

# HEALTHY COMMUNITIES TASK FORCE

## MEETING SUMMARY

### Welcome

Patty Elkis, Director of Planning at the Delaware Valley Regional Planning Commission, welcomed meeting participants. She outlined that the Healthy Communities Task Force (HCTF) will be addressing social justice and health in 2018. While these conversations can be difficult, she acknowledged that good health is important for all. She thanked DVRPC staff and the co-chairs of the HCTF, Montgomery County Commissioner Valerie Arkoosh, MD, MPH and Christina Miller, MSS, Executive Director of the Health Promotion Council, an affiliate of the Public Health Management Corporation.

### Opening Remarks

Dr. Val Arkoosh described her background as a practicing physician, Master of Public Health, and Chairperson of the Montgomery County Board of Commissioners. In particular, she was moved to transition from clinical healthcare to public service because she became more aware of the role of social determinants of health. Dr. Arkoosh noted that people born in different zip codes can have differences in life expectancy of up to 30 years. While infant mortality in Montgomery County overall is relatively low, it is significantly higher among African Americans in Norristown. Food insecurity is also an issue in Montgomery County, where many food insecure people earn too much income to qualify for Supplemental Nutrition Assistance Program (SNAP). Housing and transportation expenses are also of concern, so the recently finalized plan to extend SEPTA’s Norristown High Speed Line to King of Prussia is an exciting development that will improve walkability and enhance access to transit and jobs.

### Keynote Presentation

*Thomas LaVeist, Professor and Chair of the Department of Health Policy and Management at the George Washington University, Milken Institute School of Public Health*

LaVeist began his presentation with an example from 1817 Paris, where a scholar was able to identify a difference in life expectancy between the 1st arrondissement (district) and the 12th arrondissement—one of the earliest examples of someone noting social determinants of health. Transitioning to the current day, Dr. LaVeist said, “Race matters. Race determines place. And place determines health.” He noted that we live in a very large country that crosses 11 time zones between the East Coast and Hawaii; we experience differences in risk exposure and resource deprivation. For example, people living in certain neighborhoods of Washington, DC have a life expectancy of 72 years, while people in some of DC’s suburbs have a life expectancy of over 80 years.

LaVeist presented some of his work using the Index of Dissimilarity, where zero represents perfect integration and 100 represents perfect segregation. It represents the number of people who would have to move from a neighborhood to achieve integration. In the United States in 2010, the Mean Index for Dissimilarity for black/white residents was 57 percent, meaning that 57 percent of residents of one race would need to leave their community for it to be perfectly integrated. This research reinforces that notion that many communities in the US are still very segregated spaces.

Next, Dr. LaVeist outlined some of the policies that contributed to segregated communities. Redlining describes a practice that banks undertook in the 1930s as the nation was coming out of the Great Depression to identify the security of various investments in different neighborhoods. Neighborhoods colored green on maps were considered high quality neighborhoods, where residents could get access to mortgages and business loans. Neighborhoods colored yellow or red were considered unsafe for investment, hence the name “redlining.” This practice was fundamentally based on race and ethnicity. This practice was further exacerbated by other government policies, such as the GI Bill, which allowed Jewish veterans to move out of certain inner city neighborhoods to single family homes in the suburbs, but did not extend those same privileges to African American veterans. The legacy of redlining lasts to this day, with per capita incarceration spending being highest in some of the neighborhoods labeled unsafe decades ago.

LaVeist turned to a discussion about the food and beverage options available in certain low income communities--including his hometown of Brownsville, Brooklyn and current city of Baltimore, Maryland. He showed photos of urban corner stores, which advertise candy, soda, and malt liquor, which is higher in alcohol content and sold in larger bottles than regular beer. Other food options include Crown Fried Chicken. Many of these same neighborhoods do not have doctors, dentists, or other medical practitioners. One of LaVeist’s recent studies showed that liquor stores had a higher prevalence in black segregated communities, irrespective of income levels. With a lack of access to healthy food options and a lack of access to primary care providers, it should come as no surprise that people in poor neighborhoods suffer disproportionately from certain health issues.

LaVeist indicated that segregation affects what we think we know about disparities. For example, in medical school, medical students are often learn that African Americans are more susceptible to hypertension than white people. However, in his **Exploring Health Disparities in Integrated Communities** study, LaVeist was able to show that in racially integrated communities of similar socioeconomic status, there was little to no difference in certain health issues, such as diabetes, obesity, and use of health services, between whites and blacks. He concluded: race will not protect you if you are living in an environment designed to make you sick.

LaVeist concluded his presentation by discussing the four great race disparities: health, wealth, education, and criminal justice, all of which influence each other in a web of causation. It is imperative for practitioners across these fields to talk to each other about how racial disparities are causing and caused by one another.

## KEYNOTE Q&A

**Q:** *Many studies of spatial health disparities assume that the subjects stay in place. How can you account for mobility?*

**A:** In the EHDIC interviews, subjects were asked where they lived at different age levels to determine their longevity in the integrated census tract. There was not a lot of movement observed there. Unfortunately, mobility is a reality for some and the study cannot fully account for that.

**Q:** *Can the study be reproduced in a racially integrated community of higher income and education levels?*

**A:** If funding becomes available, this will be studied.

**Q:** *What remedies are there to support people living in segregated neighborhoods?*

**A:** Segregation will likely decline overall, as it has historically. We need to determine what infrastructure leads to positive health outcomes and bring it to neighborhoods in need, because typically the infrastructure follows wealth. If the population of Baltimore’s predominantly high-income Federal Hill neighborhood was transplanted to East Baltimore, their Starbucks and Whole Foods would follow.

## Panel Discussion

Moderator: **Amy Carroll-Scott**, PhD, MPH, Assistant Professor with the Drexel University Dornsife School of Public Health

**Nora Lichtash**, Executive Director of the Women's Community Revitalization Project

Women's Community Revitalization Project (WCRP) is committed to social and economic equity for low-income women and their families. They develop affordable housing; provide supportive services; advocate for policy change; and honor and promote leadership, dignity, and justice in their communities. Lichtash conceded that, in her work in affordable housing, health is not often discussed in a direct manner; however, having a safe place to live is an important foundational aspect of healthy living. The project's focus neighborhood in eastern North Philadelphia has many vacant homes, but market-rate real estate developers are exerting pressure from all sides, so it is imperative to prevent displacement by working with and forcing elected officials to create policies that protect current and future low-income residents. Recent efforts have helped spur the creation of the Philadelphia Housing Trust Fund and the Philadelphia Land Bank. Overall, WCRP has developed 287 residences, with funding driven primarily by developer fees. Public campaigns to "Take Back Vacant Land" and "[Development without Displacement](#)" have urged elected officials to protect and expand affordable housing through legislation. The [Philadelphia Coalition for Affordable Communities](#) is currently advocating for new construction impact fees to be imposed in the city.

**Beverly Brown Ruggia**, Financial Justice Organizer with New Jersey Citizen Action

Brown Ruggia introduced New Jersey Citizen Action as a grassroots equity organization that works extensively within the framework of the Community Reinvestment Act (CRA). CRA was passed in 1977 to combat discrimination and segregation by compelling banks to invest equitably in the neighborhoods where they take in deposits. New Jersey Citizen Action negotiates with banks to commit to investing certain amounts in neighborhoods. This results in many indirect benefits to public health, including the development of affordable housing, low- and moderate-income homeownership, neighborhood revitalization such as housing rehabilitation, foreclosure prevention, and expansion of access to banking services. Some of the more direct impacts are funding for home repairs and grant-making to non-profits that work in the realm of healthcare.

**Stephanie Dorenbosch**, Managing Attorney with HELP:MLP

Dorenbosch discussed the Nursing Family Partnership and Nursing Legal Partnership programs that fall under the Health, Education, and Legal assistance Project. Based in Philadelphia and Chester, this medical legal partnership is a collaboration between civil legal aid attorneys and healthcare providers. In the partnership, which is nurse-led, not lawyer-led, MLP lawyers and healthcare partners address issues including poor housing, a lack of health insurance, inadequate medical care, employment discrimination, special education needs, accessing public benefits, enforcing disability rights, domestic violence, and many others. Clients are typically enrolled at the early pregnancy stage and nurses work with families to improve parenting skills, health and nutrition, and child development. Dorenbosch also touched upon the legal justice gap, as there are too few legal aid attorneys to meet the health-harming needs of people at or below the poverty level. To try to address some of the broader, systemic problems that impact their clients, nurses and lawyers collaborate on advocacy projects and cross-disciplinary trainings.

**Tayyib Smith**, Co-Founder of Little Giant Creative

Smith is an entrepreneur whose marketing and creative agency emphasizes cultural competency. They design awareness promotions for a variety of mainstream brands, but also seek transformative change in communities by fostering civic engagement, media literacy, and expansion of opportunities for people of color. Little Giant recently received a Knight Foundation grant for its "A Dream Deferred" project, which will integrate art, media, and technology to tell the story of how race and policy shape the landscape of Philadelphia, including its history of redlining. Using personal anecdotes from his experiences growing up in Philadelphia, Smith also discussed the need for sensitivity to the issues of low-income residents whose stories are often overlooked amidst the growth and development of the city around them.

## PANEL Q&A

**Q:** *How can we advance the work of building stable, healthy, and equitable communities?*

- Brown Ruggia impressed upon the audience to diagnose the problems correctly, saying that we often start with the incorrect diagnosis. She urged listeners to look for allies and make sure communities are involved with defining their needs and determining the solutions.
- Lichtash agreed with the need to involve people, and further recommended clarifying what is needed from them. She also suggested listening to one another and seeking out and organizing around those who have power, such as elected officials.
- Dorenbosch cosigned these thoughts and admitted that the legal profession tends to be bad at listening to communities. She explained that the ability to work with nurses is key because the issues of her clients are interlocking, and lawyers are not usually able to specialize in all of them.
- Smith focused on the need for interdisciplinary teams with cross-generational knowledge, removing the silos in which we often work.

**Q:** *How do you ensure the voices of these communities are driving the solutions that affect them and their families and neighbors?*

- Lichtash stressed the importance of having access to help. Each stakeholder group has expertise that must be shared amongst one another.
- Brown Ruggia's comments centered on education and coalition-building as the strongest tools. Her organization works to train non-professionals, recruiting them from the people who had utilized their services in the past.
- Smith suggested empowering the next generation of leaders, using the example of past Green Street residents who could never have imagined what Northern Liberties would become today. Had they been involved with the development efforts there from the beginning, their livelihoods would have been less endangered by the outcome.

**Q:** *Many students must leave their neighborhood for quality education. How do you believe this can be changed?*

- Moderator Amy Carroll-Scott mentioned the Philadelphia Promise Zone initiative, which shows that this is now a priority but she indicated that it will take time to achieve.
- Brown Ruggia noted that responsible elected officials already want this to be the case, and explained that New Jersey Citizen Action works in a targeted way with communities to allow them to determine what candidate projects are best for immediate investment and revitalization. The effort must be place-based, with generic policies being altered to address the needs that were diagnosed locally.
- Smith observed that there are often disingenuous discussions about education, especially as long as it stays tied to property values. He said that lobbying groups are problematic, because they fund messaging on behalf of charter schools, systems, and the industry of education and its privatization. Instead, there must be more advocacy on behalf of children.
- Lichtash stated her desire for market rate development to enhance the tax base and improve city institutions, but that it must be done without making communities and housing more inaccessible. She suggested linkages and a flipping tax as examples of policies that work. The question remains of what works in Philadelphia, who can influence policy, and are there enough of us to push the political will.

## Closing Remarks

Christina Miller closed the event by encouraging attendees to practice with respectful intellectual curiosity, make space for others to share their stories, join with other voices for changing systemic conditions, and make intentional investments in the infrastructure that supports health.

## Announcements

DVRPC's Breaking Ground conference will take place on March 22, 2018. For more information visit: [www.dvrpc.org/breakingground/](http://www.dvrpc.org/breakingground/).