

# MAKING THE CASE WITH THRIVE: BACKGROUND RESEARCH ON COMMUNITY DETERMINANTS OF HEALTH

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## Introduction to THRIVE

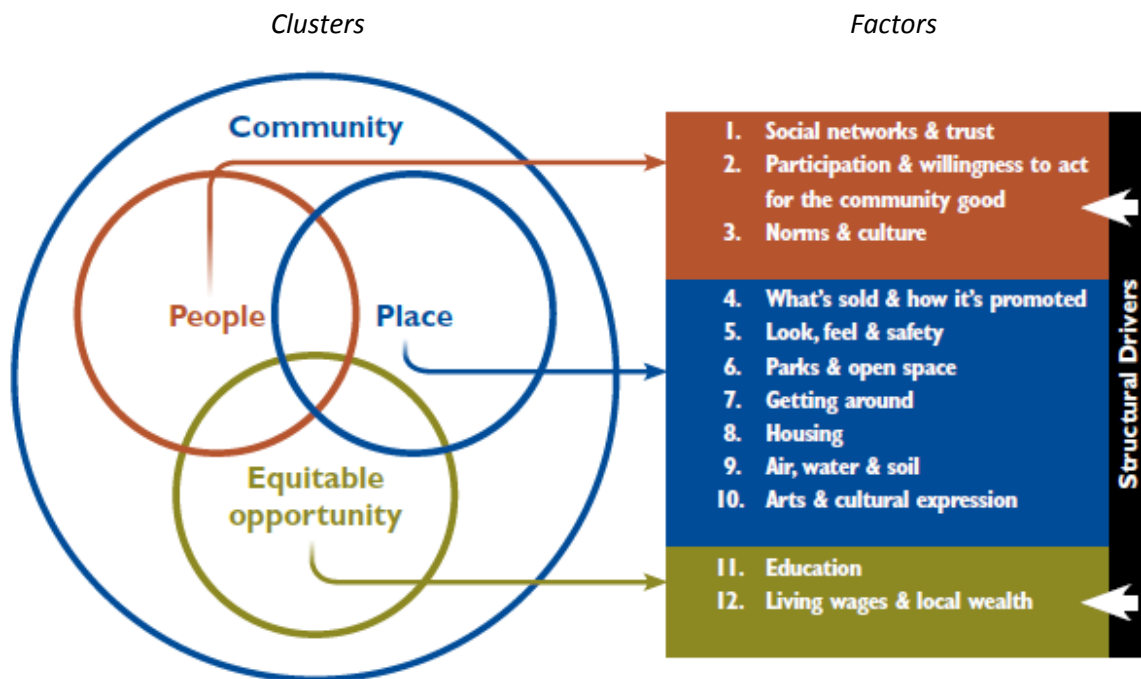
Originally developed in 2002, [THRIVE](#) (Tool for Health and Resilience in Vulnerable Environments) was created to answer the question: what can be done in communities to improve health and safety and reduce inequities? Extensive research and initial piloting resulted in the creation of THRIVE, a framework and a tool for understanding and acting on how root factors such as racism, poverty and other forms of oppression play out at the community level. THRIVE recognizes how these factors shape community conditions, which in turn shape health and safety outcomes.<sup>1</sup> THRIVE<sup>a</sup> offers both research to make the case for focusing on community determinants to improve health, and tools to support action to strengthen them. Since its development, THRIVE has proven to be instrumental for cultivating a shared understanding of the role of community determinants in health outcomes among diverse stakeholders, creating a rubric for assessment of community conditions, and facilitating action to address these conditions to promote health, safety, and health equity.

In 2010, the Office of Minority Health granted a cooperative agreement to the [National Network of Public Health Institutes \(NNPHI\)](#) and [Prevention Institute \(PI\)](#) to update THRIVE and expand its reach by training NNPHI's member public health institutes and disseminating THRIVE through NNPHI's members and networks. Between 2010-2011 the research supporting THRIVE was updated. *Making the Case with THRIVE: Background Research on Community Determinants of Health* details the updated evidence linking community determinants to health, safety, and health equity.

THRIVE is:

- A *framework* for understanding how structural drivers play out at the community level to impact community determinants, and consequently, health and safety outcomes, and inequities in outcomes; and,
- A *tool* for engaging community members and practitioners in assessing the status of community determinants, prioritizing them, and taking action to change them to improve health, safety, and health equity.

**Figure 1: THRIVE Clusters and Factors**



<sup>a</sup> For a more information on THRIVE, please refer to the [THRIVE Overview and Background](#) document.

The THRIVE framework organizes community determinants into three, interrelated clusters: 1) *People* (the social-cultural environment); 2) *Place* (the physical and built environment); and, 3) *Equitable Opportunity* (the economic and educational environment). The three clusters are comprised of twelve community level factors (See Figure 1).

The updated research presented in this document reflects the national and international understanding of the social determinants of health (SDOH) that matured in the time since THRIVE's initial development. The SDOH are largely understood as the broad set of factors that influence health outcomes directly and that shape community environments.<sup>2,3,4</sup> These factors reach far beyond the healthcare system, and include structural drivers (e.g., the inequitable distribution of power, money, opportunity, and resources) and conditions of daily life (e.g., the environments in which people are born, live, work, play, worship, and age).<sup>5,6</sup>

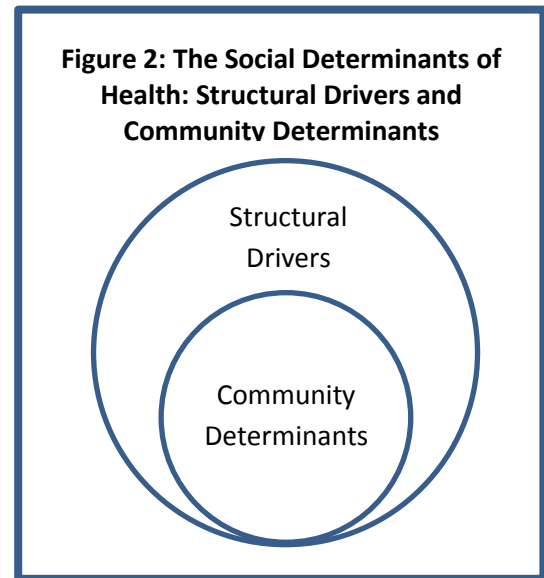


Figure 1 displays the relationship between structural drivers and community determinants, illustrating that community determinants are subset of SDOH that are shaped by structural drivers. THRIVE focuses on community determinants, placing communities at the center and emphasizing action to address community determinants. In doing so, THRIVE supports communities in understanding how structural drivers play out at the community level and impact daily living conditions, which consequently shape neighborhood outcomes for health, safety and equity.

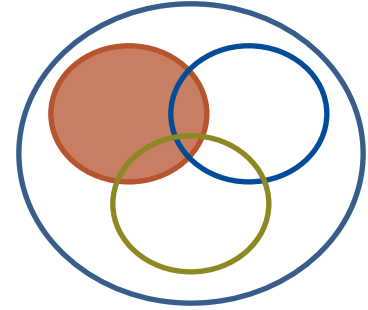
*Making the Case with THRIVE: Background Research on Community Determinants of Health* provides information for each of THRIVE's clusters and factors, including definitions, evidence, history, and resources. Clusters and factors are presented in the order illustrated in Figure 1, with an overview of each cluster preceding information of the factors which comprise it. Information about each factor is then organized in the following manner:

- How the factor Determines Health
- Factor Definition
- Ask – questions to help think about how this factor plays out in the community
- How This Factor Impacts Health and Safety
- At a glance – illness and injury associated with this factor
- Commonly Used or Similar Phrases That Refer To the Factor
- Relationship between the factor and health equity
- Relation to other THRIVE community factors
- Policies and institutional practices that contribute to current status/conditions



## Cluster: People

People are healthier in neighborhoods where people feel connected and are empowered. Communities with strong social networks and connections have longer life expectancies, better physical and mental health, and lower rates of homicide, suicide, and alcohol and drug abuse.<sup>7,8,9,10,11</sup>



**Cluster Characterization:** This cluster reflects the social-cultural environment.

**Ask:** *Do I know my neighbors? Do children have trusted adults in the neighborhood? Do I feel like my neighborhood has a voice in decision making? Are people in my neighborhood willing and able to take action for our common good? Do we foster safe and healthy behaviors and sanction those that are detrimental to our community through our own networks and interactions? Do we promulgate our own culture and cultural values that foster health and safety in our community?*

**Health and safety:** When neighbors have strong and trusting connections to one another they are more likely to organize and advocate for improvements in their communities. Changes that benefit the community are more likely to succeed and more likely to last when those who benefit are involved in the process;<sup>12</sup> therefore, active participation by people in the community is important. Additionally, the behavioral norms within a community, “may structure and influence health behaviors and one’s motivation and ability to change those behaviors.”<sup>13</sup> This cluster includes factors that help to improve health in the community through the establishment of meaningful interpersonal connections, the promotion of civic participation, the establishment of norms that promote health and safety, and the recognition that culture is a strong element of community resilience and a determinant of health.

**Health inequities:** Certain policies and practices, both historical and modern, have significantly limited meaningful civic participation by members of low-income communities and communities of color. Policies and practices such as racism, segregation, and the continued marginalization of certain groups by different systems have created feelings of distrust among different groups, and have elevated negative perceptions and stereotypes of many racial-ethnic groups. In many cases, these injustices can deteriorate a sense of collective efficacy, allow feelings of hopelessness to pervade, and result in these communities suffering from some of the most profound health disparities and shortened life expectancies.<sup>14,15</sup>

**At a glance-associated illness and injuries:** Depression, substance abuse, mortality, cardiovascular disease, stroke, diabetes, mental health problems, poor nutrition and activity, emphysema, bronchitis, respiratory illness, asthma, lung cancer, HIV/AIDS, traffic crashes and other injuries and violence—including suicide.

**The THRIVE factors in the People cluster are:**

- Social Networks & Trust
- Participation & Willingness to Act for the Common Good
- Norms & Culture

**Additional terms or names that relate to this cluster:**

- Social Factors<sup>δ</sup>
- Social environment/a sense of community<sup>β,\*,λ,Ψ</sup>

<sup>δ</sup> County Health Rankings

<sup>β</sup> Healthy Cities/Healthy Communities

\* PolicyLink

<sup>λ</sup> BARHII

- Social capital that provides access to social supports and economic opportunities and to health services and resources\*
- Social neighborhood conditions<sup>¶</sup>
- Social and community context<sup>Δ</sup>
- Social exclusion<sup>Ω</sup>
- Social-cultural environment
- Community leadership and organization
- Cultural characteristics
- Identity
- Empowered community

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<sup>Ψ</sup> CDC

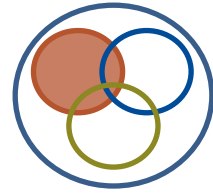
<sup>¶</sup> Alameda County

<sup>Δ</sup> Healthy People 2020

<sup>Ω</sup> Canadian Facts

## Cluster: People

### Factor Name: Social Networks & Trust



**I. Social Networks & Trust Determines Health:** Community members who are connected to one another are more likely to engage in healthy behaviors like physical activity, have higher self-esteem, experience less depression, look out for the welfare of others and generally live longer. Communities experiencing high levels of economic and infrastructural investment also benefit from higher rates of cohesion and trust, and enhanced opportunities for interpersonal bonding.

- People who are healthy have the ability to engage with other community members and build trust with their neighbors.

**II. Factor Definition:** Trusting relationships among community members built upon a shared history, mutual obligations, opportunities to exchange information, and that foster the formation of new, and strengthen, existing connections.

*Ask: Do people in my community know, trust and support each other?*

### III. How This Factor Impacts Health and Safety:

People who trust their neighbors and are connected to positive social networks are healthier; they smoke less, are more physically active, experience less depression and have a greater life expectancy.<sup>16,17,18,19,20</sup> Social cohesion, trust, and social support are particularly important for under-resourced communities, as strong social networks and levels of trust can protect against the negative impacts of poverty and mitigate the effects of discrimination.<sup>21</sup> Having strong social networks can also provide support, self-esteem and self-control, and strengthen the formation of a healthy identity and self-image.<sup>22</sup> Children also tend to be mentally and physically healthier in neighborhoods where adults talk to each other, due to the positive support and role modeling they receive. For example, children living in neighborhoods with strong networks and trust are less likely to participate in unhealthy behaviors such as smoking, drug and alcohol use, and gang-related activities.<sup>23</sup> Healthy relationships and social networks can also provide support for individuals who are changing important lifestyle and health behaviors, such as quitting smoking, overcoming drug and alcohol abuse, or maintaining a healthy diet and exercise regimen.<sup>24,25,26</sup> Additionally, public health interventions are more impactful when community members perceive the practitioner as being a trustworthy source, which shows the benefit to utilizing local social networks as a method for promoting positive health behaviors.<sup>27,28,29</sup> If the community does not trust the message being presented or the messenger, residents will be less likely to utilize the health information. In addition, increased levels of interaction help to foster the elements of supportive relationships, such as sharing, reciprocity, and recognition that addressing the needs of the most vulnerable addresses the needs of all.

In contrast, communities with low social support and lack of trust are associated with higher rates of homicide, suicide, and alcohol and drug abuse.<sup>30,31,32,33</sup> Community members experiencing social isolation are 2 to 5 times more likely to die prematurely from preventable conditions than those with better social connections.<sup>34</sup> Children who grow up in communities that lack strong networks and trust are more likely to smoke, abuse drugs and alcohol and become involved with gangs.<sup>35</sup>

***At a glance-illness and injury associated with this factor:*** Cardiovascular disease, stroke, depression, diabetes, mental health problems, poor nutrition and activity, substance abuse, and violence—including suicide.

#### IV. Commonly Used or Similar Phrases That Refer To the Factor:

- The networks that exist within the community and beyond it (friends, family, colleagues, and neighborhood acquaintances)<sup>36\*</sup>
- The quality of connections within and between networks (social capital) in the community<sup>\*</sup>
- Strength of social and community networks<sup>\*</sup>
- Trust among neighbors<sup>\*</sup>
- Amount of social cohesion in a community or society<sup>\*</sup>
- Amount of organized multi-cultural community programs, social services, neighborhood councils or other opportunities for community life<sup>\*</sup>
- The amount of support (size of people’s social networks and frequency of their social contacts) and the quality of relationships which yield emotional support or practical assistance<sup>37+</sup>
- Residents feeling connected and supported<sup>+</sup>
- Sense of “belonging, dignity, and hope”<sup>+</sup>
- Residential development patterns that promote or discourage interaction across boundaries of race and class<sup>38♦</sup>
- Cultural assimilation/isolation and population’s histories<sup>♦</sup>
- Individuals sense of belonging<sup>39^</sup>

#### V. Relationship between Social Networks & Trust and Health Equity:

The level of social support, cohesion, and trust in a community is often connected to other social factors, particularly income. For example, income inequality is associated with a reduction in social cohesion, which in turn is associated with various health problems including increased risk of mortality.<sup>40</sup> Individuals with lower incomes are more likely to live in under-resourced neighborhoods with poorer design, maintenance, and limited economic opportunities, all of which influence crime, in turn inhibiting trust and community cohesion.<sup>41,42</sup> Additionally, individuals and groups in communities with high levels of disinvestment tend to be more socially isolated and have less social support. For example, in Alameda County, adults from households with lower incomes have lower levels of social support available to them and describe their neighborhoods as less cohesive than those from higher-income households.<sup>43</sup>

Societies with high levels of income inequality tend to have less social cohesion and more violent crime, while countries with less inequality have higher levels of trust and lower rates of violent crime.<sup>44</sup> In U.S. Latino communities traditional cultural values including strong family ties and community cohesion act as resilience factors that keep individuals healthier.<sup>45,46</sup>

\* PolicyLink

+ Alameda County Public Health Department

♦ Bay Area Regional Health Inequities Initiative

^ Social Determinants of Health: The Canadian Facts



## VI. Relation to Other THRIVE Community Factors:

### ***Cluster: People***

#### **Participation & Willingness to Act for the Common Good**

- Neighborhoods subjected to concentrated disinvestment have lower self-efficacy, which means residents are less able to realize their collective goals. These neighborhoods lack the social cohesion and trust necessary to contribute to public order and social control, which can sometimes result in increased violence.<sup>47</sup>
- Social networks foster mutual trust and increase community members' willingness to intervene in the supervision of children, participate in community-building activities, and maintain public order.<sup>48</sup>
- People who feel connected to one another have a greater attachment to where they live and are more likely to become politically active and organize for improvements in their community, which can influence health.<sup>49</sup>
- Social networks and trust are a critical ingredient for developing community efficacy.<sup>50</sup>

### ***Cluster: Place***

#### **Look, Feel, & Safety**

- Participation in social networks produces and enforces social sanctions and controls that diminish negative behavior and reduce the incidence of crime, juvenile delinquency, and access to firearms within communities.<sup>51</sup>
- Combined with neighbors' willingness to intervene on behalf of the common good, social cohesion of neighborhoods can account for more than 70% of the variation in levels of violence between neighborhoods.<sup>52</sup>

#### **Housing**

- High rise public housing can negatively impact social cohesion.<sup>53</sup>

### ***Cluster: Equitable Opportunity***

#### **Education**

- Students living in neighborhoods with high neighborhood and community cohesion report higher self-efficacy and higher grades in school.<sup>54</sup>

#### **Living Wages & Local Wealth**

- In communities where social cohesion is high, residents are more likely to invest in home-ownership,<sup>55</sup> whereas communities exhibiting lower social cohesion tend to have weaker private sector investment, higher unemployment, and lower levels of household wages and income.<sup>56</sup>

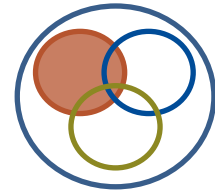
## VII. Policies and Institutional Practices that Contribute to Current Status/Conditions

- In the 1950's and 1960's, policies for new highways and freeways bisected communities and displaced others, effectively destroying social connections and networks in communities that, in many cases, have never been reestablished.<sup>57</sup>
- Urban renewal policies from the 1950's and 1960's served to destroy vibrant community fabrics that in many cases have not been able to be reconstructed.<sup>58</sup>
- Immigration policies that separate family members can decrease trust between residents and authorities.<sup>59</sup> This is especially the case when profiling based on race, ethnicity, dress, or body art is concerned.<sup>60</sup>

- The disproportionate incarceration rates of people of color have been a destructive force on social cohesion among residents, and is correlated to an increase in crime.<sup>61</sup>
- Harsher sentencing based on race and ethnicity has removed a disproportionate number of community members of color which has served to both to disenfranchise significant numbers of potential voters and also reducing confidence in the civic system.<sup>62, 63, 64, 65, 66</sup>
- Racial profiling based on a person's race/ethnicity, their outward appearance, or how they are dressed is a major source of distrust between residents and authorities and serves to undermine civic trust.<sup>67</sup>
- Federal programs such as FHA, HUD, and GI Bill practiced overt discrimination against communities of color undermining trust.<sup>68, 69</sup>

## Cluster: People

### Factor Name: Participation & Willingness to Act for the Common Good



**I. Participation & Willingness to Act Determines Health:** Communities experience better health outcomes and less violence when residents feel empowered to meaningfully participate in civic activities to address shared stressors. Historical disenfranchisement, alienation, active segregation, overt and subtle discrimination, and disinvestment all contribute to reduced participation in activities for the common good. This is because when residents feel like avenues for civic and political participation are limited, or that their engagement is tokenized, they are less likely to participate in efforts to change community conditions.

- When individuals are in good health, they are more likely to become engaged in community events or activities.
- Ill health can prevent individuals from leaving the house to participate in voting or other civic activities such as city hall meetings.

**II. Factor Definition:** Individual capacity, desire, and ability to participate, communicate, and work to improve the community; meaningful participation by local/indigenous leadership; involvement in the community such as through local community and social organizations and participation in the political process.

*Ask: Are people active in the community and is the community willing to take action to make things better?*

**III. How This Factor Impacts Health and Safety:**

Residents living in neighborhoods with high rates of civic participation have better overall health, lower mortality and depression, smoke and participate in heavy drinking less frequently, and have higher physical activity rates.<sup>70,71</sup> Additionally, when residents come together to address health issues in a community, they have the power to promote a number of positive health and safety outcomes, including reducing gang and gun violence and improving access to healthy food.<sup>72,73,74</sup> This type of community action can also play an important role in bolstering a variety of environmental elements that impact health, including design and zoning decisions, schools, and environmental quality. Meaningful civic participation has a positive psychological effect on individuals—as they have greater feelings of efficacy as they recognize their power to shape their environment.<sup>75</sup>

The willingness to take action is based on feeling that one can make a difference by working with others that share similar beliefs, and that these efforts to collectively intervene or act will achieve an intended effect. Political participation, through voting, is perhaps one of the most basic forms of community participation and has a direct and obvious impact on local policy decisions, which can impact health and safety outcomes. Furthermore, public health interventions have a higher likelihood of success when they occur within communities where residents are more willing to participate and exhibit higher levels of civic engagement. For example, individuals who are involved in a community group experienced increased exposure and retention of health messages.<sup>76</sup> Also, community-focused interventions to prevent heart-disease related deaths have been shown to be more effective than

individual-level care approaches, revealing the importance in involving community members in the design of community-level health interventions.<sup>77</sup>

In communities where residents are not engaged and do not feel connected, health suffers. When there is low civic engagement and participation, isolation and loneliness can occur among residents.<sup>78</sup> In areas where elected officials do not share the community's priorities, the potential for a mismatch between policy and community needs is elevated. This can result in limited support and funding for health promoting activities in communities, for example building of new parks or trails or support for community recreation centers. Residents who self-report poor health, also experience larger voting inequality, showing how the ability to participate in one's community is directly linked to health.<sup>79</sup>

***At a glance-illness and injury associated with this factor:*** Depression, substance abuse, mortality; because it relates to the effectiveness of a community to change its circumstances or environment, this factor links to most of the leading injury and illness indicators.

#### IV. Commonly Used or Similar Phrases That Refer To the Factor:

- Level of capacity for mobilization<sup>80\*</sup>
- Civic engagement<sup>\*</sup>
- Political power<sup>\*</sup>
- Fair representation in decision-making<sup>81+</sup>
- Socially inclusive framework for policy<sup>+</sup>
- Social participation<sup>+</sup>
- Degree of community support<sup>82φ</sup>
- Involvement in local decision-making by groups experiencing health inequities<sup>φ</sup>
- Residents feel that they have the power to improve the safety and well-being of their families<sup>83♦</sup>
- Community engagement in decision-making<sup>♦</sup>
- Amount of meaningful participation in the political process<sup>♦</sup>
- Ability to participate in civil affairs<sup>84^</sup>
- Level of social inclusion<sup>^</sup>
- Strong, vibrant neighborhoods<sup>85▽</sup>

#### V. Relationship between Participation & Willingness to Act and Health Equity:

Lack of motivation or ability to participate in the community discourse, either as a result of deliberate exclusion or physical barriers, especially regarding the determinants of health, is related to equity. If residents are excluded from the discussions to improve the quality of their community, others, who claim to speak for them, may not accurately identify authentic issues or viable solutions that build on resident strengths.<sup>86</sup> Furthermore, in places where policymakers do not look like or share the same background and aspirations of the residents, the potential for the adoption of policies and practices that are ineffective or even harmful to residents' health is elevated.<sup>87</sup> In the political system of the United States, for example, there is sometimes a disconnect between policy makers and those

\* PolicyLink

+ World Health Organization Commission on Social Determinants of Health

φ Robert Wood Johnson Foundation

♦ Alameda County Public Health Department

^ A Healthy Productive Canada: A Determinant of Health Approach

▽ Equity and Social Justice Annual Report. King County.

impacted by the policies they draft. A “lived-experience” that reflects community knowledge can enhance the effectiveness of regulations or policies to address the needs of all residents. Some examples include, differential sentencing for users of powder versus crack cocaine,<sup>88</sup> insurance coverage of contraceptives,<sup>89</sup> and urban renewal policies that have displaced whole communities.<sup>90</sup>

Research also shows that in places where resident cohesiveness is strong, there is greater equity as policies and practices more closely reflect the norms and aspirations of all community residents.<sup>91,92</sup>

## **VI. Relation to Other THRIVE Community Factors**

Because it relates to the agency of individuals and groups to change their circumstances or environment, this factor could link to any of the THRIVE factors.

## **VII. Policies and Institutional Practices that Contribute to Current Status/Conditions**

The willingness on the part of community residents to participate in activities and actions is shaped by both historical and contemporary factors.<sup>93</sup> Experiences that community members feel are unjust may undermine their confidence that their participation will have value.<sup>94</sup> Some past injustices are recorded in our nation’s history and the resulting feelings of vulnerability have often been passed down from parents to children. Examples include slavery, forced removal and relocations, lynching, poll taxes, voting tests, and overt segregationist practices (education, language, access to public/private facilities, state sanctioned harassment and inequities).<sup>95,96</sup>

Other barriers to participation are less obvious and include those practices that serve to limit participation in civil society including how political boundary maps are drawn (gerrymandering), perceptions of the proper or improper use of eminent domain, redevelopment projects that result in displacement and gentrification, and the disenfranchisement of residents who are on parole or under court supervision. For example, felony disenfranchisement, in which former felons are barred from voting, significantly impacts about 5.3 million former and current felons, disproportionately removing political power from groups with higher incarceration rates, such as African Americans, the working-class, lower educated groups, and young unmarried people.<sup>97</sup>

A third area that may reduce the willingness to act includes the visceral response to perceived or real discrimination by residents on behalf of governmental authorities. Profiling, based on a person’s race/ethnicity, their outward appearance, or how they are dressed is a major source of distrust between residents and authorities.<sup>98</sup> When residents are stopped on the street and their legitimacy is questioned they are less likely to put themselves in positions where they have to interact with authorities.<sup>99</sup>

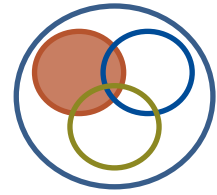
Additionally, residents may be reluctant to participate in activities for the common good due to feelings that they are not equipped to meaningfully participate. The language that is used in community forums may be exclusionary and field specific acronyms may not be explained. Also, the ease with which others communicate using this language may reinforce a feeling that one does not have anything of value to contribute.<sup>100</sup> Moreover, when care is not taken to increase active participation, though encouragement to participate may have been diligently pursued, once the person begins to participate feelings of tokenization may surface if there are limited opportunities to voice one’s opinion.<sup>101</sup>

Finally, a lack of participation can be more structural in nature. When community meetings are held during the day, residents who cannot afford to lose a day’s pay will not be available. If participation is

sought after work hours, organizers must understand the need for childcare and or to provide the evening meal. It is often the case that the staff from government agencies and community based service providers who are bringing community residents together are doing this on work time. Community residents on the other hand, are volunteers. They are coming to these meetings after they have put in a full day at work and often still have responsibilities in the home.

## Cluster: People

### Factor Name: Norms and Culture



**I. Norms and Culture Determines Health:** Societal and community norms and culture shape and influence individual behavior including those related to health and safety. The effect of perceived norms on individuals and communities directly affects health and wellness through how those perceived as “other” are provided or denied social, economic, educational, or material support.

- Healthy people are less likely to buy into and perpetuate norms related to drug and alcohol use due to increased self-efficacy and respect.

**II. Factor Definition:** Norms are broadly accepted behaviors to which people generally conform that promote health, wellness and safety among all community residents; discourage behaviors that inflict emotional or physical distress on others; and reward behaviors that positively affect others. Culture is the shared knowledge and set of practices created by a set of people for perceiving, interpreting, expressing, and responding to the social realities around them.

***Ask:** Do members of the community expect, practice, and reinforce respectful, safe, and health-promoting behaviors and attitudes?*

**III. How This Factor Impacts Health and Safety:**

Societal and community norms can both support or reduce health and safety outcomes through the shaping of behaviors and beliefs. For example, the normalization and use of car seats for infants as a result of policy change has decreased fatalities among young passengers<sup>102</sup>, and the use of seat belts for adults has decreased fatalities among all passengers.<sup>103</sup> In addition to using policy to change norms, cultural and historical tradition also play a moderating role.<sup>104</sup>

Cultural and social norms are rules or expectations of behavior within a specific cultural or social group. Often unspoken, these norms offer social standards of appropriate and inappropriate behavior, shaping perceptions of what is (and is not) acceptable, and conforming the actions of individuals to others in the group.<sup>105</sup> Norms can be learned formally through direct teaching or informally through interaction with other people, passed on through socialization and internalization of expected behavior. Norms describe behavior and outcomes that actually occur (descriptive norms) and also signify a standard of proper behavior (normative or prescriptive norms).<sup>106</sup> Norms can be expectations of behavior or beliefs about the likelihood of particular outcomes; they both function as factors that encourage behavior.

The normalization and acceptability of different behaviors can drastically impact health and safety outcomes. Smoking cigarettes was once a widely accepted and popular behavior despite its negative health consequences, which include emphysema, bronchitis, cancer, and cardiovascular disease.<sup>107,108,109,110</sup> This belief inhibits people and even law enforcement from stopping the violence, resulting in numerous preventable injuries and fatalities.

Norms surrounding the notion of acceptable, and desirable foods, has changed drastically over the past several decades in the United States and has become one of the strongest contributors to the

development of chronic disease.<sup>111</sup> Portion sizes have grown, processed foods are widely available, and soda consumption has increased.<sup>112</sup> Finding the time to cook a healthy meal from fresh ingredients or exercise regularly has become a luxury that many cannot afford, contributing to soaring rates of serious chronic illness, such as type II diabetes and heart disease.<sup>113,114</sup> The movement away from small family farms and locally grown foods, toward large-scale agriculture and processed food has contributed to younger generations not knowing where food comes from.

Similarly, the norm of automobile use as the primary mode of transportation, combined with an increasingly fast-paced lifestyle, has significantly reduced physical activity levels.<sup>115</sup> Another norm that impacts health and safety is the belief that domestic violence is a personal matter, meant to be worked out between the individuals involved.<sup>116</sup>

In addition to the normalization of behaviors, such as unhealthy eating, that result in illness and injury, the normalization of attitudes and beliefs that demoralize and devalue specific individuals or groups of people can also result in illness and injury. Social norms related to racism and homophobia, for example, can cause severe and long-term stress and anxiety for certain populations. As the body responds to stress, illness abounds, including high cholesterol, cardiovascular disease, and cognitive decline.<sup>117</sup> In addition, communities and individuals who experience oppression and chronic hopelessness also tend to engage in high risk activities more frequently, including tobacco use, substance abuse, violence, and other dangerous behaviors.<sup>118,119</sup>

***At a glance- illness and injuries associated with this factor:*** cardiovascular disease, heart disease, diabetes, emphysema, bronchitis, respiratory illness, asthma, lung cancer, HIV/AIDS, poor nutrition and inactivity, cognitive decline, substance abuse, traffic crashes and other injuries, violence, and stroke.

#### **IV. Commonly Used or Similar Phrases That Refer To the Factor:**

- Values, attitudes, and standards of behavior (including diet) connected to race, ethnicity, gender, religion, nationality, or other types of social and cultural groups<sup>120\*</sup>
- Access to key cultural institutions\*

#### **V. Relationship between Norms and Culture and Health Equity:**

A narrow construction of “accepted” norms, be they related to race, gender, sexual orientation, ability, or age, can be harmful.<sup>121,122,123</sup> At their worst, narrow conceptions of acceptable norms can impact how broader society or the community views and treats those they perceive as “other.”<sup>124</sup> The result can range from less compassion and reduced empathy, to blatant dehumanization.<sup>125</sup> When the ability to empathize is diminished, disproportionate rates of violence,<sup>126</sup> chronic disease, low educational attainment,<sup>127</sup> limited economic opportunity, premature death,<sup>128</sup> and low life expectancy<sup>129</sup> among the “others” are more easily tolerated by the broader public.<sup>130,131,132</sup> The effect of perceived norms on individuals and communities directly affects health and wellness through how those perceived as “other” are provided or denied social, economic, educational, or material support.

As individuals navigate hostile environments that result from narrowly constructed notions of accepted behavior and attitudes, they can experience physiological changes due to higher levels of stress, anxiety and depression. In response to this stress, the body generates higher levels of cortisol, a hormone produced by the adrenal gland, resulting in elevated rates of high blood pressure and

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\* PolicyLink



cholesterol levels, hardening of the arteries, cardiovascular disease, decreased physical capacity, and severe cognitive decline.<sup>133</sup> Norms that are related to stressors accumulate and feed on each other and promote behaviors that contribute to many preventable health behaviors such as substance abuse, tobacco use, levels of violence, and lack of physical activity.<sup>134</sup>

As a result of both external oppression and internalized racism, many of the individuals and communities that have experienced inequities for generations have developed deep seated feelings of hopelessness especially in the face of seemingly intractable poverty, violence, and community isolation. This individual- and community-level despair fuels chronic stress and increases the inclination towards decisions and actions that provide immediate gratification, including tobacco use, substance abuse, poor diet, lack of physical activity, increased violence, unprotected sex, dropping out of school, and other behaviors that may not be easily understood by others.<sup>135,136</sup>

In addition, acceptable behaviors and attitudes are powerful agents used both consciously and unconsciously to organize how individuals perceive others and also how they perceive themselves. Internalized responses to community norms help to shape individuals' self-esteem and sense of self-worth, while external responses shape how we perceive, value, treat, and allow others to be treated.<sup>137</sup> Individuals who are perceived to conform to community norms may often feel valued and supported. Those who are perceived not to be in the "mainstream", on the other hand, may face hurdles and challenges that are neither experienced by--nor widely understood by--those in the "mainstream."

Culture, while at times the underlying focal point of bias, has also been shown to be a strong factor for resilience. Culturally-based interventions have been shown to increase the prevention of violence among youth, decrease recidivism rates<sup>138,139</sup>, and have been correlated with increased graduation rates.<sup>140</sup> Moreover, less acculturated immigrants experience better health outcomes than their second- and third-generation descendants. Some underlying factors include maintaining traditional eating habits which contain less processed foods, practicing more traditional prenatal and post-natal practices (i.e. breastfeeding), and also an appreciation for opportunities resulting from immigrating to a new place.<sup>141,142</sup>

## **VI. Relation to Other THRIVE Community Factors:**

Because it relates to the behaviors and attitudes that residents and groups of residents have toward one another, the Norms factor links to most of the community factors.

### ***Cluster: Place***

#### **What's sold & how it's promoted:**

- What's sold and promoted influences the norms around purchasing of unhealthy items, such as tobacco, alcohol, unhealthy and processed foods, and weapons.<sup>143,144,145,146,147,148</sup>

#### **Getting around/Transportation:**

- A car-centric culture formed as a result of US transportation policies that promote automobile use over active and public transportation. Such policies made driving everywhere a social norm in many communities, thus impacting air quality and physical activity levels.
- Seatbelt policies for passengers and car-seat laws for children have changed norms around vehicle safety and prevented countless incidents of injury and death among passengers.
- Driving under the influence used to be an accepted behavior, but now due to policies related to legal blood-alcohol content, norms have changed around this, helping to reduce death and injury resulting from drunk driving.

**Air, water, soil:**

- Recycling has become a norm in the past few decades, reducing environmental damages that impact health.<sup>149</sup>

**Arts & cultural expression:**

- What is socially acceptable in art, music, and literature is constantly evolving and expanding. When these various forms of expression step outside of the box of what is socially acceptable, norms are challenged and often there is initially some level of public resistance. Furthermore, what is considered ‘art’ differs depending on the influencing society’s culture.<sup>150</sup>

**Cluster: People**

**Social networks & trust**

- In recent years, the internet has offered new ways for people to communicate through venues such as Facebook, Twitter, and MySpace. These social media networks are increasingly being used as a source for news and a way to become involved in social and political groups.<sup>151</sup>

**Participation & willingness to act for the common good**

- Before the civil rights act of 1964, literacy tests, poll taxes, and threats of violence were used to prevent people of color from voting in the Southern US. After these methods were banned, voter turnout increased significantly.<sup>152</sup>

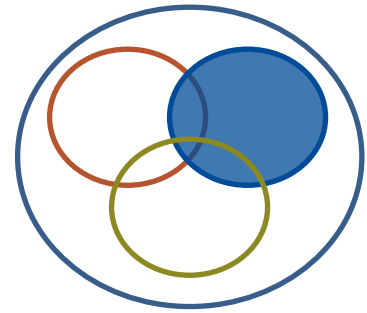
**VII. Policies and Institutional Practices that Contribute to Current Status/Conditions**

The historical treatment of “others” by privileged groups in the United States is well documented. A sample of structural policies and practices that have contributed to the nation’s contemporary health disparities include genocide,<sup>153,154</sup> slavery,<sup>155</sup> land and resource dispossession,<sup>156</sup> segregation,<sup>157,158</sup> poll taxes and voting tests,<sup>159</sup> uneven access to GI Bill benefits by soldiers of color, economic redlining and restrictive covenants,<sup>160,161</sup> racially segregated sports,<sup>162</sup> negative stereotypes introduced and perpetuated by popular media, banning of interracial marriages,<sup>163</sup> urban renewal,<sup>164</sup> predatory lending,<sup>165</sup> stop-and-frisk policing strategies,<sup>166</sup> disproportionate minority contact with the justice system,<sup>167,168,169</sup> disparate prosecution and sentencing, less educational investments in communities comprised of people of color and low-income populations,<sup>170,171</sup> immigrant repatriation policies,<sup>172</sup> and same sex marriage discrimination<sup>173</sup>. Over generations, repeated historical trauma has embedded itself within the cultural memory and identity of targeted communities and individuals, resulting in the establishment of broader attitudes that often perceive health disparities to be the result of individual choice and discount the legacy of structural bias and instead accept the current status as “normal.”<sup>174</sup>

## Cluster: Place

The physical and built environment in the places people live, work, play, and learn directly impact health and safety and shape behaviors, which in turn influence health and safety outcomes.

**Cluster Characterization:** This cluster constitutes the natural, physical and built environment. This includes natural/physical environment (e.g. air, water, and soil) and man-made physical components such as buildings and streets,<sup>175</sup> land use, public transportation, and the style and permitted uses of businesses and residences.



***Ask:** Is the physical environment in my community safe? Does the built environment reduce the risk of injuries? Does the built environment foster healthy behaviors such as walking and biking? Is this a place where I feel comfortable and safe?*

**Health and safety:** Decisions about place influence a number of health indicators including physical activity, tobacco use, substance abuse, injury and violence, and environmental quality. Land use, built environment, and zoning can have a positive impact on health and safety. For example, "Land-use patterns that encourage neighborhood interaction and a sense of community have been shown not only to reduce crime, but also create a sense of community safety and security."<sup>176</sup> Further, good community design can contribute to a general increase in community networks and trust by creating a "neighborhood feel" through which people are encouraged to interact with each other in a safe environment. This in turn contributes to increased physical and mental health, academic achievement, local economic development, and lower rates of homicide, suicide, and substance abuse.

**Health inequities:** Communities of color and communities with high rates of poverty typically have elevated incidences of exposure to environmental pollutants, substandard housing, dearth of parks and open space, lack neighborhood infrastructure, have limited transportation options, and a stunted retail environment. Additionally, discriminatory lending practices that allowed redlining to flourish encouraged white flight from inner-city areas resulting in chronic disinvestment in inner cities.<sup>177,178</sup> As housing stock and quality deteriorated, investment in inner-cities further decreased, resulting in failed businesses, dilapidated infrastructure and general disarray.<sup>179,180</sup>

**At a glance-associated illness and injuries:** Asthma and other respiratory problems, cancer, cardiovascular disease, type II diabetes, hypertension, stroke, hearing loss, mental stress, poor nutrition and physical activity, ischemic heart disease, tuberculosis, skin problems, substance abuse, stress, depression, mental and psychological distress, mood disorders, irregular sleep, hearing impairment, seizures, chronic obstructive pulmonary disease, isolation, brain and nervous system damage, behavioral and learning problems, slowed growth, low birth weight babies, hearing problems in children, reproductive problems, digestive problems, nerve disorders, cognitive impairment, muscle and joint pain, headaches, HIV/AIDS, sexually transmitted infections, hepatitis compromised immune systems, trauma and violence, traffic crashes and other unintentional injuries.

**The THRIVE factors in the Place cluster are:**

- What's Sold & How It's Promoted
- Look, Feel & Safety
- Parks & Open Space
- Arts & Cultural Expression
- Getting Around
- Housing
- Air, Water & Soil

**Additional terms or names that relate to this cluster:**

- Physical environment<sup>Λ,θ,α,Ω,χ</sup>
- Access to resources<sup>Ω</sup>
- Community and public support services<sup>θ</sup>
- Urban design that supports physical activity<sup>θ</sup>
- Built environment<sup>Λ,Ψ</sup>
- Leisure environment<sup>Ψ</sup>
- Built environment and infrastructure<sup>θ</sup>
- Community characteristics<sup>β</sup>
- Physical activity and neighborhood conditions<sup>γ</sup>
- Healthy built and natural environments<sup>†</sup>
- Access to affordable and safe opportunities for physical activity<sup>φ</sup>
- Neighborhood and built environment<sup>‡</sup>
- Land use<sup>α</sup>
- Healthy places<sup>∇</sup>
- Planning and zoning

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<sup>α</sup> BARHII

<sup>Ω</sup> CDC

<sup>χ</sup> Healthy, Productive Canada

<sup>Λ</sup> County Rankings

<sup>Ψ</sup> Healthy Cities/Healthy Communities

<sup>θ</sup> PolicyLink

<sup>β</sup> RWJF

<sup>γ</sup> Alameda County

<sup>†</sup> King County

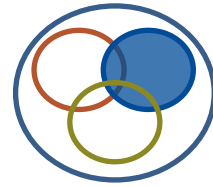
<sup>φ</sup> CDPH

<sup>‡</sup> Healthy People 2020

<sup>∇</sup> WHO

## Cluster: Place

### Factor Name: What's Sold & How It's Promoted



**I. What's Sold & How It's Promoted Determines Health:** Product availability and marketing influence purchasing and consumption choices, and thereby impact health and safety. Access to and promotion of healthy and safe goods and services, such as fresh produce or age appropriate books, supports healthy choices and behaviors. However, low-income communities and communities of color more frequently experience limited purchasing options of healthy products, and a higher density of unhealthy products such as fast food, tobacco and alcohol. These communities are also often the focus of advertising and promotional campaigns that disproportionately market unhealthy products and services.

- Healthy people prefer healthy food choices.<sup>181</sup>
- People's desire for health determines what they buy, in turn impacting the availability and price of goods, for example organic foods.<sup>182</sup>
- Individuals experiencing poor health are more likely to inquire about medications that are directly marketed on television.<sup>183</sup>

**II. Factor Definition:** The availability and promotion of safe, healthy, affordable, culturally appropriate products and services (e.g. healthy food, pharmacies, books and school supplies, sports equipment, arts and crafts supplies, and recreational items); and the limited promotion, availability, and concentration of potentially harmful products and services (e.g. fast food, tobacco, firearms, alcohol, and other drugs).

**Ask:** *Are healthy products available and affordable in my community? Are unhealthy and unsafe products scarce in my community? Is my community targeted with ads for unhealthy products?*

### III. How This Factor Impacts Health and Safety:

Access to health promoting items supports healthy choices and lifestyles, which can prevent illness, injury and chronic disease. For example, the presence of full-service grocery stores and fresh food retailers, and limited access to fast-food restaurants and convenience stores is associated with increased fruit and vegetable intake, more healthful diets, and a lower prevalence of risk factors for cardiovascular disease and diabetes.<sup>184</sup> Increasing access to books through monthly library visits among elementary school-aged youth was shown to positively increase reading at home, thus improving literacy, which has also been linked to increased health outcomes.<sup>185,186</sup> Limiting access to unhealthy items also promotes health. In communities with a high tobacco tax in place, for example, tobacco became less affordable and less available resulting in decreased rates of smoking<sup>187</sup>; the reduction was more marked among adolescents and young adults than for older adults.<sup>188</sup>

When coupled with healthy environments, the promotion of healthy goods and activities through media and marketing campaigns, such as dietary choices and physical activity, have been shown to positively influence behavior.<sup>189</sup> The Centers for Disease Control and Prevention's VERB media campaign to promote physical activity in youth increased awareness and physical activity rates in just one year.<sup>190</sup> Children are easily influenced by focused marketing campaigns and help to determine the food and products their parents purchase.<sup>191</sup> Campaigns that discourage smoking have also help to reduce the number of current smokers and prevent youth from smoking in the first place.<sup>192</sup> Also, when combined with other policies, such as clean air initiatives smoking rates dropped even further.<sup>193</sup> The promotion of sexual education programs and

condom availability have been shown to reduce unplanned pregnancies and sexually transmitted infections.<sup>194</sup>

The availability of and access to unhealthy goods and services, such as firearms vendors, fast food outlets, or liquor stores, enables unhealthy behavior including high intake of salts, fats, and sugars, violence, crime, and drug and substance abuse. The related effects of these behaviors include cardiovascular problems, cancer, unwanted pregnancy, injury, sexually transmitted diseases, and greater susceptibility to illness.<sup>195</sup> Easy access to weapons such as firearms greatly increases the risk of lethal violence, which is associated with injury, disability, death, trauma, and depression<sup>196,197,198,199</sup> and states with the highest rates of gun ownership also have the highest rates of gun deaths.<sup>200</sup> When healthy food is not affordable or accessible and there is an abundance of unhealthy food in an environment, people tend to eat poorer quality diets<sup>201</sup> and are at increased risk for developing serious chronic disease.<sup>202,203</sup> Middle and high school students in California found that students with nearby fast food restaurants consumed fewer servings of fruits and vegetables and more servings of soda.<sup>204</sup> Similarly, the concentration of tobacco outlets in communities influences smoking rates and increased availability of alcohol is associated with greater alcohol related problems, such as binge-drinking among college students, higher rates of violence, alcohol-related motor vehicle crashes and hospitalizations, and increased rates of sexually transmitted infections.<sup>205,206,207,208,209,210,211,212</sup>

Product marketing and promotion of unhealthy items in communities can influence people to choose unhealthy choices. It is common, for example, for food companies and fast food restaurants to promote unhealthy food items directly to children through the use of bright colors, toys, and cartoon characters.<sup>213</sup> One study found that children who are exposed to food advertising on television showed a 9.4% increase in consumption of sugar sweetened carbonated soft drinks, and an 11.5% increase in fast food consumption.<sup>214</sup> Point-of-sale tobacco advertising and product placement has also been shown to influence cigarette smoking among youth<sup>215,216</sup> and studies have consistently found a positive correlation between alcohol advertising and alcohol consumption.<sup>217,218,219,220,221</sup> Furthermore, exposure to and promotion of violence on television and violent video-games is associated with an increase in aggressive behavior.<sup>222,223</sup>

***At a glance –illnesses and injuries associated with this factor:*** diabetes, cardiovascular disease, hypertension, overweight, cirrhosis of the liver, asthma, cancers, HIV/AIDS, sexually transmitted infections, hepatitis, unintentional injuries (e.g. traffic crashes, burns), violence and compromised immune systems.

#### IV. Commonly Used or Similar Phrases That Refer To the Factor:

- Availability of healthy reasonably priced foods; ideally fresh produce<sup>224\*</sup>
- Presence of well-stocked grocery stores offering nutritious foods<sup>\*225+ 226 ♦</sup>
- Food security or the ability to acquire food in socially acceptable ways<sup>227 ^ 228 ¶</sup>
- Affordability of healthy foods such as fruits vegetable, milk products, and vitamins<sup>\*¶</sup>
- Nutritious food services in schools and workplaces<sup>+</sup>
- Concentration of ‘unhealthy’ goods and services<sup>229 ∇</sup>
- Presence of commercial services<sup>♦</sup>
- Density of liquor stores<sup>\*+♦∇</sup>

\* Bay Area Regional Health Inequities Initiative

+ Robert Wood Johnson Foundation

♦ PolicyLink

^ World Health Organization Commission on Social Determinants of Health

¶ Social Determinants of Health: The Canadian Facts

∇ Alameda County Public Health Department

- Disproportional marketing of alcohol and tobacco<sup>\*,+</sup>
- The presence or absence of stores specializing in fast foods, alcohol, and tobacco<sup>\*</sup>
- Access to affordable, healthy, local food<sup>230 x</sup>

## V. Relationship between What's Sold and How It's Promoted and Health Equity:

Communities that have experienced public and private disinvestment typically have a higher density of liquor stores and tobacco outlets, as well as lottery outlets, than communities that have not experienced disinvestment.<sup>231,232</sup>

Access to healthy food is grossly uneven and low-income communities of color are often where unhealthy items, such as firearms and illicit drugs are most easily accessible. Low-income communities have 25% fewer supermarkets than their middle-income counterparts<sup>233</sup>, whereas predominately white neighborhoods have four times as many supermarkets as black neighborhoods.<sup>234</sup> National and local studies across the country suggest that low-income, minority, and rural neighborhoods are most impacted by poor access to supermarkets and healthful food.<sup>235,236</sup> Low-income, urban, communities of color have higher numbers of convenience stores, which mostly tend to offer high-calorie, low-nutrient foods.<sup>237,238</sup> When grocery stores are present in lower-income urban communities, they are more likely to charge higher food prices than those in higher-income neighborhoods.<sup>239,240</sup> These cost differentials are an important issue, as low-income consumers have reported the price of produce as a barrier to fruit and vegetable consumption.<sup>241</sup>

Communities with high rates of disinvestment are often subjected to aggressive marketing by tobacco, alcohol, fast-food and other unhealthy food companies. The frequency of tobacco advertising was significantly and positively correlated with the percentage of African American residents and percentage of people living under the poverty line in a neighborhood.<sup>242</sup> This marketing has become much more subtle and harder to identify. For example, youth, especially low-income youth of color, are heavily marketed to in the form of violent television and video games.<sup>243</sup> Additionally, liquor stores in low-income neighborhoods often sell alcohol chilled in larger containers for immediate consumption which increases the likelihood of excessive drinking, public drunkenness, automobile crashes, and physical violence.<sup>244,245,246</sup>

While Coca-Cola trumpets its decision to remove sugary drinks from school vending machines and cafeterias, the beverage industry as whole continues to bombard our kids with sugar-sweetened beverage marketing. Companies spent \$948 million advertising sugar-sweetened drinks to children in 2010.<sup>247</sup> In California, 62% of adolescents ages 12-17 and 41% of children ages 2-11 drink at least one soda or other sugar-sweetened beverage every day.<sup>248</sup>

What's more, mounting evidence points to disproportionate marketing to children of color. In 2010, Hispanic teens saw 99 percent more ads for sugar-sweetened beverages than white children.<sup>249</sup> Black children and teens saw 80 to 90 percent more ads than white children. In fact, just as Coke's new ads were making news, researchers at the University of Illinois released a study showing that while all kids are getting too many calories from sugar-sweetened beverages, low-income and black children are consuming far more of these unhealthy drinks.<sup>250</sup>

Taken in concert, both the limited access to and availability of health promoting products and the targeted promotion of unhealthy products contribute to greater rates of illness, injury, diminished health, and decreased safety in lower income communities and in communities of color.

<sup>x</sup> Equity and Social Justice Report. King County.

## VI. Relation to Other THRIVE Community Factors

### *Cluster: Equitable Opportunity*

#### **Education**

- Children living in low-income communities have significantly less access to print (such as books, other printed materials, libraries, books in schools, or visibility of signs, labels and logos outdoors that are conducive to reading) than children in middle and higher income communities.<sup>251</sup>

#### **Living Wages & Local Wealth**

- Single parent households and families receiving social assistance experience elevated risks of food insecurity.<sup>252</sup>
- Quality fresh food, especially produce, is more costly than unhealthy processed foods making it unaffordable for some families.<sup>253,254</sup>
- Economic insecurity has been correlated with rates of overeating.<sup>255</sup>
- Stressors associated with a lack of economic opportunity correlate with use of unhealthy products, such as self-medication through food, alcohol, tobacco and other drugs.<sup>256,257,258,259</sup>

### *Cluster: Place*

#### **Look, Feel, & Safety:**

- Closing liquor stores decreased rates of crime and violence in a four block area by over 27%.<sup>260</sup>

#### **Getting Around/Transportation**

- Shuttle services to supermarkets in neighborhoods where residents face transportation barriers increases the purchase fresh fruit and vegetables and other healthy foods.<sup>261</sup>
- Residents in low-income, urban areas are less likely to own cars than their suburban counterparts, making it more difficult to travel to and from grocery stores. Survey data suggests that low-income households are 6 to 7 times less likely to own a car, yet the lack of supermarkets within walking distance means they are also more likely to need a car to buy food.<sup>262,263</sup>
- Having direct access to a car promoted healthy food choices among people with low socioeconomic status by allowing for comfortable transport to food vendors selling nutritious food, more frequent trips, and price-comparison shopping at a number of different establishments.<sup>264</sup>

### *Cluster: People*

#### **Norms and Culture**

- Marketing strategies that rely on stereotypes or promote unhealthy norms can increase objectification, encourage consumption of unhealthy foods, and encourage unhealthy behaviors such as smoking or excessive drinking.<sup>265</sup>
- The frequency of tobacco advertising is correlated with the percentage of African Americans and percentage of people living under the poverty line in a neighborhood, which further normalizes unhealthy tobacco-use for low-income groups and people of color.<sup>266,267</sup>

## VII. Policies and Institutional Practices that Contribute to current status/conditions

### **Racially Biased Marketing Practices**

- A review of memoranda by tobacco executives revealed explicit statements that the industry's motivation to support civil rights causes and build relationships with African American leadership organizations was to silence African American opposition to tobacco control initiatives and increase sales in communities of color.<sup>268</sup>



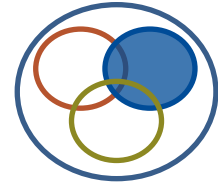
- Some marketing firms use distorted generalizations and stereotypes to assess the investment potential of neighborhoods and to discourage new investment in communities, severely limiting residents' healthy food and activity choices.<sup>269</sup>

### **Economic Redlining**

- Limited availability of loans for local residents to open businesses that sell and promote healthy food options has resulted in limited economic opportunities for residents<sup>270</sup> while also allowing chain restaurants and stores to fill the gap with unhealthful products.<sup>271</sup>
- One study demonstrates the systematic undervaluing of inner-city neighborhoods through the use of marketing analyses that influence retailers' decisions about locations.<sup>272</sup>
- Historically, Federal Housing Authority (FHA)-backed loans were biased toward suburban expansion, and as a result of discriminatory lending practices, facilitated "white flight" and increased concentrations of urban poverty.<sup>273</sup>
  - As a result of population loss, segregation, decreased property values, and the movement of manufacturing jobs from the cities to suburbs, investment in a host of resources from city schools and grocery stores to parks and recreation, decreased.<sup>274</sup>
  - This initial disinvestment has led to chronic disorder in many inner city neighborhoods, where healthy food and activity outlets are disinterested or discouraged from investing; resulting in 'food deserts', and disproportionately larger numbers of tobacco outlets, liquor stores, pawn shops, payday lenders and check-cashing establishments.<sup>275</sup>

## Cluster: Place

### Factor Name: Look, Feel, & Safety



**I. Look, Feel, & Safety Determines Health:** Communities that look and feel inviting and safe, promote health by influencing people's willingness and ability to engage in physical activity and the establishment of services that can support healthy choices. Conversely, surroundings that look or feel unappealing or disorganized discourage health-promoting activity among residents and diminish the likelihood that healthy food retailers or small businesses will open. Communities of color and low-income communities typically receive less public and private investment and, as a result, can appear more disordered, unwelcoming, and be perceived as unsafe.

- Healthy individuals are more likely to go outside, increasing a sense of life on the street, which helps the neighborhood to appear more welcoming.
- Individuals engaged in healthy behaviors such as physical activity are invested in how their community looks and feels and work to improve things like sidewalks or street lights.

**II. Factor Definition:** Surroundings that are well-maintained, appealing and perceived to be safe and culturally inviting for all residents.

**Ask:** *Do I feel proud of my community? Is my community a place I like being in?*

### III. How This Factor Impacts Health and Safety:

Communities that look and feel inviting foster increased physical and mental well-being and higher rates of physical activity. This is linked to positive health outcomes such as reduced risk for chronic diseases such as type II diabetes<sup>276</sup>, and can also enhance resilience by providing welcoming environments that encourage healthy behavior.<sup>277</sup> Moreover, a neighborhood's visual appeal, such as its landscape design or the presence of culturally relevant murals, fountains, gardens, and sculptures, has also been shown to contribute to residents' willingness to engage in physical activity.<sup>278, 279, 280, 281</sup> Moreover, communities that look and feel safe are associated with a lower risk of violence. For example, greening vacant lots has been shown to reduce gun assaults.<sup>282</sup> Neighborhoods perceived to be unsafe can lead to social isolation, which can have indirect impacts on health such as depression and other mental health issues, or for older adults living alone in particular, the risk of injury from falls.<sup>283, 284</sup> Additionally, unsafe communities and communities perceived to be unsafe may not attract economic investment such as full service grocery stores which can limit access to healthy food and can also contribute to increased risk for poor health outcomes.<sup>285, 286</sup> Further, unsafe communities can promote feelings of detachment, which can lead to apathy and residents having a limited interest in their neighbors or neighborhood. Resident apathy can result in decreased maintenance of the community and physical environment, which can increase the risk for chronic conditions if people avoid going outside, or can increase the risk of injury resulting from exposure to violence which may flourish if the neighborhood is deemed 'unsafe'.<sup>287, 288</sup>

**At a glance- associated illness and injuries:** Cardiovascular disease, type II diabetes, ischemic heart disease, cancer, stroke, and violence.

#### IV. Commonly Used or Similar Phrases That Refer To the Factor:

- Safe neighborhood, well-kept homes<sup>289\*</sup>
- Safe walking routes<sup>\*</sup>
- Lots of street/sidewalk activity and interaction<sup>290+</sup>
- Desired and necessary amount of police and fire protection<sup>+</sup>
- Perception of safety<sup>291, 292 ∇+φ</sup>
- Positive neighborhood perceptions<sup>∇</sup>
- Fair judicial practices<sup>\*</sup>

#### V. Relationship between Look, Feel, and Safety and Health Equity:

People with low incomes and people of color are more likely to live in neighborhoods receiving less public and private investment in infrastructure and consequently can appear disorganized and unsafe.<sup>293, 294</sup> Residents in these neighborhoods typically experience abandoned or deteriorating factories, freeway noise and fumes, and are exposed to crime, violence and other hazards at greater rates than whites, all of which increases the likelihood of developing serious health problems.<sup>295, 296, 297, 298, 299</sup>

Moreover, neighborhoods with higher levels of violence may receive more forceful crime suppression strategies which can lead to disproportionate stops, arrests, and incarceration of community members.<sup>300</sup> As a consequence, residents experience multi-layered levels of stress, not only from various environmental sources but also through fear of negative interactions with authorities.<sup>301, 302</sup>

As the concentration of people of color and poverty increases in a given area, there is a greater perception of disorder.<sup>303</sup> This has real implications for the decisions to invest in a community, as those that appear disorganized are less likely to receive investment. The perception of disorganization is seemingly as powerful as real disorganization.

#### VI. Relation to Other THRIVE Community Factors:

##### *Cluster: Place*

##### **Air, Water, & Soil**

- Blighted communities that are often home to shuttered industry and vacant property are often the same disinvested neighborhoods that are contaminated by toxic waste and dotted with parcels containing contaminated groundwater and soil.<sup>304, 305</sup>

##### **What's Sold & How It's Promoted**

- Communities that are not perceived to be inviting or safe typically have decreased levels of economic investment which affects employment opportunities, the types of retail establishments that locate in the neighborhood, and also the types of food available for purchase.<sup>306, 307</sup>
- Regulations and restrictions on outdoor billboards for beer and distilled spirits are more lax in communities of color,<sup>308, 309</sup> and this type of advertising contributes to higher consumption and heavier drinking, which can increase the risk for violence and decrease community safety.<sup>310</sup>

\* Robert Wood Johnson Foundation.

+ PolicyLink.

∇ Alameda County Public Health Department.

φ Prevention Institute.

- Large numbers of convenience and liquor stores, pawn shops and check-cashing store fronts combine to make the perception of neighborhoods unsafe, less ordered, and less welcoming.<sup>311</sup>

#### **Getting Around/Transportation**

- In low-income communities where street infrastructure is deteriorated or lacking, roads are not properly marked, and bike lanes and pedestrian refuges are non-existent, people may perceive the neighborhood to be uninviting or unsafe.<sup>312</sup>
- Deteriorated infrastructure affects residents using mobility devices by forcing them into unsafe circumstances and blind pedestrians in areas without curb cuts or proper street crossing aids may also experience greater risk of injury.<sup>313,314</sup>
- Residents who do not feel safe getting around in their neighborhoods may tend to remain indoors thus decreasing their levels of physical activity and increasing their isolation from others.<sup>315</sup>

#### **Parks & Open Space**

- In communities that lack accessible and safe parks and open space, residents may be less likely to engage in physical activity or let their children play outside, which can contribute to the perception that a neighborhood is dangerous.

#### **Arts and Cultural Expression**

- Neighborhoods that provide outlets for artistic and cultural expression often feel more community-oriented and engage community residents.<sup>316</sup> This can result in increased foot traffic and community involvement, thus increasing perceived safety of an area.
- Public art can enhance the look, feel and safety of a community.

#### ***Cluster: People***

##### **Social Networks & Trust**

- A neighborhood that feels welcoming and embraces diverse cultures can contribute to a general increase in community interactions and the formation of formal or informal resident networks and trust by creating a “neighborhood feel.”<sup>317,318</sup>

#### ***Cluster: Equitable Opportunity***

##### **Living Wages & Local Wealth**

- Neighborhoods that are well-maintained, have green space, and where streets have been improved typically have higher property values and greater economic activity.<sup>319,320</sup>
- Blighted communities have fewer economic opportunities for employment and are more likely to have a larger number of check-cashing, payday lenders and pawn shop, which limit opportunities for wealth and investment among residents who do not have access to banks.<sup>321</sup>

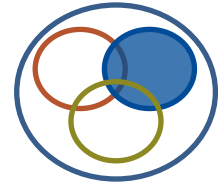
#### **VII. Policies and Institutional Practices that Contribute to Current Status/Conditions:**

- Cuts in government spending affect poor neighborhoods more than affluent neighborhoods. The disinvestment of economic resources in poor neighborhoods has contributed to a decline in the urban infrastructure and physical environment in these communities.<sup>322</sup>
- Historically, many communities of color and communities with high rates of families with lower incomes have experienced disinvestment which has contributed to a decline in the urban infrastructure and physical environment.<sup>323</sup>

- The resulting decline in physical infrastructure has led to environments that appear less safe, and less attractive for economic investment.
- Policies that have concentrated poverty and social problems in segregated neighborhoods have created the physical and social conditions that increase the likelihood of violence.<sup>324</sup>

## Cluster: Place

### Factor Name: Parks & Open Space



- I. Parks & Open Space Determines Health:** Access to parks and natural open space encourages residents to engage in health promoting and stress reducing activities. Parks are oases of cleaner air for those impacted by pollution. Communities of color and lower-income communities are less likely to have adequate park or open space, and when it is available, it is often of lower quality and poorly maintained.

- Individuals who are experiencing poor health or illness are less likely to utilize public spaces like parks and trails, which may appear to policymakers as decreased demand for these types of amenities and lead to disinvestment in upkeep and maintenance. .

- II. Factor Definition:** Availability and access to safe, clean parks, green space and open areas that appeal to interests and activities across the generations.

*Ask: Are there safe places where people can enjoy nature and be active in my community?*

**III. How This Factor Impacts Health and Safety:**

The availability and accessibility of safe, well maintained, appealing, parks and open space promotes walking, biking, and other forms of incidental/ recreational physical activity which increase human health.<sup>325</sup>

Appropriately scaled urban parks have been shown to have less polluted microclimates than the neighborhoods surrounding the greenspace.<sup>326</sup> Elderly adults who have close access to a park or green space have longer lifespans than those who live further from green spaces.<sup>327</sup> Neighborhoods that have parks, multi-use trails, and attractive sidewalks or public spaces for walking encourage healthy behaviors and children tend to be more active when there are more play spaces near their homes.<sup>328,329</sup>

Green space also has a calming effect on community members and helps to mitigate the effects of chronic disease and illness and psychological, social and physical stress.<sup>330</sup> Residents living in housing with no access to green space experience higher rates of aggressiveness and violent conflicts when compared to residents living close to trees and grass.<sup>331,332,333,334</sup> A recent study also found a mild connection between decreased access to green space and higher rates of cardiovascular disease and cancer.<sup>335</sup> Additionally, when some children with ADHD participate in outdoor activities, they have been shown to experience decreases in symptoms.<sup>336,337,338,339</sup> Limited or no access to physical activity resources has been correlated with the development of insulin resistance, metabolic syndrome, and type II diabetes.<sup>340,341</sup>

***At a glance- illness and injury associated with this factor:*** Crime and violence, asthma, cancer, cardiovascular disease, insulin resistance and type II diabetes, stress, and mental health problems.

**IV. Commonly Used or Similar Phrases That Refer To the Factor:**

- Access to safe local parks<sup>342\*</sup>
- Access to green space such as parks, garden, and playgrounds<sup>343+</sup>

\* PolicyLink

- Well-equipped parks and open spaces/organized community recreation<sup>+</sup>
- Presence of sidewalks and playgrounds in neighborhoods<sup>+</sup>
- Access and availability of safe places to be physically active<sup>344 ♦</sup>
- Availability of open spaces<sup>345 ¶</sup>
- Access to parks and natural resources<sup>346 ▽</sup>

## V. Relationship between Parks & Open Space and Health Equity:

The number of accessible public facilities in neighborhoods, such as parks and playgrounds, differs by race and income.<sup>347, 348, 349, 350</sup> Low-income neighborhoods are likely to contain fewer leisure time recreation supporting amenities, such as sports fields, bike paths, and other physical activity environments, than more affluent neighborhoods. As a consequence, the children growing up in these communities have less access to playgrounds, parks, open space, and other safe places to play.<sup>351</sup>

In many communities of color and in poor communities, recreational amenities are often unmaintained, unattractive or unsafe.<sup>352</sup> Even when parks are available in lower income urban neighborhoods, they tend to be closer to heavy traffic and noise, have unsafe equipment, and attract vandalism and crime.<sup>353</sup>

## VI. Relation to Other THRIVE Community Factors:

### *Cluster: People*

#### **Social Networks & Trust:**

- Parks can contribute to social cohesion and the creation of social networks which can decrease the likelihood of depression.<sup>354, 355</sup>

#### **Participation & Willingness to Act**

- People living in walkable neighborhoods are more likely to know and trust their neighbors and be involved politically and socially.<sup>356</sup>
- In communities with mixed-income populations, priority for funding maintenance and programming for parks and open space will go to higher income neighborhoods whose residents are more vocal and who have had a longer history of having parks or community space.<sup>357</sup>

### *Cluster: Place*

#### **Look, Feel, & Safety**

- Parks that are not safe or well-maintained can contribute to blight and crime.<sup>358</sup>
- Parks that are full of weeds, garbage, broken benches, and crumbling play equipment, discourage physical activity.<sup>359</sup>
- Vacant lot greening is associated with decreased gun violence and reduced vandalism and mischief in communities.<sup>360</sup>
- Newly greened spaces encourage physical activity and improve feelings of community ownership as they appear safer and more appealing to residents.<sup>361</sup>
- A lack of programming or presence in parks can also lead to underutilization because parents or caregivers feel those areas may be dangerous and unsafe.<sup>362</sup>

<sup>+</sup> Robert Wood Johnson Foundation

<sup>♦</sup> Alameda County Public Health Department

<sup>¶</sup> Bay Area Regional Health Inequities Initiative

<sup>▽</sup> Equity and Social Justice Annual Report. Seattle King County.

**Cluster: Equitable Opportunity**

**Education**

- Neighborhoods with large rates of families with lower incomes often rely on school recess for accessing open space and recreational facilities. However, as schools struggle with increasing test scores, recess is more often cut from schools in low-income neighborhoods, preventing use of existing facilities.<sup>363,364</sup>

**Living Wages Local Wealth**

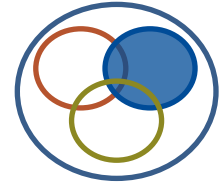
- Low-income parents may be too occupied with issues concerning day-to-day survival to bring their kids to parks.<sup>365,366</sup>
- Funding for parks and recreation are often tied to property bonds or benefit assessment districts that, given the tax base of the types of businesses in low income areas, generate insufficient funds to cover parks and open space maintenance.<sup>367</sup>

**VII. Policies and Institutional Practices that Contribute to Current Status/Conditions:** Parks and open space are generally maintained by local government and during economic downturns public works and parks and recreation departments are likely to be considered non-essential and can take larger cuts to their budgets than other local departments.<sup>368</sup> This is exacerbated in communities that have little resources to begin with.<sup>369</sup>



## Cluster: Place

### Factor Name: Arts & Cultural Expression



**I. Arts & Cultural Expression Determines Health:** Arts and cultural expression promote healing, physical activity, social connections, and community engagement. Community members engaged in the arts, either as creators or consumers, are less likely to suffer from depression and stress, do better in school, and are more likely to engage in health promoting behavior. Arts and cultural expression can reflect and promote community vibrancy and bring community members together. Communities with high levels of disinvestment are often excluded from participating in, or accessing, the arts.

- When a community is perceived to be safe, it welcomes more participation in arts and cultural expression and has more opportunity to engage in health promoting activities.
- Healthy people can participate in the arts.

**II. Factor Definition:** There are abundant opportunities within the community for cultural and artistic expression and participation, and for positive cultural values to be expressed through the arts; and arts and culture positively reflect and value the backgrounds of all community residents.

**Ask:** *Is expression through the arts honored and supported in my community? Are there accessible outlets and opportunities to engage in the arts in my community? Do community art and culture opportunities positively portray all members of the community?*

### III. How This Factor Impacts Health and Safety:

Arts and cultural expression promote healing, physical activity, social connections, and community engagement. A neighborhood's visual appeal, such as its landscape design or the presence of culturally relevant murals, fountains, gardens, and sculptures, has also been shown to contribute to residents' willingness to engage in physical activity.<sup>370,371,372,373</sup> Opportunities for cultural expression through art can engage youth in activities that promote healthy behaviors and outcomes.<sup>374</sup>

Accessibility to the arts and other forms of cultural expression that promote the histories and aspirations of all community members can contribute to a feeling of community connectedness, solidarity, and well-being by creating meaning in residents' lives.<sup>375</sup>

Community focused art and cultural expression comes in a variety of forms, such as theatre, gardens, murals, mosaics, and musical and dance performances, and has been used to both bring residents together in celebration as well as to help people heal after experiencing trauma.<sup>376,377,378,379,380,381,382,383,384,385,386,387</sup>

Some forms of artistic expression, such as dancing or gardening, can reduce the risk of chronic disease by encouraging physical activity.<sup>388</sup> Exposure to the arts can have both a physical and mental impact on audiences through reducing blood pressure and symptoms of depression.<sup>389</sup> Moreover, art has been shown to positively impact health by reducing alcohol consumption, shortening hospital stays, and serving as a healing mechanism for people exposed to violence.<sup>390,391</sup>

**At a glance-associated illness and injury:** Mental health, trauma, substance abuse, violence, high blood pressure, obesity, and type II diabetes.

#### IV. Commonly Used or Similar Phrases That Refer To the Factor:

- Ability to participate and contribute to social and cultural activities<sup>392\*</sup>

#### V. Relationship between Arts & Cultural Expression and Health Equity:

The phrase *La Cultura Cura*, or “Culture Heals” encapsulates the power of connection to one’s culture and history to promote health and positive self-identity.<sup>393</sup> For example, a study of Filipino Americans found that learning about one’s cultural heritage, participating in cultural practices, and experiencing a sense of pride and ethnic connection helped to buffer the emotional stress of perceived discrimination and was strongly associated with fewer depressive symptoms.<sup>394</sup> Community art and cultural expression are also important to the health of immigrants because they can be used as a way to bridge the generational divide and help parents and grandparents share the customs and norms from their countries of origin.<sup>395</sup> The diminishment or devaluation of a group’s culture and/or art in the community can have a profound impact on how residents from marginalized communities perceive their value to broader society.<sup>396</sup>

Marginalized communities are often excluded from participating in or accessing the arts.<sup>397,398,399</sup> Participation in the arts is typically informed by childhood experiences, and those who have more exposure as children are more likely to engage in the arts as adults. Children from families with lower incomes typically have less access to literature, dance and music lessons than children from middle and higher income families, limiting their exposure to creative expression and opportunities to develop artistic skills.<sup>400,401,402</sup> Arts participation is highly correlated with socio economic status with marginalized communities having fewer opportunities to engage in the arts.<sup>403,404</sup>

#### VI. Relation to Other THRIVE Community Factors:

##### ***Cluster: Equitable Opportunity***

##### **Education**

- Art programs in New York City have been shown to play a strong role in keeping high schools students in school and graduating on time. Additionally, students have reported that participation in the arts has been a primary reason to stay in school.<sup>405</sup>
- Participation in the arts also narrows the student achievement gap and results in higher academic performance for youth living in poverty.<sup>406</sup>

##### **Living Wages & Local Wealth**

- Art and cultural institutions can be a driver of local economic development.<sup>407,408</sup>

##### ***Cluster: People***

##### **Social Networks & Trust**

- High rates of cultural participation can increase social connections in communities.<sup>409</sup>
- The arts and other forms of cultural expression can contribute to a feeling of community connectedness and solidarity, particularly after the experience of a traumatic event.<sup>410</sup>
- Artistic performances such as plays that are staged in community venues create social cohesion by bringing families and residents together and in some cases can be used to increase residents understanding of community support programs available to families with needs.<sup>411</sup>

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\* Senate Subcommittee on Population Health.

**Norms & Culture**

- Positive images where all residents' cultures and values are reflected illuminate the underlying pro-social cultural and family based norms that most communities have culturally embedded.<sup>412</sup>

***Cluster: Place***

**Look, Feel, & Safety**

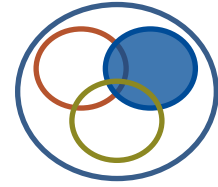
- City planners recommend the placement of theatres and other artistic institutions within the center of downtown blocks to increase foot traffic, which also contributes to retail sales, decreased rates of crime, and increased perceptions of safety.<sup>413,414</sup>
- Arts and cultural expression can mitigate the effects of violence and help redefine community.<sup>415,416</sup>
- Murals, reflective of the local culture, can make residents feel greater attachment to their community.

**VII. Policies and Institutional Practices that Contribute to Current/Status Conditions**

- High stakes testing and budget cuts have both led to schools to decrease amount of time spent on extra-curricular activities, including art.<sup>417,418,419</sup>
- Popular media, arts and entertainment have historically portrayed women, people of color, disabled and the LGBTQ community as the 'other'.<sup>420,421,422,423,424,425</sup>

## Cluster: Place

### Factor Name: Getting Around



- I. Getting Around/Transportation Determines Health:** Good transportation options get people to places and services they need for good health and reduces the risk of injury and respiratory problems. Automobile-oriented transportation increases air pollution and storm runoff from roads, which contribute to decreased health. Among vulnerable populations, lack of accessible transportation options decrease access to employment and educational opportunities, healthcare and child care services, and healthy food and increase rates of isolation and depression.

- Individuals who are healthy can choose to bike, walk, or run to work, increasing the need for safe routes and bike paths.

- II. Factor Definition:** Availability of safe, reliable, accessible and affordable ways for people to move around, including public transit, walking, biking and using devices that aid mobility.

*Ask: Can I affordably, efficiently and safely get where I need to go?*

### III. How This Factor Impacts Health and Safety:

Good transportation options get people to places and services they need for good health. Robust transportation infrastructure helps to minimize impact on the environment. Transportation designs that include the presence of sidewalks, bike paths, bike lanes, and multi-use paths can help to increase physical activity levels, which can lower rates of chronic disease.<sup>426</sup> For example, more people walk or cycle in transit-oriented neighborhoods than car-oriented neighborhoods.<sup>427</sup> Additionally, decreased reliance on motor vehicles positively impacts air quality, which can improve asthma rates.<sup>428,429</sup> Well-designed transportation systems can connect people in geographically isolated communities to jobs, food, physical activity areas, healthcare, education, and other health-promoting goods and services.<sup>430</sup>

The ways that people move around their community also impact illness and injury, including the prevalence of asthma, chronic disease and unintentional injuries. Besides affecting air quality, driving rates contribute to pedestrian<sup>431</sup> and bicyclist injury.<sup>432</sup> Nationwide, pedestrians account for nearly 12% of total traffic deaths.<sup>433</sup> In 2009, fatalities from motor-vehicle involved crashes totaled 33,808 in 2009, making this the fifth leading cause of death in the United States for that year.<sup>434</sup> Transportation directly impacts lack of health through increased exposures to environmental toxins such as smog and other particulate matter that can trigger asthma among vulnerable populations.<sup>435,436,437</sup> Noise pollution, resulting from traffic patterns, has been associated with hearing loss, hypertension, heart conditions, and mental stress.<sup>438</sup>

**At a glance- associated illness and injuries:** Asthma, cancer, cardiovascular disease, type II diabetes, hearing loss, mental stress, poor nutrition and physical activity, traffic crashes and other injuries.

#### IV. Commonly Used or Similar Phrases That Refer To the Factor:

- Access to roads or transit that connect to resources within the neighborhood as well as a broader region<sup>439\*</sup>
- Access to reliable and affordable transportation<sup>440 +</sup>
- Accessible, safe public transportation, walking routes, and bike paths<sup>441 ♦</sup>
- Amount of automotive dependence<sup>442 ¢</sup>

#### V. Relationship between Getting Around/Transportation and Health Equity: Communities of color and communities with lower incomes typically receive less infrastructure investment in sidewalks, bike lanes, lighting, or pedestrian crossing aids, which results in increased rates of accident or injury.<sup>443</sup>

These communities are also directly exposed to greater levels of pollution from major interstates and highways due to historical discriminatory zoning and planning processes.<sup>444</sup> Parking subsidies and infrastructure developments favor those with longer commutes and automobile travel<sup>445</sup>, disparately impacting lower-income people of color who are more likely to be dependent on mass transit.<sup>446</sup>

Moreover, most public transportation is designed to get commuters in and out of the central city resulting in fewer transportation services provided to communities of color and communities with lower incomes living outside of the urban core.<sup>447</sup> Typical commute times for low-income people and people of color seeking livable wages tend to be longer than more affluent whites, which can increase stress.<sup>448</sup>

Inadequate and poorly maintained pedestrian and cyclist street infrastructure in lower income communities and communities of color has resulted in disparate pedestrian death rates.<sup>449,450</sup> For example, from 2000-2007, African Americans and Hispanics suffered a pedestrian death rate 73% and 62% higher, respectively, than non-Hispanic whites.<sup>451</sup> The disproportionately high pedestrian fatality rates among racial and ethnic minorities are even more apparent when specifically looking at age. Hispanic children suffer a pedestrian fatality rate more than 40% higher than that of white children and the pedestrian fatality rate for black children is well over twice that of white children.<sup>452</sup> Similarly, Hispanics 65 years and older have a fatality rate that is twice that of Blacks and 173% higher than Whites.<sup>453</sup>

A car-centric transportation system and culture has left many working, mass-transit dependent individuals with longer commute times, higher transportation costs, and less access to jobs and vital services such as health care.<sup>454</sup> People of color with lower incomes spend more time traveling to work and other daily destinations than do lower-income Whites due to the fact that they have fewer private vehicles and use public transit and carpools more frequently.<sup>455,456</sup> In addition, low-income transit riders who live and travel within city centers often subsidize higher income riders, as fair structures in agencies are often designed to benefit long-distance commuters coming from suburbs. For example, one study demonstrated that a rider traveling one mile pays more than double the cost of the trip,

\* PolicyLink.

+ Robert Wood Johnson Foundation.

♦ Alameda County Public Health Department.

¢ Bay Area Regional Health Inequities Initiative.

while a rider traveling 20 miles pays only 20% of the trip.<sup>457</sup> The high cost of transportation negatively impacts families with less discretionary income the most.

Furthermore, in recent years, many jobs have moved away from centralized locations that are reachable by transit, making them inaccessible to people without cars.<sup>458</sup> Since more than 19% of households making less than \$25,000 per year do not own a vehicle, lower-income people have significantly limited mobility and access to those jobs.<sup>459</sup> Additionally, low-income suburban communities with limited access to public transportation can only access about 22% of the jobs in low- and middle-skill industries; jobs for which they are often the most qualified. About one quarter of low- and middle-skill level positions require a 90-minute commute, whereas only one third of high skill jobs require the same commute.<sup>460</sup>

## VI. Relation to Other THRIVE Community Factors:

### ***Cluster: Equitable Opportunity***

#### **Living Wages & Local Wealth**

- People with limited transportation options may have fewer opportunities for employment, and services that support employment (i.e. training, childcare) and offer living wage, which is associated with better health outcomes.<sup>461</sup>
- Employer-based programs that subsidize public transportation options help to change norms around of the use of mass transit.<sup>462</sup>

### ***Cluster: Place***

#### **Look, Feel, & Safety**

- A recent study showed that a lack of traffic/pedestrian lights, speed humps, and nearby cul-de-sac's are associated with decreased physical activity among youth caused by a perceived lack of safety.<sup>463</sup>
- Infrastructure changes that decrease vehicle speeds, increase the attention of drivers, and enhance pedestrian safety are beneficial by increasing walking and cycling and enhancing opportunities for outdoor play.<sup>464,465</sup>
- When crime prevention through environmental design (CPTED) principles are applied to the development of transit facilities, transit ridership can increase as a result of perceived increased system safety and security.<sup>466</sup>

#### **What's Sold & How it's Promoted**

- The availability and affordability of transportation affects one's ability to reach food and retail options. People who are dependent on public transit may be forced to shop within their neighborhoods if mass transit is unreliable or otherwise inaccessible, which often forces residents to shop at smaller stores with high-priced, unhealthy food options.<sup>467</sup>

#### **Air, Water, & Soil**

- Noise pollution from transportation sources can lead to hearing loss, hypertension, heart conditions, and mental stress.<sup>468</sup>
- People who live in close proximity to highways are more likely to have respiratory problems.<sup>469</sup>

- There is a strong correlation between heavy automobile traffic and increased difficulty with respiratory functions and with higher incidence of asthma.<sup>470</sup>

***Cluster: People***

**Norms and Culture**

- Accessible and clean public transportation options helps to shape community norms away toward more healthful commuting habits.<sup>471</sup>

**Social Networks & Trust**

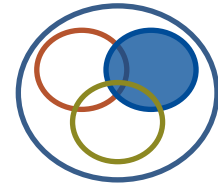
- People use public transportation an estimated 35 million times a weekday,<sup>472</sup> meaning that public transit provides increased opportunity for social interaction and community connectedness, especially on local transit routes.

**VII. Policies and Institutional Practices that Contribute to Current Status/Conditions:**

- Communities of color and those with high rates of families with lower incomes have traditionally received less investment in transportation infrastructure. “Separate but Equal” applied not only to schools but to all public facilities including public transportation.<sup>473</sup>
- The enormous investment in highways has resulted in residential segregation, enabling the concentration of lower income families and communities of color in neighborhoods with poor job opportunities and that also have limited access to jobs that are found in suburban areas.<sup>474</sup>
- 80% of federal transportation money is dedicated to highways, leaving only 20% for all other modes of transportation. Low-income communities and communities of color rely on public transit more than higher income White Americans which has resulted in continued disinvestment.
- Most Regional Planning Transportation boards are overrepresented by suburban interests given the one vote per area system. This means that the residents in densely populated urban areas are underrepresented because they have the same say as less populated suburban areas.<sup>475</sup>
- Large investment in highways to the suburbs enabled residential segregation and “white flight”.<sup>476</sup>

## Cluster: Place

### Factor Name: Housing



- I. Housing Determines Health:** Safe and secure housing promotes mental well-being, prevents injury, protects against the elements, and can promote feelings of safety. Substandard housing can increase the risk of burns and falls, exposure to toxins, and community violence. The legacy of historical discriminatory housing policies has led to the disproportionate concentration of people of color and low-income people in racially segregated communities with substandard housing.

- Healthy individuals are less likely to become ill, lose their jobs, and ultimately their housing.
- Healthy individuals may be able to spend more time in housing upkeep, which will promote health through less injury and disease.

- II. Factor Definition:** High-quality, safe and affordable housing that is accessible for residents with mixed income levels.

***Ask:** Are there safe, quality places I can afford to live in my community? Is the housing adequate for families with young children, for the elderly, and for people with physical disabilities? Can I live in a location that is near my work and has access to quality schools?*

**III. How This Factor Impacts Health and Safety:**

High quality, well-designed and maintained housing structures can reduce the risk of burns, falls, and other injuries, as well as the risk of exposure to toxins.<sup>477</sup> Safe and secure housing promotes health and well-being by bringing feelings of safety, stability and control to community members.<sup>478</sup>

Low-quality housing is often replete with unhealthy exposures. For example, indoor allergens such as mold and dust can accumulate in older, damp houses with poor ventilation and can lead to and exacerbate asthma.<sup>479,480,481</sup> Many older homes are known to have lead paint or lead dust which can cause learning disabilities and behavioral problems among children.<sup>482</sup> Poor lighting has been linked with depression, mood disorders, and irregular sleep, while noise can cause hearing impairment, sleep disturbance, cardiovascular and psychosocial stress, psychiatric symptoms, and poor fetal development.<sup>483</sup> Stress caused by a lack of affordable housing can lead to a higher risk of developing depression, hypertension, more trips to the doctor, and reduced psychological health. Residential instability is associated with emotional, behavioral, and academic problems among children, which impact indirectly impact health outcomes. Children who experience residential instability are also at an increased risk of teen pregnancy, early drug use, and depression during adolescence.<sup>484</sup>

Lack of housing or poor quality housing can directly result in illness and injury. Homelessness, for example, is associated with premature death and a number of health conditions including, tuberculosis, skin and foot problems, seizures, chronic obstructive pulmonary disease, and high levels of stress.<sup>485,486</sup>

***At a glance—associated illness and injuries:** Cancer, tuberculosis, skin problems, substance abuse, violence, depression, mood disorders, irregular sleep, hearing impairment,*



cardiovascular, respiratory problems, and psychosocial stress, type II diabetes, malnutrition, being overweight, hunger, seizures, chronic obstructive pulmonary disease, and isolation.

#### IV. Commonly Used or Similar Phrases That Refer To the Factor:

- The quality and affordability of housing that is near schools, jobs, and efficient public transportation<sup>487\*</sup>
- Accessibility of healthy (safe from exposure to environmental hazards such as chemicals and allergens and injuries) and adequate (referring to structure and system of housing unit such as deficiencies in plumbing heating, electricity, hallways, and upkeep) housing<sup>488 +</sup>
- Amount of high quality mixed-income housing both owned and rental<sup>489 ♦</sup>
- Amount of affordable housing (when a family spends less than 30% of its income to rent or buy a residence)<sup>♦</sup>

#### V. Relationship between Housing and Health Equity:

Families with lower incomes are often limited to substandard housing in unsafe, overcrowded neighborhoods with higher rates of poverty.<sup>490</sup> Unsafe levels of lead in blood and respiratory asthma are more frequently found in lower-income children, indicating increased exposures to dilapidated housing conditions.<sup>491,492</sup>

In an attempt to find safe and affordable housing, some families may live long distances from their work, resulting in higher transportation costs and less time to spend with family or engaging in healthy behaviors.<sup>493</sup>

#### VI. Relation to Other Community Health Factors:

##### **Cluster: Equitable Opportunity**

- **Living Wages & Local Wealth:**
  - 46% of renters nationwide pay 30% or more of their income on housing, and households in the bottom income quartile (national average of \$25,344 in 2006) spend more than 50% of their income on housing.<sup>494</sup>
  - There is only a 37% likelihood that low-income minority home owners who transition to renting will own another home, whereas that number is 58% for higher income white families.<sup>495</sup>
  - As housing costs have increased at faster rates than incomes, there are often less financial resources available for necessities, such as healthy food, resulting in inadequate nutrition.<sup>496</sup>
- **Education:**
  - Unstable housing can disrupt school attendance and social ties.<sup>497</sup>

##### **Cluster: People**

- **Social Networks & Trust:**
  - Building design can promote social interaction.<sup>498</sup> Stability in housing and other infrastructure that promotes social capital can foster trust and social connections, which in turn can impact residents' willingness to take action on behalf of the common good.<sup>499</sup>

\* PolicyLink.

+ World Health Organization Commission on Social Determinants of Health.

♦ Robert Wood Johnson Foundation.

- **Participation & Willingness to Act:**

- Home ownership, which correlates with stability, is predictive of a willingness to take action for the community's benefit.<sup>500</sup>

**Cluster: Place**

- **Parks & Open Space:**

- Residents of buildings with access to green space have a stronger sense of community, better relationships with neighbors, and report less violence related to domestic disputes.<sup>501</sup>

- **Getting Around/Transportation:**

- Transportation needs are affected by where people live.

**VII. Policies and Institutional Practices that Contribute to Current Status/Conditions:**

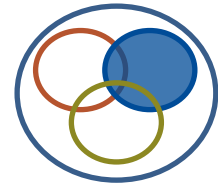
- Race and real estate were used by real estate professionals and lenders to segregate homebuyers into separate neighborhoods.<sup>502</sup> The result was highly segregated communities where investment, public works, education, emergency services, and general well-being were not evenly distributed.
- In some inner city areas, real estate agents instilled fear of black neighbors in white homeowners in a scheme to get them to sell their homes at reduced rates, whereupon these houses were then resold at unfavorable terms to blacks and Latinos.<sup>503</sup>
- African Americans and Latinos are less likely to receive prime (regular rate) loans for home purchase, refinancing, or home repair than whites. Sub-prime loans were aggressively marketed to people of color including those who would have qualified for prime loans.<sup>504,505</sup>
- Mortgage lenders have historically denied applications from blacks and Hispanics at far higher rates than applications from whites and Asians.<sup>506</sup>
- Until the 1960s, FHA-backed loans were biased toward funding for suburban housing, facilitating "white flight" from cities to the suburbs, while under-funding loans for home improvement and construction in urban areas.<sup>507</sup>
- Beginning in the 1940s, as part of the Housing Act of 1949 and continuing until the 1970s, federally funded urban renewal programs displaced whole communities of color, further weakening community bonds and increasing segregation.<sup>508</sup> During the urban renewal of the 1950s and 1960s, thousands of homes, 20% of all black housing at the time, were destroyed and only 10% of the properties were ever built again.<sup>509</sup>
- The GI Bill's benefits were unevenly provided to and accessed by returning veterans based on race and is viewed as the beginning of generational wealth for many white families. Black veterans were routinely denied access to cheap mortgages upon return, leading one scholar to conclude that "there was no greater instrument for widening the already huge racial gap in postwar America than the GI Bill."<sup>510</sup>
- Both historic and current discriminatory practices in real estate have led to blacks and Hispanics living in neighborhoods with high levels of disinvestment and poor-quality housing at higher rates than whites.<sup>511</sup> For example, non-Hispanic blacks had the highest odds of living in inadequate housing (2.3), followed by Hispanics (2.0), American Indians/Alaskan Natives (1.9), and Asians/Pacific Islanders (1.1) when compared with non-Hispanic whites.<sup>512</sup> These discriminatory practices also impacted home ownership rates, as Black and Latino homebuyers are more likely to receive subprime mortgages or other risky loans, to get denied a loan, or to

lose a home to foreclosure.<sup>513,514,515</sup> According to 2010 census data, homeownership, a known source of wealth and stability, was highest among whites (71%), significantly lower among American Indians and Alaska Natives (52.3%) and Asians (58.9%), and lowest among Blacks (45.4%) and Hispanics (47.5%).<sup>516</sup>

- People with lower incomes, less-inherited wealth, and people of color are more likely to have difficulty accessing affordable, safe, and quality housing in a healthy neighborhood. For example, in 2009 in the United States, 5.2% of housing units were classified as inadequate, and those families with fewer economic resources were more likely to live in inadequate conditions.<sup>517</sup> Female householders, for example, who, on average, earn less than men, were 1.1 times more likely to occupy inadequate housing units than male householders.<sup>518</sup> Also, poor conditions such as crowding are found more frequently in households with lower incomes.<sup>519</sup>
  - Controlling for income, people of color tend to receive the most expensive sub-prime loans, and the disparities by race are worse at higher income levels.<sup>520</sup> Borrowers from African American communities are five times more likely to receive a subprime loan than borrowers from a white neighborhood.<sup>521</sup>
  - The recession that began in 2008 disproportionately caused blacks and Latinos to lose greater wealth than their white counterparts. It is estimated that between 2009 and 2012, nearly 8% of both the African-American and Latino population lost their homes to foreclosure compared to only 4.5% of whites.<sup>522</sup>

## Cluster: Place

### Factor Name: Air, Water & Soil



**I. Air, Water & Soil Determines Health:** Acute exposures to toxins in the air, water and soil can cause severe health reactions, while chronic exposures, even at low doses, can greatly increase rates of disease and disability and shorten life expectancy. Communities of color are home to a disproportionate number of polluting industries, Superfund clean-up sites, brownfields, and freeways and there is a positive correlation between poverty and exposure to environmental toxins.

- Healthy people are less likely to smoke, resulting in less secondhand smoke.
- Physically active individuals who walk or bike to work instead of drive help reduce pollution from automobiles.
- Greater demand for organic foods by health conscious individuals contributes to fewer antibiotics and pesticides in the air, water, and soil.<sup>523</sup>

**II. Factor Definition:** Safe and non-toxic water, soil, and indoor and outdoor air.

*Ask: Can I safely drink the water and breathe the air in my neighborhood? Is the soil free of toxins? Are waterways and bodies of water (e.g. rivers, streams, creeks, bays, estuaries, lakes, ponds) free from pollutants and contamination?*

### III. How This Factor Impacts Health and Safety:

Living in places that have clean air, water and soil is associated with lower rates of disease such as asthma and cancer. Clean air, water and soil increases community residents' propensity to engage in physical activity, which leads to improved health outcomes.<sup>524,525</sup>

Environmental toxins in the air, water, soil, and buildings can threaten health and safety. Exposure to environmental toxins is linked to congenital birth defects including low-birth weight, which is a common predictor of future earning capacity and educational attainment, both of which impact health later in life.<sup>526</sup> The inhalation of environmental tobacco smoke can lead to lung cancer in adults and asthma, sudden death syndrome, pneumonia, bronchitis and middle ear infections in infants and children.<sup>527</sup>

Contaminated groundwater from industrial and farming operations can significantly affect health for communities reliant on potable well-water. These health effects can be acute, in the case of a spill, but are typically chronic with very small concentrations of toxins causing "cancer, birth defects, organ damage, disorders of the nervous system, and damage to the immune system."<sup>528</sup>

Moreover, lead, though now banned in gasoline and most paints, is still widely present in industrial areas, older housing stock, and in soils next to thoroughfares.<sup>529</sup> Exposure to lead can result in brain and nervous system damage, behavior and learning problems, slowed growth, low-birth weight, and hearing problems in children.<sup>530</sup> In addition, people who live near ports, rail yard, landfills, freeways, and other sources of toxic exposures, such as commercial concentrated animal feeding operations, experience higher risk factors for respiratory illness, asthma, heart disease, cancer, stroke, and type II diabetes.<sup>531,532,533,534,535,536,537,538,539,540,541</sup> For people with chronic respiratory illnesses, such as asthma,

environmental pollution can trigger asthmatic attacks and serve as a barrier for physical activity.<sup>542,543</sup> There is also evidence that lead can cause reproductive problems, digestive problems, nerve disorders, cognitive impairment, and muscle and joint pain in adults.<sup>544</sup>

Emerging research also links exposure to chemicals that are present in industrial processes, including arsenic, persistent organic pollutants (POPs), and pesticides, to disruptions in the body's hormonal balance that can contribute to becoming overweight, which is a risk factor for chronic illness such as type II diabetes.<sup>545</sup>

***At a glance— illness and injuries associated with this factor:*** *asthma, brain and nervous system damage, behavioral and learning problems, slowed growth, low birth weight babies, hearing problems in children, reproductive problems, hypertension, digestive problems, nerve disorders, cognitive impairment, muscle and joint pain, and other respiratory illnesses, headaches, heart disease, stroke, cancer, and diabetes.*

#### IV. Commonly Used or Similar Phrases That Refer To the Factor:

- The presence of toxics and pollution in residential areas and in work environments<sup>546 \*</sup>
- Clean water and sanitation facilities<sup>\*</sup>
- Amount of greenhouse gas emissions<sup>\*</sup>
- Exposure to particulate matter and ozone<sup>\*</sup>
- Proximity heavy traffic and other environmental hazards such as industrial emissions<sup>547+</sup>
- Clean air and environment<sup>548 ♦</sup>
- Amount of exposure to toxins in home (pesticides, asbestos and lead) and outside environment<sup>\*</sup>
- Healthy built and natural environments<sup>▽</sup>

#### V. Relationship between Air, Water, and Soil and Health Equity:

Lower-income communities and communities of color are disproportionately impacted by environmental pollution.<sup>549,550,551,552</sup> Due to a variety of environmental, economic and targeted marketing factors, smoking rates and exposure to environmental tobacco smoke are more prevalent in lower income communities,<sup>553</sup> in communities of color,<sup>554,555</sup> and in GLBT communities<sup>556</sup> than in white communities.

Lower-income urban neighborhoods often bear the burden of hosting toxic facilities increasing exposure to toxins and making physical activity difficult.<sup>557</sup> Typically, these neighborhoods hold more than double the number of facilities that emit air pollutants and nearly two times as many Superfund sites per square mile as white communities.<sup>558</sup> Communities of color are exposed to 27% more toxic chemical exposure and have 32% more risk of cancer caused by hazardous air pollutants.<sup>559</sup> Polluting facilities typically emit toxic substances such as pesticides, asbestos and lead, which result in higher rates of asthma, cancer and lead poisoning. In fact, over 870,000 public housing units for poor families and children, inhabited largely by people of color, sit within a mile of factories reporting toxic emissions.<sup>560</sup> In West Oakland, for example, an area that is populated primarily by low income African Americans, residents breathe air that contains three times more diesel particles than in the rest of the

\* World Health Organization Commission on the Social Determinants of Health.

+ PolicyLink.

♦ Bulletin of the World Health Organization.

▽ Equity and Social Justice Annual Report. Seattle King County.

San Francisco Bay Area.<sup>561</sup> The disproportionate impacts continue into treatment as studies have shown that African American's are twice as likely as whites to experience ineffective treatment for asthma.<sup>562</sup>

There is a strong correlation between rates of poverty in a community and the amount of environmental risk to which residents of that community will be exposed.<sup>563,564,565</sup> Additionally, even when income is held constant, race plays a major role in where toxic sites are located.<sup>566</sup> Moreover, communities that are located in, adjacent to, or downstream from pollution generating industries face a greater risk of being exposed to obesogens through contaminated air, water or soil.<sup>567</sup> Rainwater percolating through contaminated parcels of land can cause the groundwater to become polluted affecting the larger community. Also, surface runoff from these toxic parcels can transmit toxic substances beyond the parcel's boundary lines into adjacent properties.<sup>568</sup>

## VI. Relation to Other THRIVE Community Factors:

### *Cluster: Place*

#### **Look, Feel, & Safety**

- When given a choice, and means, people prefer not to live in communities where the air, water or soil is, or has been, polluted.<sup>569</sup> However, the reality is that toxic sites are more likely to be located in communities of color and lower-income communities.<sup>570,571</sup>
- Public safety may be impacted by childhood exposure to lead, which has been linked to juvenile and adult delinquency and the commission of violent offenses.<sup>572,573</sup>
- The disproportionate number of recent home foreclosures and industrial closings in communities of color are resulting in increased numbers of brown fields.<sup>574</sup>

#### **Housing**

- People living in lower income areas are exposed disproportionately to indoor air pollutants related to housing quality. Pollutants may include lead, asbestos, radon, and mold. These compounds have been shown to trigger asthma attacks<sup>575,576</sup> and lung cancer<sup>577,578</sup> in vulnerable populations.

#### **Parks & Open Space**

- Toxic waste sites in poor neighborhoods and in communities of color are more likely to be capped and converted into open space rather than fully remediated when compared to affluent white communities.<sup>579</sup>

#### **Getting Around/Transportation**

- Bus depots are typically sited within, or adjacent to, poor neighborhoods or in communities of color and the exhaust from the diesel engines increases the amount of particulate matter in the air which can trigger asthmatic or respiratory problems.<sup>580,581</sup>
- Research shows that people who live in close proximity to highways are more likely to have respiratory conditions.<sup>582</sup>

### *Cluster: People*

#### **Social Networks & Trust**

- Residents living in neighborhoods with contaminated soil, water, or air are more likely to remain indoors which limits their abilities to interact with their neighbors.<sup>583</sup>

#### **Participation and Willingness to Act**

- Polluted groundwater, air and soils have been the catalyst for many community driven initiatives to address health.<sup>584</sup>

## Norms and Culture

- Individuals who perceive discrimination and psychological distress are more likely to smoke and also expose their families to environmental tobacco smoke.<sup>585</sup>

## Cluster: Equitable Opportunity

### Education:

- High lead exposure among children can result in brain damage, severe learning disabilities, behavior issues and long term developmental problems.<sup>586</sup>

### Living Wages & Local Wealth

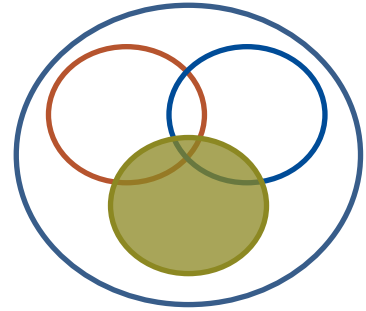
- Property values in areas with higher concentrations of pollution are typically lower than properties in areas that are not experiencing pollution.<sup>587</sup>
- Residents with limited means use a higher proportion of their income to cope with preventable chronic disease and to protect themselves from environmental exposures.<sup>588</sup>
- The financial burden on local wealth is further exacerbated as the existence of brownfields in a community can have a negative influence on economic development and also drive out jobs.<sup>589</sup>
- There are strong links between pre-school lead exposure and decreased economic productivity as adults.<sup>590,591</sup>

## VII. Policies and Institutional Practices that Contribute to Current Status/Conditions:

- Land use and zoning regulations have been used by government agencies to disproportionately allow certain industries such as toxic chemical facilities, waste facilities, and bus depots, to be placed and to operate in communities of color, than in white communities.<sup>592</sup>
- Standards for the cleanup of toxic waste sites have been shown to be correlated with voter turnout rates of the residents living in the area, with those exhibiting lower turnout receiving less stringent site remediation.<sup>593</sup>
- In the siting and approval process for hazardous commercial sites, race continues to be a significant predictor of where facilities and operations are located even when income is held constant.<sup>594</sup>
- Public housing has historically been located in areas where the residents have higher exposures to hazardous materials. Over 870,000 of the 1.9 million housing units for poor families and children, inhabited largely by people of color, sit within a mile of factories that reported toxic emissions to the EPA.<sup>595</sup>
- Federal highway legislation enabled the construction of major transportation routes across communities populated by poor residents and also by people of color, thus subjecting this population to higher rates of air pollution.<sup>596</sup>
- Economic Enterprise Zones serve to concentrate industry, often with public subsidies, in low income communities and in communities of color.<sup>597</sup> These new activities tend to increase residents' exposure to pollution from new traffic as well as from the industries locating to the zone. The outcomes of these initiatives were often mixed, often with the local residents being employed at much lower rates than those residing outside the zone.<sup>598</sup>
- Regulations on clean-up standards tend to be relaxed for enterprise zones and other areas considered brownfields.<sup>599</sup> These areas typically are located in communities of color experiencing high rates of poverty.
- Brownfields legislation permits the clean-up and remediation of toxic waste sites to a lesser standard in areas that are home to or adjacent to low income communities and or communities of color than the standards used in more affluent areas.<sup>600</sup>

## Cluster: Equitable Opportunity

Differences in access to resources and opportunity, particularly related to factors that impact socio-economic status, impact health over a lifetime. Poverty, racism, and a lack of opportunities that improve socio-economic status are among the fundamental determinants of poor health, lack of safety, and health inequities.



**Cluster Characterization:** This cluster represents the economic environment and the level and equitable distribution of opportunity and resources in the community.

**Ask:** *Are there opportunities for all residents, regardless of age, sex, race, and gender to access high quality education and jobs? Does the neighborhood support access wealth and resources for all its members? Do people of all races and ethnicities have equal opportunity in my community?*

**Health and safety:** Socioeconomic status is a key underlying factor of health.<sup>601</sup> Multiple elements of socioeconomic status – education, income, and occupation – are associated with health outcomes, including through exposure to damaging agents in the home or workplace, the social-cultural environment, access to health care, behavior/lifestyle, and chronic stress. These underlying economic conditions play out through a variety of effects and it is difficult to distinguish the effects of socioeconomic status *per se* independent of its environmental pathways on behavior. For example, “limited education may mean less exposure to information about risk, but the same people may live in neighborhoods with poor recreational facilities, fewer stores selling fresh produce, and more advertising for tobacco and alcohol”.<sup>602</sup>

**Health inequities:** Access and equity affect health in fundamental ways and over a lifetime. Health inequity is related both to a legacy of overt discriminatory actions on the part of government and the larger society, as well as to present day practices and policies of public and private institutions that perpetuate a system of diminished opportunity for certain populations. This contributes to chronic stress and a collective sense of isolation and despair.

**At a glance—Associated illness and injuries:** cancer, disability, cardiovascular disease, substance abuse, domestic violence and child abuse, injury or death from violence, unintentional injury, mental health issues, depression, neurocognitive problems, coronary heart disease and type II diabetes, hypertension, stress, stroke, violence, maternal depression, and other chronic diseases.

**The THRIVE factors in the Equitable Opportunity cluster are:**

- Education
- Living Wages & Local Wealth

**Additional terms or names that relate to this cluster:**

- Economic environment<sup>∞, ∇</sup>
- Neighborhood economic conditions<sup>∇</sup>
- Economic segregation<sup>∇</sup>

<sup>∞</sup> Healthy Cities/Healthy Communities

<sup>∇</sup> PolicyLink



- Concentrated poverty<sup>∇</sup>
- Disinvestment<sup>∇</sup>
- Public and private investment<sup>∇</sup>
- Retail<sup>∇</sup>
- Neighborhood<sup>∇</sup>
- Social safety network<sup>Ω</sup>
- Food security<sup>Ω</sup>
- Gender equity<sup>θ</sup>
- Social protection across the lifecourse<sup>θ</sup>
- Economic stability<sup>\*</sup>
- Ability of workers to organize and collectively bargain<sup>§</sup>
- Economic factors<sup>β</sup>
- Racial Justice
- Social Justice

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<sup>Ω</sup> Canadian Facts

<sup>θ</sup> WHO

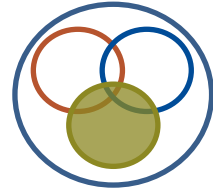
<sup>\*</sup> Healthy People

<sup>§</sup> Alameda County

<sup>β</sup> County Health Rankings

## Cluster: Equitable Opportunity

### Factor Name: Education



**I. Education Determines Health:** Individuals with more years of education have longer life expectancies; college graduates live at least five years longer than those without a high school diploma. Further, the higher the proportion of the population with a high school diploma or equivalent, the longer the life expectancy among all members of the community. Low-income people and people of color have fewer educational opportunities (long considered the “great equalizer”), and youth of color are more likely to be taught by inexperienced teachers and receive harsher discipline than white students.

- Children with asthma miss school more frequently than children in good health.<sup>603</sup>
- Children and youth who are overweight or obese experience 36%-37% more sick days than normal weight youth.<sup>604</sup>
- Children who experience stress or are afraid have difficulty concentrating and learning.

**II. Factor Definition:** High quality, accessible education and literacy development for all ages that effectively serves all learners.

*Ask: Does everyone in the community have access to and benefit from quality, affordable education and training?*

### III. How This Factor Impacts Health and Safety:

Individuals with higher educational attainment have more opportunities to live longer and have better health. For example, quality early childhood education has lasting influences on health through social skills development, higher education attainment, and increased occupational opportunities over the lifespan.<sup>605</sup> College graduates can expect to live at least five years longer than individuals who have not finished high school.<sup>606</sup> In addition to higher educational attainment, academic performance is strongly linked to health in later life. For example, education shapes opportunities in relation to income and occupation.<sup>607</sup> For instance, high school graduation rates correlate closely with future income, which is a strong predictor of health.<sup>608,609</sup> These trends transfer to communities as well. For example, the higher the proportion of the population with a high school diploma or equivalent, the longer the residents are likely to live.<sup>610</sup>

Higher educational attainment also correlates with a lower prevalence of risk-taking behavior. For example, rates of smoking are inversely correlated with educational attainment and those with more education are less likely to be overweight or live sedentary lives and they are better able to manage chronic diseases such as diabetes.<sup>611,612,613</sup>

In contrast, lower levels of education are associated with being overweight, experiencing cardiovascular disease, hypertension, stroke, and mortality.<sup>614,615,616,617</sup> Furthermore, lower levels of education are correlated with a higher prevalence of engaging in high-risk health behaviors such as smoking, alcohol and drug abuse.<sup>618,619,620</sup> The lack of a high school diploma or equivalent is associated with lower life expectancy, and a higher incidence of criminal activity and incarceration.<sup>621,622</sup> Individuals with lower educational attainment also have lower rates of

participation in health-promoting behaviors such as breast feeding and physical activity.<sup>623,624</sup> Additionally, those with lower levels of education have higher exposure to conditions associated with poor health including food insecurity, violence, maternal depression and family stress, and less sleep.<sup>625,626,627</sup> Low literacy rates are also associated with poor health outcomes such as decreased knowledge about health, an increase in chronic diseases, and less use of preventive health care services.<sup>628</sup>

***At a glance-associated illness and injuries:*** cancer, diabetes, cardiovascular disease, hypertension, stress, stroke, violence, maternal depression, and other chronic diseases.

#### IV. Commonly Used or Similar Phrases That Refer To the Factor:

- Schools that provide all students with an education that will form the foundation for social and economic success<sup>629\*</sup>
- Quality and affordable primary and secondary education<sup>630+</sup>
- Comprehensive approach to early life, building on existing child survival programs and extending interventions in early life to include social/emotional and language/cognitive development<sup>+</sup>
- Knowledge and skills attained by youth that helps to transition into adulthood<sup>+</sup>
- Equitable distribution of high quality and affordable child care, preschool, K-12 education, and college education<sup>631 ϕ</sup>
- Availability of youth development programs<sup>ϕ</sup>
- Parental involvement in education<sup>ϕ</sup>
- Effective education for children and lifelong learning for adults<sup>632 ♦</sup>
- Early childhood development<sup>633 ^</sup>

#### V. Relationship between Education and Health Equity:

Low-income people and people of color have fewer educational opportunities, lower-quality education, and other disadvantages which impacts their future employment, earning prospects, and health.<sup>634,635</sup> In addition, these educational, employment and health outcomes continue with each successive generation.<sup>636,637</sup> For example, children born into families with higher educational attainment and income benefit from their family's resources and knowledge of the educational system, and as a result, are more likely as adults to obtain regular employment that includes health insurance. Also, people with higher incomes have superior working conditions and can afford housing in better neighborhoods imbued with healthier living conditions, which provides health advantages for their children and also influences educational attainment.<sup>638,639</sup>

The advantages or disadvantages children receive from increased education opportunities result in different health outcomes which begin in infancy and continue into adulthood. For example, children of black mothers who dropped out of high school are three times as likely as children of white college-educated mothers to suffer low birth weight, which is a risk factor for learning disabilities and delayed development.<sup>640,641,642,643</sup> Low-income people and people of color are also more at risk for experiencing other factors that impact early childhood development such as: preterm birth, lead

\* PolicyLink

+ World Health Organization Commission on Social Determinants of Health

ϕ Alameda County Public Health Department

♦ Social Determinants of Health: The Canadian Facts

^ Equity and Social Justice Annual Report. King County.

poisoning, lower rates of breast feeding, food insecurity, maternal depression and family stress, lower quality child care, greater hours of television viewing, less sleep, greater exposure to violence, and less exposure to a rich vocabulary.<sup>644</sup>

Furthermore, the education process, from pre-K to college, at every step, leaves black and brown children behind resulting in lifetimes of preventable health inequities.<sup>645</sup> Youth of color are more likely to be taught by inexperienced teachers, go to schools that offer fewer advanced courses and receive harsher discipline than white children.<sup>646,647,648</sup> The cumulative impact of these factors results in reduced educational attainment for youth of color, such that 80% of white and Asian students graduate from high school compared to only 55% of blacks and Latinos.<sup>649</sup>

## **VI. Relation to Other THRIVE Community Factors:**

Education relates to the opportunities that people have and the effectiveness of a community to change its circumstances or environment, thus, this factor could link to any of the THRIVE factors. For example:

### ***Cluster: People***

#### **Participation & Willingness to Act for the Common Good:**

- People with higher educational attainment are more willing to participate in the political process.<sup>650</sup>

#### **Norms**

- Youth who had higher social competencies decreased their involvement with peers who engaged in negative behaviors and had higher rates of educational attainment.<sup>651</sup>
- Educational attainment and school bonding have been shown to be predictors of health promoting behaviors.<sup>652</sup>

### ***Cluster: Equitable Opportunity***

#### **Living Wages & Local Wealth:**

- Education is tightly linked with income and wealth. Better education yields opportunities for more rewarding and higher-paying jobs, which in turn are associated with greater economic security and ability to accumulate wealth and with healthier working conditions.<sup>653,654</sup>

## **VII. Policies and Institutional Practices that Contribute to Current Status/Conditions**

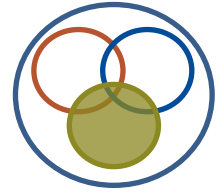
In most cases, the policies and institutional practices that have contributed to decreased rates of educational attainment among poor students and students of color when compared to whites are not codified in district manuals. Rather, many of the disparities that exist stem from under-resourced schools, institutional biases, and community members that are struggling with very basic needs. For example:

- Returning black and Latino soldiers, as a whole, have not received the same level of educational benefits through the GI Bill as their white counterparts. For example:
  - The GI Bill was largely unavailable to black soldiers, given the large discrimination many of them faced returning home, and continued segregation of schools, although the 43% of returning black soldiers expressed a desire to attend higher education.

- The GI Forum, a primarily Latino Civil Rights organization, was founded in 1948 to address the discrimination returning soldiers were experiencing when attempting to access the benefits due to them under the GI Bill especially those related to education.<sup>655</sup>
- Returning GI's of color were redirected away from traditional universities into industrial and vocational schools, thus limiting their entry into professional roles.<sup>656</sup>
- Poor urban schools have the highest numbers of teachers who are inexperienced or do not have degrees in the subjects they teach.<sup>657</sup>
- Schools who serve predominately African American students are twice as likely to have teachers with only one or two years of experience than are schools in the same district that serve predominately white students.<sup>658</sup>
- Urban schools with higher concentrations of black and Latino students offer fewer advanced courses and have lower levels of achievement than schools attended by predominately white students in adjacent suburban school districts.<sup>659</sup>
- The student body of schools in high-poverty areas is 43% black and Hispanic, but only 4% white.<sup>660</sup> White children primarily attend schools where 80% of the student body is white.<sup>661</sup>
- Affluent communities offer greater access to support systems for parents and young people, and more resources that reduce the risk of truancy.<sup>662</sup>
- Research from 14 different studies has demonstrated that although whites, blacks, and Latinos have similar rates of infraction in school, white students are only one-half to one-third as likely as blacks and Latino youth to be suspended or expelled.<sup>663</sup>
- In schools, students of color are often subjected to harsher discipline than White students,<sup>664</sup> which results in certain kids being marked as "bad" before they are even in high school in many cases.<sup>665</sup>

## Cluster: Equitable Opportunity

### Factor Name: Living Wages & Local Wealth



**I. Living Wages and Local Wealth Determines Health:** Income and socioeconomic status are powerful predictors of health, and childhood poverty can predispose individuals to a lifetime of illness and chronic disease. In the United States, socioeconomic status correlates closely with race and ethnicity; with communities of color typically occupying the lower rungs of both the income and wealth ladders, thus increasing their risk of disease, illness, and shortened life expectancy.

- Health and wellness positively affect employee productivity.<sup>666,667</sup>
- Individuals spending a large proportion of their income on medical bills may have limited discretionary income for home ownership or for accessing other wealth generating investments.
- Medical costs are a leading cause of bankruptcy.<sup>668</sup>

**II. Factor Definition:** Local ownership of assets; accessible local employment that pays living wages and salaries; and access to investment opportunities.

*Ask: Are homes and businesses locally owned? Are safe, secure, quality jobs that pay living wages accessible to everyone?*

### III. How This Factor Impacts Health and Safety:

There is a clear connection between health, wealth, and employment. Socio-economic status, which includes factors such as one's income, employment status, and job security, directly influences good health across the lifespan. For example, employment offering a living wage, safe working conditions, and job security provides health promoting financial stability, higher feelings of self-worth, social status, and reduced exposure to physical and psychological hazards.<sup>669</sup>

One's accumulated or inherited wealth, income, and employment status influence access to health-promoting goods and services and the ability to prevent illness and disease. For example, higher incomes make it easier to access and pay for nutritious, high quality food, safe housing, transportation, health insurance and health care services, as well as stress-relieving leisure time activities.<sup>670</sup> Additionally, those with higher wealth are more able to access quality child care (which can affect a parent's ability to keep a job and can also reduce stress), to buy a home, and live in a neighborhood with good schools and resources for physical activity.<sup>671</sup>

All of these wealth-related factors influence health, and as wealth declines so does health.<sup>672</sup> A lack of regular employment and living wages can result in increased risk of developing health conditions such as: illness, addiction to drugs, alcohol and tobacco, and violence-related death, injury and disability.<sup>673,674,675</sup> The stress of unemployment can lead to anxiety, depression, and poor mental health, as well as chronic diseases such as coronary heart disease and type II diabetes.<sup>676,677,678,679,680,681,682,683</sup> Poverty in childhood also directly impacts health outcomes. For example those who experience childhood poverty are predisposed to illness and chronic health conditions, whereas when children live in families with assets valued over \$10,000 there is an association with reduced rates of chronic conditions.<sup>684,685</sup> Childhood poverty may result in

neurocognitive problems that can negatively affect a child's academic success, setting them up for health complications later in life and likely impacting future generations.<sup>686</sup> Because lifespan is also associated with income, lower-income individuals can expect to live a shorter life by at least six and a half years than individuals in the highest-income group.<sup>687</sup>

A person's income and accumulated wealth also indirectly impacts health in a variety of ways. It determines whether one can afford to purchase her own home or start a business, in turn impacting the local wealth of a community. Furthermore, jobs and local ownership promote access to financial resources, the opportunity to increase local capital that can be reinvested into the community, and stability among residents. Increases in local business are associated with reduced crime, and achieving living wages may be correlated with reduced stress levels and better housing.<sup>688</sup> Jobs and local ownership also affect the ability of community service organizations and institutions to serve community residents. Healthy communities need a strong local economy which includes housing, employment, job training, noncommercial development, and local public finance.

***At a glance-associated illness and injuries:*** disability, substance abuse, domestic violence and child abuse, injury or death from violence, unintentional injury, mental health issues, depression, neurocognitive problems, coronary heart disease and type II diabetes.

#### IV. Commonly Used or Similar Phrases That Refer To the Factor :

- Amount of collective wealth and assets (savings, retirement, and homeownership in the community)<sup>689 \*</sup>
- Quality and quantity of living wage jobs with health benefits and safe workplaces\*
- Employment opportunities available to residents that are safe, secure, and hazard free\*
- Level of accumulated or inherited wealth<sup>690 +</sup>
- Family income level<sup>+</sup>
- Distribution of money, power, and resources at global, national and local levels<sup>+</sup>
- Ability to afford the basic prerequisites of health such as food, clothing, childcare, and housing<sup>691 ♦</sup>
- Access to training<sup>♦</sup>
- Opportunities for self-expression and individual development at work<sup>♦</sup>
- Ability to participate in cultural, educational, and recreational activities<sup>♦</sup>
- The amount and stability of home ownership and microenterprise opportunities<sup>692 ¢</sup>
- Ability of workers to organize and collectively bargain<sup>¢</sup>
- Impact of deregulation and globalization on income distribution<sup>¢</sup>
- The proportion of the workforce in unions<sup>693 ^</sup>
- Family wage jobs and job training<sup>694 ∇</sup>
- Economic development<sup>∇</sup>

\* PolicyLink.

+ Robert Wood Johnson Foundation.

♦ Social Determinants of Health: The Canadian Facts.

¢ Alameda County Public Health Department.

^ Bay Area Regional Health Inequities Initiative.

∇ Equity and Social Justice Annual Report. King County.

**V. Relationship between Living Wages & Local Wealth and Health Equity:**

Race and ethnicity, gender, and sexual orientation are strongly connected to opportunities for economic and social mobility. In comparison to whites, people of color are more likely to live in poverty, have lower accumulated and inherited wealth, and are more often unemployed or underemployed. These groups are also overrepresented in the “informal” sector, have lower-quality employment without benefits and poorer working conditions, and are less likely to be promoted to higher management level positions.<sup>695</sup> Furthermore, despite gains in educational attainment over the past several decades, women on average still earn less than men with the same educational background.<sup>696</sup> Non-heterosexual and bisexual men also earn significantly less than heterosexual men, as do transgender and other non-conforming gender individuals compared to the general population.<sup>697, 698, 699, 700</sup>

Income plays a major role in how people access opportunities to achieve health and safety. In the United States, at each level of educational attainment, Blacks, Asians, and Mexican Americans (the largest of the Hispanic ethnic subgroups, representing about 66% of Hispanics in the United States) consistently have lower incomes and accumulated wealth than whites. For example, one study showed that Blacks with a BA earned an average of \$13, 225 less annually than whites with the same education; Latinos with a BA earned an average of \$15,031 less than whites with the same education; Asians with a BA earned \$5,276 less.<sup>701</sup> Similarly, in 2007, Blacks, American Indian/Alaska Native families earned 59 cents for every dollar that a white family earned. Latino families fared only a little better, earning 62 cents for every dollar earned by a white family.<sup>702, 703</sup> Women also earn less on average than men regardless of educational attainment, credentials, test scores and work experience.<sup>704</sup> In fact, in 2010, women working full-time, year-round made 77 cents for every dollar men made working the same amount.<sup>705</sup> Many studies also show a significant gap ranging from 10-32% in income between non-heterosexual and bisexual men and heterosexual men.<sup>706</sup> Data on income gaps between non-heterosexual and heterosexual women are less conclusive, with some studies showing that lesbian and bisexual women tend to earn more than heterosexual women. However, a recent Australian study found that non-heterosexual women earn 30% less than heterosexual women and also report more stress, lower-job satisfaction, and workplace discrimination.<sup>707</sup> Transgender and other gender non-conforming people also earn less than the general population, and are more likely to have an annual household income of less than \$10,000.<sup>708</sup>

As a result of inequitable income distribution, which perpetuates poverty, many groups experience disparities in health and safety. Even when families in different racial groups have similar income levels, Blacks and Hispanics live in neighborhoods with higher concentrations of poverty and consistently experience higher rates of poverty than whites.<sup>709, 710, 711</sup> Rates of child poverty are three to four times greater for Latino and African American children when compared to white children.<sup>712</sup> In the three years leading up to the 2008 recession, on average, 8% of white children in California lived in poor families, compared with 13% of Asian, 26% of African American, and 27% of Latino children.<sup>713</sup> Some Asian populations and Native Hawaiians and other Pacific Islanders also have higher rates of poverty than whites.<sup>714</sup> Furthermore, poverty rates for women of all races and ethnicities is larger than for men with 13.8% of women in 2007 living in poverty compared to 11.1% of men.<sup>715</sup> Transgender and other non-gender conforming people more often live in poverty and experience homelessness than the general population.<sup>716</sup>

The amount of wealth that individuals and families in different racial groups can accumulate also plays a role in how healthy people are. In 2004, for every dollar of median wealth that white families held, blacks had a dime, and Latinos had a nickel.<sup>717</sup> About one-third of African-American households and



one-quarter of Latino households have zero or negative net wealth.<sup>718</sup> As of 2010, the percentage of Whites who own their homes is about 74.4%, in comparison to only 47.5% homeownership rates for Hispanics and 45.4% for African Americans.<sup>719</sup> Among those who do, the recent rise in foreclosures has had a disproportionate impact on lower-income and homeowners of color, who are more likely to receive subprime loans, be the victims of predatory lending and end up in default.<sup>720</sup> 2009 data shows that the median wealth of White households was 20 times that of Blacks and 18 times that of Latino households.<sup>721</sup>

Regardless of educational background, people of color are at a disadvantage when looking for employment which greatly impacts health outcomes. For example, one study found that employers were more likely to call back Whites (17%) with a criminal record than Blacks without a criminal record (14%).<sup>722</sup> People of color are also more likely than whites to get laid off and more likely to be unemployed and underemployed during an economic downturn.<sup>723</sup> For example, in March 2008, the national unemployment rate was 8.5% with 7.9% of Whites unemployed, 13.3% of Blacks unemployed and 11.4% of Latinos unemployed. As of July 2011, 4 of every 10 Blacks and 3 of every 10 Latinos were unemployed or underemployed.<sup>724</sup> Young people of color face significantly higher rates of unemployment, and that disparity is consistent over time. Nationally in 2012, the overall youth unemployment rate—the proportion of young persons aged 16 to 24 who want jobs but cannot get them—was 17.1% and 28.6% for black teens.<sup>725</sup> These findings are significant considering that youth unemployment contributes to a future of reduced earnings and joblessness as adults.<sup>726</sup> African American and Latino college grads are also being hit hard, Black college graduates under the age of 25 have a 15% unemployment rate compared to 14% for Latinos and 9% for Whites.<sup>727</sup> Women and non-heterosexual people report experiencing discrimination in employment and the workplace. In Transgender people experience double the amount of unemployment than the general population, and report workplace discrimination and losing jobs due to being transgender at high rates.<sup>728</sup>

Finally, working conditions and wage rates are not equal or fair among all groups. The working poor population (defined as anyone who does not earn enough income to cover basic living necessities) is disproportionately comprised of people of color, with rates of working-poor twice as high among blacks or Hispanics as among whites or Asian Americans.<sup>729</sup> People of color are overrepresented in the low-wage service sector. Large numbers of migrants, particularly undocumented migrants, experience unprotected and poor conditions, often in the "informal" employment sector.<sup>730</sup>

Even as education levels have risen among blacks and Hispanics and they continue to move into higher-skilled and higher paying occupations, the proportion of blacks and Hispanics in management, professional and related jobs remains smaller and their earnings remain lower compared with whites and Asian Americans.<sup>731</sup>

## **VI. Relation to Other THRIVE Community Factors:**

### ***Cluster: Place***

#### **What's Sold & How It's Promoted**

- Low-income consumers have reported the price of produce as a barrier to fruit and vegetable consumption.<sup>732</sup> In fact, grocery stores in low-income, urban centers are more likely to charge higher food prices than those in higher income neighborhoods.<sup>733</sup>

#### **Look, Feel & Safety**

- Jobs reduce recidivism<sup>734</sup>

- In communities with concentrated poverty, low housing values, and low high-school graduation rates, the risk that residents will die from homicide increases.<sup>735</sup>
- Low-income neighborhoods suffer disproportionately high rates of street violence.<sup>736</sup>
- Living in poor U.S. neighborhoods puts African American and white women at increased risk for intimate partner violence compared to women who reside in areas that are not impoverished.<sup>737</sup>
- The higher the percentage of families living below the federal poverty level in a neighborhood, the higher the rate of child maltreatment.<sup>738, 739</sup>
- Youth who cannot find employment are more likely to turn to crime and street economy to earn money.<sup>740, 741, 742</sup>

## Housing

- The mortgage foreclosure crisis hit people of color the hardest, reversing gains in homeownership levels and destroying Latino and African American wealth. The effects of the foreclosure crisis has been called “the greatest loss of wealth for people of color in modern US history” with African Americans losing between \$71 and \$92 billion and Latinos losing between \$75 and \$99 billion.<sup>743</sup>
- Foreclosures due to sub-prime loans are expected to result in a loss of wealth for people of color amounting to between \$164 billion and \$213 billion.<sup>744</sup>
- Homeownership is often the first source of wealth for many people. It is an investment that is used for retirement, sending kids to college or providing protection against unanticipated expenses.<sup>745</sup>
- Homeownership improves access to neighborhoods with more health promoting assets, such as grocery stores, places to exercise, good schools, and higher quality housing.<sup>746</sup>
- More long-term homeownership supports inter-generation wealth (wealth that is passed from parent to child) which assists with continued stability and access to opportunities.<sup>747, 748, 749, 750</sup>
- The recent spate of foreclosures triggered by the subprime mortgage crisis reveals the tenuous nature of home ownership for the people who rely on it most as their primary or sole financial investment.<sup>751</sup> Housing policies that enable more people to make secure investments can contribute to improvements in overall health.<sup>752</sup>

## ***Cluster: Equitable Opportunity***

### Education

- Individuals and families with higher incomes are more able to afford early childhood care and more likely to enroll children in early learning programs.<sup>753</sup>
- Families with higher incomes are more likely to have obtained a higher education and their children are more likely to attend college.<sup>754</sup>

## ***Cluster: People***

### Social Networks & Trust

- As the level of unemployment increases in communities, social networks and collective engagement are weakened.<sup>755</sup>

### Norms

- Jobs help to reduce propensity to engage in negative, unhealthy behaviors.<sup>756</sup>
- Those who live in poverty are more likely to smoke than people living above the poverty line.<sup>757</sup>

## VII. Policies and Institutional Practices that Contribute to Current/Status Conditions

- The GI Bill, which provided benefits for returning vets, treated white and black veterans differently, contributing to many of the wealth inequities seen among races today.<sup>758</sup>
- Job applicants with white sounding names are more than 50% more likely to get called back than applicants with Black sounding names despite the same qualifications,<sup>759</sup> which can perpetuate higher rates of unemployment and poverty in communities of color.
- Research shows that African American men experience race-based disadvantages at every step of the employment process including hiring, mobility, on the job harassment, and firing or layoffs.<sup>760,761</sup>
- In 1917, the president of APA, Robert M. Yerkes, implemented IQ tests for the United States Army that heavily favored those who had been living in the United States for some time. The tests were used to justify restrictions on immigrants. Even though the exams were biased they have been the basis for most educational standardized intelligence testing today.<sup>762</sup>
- Nationally, borrowers of color received the most expensive loans and were most likely to receive subprime loans associated with increased default risk.<sup>763</sup>
- Middle and upper income Blacks and Latino borrowers were actually more likely than low-income White borrowers to get a high-cost loan. This lowers property values, eroding financial equity for all homeowners in the community, and contributing to neighborhood decline.<sup>764</sup>
- Alameda County data from 2006 show that, while 34% of African Americans in the highest income bracket did not receive home mortgage loans, whereas only 29% in the lowest bracket were denied these loans.<sup>765</sup>
- The Federal Housing Authority established discriminatory lending practices that allowed redlining to flourish and encouraging white flight from inner-city areas to new suburban homes and because not all groups had access to FHA and VA loans, housing stock and quality deteriorated within cities.<sup>766,767</sup>

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