

# THE BUILT ENVIRONMENT AND HEALTH

11 Profiles of Neighborhood Transformation

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## 11 Profiles of Neighborhood Transformation

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### Foreword

In recent years the public health community has become increasingly aware that the design of the built environment can have a major impact on the health of the public. For example, one may expect more physical activity and healthier diets among persons in communities with convenient, safe walking paths and accessible sources of fresh fruits and vegetables. On the other hand, poorer health indicators may be expected among residents of communities with high crime rates, few parks or walking paths, numerous alcohol and tobacco outlets, and little access to fresh food.

In this monograph, the Prevention Institute has profiled eleven projects in predominantly low-income communities where local residents mobilized public and private resources to make changes in their physical environments to improve the health and quality of life for their citizens. Such changes included building a jogging path around a cemetery, transforming vacant lots into community gardens, reducing the prevalence of nuisance liquor stores, and creating attractive murals on walls where graffiti once reigned.

These case studies will help concerned citizens, urban planners, and public officials examine possibilities for local environmental changes that would improve the health of the residents of their communities.

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Wray Health Initiative Chairperson

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# THE BUILT ENVIRONMENT AND HEALTH

## 11 Profiles of Neighborhood Transformation

### Introduction

*This is the last town in the world...  
Before this came to be, there were  
all the possibilities in the world.  
There were all the opportunities for  
starting with small things to create a  
sweet new history and future.  
If only we had seen them.*

BEN OKRI, A PRAYER FOR THE LIVING

There is growing recognition that the built environment—the physical structures and infrastructure of communities—plays a significant role in shaping our health. To a great extent, the connection between environment and health has centered on the results of human exposure to contaminated air, water, and soil. Decisions about land use, zoning, and community design influence the degree of human exposure to toxins, but also have implications for neighborhood access to healthy foods, and the level of safety and attractiveness of neighborhoods for activities such as walking and biking. The designated use, layout, and design of a community's physical structures including its housing, businesses, transportation systems, and recreational resources affect patterns of living (behaviors) that, in turn, influence health.

With support from the Centers for Disease Control and Prevention's National Center for Environmental Health, Prevention Institute crafted 11 profiles about communities across the country

*The designated use, layout, and design of a community's physical structures including its housing, businesses, transportation systems, and recreational resources affect patterns of living (behaviors) that, in turn, influence health.*

that reveal how the built environment can positively influence the health of community residents. These profiles were written to:

1. Describe the important connections between the built environment and health for practitioners in public health, city and regional planning, community economic development, and other related fields;
2. Support public health practitioners in looking beyond the traditional bounds of the healthcare system to address social and environmental determinants of health;
3. Suggest potential expanded roles for practitioners from diverse fields to promote health-enhancing improvements to the built environment;
4. Highlight a range of opportunities to create community-level change to the built environment through multi-sector partnerships with community residents, businesses, community organizations, and local government; and,
5. Provide concrete examples that demonstrate the importance of the built environment in promoting health.

Environmental factors contribute to disproportionately high incidences of negative health outcomes (cancer, asthma, injuries) in low-income communities which are often also beset with structural and institutional inequities. Disfranchised communities are more likely than wealthy communities to be the sites of hazards and,

## BUILT ENVIRONMENT AND HEALTH: OVERVIEW OF PROFILES

The program profiles include: 1) a description of the geographic area and changes that were made; 2) the process required to implement the changes, including leadership and organizational collaboration; 3) any documented impacts, positive and negative; 4) lessons learned, framed as “wisdom from experience;” 5) supporting research that documents the connection between the built environment and health; and 6) next steps for action.

The program profiles tell the following stories:

**1. Evergreen Cemetery Jogging Path:** In the predominantly Latino, urban area of Boyle Heights, California in East Los Angeles, the Latino Urban Forum and neighborhood residents rally community-wide support to create a safe, 1.5 mile walking/jogging path. Community members previously had no access to parks or open space, but can now get physically active, in their own neighborhood.

**2. Partners Through Food:** In the Upper Falls community of Rochester, New York, a dynamic collaborative of community members increases access to healthy food by organizing for over five years to bring a full-service supermarket into a community which lacked a single grocery store.

**3. Boston Lead-Safe Yard Project:** An innovative partnership focusing on Roxbury and Dorchester in Boston, Massachusetts uses affordable techniques to minimize exposure to lead in inner-city yards—a contemporary environmental hazard linked to developmental disabilities and learning delays, particularly among children under six, living in older, urban homes.

**4. Gardens for Growing Healthy Communities:** A community/academic partnership transforms vacant lots into community gardens in urban neighborhoods throughout Denver, Colorado, creating and documenting new opportunities for physical activity, healthy eating and social connections among community residents, survivors of abuse and homeless people.

**5. South Los Angeles Liquor Store Closures:** Working to reduce violence and crime in South Los Angeles, California, this community-driven, grassroots effort organizes community residents to close neighborhood liquor stores that negatively impact community health and safety.

**6. The Paterno Trivium:** Community residents work collaboratively with city government to transform an unsafe traffic intersection into a neighborhood gathering spot and to improve the pedestrian environment on adjacent streets in Hudson Heights, New York City—an ethnically diverse, urban community.

**7. The Fenway Alliance:** A powerful coalition of 20 well-respected arts, culture and academic institutions revitalizes a cultural district by improving walkability through major infrastructure projects in Boston, Massachusetts. Although focused in a commercial district, their efforts demonstrate innovative roles for large-scale institutions in improving the built environment. Their work is focused on attracting African American and Latino pedestrians from nearby schools and communities.

**8. Westside Project:** With an eye toward improving the built environment, a collaborative of local government agencies, including the public health department, work to build community support and trust before building pedestrian amenities for residents in Stamford, Connecticut who had become wary after a history of displacement and gentrification.

**9. The Seattle Department of Transportation:** This citywide department pays special attention to achieving equity across geographic and economic boundaries while working to create an integrated network of pedestrian and bicycle infrastructure that promotes safe physical activity for residents throughout Seattle, Washington.

**10. The Wray Health Initiative:** In the rural town of Wray, Colorado a coalition builds a neighborhood walking path, basketball court and other features to make fitness fun for people of all ages by soliciting community buy-in and creating social support for activity.

**11. Philadelphia Mural Arts Program:** Utilizing a grassroots model, this effort engages community members, including ex-gang members, in the creation and painting of murals that improve aesthetics and transform neighborhoods in urban, economically disenfranchised communities throughout Philadelphia, Pennsylvania.

at the same time, often lack the infrastructure to support physical activity and healthy eating. Too many residents live in community environments that promote disease and injury and do not support healthy behaviors that can help them avoid major chronic diseases that result from sedentary lifestyles and poor nutrition (e.g., heart disease and stroke). Many people live in neighborhoods that are over-saturated with alcohol outlets and advertisements, lack grocery stores, have sidewalks in disrepair, have little access to open space, and have dangerously high traffic speeds.

Further, compared to residents of middle-class communities, residents of low-income neighborhoods—struggling with the presence of environmental hazards, crumbling infrastructure, and a lack of economic resources—face even more barriers to overcoming them. They often need to implement change in the face of inadequate transportation, fewer businesses in the neighborhood to support them, institutional barriers to neighborhood investment, and lack of influence within the local government. In addition, people's previous experiences of housing cost increases and gentrification may create a realistic concern that enhancing the neighborhood could result in unintended strain and disruption to the community.

However, the physical environment can promote health directly through access to clean air and water and can influence people's behavior by facilitating health-promoting activities, such as walking, biking, and healthy eating. Changes to the built environment can have a positive impact on many health-related issues, from diabetes and asthma to traffic safety and community violence. In many cases, a change to the built environment will simultaneously impact multiple health conditions. To date, most published examples of improvements to the built environment have occurred in middle- and upper-class communities of predominantly White residents.

*A good solution solves multiple problems: Changes to the built environment can have a positive impact on many health-related issues, from diabetes and asthma, to traffic safety and community violence. In many cases, a change to the built environment will simultaneously impact multiple health conditions.*

In choosing these 11 profiles, we focus primarily on improvements in communities where the mean resident income is low and where concentrations of African American and Latino residents are high. We highlight how improvements to the built environment can enhance the health and well-being of members of these communities. The examples illustrate how changes to the built environment can be particularly meaningful in communities that have historically

lacked important features such as well-maintained pedestrian infrastructure, services and institutions, or public art. Taken more broadly, the profiles demonstrate how improvements to the built environment have the potential to reduce health disparities.

In compiling these profiles, several themes emerged about how communities are able to overcome challenges and succeed.

- Broad, diverse participation is necessary to mobilize the resources and build the will to make community improvements.
- Efforts to create health-promoting environments provide opportunities to build community resilience and marshal community assets, rather than the more typical focus on risk factors.
- Persistence and innovation are common qualities of the organizers and organizing efforts that successfully brought about improvements to the built environment.
- Engaging communities to focus on changing the policies and practices of local organizations and institutions is part of an effective strategy for improving health and leaving behind lasting changes in neighborhoods.
- Focusing on the built environment fits well with other public health approaches that a) recognize that changing individual behavior involves changing social norms and environmental determinants of health and b) concentrate on the community as the unit of analysis and action.



- While making built environment changes may be necessary, they are not sufficient. As the profiles of the Wray Health Initiative in Wray, Colorado and the Westside Project in Stamford, Connecticut illustrate, improvements to the physical environment are significant components of a multifaceted strategy for promoting health that includes community education, increasing social capital and enhancing social support.

Over the past decade, more and more communities have emphasized the importance of making design decisions in the context of the overall community. The term “smart growth” refers to a land development strategy aimed at managing the growth of a community, minimizing automobile transportation dependence, and improving the efficiency of infrastructure investments. While “smart growth” initiatives have brought attention to the need to manage new growth and development effectively, *Built Environment and Health: 11 Profiles*, calls attention to the value of neighborhood-level changes within existing structures. Many low-income urban environments suffering from disinvestments and decay already have the skeleton of a walkable community and possess great potential. Practices as simple and routine as road repavement are opportunities for neighborhood enhancement. One road at a time, more space can be created for bicycles and pedestrians, and routes can be narrowed and altered to promote “traffic calming,” (i.e., decreasing vehicular speed, and increasing safety). These profiles demonstrate that small and incremental changes are opportunities to design solutions that suit unique neighborhood environments and are significant contributions toward improving health and quality of life locally. These changes offer substantial enhancements for the affected residents, and build momentum for further improvements.

In identifying profiles, a key goal was to highlight initiatives that clearly demonstrate linkages between environmental changes and changes in health behaviors

and outcomes. However, such projects are few and our selected efforts are not thoroughly evaluated. Documenting the health impact of environmental change efforts remains a challenge for a host of reasons. Communities generally are not collecting the quality and quantity of data needed to demonstrate impact. Some built environment initiatives are not explicitly designed with health outcomes in mind, and therefore health-related information may not be collected. Furthermore, multi-year surveillance of changes in population health status is often beyond the scale or resource capacity of localities. Therefore, to improve the evaluation of future initiatives it may be appropriate for local evaluation to focus on documenting changes in behavior. For example, a community can assess changes in rates of walking among residents in a manner that can be coordinated with national efforts examining changes in the rate of health conditions such as obesity and heart disease.

In cases where documenting behavior change is beyond an initiative’s scope or capacity, evaluation can focus on documenting the environmental change that occurred. With nationally supported evidence demonstrating that a specific environmental change at the community level yields a positive health outcome, communities can focus on implementing and documenting the particular environmental change, rather than attempt to document the expected behavior change. Toward this end, further investment in thorough case studies to evaluate the impact of some interventions, like those profiled in this report, may be warranted.

The powerful influence of the built environment on health suggests that public health practitioners should be involved in planning and policy decisions related to land use, zoning and community design. Health practitioners can serve an essential role in collaborating with other professionals and working alongside neighborhood residents to create and promote healthy communities. Their participation becomes imperative as the conviction grows that addressing the social and

*The powerful influence of the built environment on health suggests that public health practitioners should be involved in planning and policy decisions related to land use, zoning and community design.*

physical environment is an essential element of a strategy to encourage healthy behaviors. Thus, a new role for public health leadership is emerging. In this emerging role, practitioners need to engage in three principal areas of action. The first is to assess the health impact of land use and community design options before decisions are made as well as after improvements are implemented. The second is to catalyze and facilitate inclusive partnerships with membership that stretches far beyond traditional health fields to plan new structures and redesign existing ones. Third, public health practitioners need to participate in policy-making on issues related to the built environment to ensure protection from toxins, access to healthy food outlets, places to walk and recreate, and other health-promoting environments.

While Prevention Institute was successful at documenting compelling profiles, we also found critical needs and unfulfilled opportunities in communities throughout the country where health and quality of life could be improved through changes to the built environment. Our hope is that the profiles that follow will stimulate and inspire practitioners from multiple fields and sectors to partner with community residents, design solutions, and take action to improve the built environment for the health and well-being of all.

# SOUTH LOS ANGELES, CALIFORNIA

## Community Coalition reduces violence and crime by closing neighborhood liquor stores

South Los Angeles has an African American cultural tradition marked by rich culinary, artistic, musical, and architectural achievements. Today, South LA is predominantly Latino. In the late 1980's, the area's struggles with crime and violence intensified during the crack cocaine epidemic. Crisis levels of homicide became a catalyst for community activists and leaders to search for tangible ways to halt the substance abuse and violence that were tearing apart the community.

A newly formed group, the South LA Community Coalition, led a campaign to target liquor stores that detracted from community well-being and created public nuisances.

Based on a large survey of residents, the group focused its efforts on identifying alcohol vendors with high rates of alcohol- and drug-related violence in and around their businesses, and seeking closure of these community-unfriendly establishments. Community Coalition efforts to thwart violence and reduce substance abuse in an area oversaturated with alcohol outlets have achieved success by using a community-driven approach to reduce the number of neighborhood businesses that represent a threat to the health and well-being of local residents.

### THE PLACE

The Community Coalition focuses its efforts in South LA, an area bounded by the Interstate 10 Freeway to the north, Highway 105 to the south, and between Alameda and La Brea Avenues to the east and west, respectively. The 820,000 residents (in an area that is approximately 71.3 square miles) are about 65% Latino



SOUTH LOS ANGELES RESIDENTS PROTEST LIQUOR STORES.

and 35% African American. With a median annual income of \$21,000, the area is beset with a poverty rate that is two times higher than that of Los Angeles County and three times higher than the national average. Prior to the Coalition's work, the area had over 700 liquor stores—more than the entire state of Rhode Island (population 1,048,319; area 1,045 square miles) or Pennsylvania (population 12,281,054; area 44,820 square miles). Poverty, gang violence, drug trafficking, and other substance abuse-related issues are among their most pressing and persistent problems.

## THE PROJECT

The initial force behind the Community Coalition came when a single individual decided to step up and make change. It was 1990 and Karen Bass, a long-time civil rights activist, was working as a physician's assistant at LA's County General Hospital. When Bass realized she was spending her days and nights sewing up bullet wounds, she got fed up and decided something had to be done. She saw a battle brewing in the community and began to investigate. Violence and crack cocaine addiction had risen to crisis levels in South LA, which sparked Bass to mobilize her activist friends and colleagues.

After a conference on the impact of crack in African American communities brought more people together, Bass's initial group expanded to about a dozen people. The Coalition began to deal with substance abuse in South LA to look for possible solutions. The group went straight to community residents for advice.

Using a door-to-door survey of nearly 30,000 residents, the Community Coalition asked community members what they thought should be done to reduce drug- and alcohol-related crime and violence. Much to the Coalition's surprise, respondents overwhelmingly recommended reducing the number of liquor stores in the community. As interim Executive Director Marqueece Harris-Dawson explained, "We were surprised. The staff fully expected the issues to be around drug houses or gang-related violence. We wouldn't even have looked at liquor stores if we didn't do a resident survey."

The group decided to take advantage of Los Angeles County's conditional use permits for liquor stores, to seek closures of nuisance establishments. Based on neighborhood dialogues and evidence of crime and illicit behavior, they quickly identified 24 liquor stores as primary targets, then launched a grassroots/direct advocacy campaign to get decision makers to act in favor of the Coalition. They distributed flyers, talked to people door-to-door, researched the liquor store industry, and held

neighborhood meetings. They approached liquor store owners to let them know about community complaints and asked them to clean up or close stores that had high levels of crime, violence or vice associated with them.

Getting recognition and support was not easy. When residents and coalition members did not get attention and response from key leaders, they sent a petition with 30,000 signatures to Mayor Bradley, protested in front of council members' homes, passed out flyers to liquor store owners and their neighbors, and communicated their dissatisfaction to distributors or involved third parties, such as churches. According to Harris-Dawson, "When people refused to meet with us, we had to get really creative." In certain cases, coalition members decided to distribute flyers and educational materials in the neighborhoods of liquor store owners' homes to expose store owner negligence.

Then in 1992, every single one of the 24 liquor stores slated for presentation to the planning committee for revocation of permits was burned down in the LA riots. Dawson hypothesized that these liquor stores were "a ripe target during the riots because the element that pursued that kind of negative activity was already there at those stores." One of the stores the Coalition was pursuing, Tom's Liquor at Florence and Normandie Streets, was where Reginald Denny was dragged from his big rig truck by several people and beaten, nearly to death, on April 29, 1992.

Though the fires might have been the end to the Coalition's campaign, the city's response to the destruction of businesses was the Rebuild LA Campaign, which aimed to fast-track rebuilding by removing bureaucratic barriers. "All you had to do was prove you had previously run a business in the area," Harris-Dawson explained.

The Community Coalition shifted gears to focus on discouraging the city from pursuing fast-track redevelopment for liquor stores. "That approach is okay with churches, schools, and housing, but not with liquor stores," says Dawson.

Today, the Community Coalition has 3,500 dues-paying mem-

*"The staff fully expected the issues to be around drug houses or gang-related violence. We wouldn't even have looked at liquor stores if we didn't do a resident survey."*

bers advocating for the closure of liquor stores that are public nuisances. Because closing a liquor store is a lengthy process, which can span anywhere from three to five years and sometimes longer, keeping Coalition volunteers engaged for that length of time has been a challenge. “There are a lot of hoops to jump through. And it doesn’t matter what happens during that time, someone can get shot in front of a store, but we still have to go through the same process,” said Harris-Dawson. The process is further complicated by alcohol industry lawyers working on behalf of storeowners to prolong the process, to stretch it out, and to “starve out” the community in hopes of derailing momentum and in an effort to maintain sales, he said. However, changes have been made and the coalition continues to push forward.



SOUTH LA RESIDENTS RALLY TO REBUILD WITHOUT LIQUOR STORES.

## THE PEOPLE

### Diverse Partners Collaborate to Build Healthy Environments

The Community Coalition’s members get involved in campaigns at various times and in a range of capacities, including collecting documentation, attending meetings and hearings, and testifying in favor of liquor license revocation at City Hall. A number of churches, schools, and small businesses are involved with the coalition as well. As Harris-Dawson explained, “We are also very strategic about teaching the process to others. So, when a neighborhood succeeds, they go to another neighborhood and provide training for the next set of people.” Cheryl Grilles, of Loyola Marymount University and the Los Angeles-based IMOYASE Group (an African term meaning: knowledge, understanding and manifestation) provided evaluation services to quantify the effect of each liquor store closure on violence and crime rates.

Despite discomfort on the part of some activists with taking government money, the group eventually decided to get 501(c)3 status as a means to access funds to do substance abuse prevention work.

*The neighborhood is a safer, more pleasant place to be. “And they say things like, ‘Now, I can sleep at night’ or ‘Now, I feel safe walking out in the morning.’”*

Now, the Coalition takes relatively little money from government vis-a-vis its total budget, which is mostly funded by foundations and membership dues.

## THE RESULTS

### Healthy Change in Local Environments

Coalition efforts have met with a good deal of success. In only three years, the Community Coalition prevented the re-opening of the 24 liquor stores it had originally targeted before the 1992 LA riots, and shut down nearly 200 operating liquor stores in South Los Angeles. The IMOYASE Group has documented an average 27% reduction in violent crime/felonies, drug-related felonies or misdemeanors, and vice (e.g., prostitution) within a four block radius of each liquor store that was closed. While he suspects alcohol consumption rates have declined in the area, Dawson concedes, “It is hard to document consumption. We really have no baseline for consumption, but we do believe that less availability is associated with less consumption.”

Existing health research seems to bear that out. Reduced availability of alcohol has been linked

to reduced consumption and a reduction in alcohol-related problems including both intentional and unintentional injuries.<sup>1</sup> Several studies have shown that alcohol outlet densities are strongly correlated with motor vehicle crashes, violent assault, crime, prostitution, illegal drug sales, and driving while intoxicated.<sup>2</sup> According to Ashe, et al., the connection between alcohol availability and sales is sufficiently strong that the World Health Organization concludes, “Reducing the physical availability of alcohol through limitation on the number and placement of outlets will result in reductions in alcohol-related problems.”<sup>3</sup>

Despite these promising health implications, the impact that is perhaps most salient to residents in the short-term is a feeling that the neighborhood is a safer, more pleasant place to be. “People primarily talk about safety and peace after closures occur,” said Harris-Dawson. “And they say things like, ‘Now, I can sleep at night’ or ‘Now, I feel safe walking out in the morning and there is no one urinating in my backyard.’”

## WISDOM FROM EXPERIENCE

In struggles that involve bureaucracy, persistence is key, Harris-Dawson explained. “You have to talk to the people. You can never skip that step when pursuing an organizing campaign. If people don’t recognize the issue as a problem, they won’t do the work. Follow-through is critical. The system relies on people not following through. Answer every phone call, fill out every form and attend every meeting and hearing. If you don’t, then you’re doomed to failure. Any bureaucracy waits for you to go away and doesn’t make it easy for you to stick around.” Harris-Dawson also advises: “People power is the key. Typically, residents approach the Community Coalition to help work on a closure. We always look for a critical mass—at least six people—who are willing to do the work of filing the case, knocking on doors and bringing attention to the problem. We never say: ‘Here’s a messed up liquor store and override the community consensus process.’”

## LOOKING AHEAD

About 25 of the cases the Community Coalition pursued have yet to be resolved, but the members remain persistent despite the fact that many of the rules are designed to work in favor of businesses. Because of the great deal of red tape to get the system to work for community members, due diligence is needed to keep people’s energy and hopes up around these issues, said Dawson. Perhaps now that founder and executive director Karen Bass is expected to win a state assemblyperson seat in the November 2004 election, the Coalition (and organizations like it) will be granted more power and support from the top.

## PROGRAM CONTACT

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## ENDNOTES

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*This is one in a series of 11 profiles that reveal how improvements to the built environment can positively influence the health of community residents. The examples illustrate how changes to the built environment can be particularly meaningful in communities that have historically lacked important features such as pedestrian infrastructure, services and institutions, or public art. Taken more broadly, the profiles demonstrate how improvements to the built environment have the potential to reduce health disparities.*

*The profiles were written and produced by Prevention Institute. Funding and guidance were provided by the Centers for Disease Control and Prevention’s National Center for Environmental Health. It is our hope that these profiles will stimulate and inspire partnerships between community residents and practitioners from multiple fields and sectors to design solutions and take action to improve the built environment for the health and well-being of all.*