

**PLANNING HEALTHY COMMUNITIES
FOR PEOPLE OF COLOR IN CALIFORNIA
IN RESPONSE TO
SUSTAINABLE COMMUNITIES AND CLIMATE PROTECTION ACT (SB375)**

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Freeways cause health disparities

“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.” Excerpted from A. Iton...

**LIFE and DEATH FROM UNNATURAL CAUSES:
HEALTH AND SOCIAL INEQUITY IN ALAMEDA COUNTY
EXECUTIVE SUMMARY**

People of color are now the majority population in California, yet they continue to face higher rates of morbidity and mortality, higher incidences of disease, across a broad spectrum of illnesses and injuries, than whites. Evidence suggests that State of California transportation and land use policy decisions contribute to these health disparities in at least two important ways. First, transportation infrastructure -- highways and bus depots, are often “locally undesirable land uses.” Poor people and people of color disproportionately live near these locations and suffer associated health consequences—the effects of diesel air pollution, noise pollution, injury risks, and oppressively ugly surroundings. Second, transportation systems that do not provide poor people with convenient, practical access to employment, medical care, and other necessities undermine their health in numerous ways. Of primary importance is the realization that

the spatial mismatch between where poor people live and where jobs are available, as well as the inability to get to good jobs, consigns people to ongoing poverty, a principal predictor of poor health.

“Racial residential segregation is a fundamental cause of racial disparities in health,” according to David R. Williams, and Chiquita Collins. “By determining geographic access to education and employment opportunities, segregation also creates conditions inimical to health in the social and physical environment”.¹

Climate Change, Sustainable Community Strategies and Health Equity

“Climate change is now emerging as a major health equity issue,” according to a recent report by Seth B. Shonkoff, Rachel Morello-Frosch, Manuel Pastor, and James Sadd, “because of its profound consequences overall and its potentially disproportionate impact on vulnerable and socially marginalized populations. Community vulnerability to climate change is determined by its ability to anticipate, cope with, resist, and recover from the impact of major weather events. Climate change is already impacting industrial and agricultural sectors, and will increasingly affect transportation, health, and energy infrastructure... These shifts will have significant health and economic consequences for diverse communities throughout California. Without proactive policies to address these equity concerns, climate change will likely reinforce and amplify current, as well as future, socioeconomic disparities leaving low-income, minority, and politically marginalized groups with fewer economic opportunities and more environmental and health burdens.”²

The landmark legislation, the **Sustainable Communities and Climate Protection Act (SB375)**, represents an attempt throughout California to mitigate the consequences of statewide transportation and land use policies on world CO2 emissions. A recent study, *Minding The Climate Gap*, by Manuel Pastor and his colleagues,³ has recommended policies to address the health impacts of co-pollutants on vulnerable communities adjacent to stationary and mobile sources. No study has yet documented the full range health equity impacts of California’s transportation and land uses.

However, the potential of SB 375 over the next decade to address health disparities of communities of color throughout the state, considering both reduction of pollution and access to opportunity, has barely begun to be tapped. To take full advantage of the opening, more systematic, long term efforts and resources are needed. The current cycle of the SB375 process should not be viewed as a one-time event. Sustainable Community Strategies (SCS) developed in this cycle, will be implemented by local jurisdictions through updating their general plans. Evaluation of the first round in the whole statewide

¹ Williams, David R., PhD, MPH and Chiquita Collins, PhD Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health, Public Health Reports / September–October 2001 / Volume 116pn404.

² Seth B. Shonkoff, MPH, et al. Environmental Health and Equity Impacts from Climate Change and Mitigation Policies in California, a Review of Literature: California Climate Change Center, 2009. <http://www.energy.ca.gov/2009publications/CEC-500-2009-038/CEC-500-2009-038-F/PDF>.

³ Manuel Pastor, PhD, et al. *Minding the Climate Gap: What's at Stake If California's Climate Law Isn't Done Right and Right Away*. Los Angeles: University of Southern California, 2010.

process represents a fertile opportunity for new insights and interventions in the transportation and land use and decision-making process for health equity advocates. At the conclusion of the county and local implementation phase a new statewide process of updating Regional Transportation Plans will begin. Linking currently marginalized communities to this statewide process should be a high priority. Local neighborhoods, municipalities, county health departments, and health equity advocates should be better prepared with data, evidence, models and strategies for change.

We believe that prioritizing transportation and land use strategies that meet the needs of vulnerable populations is the best path for achieving the benefits of health equity outcomes in the SCS process. To address these issues, Breakthrough Communities has been participating in bottom-up processes in the County of San Diego and the San Francisco Bay Area. In San Diego, we have been working to build capacity of low-income communities of color to engage in regional decision-making processes. We have been sharing information and insights about regional equity including recommendations and sign on letters gathered by advocates in other regions throughout the state.

With a grant from the San Diego Foundation, Breakthrough Communities has been working with the Gamaliel Foundation affiliate, Justice Overcoming Boundaries (JOB), Move San Diego, Walk San Diego, and others to identify burdens, and generate policies, indicators, performance measures addressing social equity challenges and opportunities implicit in SB375. Although the SB 375 process offers potential co-benefits to low-income communities and communities of color it also presents a threat of special burdens on marginalized populations. Among these threats are the following:

- Potential risks of reduction of air quality as a result of new compact development in priority development areas where people of color live;
- Gentrification and displacement of low income families from priority development areas (PDA's);
- Too much low income housing allocated to poverty neighborhoods, not enough affordable housing located in opportunity-rich neighborhoods;
- Disproportionate diversion of public resources to accommodate needs of middle and upper income families while ignoring the needs of lower income families, e.g. capital projects such as light rail, bike lanes, but no operating funds for public transit serving low income families;
- Opportunity costs: Major investment in regional restructuring with inadequate focus on increasing economic opportunity for low-income households.

Out of our work in collaboration with many groups in the San Francisco Bay area has come a series of recommendations including efforts to overcome health disparities. At the invitation of the San Francisco Foundation, Breakthrough Communities joined five other regional social equity organizations in a retreat devoted to exploring ways to strengthen citizen engagement and potential social equity outcomes of the SCS process. The initial group serving as a host committee for the retreat included: Breakthrough Communities, Genesis, Public Advocates, Non Profit Housing Association of Northern California, Public Health Law Project, Urban Habitat. Following that event, the major

accomplishment of the host committee has been to identify six areas of potential benefit for citizen engagement in the SCS process, and clusters of NGOs throughout the region, committed to working in each area. Potential opportunities for low income and marginalized communities engaging in the SCS process include:

- (1) Ensuring that all public investments in the SCS process promotes **public health** and safety;
- (2) **Investment without displacement** vulnerable low income populations designated as Priority Development Areas (PDA's);
- (3) Securing **affordable housing** accessible to jobs, good schools, and regional amenities throughout the region;
- (4) Implementing a reliable **public transit** system, meeting the needs of the most marginalized and vulnerable populations;
- (5) To promoting access to **economic opportunity** throughout the region for low income and currently marginalized population groups;
- (6) Building **community power**.

The Strategic Growth Council, MPOs, and local governments throughout the state could adopt these “Six Big Wins” as best management practices. There is evidence of willingness on the part of Metropolitan Planning Organization (MPO) staff members in several regions to address social and health equity issues. Examples include more systematic efforts to document environmental justice issues, adoption of healthy communities metrics as criteria for project evaluation, and more systematic attention to collecting data about “communities of concern.” This subtle shift may be the result of pressure from the US Department of Transportation responding to requirements of Title VI civil rights requirements, the environmental justice, Executive Order 12898, greater awareness and commitment on the part of staff.

In summary, we believe that prioritizing transportation and land use strategies to meet needs of vulnerable populations is the best pathway for achieving health equity outcomes in the Sustainable Communities Strategy (SCS) SB 375 process. In any case, realizing the potential of SB375 to reduce health disparities, and promote healthy communities will require intense civic engagement of populations throughout the state.

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