Building Stronger Communities for Better Health
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Founded in 1970, the Joint Center for Political and Economic Studies informs and illuminates the nation's major public policy debates through research, analysis, and information dissemination in order to: improve the socioeconomic status of black Americans, expand their effective participation in the political and public policy arenas, and promote communications and relationships across racial and ethnic lines to strengthen the nation's pluralistic society.

The Joint Center's new Health Policy Institute works to improve the health status of black Americans and other ethnically diverse groups by expanding their participation in relevant political, economic, and health policy arenas. It provides a national platform for minority health issues and gives voice to groups that would otherwise be excluded from these important debates through its ongoing analysis of health and related policy issues and through timely distribution of vital information.

PolicyLink is a national nonprofit research, communications, capacity building, and advocacy organization based in Oakland, California. Since 1999 PolicyLink has worked to advance a new generation of policies to achieve economic and social equity from the wisdom, voice, and experience of local constituencies. Its research and analysis in the field of health explores how the social, economic, and physical environments of local communities affect health and contribute to health disparities.

Opinions expressed in this publication are those of the author(s) and do not necessarily reflect the views of the staff or governing board of the Joint Center or PolicyLink.

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FOREWORD

Over the past five years, racial and ethnic disparities in health care and health status have been highlighted in a series of governmental and non-governmental reports. The nature and extent of the problem should be obvious to all who are paying attention. However, less is known or shared about solutions that can be adopted in local communities, especially where the problems are most severe.

The importance of community cannot be overstated. It is the community environment that determines the toxins people are exposed to, their opportunities for exercise, healthy eating and living, and the health care services they can access. Moreover, people of color are exposed to an additional stress in the form of racism, which can have a harmful long-term impact on their health. In short, the overall vitality of a community — the economic opportunities available, the social support networks, and the public infrastructure — plays a major role in families’ ability to improve their health and well-being. This brief offers a framework for strengthening communities to improve the health and well-being of residents. It notes that communities can have positive or negative effects on health. Our policy goal should be to increase the positives and reduce the negatives.

A collaboration between the Joint Center for Political and Economic Studies and PolicyLink, this brief is one of four that outline strategies for achieving better health through community-focused solutions. The other three focus on diet and fitness; asthma; and special issues for Latino immigrants. The briefs, written by PolicyLink staff and consultants, are based on a review of the literature as well as on interviews with African American and Latino community health leaders (or those serving African American and Latino populations) and elected officials from across the country.

The Joint Center and PolicyLink are grateful to the W. K. Kellogg Foundation for their support of the Joint Center’s Health Policy Institute, which made these publications possible. This document could not have been accomplished without the hard work and dedication of our staff and consultants, who are listed on the acknowledgements page. We also appreciate the participation by elected officials, community leaders, and health practitioners in interviews and a forum where they shared with us their experiences and strategic thinking and provided helpful feedback on proposed solutions. We hope this document will be useful in your work to ensure that everyone can live in a healthy community.

Eddie N. Williams Angela Glover Blackwell
President President
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INTRODUCTION

The problem of health disparities—specifically, the higher incidence of certain diseases and health conditions among communities of color—first emerged on the national policy agenda in 1998. Community leaders, public health officials, and an array of state and national organizations seized on the issue, seeking to educate policymakers and the public and advocating for an expansion of policy initiatives across the country. Such efforts have focused most often on expanding access to health care and improving individuals’ experiences within the health care system.

Improving access to health care and the quality of that care remain critically important and challenging goals. But research on the causes of illness and mortality in the United States suggests that improving health care and health outcomes in communities of color would be most successful with a simultaneous focus on those communities’ social, economic, and physical environments. Far from being a mere backdrop for interventions designed to change individual health and health behavior, community environments must be understood to have equal importance.

This issue brief presents a framework for understanding how community conditions affect individuals’ health both directly and indirectly. It discusses how attention to these determinants of health requires a shift from a narrow focus on treatment to a broader approach that includes prevention and health promotion. The overarching roles that race, ethnicity, and socioeconomic status play in health status are explored within this context, and the case is made that the legacy of racism must be addressed if the continuing health disparities between white Americans and Latino and African Americans are to be eliminated.

Included are key findings from our interviews with African American and Latino elected officials and community health leaders. Their discussions also suggest that resolving health disparities will require making changes in community environments. The final sections of this brief discuss the implications of this community-effects concept for designing new policy and program strategies. According to the interviews, such changes will require approaches—ranging from local neighborhood action to securing public funding and effecting policy changes—that will not be easy given current fiscal and political constraints. Nonetheless, the interviews, current research, and the experiences of African Americans and Latinos underscore the need for continued leadership and action in the effort to improve the health status of these populations.

RECENT POLICY ATTENTION TO RACIAL AND ETHNIC HEALTH DISPARITIES

The 1998 launch of the Department of Health and Human Services (DHHS) Initiative to Eliminate Racial and Ethnic Disparities in Health put the issue on the national policy agenda. Healthy People 2010—a DHHS-led effort to establish a set of key health indicators for the nation and measure health improvement over time—subsequently emphasized the importance of measuring differences in health outcomes by race and ethnicity as a first step toward eliminating disparities. In a 2003 report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, the Institute of Medicine documented major differences in the way people of color and whites are treated within the health care system. In February 2004, the DHHS Agency for Healthcare Research and Quality issued the National Health Care Disparities Report, the first federal effort to measure differences among various populations in their access to and use of health care services. Together with the ongoing work of state and national governmental and private organizations and the work of advocates and community leaders across the country, these efforts have heightened awareness of health disparities and helped to mobilize practitioners, policymakers, and public health officials at the local, state, and national levels.

In most cases, policy efforts to reduce disparities have attempted to expand access to health care and improve individuals’ experiences within the health care system. However, as important as access is, researchers at the Centers for Disease Control and Prevention (CDC) have estimated that lack of access to care accounts for only a fraction of total mortality (death) in the United States. Most mortality is instead the result of environmental conditions, social and economic factors, behavior, and genetic predisposition. As the following summary indicates, there

“Community organizing is key; when you empower people in one area, it has residual effects.”
—Councilman Tom Perez, Montgomery County, Maryland
is a growing body of research identifying how community conditions of all kinds affect a host of chronic diseases and other health conditions. Thus, the social, economic, and physical environments of communities, including the effects these environments have on individual behavior, are an important focus for new policy approaches aimed at improving health among black and Latino populations.

A CONCEPTUAL FRAMEWORK OF COMMUNITY EFFECTS ON HEALTH

In its 2002 report Reducing Health Disparities Through a Focus on Communities, PolicyLink proposed a framework, based on emerging research, to describe how social, economic, and physical environments in neighborhoods affect health. This framework, updated for this publication, is based on various conceptual models found in the public health literature and on the theory and practice of community building (that is, community driven efforts to improve neighborhood and family conditions). It also reflects many public health practitioners’ increasing focus on neighborhoods, as well as a parallel increase in concern about health among urban planners, community leaders, and municipal administrators.

Neighborhood factors influence health at least four ways: (1) direct effects on both physical and mental health, (2) indirect influences on behaviors that have health consequences, (3) health impacts resulting from the quality and availability of health care, and (4) health impacts associated with the availability of “opportunity structures.” Opportunity structures include such things as access to healthy and affordable food, safe and enjoyable spaces for exercise and recreation, capital for business or home-based assets, and transportation resources that facilitate employment and education.

Depending on circumstances in a given community or neighborhood, the factors listed in the accompanying table — “Conceptual Framework of Community Effects on Health” — can have protective or negative effects on health. For example, the amount of social capital, or close connections to others Conceptual Framework of Community Effects on Health within and beyond the community, has been shown to correlate with better mental—and in some cases physical—health, as community residents share a sense of collective resiliency and are supportive of one another. Conversely, the lack of social capital has been shown to contribute to poorer health status. For example, a lack of trust or connection to neighbors could lead to a reluctance or inability to help one another in the event of a health or economic crisis.

A given community factor also may have multiple effects. For example, the prevalence of crime in a neighborhood can have a direct health effect by increasing injuries due to violence, and can also discourage commercial development in an area and restrict residents’ willingness and ability to exercise outdoors. While these interactions can make it difficult to isolate and measure the impact of any single factor, they also suggest that multi-pronged strategies for improving neighborhoods can positively improve health outcomes and reduce health disparities.

Exploring how community factors can affect health also requires applying a “life course approach,” which recognizes that a given factor will have different effects on community residents as they age. A lack of public transportation, for example, is likely to affect youths more than adult residents, who are more likely to have access to cars. Likewise, the quality and availability of preschools will affect young children and their parents. The elderly, on the other hand, who are more susceptible to social isolation, may find it difficult to drive, thus have more need for public transit or other transportation means to get to friends, family, and neighborhood centers. In addition to taking into account residents’ age and the duration of their exposure to a particular community environmental factor (which may vary depending on residential mobility), in the application of this framework one must also consider that the effects will vary according to a community’s economic, political, and social characteristics at a given time.

THE OVERARCHING EFFECTS OF RACE, ETHNICITY, AND SOCIOECONOMIC STATUS

The effects of community environment on health status apply to all population groups and regions of the country. However, because a community is shaped by the race, ethnicity, and socioeconomic status of its residents, these effects become public policy issues when racial and economic disparities result in health disparities among different communities. In short, racial and economic disparities between neighborhoods help to create and maintain health disparities, and must therefore be the focal point for understanding and addressing health status.
Many researchers have documented the relationship between socioeconomic status, or social class, and health, with findings that education and income levels are among the strongest predictors of health status. Likewise, there is evidence that the widening gap between the rich and the poor is contributing to health disparities.

Income, education, and type of employment influence an individual's exposure to a wide range of risk factors such that rates of mortality and morbidity (poor health) increase as socioeconomic status decreases. This "gradient effect" — wherein each socioeconomic group has better health than the group just below it — is especially significant at the lower range of the socioeconomic ladder.

In a long-term study (known as the Alameda Study) of the predominantly African American residents in West Oakland, California, a federally defined poverty area, researchers found that living in a poor neighborhood is itself a health risk. The additional risk to health associated with living in the neighborhood could not be explained by individual residents' ages, incomes, gender, or education, nor by race or baseline health status, all of which the researchers adjusted the data to control for.

The interplay between social class and race or ethnicity is important. Research has shown that race and ethnicity often determine a person's socioeconomic status to a major degree. Further, research has shown that both race and ethnicity have effects on health independent of socioeconomic status. Even after the data are adjusted to remove the effects of socioeconomic status, racial differences persist in the quality of education, the family wealth associated with a given level of income, the purchasing power of income, the stability of employment, and the health risks associated with occupational status.

The Role of Residential Segregation

Class, race, and ethnicity also influence where individuals live, primarily through patterns of residential segregation. Racism is also a factor even though the degree of segregation between black and white appears to have decreased in recent years—as measured by the "dissimilarity index," which identifies the extent to which neighborhood residents would need to move to be evenly distributed by race or ethnicity. However, low-income African Americans are still far more likely than people of other races to live in high-poverty, racially segregated neighborhoods and are less likely than Latinos, for example, to enter less segregated neighborhoods as their income rises.

As whites and higher income people of color leave inner cities for the suburbs, they are increasingly likely to leave behind economically depressed communities with limited job opportunities, poorly performing public schools, and old, substandard housing stock. At the same time, in many metropolitan areas, first-ring suburbs, home to newly arrived African American and Latino families, are experiencing new concentrations of poverty and serious challenges of disinvestment. The proportion of the poor who live in neighborhoods of highly concentrated poverty declined from 1990 to 2000, particularly in the East and Midwest. Nevertheless, the overall poverty rate for the nation remained nearly constant through the decade, and the poor population was predominantly comprised of African Americans and Latinos.

Racial segregation has ramifications in the economic, physical, and political environments. Low-income communities of color routinely receive fewer tax dollars for vital infrastructure services, from education to sanitation, yet have larger numbers of polluting industries in their neighborhoods.

"Everyone is focused on health behaviors these days, but the environment people are constrained within far exceeds the effect of any individual change. Our program can link kids to asthma specialists and ensure they have the right medicines and resources like bed covers, but at the end of the day, if they go home to neglected buildings that are roach infested, and moldy housing, we will not be able to stabilize their asthma."

— Jacqueline Martinez, Northern Manhattan Community Voices
These conditions make it even more challenging to build the necessary additional protective responses.

**STRATEGIES FOR REDUCING HEALTH DISPARITIES: IMPLICATIONS OF THE FRAMEWORK AND INTERVIEW FINDINGS**

**Acknowledgment of Political Obstacles**

The need for new and expanded strategies to eliminate health disparities in the United States is clear, although given the current economic environment of growing state and federal budget deficits, pursuing such a policy agenda will not be easy. In interviews conducted for this study, African American and Latino elected officials said they find it difficult to promote expanded investment in minority communities in the midst of what several described as an ideological battle over the appropriate role of government. As one state official said quite succinctly, “We are currently fighting just to hold on to what we have!”

In light of this political environment, a number of elected officials and community health leaders emphasized the importance of local leadership in furthering a community driven approach to racial and ethnic health disparities. Rather than waiting for federal or state officials to adopt policies toward this end, interviewees stressed the need for local initiative and action.

**Refocusing on Prevention**

Fundamentally, addressing the community determinants of health requires a shift from efforts focused on treatment to those focused on prevention or health promotion. This shift need not result in a deemphasis of advocacy to improve access and quality within the health care system. Such work will remain important to the overall goal of eliminating health disparities. But a simultaneous focus on prevention is needed.

**The Need for Multiple Strategies Across Sectors**

The community-effects framework and our interview findings suggest the need for strategies and policies to be multi-pronged and function across sectors. Thus, prevention strategies in the health field need to be connected with strategies in sectors such as education, housing, public safety, economic development, and community planning. Some health care organizations have succeeded in stretching the traditional boundaries of health care by co-locating, within one institution, the activities of schools, programs to promote home ownership, intergenerational social services, business development opportunities, and recreational services. However, as several interviewees noted, building alliances across sectors is a major challenge because local service providers and leaders are often more focused on their own issues or programs. One interviewee noted that overcoming the perceived competition for funding—a dynamic sometimes exacerbated by funders themselves—is an important first step to creating effective coalitions with shared community goals.

Efforts to improve the health of Latino immigrants provide another example of how strategies to reduce disparities must consider community factors beyond public health’s traditional scope. Latinos’ access to and willingness to use medical services can be influenced by immigration laws and program eligibility rules that have far-reaching impacts on their lives. Their access to care is also constrained by substandard and overcrowded housing, marginal employment, limited public transportation, and language barriers.

Notwithstanding these risk factors, what is referred to as the Hispanic health paradox has been well documented:

“When it comes to diet and nutrition, it isn’t any single influence. The absence of safe and affordable exercise venues in inner-city neighborhoods and the lack of promotion of exercise in schools, together with targeted advertising for unhealthy foods, affect young people’s ability to choose healthier lifestyles.”

— Ohio State Representative Tyron Yates
Latino immigrant health status actually declines as the length of residency in the United States increases. Some researchers have linked this trend to the economic and social stress of living as an immigrant, including a weakening of community and social networks for second- and third-generation Latinos as they become more acculturated. Changing diet and exercise patterns may also be factors, as immigrants over time adopt less healthy American diets and more sedentary lifestyles.

The Need for a Sustained Investment and a Long-Term Policy Agenda

A focus on community factors will require a long-term investment of both public- and private-sector resources as well as a long-term commitment to policy change and advocacy. Expanding employment opportunities and improving the quality of public schools can take years to accomplish. However, as a number of community health leaders and elected officials noted, organizing community residents to identify and respond to local problems brings benefits to the community—in particular a feeling of self-determination and collective efficacy—that extend beyond the specific goal into other areas of residents’ lives.

Promising Policy Approaches to Reducing Health Disparities

Beyond the continued importance of the issues of access, affordability, and quality of health care services, the community-effects framework proposed in this brief suggests that local, state, and federal policymakers already have available a number of policy options for reducing health disparities by improving the social, economic, and physical environments of local communities. This brief illustrates the critical intersection between health and the community environment, including the presence of environmental toxins, housing conditions, access to jobs and transportation, the quality of education, and health promoting activities. African Americans and Latinos are especially affected by disparities in these life-quality factors, so significant health improvements can occur only when these factors receive serious attention and show improvement as well.

Expand Economic Opportunities

- **Promote job training and economic development.** Programs that reach a diverse range of clients with both job-specific and academic training are necessary. The models exist but the resources for putting the programs into effect widely have not been secured. New innovations with community benefit agreements suggest how economic development can ensure benefits to long-time low-income residents. For example, some communities were successful in obtaining living wage requirements for residents employed in development projects.

- **Facilitate access from isolated neighborhoods to new job centers.** As suburban areas continue to grow, inner-city residents are increasingly isolated from jobs and other economic opportunities. Suburban low-income residents similarly find themselves

Can Schools Help Bridge Divergent Community-Driven Efforts?

As community-based institutions, schools may be in a position to help bridge divides that interfere with coalition building across sectors. The quality of schools themselves, particularly public, inner-city schools, establishes a trajectory for socioeconomic status, which in turn affects health. In addition, with many schools already serving a convening role for children, the expanded after-hour use of school buildings for other community meetings and events is a logical next step. And, as one interviewee asked, with 25 percent of the kids in Harlem suffering from asthma, why wouldn’t she target interventions towards schools? Through the schools, she can make contact with children at high risk for asthma, as opposed to hoping that their parents will seek medical care, something which, lacking health insurance or other financial means, they might not do.
### Cultural Characteristics
Values, attitudes, and norms (related to a range of behaviors, including diet) deriving from race/ethnicity, gender, religion, and nationality, as well as from other types of social and cultural groupings.

Common value systems provide cohesion, a sense of community, and access to key cultural institutions with healthy cultural norms/attributes.

Racism, language barriers, and acceptance of unhealthy behaviors are difficult to counteract if community norms and expectations that promote healthy behavior and community safety are absent.

### Social Support and Networks
Networks of friends, family, colleagues, and neighborhood acquaintances within the community and beyond it, such as through churches and clubs.

Social capital 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 among young people.

Residents lack social supports and role models, particularly access to networks outside the neighborhood that could link them to employment and other key opportunities (sometimes referred to as absence of “bridging” social capital).

### Community Leadership and Organization
Level of capacity for mobilization, civic engagement, and political power.

Community leaders and organizations provide needed support and services. Political power allows needed resources to be leveraged into the neighborhood.

Lack of leadership, organization, and political power impedes the flow of resources needed for neighborhood problem-solving and hampers development of community leadership.

### Reputation of the Neighborhood
Residents’ and outsiders’ perceptions of the neighborhood may affect behavior connected with it.

Neighborhoods perceived as “good” or “improving,” with important social and economic attributes, are conducive to new investment.

Poor and “bad” neighborhoods are subject to negative stereotypes and discriminated against, limiting success of isolated improvement efforts.
### Community Characteristics

<table>
<thead>
<tr>
<th>Physical Environment</th>
<th>Community and Public Services</th>
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<tbody>
<tr>
<td>Environmental Quality</td>
<td>Accessibility, affordability, and quality of care for individuals and families.</td>
</tr>
<tr>
<td>Built Environment and Infrastructure</td>
<td>Neighborhood-level public services, including schools, parks, transit, sanitation, police and fire protection, and child-care centers. Community institutions include churches, social clubs, and block groups.</td>
</tr>
<tr>
<td>Public Safety</td>
<td>Necessary, accessible care is delivered in a culturally sensitive manner in satisfactory health facilities with well-trained and culturally appropriate practitioners.</td>
</tr>
<tr>
<td>Geographic Access to Opportunities Throughout the Region</td>
<td>Quality support services act as important neighborhood institutions, providing services as well as venues for neighborhood meetings and leadership development.</td>
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### Protective Factors

- Policies and practices that maintain a clean, healthy environment.
- Urban design supports access to affordable, high-quality housing, recreation, and safe workplaces, thus supporting physical activity and promoting health.
- Getting the desired and necessary amount of police and fire protection results in reduced crime and increases in street/sidewalk activity and interaction.
- Convenient location and mobility allow access to services, employment, and cultural and recreational resources.
- Necessary, accessible care is delivered in a culturally sensitive manner in satisfactory health facilities with well-trained and culturally appropriate practitioners.
- Quality support services act as important neighborhood institutions, providing services as well as venues for neighborhood meetings and leadership development.

### Risk Factors

- Presence of and exposure to toxins and pollution.
- The environment may contain exposure to lead paint, inadequate sanitation, and pest infestation and may include more dangerous types of work and unsafe work environments. In addition, urban design may inhibit physical activity.
- Prevalence of violence breeds fear, isolation, and a reluctance to seek even needed services, as residents avoid leaving their homes and spending time outside.
- Homes are isolated from job centers, particularly areas without public transit access, and are at a distance from recreational facilities or safe parks for exercise and other health-promoting activities.
- There may be a lack of access to necessary health care services, while what is available may be of poor quality and culturally inappropriate. Needed services are not available, while those in the neighborhood may be of poor quality and undependable.
isolated without adequate public transportation. Policies that provide workers with transportation to new job centers could significantly improve the economic standards of poor communities. Strong transportation systems also facilitate access to healthcare for many low-income residents.

- **Support inclusive housing policies.** Regulatory and financing strategies that require a set-aside of new housing units for low- and moderate-income households foster mixed-income communities and reduce concentrated poverty. In addition to providing decent housing, such programs translate into access to jobs, schools, retail businesses, and the social connections that can enhance quality of life and access to opportunities.

- **Encourage public and private reinvestment in low-income communities.** Direct subsidies, tax credits, loan guarantees, and other incentives that subsidize private investment in low-wealth communities can create “double bottom line” outcomes, benefiting both investors and communities when they are tied to concrete community benefits. Such benefits should include local employment opportunities, businesses that serve the community, and living-wage jobs. In economically strong urban centers, these efforts must be implemented hand in hand with affordable housing to avoid residential displacement.

**Expand Health-Care Access and Quality**

- **Expand access to affordable, quality health care.** African Americans and, to an even greater extent, Latinos are disproportionately represented among the nation’s 43 million non-elderly uninsured. In addition to preserving existing health care programs such as Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP), the long-term goal should be universal access to health care. For African Americans and Latinos in rural areas, the scarcity and inadequacy of health care service is further exacerbated by the lack of public transportation to access those services. Cultural and language competency standards for health-care providers and the recruitment and training of minority health professionals should also be part of the solution.

- **Revise eligibility rules that restrict access to care.** Eligibility rules that restrict access to health care based on immigration status pose additional obstacles for Latinos and other immigrants. Key steps are expanding access and ensuring enrollment upon eligibility. In some areas, community health outreach workers play an important role in efforts to link immigrants with available services. These types of programs should be expanded and targeted, as appropriate.

**Improve the Physical Environment of Communities**

- **Improve air quality.** Low-income communities are far more likely to be located near freeways, industrial sites, and high levels of diesel traffic and trucking facilities, which contribute to poor air quality and a higher incidence of asthma. In some areas, environmental justice advocates are using litigation to seek enforcement of current Clean Air Act standards. Other efforts involve changing bus and truck idling rules, relocating bus depots further from homes and schools, and ensuring that new schools are not sited next to freeways. (See “Breathing Easier,” the second issue brief in this series.)

A Note About Racism

The legacy of racism in the United States, and the many ways it continues to impact the lives and health of people of color, was a frequent and powerful theme that emerged in PolicyLink conversations with African American and Latino elected officials and community health leaders.

The interviews make it clear that, until the nation comes to grips with racism and the various ways it continues to affect health—whether through limited educational and economic opportunities, residential segregation, or the cumulative mental and physical effects of stress—the ultimate goal of eliminating health disparities will remain elusive.
“Community members’ sense of ownership is key. You must create an expectation for participation in order to foster a pattern of participation.”
— Sylvia Drew Ivie, T.E.H. Clinic for Women

series, for additional information and policy approaches to reduce the incidence of asthma.)

- **Expand the availability of open space.** Increasing the number, safety, and affordability of exercise venues, such as parks and walking paths, is an important prerequisite for increased physical activity. Policies and practices to encourage more pedestrian- and exercise-friendly communities must be as relevant for low-income neighborhoods as for new subdivisions.

- **Expand affordable housing.** Decent affordable housing is critical for families’ economic stability as well as for their health, given the prevalence of asthma, lead poisoning, and other problems associated with dilapidated units. Enforcement of habitability standards, increased focus on lead abatement efforts, and additional funds for affordable housing construction could be secured through further low-income housing tax credits, a national housing trust fund, or increased enforcement of Community Reinvestment Act requirements for financial institutions.

- **Encourage brownfields redevelopment.** Brownfields, defined as abandoned, idle, or under-used industrial or commercial facilities where expansion or redevelopment is complicated by a real or perceived environmental contamination, are disproportionately found in low-income, urban communities of color. Their commercial redevelopment is an untapped opportunity that will require new approaches to environmental remediation.

**Expand Opportunities for Quality Education and for Social and Civic Engagement**

- **Improve the quality of public education.** Education remains a key determinant of health. Middle-class flight to the suburbs and suburban sprawl have intensified the racial and economic segregation of schools, and continuing inequities in education funding have perpetuated significant disparities in per-pupil funding levels. Poorly funded school systems are more likely to lack strong physical education classes and facilities, contributing to growing disparities in fitness. In addition, school systems without adequate funding for new school construction or modernization are more likely to have air quality problems within school buildings, which can trigger asthma attacks.

- **Expand support for non-governmental social institutions serving as community anchors.** Across the country, community health centers, educational institutions, and neighborhood-based community development organizations are uniting diverse interests within the community in pursuit of the common goal of better health. They are putting into practice the concepts in this framework, and should be better supported and replicated through appropriate governmental and philanthropic initiatives.

- **Support community organizing strategies and local leadership development.** Expansion of leadership development opportunities, particularly among people of color, and support for local organizing efforts often bear residual benefits for communities above and beyond a given issue or campaign. This is a relatively low-cost option that can bring communities substantial long-term rewards.

**CONCLUSION**

The community effects framework — illustrated most concisely in the Conceptual Framework table — emphasizes that the determinants of health, and therefore effective strategies to eliminate racial and ethnic health disparities, cannot be viewed solely within the scope of traditional health policy. Instead, policymakers and local health leaders will need to look to other sectors, including economic development, transportation, housing, employment development, and education, for policy solutions that address more environmental and community conditions.

While this proposed shift in focus toward prevention and community environments is not entirely new, neither will it be easy. However, a range of policy options and strate-
gies exist, some with shorter time horizons than others. Some of these options will require new resources, but others can be achieved by redirecting current resources or by changing existing regulations.

Meeting the challenge posed by today’s health disparities will require the full participation of the public, private, and philanthropic sectors. Local initiatives supported by both the public and private sectors can serve as the basis for further targeted investments. Private foundations have already aimed grant-making at comprehensive initiatives rooted in local communities. Finally, all strategies that strengthen communities of color will benefit from local leadership and initiative.

As policymakers, advocates, and community leaders, now is the time to work together to move this important agenda forward. The health of our communities demands it.
Notes

1. For more information, see the Healthy People website: http://www.healthypeople.gov.


5. PolicyLink, Reducing Health Disparities Through a Focus on Communities (PolicyLink Report, November 2002), 12-21. This report was prepared through a grant from The California Endowment (TCE).

6. Ibid.


14. Ibid.; Haan, Kaplan, and Camacho, “Poverty and Health: Prospective Evidence from the Alameda County Study.”


19. Ibid., p. 411.


25. In the interviews with African American and Latino elected officials and health leaders, universal access to care emerged as a continuing priority.

26. A Community Benefits Agreement is a legally enforceable contract, signed by community groups and developers, setting forth a range of community benefits that developer agrees to provide as part of a development contract.
