environmental justice organizations, and economic development groups.



d. Service Environment

The inequitable distribution of health services and other neighborhood-level public services—high-performing schools, adequate police and fire protection, sanitation services, and recreational opportunities—can negatively affect the health of a community.

High-quality, accessible, and culturally-sensitive health services are an obvious determinant of health outcomes. Racial and ethnic bias within healthcare institutions and among practitioners negatively influence health for low-income people of color.[76] Persistent challenges exist for low-income communities and communities of color in accessing care. Issues include transportation difficulties, insensitive treatment, long waiting room times, and a lack of multilingual staff. Culturally competent care with well-trained and appropriate practitioners, based in neighborhood care facilities, is critical to reduce health disparities. Equitable distribution of health services throughout the places where vulnerable populations live will increase utilization and improve disease management. Promoting diversity in the healthcare workforce through support of the education

We need to mobilize broad action that organizes community residents as advocates to carry platforms forward.

—

Leslie Mikkelson, Prevention Institute and the Strategic Alliance

Service Environment

- ***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 healthcare 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 outside.
- ***Community and Public Support Services:*** Neighborhood-level public services, including schools, parks and recreation, transit, sanitation, and childcare centers. Community institutions include churches, social clubs, and block groups.
  - › **Protective factors:** Quality support services act as important neighborhood institutions providing needed services as well as venues for neighborhood meetings and leadership development.
  - › **Risk factors:** Needed services are not available while those located in the neighborhood are undependable and of poor quality.

Kaiser Permanente:
A Health System Looking Beyond Health Care

Factors: *Economic, social, physical, service*

Buying summer peaches and fresh spinach as you leave your doctor's appointment may seem unlikely, but not for Kaiser Permanente patients. Since 2003, in collaboration with local health departments and community-based organizations, Kaiser has started 25 farmers' markets outside hospitals and health clinics in five states. Kaiser sees the encouragement of healthy eating, for its patients as well as its employees, as an integral part of its mission to prevent illness and promote health.

Kaiser's interest in farmers' markets is connected to the health system's Community Health Initiatives (CHI), an ambitious effort to improve the health of communities served by Kaiser. CHI seeks to improve health through an emphasis on policy change and improving the community conditions that influence health. With a focus on healthy eating and active living, Kaiser supports efforts that are place-based, involve multisector collaboration, address racial and ethnic health disparities, engage community residents, and create long-term partnerships. CHI also emphasizes capacity building and sustainability, an evidence-based approach and a commitment to learning and evaluation.

Over the next five years, Kaiser will invest $20 million in grants to support CHIs in California, Hawaii, Colorado, the Pacific Northwest, Georgia, Ohio, and Washington, D.C. In each initiative, Kaiser doctors, health educators, and other staff will participate in community-based efforts to promote health, sharing their expertise, knowledge, and passion for health.

and career pipeline for underrepresented groups should be another priority.

Healthcare providers—both practitioners and institutions—are increasingly aware of the importance of the community environment to patients' health. Healthcare reform has entered the political spotlight, and issues related to prevention are gaining traction. Many healthcare providers and/or managed care systems are dedicating substantial resources towards multipronged, place-based approaches that will help prevent illness.[77] For instance, the Kaiser Permanente health system is working on a community level to improve neighborhood conditions and subsequently improve the health of residents (see the "Kaiser Permanente" case study). Health-supportive environments facilitate effective delivery of care and are an essential mechanism for optimal disease management.

Public safety services also are necessary for a healthy community. Many low-income neighborhoods do not have enough fire stations or police walking the streets. In addition to the obvious hazards—fires and crime—such deficiencies make people feel less safe. They become more reluctant to venture outside for exercise. Worrying over personal safety also increases stress, which in turn can lead to heart disease, high blood pressure, and higher rates of infant mortality.[78]

Violence has become much more widely understood recently as a public health issue, and this recognition has contributed to the creation of more effective model programs for addressing the root causes of domestic abuse, gang violence, and the broader prevalence of weapons in society. The Harlem Children's Zone, the comprehensive service network and organizing project cited in the introduction of this report, began as

Colonias in California's Central Valley: Working for Basic Infrastructure

Factors: Economic, social, physical, service

Some of California's Central Valley, low-income, predominantly Latino communities are characterized by a lack of infrastructure critical for building and sustaining healthy communities. These communities lack adequate water and sewer systems, quality housing, and improved roads. There are often no streetlights, no parks for children to play, inadequate school facilities, and few options for outdoor exercise. This lack of physical infrastructure, combined with inadequate police, fire, emergency response, and health services, can have negative health impacts on residents. These disparities are similar to those found in the unincorporated settlements along the U.S.-Mexico border known as colonias. While some of these Central Valley areas are rural, others are now on the borders of the valley's fast-growing cities. In fact, the question of whether these cities should annex these areas for residents to receive equitable services has become a lively issue.

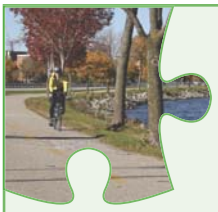
For several years, California Rural Legal Assistance (CRLA) has undertaken legal advocacy to bring an equitable share of public resources to these unincorporated communities. Now, CRLA and PolicyLink are conducting research to assess the causes and consequences for residents who are subjected to the inadequate infrastructure and services, and convening stakeholders in the region to identify policy options.

a response to the violence that was robbing young people of their chance to grow up.

A focus on prevention, on youth development, and on support for families leads quickly to the recognition that healthy communities need much more than law enforcement. Parks and community centers increase venues for positive social interaction as well as physical activity. Senior centers provide opportunities for gathering and socializing. Even sanitation services can make a difference. A study in Detroit found that residents of neighborhoods with higher levels of strewn garbage or graffiti are more likely to be obese, to have high blood pressure, and to report higher levels of stress. The same study found that residents living in neighborhoods with a greater number of buildings in poor condition experience high blood pressure, increased stress levels, and more symptoms of depression.[79]

The commercial enterprises in a neighborhood can be as important to health as the public services. As discussed previously, the presence of grocery stores in a community not only bolsters economic growth, but also provides an important service by making healthy food available. Neighborhoods that lack supermarkets and other businesses that benefit a community also tend to have more vendors of unhealthy products. Their presence can negatively affect residents' health.[80] One study in San Diego found that the lowest-income neighborhoods had three times as many bars as the wealthiest ones.[81] Another study, in Baltimore, demonstrated that liquor stores are more likely to be located in census tracts that are predominantly African American, even after adjusting for median income.[82] *Choosing a healthy lifestyle is harder when the ingredients for one are far from home and when one is bombarded instead with unhealthy options.*

Finally, to provide appropriate and useful services, businesses and service providers should understand the needs and culture of the community they are trying to serve. For example, in Fresno, California, a group came together to enable food stamp recipients to buy healthy produce where they shopped—at a local flea market (see the case study earlier in the report, "Using Food Stamps to Buy Fresh Produce").



Data + Community Collaboration = Policy Change

Factors: Social, physical, service

Since 1993, Community Choices, in Clark County, Washington, has issued a report on the health of county residents. The report includes information about air quality, urban tree canopy, poverty, household income and home ownership, access to health insurance, readiness to learn, domestic violence and crime, obesity, physical activity, and fruit and vegetable consumption.

The report is a catalyst for action. Data in 2003 showed obesity rates rising dramatically and Clark County residents becoming less healthy. To address these trends from a community-wide perspective, Community Choices staff applied for and won a five-year grant from Steps to a HealthierUS, a program funded by the U.S. Department of Health and Human Services. Steps has used the money to promote programs and policies to prevent diabetes, obesity, and asthma by increasing access to healthy food, physical activity, and smoke-free environments.

Steps has been a collaborative, community-driven effort: More than 70 organizations and 250 individuals serve on volunteer teams. "The way you get work done is through others, not through one organization. Success means extending our arms and bringing more people to the table. We think of unlikely partners and then try to get them to participate," says Barbe West, executive director of Community Choices. Some unusual organizations working with Steps are the chamber of commerce, food vending businesses, and the Washington State Department of Transportation.

The Steps volunteer teams have realized numerous successes:

- The Clark County Commission adopted a 20-year plan to develop 240 miles of bike and hiking trails, put sidewalks in all new urban residential developments, and put safe walking routes near public schools;
- Clark College has become the first tobacco-free college campus in Washington;
- The county commission implemented a nutrition policy for all county employees;
- Six Clark County employers began supplying vending machines offering only healthy foods as the standard for their employees;
- The four largest school districts in Clark County have increased physical activity programs and are putting healthy food and drinks in their vending machines;
- In a clinic with a largely Latino population, providers are proactively managing patients with diabetes to improve health outcomes;
- Steps created the Clark County Food System Council, which will work towards a healthy, safe, economical, and sustainable food chain in the county.

It's too early to point to improved health outcomes as a result of Steps' multifaceted approach, but West notes that obesity rates in Clark County have stopped rising, a trend that had continued unabated since 1998.

Community Coalition:
Promoting Healthy Neighborhoods Through Leadership Development and Community Involvement

Factors: Economic, social, physical, service

The Community Coalition was formed in 1990 to address the impact of the crack cocaine epidemic that was then ravaging South Los Angeles—a community of over 800,000 residents—and taking a particular toll on the African American community. The group has taken a comprehensive, community-based approach to issues of substance abuse and treatment, recognizing that addiction is not simply the fault of the individual, but is also connected to social and economic problems confronting low-income communities of color throughout the region and the nation. The coalition was initially known for its 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 and crime. 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.

While the scope of the coalition's work has gradually expanded to incorporate other issues in addition to substance abuse, its focus on substance abuse and alcohol availability has had a significant impact on policy at the city, 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. Its youth component—South Central Youth Empowered Thru Action (SC-YEA)—is developing the next generation of activists capable of leading their peers and impacting public policy. SC-YEA chapters on high school campuses act as a voice for south Los Angeles students. They engaged in a campaign that pressured 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. SC-YEA also led a successful fight to reduce the over-concentration of tobacco and alcohol advertising near South Los Angeles schools and pressured a major billboard company to pay for replacing the offensive billboards with 120 billboards displaying the teens' own anti-tobacco design.

At the state level, the coalition 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.

In all aspects of the organization—from mass mobilizations to selection of board members—participation and leadership are sought from people of all ages, races and ethnicities, backgrounds and beliefs. Translation is provided at meetings and events, transportation and child care are provided to increase attendance, and a variety of methods are used to engage and involve community residents and stakeholders.

III. Themes from the Case Studies: Lessons Learned

The case studies profiled in this report represent a variety of approaches to address health disparities and create healthy communities based on the views and needs of residents. Despite differences in geography, racial composition, and demographics, common themes emerge from the case studies and demonstrate important ingredients for successful place-based strategies. Organizations in California that are working on these issues can draw on these elements to create their own plans for action.

Most of the case studies involve people from the community taking action, rather than waiting for an expert solution or a top-down government or foundation program. To improve public housing in Boston, residents assess the environmental hazards in their fellow residents' homes. The Community Coalition's members have advocated for the adoption of regulations to streamline the regulation of nuisance businesses. In Shasta County, students identify problems such as a lack of healthy food or limited access to parks and come up with solutions. The experience and voice of community members are critical for successful place-based strategies.

Many of the efforts profiled represent innovative partnerships and new alliances for policy change. The Coalition for a Livable Future has brought together environmental and health advocates to convince policymakers that transportation planning is about more than highways. In Los Angeles, civil rights advocates are working with traditional environmental groups to promote urban parks. The Metro Denver Health and Wellness Commission has connected healthcare professionals with economic development experts. These collaborations have the potential to influence the political process and make real change in communities.

The notion of comprehensive services as the key to community health has been taken to a new level by several of the projects. Youth UpRising draws on local youth to craft appropriate programs to develop leadership and surmount the challenges of East Oakland. The Harlem Children's Zone has built a school, created a food and nutrition center, and is screening children for asthma, among many other activities. Steps to a Healthier Clark County has promoted worksite wellness programs, physical education in schools, and case management of diabetes in health clinics. In Minnesota, the Blue Cross and Blue Shield Foundation funds childhood development programs, safe and affordable housing, and projects to create and maintain a clean environment.

Many of the groups rely on data to inform their strategies and build their case. Housing advocates in Los Angeles documented the negative health outcomes for children living in slum housing. A community food assessment in Fresno demonstrated that community members shopped for produce at flea markets. Parks advocates in Los Angeles had hard evidence that low-income communities and communities of color had fewer parks and fewer opportunities for physical activity. Some groups also use communications strategies to educate constituencies, the public, and policymakers and then build public and political will for change.

The data on obesity has definitely contributed to the parks movement in Los Angeles. It's opened the minds of people who used to consider parks important only for environmental or aesthetic purposes. Now people see parks as essential to healthy communities, along with safe streets, affordable housing, a functional education system, and economic opportunity.

— Bob Reid, Director of Philanthropy, Parks for People–L.A., a project of the Trust for Public Land

The projects and groups profiled share a commitment to policy change and sustainability of their efforts. They can envision and travel the path from working on a particular site to proliferating, generalizing, and safeguarding those local victories through new laws, regulations, or practices. They build on momentum from their early successes (parks advocates in Los Angeles), look for opportunities for replication (more Wal-Marts stocking healthy snacks in Shasta County), and work on leadership development to elevate the importance of healthy communities (Youth UpRising, the Blue Cross and Blue Shield of Minnesota Foundation, and the Community Coalition).

IV. Recommendations: Moving Into the Future

The change sought by community-based efforts require action, resources, time, and connections. Grassroots leaders engaged in problem-solving must connect with those at the "treetops"—those who can make or influence policy decisions. Conversely, those at the treetops need to look to local leaders on the ground for their input and participation in crafting effective policies. Frequently, local innovations point the way to solving problems and suggest the direction for larger-scale solutions.

Local, state, and national strategies must be developed for a variety of forums—city halls, administrative agencies, the courts, the state legislature, and the Congress. Organizing, policy development, advocacy (from rallies to electronic advocacy to lobbying), and communications strategies must be employed. A range of issues associated with the physical, economic, social, and service environments need to be addressed; and a range of players need to be engaged for change to happen. A comprehensive movement for healthy communities will require all of this—and more.

Successful projects, research, and discussions among experts and community leaders should all inform strategies for moving forward. The projects profiled in this report—reducing asthma rates by focusing on clean air and combating obesity by creating more recreational sites, for example—demonstrate the power of communities working together for policy change. Five years ago, the concepts were emerging, but there was not that much effective local practice upon which to build. In 2007, in contrast, there is a great deal of valuable experience upon which to draw. Because this growing movement is based in individual communities, strategies for changing policy and advancing equity will vary, depending on opportunities, priorities, people, and politics.

To learn from current efforts and to capitalize on the growing interest in more equitable and healthier communities, we have outlined 14 recommendations.

1. Capitalize on emerging opportunities and prioritize needs.

Because changes are needed in the physical, social, economic, and service environments, certain issues will take precedence at any given time; not all needed changes can be pushed simultaneously. A sense of the readiness of issues and advocates is crucial for success.

For instance, childhood obesity presents a stark picture of the implications of unhealthy environments. A focus on healthy children and healthy child-centered environments—schools, child-care settings, and after-school programs—presents accessible starting points to increase access to healthy foods and physical activity.

Legislative and regulatory imperatives also present opportunities to advocate for needed changes. At the federal level, the omnibus farm and transportation measures present opportunities for new policy directions and valuable new alliances. Success would bring more accessible and affordable healthy foods and a transportation system that supports physical

Language represents underlying values and framing. The field needs a common language to make everyone feel that they are a part of the same movement.

—Julie Williamson, Partnership for the Public's Health

activity—safe streets, safe routes to school, and bike and pedestrian paths, for example. At the state and local levels, mandated oversight by regulatory agencies and boards (e.g., for clean air or healthy homes) presents opportunities for positive changes in core components of a healthy community.

2. Promote a comprehensive approach.

Comprehensiveness has multiple meanings for groups striving to establish healthy communities. It can mean that a single organization takes on a broad array of issues and develops a multifaceted approach to serving, and working with, children, families, and neighborhoods. The Harlem Children's Zone may be the most ambitious example of that approach with respect to direct service provision. It can also mean that an organization takes on diverse areas of policy change that cut across the traditional boundaries in order to cover community health in a broad way. The growing range of issues that Youth UpRising in Oakland and Community Coalition in south Los Angeles have addressed are good examples of that kind of comprehensiveness.

A third approach emerges when organizations that focus primarily on one issue make stronger connections and alliances with others. Much of the new energy that has infused the activities described in this report has come not because the fundamental concepts are new, but because the engagement of health activists and professionals with more traditional community partners has brought new urgency, momentum, public will, and resources.

For decades there have been efforts to revitalize the commercial districts of low-income neighborhoods; these have received a boost from the engagement of nutrition and health activists. An effort to bring a full-service grocery store to a neighborhood can make the connections between community economic and social conditions and health: (1) more options for individuals to choose nutritious food and the improvement of the local economy can lead to better health for neighborhood residents; (2) new jobs with living wages and other opportunities (more accessible and affordable food, for instance) can increase individual and neighborhood wealth; (3) community wealth can lead to better health, and the availability of healthy food can reduce obesity rates and other related conditions; (4) these types of efforts promote equity in historically underserved and underprivileged neighborhoods.

Similarly, there have long been advocates for urban parks, particularly from environmental organizations. The addition of advocates working to overcome health disparities has created more comprehensive coalitions and added new constituencies and different voices to these campaigns. The broad base of supporters allows a range of issues to be raised about the importance of parks: the connections between green space and active living, how children and adults need to be active to combat obesity and to help with depression, and how parks enhance community value (as well as real estate values), and community cohesiveness. These efforts affect the social, physical, economic, and service environments that have impact on people's health.

The same spirit of comprehensiveness for community health is starting to have an impact on areas of state and federal policy long seen as the narrow preserves of particular interests. The debate over the 2007 federal farm bill showed how advocates for accessible nutritious food could break into the policymaking realm long dominated by producers of a few subsidized crops. Transportation bills at the state and federal levels have recently taken much greater account of the impacts on the physical environment—walkability, pedestrian safety, and the possibilities for compact transit-oriented development, to say nothing of a greater focus on controlling greenhouse gases, in part because of the active

Unnatural Causes

Unnatural Causes: Is Inequality Making Us Sick? is a landmark four-hour documentary series that sounds the alarm about our glaring racial and socioeconomic inequities in health and searches for their root causes. The series demonstrates 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.

Unnatural Causes is part of a larger public education campaign conducted in partnership with public health, policy, and community-based organizations to encourage new approaches to improving the public's health and foster a national discussion about what we can—and should—do to address health inequities.[83] The campaign includes outreach to media and policymakers, work with nontraditional partners outside of the health sector, and a companion website that will feature case studies, viral marketing "myth-busters," and resources such as a Community Action Toolkit. The tZoolkit will provide viewers with action steps they can take to improve health in their families and communities, provide information about organizing and advocacy, and model ways to explain health inequities and talk about solutions.

National and community-based partners around the country are joining the campaign to use the series as a tool to educate, organize, and advocate for health equity and mobilize communities to use the documentary to inject consideration of health consequences into debates over social and economic policies.

engagement of community health advocates. Comprehensive efforts need an overarching concept that provides a logical and compelling connection between different components. Prevention has recently become linked with a comprehensive agenda, moving beyond health as just being the absence of injury or disease and as being exclusively linked to health care. It has begun to stress how environments can shape health and well-being and how an array of approaches—social marketing, education, community outreach, and policy change—are needed. With this approach, prevention can be an umbrella under which many of the urban planning and development, food access, and environmental remediation strategies described in this paper can be captured.[84]

Making these connections should be made easy for local actors. To frame and build a movement for healthy communities, advocates and others need language and tools to integrate a discussion about place-based strategies into their work. Advocates, researchers, practitioners, policymakers, funders, and the general public need more information about the importance of healthy communities to promote health and prevent disease. The framework described in this report presents a way to understand the relationship between community conditions and health and can provide common language as the movement progresses.

3. Maintain a focus on equity and eliminating health disparities.

Public attention on food quality and healthy eating is greater than ever, as is public concern about the consequences of automobile-dependent sprawling development for health and climate change. The awareness seems to be shared by people of all incomes, races, and walks of life, and it can be a powerful instrument for change. Part of the appeal of these issues is their universality: everyone can see themselves being harmed by the failure to act on both an individual and a societal level.

The challenge to building healthy communities is to capture that extremely broad sense of urgency and concern and use it to strengthen a strong focus on the needs of vulnerable populations (low-income

Unnatural Causes *will be broadcast nation-wide by PBS this spring. But its real worth will be measured by the extent the series and its companion tools are used by organizations across the nation to advance health equity.*

—
Larry Adelman, Executive Producer, *Unnatural Causes*

communities of color) and the fundamental questions of race and class that underlie current disparities. Advocates for the good health of low-income communities and communities of color need to be engaged in the debates about the specific challenges confronting their communities and in the approaches developed to address them. Moreover, these same community leaders and advocates need to be engaged in the debates about broader societal issues such as climate change, the reshaping of cities and regions, and the way that food is produced and distributed to ensure that new policies and practices are equitable and overcome previous barriers to full inclusion and participation.

4. Involve residents and leaders in policy change efforts.

Improving health through a focus on place is not mainly or even primarily a scientific or technical enterprise. It is in large part a process of community change and development, and the participation of residents and community leaders is critical for successful programs and policy change. Our case studies demonstrate that community engagement is a prerequisite for place-based strategies and policymaking that is authentic in its approach and meaningful in terms of its impact. Community engagement must occur early, be maintained throughout the process, and should be sensitive to language and culture.

5. Build the capacity to analyze and solve community problems.

Community members need support to grow as leaders. Diverse leaders who reflect their communities are crucial to increasing the participation of people of color and low-income individuals in the policy development process. Leaders should be empowered to interact on equal footing with elected officials, business interests, academics, media, advocacy groups, and others who drive the policy discourse. Engaging youth to develop their leadership potential and to shape healthy behavior is also critical, as demonstrated in the Youth UpRising and Shasta County case studies.

Local leaders need to be connected to policy change efforts. Their connections and approaches are the first tier of experimentation and innovation. Frequently, they crystallize the best directions for policymaking at the local level, as well as for state and federal policy development. Leaders of community-based organizations need to place a priority on policy activity, and they must be supported in getting their groups to a high level of proficiency and confidence with all aspects of the policy process.

Communities need, and can acquire, policy advocacy skills. Advocacy training and assistance in developing and running advocacy campaigns can help groups achieve specific policy goals and also build skills and confidence for the future.

The organizations working to improve health and involve residents also need capacity to be effective advocates for change. Ongoing investment in coalition building, community organizing, and policy advocacy can foster change. There needs to be capacity, both for

Moving the Golden State towards Health:
The Governor's (and Advocates') Vision for a Healthy California

Governor Arnold Schwarzenegger has been very focused on health. In 2005, the governor held a Summit on Health, Nutrition, and Obesity to discuss how to improve nutrition and promote physical activity. As a result of the summit, grocery stores agreed to expand the availability of healthy food, health plans committed resources to focusing on community-based efforts to improve health, and developers promised to design pedestrian-oriented communities.

At the summit, the governor issued a "Vision for a Healthy California," a set of 10 recommendations that includes not only a focus on individual responsibility, but also calls for the availability and affordability of healthy foods, communities that support physical activity, and the marketing of healthy food and beverages to children.

Many of the governor's recommendations directly reflect policy changes promoted by The Strategic Alliance, a coalition of nutrition and physical activity advocates, that seeks policy change to encourage healthy eating and activity. The alliance's grassroots advocacy, along with its collaboration with state policymakers, had a significant impact. The alliance continues to monitor the results of the summit (it issued a follow-up report in 2006) and to advocate for the realization of the promise represented by the 2005 summit.

practitioners and residents, to have impact on their communities and to build relationships across communities. As leaders learn from each other and build relationships and trust, the groundwork is laid for bigger and broader campaigns. Advocacy can move change from the neighborhood level up to regional and state policymaking forums.

6. Foster collaborations and alliances.

Our case studies highlight the importance of a multifaceted approach to improve the health of communities involving collaborations across disciplines and organizations. Cross-sector collaboration can build a coordinated presence on both local and state policy issues surrounding health and communities. In communities like Clark County, Washington, unlikely alliances have proven effective in changing local policies and programs. The parks movement in Los Angeles resulted in more resources for urban parks throughout California and a commitment by political leadership to create more spaces for recreation. Indeed, recent history shows that joint action has usually been more powerful than the separate actions of individual organizations and that the time spent on building and maintaining diverse coalitions, alliances, and partnerships speeds change and the adoption and implementation of new, effective policies.

Collaborations and coalitions succeed because the mutual self-interests of member groups are well-served by the joint goals and activities. To be successful, groups need to identify their areas of common interest, understand the constraints that have impact on each other, and ensure good communication. The rewards of collaboration are obvious—better coordination and improved outcomes for communities. Further, when groups are linked, they can share strategies, frustrations, and lessons learned—and identify when it is strategic to work together to achieve larger-scale goals. For example, the Bay Area's Great Communities Initiative, with several regional partners and many more local ones at each of its sites, is making health issues a high priority for the development of numerous upcoming transit-oriented developments through the collaboration of transit equity, environmental justice, public health, smart growth, and faith-based organizing groups.

Specific avenues for collaboration and coordination need to be identified, supported, and implemented. For example, public health professionals can be trained in urban planning fundamentals, while planners can learn more about the health implications of design decisions. Undergraduate and graduate school education in relevant disciplines, such as health and public policy, can be augmented with cross-sector training, as well as information about inequities. Professional groups and associations might be helpful pathways to institutionalize training and collaboration.

7. Use local efforts as platforms for regional and state change.

Developing approaches to local challenges presents opportunities for risk-taking and experimentation. Local asthma coalitions, for instance, developed approaches specific to their local circumstances; they targeted certain venues and leaders and identified the crucial policy goals for their communities. In addition, they came together to recognize shared goals and to determine statewide priorities. These became the basis for a shared statewide policy agenda that was linked to ongoing efforts of other organizations and coalitions. The voices of local advocates allowed policymakers to understand the health dimensions from the community perspective—how an issue of concern to environmentalists, for instance, affected health and was also a priority for asthma advocates. Similarly, advocates for healthy food and beverages for children honed their approaches and their policy goals through campaigns in local schools. This built momentum with enough breadth and depth to achieve statewide change and the adoption of state nutrition standards for schools. (See "Reading, Writing, Arithmetic, and Health" case study.)

8. Push local governments, particularly public health departments, to prioritize healthy communities.

Community health can be recognized as important by local officials, but to act effectively, cities and counties must reorient their planning and operations, establish new methods of collaborating across sectors, and focus much more on prevention. Across the country, local governments have begun to incorporate a broader vision of health into their planning and policymaking (see "City of Richmond: Considering Health in the General Plan," and the "Metro Denver Health and Wellness Commission" case studies). Government has a key role in developing programs targeting specific conditions in communities that lead to poor health and disparities, providing funding for successful programs, and promoting policies to improve health.

Many public health departments in California and elsewhere have become active collaborators focused on neighborhood conditions. They are promoting local organizing to improve physical environments and building the capacity of neighborhood groups to assess the health impacts of development proposals. This focus on community and health should be encouraged and supported. There must be sufficient resources, staff, and support for public health departments to be involved in this work. Groups like the Bay Area Regional Health Inequities Initiative (see the "Bay Area Regional Health Inequities Initiative" case study) are paving the way for innovative changes to the operations of public health departments.

The Bay Area Regional Health Inequities Initiative (BARHII)

Factors: Physical, service

Public health agencies in California are moving their efforts toward a concentration on community health and the factors described in this report. The Bay Area Regional Health Inequities Initiative (BARHII) is a collaborative among health departments across the San Francisco Bay Area to "transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities."[85] The organization emerged out of an extensive history of consultation and collaboration between leaders of health departments in San Francisco, Alameda, and Contra Costa counties and later broadened to include other health departments. It became a formal organization in March 2002.[86]

Today, BARHII 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."[87] BARHII is a partner organization of the National Association of City and County Health Officials (NACCHO), the Bay Area Planning Directors Association (BAPDA), and the Public Health Institute.[88]

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."[89] The members have acknowledged, for example, that while land use and transportation decisions have profound implications for nutrition and physical activity, they also deeply influence rates of asthma, some cancers, community violence, and other concerns of community residents. BARHII recognizes the limits of focusing too narrowly on the physical dimensions of the built environment because the social and cultural context in which people experience their physical environments must equally be considered, especially with increasingly multiethnic and immigrant populations living in low-income communities. BARHII's broader focus on "neighborhood conditions" as a more comprehensive term is an attempt to encompass both the physical and social environments.

BARHII's Built Environment Work Group is comprised of participants from member health departments and focuses on information-sharing and strategizing to improve effectiveness in the area of built environment and health.[90] The work group has developed a draft framework that captures the risk factors associated with specific diseases and injuries and their correlates in elements of the built environment. The group has generated a productive dialogue with Bay Area urban planners and trained health officials about land use and development, promoted the design and use of health impact assessments, and offered testimony and data in local and regional planning efforts.

Reading, Writing, Arithmetic, and Health:
Lessons Learned from School Efforts to Combat Obesity

Factors: Economic, service

As a crucial community anchor, and as the place that children spend most of their time, schools are a natural venue for improving health. They exist in every community—rich or poor; they are relatively stable and reliable institutions; they are connected closely to the neighborhoods where they are located; and they have relationships with community-based organizations. In many ways, schools are the ultimate "place-based" institutions and present tremendous opportunities for influencing the health of children and their families.

Changing food policy in schools can have an impact well beyond school walls. Offering healthy food can change the way students and parents feel about the school; it is a way schools show they care about the health of students. Also, children who get used to healthier food in schools may start asking for more nutritious food at home. Finally, because what happens in schools can resonate to the larger community, requirements about the nutritious value of school food can set standards for other community food vendors and affect neighborhood cultural norms.
In recent years, a number of school districts in California have taken leading roles to combat childhood obesity. Successful advocacy efforts led to individual districts changing their policies to promote healthy eating. In particular, districts improved the nutritional quality of food and beverages available on school grounds.[91] The experiences of local school districts helped fuel statewide advocacy to adopt new nutrition standards for all foods and beverages sold by outside vendors on school grounds. Thus, what began as a positive change for children in individual school districts became a statewide standard for all schools to offer healthier food and beverages to their students. Developing and adopting these standards has fueled the movement to create greater access to healthy foods throughout children's days—in schools, after-school programs, child-care settings, and in their homes.

In 2007, the California Endowment published a report summarizing the lessons school districts learned through their efforts to change policy.[92] The results are applicable to change efforts focused on school district or state policies, as well as to other efforts that focus on place-based strategies to improve health. The report identified important ingredients for success:

- **Involve all members of the school district community.** Districts involved students, parents, food service personnel, and school board members as they changed and implemented school food policies. The participation of these groups, in all aspects of policy development, adoption, implementation, and evaluation, was critical to success. When students and parents assisted in policy development, they became champions and advocates for the new policies. Since food service personnel are responsible for implementation, their buy-in was also crucial. Finally, school board members, as the ultimate decision-makers, needed to be involved early. Ongoing communication was required not only as policies were implemented, but also to sustain the momentum for policy change and implementation.

- **Engage in partnerships and collaboration.** School districts worked with public health departments, healthy food vendors, health professionals, and community-based organizations. These partners helped in policy formulation, implementation, and advocacy. Districts benefited from the expertise and resources from community partners. They also used these partnerships to make the connection to a larger community movement to improve health.

- **Respect the culture of systems and communities.** As with any place-based or neighborhood strategy, the needs and culture of the community and school district guided decisions about the details of the policies, as well as the timing of introducing and implementing changes.
- **Use evidence and research to make the case.** School district personnel used compelling data on the widespread access students have to sweetened beverages and junk food on school campuses, on health consequences of consuming sweetened beverages and unhealthy foods, on the weight and fitness status of a district's students, and on rates of childhood obesity and diabetes to gain support for district policy change. Stakeholders also were convinced that improving nutrition in the schools is central to better attendance and academic performance. Many districts got positive media coverage that relied on data that connected student diets and health.
- **Push for change at every level.** District champions advocated for policy change at the district, state, and even federal levels. Districts found that having a state-level policy was extremely beneficial as they sought change on the district level. Because there was state-level support for change, it made it easier to push for local standards.

9. Translate research to highlight the link between community conditions and individual health and to provide insights about the effectiveness of different approaches.

Research is critical in the movement to improve health through communities. Public health, medical, and social scientific research should continue to make the link between health and community conditions, assess the effectiveness of existing policies, and help identify the priorities within and across communities. Research should be designed to document and better understand local issues.

Research should be relevant to community needs and support community change agendas. Residents should be involved in shaping the research so it is relevant to local circumstances and can help create momentum for change. Community leaders and researchers should consider how their findings can be translated into action and inform programs and policies. Data should be used strategically to provide information to elected officials, practitioners, journalists, and others as advocates and residents seek policy change.

A growing array of community-based participatory research (CBPR) and evaluation projects demonstrate that these steps are possible, that new scientific knowledge can be rigorously produced while simultaneously generating practical, well-grounded insights for community change. If these kinds of partnerships were greatly multiplied, the contributions to efforts focused on creating healthy communities would be substantial.

10. Create healthy environments to support healthy personal choices:

Too often health is characterized only as an individual's challenges and choices. However, environments have impact on individuals and their ability to make healthy choices. For instance, a neighborhood without any grocery stores offering fresh fruits and vegetables makes healthy choices difficult. Attracting grocery stores brings health and economic returns. Physical activity is

difficult without parks, sidewalks, or safe streets. Linking health objectives to place-based issues and to the policies and change strategies that will address them is crucial to creating healthy communities.

Policymakers are turning to these community advocates to be spokespeople for change, and they are seeking their input to ensure that proposed policies are people- and place-focused—taking a proposal about the "environment" and shifting it to be one that seeks to improve the environment to make it a healthier place for people.

11. Document and disseminate success stories.

Our case studies provide only a sampling of many impressive and important projects around the country. Documenting and disseminating success stories can highlight best practices about work in communities and demonstrate what is possible. Policymakers and practitioners need examples of best practices and projects that can be replicated or scaled upwards.
The public needs a sense that change is possible and indeed underway. Stories about advocacy and policy change need to highlight how such change can happen and the ways it can make a difference. The stories need to shine a light on the work of leaders in low-income communities of color—how they are developing and advocating for change that make their communities healthier places to live and work.[93]

A sense that change is possible and positive builds a momentum and a sense of hope. And, success in one place suggests the possibilities for replication and that a broader movement can be stitched together to make a difference in communities across California and the nation.

12. Help the media reframe stories.

Stories about healthy communities must take a new tack, moving away from a sole focus on portraying sad stories about individuals. Instead, stories must be about improving communities and people creating change. The stories must make the case for the connection between health and the different environmental factors—the physical, social, service, and economic environments. They must also point out the connections between these different environments and how changes in one can improve another. Making the case for the need to strengthen protective factors and decrease risk factors, the media can help build the necessary public and political will for change. These stories confirm that change is possible, provide possibilities for replication, and attest that a broader movement can be stitched together to make a difference in communities across the country.

13. Invest for the long-term.

Demonstrating improvement in health outcomes takes time. A long-term commitment is necessary to change the conditions in underserved and underprivileged communities. All parties to the endeavor have ways in which they can show this commitment.

Funders must be willing to support the process by which local capacity is built and by which policy change emerges from local practice. Policymakers should work more extensively with grassroots organizations to level the legislative playing field, ordinarily dominated by the healthcare industry and urban development interests. Researchers need to be more responsive to current issues without compromising the rigor of their long-term studies, and practitioners and researchers need to create more effective vehicles for ongoing communication about data and findings.[94]

Practitioners in both government and the community sector must make a substantial investment of time and resources, accept failures as well as successes, and remain committed to community-focused strategies. Efforts with these very ingredients are advancing in different communities.

14. Broaden the platform for change.

The case studies are the tip of the iceberg of what is happening in the broader field focused on advancing a movement for healthy communities. Many connections need to be developed to build further momentum and expand the impact of current efforts. There are successful efforts to improve access to the critical elements for an active life—for children and adults. These run the gamut from creating better air, to more and better maintained parks, to improving access to programs that are age and culturally appropriate. There are policies and practices that focus on the various environments that constitute a healthy community—the physical, social, economic, and service environments—sometimes separately and sometimes with a cross-sector approach. The foundation is being built, but many more connections are needed. Efforts that attract different constituencies are central to creating the connections that will expand and strengthen a movement for healthy communities.

Strategic new collaborations and coalitions are being developed to help move specific and broader agendas. Important new alliances are emerging, ones that help to foster and support leadership and to advocate for change. These new alliances and organizations provide some of the glue for the new movement—they disseminate and "filter" information and create opportunities for new connections to be made and applied strategically. There is a desire to identify how best to come together to help advance individual and group goals. A comprehensive agenda is emerging for access to healthy foods (in schools, markets, and restaurants), parks, living-wage jobs, healthy air, and homes, supported by a combination of effective institutions, services, and social networks. Collectively these efforts form the platform and create the momentum and excitement for advancing a movement for healthy communities.

Conclusion

The growing recognition that place matters for health, and that efforts to address racial and ethnic health disparities must focus on community factors, has generated an emerging movement encompassing research, community organizing, mass communications, the restructuring of public health organizations, connections to new issues—and the advocates, regulators and business leaders associated with them—and advocacy for change. As the cases illustrating this report have shown, this movement is diverse in its methods and leaders, and is thriving in large cities, suburbs of all kinds, and rural towns. It taps into Americans' universal concerns with health and fitness, threats to environmental quality, and the need to build sustainable communities and regions. Yet it is also directly focused on the needs, priorities and capacities of the most vulnerable populations.

Movements grow when they have tangible successes and continue to meet the needs of constituents for a meaningful framework to understand and shape their actions. The numerous strands of activity described in this report add up to much more than the sum of their individual parts. The leaders who can take this important work to the next level of impact are already engaged and thinking strategically. The momentum is building and the direction toward more healthy communities for all is clear and promising.

Notes

[1] E.S. Ford, U.A. Ajani, J.B. Croft et al., "Explaining the Decrease in U.S. Deaths from Coronary Disease, 1980–2000," *New England Journal of Medicine* 356 (2007):2388–98.

[2] C. Borger et al., "Health Spending Projections Through 2015: Changes on the Horizon," *Health Affairs Web Exclusive* W61: February 22, 2006.

[3] Samuels & Associates, Healthy Eating, Active Communities (HEAC) evaluation, 2007; K. Morland, S. Wing, and A. Diez Roux, "The Contextual Effect of the Local Food Environment on Residents' Diets: The Atherosclerosis Risk in Communities Study," *American Journal of Public Health* 92(11):1761–7 (2002); K. Morland, S. Wing, A. Diez Roux, and C. Poole, "Neighborhood Characteristics Associated with the Location of Food Stores and Food Service Places," *American Journal of Preventive Medicine* 22(1):23–9 (2002); A.C. King, C. Castro, S. Wilcox, A.A. Eyler, J.F. Sallis, and R.C. Brownson, "Personal and Environmental Factors Associated with Physical Inactivity among Different Racial-ethnic Groups of U.S. Middle-aged and Older-aged Women," *Health Psychology* 19(4):354–64 (2000); D.C. Sloane, A.L. Diamant, L.B. Lewis et al., "Improving the Nutritional Resource Environment for Healthy Living Through Community-based Participatory Research," *Journal of General Internal Medicine* 18(7):568–75 (2003).

[4] The Prevention Institute for The California Endowment, "Good Health Counts: A 21st Century Approach to Health and Community for California." Available from http://www.preventioninstitute.org.

[5] Lissette Flores, Rachel Davis, and Patti Culross, "Community Health: A Critical Approach to Addressing Chronic Diseases," *Preventing Chronic Diseases* 4(4): October 2007. Available from http://www.cdc.gov/pcd/issues/2007/oct/07_0080.htm.

[6] Healthy People 2010 challenges individuals, communities, and professionals to take specific steps to ensure that good health, as well as long life, are enjoyed by all. Managed by the Office of Disease Prevention and Health Promotion within the U.S. Department of Health and Human Services, this initiative brings together national, state, and local government agencies; nonprofit, voluntary, and professional organizations; businesses, communities, and individuals to improve the health of all Americans, eliminate disparities in health, and improve years and quality of healthy life. Healthy People 2010 builds on the goals and initiatives of Healthy People 2000. Available from http://www.healthypeople/gov.

[7] *Strategic Alliance for Healthy Food and Activity Environments*, Environmental Nutrition and Activity Community Tool (ENACT), PolicyLink Equitable Development ToolKit, http://www.policylink.org/EDTK/default.html; PolicyLink for The California Endowment, *Advocating for Change,* http://www.policylink.org/AdvocatingForChange/default.html; and *The Influence of Community Factors on Health: An Annotated Bibliography,* National Community Development Institute Health Advocacy Training Series. Available from http://www.ncdi.org/.

[8] These rates were retrieved from the Harlem Children's Zone website, http://www.hcz.org/project/accomplishments.html.

[9] "Governor Spitzer Encourages Child Health Plus Enrollment to Insure New York's Children," Press Release dated August 9, 2007. Available from http://www.ny.gov/governor/press/0809071_print.html.

[10] M.A. Winkleby and C. Cubbin, "Influence of Individual and Neighborhood Socioeconomic Status on Mortality among Black, Mexican American, and White Women and Men in the United States," *Journal of Epidemiologic Community Health* 57 (2003):444–52; N.E. Adler, T.E. Boyce et al., "Socioeconomic Status and Health: The Challenge of the Gradient," *American Psychologist* 48(1):15–24 (1994); E. Backlund, P.D. Sorlie et al., "A Comparison of the Relationships of Education and Income with Mortality: The National Longitudinal Mortality Study," *Social Science & Medicine* 49 (1999):1373–84; M. Haan, G.A. Kaplan, and T. Camacho, "Poverty and Health: Prospective Evidence from the Alameda County Study," *American Journal of Epidemiology* 125(6):989–98 (1987); J.S. House and D.R. Williams, "Understanding and Reducing Socioeconomic and Racial/Ethnic Disparities in Health," in B.D. Smedley and S.L. Syme (eds.), *Promoting Health: Intervention Strategies from Social and Behavioral Research* (Washington, DC: Institute of Medicine/National Academy Press, 2000); and N. Krieger and E. Fee, "Social Class: The Missing Link in U.S. Health Data," *Journal of Health Services* 24 (1994):25–44. Citation.

[11] Barbara J. Lipman, *Something's Gotta Give: Working Families and the Cost of Housing* (Washington, DC: Center for Housing Policy, 2005); Wang Lee, Eric Beecroft, Jill Khadduri, and Rhiannon Patterson, "Impacts of Welfare Reform on Recipients of Housing Assistance: Evidence from Indiana and Delaware," prepared for the U.S. Department of Housing and Urban Development by Abt Associates, 2003.

[12] Joan R. Kahn and Elena M. Fazio, "Economic Status Over the Life Course and Racial Disparities in Health," *Journals of Gerontology Series B: Psychological Sciences and Social Sciences, Special Issue 2* 60(2005): S76–S84.

[13] Sheridan Bartlett, "The Significance of Relocation for Chronically Poor Families in the USA," *Environment and Urbanization* 9(1):121–32 (1997); Sarah Nettleton and Roger Burrows, "Mortgage Debt, Insecure Home Ownership, and Health: An Exploratory Analysis," *Sociology of Health and Illness* 20(5):731–53 (1998); Karen A. Matthews, Catarina I. Kiefe, Cora E. Lewis, Kiang Liu, Stephen Sidney, and Carla Yunis, "Socioeconomic Trajectories and Incident Hypertension in a Biracial Cohort of Young Adults," *Hypertension* 39:772–6 (2002); Irwin Redlener and Dennis Johnson, *Still in Crisis: The Health Status of New York's Homeless Children* (New York: The Children's Health Fund, 1999); David L. Wood, R. Burciaga Valdez, Toshi Hayashi, and Albert Shen, "Health of Homeless Children and Housed, Poor Children," *Pediatrics* 86(6):858–66 (1990); and Ellen L. Bassuk and Lynn Rosenberg, "Psychosocial Characteristics of Homeless Children and Children with Homes," *Pediatrics* 85(3):257–61 (1990).

[14] A.C. Volkers, G.P. Westert, and F.G. Schellevis, "Health Disparities by Occupation, Modified by Education: A Cross-sectional Population Study," *BioMed Central Public Health* 7(1):196 (August 8, 2007).

[15] *Ibid.*

[16] *Ibid.*

[17] *Ibid.*

[18] A. Singh-Manoux, N.E. Adler, and M.G. Marmot, "Subjective Social Status: Its Determinants and Its Association with Measures of Ill Health in the Whitehall II Study," *Social Science and Medicine* 56 (2003):1321–33.

[19] A. Singh-Manoux, M.G. Marmot, and N.E. Adler, "Does Subjective Social Status Predict Health and Change in Health Status Better Than Objective Status?," *Psychosomatic Medicine* 67(2005):855–61.

[20] R.G. Wilkinson, *Unhealthy Societies: The Afflictions of Inequality* (London: Routledge, 1996).

[21] PolicyLink for The California Endowment, *The Influence of Community Factors on Health: An Annotated Bibliography,* 2004.

[22] Tama Leventhal and Jeanne Brooks-Gunn, "Moving to Opportunity: An Experimental Study of Neighborhood Effects on Mental Health," *American Journal of Public Health* 93(9):1576–82 (2003); J. Goering, J.D. Feins, and T.M. Richardson, "A Cross-Site Analysis of Initial Moving to Opportunity

Demonstration Results," *Journal of Housing Research*, 2002.
[23] Nicole Lurie and Tamara Dubowitz, "Health Disparities and Access to Health," *Journal of the American Medical Association* 297 (March 14, 2007):1118–21.
[24] B.D. Smedley and S.L. Syme (eds.), *Promoting Health, op. cit*.
[25] Sharon B. Wyatt, David R. Williams, Rosie Calvin, Frances C. Henderson, Evelyn R. Walker, and Karen Winters, "Racism and Cardiovascular Disease in African Americans," *American Journal of the Medical Sciences* 325(6):315–31, June 2003.
[26] Gilbert C. Gee, Michael S. Spencer, Juan Chen, and David Takeuchi, "A Nationwide Study of Discrimination and Chronic Health Conditions Among Asian Americans," *American Journal of Public Health* 97 (July 2007):1275–82.
[27] Luisa N. Borrell, David R. Jacobs, Jr., David R. Williams, Mark J. Pletcher, Thomas K. Houston, and Catarina I. Kiefe, "Self-reported Racial Discrimination and Substance Use in the Coronary Artery Risk Development in Adults Study," *American Journal of Epidemiology* 166 (November 1, 2007):1068–79.
[28] Sharon B. Wyatt et al., *op. cit.*
[29] *Ibid.*
[30] E.S. Tull, Y.T. Sheu, C. Butler, and K. Cornelious, "Relationships between Perceived Stress, Coping Behavior and Cortisol Secretion in Women with High and Low Levels of Internalized Racism," *Journal of the National Medical Association* 97(2):206–12 (February 2005).
[31] Sharon B. Wyatt et al., *op. cit.*
[32] D. Acevedo-Garcia and K. Lochner, "Residential Segregation and Health," in I. Kawachi and L. Berkman (eds.), *Neighborhoods and Health* (Oxford: Oxford University Press, 2003), 264–87.
[33] K. Morland et al., "Neighborhood Characteristics," *op. cit.*; J.F. Sallis et al., "Distance Between Homes and Exercise Facilities Related to Frequency of Exercise Among San Diego Residents," *Public Health Reports* 105(2):179–85 (1990).
[34] R. Morello-Frosch, M. Pastor, Jr., C. Porras, and J. Sadd, "Environmental Justice and Regional Inequality in Southern California: Implications for Future Research," *Environmental Health Perspectives* 110 (Supp. 2):149–54 (2002).
[35] D.L. Koya and L.E. Egede, "Association between Length of Residence and Cardiovascular Disease Risk Factors among an Ethnically Diverse Group of United States Immigrants," *Journal of General Internal Medicine* 22(6):841–6 (June 2007, E-pub March 9, 2007).
[36] C.M. Turra and N. Goldman, "Socioeconomic Differences in Mortality among U.S. Adults: Insights into the Hispanic Paradox," *Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 62(3):S184–92 (May 2007).
[37] PolicyLink and The California Endowment first proposed this framework in their 2002 report, *Reducing Health Disparities Through a Focus on Communities*. Based on experience in the field and more recent research, they have updated the framework for this report, paying particular attention to conceptual models in the public health literature that emphasize community-driven efforts focused on improving neighborhood conditions.
[38] The Prevention Institute, *The Imperative of Reducing Health Disparities through Prevention: Challenges, Implications, and Opportunities* (Oakland, CA: The Prevention Institute, August 2006).
[39] Joan R. Kahn and Elena M. Fazio, *op. cit.*
[40] A.J. Schulz, S. Kannan, J.T. Dvonch, B.A. Israel, A. Allen III, S.A. James, J.S. House, and J. Lepkowski, "Social and Physical Environments and Disparities in Risk for Cardiovascular Disease: The Healthy Environments Partnership Conceptual Model," *Environmental Health Perspectives* 113(12):1817–25 (December 2005).
[41] M. Haan et al., *op. cit.*
[42] The Moving to Opportunity (MTO) research investigates health effects on public housing residents who were provided different types of opportunities to relocate. The demonstration program provided specialized moving assistance to an experimental group of public housing tenants from high-poverty, central-city neighborhoods who were required to move to a nonpoor census tract.

Researchers compared the participants to a group who received moving assistance but was allowed to move to any neighborhood and with a control group who did not receive any moving assistance.

[43] K. Morland et al., "The Contextual Effect," *op. cit*.; *see* N. Wrigley et al., "Deprivation, Diet, and Food Retail Access: Findings from the Leeds 'Food Deserts' Study," *Environment and Planning A,* no. 34 (2002); The Food Trust, *Farmer's Market Program Evaluation 2004.* Available from http://www.thefoodtrust.org/catalog/resource.detail.php?product_id=68.

[44] Amanda Shaffer, *The Persistence of L.A.'s Grocery Gap: The Need for a New Food Policy and Approach to Market Development* (Los Angeles: Center for Food and Justice, Urban and Environmental Policy Institute, Occidental College, 2002); K. Morland et al., "Neighborhood Characteristics," *op. cit.*; and R. Nayga and Z. Weinberg, "Supermarket Access in the Inner City," *Journal of Retailing and Consumer Services* 6(1999):141–5.

[45] PolicyLink, *Healthy Food, Healthy Communities: Improving Access and Opportunities through Food Retailing*, Fall 2005.

[46] California Center for Public Health Advocacy, "Searching for Healthy Food: The Food Landscape in California Cities and Counties," January 2007.

[47] Mari Gallagher Research & Consulting, "Examining the Impact of Food Deserts on Public Health in Chicago," commissioned by LaSalle Bank, Chicago, Illinois, July 2006. Available from http://www.lasallebank.com/about/stranded.html.

[48] PolicyLink, *Market Creek Plaza: Toward Resident Ownership of Neighborhood Change*, Spring 2005. Available from http://www.marketcreek.com/.

[49] For more information, *see* http://www.thehdmt.org/.

[50] Nicholas A. Christakis and James H. Fowler, "The Spread of Obesity in a Large Social Network over 32 Years," *New England Journal of Medicine* 357(4):370–9 (July 26, 2007).

[51] Robert D. Putnam, **"**Bowling Alone: America's Declining Social Capital," *Journal of Democracy*, 6(1):65–78 (January 1995).

[52] F. Li, K. Fisher, J. Bauman, A. Ory, M.G. Chodzko-Zajko, H.P. Wojtek, M. Bosworth, and M. Cleveland, "Neighborhood Influences on Physical Activity in Middle-aged and Older Adults: A Multilevel Perspective," *Journal of Aging and Physical Activity* 13(2005):87–114.

[53] I. Kawachi, B. Kennedy, and R. Glass, "Social Capital and Self-rated Health: A Contextual Analysis," *American Journal of Public Health* 89(1999):1187–93.

[54] D.R. Holtgrave, R.A. Crosby, G.M. Wingood, R.J. DiClemente, and J.A. Gayle, "Social Capital as a Predictor of AIDS Cases, STD Rates, and Adolescent Sexual Risk Behavior Prevalence: A State-Level Analysis," Abstract Presentation No. ThOrD1493 at the 2002 International AIDS Conference in Barcelona, Spain.

[55] Eric Klinenberg, *Heat Wave: A Social Autopsy of Disaster in Chicago* (Chicago: University of Chicago Press, 2002).

[56] A.C. King et al., "Personal and Environmental Factors," *op. cit*.

[57] Doug McKenzie-Mohr, "New Ways to Promote Proenvironmental Behavior: Promoting Sustainable Behavior: An Introduction to Community-Based Social Marketing," *Journal of Social Issues* 56(3):543–54 (Fall 2000).

[58] K. Atwood, G.A. Colditz, and I. Kawachi, "From Public Health Science to Prevention Policy : Placing Science in Its Social and Political Contexts," *American Journal of Public Health* 87(1997) :1603–6.

[59] R. Morello-Frosch et al., "Environmental Justice," *op. cit.*

[60] S. Macintyre, S. Maciver, and A. Sooma, "Area, Class, and Health: Should We Be Focusing on Places or People?," *Journal of Social Policy* 22(1993):213–34.

[61] Howard Frumkin, "Healthy Places: Exploring the Evidence," *American Journal of Public Health* 93(9):1451–6 (2003).

[62] Office of Highway Policy Information, Federal Highway Administration, 1969 Nationwide Personal Transportation Survey, and the 2001 National Household Travel Survey, http://www.bts.gov/programs/national_household_travel_survey.

[63] L.D. Frank, T.L. Schmid, J.F. Sallis, J.

Chapman, and B.E. Saelens, "Linking Objectively Measured Physical Activity with Objectively Measured Urban Form," *American Journal of Preventive Medicine* 28(2005):117–25; and H. Frumkin, L. Frank, and R. Jackson, *The Public Health Impacts of Sprawl* (Washington, DC: Island Press, 2004).

[64] D. Acevedo-Garcia et al., *op. cit.*; john a. powell, "Race and Space," *Brookings Review*, Fall 1998; and Myron Orfield, *American Metropolitics: The New Suburban Reality* (Washington, DC: The Brookings Institution Press, 2002).

[65] C. Lee, "Environmental Justice: Building a Unified Vision of Health and the Environment," *Environmental Health Perspectives* 110, supp. 2 (2002):141–4; and R. Morello-Frosch et al., "Environmental Justice," *op. cit.*

[66] Shobha Srinivasan, Liam R. O'Fallon, and Allen Dearry, "Creating Healthy Communities, Healthy Homes, Healthy People: Initiating a Research Agenda on the Built Environment and Public Health," *American Journal of Public Health* (93:9):14 46–50 (2003).

[67] James Krieger and Donna L. Higgins, "Housing and Health: Time Again for Public Health Action," *American Journal of Public Health* 92(5):758–68 (2002); Richard D. Cohn, Samuel J. Arbes, Jr., Renee Jaramillo, Laura H. Reid, and Darryl C. Zeldin, "National Prevalence and Exposure Risk for Cockroach Allergen in U.S. Households," *Environmental Health Perspectives* 114(4):522–6 (2006).

[68] David Bellinger, Alan Leviton, Herbert L. Needleman, Christine Waternaux, and Michael Rabinowitz, "Low Level Lead Exposure and Infant Development in the First Year," *Neurobehavioral Toxicology and Teratology* 8(1986):151–61; Committee on Environmental Health, "Lead Exposure in Children: Prevention, Detection, and Management," *Pediatrics* 116(4):1036–46 (2005); Herbert L. Needleman, Alan Shell, David Bellinger, Alan Leviton, and Elizabeth N. Allred, "The Long-Term Effects of Exposure to Low Doses of Lead in Childhood: An 11-Year Follow-up Report," *New England Journal of Medicine* 322(2):83–88 (1990); David E. Jacobs, Robert P. Clickner, Joey Y. Zhou, Susan M. Viet, David A. Marker, John W. Rogers, Darryl C. Zeldin, Pamela Broene, and Warren Friedman, "The Prevalence of Lead-Based Paint Hazards in U.S. Housing," *Environmental Health Perspectives* 110(10):599–606 (2002).

[69] Gregory R. Istre, Mary A. McCoy, Linda Osborn, Jeffrey J. Barnard, and Allen Bolton, "Deaths and Injuries from House Fires," *New England Journal of Medicine* 344(25):1911–16 (2001); Megan Sandel and Joshua Sharfstein, *Not Safe at Home: How America's Housing Crisis Threatens the Health of Its Children* (Boston: Children's Hospital Medical Center, The Doc4Kids Project, 1998); David Chenoweth, *The Economic Cost of Substandard Housing Conditions Among North Carolina Children,* prepared by Chenoweth & Associates, Inc., for the North Carolina Housing Coalition, 2007.

[70] California Air Resources Board (ARB) and Department of Health Services (DHS), *The Report to the California Legislature: Environmental Health Conditions in California's Portable Classrooms,* 2004.

[71] http://www.schoolfunding.info/news/litigation/8-26-04williamsetal.php3.

[72] California Senate Bill 352 Escutia (2003). Available from http://www.leginfo.ca.gov/pub/03-04/bill/sen/sb_0351-0400/sb_352_bill_20031003_chaptered.html.

[73] http://www.laxmasterplan.org/comBenefits.cfm.

[74] S.A. French, M. Story, and R.W. Jeffery, "Environmental Influences on Eating and Physical Activity," *Annual Review of Public Health* 22(2001):309–35; S.A. Everson, S.C. Maty, J.W. Lynch, and G.A. Kaplan, "Epidemiologic Evidence for the Relation Between Socioeconomic Status and Depression, Obesity, and Diabetes," *Journal of Psychosomatic Research* 53(2002):891–5; S.P. Hooker, D.K. Wilson, S.F. Griffin, and B.E. Ainsworth, "Perceptions of Environmental Supports for Physical Activity in African American and White Adults in a Rural County in South Carolina," *Preventing Chronic Disease: Public Health Research, Practice, and Policy* 2(2005):1–10; A.L. Bedimo-Rung, A.J. Mowen, and D.J. Cohen, "The Significance of Parks to Physical Activity

and Public Health," American *Journal of Preventive Medicine* 28(2005):159–68; G.C. Godbey, L.L. Caldwell, M. Floyd, and L.L. Payne, "Contributions of Leisure Studies and Recreation and Park Management Research to the Active Living Agenda," *American Journal of Preventive Medicine* 28(2005):150–8.

[75] PolicyLink, *Regional Development and Physical Activity: Issues and Strategies for Promoting Health Equity*, November 2002; L.D. Frank et al., *op. cit*.

[76] B.D. Smedley and S.L. Syme (eds.), *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (Washington, DC: Institute of Medicine/National Academy Press, 2002).

[77] *Ibid.*

[78] Sharon B. Wyatt et al., *op. cit.*; D. Acevedo-Garcia and K. Lochner, "Residential Segregation and Health," in I. Kawachi and L. Berkman (eds.), *Neighborhoods and Health* (Oxford: Oxford University Press, 2003), 264–87.

[79] Healthy Environments Partnership, *Annual Report 2005–2006*.

[80] California Center for Public Health Advocacy, PolicyLink, and the UCLA Center for Health Policy Research, "Local Food Environments and Health in California" (forthcoming, in 2008).

[81] J.R. Tatlow, J.D. Clapp, and M.M. Hohman, "The Relationship Between the Geographic Density of Alcohol Outlets and Alcohol-Related Hospital Admissions in San Diego County," *Journal of Community Health* 25(1):79–88 (2000).

[82] T.A. LaVeist and J.M. Wallace, Jr., "Health Risk and Inequitable Distribution of Liquor Stores in African American Neighborhoods," *Social Science and Medicine* 51(4):613–7 (2000).

[83] Mildred Thompson, PolicyLink Senior Director and Director of the PolicyLink Center on Health and Place, has served on the advisory committee for the documentary, assisting in the identification of opportunities for sharing the series and promoting its use as a resource and tool for increasing awareness about health disparities and seeking effective solutions.

[84] The Prevention Institute, *op. cit*.

[85] Bay Area Regional Health Inequities Initiative (BARHII), "About BARHII: Mission." Available from: http://www.barhii.org/about/index.html.

[86] ———, "History." Available from http://www.barhii.org/about/history.html.

[87] ———, "Welcome to BARHII." Available from http://www.barhii.org/index.html.

[88] ———, "Funders." Available from http://www.barhii.org/funders.html.

[89] ———, "Programs & Activities." Available from http://www.barhii.org/programs/index.html.

[90] ———, "Built Environment Work Group." Available from http://www.barhii.org/programs/built_environment.html.

[91] Sarah E. Samuels, Lisa Craypo et al., *Improving School Food Environments Through District-Level Policies: Findings from Six California Case Studies* (Oakland, CA: Samuels & Associates, November 2005. Available from http://www.calendow.org and http://ww.rwjf.org.

[92] Samuels & Associates, California Project LEAN, the Partnership for the Public's Health, and the Center for Weight and Health, University of California, Berkeley, *Key Lessons From California Schools Working to Change School Food Environments* (Los Angeles: The California Endowment, 2007).

[93] PolicyLink, *Research, Practice, and Policy: Key Strategies to Reduce Health Disparities Through a Focus on Communities,* October 2005.

[94] The Strategic Alliance, RAMP, and PolicyLink are three different models of how these roles can be developed and implemented.

Headquarters:
1438 Webster Street
Suite 303
Oakland, CA 94612
t 510 663-2333
f 510 663-9684

Communications:
55 West 39th Street
11th Floor
New York, New York 10018
t 212 629-9570
f 212 730-2911

www.policylink.org

1000 North Alameda Street
Los Angeles, CA 90012
t 800 449-4149

www.calendow.org

Established by
Blue Cross of California