


The Landscape of Opportunity:

Cultivating Health Equity in California

CPEHN

California Pan-Ethnic Health Network

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Introduction

Health is more than a transaction between a patient and a provider—it flows from the hundreds of small details that make up our everyday lives, each influenced by the opportunities we are afforded: where we live, how we do our work (and whether we work), the food we eat, whether it is safe to walk in our neighborhoods, whether we feel we can rely on our neighbors. All of these seemingly unconnected strands weave into the fabric that creates our health.

In *The Landscape of Opportunity: Cultivating Health Equity in California*, we have amassed data on what is, essentially, the fabric of our lives. We examine everything from education to housing, neighborhood safety to food access, and criminal justice to health insurance—and we connect the dots between these factors and how they impact our health. It is a vast and complicated picture. This brief offers a starting place—a place where we can begin to look at health more comprehensively in order to see and address patterns that have emerged over decades and, in some cases, centuries.

Our policy recommendations are also a beginning. They point the way toward developing a much broader understanding of what constitutes health, and they offer the opportunity for many single-issue organizations throughout the state to find common cause with each other, regardless of whether they're working on health, education, violence, transit, or housing. CPEHN's mission has always been to find strength in our diversity; we are now reaching out, across not only many cultures but across many different activist movements, to join our efforts together to remake California as a more just, equitable, and healthy place to live.

Mapping Health Equity

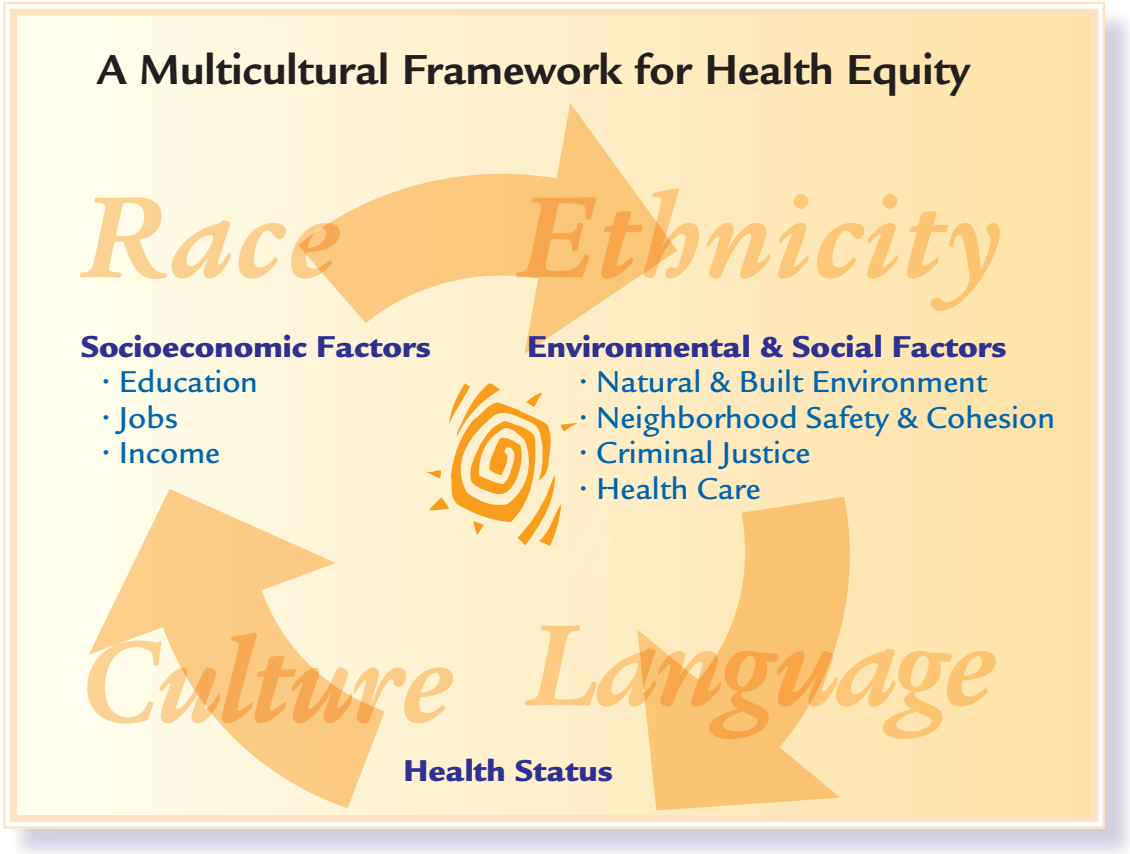
This brief is accompanied by a companion section at our Multicultural Health Web Portal at www.cpehn.org, where you can map many of the indicators discussed in this report.

A Framework for Health Equity

In developing this brief, CPEHN wanted to answer a seemingly simple question: *What are the key factors we need to focus on to eliminate health inequities in communities of color?* To help answer this question and comb through a large amount of data, CPEHN developed a framework for examining health equity with a multicultural lens *(shown below)*. We also wanted to highlight the policy implications of the data and develop recommendations to improve our health.

This framework will help CPEHN tell the story behind California's health inequities. The story unfolds in the context of a multicultural state, one where racism and discrimination continue to make immutable characteristics—our race, ethnicity, culture, and the language we speak—central to the opportunities we are afforded.

Layered over this context is the landscape that shapes our health—our socioeconomic status and our social and physical environment. Socioeconomic status is a fundamental factor in our ability to live healthy lives. Education, jobs, and income all combine to directly influence our access to both social and economic resources: a better education equals better jobs, and better jobs equal higher incomes. These resources—or lack thereof—in turn impact our social and physical environments.



Our physical and social environments often have a direct and profound effect on our health, determining everything from access to affordable health care to the quality of the air we breathe. As we explore the distribution of social and environmental factors, we begin to see how closely they follow the patterns of health and disease in our communities. This framework provides a powerful roadmap that points towards the type of policy changes we need to reverse health inequities and build a healthier California for ourselves and our children.

The format of the brief will follow the framework, beginning with a brief examination of racism and its interaction with the state's sociodemographic makeup, followed by sections on socioeconomic factors and environmental and social factors. In order to tell a more complete story, each section will highlight a few examples of health conditions that are influenced by these factors, using them to illustrate how socioeconomic, social, and environmental factors impact health in communities of color. Also included are snapshops of successful models of communities harnessing their assets to make positive change.

A Multicultural Context for Health Equity

In California, diversity is one of our greatest assets. We live in a state where our neighborhoods are filled with a myriad of languages and diverse, vibrant cultures—a state in which communities of color are now the majority (see *Figure 1 and Map 1*). But with this wealth also comes a responsibility to address the state's current inequities. Historical racism in the form of housing segregation, employment discrimination, unequal wages, and other discriminatory practices has created persistent inequalities that limit opportunities for communities of color.

Racism, unfortunately, is something that many people of color face in their everyday lives. Race does not cause the inequities we face, but the inequities are an effect of racism. The lingering effects of segregation, job discrimination, and denied bank loans impact mental and physical health. For example, studies controlling for education, income, and insurance status show

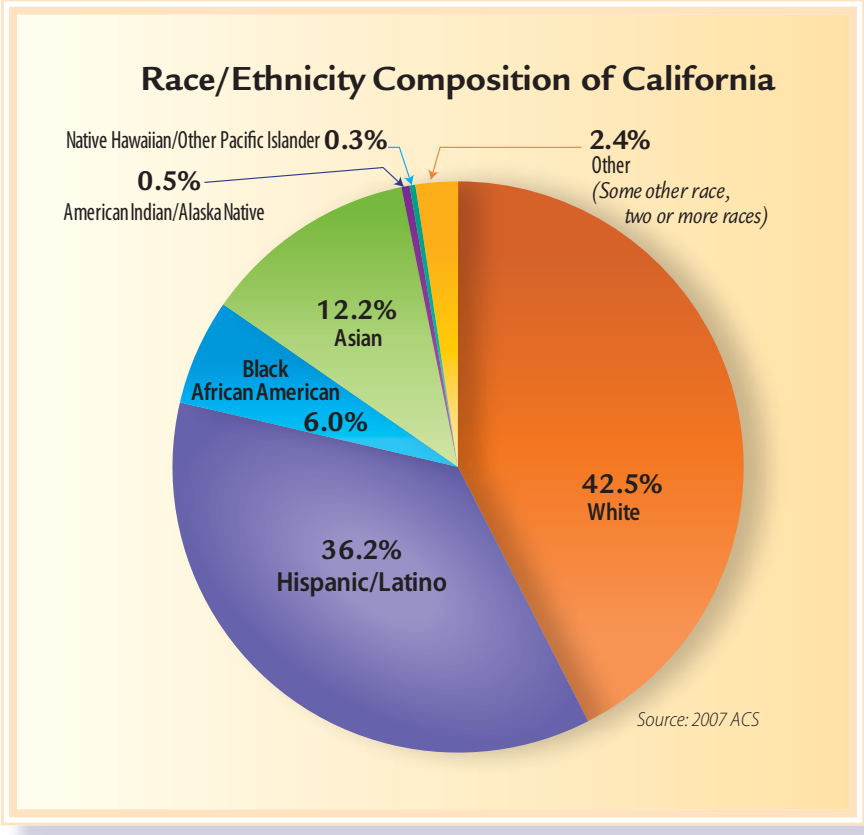
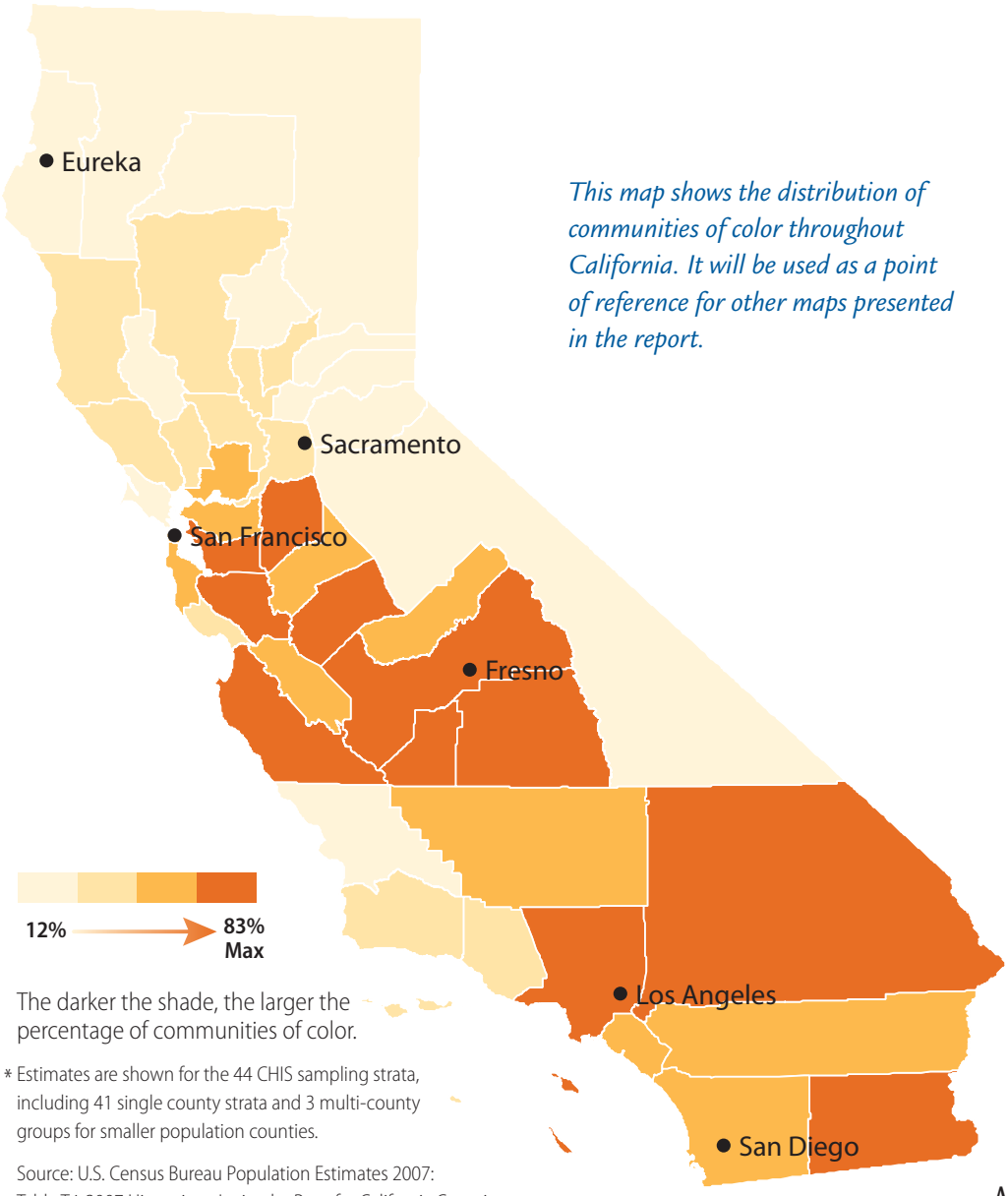


Figure 1

Communities of Color

*Percent by County or County Group, 2007**



This map shows the distribution of communities of color throughout California. It will be used as a point of reference for other maps presented in the report.

* Estimates are shown for the 44 CHIS sampling strata, including 41 single county strata and 3 multi-county groups for smaller population counties.

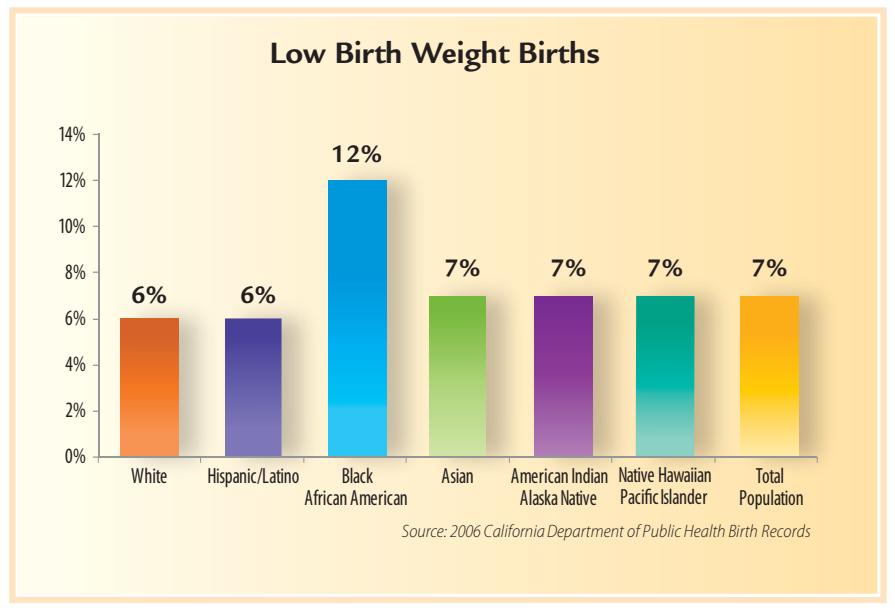
Source: U.S. Census Bureau Population Estimates 2007: Table T4-2007 Hispanic or Latino by Race for California Counties

Map 1

African American women experience much higher rates of low birth weight births and infant mortality *(see Figures 2 and 3)*.[1] In addition, institutional policies and practices rooted in racism have an impact on the health of communities of color by affecting our income, insurance coverage, and access to resources and housing.[2]

Low Birth Weight Births

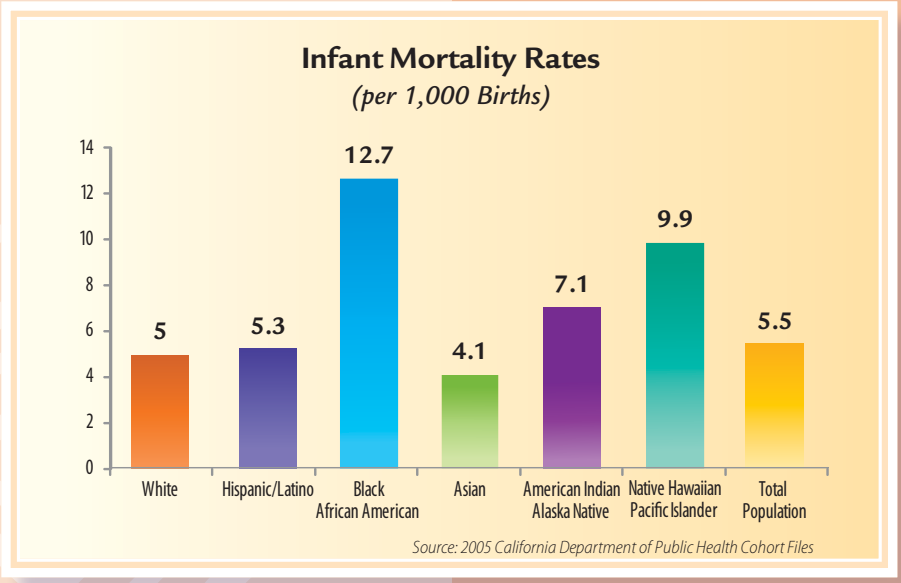
Studies have shown that many social, medical, and behavioral risk factors increase the risk of low birth weight, including the stress faced by African American mothers. The stress brought on by racism and other social conditions can worsen all health outcomes, particularly birth-related ones.[3] African Americans have by far the highest percentage of low-weight births (12%), twice as many as Latinos and Whites (both 6%).



Infants born weighing less than 2,500 grams are considered low birth weight.

Figure 2

Figure 3



Infant mortality is defined as the number of deaths of newborns under one year of age compared to live births.[4]

Infant Mortality

Like low birth weight, infant mortality has been linked to the underlying health of the mother and to the availability and use of prenatal and perinatal services. Infant mortality is also linked to the stress caused by both direct racism and socioeconomic inequities that are rooted in institutionalized racism. In California, infant mortality rates for African Americans and Pacific Islanders are shockingly high (12.7 and 9.9 out of 1,000 births, respectively). American Indians/Alaska Natives (7.1) also face a disparity. Whites have the lowest infant mortality rate (5).

Socioeconomic Factors

The socioeconomic conditions in which Californians live their lives—particularly their education, jobs, and income—are some of the best predictors of not only how long they will live, but also how healthy they will be.[5] All of these factors, both individually and together, put Californians on the road to wellbeing or ill health. A better job increases the likelihood of having a higher salary so one can provide for one's family, find good housing, put healthier food on the table, and get health insurance and care.[6]

Conversely, the poorer the education one receives, the lower the chance of securing a good job. Poor education has a direct impact on the ability to provide adequately for one's family. Some people only have low-paying jobs as options to make ends meet. Some do not earn enough money to buy healthy food—it is cheaper to buy calorie-laden foods at the local fast food outlet. Health insurance, when not provided by an employer, is hard to come by, and housing in a safe neighborhood is a luxury many can ill afford. These are stark realities for many in communities of color.

Education

Educational attainment level—and the quality of that education—is a strong indicator of the kind of job Californians will have, the amount of income they will earn, and the neighborhood they will call home.[7] But this is a two-way street: health can also determine the quality of education. People leave school for health reasons, such as illness or needing to care for a sick family member. Additionally, communities of color often have limited options in the types of schools we can attend, and schools in low-income communities are likely to be of lower quality.[8]

These factors can contribute to high drop-out rates in communities of color. As seen in *Figure 4*, nearly half of all Latinos in California (44%) do not have a high school diploma. Three times as many American Indians/ Alaska Natives (22%) and twice as many African Americans and Asians (14%) as Whites (7%) do not have a high school diploma. Studies show some of the factors that correlate with high dropout rates include the school district's poverty level, poor teacher quality, and a lack of student competetiveness.[9] Students who drop out of high school are

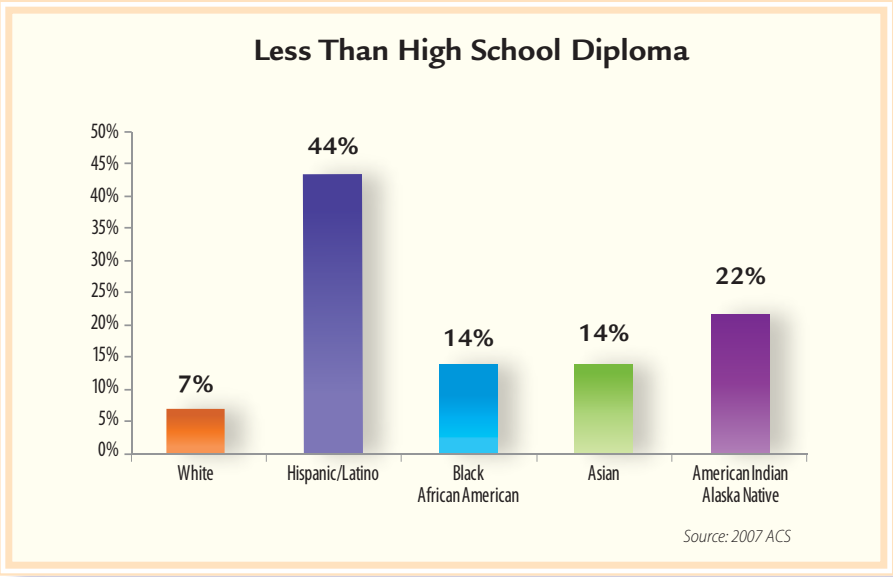


Figure 4

less likely to have regular, steady jobs, and they earn less when they have jobs compared to their peers who graduate.[10]

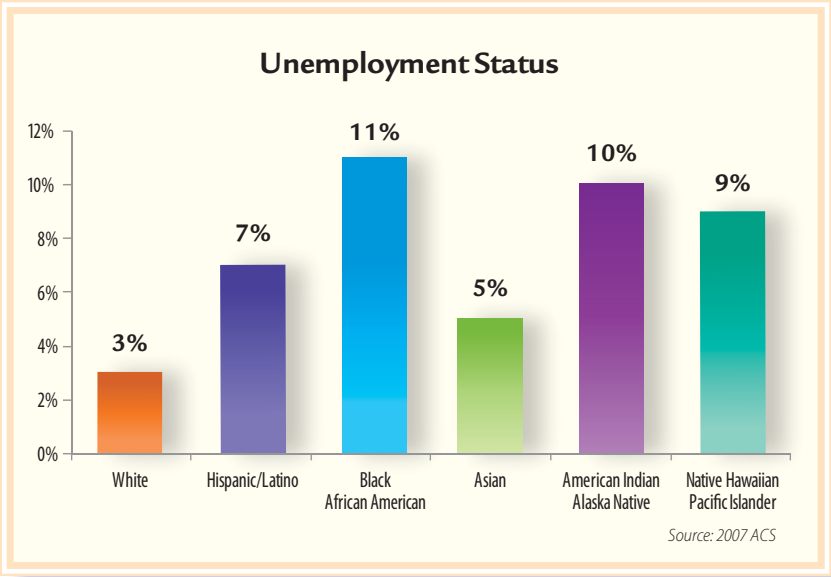


Figure 5

Jobs

In order to provide for ourselves and our families, many of us spend a large percentage of our adult lives at work. A well-paying job helps us put a roof over our heads and healthy food on the table. In addition, good jobs can provide health-promoting benefits including health insurance, paid sick leave, vacation time, and retirement benefits to help us when we get older. Unfortunately these quality jobs are few and far between. Limited by continued racism, housing segregation, lack of access to quality education, and language barriers, our communities often struggle to find jobs that are near our homes, offer regular hours, and extend sick leave or vacation time to employees.[11] As of 2007, one in ten African Americans (11%) and American Indians/Alaska Natives (10%) were unemployed, with Native Hawaiian/Pacific Islander and Latino unemployment rates at 9% and 7% respectively, compared to only 3% of Whites *(see Figure 5)*. Over 5 million workers in California (about 40% of the workforce) go without paid sick leave, forcing them to make an impossible choice: between getting better or losing pay, between keeping a job and infecting others.[12]

Income

Owning a home, having money in the bank, and saving for our children's education provides us with peace of mind and the resources to plan for the future. A family's wealth and assets are often built over generations, a fact that contributes to the unequal footing of communities of color. Median household income for African Americans ($41,528), American Indians/Alaska Natives ($43,712), and Latinos ($46,212) was roughly two-thirds of the median income of Whites ($68,812), as shown in *Figure 6*.

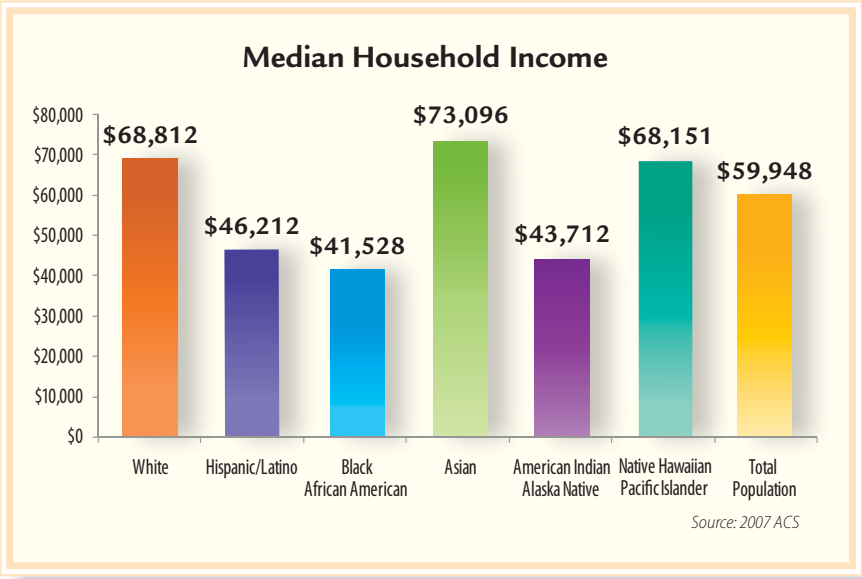


Figure 6

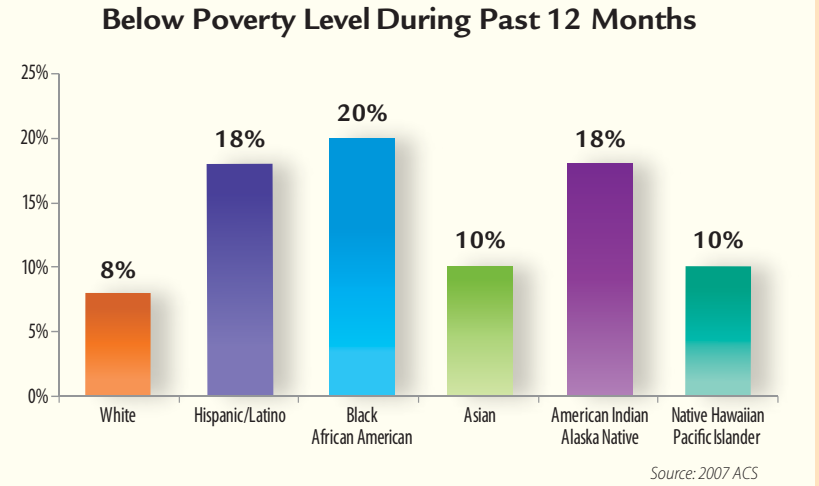


Figure 7

Map 2 on the next page shows where Californians live by their median income. Some areas, such as San Bernardino, Riverside, and Merced Counties, with lower median income, highly correlate with where communities of color live. In fact, nearly 50% of African Americans and Latinos are living in "asset poverty," meaning they do not have enough financial reserves (in bank accounts, home or business equity, retirement savings, or stocks) to manage at the Federal Poverty Level for three months, compared to only 17.8% of Whites.[13] These families are one paycheck, one car accident, or one medical emergency away from financial hardship.[14]

As shown in *Figure 7*, one in five African Americans (20%) and nearly one in five Latinos and American Indians/Alaska Natives (both 18%) live below the poverty line ($10,590/year for an individual and $21,203/year for a family of four in 2007).[15]

Rates of self-reported fair or poor overall health status are much higher for those who are living below the poverty level *(see Figure 8)*. For example, American Indians/Alaska Natives below the Federal Poverty Level perceive their health as fair or poor twice as often as those above the Federal Poverty Level (49% vs. 21%). The same is true for African Americans, whose percentage reporting being in fair or poor health almost doubles among those living below the Federal Poverty Level (27% vs. 14%).

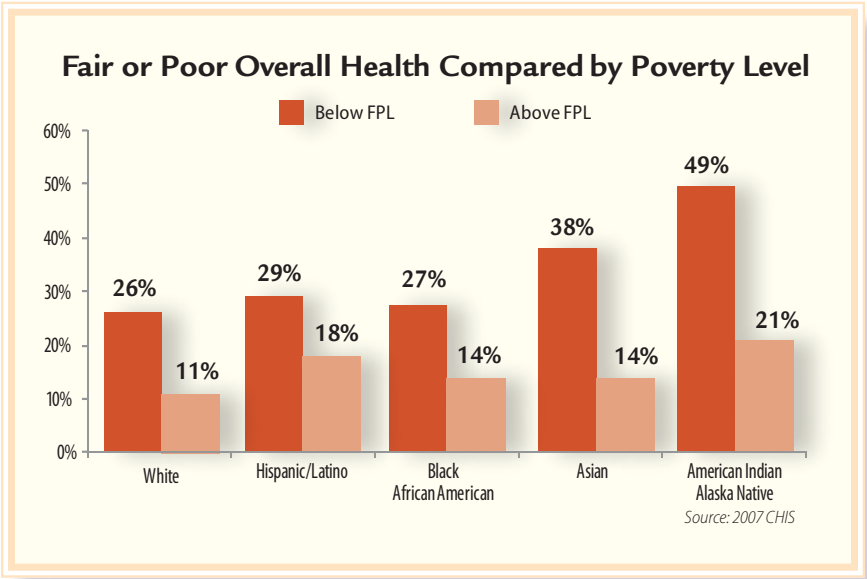
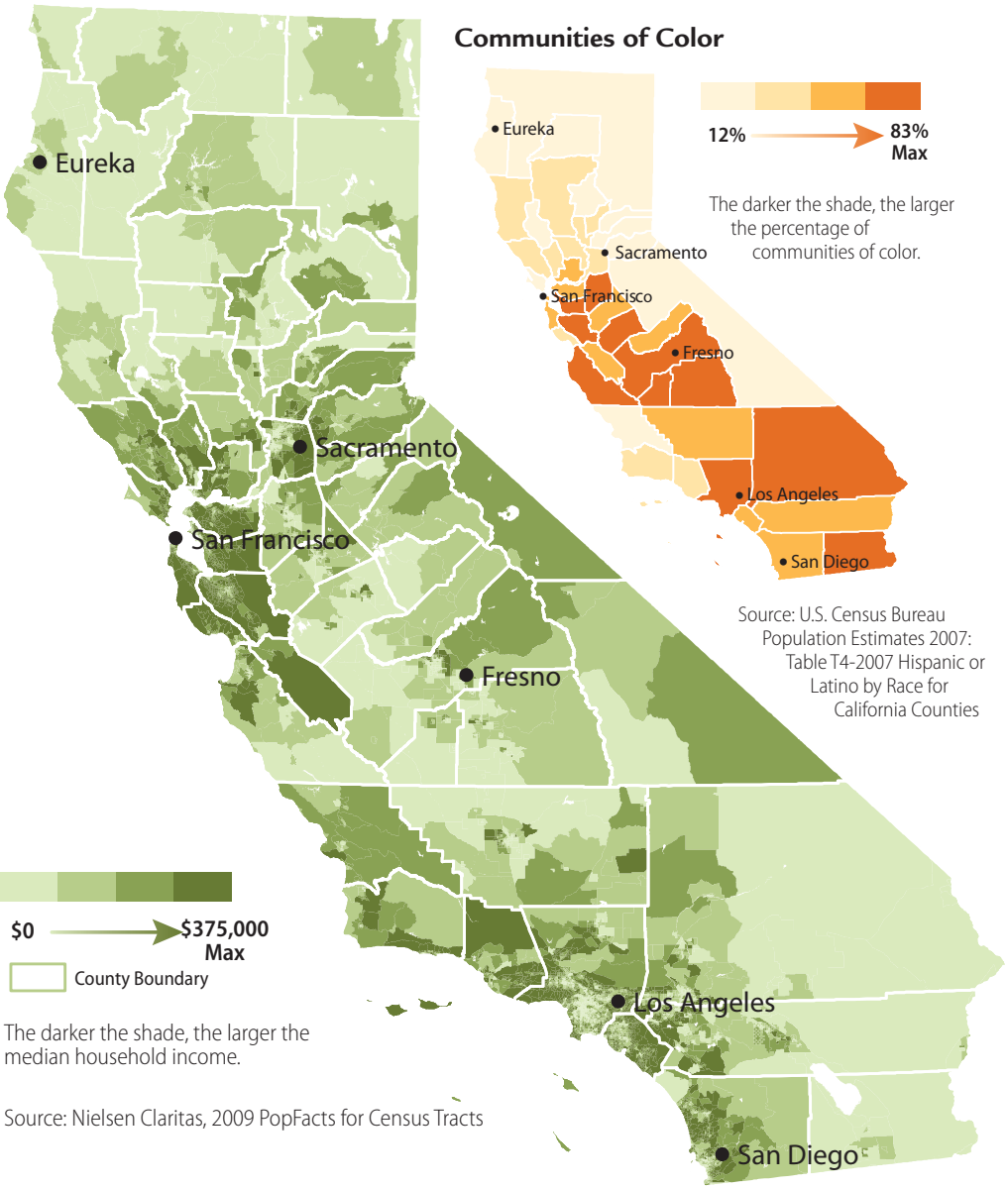


Figure 8

Special Note: All of the preceding employment and income data comes from the 2007 American Community Survey and the 2007 California Health Interview Survey taken before the current economic downturn. In all likelihood, these numbers will only worsen as the full picture of the recession emerges, highlighting the need for swift action to address our health disparities and social inequities.

Median Household Income

by Census Tract, 2009



Map 2

CULTIVATING SUCCESS

Breaking the Poverty Cycle

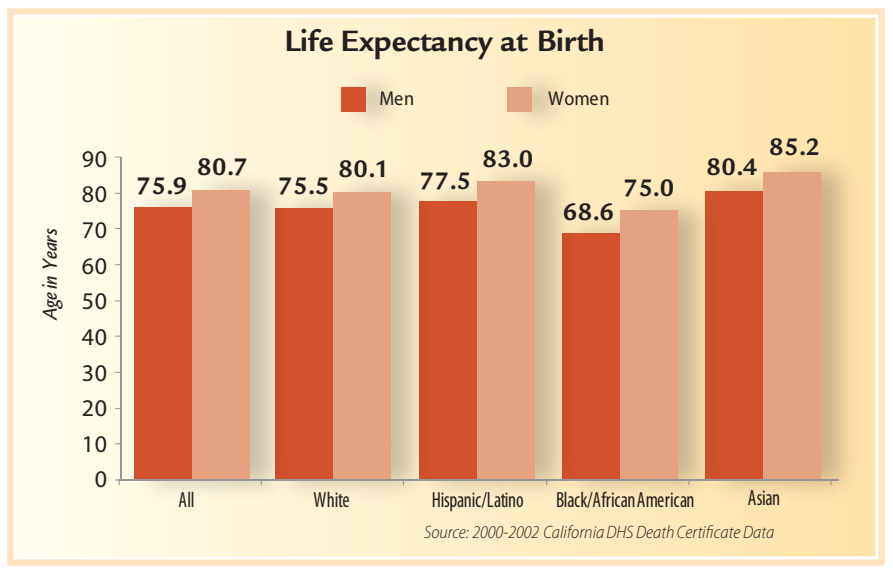
EARN breaks the cycle of poverty in San Francisco by matching the savings of low-wage workers and helping them invest in assets that build wealth, creating a cycle of prosperity across generations. With access to EARN's financial services, low-wage, working families are transforming their lives. Averaging less than $18,000 in annual income, EARN families are saving over $75 a month, about 5% of their income, and reaching goals that once seemed unattainable. For example, Chai, a father of two, purchased a truck for his house-cleaning business, allowing him to serve many more clients and dramatically increase his income.

For more information about EARN visit: www.sfearn.org.

Life Expectancy

Many factors determine life expectancy, but two of the most important are race and wealth.

In California, the life expectancy of African Americans (68.6 years for men) is almost seven years lower than that of Whites (75.5 years for men).



Life expectancy is the average expected lifespan of an individual at birth.

Figure 9

Overall Health Status

A measure of a person's continued wellbeing is whether she actually considers herself to be in good health. Poor overall health can lead people to miss school or work, to be less physically active, and to isolate themselves. Prolonged poor health is often the result of chronic conditions, disabilities, and mental illness, all of which are exacerbated by poverty and lack of resources.

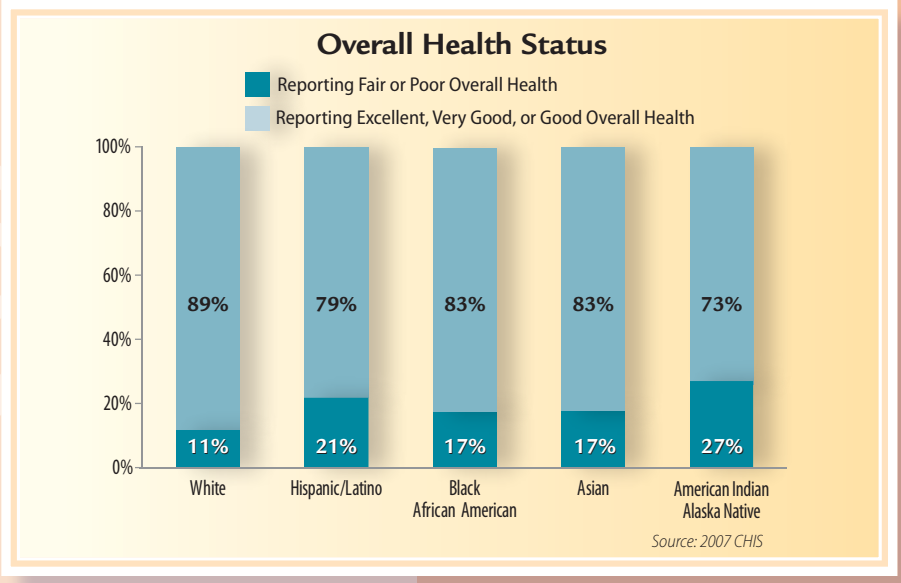


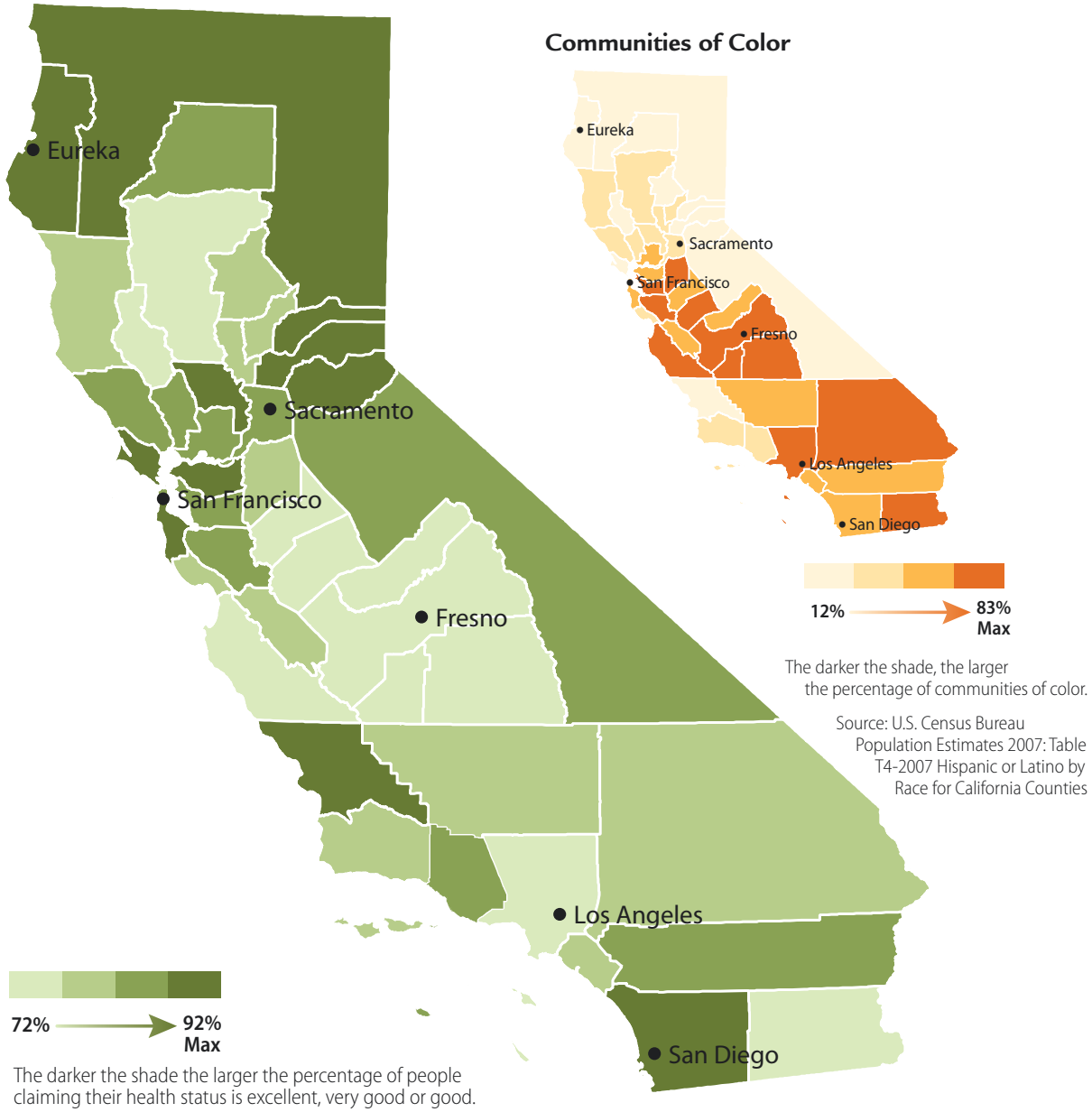
Figure 10

People of color are less likely than Whites to report being in good or better health—73% of American Indians/Alaska Natives and 79% of Latinos rate their health as good or better. African Americans and Asians (both 83%) are also less likely than Whites to feel they are in good health or better.

Map 3 on the next page shows where Californians live who report being in good or better health status, which inversely correlates with where communities of color live.

Excellent, Very Good, or Good Health Status

*Percent by County or County Group, 2007**



The darker the shade the larger the percentage of people claiming their health status is excellent, very good or good.

The darker the shade, the larger the percentage of communities of color.

Source: U.S. Census Bureau Population Estimates 2007: Table T4-2007 Hispanic or Latino by Race for California Counties

* Estimates are shown for the 44 CHIS sampling strata, including 41 single county strata and 3 multi-county groups for smaller population counties.

Source: 2007 California Health Interview Survey

Map 3

CULTIVATING SUCCESS

Building Green to Combat Asthma

One of the Sonoma County Asthma Coalition's first big wins came in 2005 with the passage of a County Board of Supervisors Resolution highlighting the links between indoor air quality and asthma and calling upon the Department of Health to educate both property owners and tenants on improving poor indoor air quality. Building off this momentum, the coalition successfully advocated with Burbank Housing Development Corporation, the largest low-income housing developer in the county, to implement three new green building practices—improved ventilation systems in units, use of no- or low-volatile organic compound indoor paints, and landscaping with low-allergen plants. Burbank Housing continues these healthier practices in all new developments.

For more information about the Sonoma County Asthma Coalition visit: www.sonomaasthma.org.

Environmental and Social Factors

The Natural and Built Environment

Our physical environments—our homes, the stores where we buy food, the air we breathe, our workplaces, streets, and parks—all have an impact on our lives and health.[16] Neighborhoods with stores selling fresh fruits and vegetables, safe parks in which to run and play, and clean air to breathe keep residents healthier. Environments with fast food outlets or a liquor store on every corner, sidewalks in poor condition, and serious pollution are more likely to negatively impact our health.[17] This is the day-to-day living situation for many Californians.

Housing

We all want to have a place we can call home, where we spend time with family, eat healthy meals, and feel safe and secure. For many of us, housing is our single greatest expenditure, and for some of us, our most valuable asset. Some Californians live in homes they can easily afford, with enough room for every member of the family, and minimal exposure to pollutants or allergens that make them sick.[18] Quality, affordable housing relieves us of the stress of struggling to make rent and ensures that we have enough money left over to pay for nourishing meals and health insurance to contribute to our wellbeing. But many in low-income communities of color live in substandard housing conditions and often do not have the means to make improvements and alleviate conditions that are making them sick in their homes.[19]

It is only natural that many factors related to housing—from affordability to quality—can affect our health in many ways. The lack of quality, affordable housing can lead to family stress and related conditions, such as hypertension and poor mental health. It can also lead to less money for essentials such as medical care, transportation, and food.[20] Overcrowding is another symptom of lack of affordable housing. It can adversely impact health by causing stress, respiratory illnesses, and a decrease in overall health.[21]

Many of the aspects of our housing conditions can also cause health issues. Poor indoor air quality, lead exposure from paint, household pests, and allergens can all place us at risk for health problems like lead poisoning, infections from bug and rodent bites, and asthma and other respiratory conditions.[22] Latinos in California (31%) are more than four times as likely as Whites (7%) to have seen cockroaches in their home,[23] which can lead to increases in respiratory illnesses and asthma exacerbations.[24]

Air Quality

Studies have shown that communities of color and low-income communities are more likely to live close to areas where they are exposed to pollutants, which can lead to higher levels of asthma and other respiratory conditions, cardiovascular events, premature deaths, and low birth weight.[25; 26] Eight of the ten most ozone-polluted

counties in the U.S. are in California.[27] Air pollution in California comes from vehicles, power plants, and industrial and agricultural activities.

Motor vehicles are one of the major sources of pollution in California. Living in heavy traffic areas exposes individuals to air pollutants which can irritate the lungs, especially in people with respiratory diseases. Traffic exhaust from gasoline- and diesel-powered engines can damage sensitive tissues, and can lead to hospitalizations, sick days, and missed work or school. It is more common for people of color to live near high-traffic areas due to a lack of affordable housing options in lower-traffic areas. Latino children with asthma are more than twice as likely to live near high-traffic areas (28%) as White children (12%). African American children also face this disparity, with 20% living near high-traffic areas *(see Figure 11)*.[28]

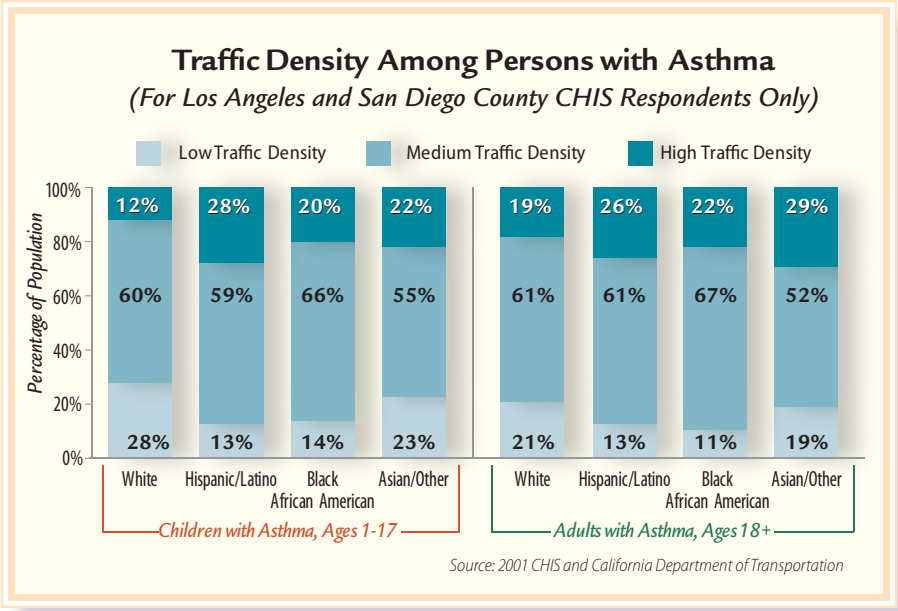


Figure 11

The state's position as the nation's foremost agricultural producer also has a profound impact on air quality, particularly in the Central Valley. Agriculture-related pollution

Asthma

Asthma is a disease of airway inflammation resulting from a complex interplay between environmental exposures, genetics, and other factors, such as socioeconomic status; access to care; location of residence; and child care, work, and school environments.

It is the most common long-term disease for children, but it also affects adults. Asthma attacks are brought on when allergens or pollutants irritate the lungs. Asthma can't be cured, but its symptoms can be controlled with appropriate clinical management and decreased exposure to irritants.[29]

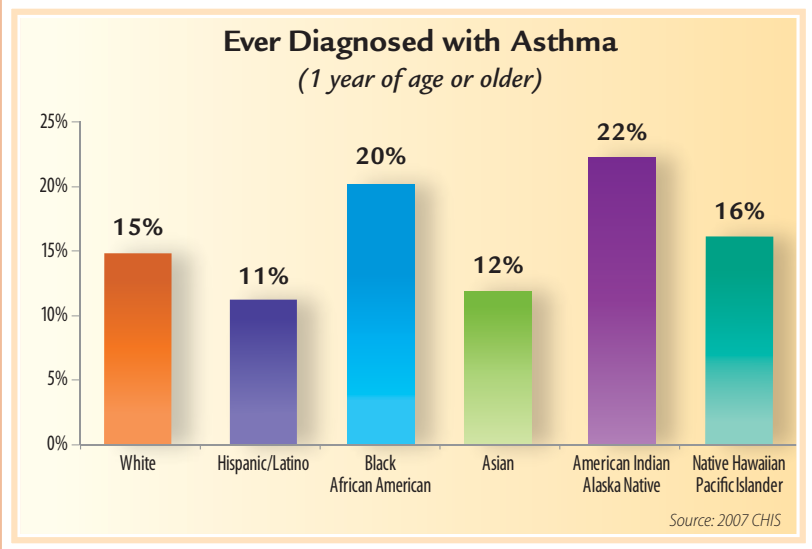


Figure 12

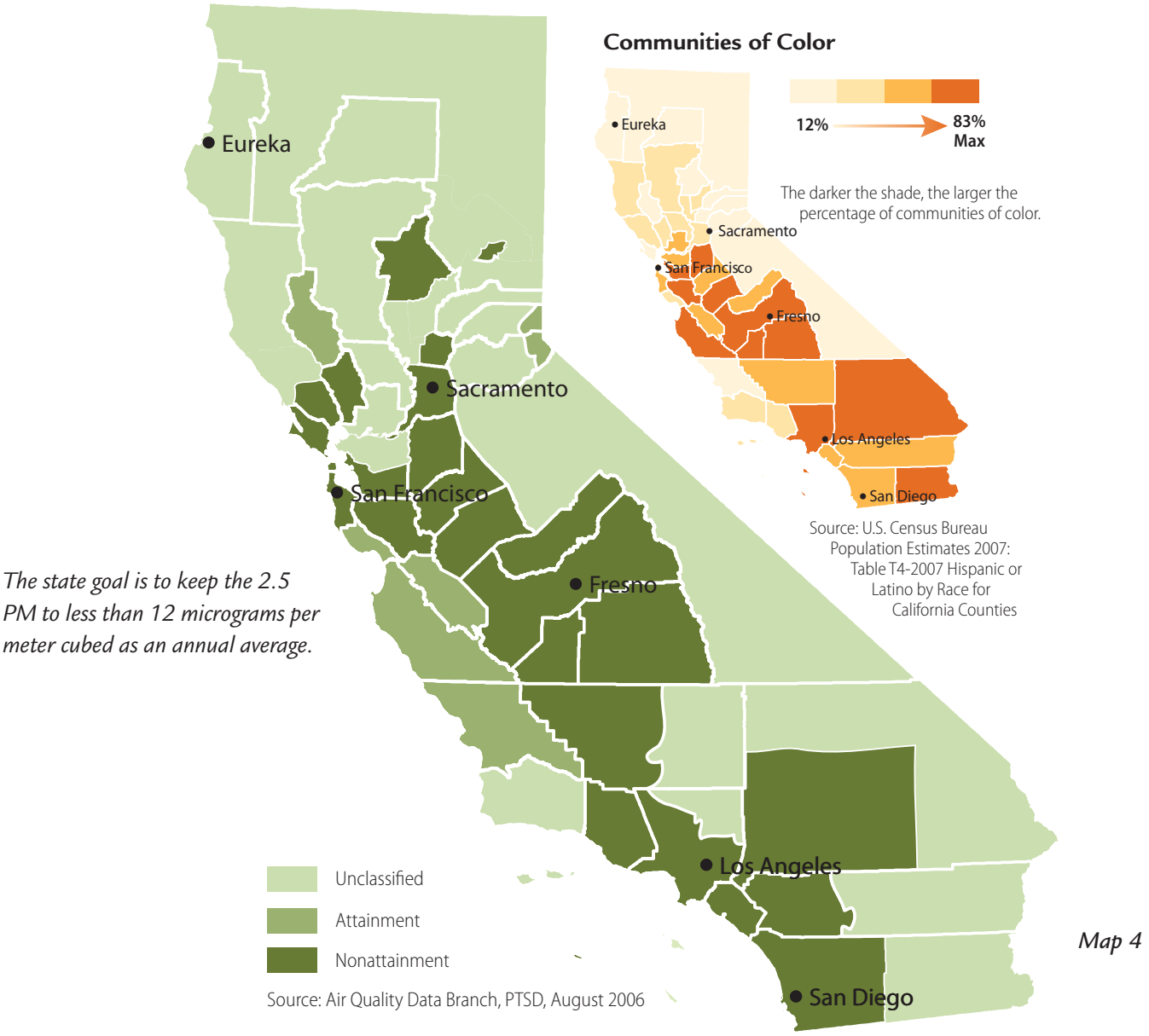
Rates of doctor-diagnosed asthma are highest in American Indians/Alaskan Natives (22%) and African Americans (20%). Rates are lower in Latinos, but they are more likely to visit the emergency room as a result of asthma attacks than Whites.[30]

stems from activities like land cultivation, pesticides, and harvesting.[31] As a result, in the Central Valley—which suffers from some of the worst air quality in the country—air pollution increasingly leads to premature deaths from respiratory disease, and asthma is quickly becoming an epidemic. Fresno and Kings Counties have the highest asthma rates in the state (over 20% compared to an average of 14%).[32] Asthma can lead to missed school and work, increased health care costs, and ultimately death.[33]

Map 4 below shows the counties that do not meet the state air quality standard for particulate matter (PM) pollution. Particulate matter consists of microscopic particles that can bypass the body's natural defenses and go deep into the lungs. This matter

State Ambient Air Quality Standards for PM 2.5

Area Designations, 2006



The state goal is to keep the 2.5 PM to less than 12 micrograms per meter cubed as an annual average.

Map 4

has a particularly harmful effect on children, the elderly, and people with respiratory or cardiac conditions. Studies have shown that PM may exacerbate asthma in children, and prolonged exposure may also affect the growth and functioning of children's lungs.

As seen in the map, there is a strong correlation between some of the nonattainment areas (counties that do not meet the state standard), and where a high percentage of communities of color live, such as San Bernardino, Los Angeles, and the Central Valley. Within each of the counties, exposure to the PM varies considerably. Low-income and people of color are often closer to sources of particulate matter.[34]

Healthy Food Retail

Access to healthy foods—through grocery stores that stock fresh fruits and vegetables, farmers' markets, and other sources—leads to healthier meals and healthier people. These sources are less likely to be found in low-income neighborhoods for a variety of reasons, including the exodus of grocery stores because of low profit margins.[35] This lack of nearby healthy food, compounded with a lack of transportation options, limits our opportunities to eat nutritiously. Neighborhoods with less access to grocery stores and fresh produce, relative to access to fast food restaurants and convenience stores, have been shown to have a higher prevalence of obesity and diabetes.[36]

A recent study combined health outcome data from the 2005 California Health Interview Survey (CHIS) with locations of retail food outlets—both healthy and unhealthy options—to develop a Retail Food Environment Index (RFEI) for each adult respondent in the CHIS survey.[37] The RFEI is a ratio of the number of food outlets that mostly offer unhealthy foods (specifically, fast food restaurants and convenience stores) relative to the number of food outlets where healthier foods are likely to be sold (specifically, grocery stores and produce vendors) near a person's home. For example, someone with an RFEI of 4.0 has four times as many fast-food restaurants and convenience stores nearby compared to grocery stores and produce vendors. This index then becomes an indicator of the food options available to Californians. The study shows that the average RFEI for California was 4.5—but it also shows that people of color have higher RFEIs: African Americans and Native Hawaiians/Pacific Islanders both had RFEIs of 5.0, while Whites had a score of 4.2 *(see Figure 13)*. There was also a disparity in terms of income: low-income communities had an RFEI of 4.9, while higher-income communities were at 4.1.

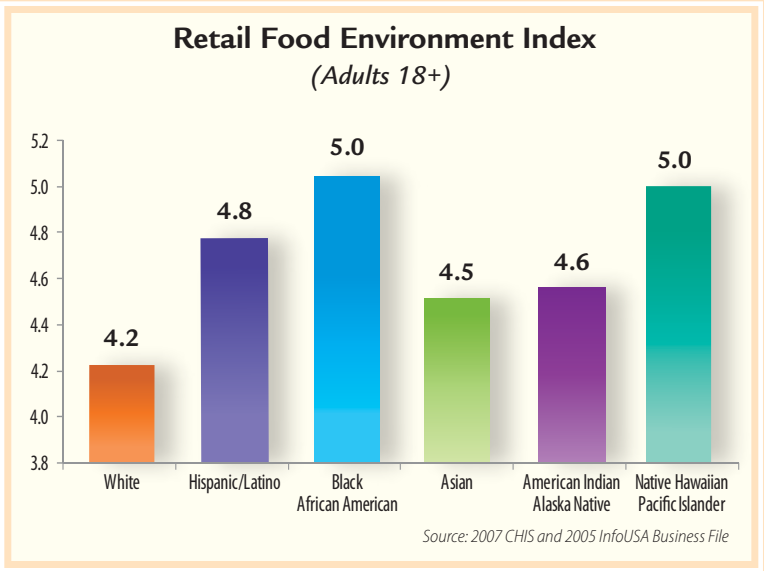


Figure 13

(Communities were defined as lower-income if more than 30% of households in their census tract had incomes below 200% of the Federal Poverty Level.) *Map 5* shows a strong correlation of areas with high RFEIs and where communities of color live.

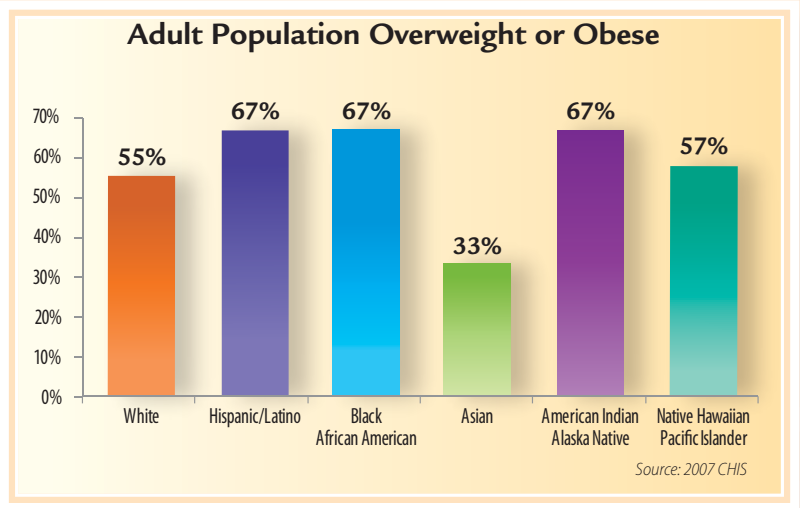
The same study also showed a direct correlation between communities with high RFEIs and higher rates of obesity and diabetes. Obesity prevalence is higher for adults who have more fast-food restaurants and convenience stores near their homes relative to grocery stores and places to buy fresh fruits and vegetables. Nearly one in four adults with RFEIs of 5.0 and above is obese, compared to one in five adults with RFEIs below 3.0. Along the same lines, adults who have more fast-food outlets near their homes relative to grocery stores and produce vendors have a higher prevalence of diabetes as well. Approximately 8% of adults with local RFEIs of 5.0 and above have been diagnosed with diabetes, compared to 6.6% of those with RFEIs below 3.0.[38]

Obesity and Overweight

Obesity can lead to medical conditions, such as diabetes, high blood pressure, high cholesterol, and heart disease.[39] Overweight and obesity are multifactorial in origin, reflecting inherited, metabolic, behavioral, environmental, and socioeconomic conditions. In California, over 50% of African Americans, American Indians/Alaska Natives, and Latinos are overweight or obese.

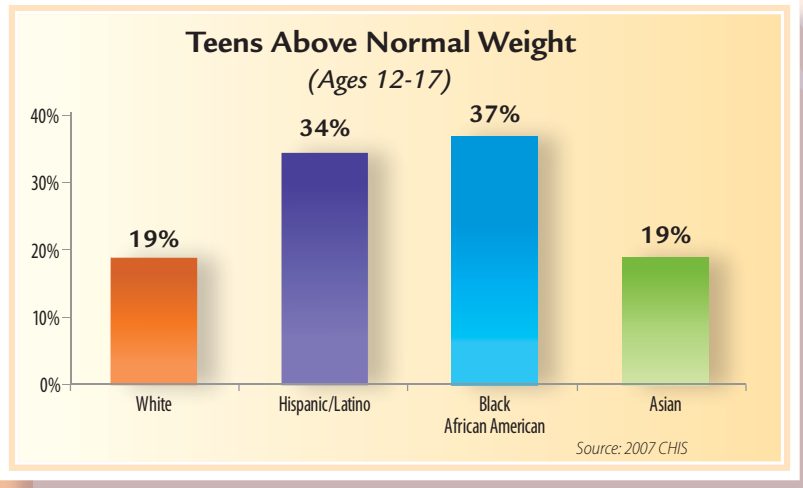
The numbers are even more troubling for our youth. Over 30% of African American and Latino teenagers are overweight. This is more than one in three African American and Latino teenagers who are above normal weight.

In certain parts of the state, particularly low-income areas of the Central Valley, the epidemic is worse. A recent study showed that the percentage of overweight and obese residents in the Central Valley is significantly higher than the rest of California: 65% of adults are overweight or obese versus 56% statewide.[40]



Obesity is defined as a Body Mass Index (BMI) of 30 or higher.

Figure 14

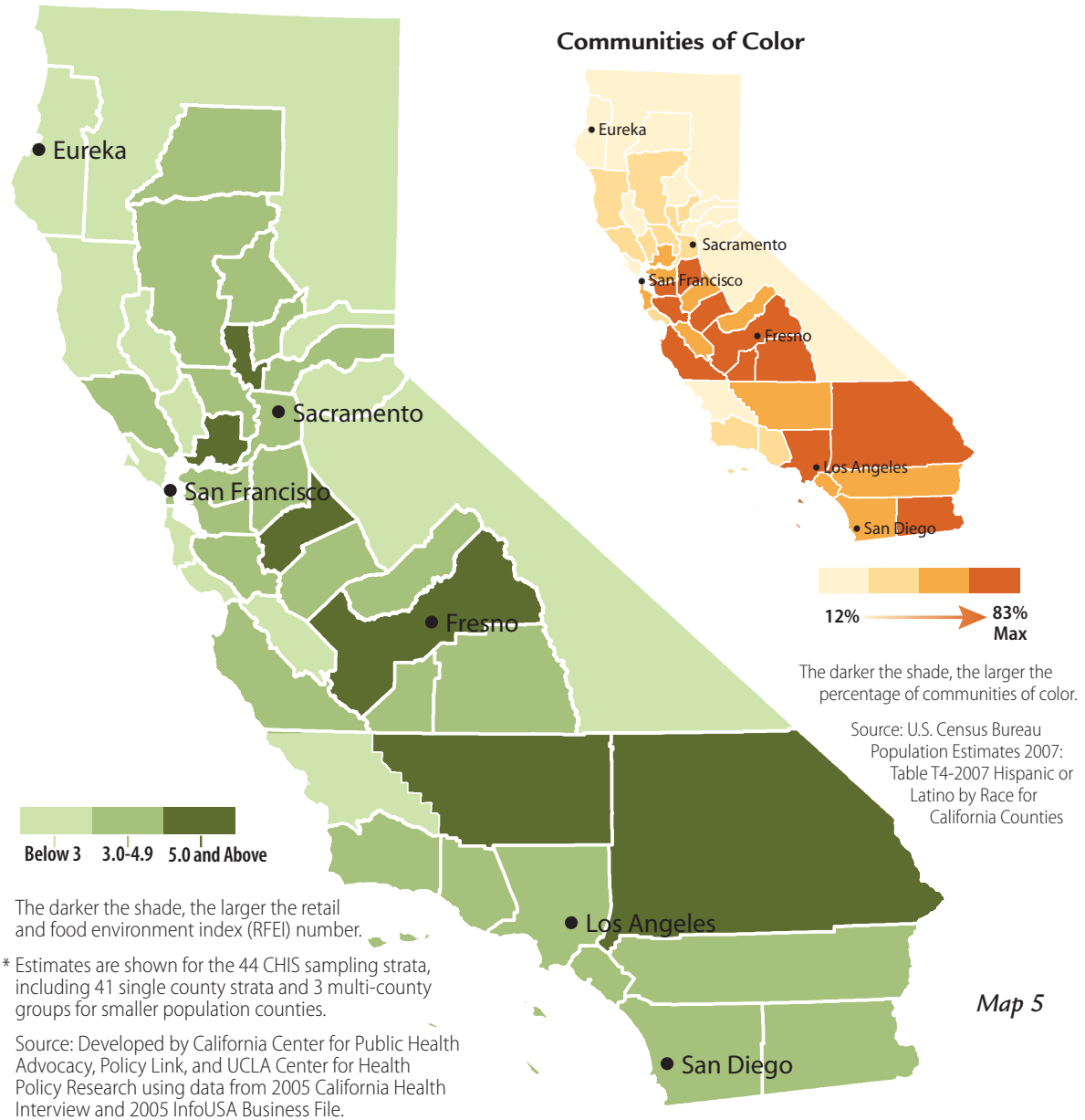


Above normal weight is defined as the 85th percentile or higher.

Figure 15

Retail Food Environment Index

*by County or County Group, 2005**



The darker the shade, the larger the retail and food environment index (RFEI) number.

* Estimates are shown for the 44 CHIS sampling strata, including 41 single county strata and 3 multi-county groups for smaller population counties.

Source: Developed by California Center for Public Health Advocacy, Policy Link, and UCLA Center for Health Policy Research using data from 2005 California Health Interview and 2005 InfoUSA Business File.

The darker the shade, the larger the percentage of communities of color.

Source: U.S. Census Bureau Population Estimates 2007: Table T4-2007 Hispanic or Latino by Race for California Counties

Map 5

CULTIVATING SUCCESS

Zoning for Farmers Markets

Concerned with rising rates of obesity and diabetes in their community, a coalition of advocates and concerned citizens took action. Prioritizing the need for increased access to healthy foods, the coalition began to advocate for a local farmers market. By researching current barriers and making a strong health argument, the coalition successfully submitted language to the Fresno City Council to include farmers markets in their Zoning Ordinance. This change in regulations has allowed for the creation of farmers markets in residential areas throughout Fresno, bringing fresh, healthy foods close to home.

For more information about the Get Fit Fresno County Coalition contact Fresno Metro Ministry at: www.fresnometmin.org.

Physical Activity Spaces

The more green space, safe parks, and accessible playgrounds that are available to us, the more likely we are to be physically active.[41] Regular physical activity has been shown to reduce the risk of early death from heart disease, high blood pressure, some cancers, mental health conditions, and diabetes.[42]

In communities of color, we often live in neighborhoods lacking access to physical activity spaces, which can lead to higher rates of obesity, diabetes, and other conditions.[43] *Figure 16* shows that communities of color are less likely to live within walking distance to a park or open space. One on five American Indians/ Alaska Natives and Native Hawaiians/Pacific Islanders do not live within walking distance from a park, playground, or open space. Not surprisingly, these are also the populations with the highest rates of obesity (page 16), high blood pressure, and diabetes (page 20).

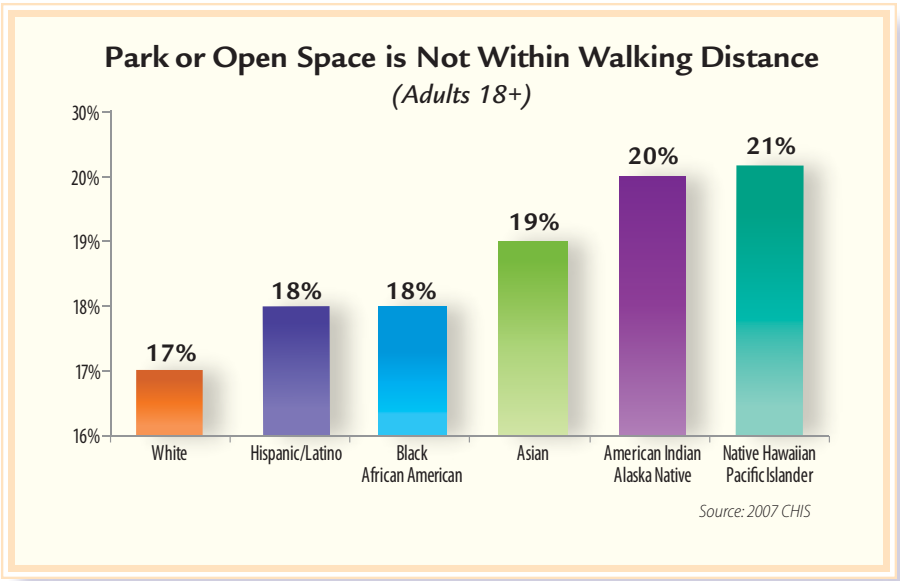


Figure 16

CULTIVATING SUCCESS

Promoting Park Equity in Urban LA

Faced with a lack of large parcels of open space in Los Angeles, The City Project has been a leader in the efforts to revision the City's urban park landscape. One innovative product of these efforts is the Heritage Parkscape project that will link the Los Angeles State Park at Taylor Yard, El Pueblo de Los Angeles, the Los Angeles River, and over 100 other recreational, cultural, historical, and environmental resources in the heart of Los Angeles. By treating the city's parks as one continuous parkway system and infusing art and history into the heart of its design, the Heritage Parkscape stands as an model of the power of place to create vibrant, active communities.

For more information about The City Project visit: www.cityprojectca.org.

In addition, rates of no reported physical activity are higher for those who do not have a park or open space within walking distance. Latinos without a park or open space within walking distance were more likely to report no physical activity (22%) compared to those who were within walking distance to a park or open space (14%), as seen in *Figure 17*.

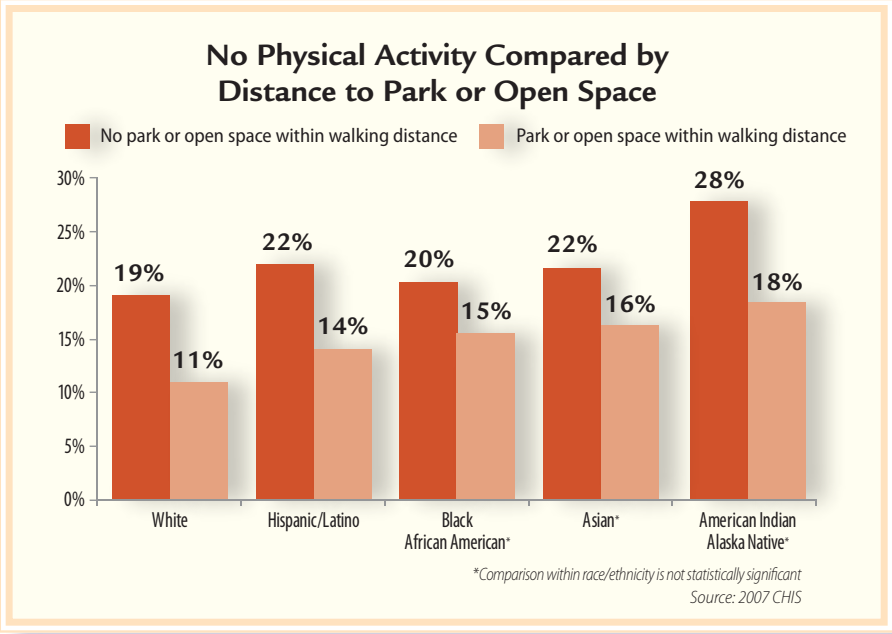


Figure 17

Opening up spaces like school grounds so that they can be used by the school community and surrounding neighborhood would be a viable option for increasing safe places for children to be physically active. Unfortunately, the practice is often hampered by barriers such as cost, staffing, and liability concerns.

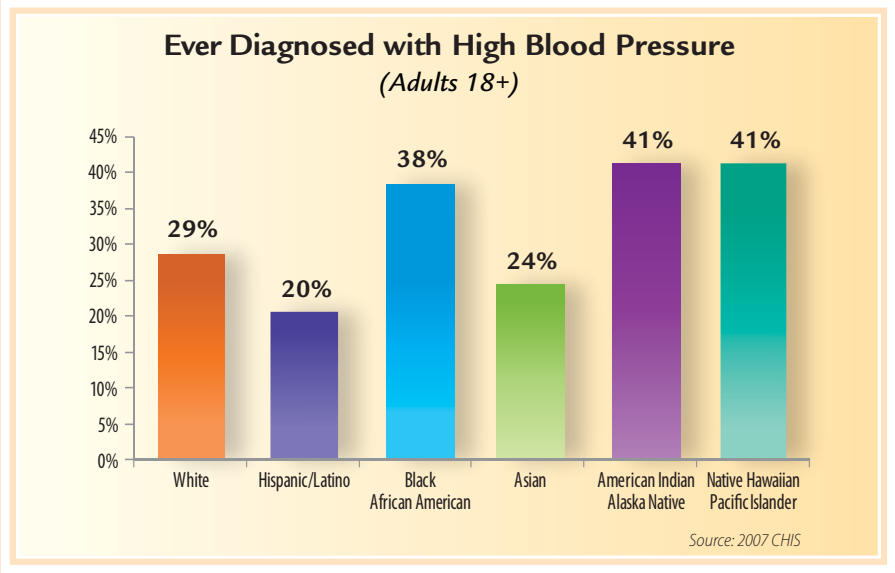
In addition to parks and other physical activity spaces, the ability to move around and access services can also contribute to health. Living in a neighborhood that has sidewalks, pedestrian-friendly traffic patterns, and convenient public transportation not only makes for a more vibrant community, it also makes it easier to be active and access important services.[44] Residents in low-income communities are often less likely to own a car, so they may rely more on public transportation to go to work, the doctor, or the grocery store.[45] It is also important to have streets with sidewalks, dedicated bike paths, and traffic calming measures to make it safer and easier for youth and adults to bike or walk to school and other places. In the last forty years, the number of school children who walked or bicycled to school has dropped from 50% to about 15%.[46]

High Blood Pressure

The causes of hypertension are unknown, but several conditions including smoking, lack of healthy nutrition and physical activity, genetics, and stress may contribute.[47]

Over one-third of American Indians/Alaska Natives (41%) and African Americans (38%) have been diagnosed with high blood pressure, compared to less than one-third of Whites

Figure 18

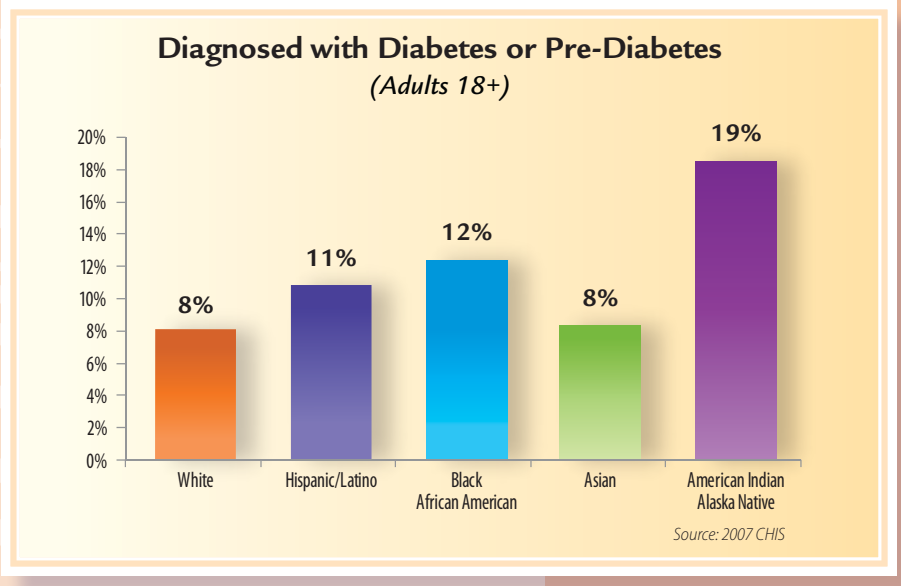


High blood pressure (hypertension) occurs when the heart has to work harder than usual to pump blood through one's arteries, which can contribute to the development of heart failure.

Diabetes

The direct cause of diabetes is still unknown, but genetics and environmental factors (healthy nutrition and physical activity) both play roles.[48]

Figure 19



Diabetes disrupts the body's ability to convert food to energy and causes blood sugar to become too high.

Rates of diabetes or pre-diabetes are notably higher in American Indians/Alaska Natives (19%), African Americans (12%), and Latinos (11%) than in Whites (8%). In fact, the rate for American Indians is over twice the rate of Whites.

With rates of obesity growing so quickly, we are facing the possibility of a diabetes crisis of epidemic proportions. A growing incidence of type 2 diabetes—usually only seen in adults—in children is cause for grave concern.

Neighborhood Safety and Cohesion

Current research indicates that feeling a sense of connection with our neighbors is good for our health. Developing relationships, feeling a sense of belonging, being able to rely on those around us for support—all promote wellbeing by improving mental health, increasing positive health-related behaviors, and expanding our access to services and amenities.[49] Strong community ties help buffer against the ill effects of stress by having a positive impact on what we eat, our level of physical activity, and whether we smoke.[50] In addition to interpersonal support, residents of connected neighborhoods benefit from a stronger political voice, since organized groups can better advocate for their needs, reduce crime, increase safety, and bring health-promoting resources into the environment.[51]

Neighborhood Safety

The safer we are, the more likely we are to walk or bike in our neighborhood, socialize with our neighbors, and take public transit.[52] Conversely, the fear of violence—real or perceived—leads to increased isolation, psychological distress, and prolonged elevated stress levels.[53]

A higher percentage of people of color report feeling unsafe in their own neighborhoods than Whites. Over one in ten African American and Latino adults feel safe only some of the time or not at all (14% and 13%, respectively) compared with far fewer Whites (4%) who feel the same way *(see Figure 20)*.[54]

Not feeling safe in one's neighborhood is correlated with increased levels of psychological distress. For example, as seen in *Figure 21*, African Americans who perceive their neighborhood as unsafe are three times as likely to experience psychological distress as those perceiving their neighborhood as safe (15% vs. 5%).

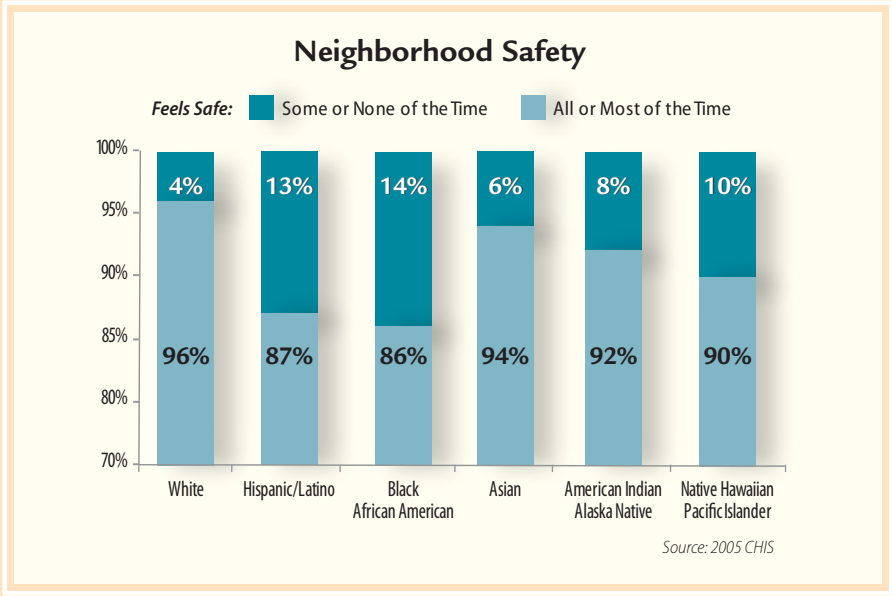


Figure 20

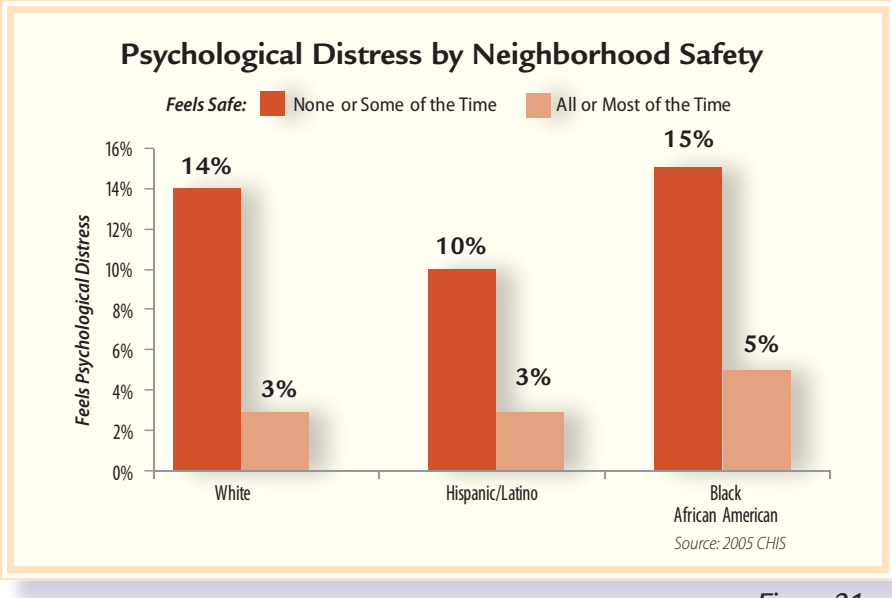


Figure 21

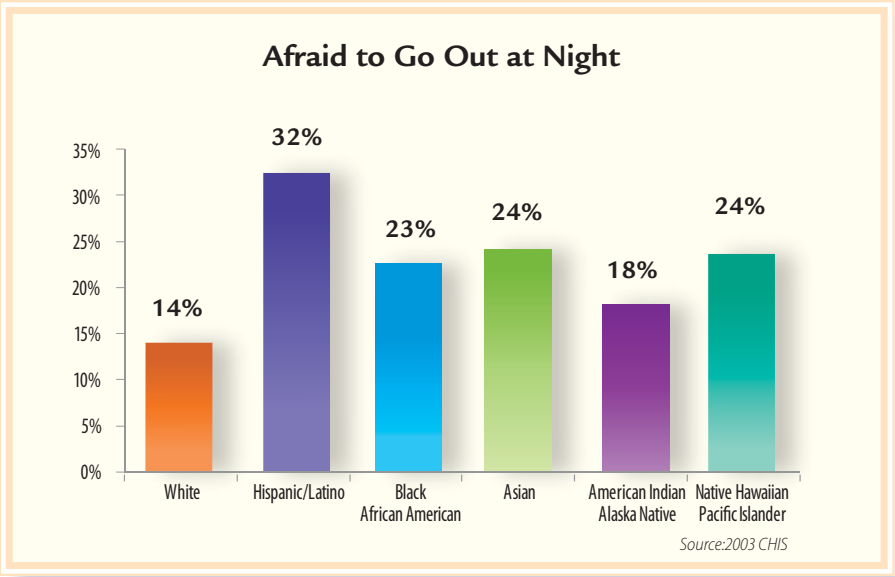


Figure 22

Living in a neighborhood that is perceived to be unsafe at night creates an additional barrier to regular physical activity and social cohesion, especially among women living in urban low-income housing.[55] People of color are more likely than Whites to report being afraid to go out at night. Over one in five Latinos, African Americans, Asians, and Native Hawaiians/Pacific Islanders report being afraid to go out at night compared to only 14% of Whites *(see Figure 22)*.

Map 6 on the next page shows where Californians who feel safe in their neighborhoods live, which inversely correlates to where communities of color reside.

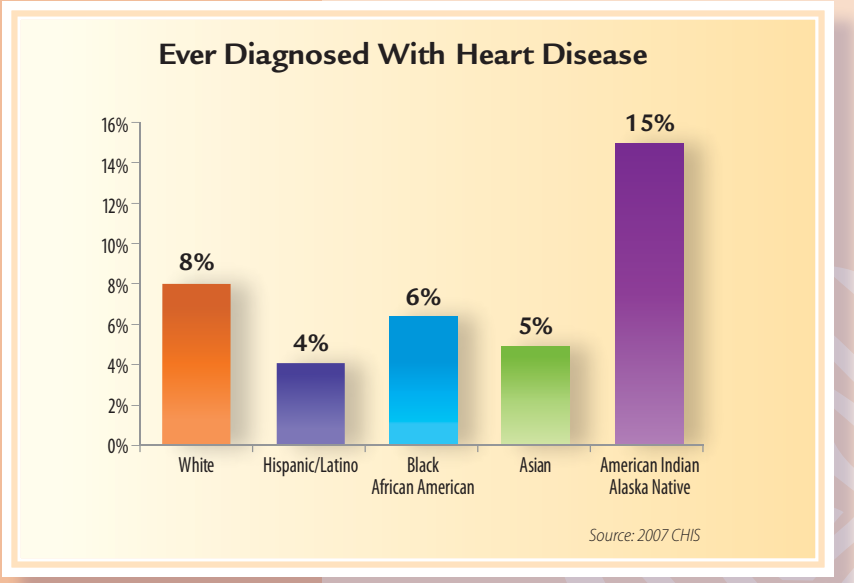
Heart Disease

Many factors can increase the risk of heart disease—high cholesterol, hypertension, being overweight or obese, lack of physical activity—but often overlooked is the stress that comes from not feeling at ease or safe.[56]

American Indians/Alaska Natives suffer from heart disease at higher rates than any other group, with 15% of American Indians/Alaska Natives diagnosed with heart disease.

African American men and women die from heart disease at a rate of 411.9 and 299.3 per 100,000 (respectively), much higher rates than those of any other racial/ethnic group.[57] A recent study in the *New England Journal of Medicine* found that African Americans under the age of 50 suffer heart failure at 20 times the rate of Whites.[58]

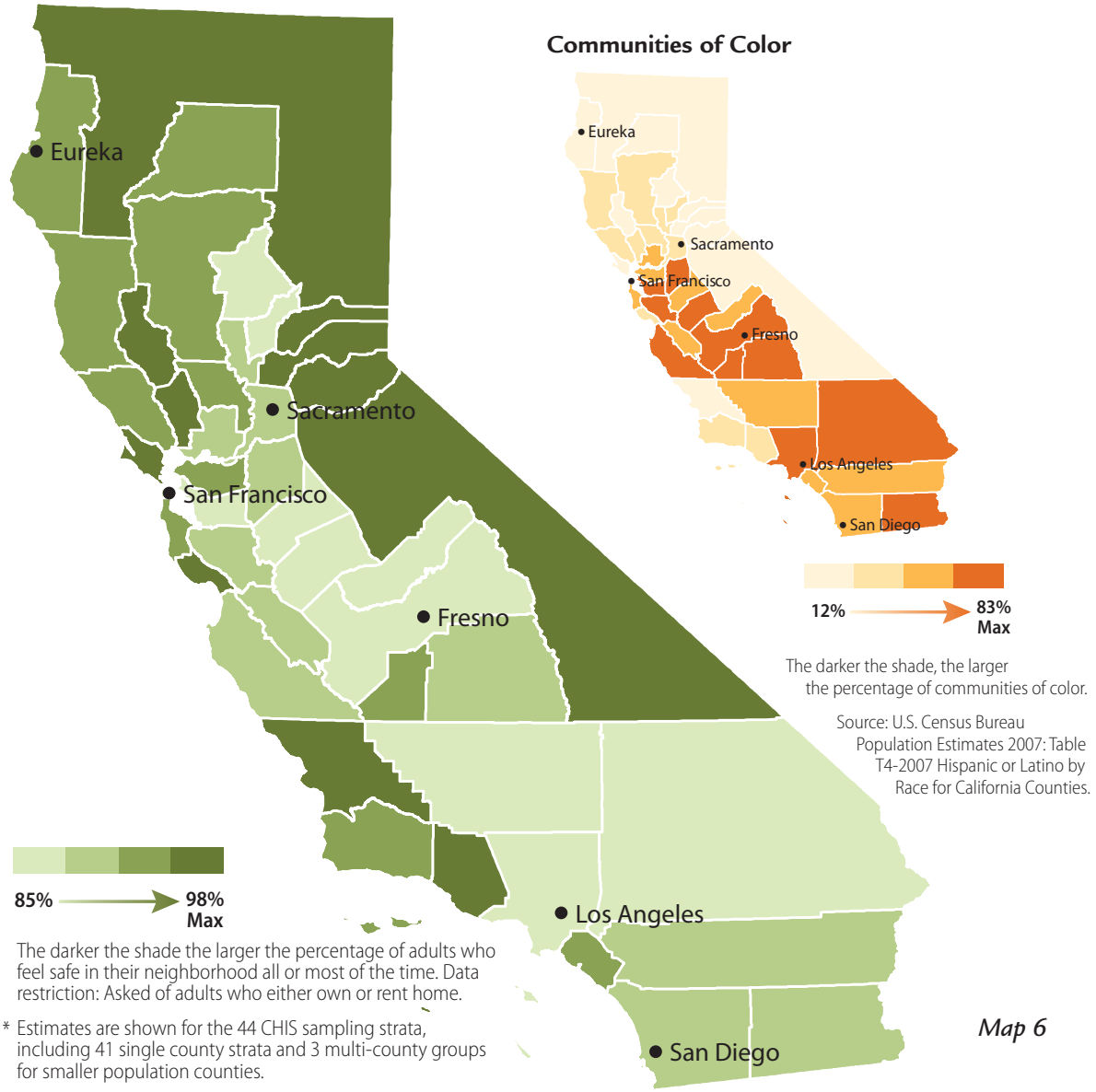
Figure 23



Heart disease can include any number of medical conditions that affect the heart, including coronary heart disease, heart attack, congestive heart failure, and congenital heart disease.

Feels Safe in Neighborhood All or Most of the Time

*Percent by County or County Group, 2005**



The darker the shade the larger the percentage of adults who feel safe in their neighborhood all or most of the time. Data restriction: Asked of adults who either own or rent home.

* Estimates are shown for the 44 CHIS sampling strata, including 41 single county strata and 3 multi-county groups for smaller population counties.

Source: 2005 California Health Interview Survey

The darker the shade, the larger the percentage of communities of color.

Source: U.S. Census Bureau Population Estimates 2007: Table T4-2007 Hispanic or Latino by Race for California Counties.

Map 6

Social Cohesion

Unfortunately, people of color often tend to be more socially isolated, live in conditions of higher stress with less social support, and lack access to mainstream resources and services. As a result, our communities are less likely to report that people in their neighborhood get along, can be trusted, are willing to help each other, and share common values—attributes of social environments that protect against crime, unhealthy behaviors, and adverse health outcomes. Lower cohesion

among residents can also limit the capacity to collectively advocate for resources for their communities.[59]

Neighborhood Values

People of color are more likely to report that they do not share the same values or get along with their neighbors. For instance, fewer people of color report they trust their neighbors than Whites. Only 75% of Latinos, American Indians/Alaska Natives, and African Americans agreed with the statement compared to 90% of Whites—a difference of one in four people finding their neighbors untrustworthy, compared to one in ten.[60]

Over one in four Latinos (28%) reported that their neighbors don't get along, compared to less than one in ten Whites (9%). Other racial/ethnic groups also report higher rates of not getting along with their neighbors than Whites, ranging from 14% to 20%.

As shown in the chart below, approximately half of Asians (51%), Latinos (50%), American Indians/Alaska Natives (48%), and African Americans (45%) living in California report that their neighbors don't share their values.

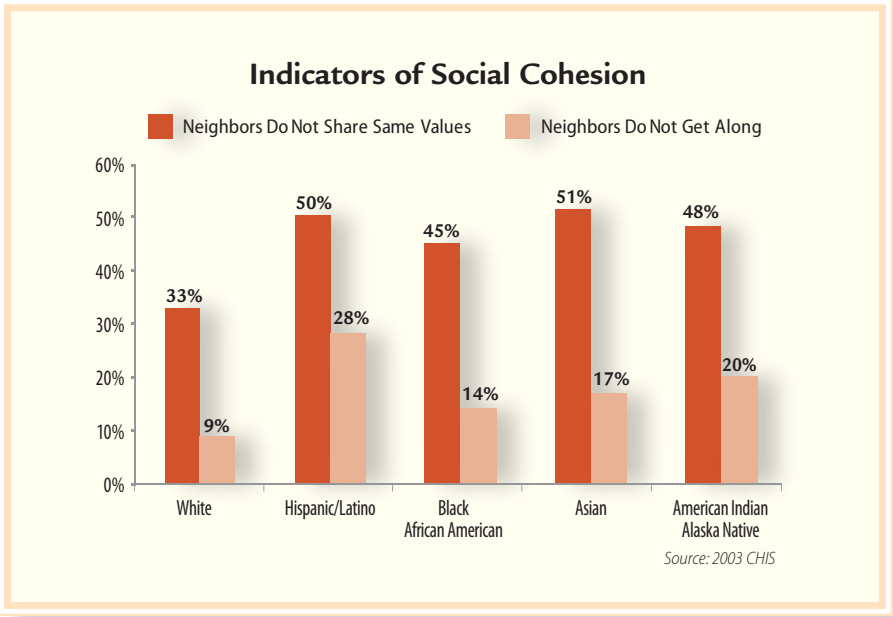


Figure 24

CULTIVATING SUCCESS

Safe Parks, Safe Neighborhoods: A Joint-Use Initiative in Santa Ana

Responding to their community's need for safe open space for physical activity, Latino Health Access teamed up with the City of Santa Ana's Police Union and School District to advocate for the Safe Parks, Safe Neighborhoods initiative. By creating a ballot measure for a half-cent sales tax the coalition hopes to generate funding to open up school grounds after hours, provide more law enforcement, and increase their programs to prevent youth violence.

For more information about Latino Health Access visit: www.latinohealthaccess.org.

Violence and the Criminal Justice System

Both violence and our current criminal justice system have far-reaching effects on the lives of communities of color. Low-income individuals and people of color tend to live in neighborhoods with higher rates of crime, which can have a significant impact on how often we leave our homes, whom we befriend, and our mental wellbeing.[61]

Violence in our communities has many different roots, but economic hardship, oppression, and poor mental health are among the most prevalent.[62] The experience of crime can directly affect health through bodily harm, economic hardship, and emotional trauma. Fear of crime can indirectly affect health by increasing stress, promoting social isolation, preventing health-promoting behaviors such as walking for exercise, and preventing access to services for fear of the risks of freely moving about in the community.[63]

Violent death and injury rates are higher among people of color. For African American men in California, homicide is sixth on the list (accounting for 3.9% of deaths), and for Latino men, it is seventh (2.8% of deaths), whereas for White men, homicide is ranked 20th on the list, accounting for 0.3% of total deaths.[64]

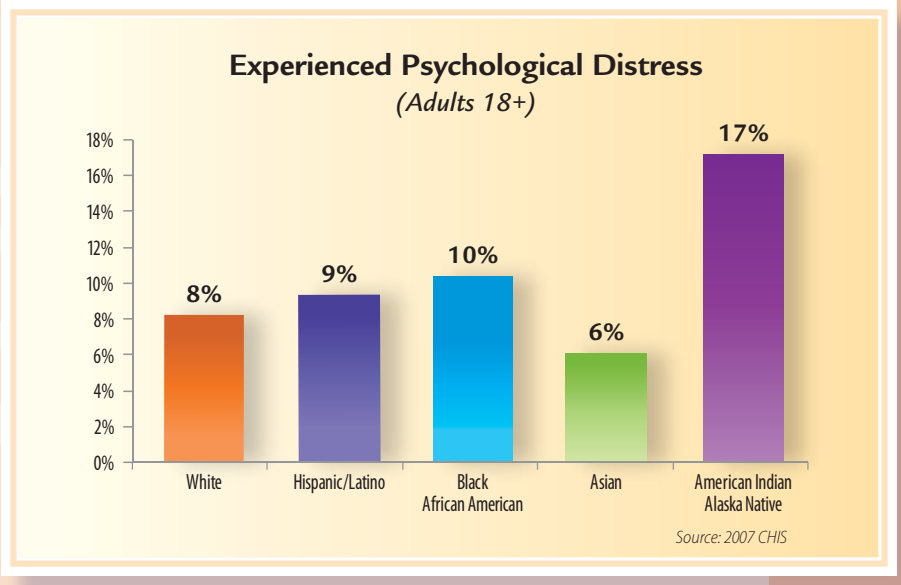


Figure 25

Mental Health

Our mental health affects our wellbeing, with depression, anxiety, and other conditions posing severe threats. In 2000, Surgeon General David Satcher called mental health a key component to our overall health, and said that physical health and mental health are inseparable.[65]

Over twice as many American Indians/Alaska Natives (17%) reported experiencing psychological distress in the previous year, compared to Whites (8%).

Health and Incarceration

Incarceration has many direct and indirect health impacts for both the incarcerated and their families. The most common health issues encountered in jails include staph infections (methicillin-resistant Staphylococcus aureus or MRSA), Hepatitis C, and diabetes.[66]

The formerly incarcerated are likely to face increased stigmatization, unemployment, housing problems, and other social problems that can impact how healthy they—and their families—can be.[67] A recent study in the *Archives of Internal Medicine* showed that former inmates are 60% more likely to develop high blood pressure than those who have never been in jail.[68]

CULTIVATING SUCCESS

A Time For Change

Working to break the cycles of homelessness, hopelessness, and incarceration, the Time For Change Foundation has been operating a homeless shelter for women in San Bernardino since 2002. Their commitment to providing an environment conducive to a healthy, drug free, crime free, and positive independent lifestyle, has been key to their success. Michelle Freeman stands as a tribute to the foundation's focus on empowering women and developing leadership skills. A graduate of the program, Michelle now works as the foundation's Policy Coordinator and Community Organizer, and has been influential in the passage of statewide policy to protect incarcerated women's rights to care for their children.

For more information about the Time For Change Foundation visit: www.timeforchange.us.

Criminal Justice

California's criminal justice system is in place for the public's safety, deterring and preventing crime, incarcerating those who commit crime, and integrating released prisoners back into society.[69] But rates of incarceration disproportionately impact people of color in California. African Americans (2,992 per 100,000) are incarcerated at over six times the rate of Whites (460).[70]

California's Three-Strikes law, enacted in 1994, has contributed to the disproportionately higher rates of incarceration for people of color. Our Three-Strikes law, the harshest in the country, was originally intended to be tougher on violent crimes, such as rape and murder, by imprisoning repeat offenders for 25 years to life. But instead, 65% of those imprisoned under the law were sentenced for nonviolent crimes.[71] The inequity among racial/ethnic groups and Whites is stark—over 10 times as many African Americans (150 per 100,000) are incarcerated under Three-Strikes than Whites (11.8). Latinos (17.2) are also incarcerated under Three-Strikes at a higher rate than Whites *(see Figure 26)*.[72]

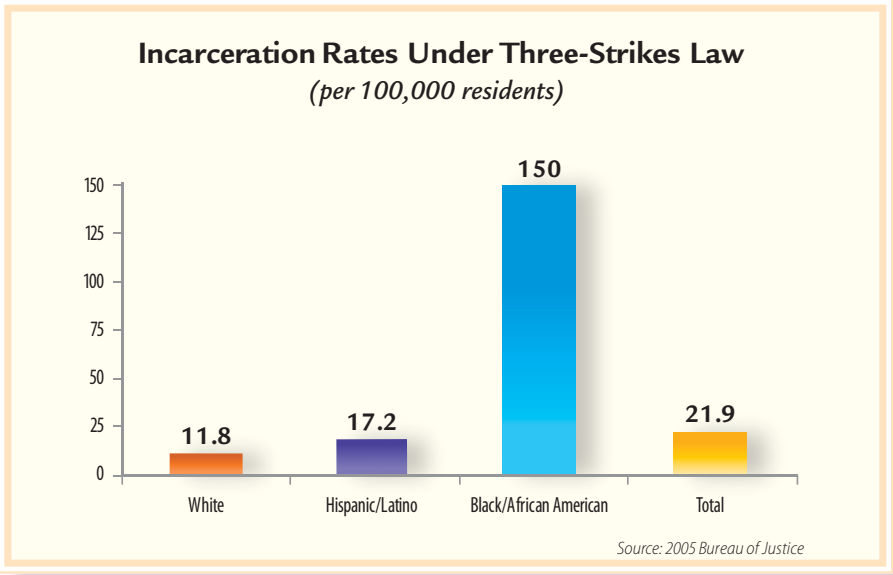


Figure 26

The Health Care System

In the United States, access to health care is inextricably linked to health insurance. In California, as in the rest of the country, the majority of residents receive their health insurance through their own or their family's employers, with only a small percentage of the population purchasing private insurance on their own.[73] The remainder of California's insured receives coverage through government programs including Medi-Cal, Healthy Families, Medicare, and veteran's coverage.

Insurance Status

Having health insurance—whether through an employer or public program—can mean being able to go to the doctor when you are sick and not having to worry about how you are paying for the visit. It means fewer visits to the emergency room when things get bad. Being insured can reduce mortality by 5–15%, and can improve annual earnings by 10–30%, as well as increase educational attainment.[74] Yet despite the network of both private and public programs, 20% of Californians remain uninsured, with the burden disproportionately borne by communities of color. Over 70% of the uninsured population is made up of communities of color; Latinos have the highest rates of uninsured, hovering around 30%, compared to only 12% in the White population *(see Figure 27)*.[75] *Map 7* on page 29 shows the statewide distribution of California's insured, which is inversely correlated to where communities of color live.

These lower levels of health insurance have a direct impact on the health inequities experienced by our communities. Being uninsured even for a short period of time results in decreased access to care and can have serious health consequences. Without insurance we are more likely to have poor health status,

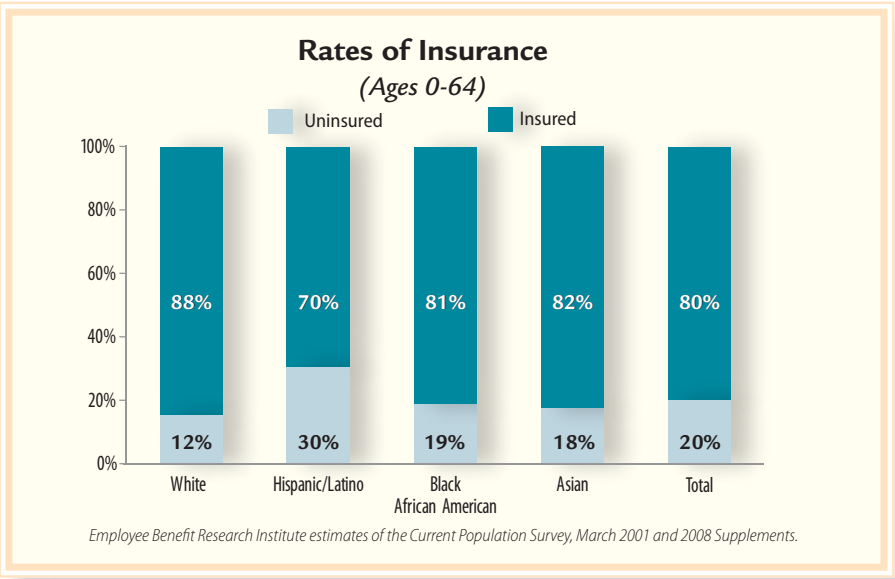


Figure 27

forego preventive services, risk being diagnosed at later stages, and die earlier. In addition to the detrimental health effects of being uninsured, the financial burden is also great, with almost 50% of personal bankruptcy filings attributed to medical expenses.[76] Rates of reported poor or fair overall health status are higher for those who are currently uninsured. The percentage of Latinos reporting poor or fair overall health who are currently insured is 19%, compared to 29% for those who are uninsured *(see Figure 28)*.

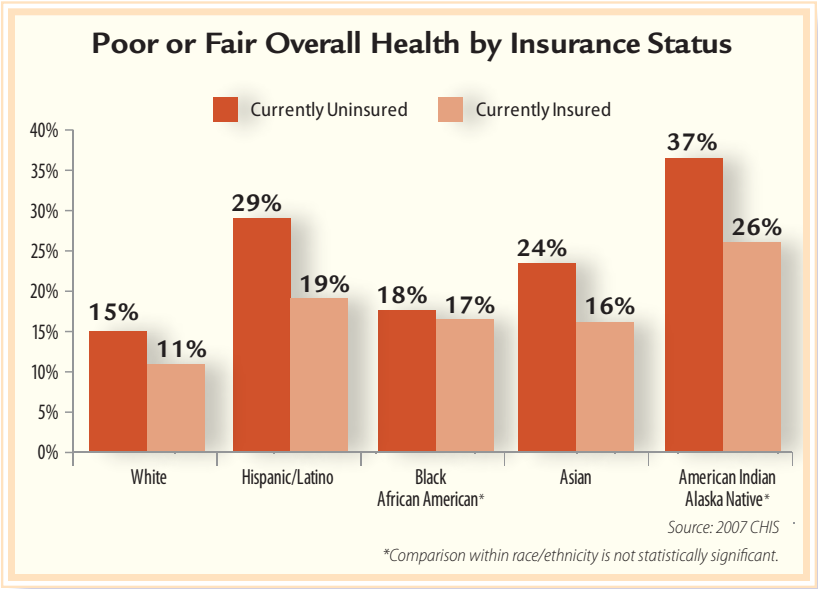


Figure 28

Work-Based Health Insurance

The higher rate of uninsurance among communities of color is attributable in large part to lower rates of job-based insurance, which covers 67% of Whites but only 35% of Latinos and 41% of American Indians/Alaska Natives.[77] Not only are people of color much less likely to be offered health insurance through our jobs, but as employers start shifting a higher share of costs to employees, we are less able to afford our share of health premiums. Non-citizens often suffer higher rates of uninsurance compared to citizens (62% vs. 31%), due to their work in low-wage jobs that are less likely to offer health coverage and restrictions on eligibility for public coverage.[78]

Usual Source of Care

Having health insurance helps make sure you have a usual source of care—a regular place to go when you are sick. Those with a usual source of care are more likely to have access to preventive care, and have lower rates of hospitalizations and lower health care costs.[79] Due to higher levels of uninsurance, communities of color often lack access to a usual source of care, with 18% of Latinos reporting no usual place to go when sick or needing health advice, a rate over twice that of Whites (8%), as seen in *Figure 29*.

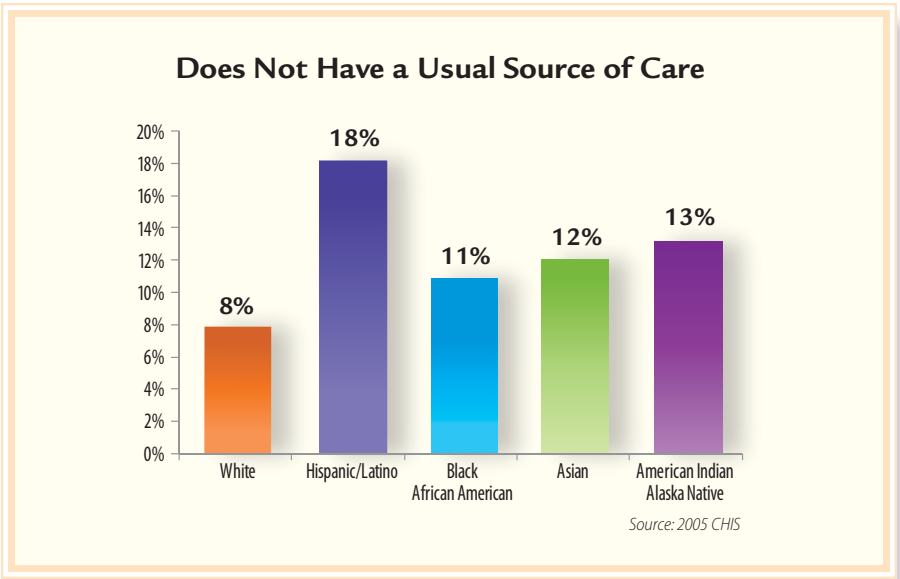
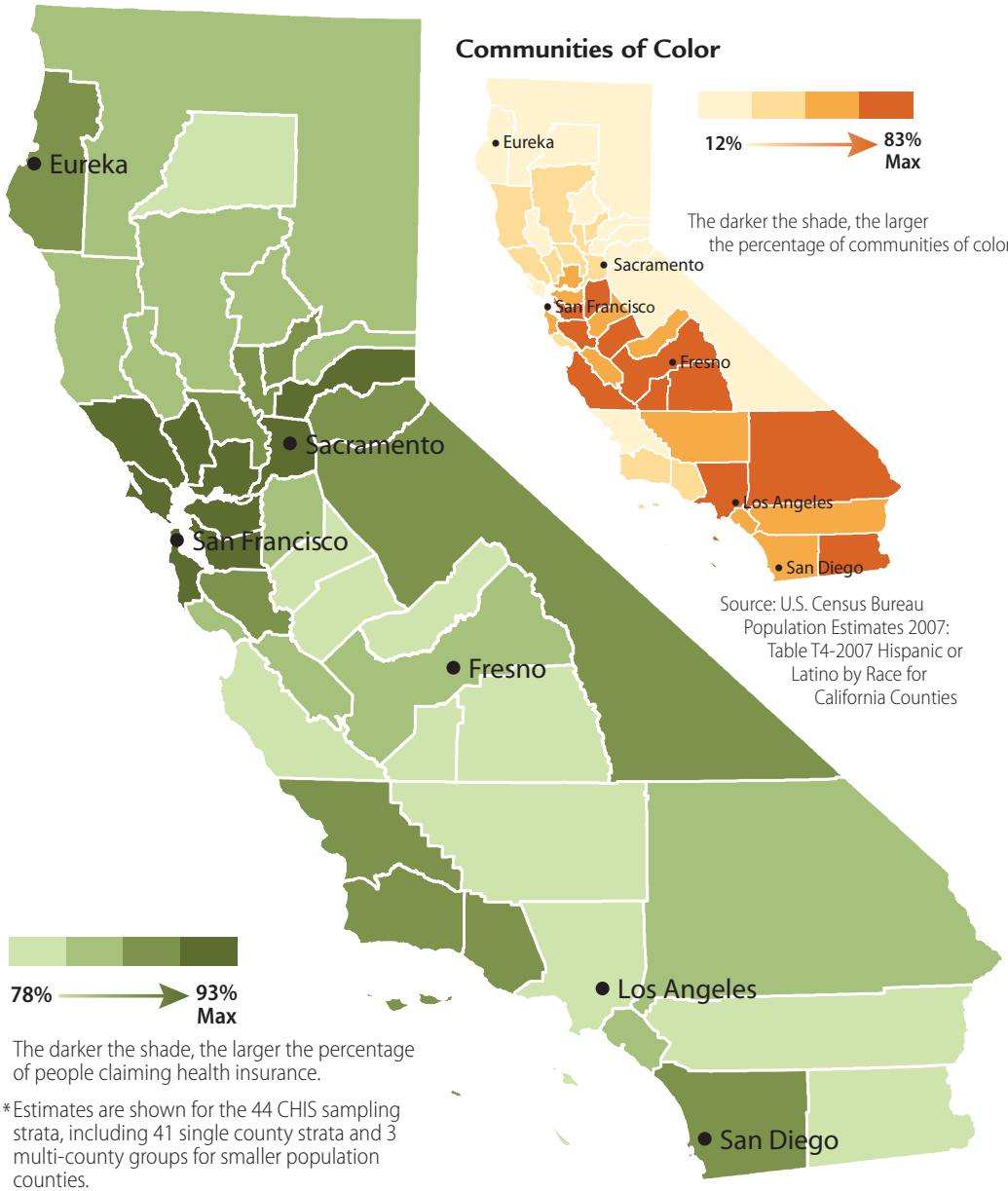


Figure 29

Currently Insured

*Percent by County or County Group, 2007**



*Estimates are shown for the 44 CHIS sampling strata, including 41 single county strata and 3 multi-county groups for smaller population counties.

Source: 2007 California Health Interview Survey

Map 7

Language Needs

California's population is one of the most diverse in the country, especially with respect to the languages we speak—the state's residents speak over 100 different languages. More than 40% of Californians speak a language other than English at home, and an estimated 6 to 7 million Californians are limited in their English, meaning they speak English less than "very well." For some populations, such as Vietnamese and Korean speakers, over 60% are limited-English proficient (LEP).[80]

When most of us go to the doctor, we take for granted that the doctor will be able to understand us when we talk about our symptoms, and that we will be able to understand and follow instructions. But limited-English speakers seeking health care often face communication barriers that affect the care they receive. These barriers can lead to increased risk of misdiagnoses and misunderstandings, resulting in lower-quality care and reduced adherence to medication and discharge instructions. A lower number of Latinos (45%) reported that it was "very easy to understand" information from their doctors, compared to Whites (59%). This disparity exists even within the same ethnic group: a larger number of Latinos (43%) who primarily speak Spanish reported communication problems with their physicians, compared to 25% who primarily speak English.[81]

Research has also found that LEP patients are more likely than English-speaking patients to experience an adverse event that caused some physical harm (49% vs. 30%).[82]

Workforce Diversity

As the most diverse state in the nation, California faces a challenge in the lack of diversity of its health professionals. While African Americans, Latinos, and Native Americans make up 43% of California's population, they represent only 9% of practicing physicians in the state.[83] A vibrant, diverse workforce improves communication between doctor and patient, not only through shared language, but also through many of the often unspoken cultural cues that break down in translation. Physicians of color are also more likely to serve in communities of color and other under-served communities, in both rural and urban areas, which helps to reduce the health inequities faced by many of our communities.[84]

CULTIVATING SUCCESS

Building a Diverse Workforce

Recognizing opportunity in our State's diversity, the San Francisco Welcome Back initiative was established in 2001 to build a bridge between foreign-trained health workers and the need for culturally competent health services. As a joint program between San Francisco State University and City College of San Francisco, the program has helped hundreds of clients earn credentials, pass licensing exams, and advance their careers. For example, Alba, a psychologist from Mexico, spent her first seven years in the Bay Area running a cleaning business before she attended an informational meeting at the Welcome Back Center. Now, with the Center's help, she holds an M.A. in Psychology and is counseling victims of domestic violence at a nonprofit in Oakland.

For more information about the Welcome Back Center visit: www.welcomebackinitiative.org/sf.

Policy Recommendations

The good news is that increasingly, Californians are taking a more comprehensive view of what creates good health. Activists working on a spectrum of issues are beginning to see that no policy lives in a vacuum: education policy is health policy, just as transportation, criminal justice, and housing policies all have profound implications for our wellbeing. Anything that touches our everyday lives impacts our health, and movements addressing these seemingly disparate issues are all critical in rectifying decades of inequality.

The following recommendations focus on local and statewide actions that will cumulatively increase opportunities for health throughout the state. Everyone has a role to play. Government should develop programs, pass legislation, and ensure that existing programs are being fully implemented and benefit those most in need. Community residents have a responsibility to speak up when inequities are impacting our families and neighbors, and must hold elected officials and other policymakers accountable for what is happening in our neighborhoods.

Most of these are long-term strategies that require an investment of time, energy, and patience. We must work together to overcome our challenges and to document, share, and celebrate our successes. Changes to community wellbeing do not happen overnight, so we should make every effort to begin work on these strategies now, so that our children and future generations will live healthier lives.

Socioeconomic Factors

Improving socioeconomic factors will have a deep impact on reducing health inequities. Quality education for low-income communities will lead to better jobs and higher income, providing us with more options for where we live, whether we can go to the doctor, and what we eat.

1. **Improve Quality Education:** Early childhood education sets the stage for lifelong learning and academic success. We need to advocate for universal pre-K school programs and ensure equitable geographic location of preschools to guarantee access for low-income children of color. Our K-12 schools need increased funding targeting traditionally underfunded schools, and programs that invest in recruiting, retaining, and supporting high quality teachers for these districts. Lastly, we must increase access to higher education through scholarships and financial aid that cover tuition and text books, and institute admissions requirements that value diversity.

2. **Increase Job Opportunities in Low-Income Communities:** We need to work with local and statewide elected officials to create new job opportunities and ensure that low-income people are paid a living wage. We should ensure that businesses and enterprises are located in and hire from low-income communities and communities of color. One approach is to require the development of new "green" jobs in these neighborhoods, creating sustainable economies.

3. **Modernize the Federal Poverty Level:** A change in the Federal Poverty Level to reflect the true cost of living today would help those most in need access critical public programs. A report by the California Budget Project found that a single adult in California requires an annual income of $28,336—more than double the amount of the Federal Poverty Level—to cover basic expenses.[85] The Federal Poverty Level needs to reflect current basic needs and geographic differences.

Environmental and Social Factors

Working on our physical surroundings will go a long way to improving opportunities for health. Ensuring that we can live in healthy homes, breathe clean air, play in safe parks, and access fresh fruits and vegetables at every step during our lives will have a profound effect on health inequities.

4. **Improve the Condition of Neighborhood Housing:** Healthy people live in healthy homes, and developments that include a mix of residents contribute to positive neighborhood experiences. We should advocate that local housing and redevelopment agencies prioritize mixed-income housing through inclusionary zoning and provide incentives for including low-income housing in developments.

5. **Improve Air Quality:** Many communities are striving to improve air quality by working with industry to mitigate pollution and reduce emissions. One immediate way is to hold our policymakers to task in implementing SB 375, legislation to control greenhouse gas emissions by curbing sprawl. The bill asks regions to develop integrated land use, housing, and transportation plans. Community voices must play a role in the planning process, through bodies such as the California Air Resources Board, the Regional Targets Advisory Committee, and the governing boards of the regional Air Pollution Control Districts.

6. **Expand Access to Healthy Food Retail:** City developers and planners should encourage healthy food retail. Some communities are changing local zoning codes to allow farmers markets in neighborhoods where they were not allowed before. Zoning can also place limits on fast food outlets in certain neighborhoods.

7. **Expand Spaces for Physical Activity:** Increasing the availability and appeal of open space, whether through new or improved parks or improved safety, would raise levels of physical activity. One way to increase access to open spaces is by opening up existing school grounds for community use. Policies that address funding streams and liability—such as new school bonds and legislation to expand the definition of joint use—would make it easier for low-income communities to have safe places to be physically active.

8. **Encourage Healthy Transportation Policy:** Transportation policy should encourage walk- and bike-friendly communities through the development of bike paths, sidewalks, and trails. We need to ask our state and local officials to prioritize laws, practices, and ordinances to build sidewalks, promote traffic calming, and improve pedestrian safety.

9. **Promote the Use of Health Impact Assessments:** Health Impact Assessment (HIA) is a set of tools used by public health professionals, planners, and community members to identify the health effects of proposed policies and projects. The Legislature and Administration should provide funding to the California Department of Public Health to implement an HIA program and provide guidance to local health departments and community organizations on how to conduct their own HIAs.[86]

10. **Incorporate Health in General Plans:** How we plan our neighborhoods—whether through the General Plan or Specific Plans—can lead to positive results. Public health officials and community members should advocate to ensure that General Plans and other land use policies incorporate health. Including a health element in general plans—or ensuring that health is considered in existing elements—would help promote walkable communities, increase healthy food retail, protect residents from pollution, and connect residents to jobs and transit.[87]

Neighborhood Safety and Cohesion

Beyond the actual physical environment, improving the social environment we live in—our neighborhoods and relationships with our neighbors—can impact our stress levels and related conditions such as poor mental health and heart disease. We must work on neighborhood safety and political engagement to mitigate these health effects.

11. **Work for More Cohesion in Our Neighborhoods:** We need to strengthen and expand place-based community capacity building efforts in low-income communities of color to empower residents to identify and address their pressing concerns. Community organizations and public agencies, including health departments, need to work with residents to help build their internal capacity and leadership skills.

12. **Encourage a Politically-Engage Citizenry:** Ensuring that these recommendations are implemented can only happen when community members commit to social change. We need to design policies that guarantee equal access to voting, addressing complications caused by geographic and language barriers, and overturn laws that disenfranchise people with felony convictions. We must also work to break down historical and logistical hurdles barring our communities from joining and serving on commissions and planning committees, and running for office. Lastly, statewide and local government advisory boards should be required to include community members in their ranks that reflect California's diversity.

Violence and the Criminal Justice System

The disproportionate amount of violence in communities of color, coupled with high rates of incarceration, impact health in many ways—and has its roots in both the social and physical environments in which we live. By increasing the safety of our neighborhoods and reforming our criminal justice system, we can make our communities more conducive to health.

13. **Develop and Implement Efforts on Preventing Violence:** We need to shift our focus from punishment and incarceration to prevention and opportunity. Innovative programs that engage youth—connecting them to conflict mediation, job opportunities, after school programs, and leadership development—can help prevent violence before it occurs. In addition, cities need to prioritize violence prevention, developing a comprehensive approach and engaging all stakeholders, including public health, instead of relying on law enforcement and the criminal justice system.

14. **Revise Punitive Criminal Justice Policies:** We need to track and revise correction and criminal justice system policies that disproportionately punish people of color, from the point of police contact through incarceration, including California's Three-Strikes Law. At the same time, we must review and revoke laws that punish individuals returning to their communities—for example, repealing the federal ban on student loans to formerly incarcerated with drug convictions and allowing nonviolent drug offenders the opportunity to expunge their records.

15. **Reduce Recidivism:** We need to promote the successful re-entry of individuals back into our communities by supporting programs that connect them to needed social, health, educational, and vocational services. Additionally, we need to expand the availability of substance abuse treatment, both generally and for those in the criminal justice system, to help break the cycle of drug abuse and incarceration.

The Health Care System

Having health insurance and being able to go to a doctor who understands our culture and speaks our language is a vital part of being healthy. By ensuring access, enforcing implementation of existing laws, and expanding the workforce that will serve us, we can help our communities get better and stay healthy.

16. **Increase Access to Affordable Health Care:** California needs a system of coverage that serves everyone and includes everyone, taking into account diverse cultural and linguistic backgrounds. We need to increase access for low-income communities by expanding public programs and supporting our existing safety net, such as community clinics and public hospitals. Additionally, in order to ensure those relying on public programs receive quality care, California needs to increase Medi-Cal reimbursement rates, which are among the lowest in the country.

17. **Ensure Language Access in Health Care:** California leads the way in making sure those with health insurance can receive their care in the language they speak and understand. We must continue to hold our health plans accountable as they implement SB 853, the *Health Care Language Access Act*, which requires them to provide translated documents and interpreters at all points of care. The state must also set up a reimbursement system to enable Medi-Cal providers to use trained medical interpreters.

18. **Expand and Diversify Health Professions:** Educational institutions and government entities must help diversify the health professions so that practitioners reflect and understand the needs of communities of color. California must establish programs to train, recruit, and retain people of color in the medical and allied health professions. The state should develop a statewide master plan to increase diversity in the health care workforce.

In the next 20 years, California will become even more diverse. As we move toward this multicultural future, it is even more important to look at the state's diverse needs to build an infrastructure that promotes health. We cannot improve our health until we address our access to care, the state of our neighborhoods and housing, and the availability of places where we can breathe clean air, play safely, and access healthy food.

By taking this comprehensive approach to equity we can lead California, and by example the country, to a healthier tomorrow.

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