

# Getting Under the Skin

Using Knowledge about Health Inequities to Spur Action

**A CHHIRJ Research-in-Action Brief**

**by Susan Eaton and Sara Abiola**

**May 2009**

*Charles  
Hamilton  
Houston*

INSTITUTE FOR  
RACE & JUSTICE

HARVARD LAW SCHOOL

# GETTING UNDER THE SKIN: USING KNOWLEDGE ABOUT SOURCES OF HEALTH INEQUITIES TO SPUR ACTION

CHARLES HAMILTON HOUSTON INSTITUTE FOR RACE AND JUSTICE • RESEARCH-IN-ACTION BRIEF • MAY 2009

“ . . . If you catch the metro train in downtown Washington, DC, to suburbs in Maryland, life expectancy is 57 years at the beginning of the journey. At the end of the journey, it is 77 years. This means that there is a 20-year life expectancy gap in the nation’s capital, between the poor and predominantly African American people who live downtown, and the richer and predominantly non-African American people who live in the suburbs.”<sup>1</sup>

—Michael Marmot, Chair of the World Health Organization’s Commission on Social Determinants of Health.

“Compared with a White child in the Oakland Hills, an African American born in West Oakland is 1.5 times more likely to be born premature or low birth weight, seven times more likely to be born into poverty, twice as likely to live in a home that is rented, and four times more likely to have parents with only a high school education or less. As a toddler, this child is 2.5 times more likely to be behind in vaccinations. By fourth grade, this child is four times less likely to read at grade level and is likely to live in a neighborhood with twice the concentration of liquor stores and more fast food outlets. Ultimately, this adolescent is 5.6 times more likely to drop out of school and less likely to attend a four-year college than a White adolescent. As an adult, he will be five times more likely to be hospitalized for diabetes, twice as likely to be hospitalized for and to die of heart disease, three times more likely to die of stroke, and twice as likely to die of cancer. Born in West Oakland, this person can expect to die almost 15 years earlier than a White person born in the Oakland Hills.”<sup>2</sup>

—The Alameda County (California) Health Department.

For more than a decade, public health researchers and doctors have established that people who live in neighborhoods of concentrated disadvantage are far more likely to experience high levels of damaging stress, suffer from mental health challenges, develop chronic diseases, and die young.<sup>3</sup> The research consensus is clear. But in

spite of this knowledge, programs and even most scholarly research continue to focus narrowly on what poor people should do, for example, to improve their diet and exercise regimens. But given the enormous impact of neighborhood conditions on health, research strongly suggests that urging individuals to change their behaviors is only part of the solution. Meanwhile, perhaps because of the challenges it implies, the question of how to move this knowledge into action is still too often evaded.

This brief has two purposes. The first is to translate knowledge from the so-called “social determinants of health” arena into a useable form. The second purpose is to explore how to best use this knowledge to lobby for, and create policy and programming changes on the ground in, communities of concentrated disadvantage. Many community groups, elected leaders, and others have inspired a variety of positive changes, in part by using knowledge and data from the social determinants of health field. At the end of this brief, we offer concrete recommendations, action steps and resources for community advocates, elected leaders, educators, and others working to increase opportunities for people who live in neighborhoods of concentrated disadvantage.

## Segregated and Sick

Unanswered questions remain about exactly why people in high poverty neighborhoods are more likely to get and stay sick. But a growing body of work in social determinants of health<sup>4</sup> suggests that residential racial and ethnic segregation — in part the result of racial discrimination — sits at the beginning of a long, twisted chain of conditions and events leading to poor health among men, women, and children.

---

(2000); C. David Jenkins, *Social Environment and Cancer Mortality in Men*, 308 NEW ENG. J. OF MED. 395 (1983); Ana V. Diez-Roux et al., *Neighborhood Environments and Coronary Heart Disease: A Multilevel Analysis*, 146 AM. J. OF EPIDEMIOLOGY 48 (1997).

<sup>4</sup> “Social determinants of health” is a particular framework within the larger field of Social Epidemiology. Simply put, such researchers focus upon “nonmedical/non-health” factors that might help explain medical conditions. For example, researchers explore relationships between chronic diseases such as asthma and racial and economic segregation, concentrated poverty, food availability, stress levels, economic instability, neighborhood safety or exposure to violence. This research is central to efforts to reduce the burden of disease within a population and the growing concern about the consistent differences in health between racial and ethnic groups. Social determinants of health move beyond consideration of individual risk factors such as cigarette smoking, weight/obesity, or genetics to address the forces that may have given rise to individual-level risk factors in the first place.

---

<sup>1</sup> Michael Marmot, Interview with Professor Sir Michael Marmot, World Health Organization (2005), [http://www.who.int/social-determinants/thecommission/interview\\_marmot/en](http://www.who.int/social-determinants/thecommission/interview_marmot/en).

<sup>2</sup> ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT, LIFE AND DEATH FROM UNNATURAL CAUSES: HEALTH AND SOCIAL INEQUITY IN ALAMEDA COUNTY, vii (2008), available at [http://www.acphd.org/AXBYCZ/Admin/DataReports/00\\_2008\\_full\\_report.pdf](http://www.acphd.org/AXBYCZ/Admin/DataReports/00_2008_full_report.pdf).

<sup>3</sup> See generally Irene H. Yen & George A. Kaplan, *Neighborhood Social Environment and Risk of Death: Multilevel Evidence from the Alameda County Study*, 149 AM. J. OF EPIDEMIOLOGY 898 (1999), available at <http://aje.oxfordjournals.org/cgi/reprint/149/10/898>; Jeffrey D. Morenoff, *Neighborhood Mechanisms and the Spatial Dynamics of Birth Weight*, 108 AM. J. OF SOC. 976 (2003); Catherine E. Ross, *Neighborhood Disadvantage and Adult Depression*, 41 J. OF HEALTH AND SOC. BEHAV. 177

Over the past several years, Dr. Dolores Acevedo-Garcia and her colleagues at the Harvard School of Public Health have built a considerable body of evidence that links residential segregation to racial inequalities in health.<sup>5</sup> Segregation affects health, they conclude, by giving rise to racially segregated health care facilities with lower-quality care, by constraining possibilities for socioeconomic advancement among African Americans and Latinos and by limiting job opportunities and decreasing the value of home ownership, and by increasing exposure to crime and violence, unhealthy fast food, and inferior public services.<sup>6</sup>

“Residential segregation,” the researchers write in a 2008 study, “is at the root of racial and ethnic disparities in access to opportunity neighborhoods.”<sup>7</sup>

Housing discrimination on the basis of race — and the resulting isolation from opportunity — has a negative impact on how people in affected communities view themselves, each other, and their life opportunities.<sup>8</sup> These conditions give rise to social isolation by limiting the relationships people develop and interactions people have.<sup>9</sup> Past and present discrimination in housing is the most

obvious form of unequal treatment and research demonstrates that the practice has had devastating and lasting consequences for neighborhood quality and health status.

In December 2008, the National Commission on Fair Housing and Equal Opportunity released its report based on a year of hearings held across the nation. Members of the commission concluded: “...despite strong legislation, past and ongoing discriminatory practices in the nation’s housing and lending markets continue to produce levels of residential segregation that result in significant disparities between minority and non-minority households, in access to good jobs, quality education, homeownership attainment and asset accumulation.”<sup>10</sup> The report continued: “The hearings showed us that discrimination continues to be endemic, intertwined into the very fabric of our lives.”<sup>11</sup>

### Who Lives in Unhealthy Neighborhoods?

Blacks and Latinos, particularly children, are disproportionately concentrated in communities that put them at risk for poor health status. This likely plays some role, most researchers agree, in the persistent racial disparities in health outcomes.

In contrast to the “high-opportunity” neighborhoods, where white children are far more likely to reside, black and Latino children are far more likely to live and attend schools in communities characterized by high poverty and unemployment rates.<sup>12</sup> Meanwhile, the most recent demographic data suggest that the decline in concentrated poverty during the healthy economy of the 1990s is reversing and that more people are living in high-poverty neighborhoods where more than 40 percent of residents are poor.<sup>13</sup>

<sup>5</sup> Dolores Acevedo-Garcia & Theresa L. Osypuk, *Impacts of Housing and Neighborhoods on Health: Pathways, Racial/Ethnic Disparities, and Policy Directions*, in *SEGREGATION: THE RISING COSTS FOR AMERICA* 197 (James H. Carr & Nandinee K. Kutty eds. 2008); David R. Williams & Chiquita Collins, *Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health*, 116 *PUB. HEALTH REP.* 404 (2001); Dolores Acevedo-Garcia et al., *Future Directions in Residential Segregation and Health Research: A Multilevel Approach*, 93 *AM. J. OF PUB. HEALTH* 215 (2003); Dolores Acevedo-Garcia & Kimberly A. Lochner, *Residential Segregation and Health*, in *NEIGHBORHOODS AND HEALTH* (Ichiro Kawachi & Lisa F. Berkman, eds. 2003).

<sup>6</sup> For the most part, Acevedo-Garcia and her colleagues conclude that poor white children in U.S. metropolitan areas do not live in high-poverty neighborhoods. More concretely, across 100 metropolitan areas, the typical poor white child lives in a neighborhood that has a poverty rate of 13.6 percent. The typical poor black child experiences a neighborhood poverty of 29 percent. The typical poor Hispanic child lives in a neighborhood with a 26.2 percent poverty rate. Dolores Acevedo-Garcia et al., *Toward a Policy-Relevant Analysis of Geographic and Racial/Ethnic Disparities in Child Health*, 27 *HEALTH AFF.* 321, 325 (2008) [hereinafter *Policy-Relevant Analysis*]. See also David B. Smith et al., *Separate and Unequal: Racial Segregation and Disparities in Quality across U.S. Nursing Homes*, 26 *HEALTH AFFAIRS* 1448 (2007); Katherine Baicker et al., *Geographic Variation in Health Care and the Problem of Measuring Racial Disparities*, 48 *PERSP. IN BIOLOGY AND MED.* s42 (2005); Xavier de Souza Briggs, *Introduction*, in *THE GEOGRAPHY OF OPPORTUNITY: RACE AND HOUSING CHOICE IN METROPOLITAN AMERICA* (Xavier de Souza Briggs, ed. 2005).

<sup>7</sup> See Acevedo-Garcia et al., *Policy-Relevant Analysis*, *supra* note 6, at 326.

<sup>8</sup> See, e.g., Thomas LaViest, *African Americans and Health Policy*, in *NEW DIRECTIONS: AFRICAN AMERICANS IN A DIVERSIFYING SOCIETY* 144 (John Jackson, ed. 2000).

<sup>9</sup> DOUGLAS S. MASSEY & NANCY A. DENTON, *AMERICAN APARTHEID: SEGREGATION AND THE MAKING OF THE UNDERCLASS* (1993); William J. Wilson, *THE TRULY DISADVANTAGED: THE INNER CITY, THE UNDERCLASS, AND PUBLIC POLICY* (1987).

<sup>10</sup> THE NAT’L COMM’N ON FAIR HOUSING AND EQUAL OPPORTUNITY, *THE FUTURE OF FAIR HOUSING: REPORT OF THE NATIONAL COMMISSION ON FAIR HOUSING AND EQUAL OPPORTUNITY* (2008), Executive Summary, 1 available at [http://www.nationalfairhousing.org/Portals/33/reports/Future\\_of\\_Fair\\_Housing.PDF](http://www.nationalfairhousing.org/Portals/33/reports/Future_of_Fair_Housing.PDF).

<sup>11</sup> *Id.* at Executive Summary, 2.

<sup>12</sup> DOLORES ACEVEDO-GARCIA ET AL., *CHILDREN LEFT BEHIND: HOW METROPOLITAN AREAS ARE FAILING AMERICAN CHILDREN* (2007), available at [http://diversitydata.sph.harvard.edu/children\\_left\\_behind\\_final\\_report.pdf](http://diversitydata.sph.harvard.edu/children_left_behind_final_report.pdf); George C. Galster & Sean P. Killen, *The Geography of Metropolitan Opportunity: A Reconnaissance and Conceptual Framework*, 6 *HOUSING POL’Y DEBATE* 7 (1995).

<sup>13</sup> ELIZABETH KNEEBONE & ALAN BERUBE, *METROPOLITAN POLICY PROGRAM AT BROOKINGS, REVERSAL OF FORTUNE: A NEW LOOK AT CONCENTRATED POVERTY IN THE 2000S* (2008), available at [http://www.brookings.edu/~media/Files/rc/papers/2008/08\\_concentrated\\_poverty\\_kneebone/concentrated\\_poverty.pdf](http://www.brookings.edu/~media/Files/rc/papers/2008/08_concentrated_poverty_kneebone/concentrated_poverty.pdf).

Specifically, according to Kneebone and Berube, “the number of tax filers nationwide living in areas with of high rates of working poverty increased

On many dimensions, poverty is harsher for African American and Latino children than it is for white children precisely because poor black and Latino children are far more likely than white children to also live in poor neighborhoods and attend higher poverty schools. In other words, the very nature of “poverty” differs markedly for different racial groups.

For example, a 2008 study by Dolores Acevedo-Garcia and her colleagues at the Harvard School of Public Health demonstrates that, unlike the typical poor white child, the typical poor black or Latino child lives in a “low opportunity” environment.<sup>14</sup>

“The typical neighborhood environment is much worse for black and Latino children than for white children,”<sup>15</sup> the researchers write. Researchers found that black and Latino children “consistently” live in more disadvantaged neighborhoods than even the poorest white children. What’s more, Acevedo-Garcia and her colleagues write, “a large fraction of black and Latino children consistently experience ‘double jeopardy’ – that is, they live in poor families and in poor neighborhoods.”<sup>16</sup>

“White children,” the study concludes, “very rarely experience double jeopardy.”<sup>17</sup>

Such detailed analyses are made possible with a data base of inequity measures collected by Acevedo-Garcia and her colleagues at Harvard. The diversity data website, [www.diversitydata.org](http://www.diversitydata.org), is free and accessible to anyone. It gives local advocates and others the opportunity to analyze inequalities in their communities, possibly spurring conversation and policy change.

---

by 40 percent, or 1.6 million filers, between tax years 1999 and 2005.” *Id.* at 1. And, “By 2005, 12.3 percent of low-income working families lived in high-working-poverty communities – ZIP codes where more than 40 percent of taxpayers claimed the EITC – up from 10.4 percent in 1999.” *Id.* They also found that “Both central cities and suburbs saw an increase in high-working-poverty communities between tax years 1999 and 2005.” *Id.* Kneebone and Berube recommend, “Policies that foster stronger national and regional economic growth – together with targeted efforts to create and protect neighborhoods of choice and connections may offer the best route to longer term progress against concentrated poverty.” *Id.*

<sup>14</sup> See Acevedo-Garcia et al., *Policy-Relevant Analysis*, *supra* note 6, at 326.

The study analyzed neighborhood-level (census tract level) data for the 100 metropolitan areas with the largest child populations, which comprise 45 million children. Within each area, researchers looked at the distribution of: children, poor children, and racial and ethnic groups across neighborhoods with different levels of opportunity. They studied rates of poverty, ownership rates, unemployment, and the share of adults without a high school diploma.

<sup>15</sup> *Id.* at 324.

<sup>16</sup> *Id.*

<sup>17</sup> *Id.*

Racial and ethnic disparities in health are pervasive, well-documented, and persistent.<sup>18</sup> The rates of common forms of cancer, diabetes, cardiovascular disease, infant mortality, adult mortality, and HIV/AIDS vary significantly across racial and ethnic groups.<sup>19</sup> During the past ten years, the black-white mortality gap has begun to close. However, blacks and Latinos are still dying at disproportionately high rates.<sup>20</sup> An interesting caveat to the unfavorable health prospects for Latinos is a phenomenon researchers term the “Latino paradox.” This refers to the observation that Latinos, mostly those born outside of the United States, often have better morbidity and mortality rates than expected, given their relatively low socioeconomic status.<sup>21</sup> Similarly, in 2008, Professor Rachel Kimbro and her colleagues at Princeton University discovered that having less education does not predict health behaviors and outcomes of Latinos to the same degree that it does among African Americans.<sup>22</sup> Though the reasons for this are not explained, authors speculate that it may be due to greater levels of social integration among Latinos or selective immigration patterns in which relatively healthier people tend to immigrate.

### **Getting Down to Basics: What You Eat, What You See and Where You Live**

In 2005, the U.S. Congress passed H.R. 554, the “Personal Responsibility in Food Consumption Act. Its goal was to prevent lawsuits that would hold the food industry liable for obesity and other health problems. This is another example of the way in which the “personal responsibility” framework dominates discourse and policy regarding public health. Putting aside for the moment valid

---

<sup>18</sup> See, e.g., David Satcher et al., *What If We Were Equal? A Comparison of the Black-White Mortality Gap in 1960 and 2000*, 24 HEALTH AFF. 459 (2005); David R. Williams & Pamela Jackson, *Social Sources of Racial Disparities in Health*, 24 HEALTH AFF. 325 (2005).

<sup>19</sup> CENTERS FOR DISEASE CONTROL AND PREVENTION, *National Diabetes Fact Sheet: Total Prevalence of Diabetes by Race/Ethnicity among People Aged Twenty Years or Older* (2003), <http://www.cdc.gov/diabetes/pubs/estimates.htm#prev4> (last visited May 5, 2009).

<sup>20</sup> Sam Harper et al., *Trends in the Black-White Life Expectancy Gap in the United States, 1983–2003*, 297 J. OF THE AM. MED. ASS’N 1224 (2007); Christopher J. Murray et al., *Eight Americas: Investigating Mortality Disparities across Races, Counties, and Race-Counties in the United States*, 3 PLOS MED. e260 (2006).

<sup>21</sup> James W. Collins, Jr. & David K. Shay, *Prevalence of Low Birth Weight among Hispanic Infants with United States–Born and Foreign-Born Mothers: The Effect of Urban Poverty*, 139 AM. J. OF EPIDEMIOLOGY 184 (1994); Laura K. Khan et al., *Acculturation, Socioeconomic Status, and Obesity in Mexican Americans, Cuban Americans, and Puerto Ricans*, *International*, 21 J. OF OBESITY *Journal of Obesity* 91 (1997).

<sup>22</sup> Rachel T. Kimbro et al., *Race, Ethnicity, and the Education Gradient in Health*, 27 HEALTH AFF. 361 (2008).

questions about the food industry's social responsibilities, let us consider again the larger context and forces at play.<sup>23</sup>

Researchers in the United States, concerned with rising rates of obesity and diabetes, especially in youngsters, have in recent years been focusing more attention upon the context of people's diets. This is in spite of the fact that interventions that focus only upon individuals are far more likely to be funded.<sup>24</sup> These broader contextual studies demonstrate that poor neighborhoods, especially ones identified as African American, are exposed to fast food at far higher levels than middle class neighborhoods.<sup>25</sup> Even mixed-race neighborhoods were less likely than predominantly white, higher-income neighborhoods to have access to healthful foods that would enable people to make good dietary choices.<sup>26</sup>

As Naa Oyo Kwate, professor of public health at Columbia University, writes in the journal *Health & Place*, "If health disparities are to be adequately addressed, attention must be paid not only to the role of the food industry, but to the inequalities underlying the production of its markets and patterns in consumption."<sup>27</sup> Kwate's study is remarkable for its illumination of the way in which race-based segregation itself engenders the density of fast-food restaurants in high-poverty neighborhoods that have been linked to poorer health. In her study, for example, she demonstrates that "unemployment and economic disinvestment...provides available labor pools and increases community receptiveness to fast food restaurants; and weakens community political strength, thereby reducing possible opposition to siting."<sup>28</sup> She concludes: "The manner in which segregation acts as a fundamental

determinant of fast food density brings to light the relevance of structural factors in changing behavior."<sup>29</sup>

Empirical research has long demonstrated an association between low area income and fast food prevalence in the United States,<sup>30</sup> but Professor Kwate's work goes further by highlighting the mechanisms through which this phenomenon occurs and the market forces that drive it. More generally, David Williams and his colleagues at the Harvard School of Public Health demonstrate that conditions associated with segregated neighborhoods (e.g. fewer food choices and stress) tend to undermine healthful food choices and encourage unhealthful ones.<sup>31</sup> Obesity, in particular, is linked to fast food consumption and associated with poorer performance in school, which is, of course, linked to lower educational attainment.<sup>32</sup>

The buildings, spaces, and available products in a community appear to affect health, too. Referred to as the "built environment," it is one of the most obvious ways to assess the state of disarray and the potential risk for suboptimal health outcomes in a neighborhood. Deteriorated infrastructures affect the formation of relationships and sense of collective power within a community.<sup>33</sup> At the same time, neighborhood design can promote health and connection within a community if there are safe places for recreation and exercise.

## The Effect of Social Isolation on Health

Research indicates that a person's social relationships and interactions are key determinants of health status.<sup>34</sup> One of the most important and the most challenging questions that scientists who study social determinants of health have

<sup>23</sup> REBECCA FLOURNOY & SARAH TREUHART, POLICYLINK AND THE CALIFORNIA ENDOWMENT, HEALTHY FOOD, HEALTHY COMMUNITIES: IMPROVING ACCESS AND OPPORTUNITIES THROUGH FOOD RETAILING (2005), available at <http://www.policylink.org/pdfs/HealthyFoodHealthyCommunities.pdf>.

<sup>24</sup> Gary King & David R. Williams, *Race and Health: A Multidimensional Approach to African-American Health*, in SOCIETY AND HEALTH 93 (Benjamin C. Amick et al., eds., 1995).

<sup>25</sup> Samina Raja and colleagues at the State University of New York found less access to healthy foods and more access to low quality food in minority and mixed-race neighborhoods relative to white neighborhoods. This limited access has been linked to unhealthful diet and comparatively high levels of overweight, obesity, and negative health outcomes in African Americans. See Samina Raja et al., *Beyond Food Deserts: Measuring and Mapping Disparities in Neighborhood Food Environments*, 27 J. OF PLAN., EDUC. AND RES. 4 (2008).

<sup>26</sup> Elizabeth A. Baker et al., *The Role of Race and Poverty in Access to Foods that Enable Individuals to Adhere to Dietary Guidelines*, 3 PREVENTING CHRONIC DISEASE A76 (2006), available at [www.cdc.gov/pcd/issues/2006/jul/05\\_0217.htm](http://www.cdc.gov/pcd/issues/2006/jul/05_0217.htm).

<sup>27</sup> Naa O. Kwate, *Fried Chicken and Fresh Apples: Racial Segregation as a Fundamental Cause of Fast Food Density in Black Neighborhoods*, 14 HEALTH & PLACE 32, 41 (2008).

<sup>28</sup> *Id.* at 33.

<sup>29</sup> *Id.* at 41.

<sup>30</sup> Hillary L. Burdette & Robert C. Whitaker, *Neighborhood Playgrounds, Fast Food Restaurants, and Crime: Relationships to Overweight in Low-Income Preschool Children*, 38 PREVENTATIVE MED. 57 (2004); Hayden Stewart & David E. Davis, *Price Dispersion and Accessibility: A Case Study of Fast Food*, 71 S. ECON. J. 784 (2005).

<sup>31</sup> David Williams, *Does Racism Make Us Sick?*, Presentation for 13<sup>th</sup> Annual Summer Public Health Research Videoconference on Minority Health (June 25, 2007) (archived webcast available at <http://www.minority.unc.edu/institute/2007>).

<sup>32</sup> Jeffrey B. Schwimmer et al., *Health-Related Quality of Life of Severely Obese Children and Adolescents*, 289 J. OF THE AM. MED. ASS'N 1813 (2003); Rolf Pendall, *Local Land Use Regulation and the Chain of Exclusion*, 66 J. OF THE AM. PLAN. ASS'N 125.

<sup>33</sup> Robert J. Sampson et al., *Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy*, 277 SCI. 918 (1997); G. Rand, *Crime and Environment: A Review of the Literature and Its Implications for Urban Architecture and Planning*, 1 J. OF ARCHITECTURAL PLAN. AND RES. 3 (1984).

<sup>34</sup> James S. House et al., *Social Relationships and Health*, 241 SCI. 540 (1988).

attempted to answer is exactly how the environment engenders either health or illness.

Professor Sarah Gehlert and her colleagues at the University of Chicago may offer some insight into this question. Gehlert's work demonstrates that dilapidated housing, crime, and generally fractured community conditions work in concert to produce a sense of social isolation among African American women with breast cancer. Social isolation, in turn, triggers stress-hormone receptors that activate biochemical pathways.<sup>35</sup> These biochemical pathways increase the chance that cancerous breast tumor cells will survive. This account of how the environment literally "gets under the skin" links what occurs in the community to what happens at the cellular level.

### What Should This Research Lead Us To Do?

For far too long, there has existed an unfortunate competition between strategies that help people to move out of high-poverty, low-opportunity neighborhoods and strategies that focus upon improving conditions in those neighborhoods. This dichotomy, however, is a dangerously false one. Adhering to this misconception, as many advocates and policymakers continue to do, could engender policies and practices that are simply too narrowly focused and/or that reach too few people.

The first type of remedy often includes "mobility" programs that provide funding for families to leave public housing, for example, and move to low poverty areas. There is indeed a sizable research literature demonstrating that moving from a low-opportunity to a high-opportunity neighborhood has significant health benefits, especially for girls. The outcomes for boys are not as positive.<sup>36</sup> Mobility programs are quite often referred to as "people-based" strategies.

Meanwhile, "place-based" strategies typically accept the demographics of a neighborhood and work within that reality to, for example, provide better food choices or safe recreational spaces for children. These solutions also

<sup>35</sup> Sarah Gehlert et al., *Targeting Health Disparities: A Model Linking Upstream Determinants to Downstream Interventions*, 27 HEALTH AFF. 339 (2008).

<sup>36</sup> Jeffrey R. Kling et al., *Experimental Analysis of Neighborhood Effects*, 75 ECONOMETRICA 83 (2007); Jeffrey R. Kling et al., Princeton University: Industrial Relations Section, *Moving to Opportunity and Tranquility: Neighborhood Effects on Adult Economic Self-Sufficiency and Health from a Randomized Housing Voucher Experiment*, Working Paper No. 481 (2004); Jeffrey R. Kling et al., *Neighborhood Effects on Crime for Female and Male Youth: Evidence from a Randomized Housing Voucher Experiment*, 120 QUARTERLY J. OF ECON. 87 (2005).

remain crucial strategies, in part because there exists convincing research that strategies that bring residents together to solve problems collaboratively has a positive influence on mental health, which is associated with better school performance among young people and increased opportunities over the long term.

The recommendations we offer here endorse both types of solutions in equal measure.

### Recommendations

1. Through federal and state policy and incentives, increase access to high-opportunity neighborhoods and reduce the share of people who live in high-poverty neighborhoods through increased funding and availability of "mobility" programs and fair housing enforcement.
2. Allow poor children in "low opportunity" neighborhoods more choices to attend low poverty schools that are less likely to be overwhelmed with social problems manifest in high-poverty neighborhoods and schools.
3. Educators, social service agencies and youth advocates should coordinate social services and actively partner so that families and children can more easily receive appropriate assistance in overcoming the mental and physical health challenges associated with high-poverty neighborhoods.
4. Support activities, events, and efforts in neighborhoods of concentrated disadvantage that bring neighbors together to meet and collaborate on initiatives to create healthier environments.
5. Local and state governments, foundations, and private business should provide funds to assist local efforts to increase access to healthier food outlets within communities of concentrated disadvantage. Many successful models exist.
6. Local and state governments, foundations, and private business should provide incentives and funds to assist local efforts to increase access to recreational opportunities.

1. **Through federal and state policy and incentives, increase access to high-opportunity neighborhoods and reduce the share of people who live in high-poverty neighborhoods through increased funding and availability of "mobility" programs and fair housing enforcement.**

Mobility and deconcentration are catch-all terms for housing programs and policies that attempt to break up pockets of extreme neighborhood poverty by dispersing the very poor more evenly through a metro area. Historically, such policies have found champions among both

Republicans and Democrats. Providing people more access to communities with lower poverty rates and better functioning, less overwhelmed school systems remains a crucial strategy.

Studies have shown that residents who moved from public housing to privately-owned homes in these areas have generally experienced lower levels of psychological stress, depression and obesity.<sup>37</sup> There is some convincing evidence that such programs also result in better school outcomes, if children attend lower-poverty schools.<sup>38</sup>

Two well-known programs are particularly instructive. One is Gautreaux, in Chicago, which sprang from a court order following litigation against the city's housing authority. The program funded moved by poor families out of public housing and into lower poverty neighborhoods. Studies found that children who transferred were far less likely to drop out of high school, be in college prep classes and more likely to attend college.<sup>39</sup> Some of these results have been challenged, as they were based on a relatively small survey. However, in part because of Gautreaux's reported successes, in 1994, the federal government implemented the experimental "Moving to Opportunity" demonstration. It was small, involving only 4,600 families, each of whom was assigned randomly to one of three groups. The experimental group received housing vouchers they could use only in census tracts where less than 10 percent of residents were poor. Specially trained counselors helped these families find housing in often exclusionary and costly private markets. A comparison group received no counseling and got housing vouchers they could use anywhere. A third control group stayed in the projects.<sup>40</sup>

John Powell, executive director of the Kirwan Institute for the Study of Race and Ethnicity, served as an expert witness in a federal court case that followed Gautreaux.<sup>41</sup>

---

<sup>37</sup> While early studies of the nation's largest government-funded mobility experiment, "Moving to Opportunity," suggested minimal gains related to children's education and economic self-sufficiency, more recent reconsiderations of the data suggest that adjustments to experiment design would have yielded far more of the types of benefits associated with improved health. See Susan Clampet-Lundquist & Douglas Massey, *Neighborhood Effects on Economic Self-Sufficiency: A Reconsideration of the Moving to Opportunity Experiment*, 114 AM. J. OF SOC. 107 (2008).

<sup>38</sup> LEONARD RUBINOWITZ & JAMES ROSENBAUM, *CROSSING THE CLASS AND COLOR LINES: FROM HOUSING TO WHITE SUBURBIA* (2000). See also Margery Turner & Dolores Acevedo-Garcia, *Why Housing Mobility? The Research Evidence Today*, 14 POVERTY & RACE 1 (2005); *Thompson v. United States HUD*, 348 F. Supp. 2d 398 (D. Md. 2005).

<sup>39</sup> See text *supra* note 38.

<sup>40</sup> See Clampet-Lundquist & Massey, *supra* note 37.

<sup>41</sup> For more information about John Powell's work in *Thompson v. United States HUD*, visit the organization's website. Kirwan Institute for the Study of Race and Ethnicity, *Thompson v. HUD*,

He helped design a remedy to desegregate Baltimore's public housing that includes provisions for mobility. Such strategies could surely be applied to similar high-poverty neighborhoods across the nation. Using a system of "opportunity mapping," Powell and others evaluate metropolitan areas across the United States with multiple sources of data such as educational opportunity, employment, transportation, child care and health care.<sup>42</sup> Such data could enable elected leaders to more effectively target benefits to people who live in geographically determined areas of "low opportunity."

**2. Related to the previous recommendation, allow poor children in "low opportunity" neighborhoods more choices to attend low poverty schools that are less likely to be overwhelmed with social problems manifest in high-poverty neighborhoods and schools.**

Even when poor children remain in their home neighborhoods, research strongly indicates that attendance at a racially diverse, predominantly middle class school may provide more opportunities over the short and long term. Again, the measures of inequity developed by the Kirwan Institute provide a tool for identifying such low-opportunity areas and providing children the option of connections that might reverse a cycle of inequality. Studies suggest that segregated, high-poverty schools are not as effective as desegregated ones in counteracting non-school challenges that impede learning. New, carefully controlled studies of drop out rates and test scores demonstrate that racial segregation of African American students, independent of other variables, is actively harmful.<sup>43</sup>

Related to health, studies show that how much education a person has is a reliable predictor of health status. Among the highly educated — people with at least 13 years of schooling — even life expectancy is increasing. In 2008, Ellen Meara of the Harvard School of Public Health and

---

<http://kirwaninstitute.org/research/projects/thompsonhud.php> (last visited May 5, 2009).

<sup>42</sup> For more information on "Opportunity Mapping," see <http://kirwaninstitute.org/research/gismapping/opportunity-mapping> (last visited May 5, 2009).

<sup>43</sup> Argun Saatcioglu, *Non School Problems and School Desegregation: Desegregation's Influence on School Effectiveness in a Context of Worsening Urban Disadvantage*, \_\_ TCHRS. C. REC. \_\_ (forthcoming 2010) (on file with authors) ("Overall, desegregated high schools played a more effective role in counterbalancing student-level nonschool problems than did segregated ones, especially when Blacks and Hispanics (had) attended integrated elementary and middle schools."). *Id.* at 13.

colleagues found this pattern of longer life for the more educated across all racial and ethnic groups.<sup>44</sup>

Several communities have successfully implemented long-running cross-district transfer plans in which children from urban areas can attend predominantly middle-class suburban schools.<sup>45</sup> Similarly, a coalition of civil rights advocates has long lobbied for changes to the No Child Left Behind Act of 2001 that would make it easier for more children to transfer from challenged urban schools to schools in higher opportunity communities.<sup>46</sup>

Also, educators in several districts, most notably Berkeley, California, consider neighborhood-based demographic data in drawing their school attendance zones and assigning students to school. In March of 2009, this method was approved by the California Appellate Court, following a legal challenge.<sup>47</sup>

3. **Educators, social service agencies, and youth advocates should coordinate social services and actively partner so that families and children can more easily receive appropriate assistance in overcoming the mental and physical health challenges associated with high-poverty neighborhoods.**

The research on environmental stressors provides even more justification for schools and community-based centers to provide a host of interlocking, comprehensive services to children and families under one roof.<sup>48</sup> Some

such arrangements take the form of community schools, which are not only places of learning, but centers of civic engagement and social service delivery.<sup>49</sup> Some examples are provided at the end of this brief.

4. **Support activities, events, and efforts in neighborhoods of concentrated disadvantage that bring neighbors together to meet and collaborate on initiatives to create healthier environments.**

Not surprisingly, a critical aspect of changing social environments that contribute to poor health is generating community support for and involvement with intervention strategies. Research demonstrates that measures of so-called “collective efficacy” in which neighbors work together toward community improvement, is associated with lower levels of violence in communities and better mental health outcomes for children.<sup>50</sup> Two areas neighbors could address that are directly related to public health include improving access to healthy food and creating more safe recreational spaces. Foundations and government should fund community-based organizations to provide community education for residents that would inform them about the social determinants of health.

5. **Local and state governments, foundations, and private business should provide funds to assist local efforts to increase access to healthier food outlets within communities of concentrated disadvantage. Many successful models exist.**

The work of creating and eliminating what are often referred to as “food deserts” or food gaps has been at the center of many community groups and public health departments for years. Increasing food access is accomplished in several ways. It may involve interventions by local and state governments, which have been relatively receptive to closing food gaps in poor communities.

---

<sup>44</sup> Ellen Meara et al., *The Gap Gets Bigger: Changes in Mortality and Life Expectancy, by Education, 1981-2000*, 27 HEALTH AFF. 350 (2008).

<sup>45</sup> This includes the major urban areas of Connecticut; Rochester, New York; Boston, Massachusetts; St. Louis, Missouri; Minneapolis, Minnesota; Palo Alto, California and most recently, Omaha, Nebraska.

<sup>46</sup> See, e.g., William L. Taylor, *Title I as an Instrument for Achieving Desegregation and Equal Educational Opportunity*, 81 N.C. L. REV. 1751 (2003).

<sup>47</sup> *American Civil Rights Foundation v. Berkeley Unified School Dist.*, 172 Cal. App. 4th 207 (Cal. App. 1st Dist. 2009), available at <http://www.courtinfo.ca.gov/opinions/documents/A121137.PDF>. The court ruled that, because the plan considers the racial makeup of neighborhoods rather than racial or ethnic characteristics of students, the school district's use of race did not constitute discrimination or the granting of a preference based on race and therefore, the Berkeley plan did not violate California's Proposition 209. The court held, “While race-conscious decision-making that prefers individuals of one race over individuals of another race is unconstitutional, decision makers remain free to recognize that our society is composed of multiple races with different histories, to gather information concerning geographic distribution of the races, and to adopt race-neutral policies in an effort to achieve a fair allocation of resources. The desirability and exact contours of such programs in public education is a matter for parents and educators to decide.” 172 Cal. App. 4th 207, 222 (Cal. App. 1st Dist. 2009).

<sup>48</sup> Mary E. Walsh & Jennie Park-Taylor, *Comprehensive Schooling and Interprofessional Collaboration: Theory, Research, and Practice*, in MEETING AT

---

THE HYPHEN: SCHOOLS-UNIVERSITIES-COMMUNITIES-PROFESSIONS IN COLLABORATION FOR STUDENT ACHIEVEMENT AND WELL BEING 8 (Walsh et al., eds. 2003).

<sup>49</sup> Sam Dillon, *New Vision for Schools Proposes Broad Role*, NEW YORK TIMES, July 15, 2008, <http://www.nytimes.com/2008/07/14/education/14teachers.html> (last visited May 5, 2009); Philip M. Ouellette et al., *Parent School and Community Partnerships in Children's Mental Health: Networking Challenges, Dilemmas, and Solutions*, 13 J. OF CHILD AND FAM. STUD. 1062 (2004).

<sup>50</sup> See Sampson, *supra* note 33. See also Robert J. Sampson & Stephen Raudenbush, *Systematic Social Observation of Public Spaces: A New Look at Disorder in Urban Neighborhoods*, 105 AM. J. OF SOC. 603 (1999); Yange Xue et al., *Neighborhood Residence and Mental Health Problems of 5- to 11-Year Olds*, 62 ARCHIVES OF GEN. PSYCH. 554 (2005).



For example, local policymakers could allocate money for grocers to purchase refrigeration equipment to store produce; obtain training in appropriate selection, maintenance, and storage of fresh produce; provide educational materials on the benefits of proper nutrition; aid in store maintenance and improvement; and facilitate collaboration between local grocers and community organizations to provide healthier alternatives.<sup>51</sup>

In Pennsylvania, the Philadelphia-based Food Trust partnered with a community development bank and the Greater Philadelphia Urban Affairs Coalition to create the Pennsylvania Fresh Food Financing Initiative. The program raised awareness about food inequality. It resulted in the nation's first statewide financing program to increase supermarket development in poor communities. The program provides supermarket owners special financing when they plan to open stores in underserved areas. As of 2008, the initiative made \$26.8 million in grants and loans to pay for 32 stores in the state, with half in Philadelphia.<sup>52</sup>

In Michigan, Republican Senator Mark Jansen and fellow legislators passed a bill to provide tax breaks to merchants who sold produce in low-income communities.<sup>53</sup> Legislators elsewhere have passed laws that increase opportunities in urban communities to purchase directly from farmers.<sup>54</sup> For example, during the 2008 legislative session, lawmakers in Oklahoma set aside state funds to equip farmer's market vendors with the technology to accept food stamps, with the hopes of making fresh produce more readily available to low-income families.<sup>55</sup>

<sup>51</sup> Prevention Institute, *Community Food Environments: ENACT Strategy: Incentives for Store Owners*, <http://www.preventioninstitute.org/SA/enact/neighborhood/shopkeepers.php> (last visited May 5, 2009).

<sup>52</sup> Tracey Giang et al., *Closing the Grocery Gap in Underserved Communities: The Creation of the Pennsylvania Fresh Food Financing Initiative*, 14 J. PUB. HEALTH MGMT. PRAC. 272 (2008).

<sup>53</sup> The tax abatement is only available to grocery stores in underserved areas located in core communities or in underserved rural places defined by the U.S. Census. See Michigan Legislature, *Senate Bill 0294 (2007)*, [http://www.legislature.mi.gov/\(S\(hu1ufu55jgwsqv2ga1duw0ag\)\)/mileg.aspx?page=getObject&objectName=2007-SB-0294](http://www.legislature.mi.gov/(S(hu1ufu55jgwsqv2ga1duw0ag))/mileg.aspx?page=getObject&objectName=2007-SB-0294) (last visited March 27, 2009).

<sup>54</sup> National Conference of State Legislatures, *Childhood Obesity—2007 Update of Legislative Policy Options*, <http://www.ncsl.org/programs/health/ChildhoodObesity-2007.htm#nut> (last visited May 5, 2009) (discussing Trans Fat in School Foods).

<sup>55</sup> Oklahoma Secretary of State, *Oklahoma Food Security Act*, House Bill No. 2833, <http://www.sos.state.ok.us/documents/Legislation/51st/2008/2R/HB/2833.pdf> (last visited May 5, 2009). The National Conference of State Legislatures website offers a searchable database that "collects, tracks, and summarizes state legislation that either seeks to increase access to healthy food or opportunities for physical activity..." National Conference of State Legislatures, *Healthy Community Design and Access to Healthy Food Legislation Database*, available at

In East Oakland, California, local schools host vegetable stands where students and their parents shop. The program, modeled after existing farmer's markets in the Bay Area, was created through local efforts of the East Bay Asian Youth Center and made possible through state and local grants.<sup>56</sup> Nearby, in Oakland's Rockridge district, students at Peralta Elementary School also host a vegetable stand each week. They also take part in an after school program centered on healthy cooking. This effort was created through collaboration between teachers and parents at Peralta and the University of California's Agriculture and Natural Resources division.<sup>57</sup>

#### 6. Local and state governments, foundations, and private business should provide incentives and funds to assist local efforts to increase access to recreational opportunities.

There are many examples of effective strategies for policymakers, educators, and community-based organizations to increase physical activity and access to recreational facilities for children and families in high-poverty neighborhoods.

Casa Familiar, a well-established multi-service nonprofit based in a Latino neighborhood in San Diego, operates two recreation centers that community members can use for free.<sup>58</sup> In Canada, as part of the country's "Everybody Gets to Play" initiative, the Canadian Parks and Recreation Department provides not only programming, but accessible information about the effects of social inequality on health. It also provides resources to help people build

<http://www.ncsl.org/programs/enviro/healthyCommunity/healthycommunitydb.htm> (last visited May 12, 2009).

<sup>56</sup> Momo Chang, *Kids Finding They Actually Like Organic Veggies in School Lunches*, INSIDE BAY AREA, Oct. 16, 2006. This article can be accessed at Organic Consumers Association, [www.organicconsumers.org/articles/article\\_3166.cfm](http://www.organicconsumers.org/articles/article_3166.cfm) (last visited May 5, 2009).

<sup>57</sup> *Peralta Elementary Opens Produce Stand for Families*, THE TOWN: NEWS ABOUT OAKLAND, Sept. 23, 2007, <http://thetown.wordpress.com/2007/09/23/peralta-elementary-opens-produce-stand-for-families>. See also Patricia Leigh Brown, *Bake Sales Fall Victim to Push for Healthier Foods*, NY TIMES, Nov. 10, 2008, available at <http://www.nytimes.com/2008/11/10/us/10bake.html> ("If bake sales are out, 'healthy' fundraisers, like carwashes and balloon-ograms, are in. In Oakland, Calif., new traditions are replacing old ones: a 'Healthy Halloween' vegetable platter for kindergartners at Montclair Elementary; power bars and apple slices at the after-school homework club at Crocker Highlands Elementary; a Caesar salad-making class, a weekly organic produce stand and "nutrition breaks" replacing snack breaks at Peralta Elementary.").

<sup>58</sup> REBECCA FLOURNOY, A POLICYLINK REPORT, REGIONAL DEVELOPMENT AND PHYSICAL ACTIVITY: ISSUES AND STRATEGIES FOR PROMOTING HEALTH EQUITY (2002), available at <http://www.policylink.org/pdfs/PhysicalActivity.pdf> (last visited May 5, 2009).

coalitions around recreation in their communities and examples of successful programs.<sup>59</sup>

### **A Final Word: Aspirations and Immediacy Should Not Be in Competition**

Attention to the embedded, powerful structural forces that limit opportunity and contribute to unequal health outcomes can often intimidate and confuse audiences within local communities who understandably wish for realistic, immediate solutions. Recognition of the social determinants of health does seem to imply the need for a radical solution that would undo poverty and segregation. These are worthy aspirations and policies and programs can indeed reduce these conditions. They are often viewed as longer-term solutions. People across the nation have come together in a variety of ways to forge successful regional-based solutions in housing and education that crossed man-made race and class lines to expand opportunities.

In the meantime, we should not wait to take action. There are numerous examples of local community organizers, elected leaders, and educators acting upon growing awareness about the social determinants of health. Such knowledge is moving them toward action on a variety of fronts as they improve conditions and create opportunities that engender a healthier lifestyle. We need not choose between so-termed “place-based” and “people-based” strategies. We desperately need to incorporate our growing knowledge about the social determinants of health to advocate for, pursue, and support both approaches now.

We encourage you to use the resources below, which provide examples of programs and models that might be helpful in achieving some of the goals we’ve outlined in this brief. Please feel free to write to [houstoninst@law.harvard.edu](mailto:houstoninst@law.harvard.edu) to share additional information about relevant programs or initiatives.

---

<sup>59</sup> Canadian Parks and Recreation Association, *Everybody Gets to Play*, <http://www.cpra.ca/EN/main.php?action=cms.initEgtp> (last visited May 5, 2009).

### **Additional Resources**

#### **The Social Determinants of Health, General Information**

- “*Social Determinants of Health: The Solid Facts. Second Edition*” This publication from the World Health Organization outlines the most important parts of knowledge about the social determinants of health. From an international perspective, the document explores ten topics, including early childhood, poverty, drugs, working conditions, unemployment, social support, good food and transportation policy. Authors discuss what role public policy can play in alleviating conditions that lead to inequities in health outcomes.  
<http://www.euro.who.int/document/E81384.pdf>
- The website [www.diversitydata.org](http://www.diversitydata.org), created and maintained by the Harvard School of Public Health, is free and accessible to anyone. It provides local advocates and others the ability to conduct analyses of inequality in their region.
- “*Life & Death from Unnatural Causes: Health & Social Inequity in Alameda County*” – This excellent report from the Alameda County Public Health Department uses social determinants of health research and local data to explore health inequities in Alameda County. It provides a model for other communities wishing to document inequities and create solutions. Alameda County is one of the counties working with the Health Policy Institute of the Joint Center for Political and Economic Studies.  
[http://www.acphd.org/user/services/AtoZ\\_PrgDtls.asp?PrgId=90](http://www.acphd.org/user/services/AtoZ_PrgDtls.asp?PrgId=90).
- Public Health officials in King County, Washington produced the excellent 2006 report, “*The Health of King County*” using social determinants of health research and local data. King County is one of the counties working with the Health Policy Institute of the Joint Center for Political and Economic Studies.  
<http://www.kingcounty.gov/healthservices/health/data/hokc.aspx>

### Promoting Equitable Housing and School Policies

- *The Center for Cities and Schools* – This action-oriented research and policy center at the University of California, Berkeley, offers a wealth of resources to urban planners, educators and community organizers. The center’s mission is to bridge the worlds of urban planning and education so people in various agencies can support each other and craft complementary, equitable policies, practice and programs. <http://citiesandschools.berkeley.edu>

### Collective Efficacy

- In the *Carver Park* neighborhood of Yuma, Arizona, residents came together with community organizers to develop a revitalization plan for their 22 block community and secure government grants and private contributions. The effort combined development of safe housing, recreation opportunities, crime reduction efforts and community programming geared toward children. <http://www.hud.gov/offices/cpd/communitydevelopment/programs/cdlbg30/az/yuma/index.cfm>
- Acting on research from the social determinants of health field, the Health Policy Institute of the *Joint Center for Political and Economic Studies* in Washington, D.C. created 13 county-based working groups across the nation. Each is working to raise awareness and combat health-related inequalities in part by helping local residents and advocates design and implement solutions. The Joint Center provides resources, expertise, facilitation and analysis for the locally-based working groups. [www.jointcenter.org](http://www.jointcenter.org)

### Coordinated Services

- *The Harlem Children’s Zone* (New York City) – This is a much championed effort to incorporate neighborhood revitalization, educational success and family support. It was founded with the goal of keeping families intact and children out of foster care. It has evolved into a national model for coordinated services, and founded and operates two charter schools. <http://www.hcz.org>
- *Boston Connects* is a partnership between Boston Public Schools and Boston College. The organization provides integrated, coordinated support services to children and families. The

systemic model serves as a blueprint for meeting the comprehensive needs of students in other school systems. The program builds on a blueprint from the Children’s Aid Society. [http://www.bc.edu/bc\\_org/avp/soe/bostonconnects](http://www.bc.edu/bc_org/avp/soe/bostonconnects)

- *Community Schools* – The Coalition for Community Schools is a center of information and other resources related to the “community schools” movement. Generally, community schools’ academic efforts are tied in with social services, recreation, health, and community revitalization and even job training. <http://www.communityschools.org>
- *The Minneapolis Youth Coordinating Board* – This is an organization created by the state of Minnesota. It joins the city school district with other community agencies. The goal is to promote the healthy development of children in Hennepin County through collaborative action and policy development focused upon youth. <http://www.ycb.org/AboutYcb.asp>
- *Casa Familiar* – This San Diego based center offers comprehensive recreational and social services, serving mostly Latino communities. <http://www.casafamiliar.org/about.html>

### Improving the Food Environment

- The report, “*Closing the Grocery Gap in Underserved Communities: The Creation of the Pennsylvania Fresh Food Financing Initiative*” from the Philadelphia-based Food Trust details how the organization operated a successful campaign and policy changes designed to reduce the “grocery store” gap in the region. [http://www.thefoodtrust.org/catalog/resource\\_detail.php?product\\_id=149PENNSYLV](http://www.thefoodtrust.org/catalog/resource_detail.php?product_id=149PENNSYLV)
- Students and educators from the *Boston-based Codman Academy Charter Public School* work with community groups to improve access to healthy foods in this urban neighborhood. The effort is related to the school’s educational program “Every Step Counts,” which is aimed at reducing obesity. However, the program differs from other efforts in that it educates students about the “cultural and social forces that influence their eating” while educating them about the racial and economic inequalities and that gave rise to the

food desert in their neighborhood. For example, students learn that their neighborhood does not have a major supermarket and residents have limited access to fresh foods but have many fast-food choices. *Codman Academy* students have protested unhealthy foods advertised on billboards to the Outdoor Advertising Board. The group has canvassed the neighborhood, encouraging store owners to stock healthy foods. The neighborhood now has a seasonal farmers market that provides fresh fruits and vegetables to local residents.<sup>60</sup>

<http://www.lownfoundation.org/community-initiatives-mainmenu-73?f98f5273d1e3c97befe9a0bb4a544098=c93449990b259058d8920fc12d24b9dc>

- The Oakland, California-based Prevention Institute's 2007 report, *Healthy Eating & Physical Activity: Addressing Inequities in Urban Environments*, offers concrete examples of policy changes and neighborhood-level improvements that would create more choices for healthy eating, exercise and recreation.  
<http://www.preventioninstitute.org/sa/pdf/rwinc.pdf>

### Increasing Recreational Opportunities

- Ontario Canada's "Everybody Gets to Play" Program is one of several Canadian Parks and Recreation Programs that promote recreational activities and social inclusion for low-income children and their families in that country.  
<http://www.cpra.ca/EN/main.php?action=cms.in itEgtp> and <http://www.cpra.ca/EN/main.php?action=cms.EgtpDownloads>
- *Casa Familiar* – This program, listed above as well, represents a successful effort to provide safe recreational spaces and to coordinate services in a high-poverty neighborhood.  
<http://www.casafamiliar.org>
- *The Center for Cities and Schools* (see above), in collaboration with the California-based, *Public Health Law and Policy*, (PHLP)  
<http://www.healthyplanning.org/> recently

<sup>60</sup> Meghan Irons, *A Barren Landscape for Healthy Foods*, THE BOSTON GLOBE, Feb. 1, 2009, at CITY 1. This article is available on the Codman Academy website, at [http://www.codmanacademy.org/main/index.php?module=pagemaster&PAGE\\_user\\_op=view\\_page&PAGE\\_id=74](http://www.codmanacademy.org/main/index.php?module=pagemaster&PAGE_user_op=view_page&PAGE_id=74) (last visited May 5, 2009).

published the report, "Joint Use School Partnerships in California: Strategies to Enhance Schools and Communities." The report includes case studies of school districts and local organizations that entered into partnerships so that school facilities – gyms, open spaces, and classrooms can be used for community events, can promote recreation, community health and be a site for community organizing. The report offers a concrete discussion of how "joint use" can benefit communities and how such partnerships were created and sustained.

<http://citiesandschools.berkeley.edu/pubs.html>

- *Healthy Counties Database* – Launched in June, 2008, this website allows users to search for model programs and initiatives that counties have put into place in an effort to promote wellness and prevent childhood obesity. This project is supported by Leadership for Healthy Communities, a national program of the Robert Wood Johnson Foundation.  
[http://www.naco.org/Template.cfm?Section=New\\_Technical\\_Assistance&Template=/cfiles/healthcounties/search.cfm](http://www.naco.org/Template.cfm?Section=New_Technical_Assistance&Template=/cfiles/healthcounties/search.cfm)
- *Mayors' Guide to Fighting Childhood Obesity* - The Guide offers action steps mayors can take to address childhood obesity and promote healthy eating/active living in their communities. It also contains a resource section with information on funding opportunities. Also funded by the Robert Wood Johnson Foundation.  
<http://usmayors.org/chhs/healthycities/documents/guide-20080306.pdf>

### **About the Authors**

**Sara Abiola** is a 2007 graduate of Harvard Law School and a 2003 graduate of Yale. She is currently pursuing her doctorate in health policy at the Harvard University Graduate School of Arts and Sciences. Her work focuses on politics of health policy and social reform.

**Susan Eaton** is research director at the Charles Hamilton Houston Institute for Race and Justice. She has written extensively about the challenges of child rearing and schooling in neighborhoods of concentrated disadvantage. She is author, most recently, of *The Children In Room E4: American Education on Trial*. She holds a doctorate from Harvard University's Graduate School of Education.

## The Charles Hamilton Houston Institute for Race and Justice

125 Mt. Auburn Street, Third Floor • Cambridge, MA 02138

Phone: 617-495-8285 • Website: [www.charleshamiltonhouston.org](http://www.charleshamiltonhouston.org)