



# Healthy Neighborhood Investments

A Policy Scan & Strategy Map



Build Healthy  
Places Network

Shift HEALTH  
ACCELERATOR

# Healthy Neighborhood Investments

## A Policy Scan & Strategy Map

February 2021

### A PROJECT LED AND A REPORT COMPILED BY



The Build Healthy Places Network is the national center at the intersection of community development and health, leading a movement to accelerate investments and speed and spread solutions for building healthy, prosperous, and equitable communities. [buildhealthyplaces.org](http://buildhealthyplaces.org)



Shift Health Accelerator is a shared leadership network whose mission is to simplify access to money and expertise for peer leaders in communities to increase equity in health outcomes. [shifthealthaccelerator.org](http://shifthealthaccelerator.org)

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### ACKNOWLEDGMENTS

This document is a product of input from the Policy Council and leaders in the fields of community development, health, and community-led policy change. Thank you!

### WEBSITE AVAILABILITY

All information in this document is available at <https://www.buildhealthyplaces.org/tools-resources/healthy-neighborhood-investments-policy-scan>. We welcome feedback and questions, please email us at [polycyscan@buildhealthyplaces.org](mailto:polycyscan@buildhealthyplaces.org).

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**“Our best hope for escaping the adversity spiral and changing course is to organize local and nationwide action around a single unifying and measurable expectation: All people and places thriving—no exceptions.”**

[The Thriving Together Springboard \(p. VI\)](#)

# Executive Summary

Amid the COVID-19 pandemic and massive social unrest, fueled by over 400 years of harmful racial oppression and historical trauma particularly against Black and brown people, it is imperative to advance anti-racism in American laws, policies, and regulations to create community-level conditions that support health and opportunity for everyone. Multiple, sustained, and well-coordinated cross-sector efforts are needed to change the policy ecosystem and advance solutions toward racial equity, health equity, and improvement in the social determinants of health.

Revitalizing and repairing healthy neighborhoods through coordinated policy change can address systemic barriers, structural racism, and other root causes of poor health outcomes for low-income communities. We know this is possible because deliberate policy decisions and actions have contributed to the widest gaps in wellbeing and wealth between poor people of color and wealthy white people. *Healthy Neighborhood Investments: A Policy Scan & Strategy Map* recognizes that partnerships of communities, health systems, community development organizations, and local government are trying to clear the same historical and current policy hurdles in pursuit of aligned goals. These multi-sector partnerships, with careful intention to advance health and racial equity, can bring about policy change and impact the social determinants of health.

Build Healthy Places Network and Shift Health Accelerator partnered to identify policy actions for advancing racial and health equity through cross-sector investments and to serve as a tool for community-owned priority setting that reduces inequities and strengthens neighborhood revitalization, with a geographic emphasis on California. Our goals are to:

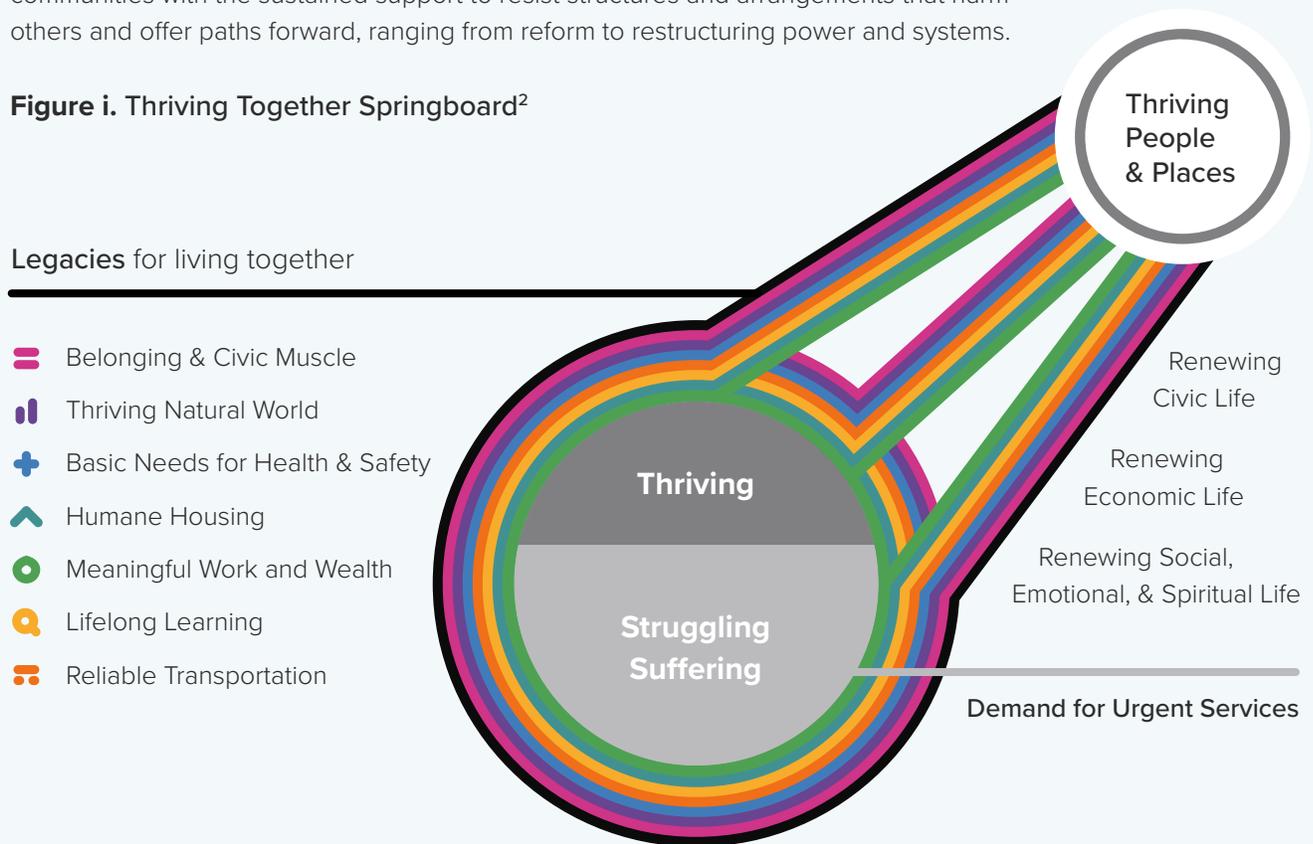
- Frame pathways and opportunities for community leaders to advocate for policy change by public health, healthcare, policymakers, and community development organizations;
- Identify policy barriers and ways to overcome them for joint investments in healthy neighborhoods that advance racial and health equity;
- Identify policies that create a more conducive environment for collaboration across sectors; and
- Incentivize the health sector to consider community development organizations as important partners in shaping policy and investments in healthy neighborhoods to advance racial and health equity.

The findings are a product of a literature review of 112 articles, interviews with 12 national policy experts, and conversations with policy and community advocates asking this question: *Which local, state, and federal policies can best lead to investments in healthy neighborhoods in ways that advance racial and health equity and wellbeing?* The key audience of this policy scan is multi-sector partnerships consisting of community members and health, community development, and local government actors that are focused on advancing health and racial equity.

Individual and community wellbeing continues to be impeded by systemic racism. While a broad array of strategies are needed to eradicate racism and repair the harm done, policy change is one important tool available to pursue justice and wellbeing. This report provides a starting point for multi-sector partnerships to work side by side to transform the policy ecosystem on the basis of a “single unifying and measurable expectation: All people and places thriving—no exceptions.”<sup>1</sup>

*Thriving Together: A Springboard for Equitable Recovery and Resilience in Communities Across America* by the CDC Foundation and Well Being Trust (2020) defines a set of vital conditions, the properties of places and institutions that everyone depends on to reach their potential. Policy strategies are provided for each of these vital condition categories: belonging and civic muscle; thriving natural world; basic needs for health and safety; humane housing; meaningful work and wealth; lifelong learning; and reliable transportation (see Figure i). This report uses the Thriving Together Springboard as a framework to conceptualize and organize hundreds of policy strategies within these vital condition categories. It is the authors’ collective hope that the policies set forth can help communities with the sustained support to resist structures and arrangements that harm others and offer paths forward, ranging from reform to restructuring power and systems.

**Figure i. Thriving Together Springboard<sup>2</sup>**



## Policy Strategies

Each vital condition category is discussed in sections. First, we summarize the value of each vital condition individually. Second, we share a sample of potential policy strategies and federal, state, and local actions uncovered in the policy scan process to restore each vital condition. Third, each potential policy strategy is synthesized with attention to specific actions addressing social determinants of health, opportunities to advance racial and health equity, and opportunities to take action with a multi-sector partnership (Table i). Throughout all policy strategies, we identify state and local policy actions to highlight examples in the field.

**Table i. Policy Strategies for Healthy Neighborhoods That Advance Racial and Health Equity**

### Belonging and Civic Muscle

Equitable decision-making must include the voices of those most impacted by decisions and provide structures and spaces for people to have the power to make the collective and civic decisions that shape their future. Decision-making power is far too often held by a few people, and belonging and civic muscle efforts should grow to engage people as equals, collectively, to make change.

**Specific strategies:** Make sure every person and their vote counts; Reform campaign finance; Fund community capacity and require community engagement; Collect and use disaggregated data; Commit to leadership development; Use comprehensive master plans (parks, housing, transport); Enact anti-displacement measures; Establish city and state racial equity umbrella policies; Improve intergovernment and interagency coordination; Promote equitable tax and revenue policy; Create flexible sources of funding.

### Thriving Natural World

Natural and built environments significantly affect health, and climate change affects communities. Policy can prevent, reduce, or remediate people's exposure to toxins in the environment and bring lifestyles into harmony with the natural processes that keep people healthy and resilient.

**Specific strategies:** Mitigate climate change; Improve climate resilience; Ensure universal access to clean, affordable water; Reduce exposure to extreme heat and air pollution; Ensure that everyone has a good park within a 10-minute walk; and Invest for multiple benefits.



## Basic Needs for Health and Safety

Promoting physical health, mental health, and emotional resilience involves removing sources of harm, supporting recovery, and integrating all the aspects of care to meet the different needs of different communities and people. Safety creates freedom from harm or danger and prevents further trauma from occurring.

**Specific strategies:** Avoid harm and facilitate recovery; Promote maternal health and reduce infant mortality; Reduce domestic violence; Provide incentives for healthcare to invest in addressing social determinants of health; Co-locate services; Develop community approaches to public safety; End violence in the policing and criminal justice system; Improve healthcare access; Promote integrated approaches to care; Transform the healthcare workforce; Get and use data; Provide access to the good food individuals and communities want.

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## Humane Housing

Housing is a cornerstone of community development and a human right. Having access to a safe, affordable, stable, quality place to live is essential to health and economic wellbeing. Housing policies can help ensure that housing builds wealth, health, and community ownership.

**Specific strategies:** Build and renovate quality housing in places that need it; Help people afford and own good homes; Enable people to choose and stay in the homes they want; Provide housing for those experiencing homelessness; Promote responsible local ownership.

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## Meaningful Work and Wealth

Unless incomes grow for low-income families, the United States will never shrink the wealth gap associated with health inequities. With basic income security, families and communities can grow their wealth, save money, and invest to give the next generation a head start. Closing the wealth gap will require nondiscriminatory and equitable access to credit and lending, entrepreneurship, rewarding jobs, and business growth.

**Specific strategies:** Ensure equitable procurement; Cultivate job pathways; Advocate for universal basic income; Provide opportunities to save and invest; Improve access to capital; Provide good working conditions and protections; Support small businesses and entrepreneurs; Promote digital inclusion.



## Lifelong Learning

Lifelong learning creates leadership pathways, career choices, and opportunities to cultivate collective visions to advance racial and health equity. The power to dream and choose leads to health. There are opportunities to create universal access to early childhood education, shift how elementary and high school education is delivered, identify ways for education to be equitably funded, and prepare youth not just for jobs but for a choice of career pathways.

**Specific strategies:** Provide access to early childhood development and childcare; Support outside-of-school programs; Encourage joint use of facilities; Provide student loan forgiveness/tuition support; Reduce the incidence of adverse childhood experiences; Coordinate cradle-to-career partnerships; Meet students' basic needs.



## Reliable Transportation

Having access to affordable, accessible transportation options that encourage physical activity and do not cause stress is important for health. It is also important that transportation not cause harm to people or the planet (e.g., increase pollution exposure, sever communities, or increase displacement).

**Specific strategies:** Commit to equitable transit-oriented development and anti-displacement; Provide transportation alternatives; Promote safe and accessible street design/planning; Provide flexible funding and infrastructure; Reduce commute times.

## Cross-Cutting Policy Themes

The Policy Council convened for this report identified ten cross-cutting policy themes across the vital conditions that emerged against a backdrop of forces in 2020—the COVID-19 pandemic, calls for racial justice and the Black Lives Matter movement, climate impact from wildfires and hurricanes, and the November 2020 general election. This uncertain and disruptive environment has exposed deep cleavages in society and new policy opportunities to advance racial equity, health equity, and social justice. These cross-cutting policy themes offer the reader a way to understand the comprehensive list of policy strategies and actions, which are inextricably linked.

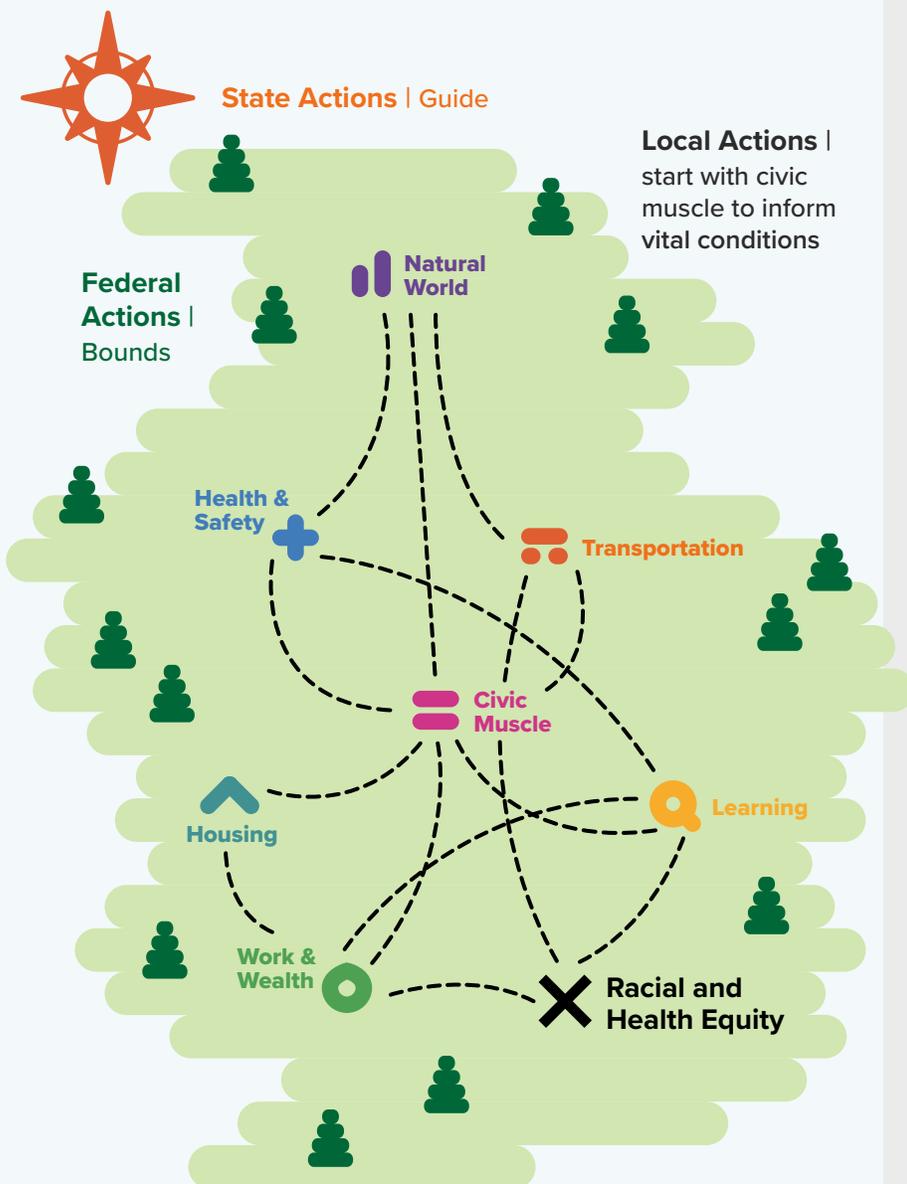
1. Leaning into belonging and civic muscle
2. Growing incomes and opportunities to build wealth
3. Creating opportunities for people to prosper in place (anti-displacement)
4. Ensuring quality and affordable housing
5. Strengthening climate justice and disaster resilience
6. Expanding community policing and cultural humility in mental health
7. Prioritizing good food
8. Expanding access to capital and entrepreneurship
9. Ensuring equitable mobility and transportation access
10. Preventing adverse childhood experiences and promoting trauma-informed systems

## A Policy Treasure Map for Acting in Community

A policy treasure map (Figure ii) is provided as a tool for multi-sector partnerships acting in community for policy changes that build healthy neighborhoods and advance racial and health equity. This section is designed to provide a map of areas where community leaders, health, community development, and city and county officials can “dig” together to identify actions with a high potential for positive impact on racial and health equity. The focus is on local government because city and county governments have the power to integrate different aspects of policy, meaningfully engage the community, and shape how the built environment takes future generations into account.

**Figure ii. A Policy Treasure Map for Racial and Health Equity**

Following the treasure map are concrete, actionable steps that policy actors in partnerships can take to change the policy ecosystem to achieve racial and health equity. Multi-sector partnerships, with wide representation from community and institutional leaders, can explore ways of advancing policy change together, build trust and relationships to leverage and share power, and advance specific policy interventions toward achieving racial and health equity. We conclude by recommending next steps that the Build Healthy Places Network, Shift Health Accelerator, and the Healthy Neighborhood Investments Policy Council can take together in multi-sector partnerships to advance health and racial equity and show solidarity in redressing the hundreds of years of systemic racism.



## How to Use This Document

The document is divided into sections:

**Sections 1 through 3** (Goals and Introduction; Methods and Sources; and Policy Opportunity) present our intent, context, and a high-level case for focusing on policy that invests in healthy neighborhoods.

**Section 4** (Potential Policy Strategies and Actions) includes a subsection for each vital condition that begins with a summary of how policy influences the vital condition and provides a table listing potential strategies and examples of policy actions at the federal, state, and local levels. The section continues with further detail on each policy strategy and the possible policy actions. Callout boxes focus mostly on state and local policies to highlight examples in the field.

**Sections 5 through 7** (Cross-cutting Policy Themes; A Policy Treasure Map for Advancing Racial and Health Equity; and Next Steps) present policy themes raised as important by the Policy Council, suggestions for prioritizing policy strategies in your local community, and some next steps to take together.

**Section 8** (References) provides all citations as endnotes, including a web link whenever possible.

### Need Help Translating “Healthese” and “Community Developmentese”?

Build Healthy Places Network built a [Jargon Buster](#)<sup>3</sup> to help with some key terms used in the language of the health and community development sectors.

Section 1

# Goals and Introduction

1



As we write this, the COVID-19 pandemic is surging, ongoing protests lift calls for racial justice, a devastating fire and hurricane season point to an ongoing climate crisis, and the national election of November 2020 took place just weeks ago. Uncertainty has been the theme of 2020, and those uncertainties are driving policy innovations. People are experimenting in ways that 12 months ago may have seemed improbable to policymakers at the federal, state, and local levels. Building on the opportunity of this moment, this report is designed for coalitions that want to see healthy neighborhoods that advance racial and health equity.

What is certain is that racism is a barrier to health equity that needs to be confronted now. We, the authors, commit to our collective responsibility to achieve health equity by addressing racism in all its forms. We commit to anti-racism by examining our work in new ways, challenging the sectors we partner with to commit to anti-racism, and supporting action steps to end systemic racism and anti-Blackness.

## 1.1. Goals

*Healthy Neighborhood Investments: A Policy Scan & Strategy Map* aims to identify policy actions to advance racial equity through cross-sector investments. The report is intended to serve as a tool for community-owned priority setting to reduce inequities and strengthen neighborhood revitalization with a geographic emphasis on California.

Specifically, this policy scan has the following goals:

- Frame pathways and opportunities for community leaders to advocate for policy change in the areas of public health, healthcare, policymaking, and community development.
- Identify policy barriers and ways to overcome them for joint investments in healthy neighborhoods that advance racial and health equity.
- Identify policies that create a more conducive environment for collaboration across sectors.
- Incentivize the health sector to consider community development organizations as important partners in shaping policy and investments in healthy neighborhoods to advance racial and health equity.

Multi-sector partnerships that advance health and race equity are the key audience for this project. Among these partnerships are several key actors:

- Leaders in communities who experience racial and health inequity are critical to the success of this work. Translating the policy scan into an actionable framework for change will require community ownership of priorities, decision-making, advocacy for specific policies, and deep participation in leading change for more equitable solutions.
- Leaders in public health and healthcare systems are well positioned to advance racial equity and health equity through upstream investments, partnerships with community development organizations, and support for policies to decrease inequities throughout California.
- Leaders in community development can draw in capital that builds wealth and healthy places.
- Local and state policymakers are well positioned to take meaningful action to address inequities by prioritizing the voices of communities to shape policy actions and implementation.

## 1.2. Centering Anti-Racism and Racial Equity in Policymaking

Individually, and as organizations, we know that persistent discrimination and bias against people due to race, ethnicity, income, gender identity, sexual orientation, immigration status, religion, and other attributes lead to unfair and avoidable health and economic inequities. For example, in many of the communities where we partner, systemic racism shows up in many forms, including housing discrimination, predatory lending practices, decades of disinvestment, inequitable economic opportunities, and environments that do not support good health or opportunity.

### **The Language of Populations in Public Health**

“Health inequities are shaped by social norms, including norms about language use. Language influences our attitudes.”<sup>4</sup> Policies use descriptive terms to identify groups experiencing inequity and to specify who is intended to benefit from a policy. These terms include *marginalized*, *vulnerable*, *disadvantaged*, *high-risk*, *priority*, and others. Few groups would choose to be identified by a single characteristic (e.g., low income or disabled) because groups always contain more diversity than any language can describe. Policy can be intentional about language choices in ways that keep power dynamics in view, actually transform narratives, and avoid creating “us” and “them.” For example, the Utah Division of Multicultural Affairs created a guide on the power of language.<sup>5</sup>

Throughout this policy scan, we use the population terms that are used in the policy being referenced.

Integrating race and health equity into policy, funding, and programs can help narrow these gaps for all neighborhoods and communities. Achieving this report's vision for healthy neighborhoods demands that we maintain race, equity, diversity, and inclusion at the core of our work—in both processes and outcomes. Tools are available to provide benchmarks for institutionalizing anti-racism in government actions. For example, the [Government Alliance on Race and Equity](#) provides training, builds cohorts, and helps governments through a six-part strategic approach to institutional change to normalize, organize, and operationalize commitments to anti-racism.<sup>6</sup>

We recognize that housing, healthcare, water, and other basic necessities for a good life are not commodities; they are fundamental human rights.

We are committed to stand as partners with BIPOC (Black, Indigenous, and people of color) communities and millions of people who face racial discrimination every day. We are dedicated to building an equitable future where good health and fair opportunity are outcomes for all. We approach our mission by addressing the social determinants of health, and it is impossible to talk about social determinants of health without talking about the effects of structural, institutional, interpersonal, and internalized racism.

We commit to continuous learning, working together, and valuing individuals with lived experience to cultivate racial and health equity, diversity, and inclusion.

### **Acknowledging a History of Policy That Institutionalizes Racism**

A healing policy process acknowledges the root causes of inequity. Policies instituted today build on or respond to a foundation of policies that were designed to segregate. These are a just a sample of those historical policies:

*Dred Scott v. Sandford* (1857) and the Chinese Exclusion Act (1882):<sup>7</sup> The Dred Scot decision denied citizenship for Black men and the right to vote; the Chinese Exclusion Act denied similar rights for Chinese immigrants. More recent decisions (e.g., *Shelby County v. Holder*<sup>8</sup> in 2013) and state laws (November 2020 ballot measures in Alabama, Colorado, and Florida) allow states to more subtly limit voting.

[Indian Termination Act \(1953\)](#):<sup>9</sup> This policy was part of a series of actions designed to eliminate the sovereign relationship between tribes and the federal government and assimilate tribes. As a result, tribal lands were reduced in size, boarding schools were set up, and child welfare policies were changed. These actions continued until 1983, when President Reagan issued a policy statement that repudiated the termination policy and began reinstating tribal sovereignty.

[Jim Crow and the end of Reconstruction \(1865–1968\)](#):<sup>10</sup> Policies in the Jim Crow era limited voting rights, took back planters' land that had been distributed to Black farmers, and formalized discrimination and segregation.

The Federal Housing Administration (redlining) (1934–1968):<sup>11</sup> Redlining limited access to home mortgages for people of color, resulting in segregated neighborhoods.

San Antonio Independent School District v. Rodriguez (equal protection) (1973):<sup>12</sup> The Rodriguez decision slowed the evolution of the *Brown v. Board of Education* (1954) ruling on school segregation by decoupling equal-access protections for education from social class and income. In essence, paired with redlining and combined with city decisions on infrastructure investment and other services, the *Rodriguez* decision and others like it locked in a trajectory of inequity.

Social Security Act of 1935 and the Fair Labor Standards Act:<sup>13</sup> The original Social Security Act excluded domestic workers and farmworkers, disproportionately impacting Black people and other people of color. Subsequent amendments (1950) adjusted access to Social Security, and the program is an important backstop for low-income Americans. The Fair Labor Standards Act of 1938 set a minimum wage but did not include farmworkers until 1966.

Baker v. Nelson (1972) and the Defense of Marriage Act of 1996 (marriage equality):<sup>14</sup> The federal government declined to rule on state laws limiting marriage equality for same-sex marriages. The *Obergefell v. Hodges* decision in 2015 overruled *Baker v. Nelson*, saying the 14th amendment required states to recognize same-sex marriage.

All current and future policies are shaped by past policies and decisions but are not determined by them. Recognizing the history of institutionalized racism, policymakers have a choice. Policy decisions today can build on the foundation of the past to further segregation and discrimination (e.g., by poorly enforcing or ignoring court decisions, or by failing to remove discriminatory language in state constitutions). Or they can dismantle institutionalized racism in a process of building toward an equitable and thriving future.

This report recognizes that legislatures, courts, and other government institutions at the federal, state, and local levels are currently making both of those choices. We strive to open more paths to a thriving future. This report also recognizes that much anti-racist work requires internal work and processes, not just a policy or an idea. This report emphasizes specific policy actions that coalitions might consider as part of the process work they undertake.

### 1.3. Moving Toward Social Determinants of Health

This report aims to move policy attention upstream to the social determinants or vital conditions that foster racial and health equity. The report acknowledges a distinction between individual social needs and the social determinants that drive them. Figure 1 uses a metaphor of a river to describe this difference. The upstream factors—the *social determinants*—bring downstream effects in the form of immediate *social needs*, which include the underlying social and economic conditions that can foster good or poor health for everyone in a community. Upstream interventions could include affordable housing with on-site support services, grocery stores, community centers with workforce development programs, comprehensive childcare and educational facilities, small business support, and more. The health sector has increasingly engaged in identifying and addressing social needs, such as food insecurity or homelessness, that contribute to a patient’s immediate medical needs. However, this sector has had more challenges addressing social and environmental factors far enough upstream to prevent individuals from becoming homeless or running out of money for food in the first place.<sup>15</sup>

Figure 1. Social Determinants and Social Needs

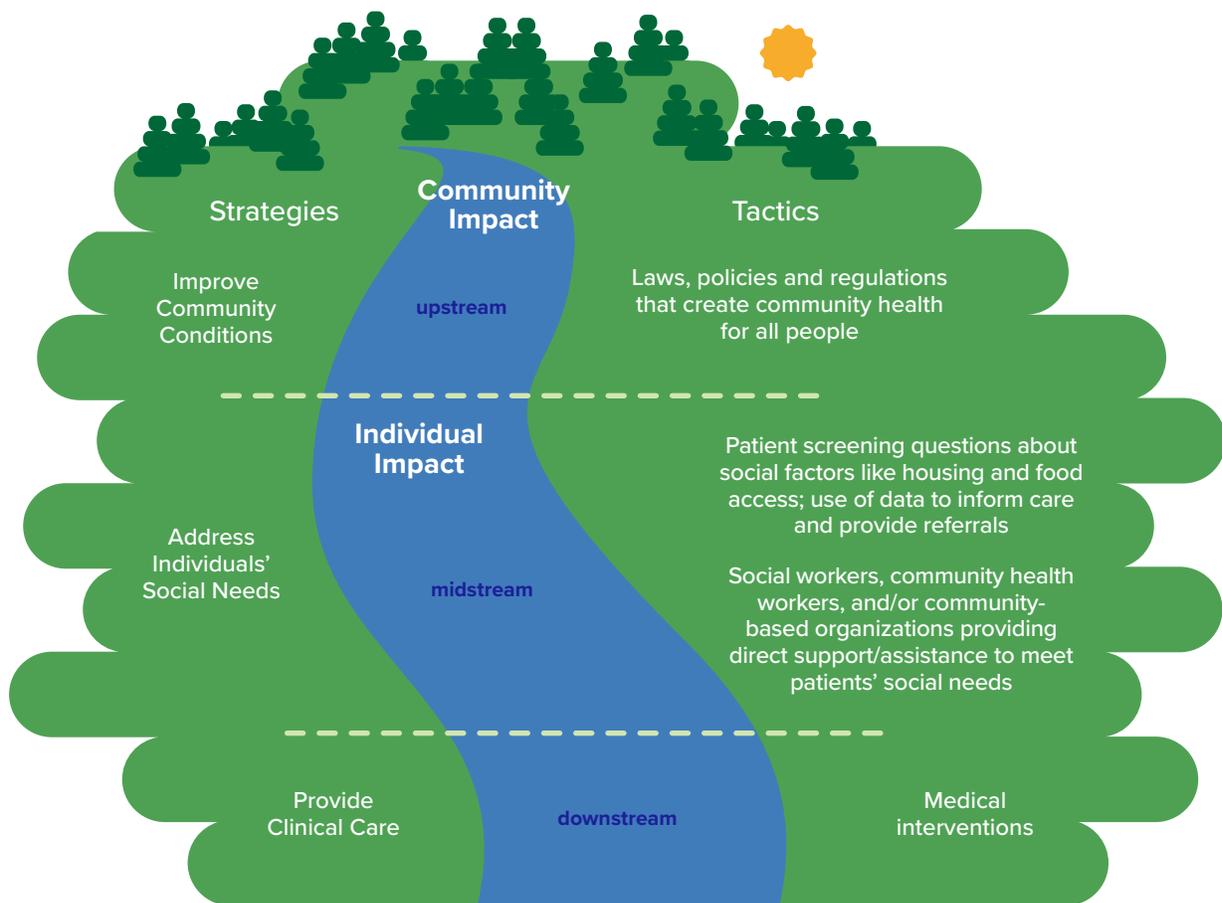


Figure adapted from <https://www.healthaffairs.org/doi/10.1377/hblog20190115.234942/full/>

## Section 2

# Methods and Sources

The project cast a broad net to scan current policies and potential policy adjustments to create healthy neighborhoods and advance racial and health equity. The scan looked at federal, state, and local policies with special attention to California state policy. Policies were identified using methods including reviews of published research, evaluations, and policy reports in scientific journals, nonprofit reports, and government publications.

Research started with existing policy scans and peer-reviewed literature (Web of Science, PubMed, and Google Scholar) using the search terms such as *community development*, *infrastructure*, and *social determinants of health* in combination with *human health*, *wellbeing*, *health policy*, *racial equity*, *equity*, *healthcare*, and *health disparities*. Those searches generated more than 300 potential articles, and we used 112 articles to inform a first draft of this scan. Articles were selected if they mentioned specific federal, state, or local policies connecting healthy neighborhoods to improvements or challenges to racial and health equity. Online research also aimed to identify examples of state and local policies and included a review of all statewide measures on the November 2020 general election ballots. For each article we gathered policies identified in the article and implications of those policies for racial equity and community development.

### **A focus on public policy, broadly**

This scan focuses on public policies—the formal actions taken by federal, state, and local government bodies and officials that establish goals, requirements, and regulations to address past, present, or future public problems and/or community needs.<sup>16</sup> Also important are plans that express state and local governments' long-term policy goals and programs that implement the policies and plans.<sup>17</sup> This scan does not examine the policy implications of judicial decisions.



Building on that initial research, we conducted 12 interviews with healthy neighborhood policy experts and convened a cross-sector Policy Council of 38 leaders in the Build Healthy Places Network and Shift Health Accelerator networks (see Acknowledgments section). Policy Council members were recruited based on their experience in grassroots community development policy advocacy, policy knowledge in health and community development policy, and leadership in California’s community development and health sectors. The interviews and three rounds of review with the Policy Council identified additional policy strategies, actions, and policy resources that were included in the scan.

As noted earlier, this policy scan builds on *Thriving Together: A Springboard for Equitable Recovery and Resilience in Communities Across America*,<sup>18</sup> published by the CDC Foundation and Well Being Trust. That document provided the Thriving Together Springboard framework utilized in this policy scan. Specifically, the Thriving Together Springboard outlines seven broad categories of investment (called “vital conditions”) needed to achieve this vision, thus renewing civic, economic, social, emotional, and spiritual life. These categories are belonging and civic muscle; thriving natural world; basic needs for health and safety; humane housing; meaningful work and wealth; lifelong learning; and reliable transportation. The policy scan uses these seven categories as a starting point to outline specific policy interventions and translate the Thriving Together Springboard into an actionable policy framework.

### **What This Report Is Not**

This report does not weigh the relative potential of each policy to advance or hinder racial and health equity. Each policy strategy and action was included because someone said it had *some* potential. This report does not identify a set of policy priorities, it serves as scan of potential policies to advance health and racial equity. We did not conduct our own evaluation of potential impact. Each partnership should do that within its specific context of goals, priorities, and needs.

Section 3

# Policy Opportunity

9



Uncertainties at this momentous time are driving policy innovations at the federal, state, and local levels. The path into recovery from the COVID-19 pandemic has yet to be defined. There is a policy opportunity in this moment. Those same uncertainties are forces that can change the policy ecosystem in unpredictable and connected ways. Successfully investing in healthy neighborhoods in ways that advance racial and health equity, affect the social determinants of health, and undo centuries of practice institutionalizing racism will require an ecological view of policy change. It is unlikely that one organization or one sector alone can make the changes required. Multi-sector partnerships between community leaders, health, community development, and local government are well suited to navigate the policy ecosystem. They can bring their combination of vision, power, resources, and information to policy changes that transform where and how people live, work, play, and learn.

### 3.1. Change Will Take a Policy Ecosystem

Policymaking is often messy and interconnected, just like ecosystems in nature. Any policy in the United States to advance racial and health equity is contending with 400 years of policy and practice of segregation. Policy actions at the federal or state level change what organizations at the local level can do. Changes in housing policy will affect changes in transportation and education. These relationships are complex, interacting in sometimes unpredictable ways. But do not let that complexity deter you from action. Any individual or resident can propose, make, and ensure implementation of public policy. A new school garden, changes to affordable housing policy, or a new bus line became policy when one resident talked to their neighbors and showed up at city council meetings to demand change. New investment funds and workforce housing developments began because a hospital and community development corporation got a state agency to authorize those programs and support local city departments in implementing them. From individuals to institutions, and from communities to cities, policy action can emerge and take hold from anywhere in an ecosystem.

## Resources for Engaging in Legislative Policy or Planning Policy

Each city, county, or state may have slightly different processing for proposing and adopting policy. There are some commonalities. The [Oregon state legislature](#)<sup>19</sup> provides a diagram of its process in multiple languages, and that process is similar to the [California legislative process](#).<sup>20</sup> The [City of Denver](#)<sup>21</sup> and [County of Kauai](#)<sup>22</sup> provide diagrams of how city council and county commission legislative processes work. [ChangeLab Solutions](#) provides a roadmap for engaging in local general plans.<sup>23</sup>

So, if policymaking functions more like an ecosystem than a linear path from an idea to implementation, then change requires an ecological view<sup>24</sup> of the policy process. The Thriving Together Springboard maps the vital conditions needed for a functional ecosystem intended to create thriving people and places. Section 4 provides a wide range of policy actions available to meet those vital conditions. Yet, the reality is that change will require multiple policy actions, influencing multiple parts of the policy ecosystem. Section 6 provides some process guidance for multi-sector partnerships to navigate the policy ecosystem.

Successfully navigating policy change in an ecosystem will require collaboratives to understand:

- The different policy levers and interactions amongst different policy actors;
- A range of policy strategies, not just a single action;
- The powers and roles for different policy actors and the partnerships they participate in;
- Ways to open leadership pathways that reflect the diversity of communities and build power to center decisions within communities that stand to benefit from policy;
- How to shape the institutional environments that inform, constrain, and promote policy change; and
- The fact that policy shapes behavior for institutions, programs, groups, and individuals.

For this report, we also embrace the vision of a policy process that is healing and trauma-informed. So as people set policy agendas, adopt policy, and implement policy, they take those steps in ways that build safety and choices, promote collaboration and peer support, encourage trustworthiness and transparency, empower people to work for change, and recognize intersectionality (see Section 6 for more).<sup>25</sup>

### Attention to Policy in Rural Places

For this report, the Policy Council conducted research for policy across the urban-to-rural spectrum. Most of the policies included here apply to both urban and rural places. However, one-size-fits-all approaches to policymaking risk ignoring diverse needs and thus exacerbating inequity. In 2019, 30 million people lived in non-metro counties (about 11 million in completely rural counties),<sup>26</sup> 20% of whom were people of color.<sup>27</sup> Rural places experience inequities, and the intersection of geography, race, and other identities can exacerbate that inequity.

Policy implementation in rural places needs to account for people being spread out, the present and history of agricultural and resource economies, generally smaller tax and revenue bases, recovery needs remaining from the 2008 economic crisis, and differences in culture and identity.

Less has been written on rural development policies that might link community, health, community development, and local government. Our research identified several useful resources that are incorporated throughout this report:

- [\*Atlas of Rural and Small-Town America\*](#) (U.S. Department of Agriculture)<sup>28</sup>
- [\*The Path to Rural Resilience in America\*](#) (Center for American Progress)<sup>29</sup>
- [\*Rural Development Innovation Group\*](#) (Aspen Institute)<sup>30</sup>

## 3.2. The Importance of Multi-sector Partnerships

In a policy ecosystem, where the root causes of racial and health inequity are connected, sectors working in silos create inefficient use of resources, policy roadblocks, underestimated value, and missed investment opportunities.<sup>31</sup> Collaboratives that bring together multiple sectors and partners that share a common problem definition, goals, and languages can have the diversity of skills and lenses needed to navigate complex policy ecosystems. For example, by conservative estimates, healthcare spends \$1 trillion each year treating conditions caused by systematic racism and poverty.<sup>32</sup> Yet the root causes of poor health and poverty are the same—lack of access to good jobs, clean water, caliber of education, access to public transportation, quality affordable housing, safe streets and neighborhoods, and financial health.

A successful policy ecosystem leverages multi-sector partnerships for change. Community development and health sectors are policy actors with unique roles to cultivate and leverage. Community-based coalitions, neighborhood leaders, and community-based organizations are policy actors positioned to center community voice, power, and needs for the selection, design, and advocacy of specific policy actions. Local governments, including elected officials, city and county administrators, and public agencies are policy actors able to reflect the needs and priorities of communities in local policy actions.

State governments, including governor's offices and legislatures, can play a role in creating the regulatory conditions, incentives, and/or requirements for local policy action that prioritizes racial equity and health equity. Multi-sector partnerships, especially those that leverage the roles of different policy actors, are ideally positioned to work together in concert to move a policy ecosystem toward shifts in investments, collaboration, and policies aimed at healthy communities. Some of the actors in a multi-sector partnership are described in Figure 2.

**Figure 2.** Multi-sector partnerships for policy action



## 3.3. Actions for Multi-sector Partnerships

### Start with community leaders and advocates in community-based organizations and neighborhoods

The Thriving Together Springboard leads with “belonging and civic muscle” as the overarching vital condition for a reason. The ability of all residents to engage fully in shaping their community’s healthy future is foundational to racial and health equity. Exclusion, segregation, and lack of transparency all contribute to divide us.

Leaders from communities experiencing racial and health inequity—Black people, Indigenous people, people of color, people with disabilities, and rural residents—are essential voices to center as part of multi-sector collaboratives. Community leaders are described in this report as individual residents who organize with their neighbors, culturally specific organizations, community-based nonprofits, churches, and others who can lift the voices of people experiencing racial and health inequity in a community. Community leaders are experts and often have the power to articulate an integrated vision that sectors do not. One of the critical themes of this policy scan is to start with and lean into advancing belonging and building civic muscle.

### Engage health

Public health and healthcare institutions that provide medical services, prevent disease, and strive to improve population health increasingly acknowledge the importance of comprehensive strategies to address social determinants of health.<sup>33</sup>

Healthcare consists of hospitals, health systems, health plans, accountable care organizations, state Medicaid providers and managed care organizations, community clinics, and others. Public health is an accredited field within the health sector that works to prevent disease and promote the health of whole populations through educational programs, policies and regulations, services, research, and advocacy, typically involving environmental scientists, health educators, medical professionals, and others. Public health is focused on the health of groups, and increasingly on reducing the health disparities between groups and advancing health equity.<sup>34</sup>

Healthcare investment pathways, including community benefit investments, local procurement, and partnerships to advance policies that focus on community wellbeing, workforce pathways, and affordable housing, among other important considerations, now extend well beyond the walls of healthcare systems. Many are also leveraging their role as anchor institutions<sup>35</sup> that tend to stay in the same location over time with the same communities, recognizing that leadership extends beyond investments to facilitate cross-sector partnerships. In this unique moment in history, public health and healthcare systems are joining other institutional leaders in calling to accelerate efforts to achieve racial and health equity. It is in this moment that a broad landscape scan of potential policy actions can be leveraged for sustainable investments and change.



### **Partner with community development organizations**

Community development is a multi-billion-dollar sector that emerged as a response to systemic inequities, especially with access to housing and financial capital. The Community Reinvestment Act<sup>36</sup> motivated reinvestment in low-income neighborhoods, and about 5,000 community development corporations nationally are building affordable housing and attracting investment for health clinics, grocery stores, schools, and community facilities. Community development organizations broadly are embedded in historically marginalized communities and support development of a broad array of assets, resources, and services to support healthy communities. Community development is often locally driven and leads efforts to utilize levers of change specifically to impact the social determinants of health. Community development corporations and community development finance institutions are well positioned to engage communities to identify needs and priorities, understand and engage in cross-sector investments, and partner with health leaders and policymakers for sustainable policy design and development.

### **Activate local government for policy to advance racial and health equity**

Successful implementation of many of the policies in this scan is deeply influenced by the actions or inaction of county and city governments. Elected officials and government departments plan, invest, and have an impact on people's daily lives. Local government is an important part of multi-sector collaboratives.

### **Know that it takes a village to lift opportunity**

Community leaders and institutional leaders all have an important role to play to positively impact health and to achieve racial equity. Recognizing the historical, institutional and systemic power inequities will be critical to the process. Ensuring that communities with the lived experience of being most impacted by policies have the power to make change and define success is at the foundation of how policy can advance racial and health equity.



*Healthy Neighborhood Investments: A Policy Scan & Strategy Map* recognizes that multi-sector partnerships are often trying to clear the same hurdles in pursuit of similar goals. To achieve complex policy changes, those sectors need to partner in creating a go-to sustainable model for addressing social determinants of health in California and other places. Those policy changes include removing barriers to cross-sector partnerships and enacting policies that actively support those partnerships. The following landscape of policy actions can serve as a starting place to engage residents, policymakers, and other cross-sector leaders in advancing policies that facilitate investments for healthy communities.

### **Examples of collaborative efforts leaning into the social determinants of health**

Kaiser Permanente and LISC launched a [\\$60M inclusive economic development fund](#) to invest in small businesses, commercial and industrial corridors, and talent development in the eight states Kaiser serves, especially in Southern California.<sup>37</sup> [The Healthcare Anchor Network](#) is a collaborative of more than 50 healthcare systems building more inclusive and sustainable economies.<sup>38</sup> Nationwide Children's Hospital and its multi-sector partners started the [Healthy Neighborhoods Healthy Families](#) initiative to target affordable housing, education, health and wellness, community enrichment, and economic development.<sup>39</sup> Intermountain Healthcare launched the [Utah Affordable Housing Preservation Fund](#) with partners to preserve affordable housing options.<sup>40</sup> Dignity Health's [Increasing Capital for Underserved Communities](#)<sup>41</sup> focuses investments on providing resources such as loans, lines of credit, and guarantees at or below market rates to support economic investments by and in communities. In Philadelphia, Children's Hospital partnered with the city to create the [Community Health and Literacy Center](#).<sup>42</sup> The center holds a silver LEED rating and includes a pediatric clinic, a full-service community health center, a library branch, and a recreation center with a playground and green space.

Section 4

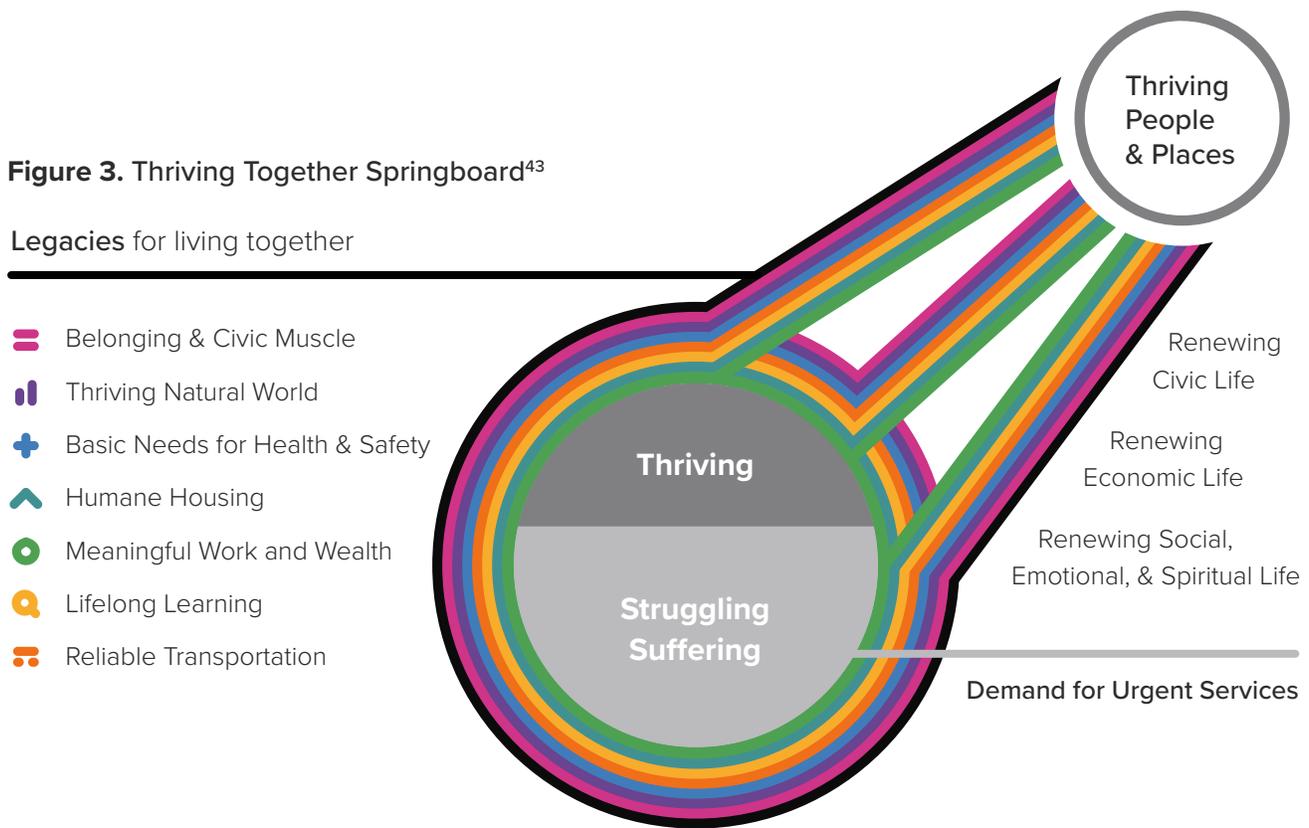
# Potential Policy Strategies and Actions



The Thriving Together Springboard defines a set of vital conditions, the properties of places and institutions that people all depend on to reach their full potential. This section catalogs policy strategies and actions that can move those vital conditions closer to a state of racial and health equity.

Examples of policy strategies are presented for each of the seven vital conditions (see Figure 3), with a focus on upstream investments to address the social determinants of health. Each policy strategy could be enacted through one or more policy actions at the local, state, and federal levels.

**Figure 3. Thriving Together Springboard<sup>43</sup>**



The following subsections each begin with a summary of how policy influences the vital condition, and a table lists potential strategies and examples of policy actions at the federal, state, and local levels. Each subsection continues with further detail on the policy strategies and possible policy actions. The vital conditions are color coded to correspond with the colors used in Figure 3.

We begin with belonging and civic muscle—the policy area identified time and again as critical for racial and health equity through our interviews and in conversations with the project’s Policy Council.

## 4.1. Belonging and Civic Muscle

Equitable decision-making must include the voices of those most impacted by decisions. This commitment must be embedded and prioritized consistently over time. Additionally, feeling like one belongs and is part of a larger community creates a virtuous cycle.<sup>44</sup> For instance, people who feel valued and cared for are more likely to participate in policy decision-making and civic life, and people who participate feel connected and tend to live longer, happier lives. Belonging and civic muscle is the foundation of community members' power to implement a vision of the future that is healthy and equitable. Policy strategies that center belonging and civic muscle tend to touch a wide range of activities in other policy strategies. The authors view those strategies as the starting points precisely because they hold the promise of building community power—a power rooted in mutual respect, social connections, and shared opportunity for all.

Policy strategies for belonging and civic muscle set expectations, define equitable processes, and establish a foundation for a vision of a healthy community. Ultimately, civic muscle is created through collective leadership, confronting racism and injustice, institutional synergy, engaging civic culture, organic coalitions, purposeful collaboration, and learning together.<sup>45</sup> Each of these elements might look different for communities, but they can be measured, prioritized, and encouraged.

### Belonging

Policies that support belonging (Table 2) open the doors to the policy process and place a “welcome sign” at the entrance. When people can show up to a policy discussion as their full selves and feel included and welcomed, then creativity and innovation occur. When people most impacted by policy decisions design solutions, those solutions grow to address the most wicked problems rooted in concentrated poverty, racism, and income inequality. Strategies range from the fundamentals, such as ensuring all people have the ability to vote regardless of their interaction with the criminal justice system, to more complex approaches like investing in leadership development and capacity.



**Table 4.1.A. Policy strategies for belonging**

Policy Strategy	Sample Actions
<p><b>4.1.1.</b> Make sure every person and their vote counts</p>	<p><b>Federal:</b> National Voter Registration Act; Voting Rights Act; Help America Vote Act<sup>46</sup></p> <p><b>State:</b> Virginia SB 1 – driver license suspensions<sup>47</sup>; Voter ID laws<sup>48</sup>; DC – Restore the Vote Amendment Act of 2019<sup>49</sup>; Washington SB 5207 – notification of voting rights restoration for felons<sup>50</sup>; Florida SB 7066 – felony disenfranchisement<sup>51</sup>; California AB 1461 – automatic voter registration<sup>52</sup>; California – voter preregistration,<sup>53</sup> same-day registration<sup>54</sup>; California AB 860 – vote by mail<sup>55</sup></p> <p><b>Local:</b> Philadelphia district attorney – Elections Task Force<sup>56</sup></p>
<p><b>4.1.2.</b> Reform campaign finance</p>	<p><b>Federal:</b> Federal Election Campaign Act<sup>57</sup></p> <p><b>State:</b> California Fair Political Practices Commission<sup>58</sup>; Arizona Clean Elections programs<sup>59</sup>; Massachusetts – Citizens Commission<sup>60</sup>; Arkansas Section 508 – political contribution credit<sup>61</sup>; Minnesota – Political Contribution Refund program<sup>62</sup></p> <p><b>Local:</b> Matching funds programs – Los Angeles,<sup>63</sup> New York City<sup>64</sup>; Seattle Democracy Voucher program<sup>65</sup></p>
<p><b>4.1.3.</b> Fund community capacity and require community engagement</p>	<p><b>Federal:</b> Community Services Block Grant<sup>66</sup>; Medicaid 1115 Community Engagement Initiative<sup>67</sup>; Ryan White HIV/AIDS Program Part A Grants<sup>68</sup>; Federally Qualified Health Center board composition rules<sup>69</sup>; Administrative Procedure Act<sup>70</sup>; National Environmental Policy Act<sup>71</sup>; Strategic Economic and Community Development<sup>72</sup>; Rural Community Development Initiative Grants<sup>73</sup>; Public Housing Resident Advisory Board<sup>74</sup></p> <p><b>State:</b> Minneapolis Parks and Recreation Board – Community Engagement Policy<sup>75</sup>; Transformative Climate Communities<sup>76</sup>; California Accountable Communities for Health Initiative<sup>77</sup>; Citizen Initiatives Review<sup>78</sup>; Rural Local Initiatives Support Corporation (LISC) Community Facilities Fund<sup>79</sup>; Community Facilities Direct Loan and Grant Program<sup>80</sup></p> <p><b>Local:</b> Community Benefits Agreements<sup>81</sup>; Chicago – Neighborhood Opportunity Fund<sup>82</sup>; Los Angeles Metro – Joint Development Program<sup>83</sup>; Seattle – community liaisons<sup>84</sup></p>
<p><b>4.1.4.</b> Collect and use disaggregated data</p>	<p><b>Federal:</b> Federal Interagency Working Group for Research on Race and Ethnicity<sup>85</sup>; National Center for Health Statistics<sup>86</sup>; Section 4302 of the Affordable Care Act<sup>87</sup></p> <p><b>State:</b> California AB 929 – reporting of disparity information for Covered California<sup>88</sup>; Maryland Health Enterprise Zones<sup>89</sup>; California SB 464 – training and data collection to address maternal mortality rates for Black women<sup>90</sup>; Minnesota – Health Equity Data Analysis<sup>91</sup>; California Cancer Registry<sup>92</sup>; California AB 1726 Accounting for Health and Education in API Demographics Act (AHEAD Act)<sup>93</sup>; Rhode Island – All Students Count Act<sup>94</sup>; Minnesota – All Kids Count Act<sup>95</sup>; Healthy Communities Data and Indicators Project<sup>96</sup></p> <p><b>Local:</b> Health impact assessments<sup>97</sup>; San Diego – Community Information Exchange<sup>98</sup></p>
<p><b>4.1.5.</b> Commit to leadership development</p>	<p><b>Federal:</b> U.S. Office of Personnel Management Center for Leadership Development<sup>99</sup></p> <p><b>State:</b> Kansas Leadership Center<sup>100</sup>; California – Partners Advancing Climate Equity<sup>101</sup></p> <p><b>Local:</b> Cal State Chico – Local Government Leadership Institute<sup>102</sup>; Bay Area Social Services Consortium<sup>103</sup>; San Francisco Multicultural Fellowship Program<sup>104</sup></p>

#### 4.1.1. Strategy: Make sure every person and their vote counts

Voting is a fundamental right and the basis of democracy. In the *Shelby County v. Holder*<sup>105</sup> decision, the preclearance requirements designed to protect minority voters from discrimination were removed, leading to increased voter purge rates.<sup>106</sup> In addition, voter suppression laws and procedures, such as voter ID laws and voter registration restrictions, have prevented many from exercising their right to vote. These restrictions have been shown to disproportionately impact minority populations.<sup>107</sup> In the November 2020 elections, Florida, Colorado, and Alabama approved ballot measures that would change the wording of the state constitution granting every *citizen* the right to vote, limiting it to *only citizens* that meet the requirements. Although the change in wording may seem minor, it could be used to impose excessive requirements that can keep people from voting. Restrictions may be physical as well: voting can be difficult for those with disabilities if polling sites are not able to accommodate their needs. Given the existing restrictions, it is imperative to have policies in place that remove these barriers and enable people to vote. Strategies that address disenfranchisement include prohibiting voter purges, restoring voting rights to those with a felony conviction, allowing voter preregistration, and implementing automatic voter registration.

##### California AB 1461<sup>108</sup>

Passed in 2016, California Automatic Registration allows for eligible residents who interact with government agencies, such as at the DMV, to be registered to vote unless voters opt out. The legislation allows for more streamlined processes for registration across government agencies. Estimates suggest at least 2 million new voters were registered in the initial year.<sup>109</sup>

##### Restoration of voting rights for felons and incarcerated individuals

In 2020, approximately 5 million people were disenfranchised due to felony convictions.<sup>110</sup> Estimates suggest that African Americans were disproportionately impacted by felony disenfranchisement, at a rate 3.7 times greater than that of non-African Americans.<sup>111</sup> Most states disenfranchise those that have felony convictions to varying degrees, taking away voting rights during incarceration or until the completion of a sentence. In nine states, felony convictions may lead to a permanent loss of voting rights, and in 19 states, voting rights are restored only after completion of prison, parole, and probation.<sup>112</sup> Only a few states have completely lifted voting restrictions for felons. For example, the District of Columbia's Restore the Vote Amendment Act of 2019<sup>113</sup> protects voting rights for those with felony convictions regardless of their sentencing status or incarceration.



#### 4.1.2. Strategy: Reform campaign finance

Money can win elections. The current campaign financing system favors candidates who can pull in the most campaign contributions. This can lead to a conflict of interest, with candidates prioritizing the interests of major donors instead of the public interest. For example, in states where campaign financing was more strictly regulated, elected state officials were more generous in their allocation of social welfare spending.<sup>114</sup> The current system also favors wealthier candidates since no limits are placed on campaign contributions from personal funds of the candidate. Given the high costs of running a campaign, this limits the pool of qualified individuals willing to become candidates. These flaws in the system contribute to a loss of power for citizens to influence policymaking. However, some states and cities have adopted a “clean elections” program, public financing programs, or contribution tax credits to encourage fair campaigns that are based on the interests of citizens. These programs are voluntary, but many candidates opt in. Advocating for these policies and for more transparency in campaign financing can restore power to the citizens.

##### **Small donor public financing program and incentives for political contributions**

Los Angeles’s small donor public financing program (Matching Funds Program<sup>115</sup>) stipulates that candidates must abide by certain requirements, such as collecting a minimum number of contributions and adhering to contribution/spending limits, to receive public funds matching private contributions up to a certain amount.<sup>116</sup>

Seattle’s Democracy Voucher Program<sup>117</sup> provides all registered voters with a voucher that can be donated to any participating candidate’s campaign. The vouchers are available even for those who are not registered to vote, if they meet certain requirements. The vouchers come at no direct cost to eligible residents, in order to encourage civic engagement particularly for underrepresented groups and lower-income residents.

Both programs empower those without personal or external connections to wealth to run for office in fair competition. Removing both the burden of fundraising and the need to serve the interests of major donors allows for political campaigns centered on engaging and listening to the voters.

#### 4.1.3. Strategy: Fund community capacity and require community engagement

Policymaking often requires some level of transparency and notice to the public. A range of “sunshine” laws were passed in the 1950s and 1960s (see Brown Act<sup>118</sup> and Public Records Act<sup>119</sup>) designed to open government to more oversight from the public. It is also critical that communities have the resources to participate actively and effectively.

Sunshine laws require public business to be conducted with notice and carried out in open settings, with records maintained and available. Those provisions are important but are not the same as the kinds of community engagement and centering of community

leadership being called for to advance racial and health equity. For example, conducting open meetings is not the same as actively engaging people experiencing racial and health inequity. Reaching different communities means changing how engagement occurs (e.g., online forums, meeting people where they gather for food or worship, and providing translation and childcare). It also means flexing how governments compensate people for participating in and providing their expertise for policy decisions.

The Contra Costa County public health department<sup>120</sup> adapted Arnstein's ladder of citizen participation<sup>121</sup> for public health. For Arnstein, the kinds of informing and consultation required by the Brown Act can be a type of tokenism. Several states have moved toward more deliberative democracy experiments. Oregon has included a Citizen Initiative Review<sup>122</sup> of ballot measures since 2009, and Mississippi helped support the William Winter Institute for Racial Reconciliation<sup>123</sup> to foster dialogue. Community control demands partnership and delegation of power. Several states and localities have formed Accountable Communities of Health,<sup>124</sup> multi-sector partnerships engaged with the community to improve health, and many are explicitly centering equity and resident voice in decision-making. Multi-sector partnerships can support and hold public health and healthcare accountable, ensuring that these sectors meet community engagement requirements in how they invest resources, make decisions, and collect and understand data on key needs. These partnerships are also ideally positioned to advocate for resident-led policy design, and multi-sector leaders can support the capacity of communities to show up and lead as governments open more space for real engagement.

### **Community Engagement Initiative to further Medicaid objectives**

Medicaid announced the Community Engagement Initiative,<sup>125</sup> which allows states to impose community engagement requirements for Medicaid eligibility under the 1115 waiver. The initiative emerged from the idea that community engagement has the potential to promote overall health while concurrently addressing factors beyond health. As community engagement is a common strategy used to improve equity, creating requirements will increase such efforts while demonstrating the effectiveness of community engagement as a strategy to advance equity and improve overall health.

### **Empowering communities to create transformative change**

California's Transformative Climate Communities Program<sup>126</sup> funds community-led development projects that aim to achieve environmental, economic, and health benefits in disadvantaged communities. The program requires the formation of a collaborative stakeholder structure composed of residents, public agencies, nonprofits, and other local stakeholders to establish partnerships. Another requirement is to develop a community engagement plan as part of the development proposal to incorporate meaningful and direct community engagement. The collaborative nature of the program empowers communities to lead development efforts in their own neighborhoods on their own terms.



#### 4.1.4. Strategy: Collect and use disaggregated data

Information is power. The ability to identify specific areas of inequality depends on the availability of information generated from multiple forms of data. [The Robert Wood Johnson Foundation](#) identified disaggregated data as one of the first principles of health equity for COVID-19 response and recovery.<sup>127</sup> Data can include resident stories, health disparity data at the census block level, and census-block-level data on social determinants of health disaggregated by race, languages spoken, income, gender identity, sexual orientation, religion, immigration status, and other variables linked to equity. Data should also include information on a place’s “civic muscle” and “social fabric”—the foundational capacities needed for resilience (e.g., [the civic capacity index](#)<sup>128</sup>).

If data on disparities in housing access, exposure to extreme heat, or transit access can be found only at the city or county level, planners will find it difficult to prioritize investments in an equitable way or to avoid unintended impacts. The “[targeted universalism](#)”<sup>129</sup> approach, whereby universal goals are achieved through targeted processes, requires disaggregated data. Further, qualitative data representing the stories and experiences of communities facing inequities is critical to ensure the relevance of a data-informed policy agenda. For example, if a city housing department or researchers doing a hospital community health needs assessment conduct a survey of residents on housing preferences, but those residents are not involved in developing the survey questions and analyzing the data, then the data may represent answers to questions that the researchers, rather than the residents, defined and therefore may be disconnected from community priorities. This process would also limit the potential to build power in the community to create change through quantitative and qualitative data collection and use.

Instead, there is an opportunity to build capacity in community-based organizations to collect, own, and analyze their own data (e.g., an ongoing partnership with a local college to train community leaders in data collection and analysis). Health partners in multi-sector partnerships can actively work to make their own community-level, de-identified data available to planners, community leaders, and decision-makers. The health sector can invest in communities' ongoing capacity to use data to inform public health and healthcare decisions.

### **Using data and community engagement to advance health equity**

The Minnesota Department of Health developed the [Health Equity Data Analysis](#)<sup>130</sup> (HEDA) guide as a framework for collecting and analyzing community-informed data on a broad set of health determinants to identify health inequities. The guide is intended for use by local health departments to understand local health equity issues to inform policy and/or strategies. The guide emphasizes the need to disaggregate data to identify differences in health outcomes between populations. The guide also emphasizes that communities are to be engaged in all aspects of the HEDA (determining what data should be collected, implementation, analysis, and interpretation/application of the findings). Assessing both racial and health equity data is critical to understand the intersectionalities that are revealed through the data and engagement process.

#### **4.1.5. Strategy: Commit to leadership development**

Everyone has the capacity to be a leader, and leadership is a set of skills and perspectives that can be cultivated. Policies and programs can encourage the ongoing identification and preparation of the leaders communities need now and for many future generations. Establishing organizational commitment to leadership development, including workforce pathways, can create opportunities for sectors to reflect the diversity of local communities, build capacity for innovation, and create networks of leaders to advance policy. More broadly, government and health investments in community leaders' participation in policy design create exciting opportunities for supporting community-led change.

### **Orlando's iLead resources for resident leaders**

The City of Orlando Communications and Neighborhood Relations Department created [iLead](#)<sup>131</sup> to provide resources, tools, and training for community leaders to shape local public policy. The city provides small grants to leaders to participate in a 6-week leadership training program and online guides in topics such as neighborhood engagement, communications, and engaging next-generation leaders, among others.

## Civic Muscle

As all people are welcomed into the policy process, the process of building civic muscle can grow. Civic muscle gives communities experiencing inequity the power to embed their vision of a healthy future into comprehensive racial equity policies, master plans and zoning, and other guiding policies. And when those values of equity are embedded in policy (Table 3), communities have more power to change the policies shaping revenue and expenditures to better match community values and priorities, with flexibility to change as needs arise.

**Table 4.1.B. Policy strategies for civic muscle**

Policy Strategy	Sample Actions
<p><b>4.1.6.</b> Use comprehensive master plans (parks, housing, transport)</p>	<p><b>State:</b> California Master Plan on Aging<sup>132</sup>; California SB 1000 – requires environmental justice in land use planning<sup>133</sup>;</p> <p><b>Local:</b> Oakland Healthy Development Guidelines<sup>134</sup>; Rancho Cucamonga’s General Plan – Plan RC<sup>135</sup>; California’s Roadmap Home 2030<sup>136</sup>; El Monte General Plan<sup>137</sup>; Minneapolis 2040<sup>138</sup>; Philadelphia – Growing With Equity<sup>139</sup></p>
<p><b>4.1.7.</b> Enact anti-displacement measures</p>	<p><b>Federal:</b> Housing Choice Voucher Program<sup>140</sup></p> <p><b>State:</b> California SB 330 – declares housing emergency<sup>141</sup>; California AB 1866 – accessory dwelling units<sup>142</sup>; California AB 1505 – inclusionary housing<sup>143</sup>; California AB 2782 – mobile home parks<sup>144</sup></p> <p><b>Local:</b> Community preference policies – Portland Right to Return policy<sup>145</sup>; San Francisco – Community Opportunity to Purchase Act, Small Sites Program<sup>146</sup>; DC – Tenant Opportunity to Purchase<sup>147</sup></p>
<p><b>4.1.8.</b> Establish city and state racial equity umbrella policies</p>	<p><b>Federal:</b> Title VI of Civil Rights Act<sup>148</sup></p> <p><b>State:</b> California Health and Safety Code Section 131019.5 – defines health equity<sup>149</sup>; California SB 1000 – requires environmental justice in land use planning<sup>150</sup>; California AB 1628 – ensures communities of color are involved in decision-making processes for environmental regulations<sup>151</sup>; California – Capitol Collaborative on Race and Equity<sup>152</sup>; California AB 686 – affirmatively furthering fair housing<sup>153</sup>; Michigan Department of Civil Rights<sup>154</sup>; Washington HB 1783 – establishes state Office of Equity<sup>155</sup>; Oregon – Office of Equity and Multicultural Services<sup>156</sup>; Connecticut SB 356 – racial and ethnic impact statements<sup>157</sup></p> <p><b>Local:</b> Monterey County, California – Governing for Racial Equity<sup>158</sup>; King County, Washington – Office of Equity and Social Justice<sup>159</sup>; Minnesota – Advancing Health Equity report<sup>160</sup>; Marin County – Racial Equity Action Plan<sup>161</sup>; Seattle – Race and Social Justice Initiative<sup>162</sup>; Oakland – Equity Indicators<sup>163</sup>; Los Angeles – Metro Equity Platform<sup>164</sup>; Contra Costa County – Racial Justice Task Force<sup>165</sup>; Madison, Wisconsin – Racial Equity &amp; Social Justice Initiative<sup>166</sup>; Los Angeles County Antiracist Policy Agenda<sup>167</sup></p>
<p><b>4.1.9.</b> Improve intergovernment and interagency coordination</p>	<p><b>Federal:</b> Government Performance and Results Act (GPRA) Modernization Act of 2010<sup>168</sup></p> <p><b>State:</b> California – Joint Exercise of Powers Act<sup>169</sup>; California – Communities Development Authority<sup>170</sup>; California SB 1404 Civic Center Act<sup>171</sup>; New York – Center for Innovation Through Data Intelligence,<sup>172</sup> Health and Human Services Accelerator,<sup>173</sup> Worker Connect<sup>174</sup>; Caltrans Interagency Coordination<sup>175</sup>; Colorado HB 1451 – collaborative management for child and family services<sup>176</sup></p> <p><b>Local:</b> San Diego Community Information Exchange<sup>177</sup>; ACCESS Sonoma County<sup>178</sup>; King County Coordinated Entry for All<sup>179</sup>; San Joaquin County Operational Area Multi-Agency Coordination Group Support Annex<sup>180</sup>; Kenosha, Wisconsin – Intergovernmental Cooperation Element<sup>181</sup>; Miami-Dade County – Intergovernmental Coordination Element<sup>182</sup>; School facilities joint use agreements – San Diego,<sup>183</sup> Pasadena,<sup>184</sup> Sacramento<sup>185</sup>; Orange County Fire Authority<sup>186</sup>; San José–Santa Clara Clean Water Financing Authority<sup>187</sup>; Marin County – Fire House Community Park Agency<sup>188</sup>; Solano County Community Action Partnership<sup>189</sup></p>

**Table 4.1.B. Policy strategies for civic muscle, continued**

Policy Strategy	Sample Actions
<p><b>4.1.10.</b> Promote equitable tax and revenue policy</p>	<p><b>Federal:</b> Earned Income Tax Credit<sup>190</sup>; Volunteer Income Tax Assistance<sup>191</sup>; Low Income Taxpayer Clinic<sup>192</sup>; Secure Rural Schools<sup>193</sup></p> <p><b>State:</b> California Earned Income Tax Credit<sup>194</sup>; Louisiana – Child Care Provider Tax Credit, School Readiness Directors and Staff Tax Credit, Tax Credit for Business-Supported Child Care<sup>195</sup>; Nebraska LB 889 – early childhood workforce tax credit<sup>196</sup>; Maryland – Community Investment Tax Credits<sup>197</sup>; California AB 680 – equitable tax distribution in Sacramento<sup>198</sup>; California Proposition 30 – wealth tax<sup>199</sup></p> <p><b>Local:</b> Philadelphia – Community Development Corporation Tax Credit<sup>200</sup>; Thurston County, Washington – Dollars and Sense<sup>201</sup>; Vallejo – Participatory Budgeting<sup>202</sup>; San Francisco County Ordinance No. 131-18 – eliminating fines and fees<sup>203</sup></p>
<p><b>4.1.11.</b> Create flexible sources of funding</p>	<p><b>Federal:</b> Accountable Health Communities<sup>204</sup>; Small, Rural School Achievement Program – alternative fund use authority<sup>205</sup></p> <p><b>State:</b> Massachusetts Tax for Wellness Fund<sup>206</sup>; Rhode Island Health Equity Zones<sup>207</sup>; California Accountable Communities for Health Initiative<sup>208</sup>; New Jersey Flex Funds<sup>209</sup></p> <p><b>Local:</b> Imperial County Wellness Fund<sup>210</sup>; East San Jose PEACE Partnership<sup>211</sup></p>

**4.1.6. Strategy: Use comprehensive master plans (parks, housing, transport)**

Local governments use a range of planning documents to guide land use, prioritize investments in infrastructure, and shape how services are delivered. A number of California cities (e.g., Richmond, El Monte, and Rancho Cucamonga) are including health as an element of the city’s general plan. Cities often have a collection of master plans that may not include explicit policy requirements or budget allocations, but these plans often authorize city actions and can be used to hold city actions in alignment with the visions they embody. Citywide master plans are commonly used to establish zoning (e.g., where multi-family housing is located), parks (e.g., priorities for locating new parks), and transportation (e.g., needs for pedestrian and bike access).

Master plans are only as good as the common and current vision they embody. Plans older than 5 to 10 years can be less useful as communities change. Plans are also only as strong as the policies that require their implementation and city leaders’ commitment to implementing the visions embodied in the plans.

Multi-sector partnerships leveraging health system leadership and technical capacity, in concert with local leaders, can advocate for and co-create opportunities for diverse participation by developing plans that demand strong community engagement, are informed by racial equity and health equity data (e.g., data disaggregated by geography, race/ethnicity, gender identity, and other factors to identify specific neighborhoods or communities with high chronic disease disparities), and center community wellbeing and community leadership.



### **Rancho Cucamonga and Oakland weave health into their general plans**

Rancho Cucamonga<sup>212</sup> in Southern California has recognized how a health equity lens can shape land use decisions by setting aside space for affordable housing, improving walkability, and planning for parks and natural areas. A city's general plan sets a vision that guides infrastructure investments, zoning, and other policies. Incorporating racial and health equity lenses and goals into umbrella policies like these can make it easier to incorporate them into other policies too.

Sometimes, specific guidelines are needed to support site-specific development decisions. The Oakland Healthy Development Guidelines<sup>213</sup> require the city to consider environmental health, economic opportunity, and access to open space before approving development permits. The guidelines were formed as a result of community organizing in response to a proposed crematorium in East Oakland.<sup>214</sup>

### **SB 1000 incorporates environmental justice into land use planning**

California's SB 1000 requires cities and counties to adopt an environmental justice element into their general plans. The bill also includes a process for communities to be meaningfully involved in land use decisions. The California Environmental Justice Alliance and PlaceWorks Inc. built an SB 1000 Implementation Toolkit<sup>215</sup> for local governments and community-based organizations to use. The California Attorney General's office has also provided resources and comments on the implementation of SB 1000.<sup>216</sup>

#### **4.1.7. Strategy: Enact anti-displacement measures**

Anti-displacement measures serve to prevent displacement of people and small businesses. Uprooting people from where they have built a home and a community is traumatic and can have adverse impacts on social wellbeing that can carry over to overall health, particularly for low-income residents who can no longer afford rising costs. At the same time, investing in distressed neighborhoods to achieve healthy neighborhoods is important.<sup>217</sup> Gentrification is a complicated dynamic, tied not only to the histories of redlining and segregation policies, but also to the higher frequency of moving in and out of distressed neighborhoods.<sup>218</sup> In one study, gentrification led to lower rates of transiency for low-income residents,<sup>219</sup> and another study pointed to improvements in financial health for low-income residents of gentrifying neighborhoods.<sup>220</sup>

Anti-displacement measures focus on providing opportunities for people and businesses to prosper in place. Examples include preference policies, where developers prioritize applicants with neighborhood ties, and set-aside policies, where a portion of a development is reserved for small, local businesses and local residents. Other examples

include inclusionary zoning and community benefit agreements with developers (see Section 4.4). Some businesses or single-family homeowners may oppose anti-displacement measures. Multi-sector partnerships have an opportunity to advocate for the adoption of these policies to protect those that are vulnerable to gentrification.

### **Portland's North/Northeast Preference Policy to address displacement**

After urban development in North and Northeast Portland led to displacement of predominantly African American communities, the Portland Housing Bureau instituted the North/Northeast Preference Policy,<sup>221</sup> responding to input from community members that were impacted by displacement. The policy prioritizes housing placements for people who have been displaced, are at risk for displacement, or are descendants of those who were displaced. Bringing displaced people back into the neighborhoods where they have historic ties is a step forward in addressing the inflicted trauma. Anti-gentrification measures such as these can help ensure that urban development occurs without displacement, allowing community members to benefit from development instead of being left out.

### **Inclusionary housing requirements**

California's AB 1505<sup>222</sup> authorizes local governments to impose inclusionary housing requirements for rental units (e.g., requiring a certain percentage of a new multi-family development to be set aside for below-market-rate housing; or incentivizing rehabilitation of existing below-market-rate units). Inclusionary housing requirements can increase affordable housing stock, ensure diverse housing options are available particularly for low- to moderate-income families, and serve as a strategy to protect residents from displacement. Although the bill does not mandate inclusionary housing requirements, it grants this power to local governments and creates an opportunity for communities and sector leaders to advocate for inclusion in local housing stock and development.





#### 4.1.8. Strategy: Establish city and state racial equity umbrella policies

Several local and state governments are enacting department or agency-wide policies to advance racial equity. Federal protections against discrimination (e.g., the Civil Rights Act) also can be used locally for racial equity. City and state umbrella policies can take the form of a mayor's executive order, clear definitions of racial equity, and preferences in policies ranging from procurement to grant programs. The American Public Health Association has compiled examples of state declarations that racism is a public health issue.<sup>223</sup> Undoing racial inequity will require systematic reversals of decades of institutionalized racism across nearly every policy domain. All of those intersections make it important to have consistent definitions of equity and a clear directive that racial equity is a goal for all policies. Some participants in the Government Alliance on Race and Equity<sup>224</sup> have developed racial equity action plans. These umbrella policies and plans are a beginning; they take on life when they are linked to changes in budgeting, investments, and cultures of community engagement.

Multi-sector partnerships can work with state and local governments on racial equity to ensure a consistent definition and clear directive. This involvement could include community leaders advocating for a citywide racial equity executive order, health systems providing health outcomes data on racial inequality, government and philanthropy funding community leaders' work to form a citywide policy, and government administrations ensuring all state or local policy has provisions and preferences to explicitly undo institutionalized racism.

##### **Marin County's adoption of a countywide racial equity lens**

To address the wide racial disparities in Marin County, the county adopted a Racial Equity Action Plan.<sup>225</sup> The action plan outlines actions, outcomes, and performance measures to advance racial equity within Marin County's government structure and to increase community partnerships.<sup>226</sup> Setting a countywide racial equity lens addresses racism at an institutional level and could be an impactful strategy in addressing the root of racial disparities.

##### **Using racial equity impact assessments to inform decision-making**

Several local and state governments have used racial equity impact assessments to analyze how racial and ethnic minorities may be impacted by a proposed action or decision. Racial equity impact assessments explicitly center racial equity in decision-making processes to prevent inequitable outcomes. The assessments can also be used to identify ways to advance racial equity in proposals. Local or state governments that incorporate racial equity impact assessments in their decision-making include King County (Washington)<sup>227</sup> and Connecticut.<sup>228</sup>



**4.1.9. Strategy: Improve intergovernment and interagency coordination**

Government agencies typically work in silos, but people and communities have multiple needs. More and more, local governments are designing coordinated approaches to meet these needs by developing “no wrong door” approaches and multi-disciplinary teams. These approaches require government agencies to coordinate, communicate, and share data. There are technology tools available to support coordination (e.g., data hubs and referral platforms), and those tools should also be centered in the needs and voices of individuals and communities in an equitable design.

Government silos are not a new problem. California allowed for Joint Exercise of Powers in 1949<sup>229</sup> to make it easier for two different government agencies to work together. State and local governments are also using a number of other policies to foster better coordination. Ultimately, coordinating across government agencies takes will and leadership. In a set of interviews, city parks and water department leaders described how coordination often started with a mayor’s leadership and an ongoing commitment from department staff to work together beyond solving a specific problem or project.



### **ACCESS Sonoma County**

The Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) Sonoma<sup>230</sup> initiative is focused on addressing the critical needs of residents experiencing mental and physical health issues, housing instability, substance abuse, criminal justice engagement, and social inequity. The initiative is a joint effort directed by an interdepartmental multidisciplinary team composed of representatives from numerous departments, an integrated data hub that supports care coordination across departments, and partnerships with community-based organizations and academic institutions. This coordinated effort also translates into provision of comprehensive, coordinated care that can address the wide range of needs that the most vulnerable residents may have.

### **Using joint power agreements to increase access and quality of public services**

Numerous counties and municipalities have enacted the Joint Exercise of Powers Act to form joint power agreements between public agencies. Joint power agreements can increase the capacities of agencies to provide better and more efficient public services through collaboration. For example, the Orange County Fire Authority<sup>231</sup> brought together a number of cities in the county to improve management and financing of regional fire services. And in Marin County, the Bolinas-Stinson Union School District and the Bolinas Community Public Utility District came together to form the Fire House Community Park Agency<sup>232</sup> to maintain recreational facilities in the Bolinas area.

### **Solano County's Community Action Partnership**

Six cities<sup>233</sup> and Solano County, California, created the Community Action Partnership (CAP) Solano Joint Powers Authority to provide community services to residents to reduce poverty and homelessness, with a particular focus on homelessness and safety net services. CAP Solano also administers funding for these community services, which include (but are not limited to) housing, health, youth, and employment services. CAP Solano serves as the lead agency for the Homeless Management Information System to collect and maintain data about the homeless populations and services, to better inform policy and strategies. Recognizing the agency as a valuable partner for improving health, Partnership HealthPlan of California awarded CAP Solano funding to develop housing projects.<sup>234</sup>

#### 4.1.10. Strategy: Promote equitable tax and revenue policy

How governments, nonprofits, and businesses invest money is half the equation to achieve equity. How revenue is generated to fund those expenditures is a critical part of building equity. Revenue strategies can be progressive or regressive. The tax codes in particular (e.g., for property, income, sales, and other taxes) have been a popular place to incorporate incentives and subsidies. Tax credits, deductions, and limits can be politically popular. The result can be lower effective tax rates for long-time homeowners or for individuals with a greater percentage of their income from investments, capital gains, and real estate. A number of policy approaches are circling back to look at how revenue is generated to make taxes and other revenue tools more equitable. Businesses, including housing developers, healthcare providers, and others, have a role in examining tax and revenue policy beyond their own interest and looking toward actions that advance racial and health equity overall.

##### **Participatory budgeting to engage public participation and empower communities**

The City of Vallejo incorporates participatory budgeting<sup>235</sup> processes to determine how to spend a portion of the city's public budget. Community members are invited to submit proposals for public spending and will be able to vote on the proposals. Participatory budgeting facilitates an equitable budgeting process and can better address community needs by allowing community members to determine where money should be spent.

##### **Tax credits for contributing to community development**

AB 2922<sup>236</sup> in California was recently introduced in an effort to provide tax credits for any individual or entity that makes a grant or charitable contribution to a Community Development Financial Institution (CDFI) or a Community Development Corporation (CDC). The tax credit would incentivize investments for community development purposes, increasing capacities of CDFIs and CDCs. Policies such as these are not new: Massachusetts<sup>237</sup> and Maryland<sup>238</sup> have tax credit programs in place for investments toward community development.



#### 4.1.11. Strategy: Create flexible sources of funding

Flexible funding to invest upstream toward the priorities set by communities is critical to translating ideas into action. Creative partnerships have been developed to design wellness funds and trusts that are intended to provide flexible, unrestricted dollars to support community-driven change. These funds have been a centerpiece of efforts such as Accountable Health Communities<sup>239</sup> across the United States, known as Accountable Communities for Health<sup>240</sup> in California. Further, opportunities to engage system leaders, particularly from health systems, to capture savings that accrue from investments in equity and prevention present an opportunity to design a positive feedback loop for dollars to return to community control.

##### **Imperial County Wellness Fund**

The Imperial County Accountable Community for Health<sup>241</sup> cross-sector partnership is supported by the Local Health Authority Commission and the Public Health Department to lead an innovative, comprehensive effort to reduce asthma hospitalization in Imperial County, California. The Local Health Authority Commission<sup>242</sup> was created to govern a public-private partnership agreement between the county and a managed care health plan. A wellness fund was created through a negotiation with the plan to provide a per-member-per-month contribution as well as a percentage of revenue to support community health. The wellness fund is an example of a flexible funding source that is being used to support priorities identified by the community to improve health locally.



## 4.2 Thriving Natural World

People care deeply about clean water, clean air, and natural places to play.<sup>243</sup> That makes sense, as humans evolved in a natural world that looks different from the towns, farms, and houses people live in today. That natural environment has been demonstrated to significantly affect health. Time in nature can create calm and improve mental health. People expect the air they breathe and the water they drink to be clean and healthy. Yet, race is the most significant predictor for exposure to pollutants.<sup>244</sup> Low-income families have less access to high-quality, nearby parks and green spaces.<sup>245</sup> And climate change is affecting people's exposure to extreme heat, wildfire smoke, and floods. Many American environmental policies grew out of an environmental movement in the 1970s designed to eliminate the most nasty, visible environmental problems (e.g., untreated wastewater, unfiltered smokestacks, and a general lack of environmental considerations when building towns and infrastructure). Those policies have made significant improvements, and there is more to be done, especially as public health risks move from acute, visible risks to the kinds of connected, dispersed social factors connected to chronic disease. Access to a clean, healthy environment is a human right, not a commodity, and essential to climate and environmental justice. See Table 3.

**Table 4.2.** Policy strategies for a thriving natural world

Policy Strategy	Sample Actions
<p><b>4.2.1.</b> Mitigate climate change</p>	<p><b>Federal:</b> Climate Crisis Action Plan<sup>246</sup>; Zero Emission Research Opportunity<sup>247</sup>; Low or No Emission Vehicle Program<sup>248</sup>; federal investment tax credit for solar projects<sup>249</sup>; Weatherization Assistance Program<sup>250</sup>; Rural Energy for America Program<sup>251</sup>; Wood Innovations Grant<sup>252</sup></p> <p><b>State:</b> California Strategic Growth Council<sup>253</sup>; California AB 32 – greenhouse gas emission reductions<sup>254</sup>; California Climate Investments<sup>255</sup>; California AB 1550 – climate fund set-asides for disadvantaged and low-income households<sup>256</sup>; U.S. Climate Alliance<sup>257</sup>; California SB 100 – renewables portfolio standard<sup>258</sup>; SB 350 – clean energy and pollution reduction act<sup>259</sup>; AB 1232 – affordable housing weatherization<sup>260</sup>; Clean Mobility Options Voucher Pilot Program<sup>261</sup>; California SB 375 – sustainable communities strategy<sup>262</sup>; California SB 790 – community choice aggregation<sup>263</sup>; California Energy Savings Assistance Program<sup>264</sup>; California Solar Initiative<sup>265</sup>; California AB 327 – renewables for disadvantaged communities<sup>266</sup>; California AB 693 – Multifamily Affordable Housing Solar Roofs Program<sup>267</sup>; California Self-Generation Incentive Program<sup>268</sup>; Low-Income Weatherization Program<sup>269</sup></p> <p><b>Local:</b> Richmond, California – Urban Greening Master Plan<sup>270</sup>; Imperial County Community Benefit Program<sup>271</sup>; Kern County, California – RENEWBIZ Grant Program<sup>272</sup>; Los Angeles Department of Water and Power – Solar Rooftops Program<sup>273</sup>; Portland Clean Energy Community Benefits Fund<sup>274</sup></p>
<p><b>4.2.2.</b> Improve climate resilience</p>	<p><b>Federal:</b> U.S. Army Corps of Engineers Silver Jackets – natural hazard planning<sup>275</sup>; Federal Emergency Management Agency (FEMA) Building Resilient Infrastructure and Communities<sup>276</sup></p> <p><b>State:</b> California – Integrated Climate Adaptation and Resiliency Program<sup>277</sup></p> <p><b>Local:</b> Providence, Rhode Island – Climate Justice Plan<sup>278</sup>; Santa Cruz – Climate Adaptation Plan<sup>279</sup>; Santa Cruz County Climate Change and Health Profile Report<sup>280</sup></p>
<p><b>4.2.3.</b> Ensure universal access to clean, affordable water</p>	<p><b>Federal:</b> Safe Drinking Water Act<sup>281</sup>; Special Evaluation Assistance for Rural Communities and Households<sup>282</sup></p> <p><b>State:</b> California AB 685 – human right to water<sup>283</sup>; California AB 401 – discount for water bill<sup>284</sup>; California SB 998 – water shutoff requirements<sup>285</sup>; New Jersey Executive Order No. 190 – utilities shutoff moratorium<sup>286</sup>; California Drinking Water State Revolving Fund<sup>287</sup>; Water &amp; Waste Disposal Loan &amp; Grant Program<sup>288</sup>; California AB 1471 – water quality, supply, infrastructure<sup>289</sup>; Site Cleanup Subaccount Program<sup>290</sup>; California SB 200 – Safe and Affordable Drinking Water Fund<sup>291</sup></p> <p><b>Local:</b> Boston, Pittsburgh, Mountain View<sup>292</sup>; Malden, Massachusetts,<sup>293</sup> and Eau Claire, Wisconsin – lead water line replacement<sup>294</sup></p>
<p><b>4.2.4.</b> Reduce exposure to extreme heat and air pollution</p>	<p><b>Federal:</b> Low Income Home Energy Assistance Program<sup>295</sup>; Weatherization Assistance Program<sup>296</sup></p> <p><b>State:</b> California AB 617 – community-scale air quality management<sup>297</sup></p> <p><b>Local:</b> Portland Clean Energy Community Benefits Fund<sup>298</sup>; Tulare County Cooling Centers<sup>299</sup>; Richmond, California – Urban Greening Master Plan<sup>300</sup>; South Coast Air Quality Management District – Air Quality Management Plan<sup>301</sup></p>
<p><b>4.2.5.</b> Ensure that everyone has a good park within a 10-minute walk</p>	<p><b>Federal:</b> Land and Water Conservation Fund grants<sup>302</sup>; Federal Lands to Parks Program<sup>303</sup>; Recreational Trails Program<sup>304</sup>; Rivers, Trails, and Conservation Assistance<sup>305</sup>; Outdoor Recreation Legacy Partnership Program<sup>306</sup></p> <p><b>State:</b> <b>California AB 31</b> – statewide park program<sup>307</sup>; California SB 1404 – Civic Center Act<sup>308</sup>; California Per Capita Program<sup>309</sup></p> <p><b>Local:</b> Los Angeles Ordinance 184,505 – Parks Dedication and Fee Update<sup>310</sup>; California joint use agreements – San Diego,<sup>311</sup> Pasadena,<sup>312</sup> Sacramento<sup>313</sup></p>
<p><b>4.2.6.</b> Invest for multiple benefits</p>	<p><b>Federal:</b> FEMA Building Resilient Infrastructure and Communities<sup>314</sup></p> <p><b>State:</b> California SB 614 Annexation Development Plan<sup>315</sup>; California SB 628 – Enhanced Infrastructure Financing District<sup>316</sup>; California AB 2 – Community Revitalization and Investment Authorities<sup>317</sup>; California Organized Investment Network<sup>318</sup></p> <p><b>Local:</b> Los Angeles Council Public Works Stormwater Program<sup>319</sup></p>

#### 4.2.1. Strategy: Mitigate climate change

Climate change has emerged as a global health threat. Effects of climate change exacerbate communities' vulnerabilities and increase risks or failures in critical systems including but not limited to public health, housing, food, and water.<sup>320</sup> Mitigation strategies for climate change include advocating for equitable climate policies. For example, California mandated reductions in greenhouse gas emissions through [AB 32](#)<sup>321</sup> and established a cap-and-trade program, in which the funds generated from the program are invested into disadvantaged communities (per [AB 1550](#)<sup>322</sup>). Transitioning toward clean energy is a major strategy in reducing emissions. Well-designed clean energy policies can address equity by reducing health impacts from air pollution by lowering emissions and reduce the costs of energy for low-income populations.<sup>323</sup> Other factors to account for are the workers who may become unemployed in clean energy transitions, the need to ensure that green technology installations do not lead to displacement, and the need to increase access to energy—particularly important for rural communities. All sectors can take part by implementing policies and procedures that reduce their environmental footprint. Equity must also play a crucial role in mitigation strategies to ensure that protections from climate impacts are not exclusive.

##### **Incorporating solar energy in multi-family affordable housing developments**

The [Multifamily Affordable Solar Housing \(MASH\) Program](#)<sup>324</sup> (part of the [California Solar Initiative](#)<sup>325</sup>) incentivizes adoption of solar power in multi-family affordable housing developments. Incorporating renewable energy reduces emissions while leading to reduced electricity bills for tenants. As tenants in affordable housing may spend a large portion of their income on utility bills, this program helps to reduce financial burdens.

##### **California's Strategic Growth Council**

The [Strategic Growth Council](#)<sup>326</sup> coordinates a wide range of activities through interagency collaboration in an effort to promote sustainable, climate-smart communities and environmental stewardship while addressing social equity. The council also adopted a Racial Equity Action Plan to inform their decision-making. The activities of the Strategic Growth Council aim to mitigate the impacts of climate change on the most vulnerable populations by prioritizing disadvantaged communities and promoting economic vitality and health equity across numerous sectors, such as transportation and housing.

#### 4.2.2. Strategy: Improve climate resilience

Building resilience is key because low-income communities are especially vulnerable to climate change impacts since they lack resources to withstand or recover from them. One of the first steps in building resilience is to understand the hazards and threats at hand and plan accordingly. For example, many cities have developed a resilience plan to better inform their decision-making. In California, the [Integrated Climate Adaptation and Resiliency Program](#)<sup>327</sup> provides guidance to state, regional, and local governments on adaptation and resilience planning that can be tailored to the needs of the communities they serve. However, resilience should not be limited to physical and economic aspects. Social capital is an essential component of resilience, particularly for protecting mental health.<sup>328</sup> The community development sector is well positioned to play a role in increasing social capital, rooted in diversity of place, culture, and language, in a way that helps communities both prepare for and respond to disasters.

##### **Santa Cruz Climate Adaptation Plan**

The City of Santa Cruz, California, developed its [Climate Adaptation Plan](#)<sup>329</sup> to provide a comprehensive framework for building a more resilient community. The plan outlines potential climate change risks and vulnerabilities and identifies appropriate strategies that can be put into action. The plan includes the need to address impacts on public health, incorporating the Santa Cruz County [Climate Change and Health Profile Report](#),<sup>330</sup> which focuses on resilience planning for health. Ensuring that decision-making is based on long-term resilience improves a city's ability to withstand and recover from impacts of climate change. It is crucial to incorporate racial equity into resilience plans and strategies because low-income communities of color may be disproportionately vulnerable to climate change impacts.

#### 4.2.3. Strategy: Ensure universal access to clean, affordable water

Water is fundamental to all life, yet it is often an afterthought. In California, AB 685<sup>331</sup> made access to water a human right. That right is violated when communities are subjected to lead in drinking water pipes, nitrates in groundwater, and cross-contamination between septic systems and well water. In addition, the U.S. Environmental Protection Agency has set a standard whereby no family should pay more than 4.5% of their income for drinking water and wastewater services.<sup>332, 333</sup> In California, 10% of communities (837 census tracts) are at high risk of not being able to afford water.<sup>334</sup> Policies can set aside a portion of water investments to meet the needs of the most vulnerable communities first. They can update definitions of public health to include health equity and racial equity, and water investments can be made in ways that build and support equitable access to clean water.

### California declares a universal right to water

In 2010, the UN General Assembly<sup>335</sup> declared a human right to clean water and sanitation. Although the United States abstained from that vote, California's AB 685 in 2012 established water as a human right, joining states like Pennsylvania and Massachusetts and cities like Boston, Pittsburgh, Eugene, and Mountain View.<sup>336</sup> In 2019, SB 200<sup>337</sup> provided the funding to provide safe drinking water to everyone, and California has built a tool to track progress toward this goal.<sup>338</sup> California's water equity policy has extended to affordability, providing discounts on water bills (AB 401)<sup>339</sup> and limiting water shutoffs for households in financial need (SB 998).<sup>340</sup>

#### 4.2.4. Strategy: Reduce exposure to extreme heat and air pollution

Heat and air pollution pose health risks, especially for people living near major highways, in areas without tree canopy, or near other sources of pollution.<sup>341</sup> Extreme heat, fire smoke, and diesel emissions can all exacerbate respiratory illnesses and heart disease. Models and measurement capability are available to help understand specific exposures at the neighborhood or individual household level, allowing cities and states to implement precise strategies to reduce exposure. All sector partners can do their part to reduce their energy use and their own environmental footprint from facilities and investments. Additionally, local governments, utility companies, public health, and healthcare, among others, should invest in strategies for reducing wildfire risk and providing access to cooling solutions on consecutive hot days.

### Portland Clean Energy Community Benefits Fund

Created by a 2018 local ballot measure, the Portland Clean Energy Community Benefits Fund<sup>342</sup> is the nation's first-ever climate fund created and led by communities of color. The fund is created by a surcharge on gross revenue from retail sales of \$1 billion or more in the United States and \$500,000 or more within the city of Portland, Oregon. The funds are used for clean energy, energy efficiency, green infrastructure, and regenerative agriculture, with workforce development as a priority.

#### 4.2.5. Strategy: Ensure that everyone has a good park within a 10-minute walk

The 10-minute walk campaign<sup>343</sup> recognizes that people use the parks and green spaces that are closest to where they live, and everyone should have access to those places, whether in small towns or big cities. This goal requires thinking of both traditional parks and pocket parks or access to private lands. Parks and green spaces should be welcoming, healthy, and safe (i.e., high quality). Local governments and states are using racial and health equity criteria to prioritize investment in parks. Local governments are also considering anti-displacement measures as they consider how parks are sited, built,

and maintained so that new green spaces do not unintentionally speed gentrification. Collaboratives can advocate for access to green space as a policy priority, particularly for neighborhoods that historically have lacked access. Additionally, business campuses and healthcare systems can incorporate green space into hospital campuses and other new development as public healing gardens and can endorse local measures to create and maintain parks and open spaces.

### **California mayors commit to a 10-minute walk**

Mayors from Fremont to Fontana and from Garden Grove to Elk Grove have committed that 100% of residents will have access to a park within a 10-minute walk of their home by 2050. The City of Los Angeles included that commitment in the citywide plan.<sup>344</sup>

#### **4.2.6. Strategy: Invest for multiple benefits**

Why spend \$10 million on a giant pump to pump floodwater out of a low-lying area and then spend another \$10 million buying land next door for a new park, and \$500,000 on a new play structure at the school in between both? Local, state, and federal policies can include requirements and incentives for making environmental investments for multiple benefits. For example, any water infrastructure investments could be required to consider public health, workforce development, and climate resilience criteria. A percentage of any infrastructure funding could be set aside for “value planning” and “community benefit” efforts, encouraging planners to work with the community to identify opportunities to increase benefits, reduce cost, and broaden the ability of the infrastructure project to meet multiple needs at once.

### **San Francisco Public Utilities Commission supports community benefits**

The San Francisco Public Utilities Commission (PUC) provides water, power, and sewer for the city of San Francisco.<sup>345</sup> The commission’s community benefit program invests so that infrastructure provides a range of community benefits. Project Learning Grants go to community organizations to build skills and provide opportunity for youth to explore careers in infrastructure. The Front Yard Ambassador and Sidewalk Garden programs remove impervious surfaces and add gardens, and residents are given access to PUC-owned land for gardens. Funds are also set aside for public arts projects that shape the character of neighborhoods (a 1969 ordinance set aside 2% of all above-ground construction costs from city agencies for public art).<sup>346</sup> The PUC also invests upstream in community revitalization as part of the city’s drinking water systems. The commission supports community gardens, workforce programs, and other investments with the Town of Sunol.<sup>347</sup>

### 4.3. Basic Needs for Health and Safety

The Thriving Together Springboard defines basic needs for health and safety as safety from violence, freedom from addiction and trauma, and healthy relationships as a foundation for physical and mental wellbeing. When supportive relationships break down, health begins to break down. Healthcare is a human right, not a commodity. The legacy of trauma can harm health across a life span and across generations. Care begins outside the doctor’s office and continues with healthcare, promoting physical health, mental health, and emotional resilience. Caring involves removing sources of harm, supporting recovery, and integrating all aspects of care to meet the different needs of different communities and people.

**Table 4.3.** Policy strategies meeting basic needs for health and safety

Policy Strategy	Sample Actions
<p><b>4.3.1.</b> Avoid harm and facilitate recovery</p>	<p><b>Federal:</b> FEMA Building Resilient Infrastructure and Communities<sup>348</sup>; Express Bridge loan program<sup>349</sup>; Hazard Mitigation Grant Program<sup>350</sup>; Community Development Block Grant Disaster Recovery Program<sup>351</sup>; National Disaster Resilience Competition<sup>352</sup>; National Flood Insurance Program<sup>353</sup>; Public Transportation Emergency Relief Program<sup>354</sup></p> <p><b>State:</b> California Prop 84 – wildfire<sup>355</sup>; California Disaster Assistance Act<sup>356</sup>; North Carolina – Andrea Harris Social, Economic, Environmental, and Health Equity Task Force<sup>357</sup>; Michigan Coronavirus Task Force on Racial Disparities<sup>358</sup>; Virginia – Health Equity Working Group<sup>359</sup>; California SB 379 – Safety Element<sup>360</sup>; California Emergency Services Act<sup>361</sup>; California T8 CCR 3395 – heat illness prevention<sup>362</sup>; Emergency Community Water Assistance Grant<sup>363</sup></p> <p><b>Local:</b> Tulare County Cooling Centers<sup>364</sup>; Health Care Climate Council<sup>365</sup>; U.S. Climate and Health Alliance<sup>366</sup></p>
<p><b>4.3.2.</b> Promote maternal health and reduce infant mortality</p>	<p><b>Federal:</b> Mothers and Offspring Mortality &amp; Morbidity Awareness (MOMMA) Act<sup>367</sup>; Women, Infants, and Children Program<sup>368</sup>; Maternal, Infant, and Early Childhood Home Visiting Program<sup>369</sup>; Preventing Maternal Deaths Act of 2018<sup>370</sup></p> <p><b>State:</b> Louisiana HB 818 – Healthy Moms, Healthy Babies<sup>371</sup>; California SB 464 – implicit bias training for perinatal providers<sup>372</sup>; California SB 83 – paid family leave<sup>373</sup>; Medi-Cal Access Program<sup>374</sup>; California Birth Equity Collaborative<sup>375</sup>; California AB 241 – implicit bias education for medical professionals<sup>376</sup>; Nurse-Family Partnership<sup>377</sup>; Maryland HB 716 – mortality rates for Black infants and infants in rural areas<sup>378</sup>; California SB 1095 – newborn disease screening<sup>379</sup></p> <p><b>Local:</b> Maternal Mortality Review Committees<sup>380</sup>; San Francisco – Expecting Justice,<sup>381</sup> SisterWeb<sup>382</sup>; Columbus, Ohio – CelebrateOne<sup>383</sup></p>

**Table 4.3. Policy strategies meeting basic needs for health and safety, continued**

Policy Strategy	Sample Actions
<p><b>4.3.3.</b> Reduce domestic violence</p>	<p><b>Federal:</b> Crime Victims Fund<sup>384</sup>; Family Violence Prevention and Services Program<sup>385</sup></p> <p><b>State:</b> Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Impact program<sup>386</sup>; California SB 1141 – coercive control<sup>387</sup>; Alaska – Fourth R program<sup>388</sup>; Washington – Domestic Violence Housing First approach<sup>389</sup>; Virginia – Lethality Assessment Program<sup>390</sup>; California Victim’s Bill of Rights Act of 2008 (Proposition 9) – victim’s rights<sup>391</sup>; Washington – domestic violence leave<sup>392</sup></p> <p><b>Local:</b> San Francisco – City Employee Domestic Violence Liaison Program<sup>393</sup>; Philadelphia – Domestic Violence Leave<sup>394</sup></p>
<p><b>4.3.4.</b> Provide incentives for healthcare to invest in addressing social determinants of health</p>	<p><b>Federal:</b> Medicaid 1115 waivers<sup>395</sup>; Centers for Disease Control and Prevention Preventive Health and Health Services Block Grants<sup>396</sup>; IRS community benefit standard<sup>397</sup>; IRS Schedule H Part II community building reporting<sup>398</sup>; Opportunity Zones<sup>399</sup></p> <p><b>State:</b> Medicaid 1115 waivers – Medi-Cal 2020<sup>400</sup>; Massachusetts Community Benefits Guidelines<sup>401</sup>; Colorado HB 1320 Hospital Community Benefit Accountability<sup>402</sup>; Oregon HB 3076 Hospital Community Benefit<sup>403</sup></p> <p><b>Local:</b> San Mateo Community Care Settings Pilot<sup>404</sup></p>
<p><b>4.3.5</b> Co-locate services</p>	<p><b>Federal:</b> Health Center Program<sup>405</sup></p> <p><b>State:</b> Illinois Supportive Living Program<sup>406</sup>; Louisiana Permanent Supportive Housing program<sup>407</sup>; California No Place Like Home Program<sup>408</sup></p> <p><b>Local:</b> Los Angeles permanent supportive housing<sup>409</sup></p>
<p><b>4.3.6.</b> Develop community approaches to public safety</p>	<p><b>Federal:</b> Justice Reinvestment Initiative<sup>410</sup>; Second Chance Act<sup>411</sup></p> <p><b>State:</b> California SB 678 – Community Corrections Partnerships<sup>412</sup></p> <p><b>Local:</b> Los Angeles – Senior Lead Officers<sup>413</sup>; Hayward Police Department Community Advisory Panel<sup>414</sup>; New York City – NeighborhoodStat<sup>415</sup>; Eugene, Oregon – Crisis Assistance Helping Out on the Streets (CAHOOTS)<sup>416</sup>; DC – Credible Messenger Initiative<sup>417</sup></p>
<p><b>4.3.7</b> End violence in the policing and criminal justice system</p>	<p><b>Federal:</b> Violent Crime Control and Law Enforcement<sup>418</sup></p> <p><b>State:</b> California AB 2792 – limits on local law enforcement cooperation with Immigration and Customs Enforcement (ICE)<sup>419</sup>; California AB 953 – racial profiling<sup>420</sup>; California SB 1290 – juvenile administrative fees<sup>421</sup>; Texas SB 1913 – criminal fees and fines<sup>422</sup>; California SB 230 – use-of-force training<sup>423</sup>; Ohio Revised Code 2947.14 – hearing on ability to pay fine<sup>424</sup></p> <p><b>Local:</b> Mental evaluation units – Burbank,<sup>425</sup> Irvine<sup>426</sup>; New York City – NeighborhoodStat<sup>427</sup>; Los Angeles County – eliminating some legal fees<sup>428</sup>; New Orleans Police Department – use-of-force policy<sup>429</sup>; Prince William County, Virginia – Early Identification System<sup>430</sup>; Fort Lauderdale – less lethal option<sup>431</sup>; Las Vegas Police Department – duty to intervene<sup>432</sup>; Indianapolis Police Department – public police incident database<sup>433</sup></p>
<p><b>4.3.8.</b> Improve healthcare access</p>	<p><b>Federal:</b> Money Follows the Person<sup>434</sup>; Health Center Program<sup>435</sup>; Ryan White HIV/AIDS program<sup>436</sup>; National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care<sup>437</sup>; Rural Health Clinics<sup>438</sup>; School-Based Health Centers<sup>439</sup></p> <p><b>State:</b> California SB 75<sup>440</sup> and SB 104<sup>441</sup> – expanded Medi-Cal for children and young adults regardless of immigration status; Section 1332: State Innovation Waiver<sup>442</sup>; California AB 415 – telehealth<sup>443</sup>; Tennessee Rural Hospital Transformation Act<sup>444</sup>; Georgia – Rural Hospital Stabilization Program<sup>445</sup></p> <p><b>Local:</b> Healthy San Francisco<sup>446</sup>; Alabama SB 351 – rural hospital resource center<sup>447</sup>; Colorado HB 1119 – rural alcohol and substance abuse program<sup>448</sup></p>

**Table 4.3. Policy strategies meeting basic needs for health and safety, continued**

Policy Strategy	Sample Actions
<p><b>4.3.9.</b> Promote integrated approaches to care</p>	<p><b>Federal:</b> Maternal, Infant, and Early Childhood Home Visiting Program<sup>449</sup></p> <p><b>State:</b> California Health in All Policies Task Force<sup>450</sup>; California Accountable Communities for Health Initiative – wellness funds<sup>451</sup>; Accountable Community for Health<sup>452</sup>; California Whole Person Care Pilots<sup>453</sup>; California Coordinated Care Initiative<sup>454</sup>; California Health Homes Program<sup>455</sup>; Illinois Medicaid 1115 waiver – Behavioral Health Transformation, Integrated Health Homes<sup>456</sup>; Oregon – coordinated care organizations<sup>457</sup></p> <p><b>Local:</b> City of Richmond – Health in All Policies ordinance<sup>458</sup>; Baltimore – Cross Agency Health Taskforce<sup>459</sup>; Boston – Health Equity in All Policies<sup>460</sup></p>
<p><b>4.3.10.</b> Transform the healthcare workforce</p>	<p><b>Federal:</b> National Health Service Corps<sup>461</sup>; Centers for Disease Control and Prevention Undergraduate Public Health Scholars Program<sup>462</sup></p> <p><b>State:</b> California SB 464 – implicit bias training for perinatal providers<sup>463</sup>; California AB 241 – implicit bias education for medical professionals<sup>464</sup>; California Mental Health Plans – cultural and linguistic competency requirement<sup>465</sup>; California Community Colleges – Health Workforce Initiative<sup>466</sup>; California AB 2102 – demographic data<sup>467</sup>; Washington – Community Health Worker Training<sup>468</sup></p> <p><b>Local:</b> Community health workers<sup>469</sup>; Johns Hopkins University and Health System – HopkinsLocal Hire Goals<sup>470</sup></p>
<p><b>4.3.11.</b> Get and use data</p>	<p><b>Federal:</b> Health Outcomes Demonstration Project<sup>471</sup>; Promoting Interoperability Programs<sup>472</sup></p> <p><b>State:</b> Maryland – Health Enterprise Zones<sup>473</sup>; California Healthy Places Index<sup>474</sup>; California Climate Action Portal Map<sup>475</sup>; Minnesota public health data system<sup>476</sup>; Healthy Communities Data and Indicators Project<sup>477</sup>; California AB 2102 – demographic data<sup>478</sup>; California Reducing Disparities Project<sup>479</sup></p> <p><b>Local:</b> Health Impact Assessments<sup>480</sup>; San Diego – Community Information Exchange<sup>481</sup></p>
<p><b>4.3.12.</b> Provide access to the good food individuals and communities want</p>	<p><b>Federal:</b> Gus Schumacher Nutrition Incentive Program<sup>482</sup>; Community Food Projects<sup>483</sup>; Healthy Food Financing Initiative<sup>484</sup>; Farmers Market Nutrition Program<sup>485</sup></p> <p><b>State:</b> CalFresh – California’s SNAP<sup>486</sup>; California SB 97 – Medically Tailored Meals<sup>487</sup>; California AB 551 – Urban Agriculture Incentive Zones<sup>488</sup>; Colorado HB 1202 – food systems advisory council<sup>489</sup>; Michigan Good Food Fund<sup>490</sup>; California FreshWorks<sup>491</sup></p> <p><b>Local:</b> Los Angeles Good Food Purchasing Program<sup>492</sup>; Philadelphia – fresh food market zoning bonus<sup>493</sup>; New York City – Food Retail Expansion Program to Support Health (FRESH)<sup>494</sup>; New Orleans – Fresh Food Retailer Initiative<sup>495</sup>; Minneapolis – Staple Foods Ordinance<sup>496</sup>; Montgomery County, Maryland – Community Food Rescue<sup>497</sup>; Frontier Veggie Rx<sup>498</sup>; Duluth, Minnesota – grocery bus<sup>499</sup>; Boston Article 89 – urban agriculture<sup>500</sup></p>

**4.3.1. Strategy: Avoid harm and facilitate recovery**

No matter how well households and communities prepare, natural, economic, and social disasters happen. When communities get knocked down, planning for how to bounce back better is important. Families cannot be healthy if they do not feel safe. Some homes are in harm’s way—at risk of flood, fire, extreme heat, or air pollution. A number of state and local policies support programs and plans that aim to reduce the impact of disasters while providing better, smoother access to recovery funding. State and city building codes can help ensure homes are safer by complying with standards for earthquakes or other natural disasters. Programs also help relocate homes located in flood-prone areas to higher ground or provide cooling centers on the hottest days of the year. Public health and healthcare in particular play active roles in emergency response and

planning, and can also participate in pre-disaster planning with local counties and cities to reduce the impact of natural hazards. Resident and community input to incorporate diverse perspectives on infrastructure, response planning, and mitigation can ensure that populations with specific needs, such as those related to ability, language access, and geography, are considered in emergency preparedness planning.

### **Planning for mitigation and recovery**

California's SB 379<sup>501</sup> requires cities and counties to incorporate into their general plans a safety element that addresses risks from natural disasters and how to reduce these risks. This requirement ensures that cities and counties have a framework in place to best prepare for and minimize risks from natural hazards.

### **Efforts to ensure equitable recovery from the COVID-19 pandemic**

In response to the disproportionate racial impacts of the COVID-19 pandemic, numerous states have established task forces<sup>502</sup> dedicated to addressing this issue. The task forces aim to collect and deeply examine data on racial/ethnic disparities to inform health strategies and policies. Detailed health disparities data can also inform equitable recovery strategies and identify gaps in healthcare. The pandemic has shed light on the impacts of systematic inequalities on health, and the task forces can translate the data to support long-term, comprehensive recovery efforts.



### 4.3.2. Strategy: Promote maternal health and reduce infant mortality

Maternal health translates into the health of children and grandchildren. The period from when a person thinks about having children to when the child is 3 years old is a critical moment. Stress and nutrition during pregnancy influence a child's future health risks. The Best Babies Zone<sup>503</sup> initiative uses place-based interventions to reduce disparities in birth weight and infant mortality. Some health systems have been piloting the one key question<sup>504</sup> approach, asking "Would you like to become pregnant in the next year?" There is a crucial need to address the significant racial disparities in maternal and infant mortality among the Black population. The pregnancy-related death rate among Black women is more than three times higher than that of white women, while the Black infant mortality rate is twice as high as that of white infants.<sup>505</sup> Black newborns die at three times the rate of white newborns. Black infants experience worse health outcomes regardless of who is treating them, but Black newborns cared for by Black doctors do better than when cared for by white physicians.<sup>506</sup> It was not until 2003 that states were encouraged to track maternal deaths in a consistent way, and when they did, the number of maternal deaths reported consistently increased.<sup>507</sup> The intersection of institutional racism and social determinants of health has been recognized as a major factor driving these disparities. Strategies to promote maternal and infant health must recognize the wide racial disparities and provide comprehensive care (prenatal, pregnancy, and post-birth).

#### Addressing racial disparities in maternal mortality rates

Given the disparities in maternal mortality rates among Black women, California passed SB 464<sup>508</sup> to provide implicit bias training for perinatal providers. The bill also requires monitoring and publishing of data pertaining to maternal mortality rates and pregnancy-related complications. The bill is a step toward understanding the racial disparities in maternal mortality rates and giving providers the appropriate resources to address them.

#### Providing comprehensive support for first-time mothers and infants

Nurse-Family Partnership (NFP)<sup>509</sup> is an evidence-based program that connects low-income, first-time mothers and their children with trained nurses who visit regularly to provide care and resources for a healthy pregnancy and a healthy start for the children. The nurses provide a consistent and comprehensive range of services for the mothers' and babies' overall wellbeing. States such as South Carolina have applied for a waiver to bill NFP services to Medicaid, increasing participation in the program.

### 4.3.3. Strategy: Reduce domestic violence

Domestic violence is a widespread public health issue, resulting in physical and mental trauma. The trauma has severe social and economic costs as well, with victims of domestic violence becoming more likely to engage in risky behavior and to experience losses resulting from missing work as well as medical, criminal justice, and other related costs.<sup>510</sup> Beyond the health impacts, domestic violence can also entail coercing victims into engaging in criminal activities. Given the nature of this issue, survivors can be reluctant to seek assistance from formal institutions. This situation has led to a focus on coordinated community response models that strengthen community networks to support survivors and challenge the social structures that contribute to domestic violence.<sup>511</sup> Community partnerships can serve as an effective method for reforming social institutions and policy in the effort to prevent domestic violence, safeguard its survivors, and transform harmful relationships. Providing education and socioemotional programs that promote healthy relationships among families and partners can discourage violence. These strategies should be trauma-informed, as many incidents of domestic violence have been linked to previous traumatic incidents of the perpetrator.<sup>512</sup>

#### Washington State domestic violence housing-first approach

Washington launched a program in 2009 to test a housing-first model<sup>513</sup> to support survivors of domestic violence by getting them into stable housing as quickly as possible and wrapping around support services. The model includes trauma-informed, survivor-focused care, services, advocacy, engagement, and flexible financial assistance. The model was designed to be flexible in order to provide tools and approaches that could be adapted to meet the needs of local communities and replicated across the country.

#### Social and emotional learning for healthy relationships

Alaska's Fourth R<sup>514</sup> program provides a comprehensive curriculum targeted at building the socioemotional skills of youth and preventing violence. Social and emotional knowledge improves healthy relationship-building skills and is linked to better academic performance and reduced likelihood of engaging in risky behavior. The program's focus on domestic violence education and positive coping strategies also sets up the youth to become socially intelligent adults.

#### 4.3.4. Strategy: Provide incentives for healthcare to invest in addressing social determinants of health

Even though investment in addressing social determinants of health can improve wellbeing and reduce healthcare costs, incentives are not always aligned to move healthcare investments in that direction. At the federal level, the Medicaid and Medicare programs provide states flexibility to invest their federal healthcare program dollars in different ways. Some states are creating requirements and financial incentives for managed care providers to invest in addressing social determinants of health. In value-based payment programs, payments are tied to health outcomes instead of healthcare services provided. Shared savings programs allow managed care providers to share in the reduction of costs to state Medicaid programs. Healthcare partners can help states design practical community benefit policies that increase investment in addressing social determinants of health and improve the ability of healthcare entities to coordinate their investments.

##### **Medicaid funding flexibility and avenues for innovation using waivers**

Medi-Cal received approvals for Section 1115, 1915, and 1903 waivers<sup>515</sup> to redesign California's public healthcare system to be centered on providing comprehensive care through reform of delivery and payment systems to improve health outcomes for vulnerable populations. The waivers established value-based payment models and integrated care delivery systems to incentivize health systems to increase the quality of care. The waivers provide flexibility and incentives for the systems to comprehensively address the needs of the populations that they serve, beyond primary healthcare.

##### **Massachusetts community benefit guidelines**

The attorney general of Massachusetts developed community benefit guidelines<sup>516</sup> for nonprofit hospitals, providing a framework for hospitals to administer their community benefit programs. The framework heavily emphasizes the need for community benefit programs to address social determinants of health as well as community engagement in all stages of the program.

#### 4.3.5. Strategy: Co-locate services

Rather than ask families to make five separate bus trips for five separate services, services such as childcare, health clinics, and job placement are moving into the same buildings where people live. This co-location of services can improve service coordination and make it easier for families to access these services. Healthcare partners, leveraging cross-sector relationships, can find ways to locate their services within schools, libraries, and other community centers that help meet the multiple needs of children and families. Internally, healthcare systems can provide facility space for community-based organizations, navigators, and social service providers to help support immediate social needs that contribute to health and wellbeing.

##### **Providing comprehensive healthcare and social services through health centers**

Health centers<sup>517</sup> are community-based organizations that provide comprehensive services to vulnerable, uninsured, and underserved populations. To qualify as a Federally Qualified Health Center and be eligible to receive federal funding, a health center must operate under the direction of community-based organizations per Section 330 of the Public Health Service Act.<sup>518</sup> This direction helps to guide the health centers to address the needs of the community. Health centers provide a wide range of services in a single location, simplifying access to health and social services. Some examples of health centers include the Native American Health Center<sup>519</sup> in Oakland and the Hill Country Health and Wellness Center<sup>520</sup> in Shasta County.

##### **Co-locating services in supportive housing**

Supportive housing has been proven to be an effective strategy for providing health and housing stability for vulnerable populations. Providing supportive housing also reduces the use of costly publicly funded services such as emergency health services and correctional systems. Numerous states and municipalities have implemented supportive housing programs. Examples include the Louisiana Permanent Supportive Housing program<sup>521</sup> and Los Angeles's Housing for Health.<sup>522</sup> And some health insurance providers have invested in outcomes-based contracts that provide funding for housing with wraparound services based on the cost savings from reduced emergency room visits.

#### 4.3.6. Strategy: Develop community approaches to public safety

Similar to health inequity, crime is a symptom rooted in failed systems. In California, local and state governments spend about \$50 billion a year on law enforcement, the criminal legal system, and incarceration. This amount is the same as general fund spending on K–12 education<sup>523</sup> or about 37% of city and county general revenues.<sup>524</sup> The Black Lives Matter movement is combating and countering acts of violence, creating space for Black imagination and innovation, and centering Black joy.<sup>525</sup> Black Lives Matter has called out police violence explicitly, leading to numerous cities reallocating funds<sup>526</sup> from the police department to social programs. Policies are emerging in cities across the country, not just for police reform, but completely reimagining how investments are made in community health, which leads to public safety. In Portland, Oregon, the fire chief recognized that most calls were rooted in income inequality and mental health disparities. The fire chief actively advocated for increases in community health spending and reallocation of the fire department's budget.<sup>527</sup> Public safety is rooted in healthy communities. Multi-sector partnerships can continue pushing local governments for different approaches to policing and can look at ways to transform security in facilities and other public and private spaces to promote healing and wellbeing.

#### **Community Corrections Partnerships to reduce recidivism and support rehabilitation**

California's SB 678<sup>528</sup> mandated each county to develop a community corrections program advised by a Community Corrections Partnership composed of numerous stakeholders from the county and the community. The program is directed to support evidence-based practices and to expand the availability of rehabilitation services for offenders. The local, comprehensive support that the program provides keeps offenders out of the state prison system and reduces recidivism, allowing for a smoother transition into the community.

#### 4.3.7. Strategy: End violence in the policing and criminal justice system

Systemic racism in the police and criminal justice system has led to violent outcomes for BIPOC communities. Black and Indigenous people are three times more likely than white people to be fatally shot by the police.<sup>529</sup> Police use of force is one of the leading causes of death among young men of color.<sup>530</sup> Despite the COVID-19 pandemic, the rate of fatal police shooting has stayed the same nationally and has even increased in some areas.<sup>531</sup> Policies that discourage the use of violence and force can be a step toward addressing this critical issue. Police departments that had clear restrictions on the use of force by officers had significantly fewer police killings than those that did not have restrictions in place.<sup>532</sup> Violence can be perpetuated fiscally as well, through unjust fees and fines. Even beyond the physical and mental trauma of violence, the impacts can spill over to influence other core aspects of life, such as the ability to gain employment, affordable housing, and/or driving eligibility. In addition, police are often called as the first responders for someone in a mental health crisis. Police are not mental health professionals and often do not know how to handle these types of situations, which can lead to violent outcomes. In 2018,

1,000 people were fatally shot by police officers in the United States, and 25% of those fatalities were people with mental illness.<sup>533</sup> Ensuring that police are given the proper training or assistance with mental health crisis situations can help prevent violence. In addition to policies that aim directly to reduce the use of violence, the racist stereotypes and misconceptions that direct the violence toward Black people and people of color will need to be simultaneously addressed.

### **Use of force and transparency in the police department**

Many police departments have use-of-force policies that provide guidance for when force can be used by police officers. For example, the New Orleans [policy](#)<sup>534</sup> requires that officers try to de-escalate the situation before resorting to the use of force. The Fort Lauderdale police department requires officers to carry a [less lethal weapon](#),<sup>535</sup> aiming to discourage the use of lethal force. Establishing clear guidelines for the use of force and prioritizing de-escalation tactics can reduce acts of violence.

Accountability and transparency contribute to reducing police violence as well. For example, Prince William County has an [Early Identification System](#)<sup>536</sup> to monitor officers' incidents of using force and complaints. This monitoring allows for early detection of violent patterns so that appropriate action can be taken. The Las Vegas police department has a [policy requiring officers to intervene](#)<sup>537</sup> when another officer is using unreasonable force and to report the incident to a supervisor, holding officers accountable for being a bystander to violence. And the Indianapolis police department made information regarding police complaints, use-of-force incidents, and officer-involved shootings public through an [online database](#)<sup>538</sup> to promote transparency.

### **Fiscal punishments in the criminal justice system**

Ohio's Revised Code 2947.14 requires that when a fine is imposed during sentencing, a hearing must be held to determine the offender's ability to pay the fine.<sup>539</sup> An offender who is found unable to pay cannot be held in jail for nonpayment of fines, thereby reducing unfair incarcerations. The offender is instead given options that can include payment plans, community service, opting for jail, or extension of probation.

California's SB 1290 prohibits imposing administrative fees on families of a minor entering the juvenile criminal justice system.<sup>540</sup> This policy protects low-income families from becoming burdened with large debts that further exacerbate poverty. Inequitable fines and fees disproportionately impact vulnerable communities and contribute to increasing the racial wealth gap.

### 4.3.8. Strategy: Improve healthcare access

Healthcare access, defined by the Institute of Medicine as “the timely use of personal health services to achieve the best health outcomes,” includes gaining entry into the healthcare system (e.g., insurance), accessing a location (e.g., geographic availability), and finding a healthcare provider whom the patient trusts and can communicate with (e.g., cultural humility).<sup>541</sup> California has expanded insurance coverage through Medi-Cal and Covered California. As a result, 93% of Californians had access to health insurance in 2018, compared with 82.5% in 2013. However, disparities in access to care remain: low-income households account for half of the remaining uninsured, and rural counties (e.g., in California’s North Coast and Central Valley) face a shortage of healthcare professionals.<sup>542</sup> In 2016, only 38% of community health centers used any form of telehealth, and these centers were not equipped for the jump to telehealth demanded by the COVID-19 pandemic.<sup>543</sup> Moreover, broadband accessibility poses a threat to the efficacy of telehealth. Rural residents have less access to broadband than urban residents have, limiting their ability to access telehealth.<sup>544</sup> State health policies have been increasing access to the kinds of culturally responsive care people need.<sup>545</sup> Healthcare partners, specifically, can continue to engage with community-based organizations to deepen access to culturally and linguistically responsive care.

#### Removing restrictions on telehealth to make it more accessible

The California Telehealth Advancement Act of 2011<sup>546</sup> eliminated restrictions on telehealth, such as those requiring face-to-face contact before providing telemedicine and limiting the types of settings where telehealth services can be provided. Removing these barriers increases access to telehealth and offers flexibility, particularly for those with limited transportation and those living in areas with a shortage of healthcare providers.

The California Department of Health Care Services also made further updates to the Medi-Cal telehealth policy<sup>547</sup> to allow more flexibility for providers.

#### Supporting rural hospitals

Tennessee has experienced a high rate of hospital closures in rural areas since 2012. In rural areas where healthcare access is already constrained, hospital closures will further exacerbate the problem. To address the issue, Tennessee created the Rural Hospital Transformation Act<sup>548</sup> to provide consultation to rural hospitals to increase viability and sustainability to prevent closures.

In Georgia, a similar policy, the Rural Hospital Stabilization Program,<sup>549</sup> is designed to identify the needs of rural hospitals and provide strategies to support them. The program includes a grant component that provides funding for rural hospitals to improve services according to the needs of the community.



#### 4.3.9. Strategy: Promote integrated approaches to care

Several states are integrating approaches to delivering physical, mental/behavioral, and dental healthcare. Accountable care organizations,<sup>550</sup> authorized under Obamacare, are active in several states to coordinate delivery for Medicaid. Other states and cities are using a “Health in All Policies”<sup>551</sup> approach to make government-wide decisions through a health lens. Integrative approaches can better serve patients by simplifying care delivery, particularly for those that have a variety of needs. Healthcare has made huge strides in integrating care and can deepen that work especially with mental, behavioral, and substance use health services.

##### **California’s emphasis and promotion of integrative health models**

The current draft of the California Advancing and Innovating Medi-Cal (CalAIM)<sup>552</sup> framework to improve Medi-Cal delivery systems emphasizes the need for delivery system integration. CalAIM also highlights the successes of the Whole Person Care Pilots,<sup>553</sup> Coordinated Care Initiative,<sup>554</sup> and Health Homes Program,<sup>555</sup> all of which aim to provide comprehensive coordinated care.

##### **Health in All Policies approach as a strategy to promote integration of health**

In recognition of the interconnection between health and other sectors, California established the Health in All Policies Task Force.<sup>556</sup> This initiative brings together numerous government agencies to provide guidance for state agencies on how to integrate health and equity into their policies and programs. The task force also created a Healthy Communities Framework, which is centered around health and equity, to serve as a guide for task force activities in all sectors.

#### 4.3.10. Strategy: Transform the healthcare workforce

Economywide, efforts are underway to ensure a sector's workforce is reflective of the communities served. In healthcare, programs have been established to recruit healthcare professionals of color and those with other lived experience who can help transform the culture of healthcare delivery. Initiatives such as that of the [Future Health Workforce Commission](#)<sup>557</sup> are providing recommendations aimed at improving the ability of California's health workforce to meet the changing needs of the state's diverse population. Creative partnerships across K–12 systems, higher education, and businesses can center on aligning workforce pathways for health careers that reflect the community and develop the skills needed in the future health careers workforce.

##### **Hopkins local hiring goals**

Johns Hopkins launched the [HopkinsLocal](#)<sup>558</sup> program in 2015 to support economic growth, employment, and investment in Baltimore. The program included broader access in hiring for formerly incarcerated people, support for professional development, and tuition benefits for local hires.

##### **Community-informed care through community health workers**

[Community health workers](#) (CHWs)<sup>559</sup> play an important role in connecting communities to the resources that they need. CHWs have a deeper understanding of the communities that they serve and what their needs are and can help build trust between communities and care providers. Additionally, CHWs can use their knowledge to inform care providers to enable appropriate, community-informed care.

##### **Requiring implicit bias training for healthcare professionals to address disparities**

California's [AB 241](#)<sup>560</sup> requires healthcare professionals to undergo implicit bias training. Implicit bias can influence treatment decisions and outcomes in ways that lead to health disparities. The training requirements could help address this issue and enable healthcare professionals to provide fair and quality care.



#### 4.3.11. Strategy: Get and use data

Public health and healthcare have the ability to understand health inequity more deeply than almost any other sector. These systems collect, use, and share disaggregated data like few others. Access to de-identified, community-level information disaggregated by race, income, gender, languages spoken, or other indicators of inequity and connected to specific neighborhoods helps these systems design tailored interventions and build healthy neighborhoods. When data is shared (e.g., with social services or city planners), it can be used to better integrate decisions to improve racial and health equity.

##### **Making data available to evaluate health impacts**

California's Department of Public Health initiated the [Healthy Communities Data and Indicators Project \(HCI\)](#)<sup>561</sup> to provide statistical information, data, and tools for measuring and analyzing social determinants of health. The purpose of the project is to provide health data and tools for other sectors to use in planning and evaluating impacts on community health. Access to data and tools such as those provided by the HCI make it simpler for other sectors to incorporate health into their work.

##### **Connecting healthcare providers and social service agencies**

Several states (e.g., Arizona, California, Oklahoma, Oregon, Texas) are [using technology](#) to allow healthcare providers to coordinate referrals with social service providers.<sup>562</sup>

#### **4.3.12. Strategy: Provide access to the good food individuals and communities want**

Healthy food nourishes the body, community, and earth. Having access to good food also means having enough of the kinds of food a person wants to eat. Increasingly, people are remembering that good food access also means being able to enjoy foods rooted in one's culture and that connects people to those they care about. It is not enough to build a grocery store in a food desert or provide recipes for cooking kale. The entire American food system needs to shift from thinking about emergency food relief to also building the connections between those who grow food and those who enjoy it. Policies can help do that. Local businesses and the healthcare sector have a powerful opportunity to focus food procurement to support local, culturally specific farmers and small food businesses. More broadly, multi-sector partnerships can inform the future of these opportunities by investing in changes to the overall food system that increase food sovereignty and well-being.

##### **Providing staple foods at corner stores to promote healthier eating habits and increase access to healthy foods**

Minneapolis enacted a Staple Foods Ordinance<sup>563</sup> requiring corner stores, gas stations, and general retailers to stock six staple food categories: dairy/dairy alternatives, legumes, whole grains, 100% juice, fruits and vegetables, and meat/protein alternatives. The ordinance also encourages store owners to stock culturally appropriate foods that meet customer needs. Although some communities may not have access to a grocery store nearby, nearly all communities are in close proximity to a corner store, gas station, or general retailer. These stores generally stock unhealthy food items such as soda, chips, and candy. Offering healthy options at these stores increases customers' access to healthy foods without having to go to a grocery store.

##### **Urban agriculture to build social cohesion and increase access to fresh food**

The Urban Agriculture Incentive Zones Act (AB 551)<sup>564</sup> of California authorizes cities and counties to provide property tax incentives to landowners that dedicate vacant lots for agricultural use. This incentivizes urban agriculture and community farms, which can increase community engagement and create a source of fresh produce. Urban agriculture can also provide green spaces and food education opportunities.

## 4.4. Humane Housing

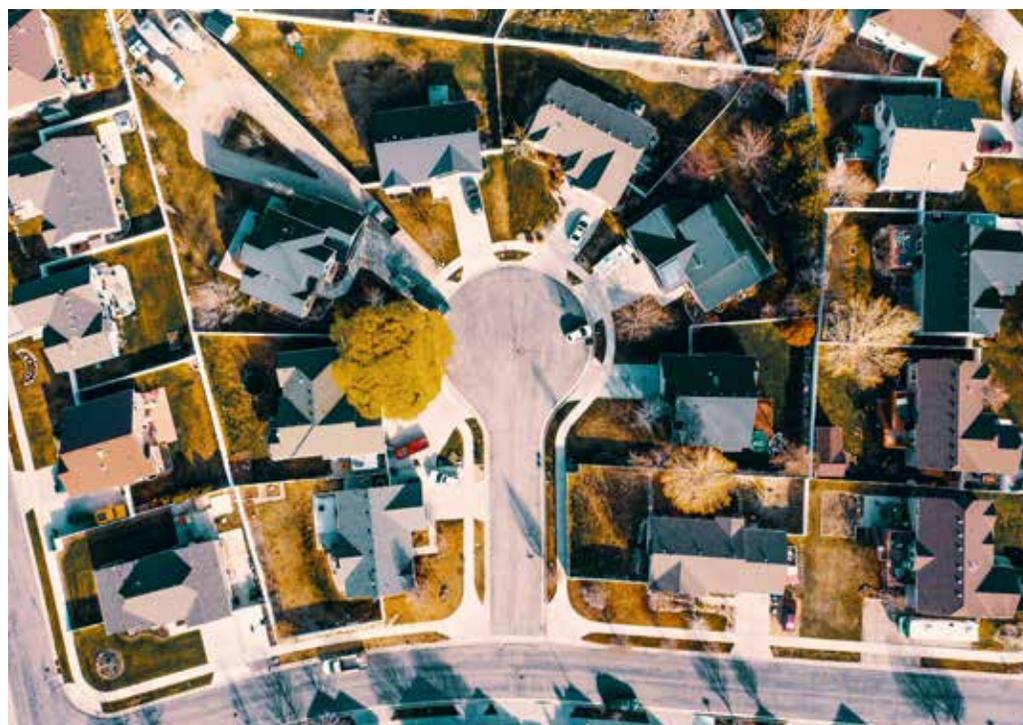
Housing is a cornerstone of community development. Having access to a safe, stable, quality place to live is essential to health and often is the biggest part of a family’s budget. Housing is a human right, not a commodity. Housing choices have been shaped by redlining and other discriminatory policies since at least the 1930s. These and other policies have created segregation where housing, food, school choice, and school quality have become linked to race and income. People should not have to choose between paying rent or buying food or medicine. Housing policies can help preserve and rehabilitate quality, affordable housing, promote construction of new units, and help ensure housing can help build wealth and community ownership. This section provides examples of creative partnerships investing in affordable housing, supporting housing, and other housing funds and solutions to improve community health.

**Table 4.4.** Policy strategies for humane housing

Policy Strategy	Sample Actions
<p><b>4.4.1.</b> Build and renovate quality housing in places that need it</p>	<p><b>Federal:</b> Capital Magnet Fund<sup>565</sup>; National Housing Trust Fund<sup>566</sup>; HOME Investment Partnerships Program<sup>567</sup>; Neighborhood Stabilization Program<sup>568</sup>; Low-Income Housing Tax Credit (LIHTC)<sup>569</sup>; Rural Housing Site Loans<sup>570</sup></p> <p><b>State:</b> California AB 1505 – inclusionary housing<sup>571</sup>; California Affordable Housing and Sustainable Communities Program<sup>572</sup>; California Qualified Allocation Plan for LIHTC<sup>573</sup>; California Surplus Lands Act – priority for affordable housing when disposing of surplus lands<sup>574</sup>; California Regional Housing Needs Assessment<sup>575</sup>; California Local Housing Trust Fund Program<sup>576</sup>; California SB 451 – historic rehabilitation tax credit<sup>577</sup>; California SB 330 – Housing Crisis Act of 2019<sup>578</sup>; California Infill Infrastructure Grant Program<sup>579</sup>; California AB 68 – accessory dwelling units<sup>580</sup>; Permanent Local Housing Allocation<sup>581</sup>; California AB 1783 – agricultural employee housing<sup>582</sup>; Oregon – Agriculture Workforce Housing Tax Credits<sup>583</sup></p> <p><b>Local:</b> Los Angeles – Measure JJJ<sup>584</sup>; Oakland – Measure KK<sup>585</sup>; Denver – Affordable Housing Linkage Fee<sup>586</sup>; Minneapolis 2040<sup>587</sup>; Land banks<sup>588</sup>; Albuquerque – Workforce Housing Trust Funds<sup>589</sup>; Salinas – Regional Farmworker Housing Action Plan<sup>590</sup></p>
<p><b>4.4.2.</b> Help people afford and own good homes</p>	<p><b>Federal:</b> Rental Assistance Demonstration<sup>591</sup>; Section 203(k)<sup>592</sup>; Mortgage Tax Credit Certificate<sup>593</sup>; Section 8 housing vouchers<sup>594</sup> and homeownership vouchers<sup>595</sup>; HOME Investment program<sup>596</sup></p> <p><b>State:</b> California AB 74 – housing for Medi-Cal<sup>597</sup>; California SB 330 – Housing Crisis Act of 2019<sup>598</sup>; California AB 1521 – must accept market-rate offer from qualified preservation authority<sup>599</sup>; California AB 1505 – inclusionary housing<sup>600</sup>; California AB 68 – accessory dwelling units<sup>601</sup></p> <p><b>Local:</b> San Francisco – Below Market Rate Ownership Program<sup>602</sup>; Community land trusts<sup>603</sup>; Maryland – Moderately Priced Dwelling Unit Program<sup>604</sup>; Beaverton, Oregon – rental assistance – insurance and rent resilience funds<sup>605</sup>; mortgage reserve accounts<sup>606</sup></p>

**Table 4.4. Policy strategies for humane housing, continued**

Policy Strategy	Sample Actions
<p><b>4.4.3.</b> Enable people to choose and stay in the homes they want</p>	<p><b>Federal:</b> Housing Choice Voucher Program<sup>607</sup>; Housing Preservation Grant<sup>608</sup>; Healthy Homes Program<sup>609</sup>; Centers for Disease Control and Prevention Temporary Halt in Residential Evictions<sup>610</sup></p> <p><b>State:</b> California SB 329 – Section 8 anti-discrimination<sup>611</sup>; AB 1482 – California Tenant Protection Act of 2019<sup>612</sup>; California – mobile home Fee and Tax Waiver Program<sup>613</sup></p> <p><b>Local:</b> Community preference policies – Portland,<sup>614</sup> Seattle,<sup>615</sup> San Francisco<sup>616</sup>; New York City – Universal Access Counsel program<sup>617</sup>; San Francisco – Fair Chance Ordinance,<sup>618</sup> Small Sites Program<sup>619</sup>; San Jose – Tenant Protection Ordinance<sup>620</sup>; Philadelphia Bill 190386 – low-income tenant legal representation<sup>621</sup></p>
<p><b>4.4.4.</b> Provide housing for those experiencing homelessness</p>	<p><b>Federal:</b> Emergency Solutions Grants<sup>622</sup></p> <p><b>State:</b> California AB 932 – declares shelter crisis<sup>623</sup>; California – No Place Like Home program<sup>624</sup>; California SB 330 – declares housing emergency<sup>625</sup>; California –Homekey<sup>626</sup></p> <p><b>Local:</b> Los Angeles – Proposition HHH<sup>627</sup>; Los Angeles County – Measure H,<sup>628</sup> Housing for Health,<sup>629</sup> Flexible Housing Subsidy Pool<sup>630</sup>; Seattle Housing Levy<sup>631</sup></p>
<p><b>4.4.5.</b> Promote responsible local ownership</p>	<p><b>Federal:</b> Indian Tribal Land Acquisition Program<sup>632</sup>; The Indian Reorganization Act<sup>633</sup></p> <p><b>State:</b> California SB 196 – Community Land Trust tax exemption<sup>634</sup>; New York State Land Bank Program<sup>635</sup></p> <p><b>Local:</b> Community Land Trusts – Dudley Street Neighborhood Initiative,<sup>636</sup> Northern California Land Trust,<sup>637</sup> Maggie Walker Community Land Trust<sup>638</sup>, DC – Tenant Opportunity to Purchase<sup>639</sup>; San Francisco – Community Opportunity to Purchase Act<sup>640</sup>; Cornerstone Renter Equity program<sup>641</sup>; East Bay Permanent Real Estate Cooperative<sup>642</sup>; East Portland – Community Investment Trust<sup>643</sup>; California Community Land Trust Network<sup>644</sup>; Hayward, California – Vacant Property Monitoring Program<sup>645</sup>; Long Beach, California – Foreclosure Registry Program<sup>646</sup>, Vacant Lot Registry<sup>647</sup></p>



#### 4.4.1. Strategy: Build and renovate quality housing in places that need it

Along with food and water, shelter is a basic human need. Many parts of the country have a shortage of affordable housing.<sup>648</sup> More affordable housing stock is needed, but equally important is that housing stock should be located near or have access to high-opportunity areas. For affordable housing stock that already exists but has fallen into disrepair, renovation should be prioritized to preserve quality, affordable housing stock and avoid housing code violations. Both new developments and preservation of affordable housing stock are critical for addressing the housing shortage. Developing quality, affordable housing will require a multi-dimensional strategy well beyond the housing sector. Besides direct investments into the housing sector, leaders can advocate for the addition of criteria that will promote health, such as healthy physical design features or siting of housing developments near resources, to be added to the Qualified Allocation Plan for Low-Income Housing Tax Credits.<sup>649</sup> Partnerships can go well beyond housing to provide wraparound services, connections with housing support, and other navigation for communities to maximize and expand housing resources for those that need them.

##### **Affordable Housing and Sustainable Communities Program**

California's Affordable Housing and Sustainable Communities Program<sup>650</sup> supports developments that integrate affordable housing and sustainable transportation. The program aims to increase affordable housing stock with sustainable transportation options near resources, to reduce greenhouse gas emissions from vehicle use. The integration of affordable housing and transportation can provide residents with more employment and educational opportunities, increasing the potential for economic mobility.

##### **Accessory dwelling units as an alternative method of increasing affordable housing stock**

In an effort to maximize affordable housing options, California's AB 68<sup>651</sup> eased restrictions for accessory dwelling unit (ADU) development. Since ADUs are built as an add-on to existing property, they offer a low-cost method of increasing affordable housing supply. Their impacts are minimal since there is no need to develop new infrastructure, which helps to preserve community character.

#### 4.4.2. Strategy: Help people afford and own good homes

Housing stability largely depends on affordability. Increasing housing stock alone will not solve the problem. Numerous municipalities have used inclusionary housing policies that require developers to provide affordable housing and below-market pricing programs to make homes more affordable. Accessory dwelling units have also emerged as an inexpensive method to increase affordable housing stock. Affordability is also a function of the cost of living in a home (e.g., energy, water, sewer, and other utility costs; policies that reduce these costs for households are addressed in strategy 4.2.1). To support home ownership, federal grant programs such as the HOME Investment Partnerships Program

and Section 8 can cover some expenses related to home ownership for first-time home buyers. New investments can and should be made directly in housing (e.g., for employees and for families accessing long-term care). Healthcare, philanthropy, local government, and other partners can look at where their cash reserves and endowments are invested and find opportunities for those investments to expand affordable housing and be used specifically for place-based actions.

### **Using Section 8 vouchers toward homeownership**

The Section 8 Housing Choice Voucher homeownership program<sup>652</sup> authorizes the use of housing vouchers toward purchasing a home. This program provides opportunities and resources for homeownership for low- and middle-income residents, who otherwise may have difficulty affording a home. Besides the vouchers, the program also provides a first-time homeownership and housing counseling program to prepare participants for homeownership. This program is not offered by all public housing authorities, but it is being piloted in some localities, such as Newark,<sup>653</sup> as an equitable economic development strategy.

### **Below Market Rate ownership programs to encourage first-time homeownership**

San Francisco's Below Market Rate Ownership Program<sup>654</sup> designates some units to be sold at below-market prices to make them affordable for low- to middle-income first-time homebuyers. This provides equal opportunity for homeownership in appealing neighborhoods. Below Market Rate programs have been established in numerous cities as a local strategy to provide affordable homeownership.



#### 4.4.3. Strategy: Enable people to choose and stay in the homes they want

Having options, especially in one's choice of housing, is a huge privilege. Providing options for where people can choose to live promotes housing equity. It can enable people to live in locations with amenities and access to resources that promote overall well-being. For example, to protect against displacement, [Seattle](#),<sup>655</sup> [Portland](#),<sup>656</sup> and [San Francisco](#)<sup>657</sup> have implemented community preference policies to give priority for affordable housing to those with ties to the community. This enables residents to continue to live in their neighborhoods. Having the option to return to or stay in one's own community supports emotional wellbeing and social cohesion. Community advocates, with partners from multiple sectors, can support citywide policies for inclusionary zoning and housing subsidies for populations experiencing inequities so that residents have the option to choose and stay where they want to live.

##### Ending anti-discriminatory practices against Section 8 voucher holders

California's [SB 329](#)<sup>658</sup> prohibits housing discrimination based on source of income, which includes public assistance such as Section 8 vouchers. It is not uncommon for landlords to discriminate against Section 8 voucher holders and deny housing.<sup>659</sup> The bill puts an end to discriminatory practices by prohibiting landlords from indicating selection preferences such as by displaying "No Section 8" signs. By prohibiting these practices, the bill gives people receiving rental assistance more options for quality housing and access to areas of opportunity.

##### Banning the box to make affordable housing accessible

San Francisco's [Fair Chance Ordinance](#)<sup>660</sup> expands "ban the box" policies to include affordable housing decisions. The ordinance requires affordable housing providers to assess and determine an applicant's qualifications before looking at an applicant's conviction history (often indicated by asking applicants to check a box indicating prior convictions). Housing providers are also required to conduct an individualized assessment for applicants with a conviction history to consider how much time has elapsed since the conviction and any evidence of rehabilitation factors.

##### Tenant protections regarding evictions

California's [Tenant Protection Act of 2019](#)<sup>661</sup> limited rent hikes and requires landlords to have just cause to terminate tenancy. Just-cause eviction ordinances can prevent landlords from discriminatory or arbitrary evictions that forcibly displace tenants. Some cities, such as [Philadelphia](#)<sup>662</sup> and [New York City](#),<sup>663</sup> provide free legal representation for low-income tenants facing eviction. During the COVID-19 pandemic, the Centers for Disease Control and Prevention issued a [federal eviction moratorium](#)<sup>664</sup> to protect tenants from evictions due to nonpayment.

#### 4.4.4. Strategy: Provide housing for those experiencing homelessness

Homelessness must be a major part of the conversation on housing, especially since housing instability is a major barrier to health and exacerbates the existing racial inequities among the homeless population. California is known for the growing number of people experiencing homelessness. To address the housing and homelessness crisis, California enacted [SB 330](#),<sup>665</sup> which declared a housing emergency to streamline affordable housing development, and [AB 932](#),<sup>666</sup> which declared a shelter crisis in select cities to streamline construction of emergency housing shelters. At the local and state levels, fiscal strategies such as implementing taxes to generate revenue for homelessness prevention and dedicating bonds toward supportive housing are common. And since people experiencing homelessness depend on the healthcare safety net—often in the form of costly hospital visits—and have nowhere to recover after discharge, housing stability can have positive outcomes for individuals' health and for the healthcare system. Given monetary and regulatory support for addressing homelessness, healthcare partners can specifically leverage this support to develop integrative resources, such as those that increase access to primary care and behavioral health services, social services, resources to promote food security, and other wellbeing needs, to address both health equity and homelessness.

##### **Flexible housing subsidy pool tailored to comprehensively address local needs**

Using a flexible housing subsidy pool (FHSP) that supports rent subsidies, tenant services, and intensive case management has been piloted in some localities as an effective, comprehensive approach to providing long-term housing stability and maintaining overall health. The subsidy pools target vulnerable populations that are experiencing homelessness and people with physical and mental health conditions. Having a flexible pool of funding allows the program to be tailored to community needs and to address housing and health concurrently. The FHSP model has been adopted in [Los Angeles County](#)<sup>667</sup> as part of the [Housing for Health Program](#)<sup>668</sup> and in [Chicago](#),<sup>669</sup> where it is modeled after the Los Angeles FHSP.

##### **Integrating housing and health needs for the homeless community of California**

The [No Place Like Home program](#)<sup>670</sup> dedicates bonds toward development of permanent supportive housing for people who are homeless and those at risk of homelessness who are in need of mental health services. The program integrates housing with mental health services as well as other community-based supportive services to create long-term housing and health stability.

#### 4.4.5. Strategy: Promote responsible local ownership

Local ownership can promote collective efficacy, which can lead to improved overall wellbeing of the community.<sup>671</sup> Some models of community ownership that have had success include community land trusts, tribal acquisition of lands, renter equity programs, limited liability companies, homeowners' associations, tenancy in common, permanent real estate cooperatives, community equity co-ops, and limited equity cooperatives. Some existing policies aim to promote local ownership. For example, California provides tax exemptions for community land trusts that develop affordable housing. The DC Tenant Opportunity to Purchase Act<sup>672</sup> and the San Francisco Community Opportunity to Purchase Act<sup>673</sup> both give first priority to tenants or organizations that will preserve affordability and prevent displacement. Another framework that promotes local ownership is the renter equity program, which provides financial incentives to renters for abiding by the lease agreement and participating in community-building efforts. Although some of these local ownership models are supported by policy, some are informal strategies. Multi-sector partnerships are well positioned to take a long-term view and advocate for multigenerational policies expanding local ownership and encouraging equity commitments in existing or future housing programs.

##### Acquiring tribal lands in trust

The U.S. Bureau of Indian Affairs, the U.S. Department of Agriculture Farm Services Agency, and various federal programs can help acquire lands and place them into trust for a tribe. For example, the Reno-Sparks Indian Colony in Nevada used the federal fee to trust authority to acquire land in Reno and develop a \$20 million Reno Sparks Tribal Health Center that serves the tribes and Washoe County's urban Indians.<sup>674</sup>

##### Increasing local ownership through community land trusts

Community land trusts (CLTs)<sup>675</sup> have emerged as an effective strategy to provide affordable housing while increasing community ownership. CLTs are community-based nonprofit organizations that acquire ownership of land and facilitate the sale of the home situated on the land to exclude the land price, making the home much more affordable. The sale of the home is in the form of a lease, with resale conditions that preserve long-term affordability. CLTs give communities a way to control local assets, which facilitates community cohesion and participation as well as prevent displacement. CLTs are not limited to residential purposes. They can also be applied to commercial developments. Some examples of CLTs include the Dudley Street Neighborhood Initiative<sup>676</sup> and the Northern California Land Trust.<sup>677</sup> In recognition of CLTs' potential, California enacted SB 196<sup>678</sup> to provide tax exemptions for CLTs.

## 4.5. Meaningful Work and Health

Work is a means to obtain income, but when it is productive and meaningful, it also lifts the spirit and provides a sense of common purpose. In many ways, work can be an extension of lifelong learning and growth. Labor needs to be valued. When labor is tied to stagnated wages, reduced benefits, and fewer job protections, insecurity increases for families and across the economy as a whole. Unless household incomes grow, the United States will never shrink the health inequities associated with income disparities. A 2019 study by the [Federal Reserve](#) identified that income disparities drive the wealth gap.<sup>679</sup> Income needs to be connected to the cost of living, and essential benefits (e.g., health, sick leave, and childcare) may need to be affordable and accessible outside of employment as the gig economy grows. With basic income security, families and communities can grow the wealth that gives the next generation a head start. That wealth comes from nondiscriminatory and equitable access to credit and lending, entrepreneurship, homeownership, business growth, and opportunities to save and invest.

**Table 4.5.** Policy strategies for meaningful work and health

Policy Strategy	Sample Actions
4.5.1. Ensure equitable procurement	<p><b>Federal:</b> Historically Underutilized Business Zones<sup>680</sup>; small business set-asides for federal contracts<sup>681</sup>; Disadvantaged Business Enterprise Program<sup>682</sup></p> <p><b>State:</b> California Public Contract Code Article 1.5 – Minority and Women Business Participation Goals for State Contracts<sup>683</sup>; Connecticut – Supplier Diversity Program<sup>684</sup></p> <p><b>Local:</b> Set-aside policies for local, small businesses; Philadelphia – Office of Economic Opportunity<sup>685</sup>; Minneapolis – Small and Underutilized Business Program<sup>686</sup>; Tacoma – Equity in Contracting Program<sup>687</sup>; San Diego – Small Local Business Enterprises<sup>688</sup>; Local hiring – Milwaukee Residents Preference Program,<sup>689</sup> San Francisco<sup>690</sup></p>
4.5.2. Cultivate job pathways	<p><b>Federal:</b> Workforce Innovation and Opportunity Act<sup>691</sup>; Fair Chance to Compete for Jobs Act<sup>692</sup></p> <p><b>State:</b> California AB 1111 – Breaking Barriers to Employment Initiative<sup>693</sup>; CalFresh Employment and Training<sup>694</sup>; California Penal Code 1203.4 – expungement policy<sup>695</sup>; California AB 1008 – Fair Chance Act – “ban the box”<sup>696</sup>; Virginia HB 2185 – Rural Information Technology Apprenticeship<sup>697</sup></p> <p><b>Local:</b> City-level “ban the box” policies; Youth Employment – Hire LA’s Youth program,<sup>698</sup> One Summer Chicago,<sup>699</sup> Youth Options Unlimited Boston<sup>700</sup>; San Francisco – Fair Chance Ordinance<sup>701</sup></p>



**Table 4.5. Policy strategies for meaningful work and health, continued**

Policy Strategy	Sample Actions
<p><b>4.5.3.</b> Advocate for universal basic income</p>	<p><b>Federal:</b> Earned Income Tax Credit<sup>702</sup>; CARES Act<sup>703</sup>; Eastern Band of Cherokee Indians casino dividend<sup>704</sup></p> <p><b>State:</b> Alaska Permanent Fund Dividend<sup>705</sup></p> <p><b>Local:</b> Stockton Economic Empowerment Demonstration (SEED)<sup>706</sup></p>
<p><b>4.5.4.</b> Provide opportunities to save and invest</p>	<p><b>Federal:</b> Individual Development Accounts<sup>707</sup>; Coronavirus Aid, Relief, and Economic Security – CARES Act – credit reporting<sup>708</sup>; 26 U.S. Code Subchapter S – employee stock ownership plan tax exemptions<sup>709</sup>; HR 5236 – Main Street Employee Ownership Act<sup>710</sup></p> <p><b>State:</b> California SB 196 – Community Land Trust Tax Exemption<sup>711</sup></p> <p><b>Local:</b> Real estate investment trusts<sup>712</sup>; Los Angeles – Nico<sup>713</sup>; DC – Tenant Opportunity to Purchase<sup>714</sup>; San Francisco – Community Opportunity to Purchase Act<sup>715</sup>; Richmond, Virginia – Office of Community Wealth Building<sup>716</sup>; East Bay Permanent Real Estate Cooperative<sup>717</sup>; Cornerstone Renter Equity program<sup>718</sup>; Permanent Community Energy Cooperative model<sup>719</sup>; East Portland – Community Investment Trust<sup>720</sup></p>
<p><b>4.5.5.</b> Improve access to capital</p>	<p><b>Federal:</b> Community Reinvestment Act rule update<sup>721</sup>; Opportunity Zones<sup>722</sup>; EB-5 Immigrant Investor Program<sup>723</sup>; New Markets Tax Credit Program<sup>724</sup>; CDFI authorities<sup>725</sup>; Low Income Investment Fund<sup>726</sup>; Historically Underutilized Business Zones<sup>727</sup>; small business set-asides for federal contracts<sup>728</sup>; Microloan Program<sup>729</sup>; Community Advantage Pilot Program<sup>730</sup></p> <p><b>State:</b> California Capital Access Program – CalCAP for Small Business<sup>731</sup>; California AB 816 – Cooperative Corporation Law<sup>732</sup></p> <p><b>Local:</b> Employee Stock Ownership Plans<sup>733</sup>; Los Angeles – Responsible Banking Ordinance<sup>734</sup></p>
<p><b>4.5.6.</b> Provide good working conditions and protections</p>	<p><b>Federal:</b> Family and Medical Leave Act<sup>735</sup>; Occupational Safety and Health Act<sup>736</sup>; National Labor Relations Act<sup>737</sup>; Migrant and Seasonal Agricultural Worker Protection Act<sup>738</sup>; Agricultural Worker Protection Standard<sup>739</sup></p> <p><b>State:</b> California AB 622<sup>740</sup> and AB 450<sup>741</sup> – unfair immigrant-related business practices; California Nutrition Education and Obesity Prevention Branch – Worksite Initiative<sup>742</sup>; California Paid Family Leave<sup>743</sup>; California SB 3 – minimum wage increase<sup>744</sup>; California Code of Regulations Title 8 § 3395 – heat illness prevention<sup>745</sup>; California Public Employment Relations Board<sup>746</sup>; California AB 1522 – paid sick leave<sup>747</sup>; California AB 2043 – farmworker safety during COVID-19<sup>748</sup></p> <p><b>Local:</b> Emeryville – Fair Workweek Ordinance<sup>749</sup>; San Jose – Opportunity to Work Ordinance<sup>750</sup>; Berkeley – Berkeley Family Friendly and Environment Friendly Ordinance<sup>751</sup>; Santa Cruz – Anti-Discrimination Ordinance<sup>752</sup></p>
<p><b>4.5.7.</b> Support small businesses and entrepreneurs</p>	<p><b>Federal:</b> Historically Underutilized Business Zones<sup>753</sup>; small business set-asides for federal contracts<sup>754</sup>; Rural Business Development Grant<sup>755</sup>; Rural Microentrepreneur Assistance Program<sup>756</sup></p> <p><b>State:</b> California Capital Access Program (CalCAP) for Small Business<sup>757</sup>; California AB 816 – Cooperative Corporation Law<sup>758</sup></p> <p><b>Local:</b> Phoenix – Adaptive Reuse Program<sup>759</sup>; Long Beach – adaptive reuse ordinance<sup>760</sup>; Portland – Affordable Commercial Tenancing Program<sup>761</sup>; Malibu – Formula Retail Ordinance<sup>762</sup>; local business set-asides – New York City,<sup>763</sup> Austin<sup>764</sup>; Minneapolis – Small and Underutilized Business Program<sup>765</sup>; Tacoma – Equity in Contracting Program<sup>766</sup>; San Diego – Small Local Business Enterprises<sup>767</sup>; San Francisco – Legacy Business Historic Preservation Fund<sup>768</sup></p>
<p><b>4.5.8.</b> Promote digital inclusion</p>	<p><b>Federal:</b> Rural Digital Opportunity Fund<sup>769</sup>; Lifeline Program<sup>770</sup>; ReConnect Loan and Grant Program<sup>771</sup></p> <p><b>State:</b> California Broadband Council<sup>772</sup>; California Advanced Services Fund<sup>773</sup>; California SB 493 – state surplus technology equipment<sup>774</sup>; California AB 1999 – county service area broadband<sup>775</sup>; Minnesota – Border to Border Broadband Development Grant Program<sup>776</sup>; Tennessee Broadband Accessibility Act<sup>777</sup></p> <p><b>Local:</b> San Jose – Digital Inclusion and Broadband Strategy<sup>778</sup>; New York City – Internet Master Plan<sup>779</sup>; Hamilton County, Tennessee – HCS EdConnect<sup>780</sup>; Longmont, Colorado – NextLight<sup>781</sup>; Wilson, North Carolina – Greenlight Community Broadband<sup>782</sup></p>



#### 4.5.1. Strategy: Ensure equitable procurement

An enormous amount of work and business is tied to how governments procure services and products, especially since the transition in the 1980s to the use of private contractors to help governments do their work. Equitable procurement includes contracts designed with communities, incentives for minority- and women-owned businesses, processes to encourage apprenticeship and entrepreneurship, and an intentional focus on equity throughout the procurement process. Local businesses can support economic development by updating their procurement processes to follow the best examples of equitable procurement and by teaming up with local governments to coordinate procurement to meet racial and health equity goals.

##### **Inclusive contracting policies for minority- and women-owned small businesses**

The Historically Underutilized Business Zones (HUBZones)<sup>783</sup> program awards federal contracts to small businesses that are certified as a HUBZone. At the state level, California's Public Contract Code Article 1.5<sup>784</sup> established participation goals for minority, women, and disabled veteran businesses for state contracts. Numerous municipalities also have established contracting policies that support small minority- and women-owned businesses, such as Tacoma's Equity in Contracting Program,<sup>785</sup> Minneapolis's Small and Underutilized Business Program,<sup>786</sup> and San Diego's Small Local Business Enterprise (SLBE) Program.<sup>787</sup> These policies provide opportunities for economic growth and development for small disadvantaged businesses.





#### 4.5.2. Strategy: Cultivate job pathways

Job pathways are not always open for everyone. The playing field is especially uneven for those who have a criminal history and for those without training or formal education. However, policies can address these challenges to ensure that job pathways are inclusive for everyone. For example, “ban the box” policies at the federal, state, and local levels ensure fair hiring practices for those with a criminal history. The [Workforce Innovation and Opportunity Act](#)<sup>788</sup> provides opportunities for employment, training, and support services for those with significant barriers to employment. Health, local government, and other sector leaders can invest directly in job training programs that start in high school and continue through community college and university. Career pathways, mentor support, and diverse leadership development can be cultivated through programs for youth apprenticeships as well as institutional change initiatives, such as shifts in hiring practices that open doors for formerly incarcerated people to access jobs.

##### California’s Breaking Barriers to Employment Initiative

California’s AB 1111 created the [Breaking Barriers to Employment Initiative](#),<sup>789</sup> which aims to provide support and resources for those with significant barriers to employment. The initiative also mandates that the services be delivered in partnership with community-based organizations to ensure that the targeted populations receive the resources they need. The resources provided vary widely and are intended to equip people who face employment barriers to be able to successfully enter the workforce, retain employment, and earn livable wages.

##### Statewide “ban the box” and expungement policies for equitable hiring practices

California’s [Fair Chance Act](#)<sup>790</sup> prohibits employers from seeking disclosure of an applicant’s conviction history before employment is offered, by “banning the box” that asks for disclosure of a criminal history. Eliminating this practice ensures equitable hiring practices by preventing employers from discriminating against applicants solely on their conviction history. California’s [Penal Code 1203.4](#)<sup>791</sup> allows for expungement of records for qualifying individuals, another method of removing a major barrier to employment. Policies such as these can ensure that everyone is given a fair chance at employment opportunities.

#### 4.5.3. Strategy: Advocate for universal basic income

Universal basic income programs guarantee a minimum income for all individuals. The [Earned Income Tax Credit](#)<sup>792</sup> and the [Alaska Permanent Fund Dividend](#)<sup>793</sup> act as universal basic income. Multi-sector partnerships can advocate for innovative policy that centers equity and ensures a basic income for all people, thus ensuring families have the resources needed to make ends meet and to thrive.

### Testing the potential of universal basic income

The Stockton Economic Empowerment Demonstration (SEED)<sup>794</sup> is an innovative pilot program that provides universal basic income to randomly selected individuals. The SEED program tests the potential of using universal basic income as a strategy to address poverty. As this program is the first of its kind to be tested in the United States, the information gathered from it can provide crucial insights to inform future social policies.

#### 4.5.4. Strategy: Provide opportunities to save and invest

Centuries of policy have served to distance the levers of wealth generation from families. These levers include the ability to own a home and property, save and grow savings, and make investments in businesses that allow parents to give their children a head start. A number of policy actions are trying to bring families closer to these levers, growing the opportunity for communities, not just individuals, to own property and build wealth. Racial and health equity can be advanced by collaboratives and sectors that grow wealth in communities by providing opportunities to invest (e.g., providing loan guarantees, investing reserves in Black-owned small businesses, creating micro-financing capacities) and save (e.g., matched savings or retirement accounts).

### Localized real estate trusts: A community-ownership model for building wealth

Localized real estate trusts offer opportunities for communities to collectively invest in and purchase real estate in order to increase community ownership (which can deter displacement), build wealth, and address community needs. They are also an accessible and affordable form of investing for long-term wealth. Some examples include the Community Investment Trust<sup>795</sup> (CIT) of East Portland and Nico<sup>796</sup> in Los Angeles. The CIT and Nico also provide guidance on investing and shareholder responsibilities to support the path to long-term wealth.

### Community-owned and community-led real estate cooperative

The East Bay Permanent Real Estate Cooperative (EBPREC)<sup>797</sup> provides an opportunity for local residents to invest in a collective fund used to purchase real estate, much like real estate trusts. But the EBPREC aims for residents and cooperative owners to occupy and steward the properties, providing deeper ownership beyond the buy-in. The EBPREC is also centered on supporting BIPOC communities.



#### 4.5.5. Strategy: Improve access to capital

It remains difficult for low-income and BIPOC communities to access the capital needed to buy homes, build businesses, or otherwise grow wealth. The [Community Reinvestment Act](#)<sup>798</sup> and other federal policies were designed to end discrimination in this area but have not achieved their full potential. [Community Development Financial Institutions](#),<sup>799</sup> nonprofit micro-lending programs, and tax credits for lending in low-income areas are all strategies designed to bridge the gap in access to capital. Unequal access to capital has further exacerbated health and racial inequities by providing resources to some communities while limiting resources for others. Racial equity can only be achieved by reworking relationships with lending institutions to ensure communities have access to capital, instituting accountability mechanisms that prioritize racial equity, and making sure that banks have information on how their lending impacts community health.

##### Providing financing for small businesses to promote economic development

The [California Capital Access Program \(CalCAP\)](#)<sup>800</sup> provides loans to small businesses that may have difficulty obtaining financing from banks. CalCAP is also a loan loss reserve program, a kind of insurance that helps lenders control for the risk that loans will not be repaid. By making small business financing more accessible, the CalCAP removes a major barrier and promotes the growth of small businesses and economic development.

##### Simplifying the process for establishing worker cooperatives

California's [Cooperative Corporation Law](#)<sup>801</sup> provides a statutory definition of “worker cooperative” and provides a conditional securities law exemption for worker cooperatives, which eases the process of raising capital for the cooperative. The law also requires that at least 51% of the workers must be members of the cooperative, to ensure worker ownership. Providing this framework streamlines and promotes the creation of worker cooperatives, which can be an effective strategy to stimulate local economic development and offer opportunities for investment.

#### 4.5.6. Strategy: Provide good working conditions and protections

American adults spend a lot of time at work, and having a job that pays well and gives a sense of purpose is important for health. Policy can stabilize the job environment so that employment, in addition to income, comes with the kind of stability that the value of people's labor deserves. Policies such as paid sick and family leave give people flexibility to take care of young children, aging parents, and sick loved ones. Policies on scheduling shifts and ensuring safe working conditions are important as the gig economy grows. Workers also need the right to speak up when they see something wrong (e.g., whistleblower protections) and to join together to ask for better working conditions

(e.g., collective bargaining). Finally, when jobs are lost, unemployment insurance and protections are also important. Anchor institutions in communities can and should model support for these employment practices. Hospitals, especially in rural areas, are often the largest and best-paying employers in a community. Allowing collective bargaining and providing the kinds of work conditions, protections, and power building that promote health in their own workforces will demonstrate how healthcare organizations can walk the talk in promoting wellbeing.

### **Prohibiting discriminatory practices at the city level**

Santa Cruz, California, has an [anti-discrimination ordinance](#)<sup>802</sup> that prohibits discriminatory practices in employment, housing, business establishments, public accommodations, and educational institutions. Prohibiting discriminatory practices in employment creates equal opportunity and fosters a better working environment.

### **Policies to ensure that employees receive fair work scheduling**

The City of Emeryville, California, signed the [Fair Workweek Ordinance](#),<sup>803</sup> which established fair workweek standards for employees in the retail and fast-food industry. And in Berkeley, California, the [Family Friendly and Environment Friendly Ordinance](#)<sup>804</sup> gives all eligible employees the right to a predictable or flexible working arrangement. These ordinances prevent employers from creating unfair working schedules and ensure that employees have a right to a working arrangement that meets their needs.

### **Collective bargaining to advance racial equity and foster a healthy workplace**

Data from the Economic Policy Institute has shown that collective bargaining through unions can raise wages for all workers, particularly for women and workers of color.<sup>805</sup> Case studies and data have shown that unions can also improve the health and safety of workplaces by negotiating workplace protection measures.<sup>806</sup> There is much opportunity to strengthen bargaining rights at the federal and state level. For example, the [National Labor Relations Act](#)<sup>807</sup> provides private-sector workers with the right to unionize, but only 25 states have authorized public workers to form unions<sup>808</sup>. Additionally, current federal bargaining rights are outdated and contain many loopholes that serve to suppress unions.<sup>809</sup> As bargaining rights can promote overall wellbeing for workers and reduce racial wage gaps, advocating for updates and expansion of bargaining rights for all is critical.



#### 4.5.7. Strategy: Support small businesses and entrepreneurs

Small businesses and entrepreneurship help to provide local economic opportunities and preserve community characteristics. Small businesses' owners often live and work in the community or are involved with the community in some form. But venturing into small business endeavors or entrepreneurship, and keeping these ventures going, can be difficult. Some policies are in place to provide support for small businesses and entrepreneurs. The policies often take the form of preference policies that give small businesses a fair chance to compete in the market. In addition, advocating for policies that support small businesses can be key to surfacing innovations, supporting diverse entrepreneurs, and providing opportunities for wealth-building in communities. Small businesses can be valuable partners since communities tend to rely on and trust small local businesses.

##### **Protecting small, local businesses from displacement**

Gentrification and displacement are often cited as issues relating to rising housing prices. This issue has been prevalent in the commercial real estate sector as well. Rising commercial rents have led to displacement of small businesses. To address this issue, [New York City](#)<sup>810</sup> began mandating that city-funded developments must provide affordable retail spaces as needed by the community. And for its [2nd Street District](#)<sup>811</sup> redevelopment project, the City of Austin mandated that a portion of the retail spaces must be given to local businesses. Another example is Phoenix's [Adaptive Reuse Program](#),<sup>812</sup> a low-cost and low-impact strategy to provide commercial spaces. This program helps to revitalize vacant or run-down buildings into productive, affordable spaces.

#### 4.5.8. Strategy: Promote digital inclusion

Digital inclusion aims to provide access to information and communication technologies (i.e., broadband internet service, internet-enabled devices, digital training, and technical support) for all individuals and communities.<sup>813</sup> This is crucial, as digital access is an essential component for social and economic health today. Many aspects of our lives, such as finding and applying for employment, accessing social programs, and even completing student homework assignments, are becoming increasingly internet-based. The COVID-19 pandemic has only intensified this process. One of the major steps toward digital inclusion will be to remove restrictions that prevent local governments from providing broadband access. As large broadband companies can refuse to provide service in an area due to poor economic viability, authorizing local governments to provide broadband services could be a key component in closing the digital divide. Broadband availability also tends to be lower for rural or urban areas where residents are predominantly BIPOC.<sup>814</sup> And even with availability, affordability of services remains another barrier. However, even when controlling for income and other demographics, a study found that a significant racial divide still exists in home internet adoption, perhaps due to racist practices such as unequal provision of internet service in different areas (sometimes called digital redlining).<sup>815</sup> It is critical to recognize the racial disparities within the digital divide when mapping out strategies for digital inclusion.

##### Local efforts to promote digital inclusion and equity

San Jose's [Digital Inclusion and Broadband Strategy](#)<sup>816</sup> is a citywide strategy to provide access to digital infrastructure for all. The strategy includes an assessment of the city's digital infrastructure to identify gaps and opportunities. As part of this initiative, the city piloted a program in partnership with the East Side Union High School to provide free outdoor Wi-Fi to the community.

New York City developed an [Internet Master Plan](#)<sup>817</sup> centered on providing affordable and reliable internet access to all residents. The plan will guide actions and partnerships for equitable broadband infrastructure and services. The plan also outlines the strategies and actions that the city will take to implement it.

##### Removing restrictions on providing broadband services at the local level

California's [AB 1999](#)<sup>818</sup> authorizes county service areas to provide broadband services without having to go through a process to determine that no other entities are willing to service the area. This bill allows for an easier process for local, rural governments to provide broadband access.

The [Tennessee Broadband Accessibility Act](#)<sup>819</sup> removes restrictions on municipal electric systems and electric cooperatives from providing broadband services. Electric cooperatives often operate in underserved areas already and are well positioned to bridge the broadband accessibility gap.

## 4.6. Lifelong Learning

Education drives social mobility—from birth into career pathways and a lifetime of learning and growing. Education does not just exist within school walls. Investment in children and learning requires a community-wide and intergenerational focus, which will require redefining education to include a range of flexible options, schools, and learning supports. There are opportunities to create universal access to early childhood education, shift how elementary and high school education is delivered, identify ways for education to be equitably funded, and prepare youth not just for jobs but for a choice of career pathways. Supporting lifelong learning, in turn, creates leadership pathways and opportunities to cultivate visions to advance racial and health equity.

**Table 4.6.** Policy strategies for lifelong learning

Policy Strategy	Sample Actions
<b>4.6.1.</b> Provide access to early childhood development and childcare	<p><b>Federal:</b> Child Care and Development Block Grant<sup>820</sup>; Child and Dependent Care Credit<sup>821</sup>; Quality Rating and Improvement System<sup>822</sup>; 21st Century Community Learning Centers<sup>823</sup>; Early Intervention Programs<sup>824</sup></p> <p><b>State:</b> California state preschool program<sup>825</sup>; First 5 California – early childhood development<sup>826</sup>; California Young Child Tax Credit<sup>827</sup>; Louisiana – School Readiness Tax Credit<sup>828</sup>; Nebraska – LB 889 – early childhood workforce tax credit<sup>829</sup>; California AB 194 – Childcare and Development Services Act<sup>830</sup></p> <p><b>Local:</b> Long Beach, California – Early Childhood Education Strategic Plan<sup>831</sup>; California – local childcare and development planning councils<sup>832</sup></p>
<b>4.6.2.</b> Support outside-of-school programs	<p><b>Federal:</b> Every Student Succeeds Act<sup>833</sup></p> <p><b>State:</b> California Proposition 49 – before- and after-school programs<sup>834</sup>; After School Education and Safety Program<sup>835</sup></p> <p><b>Local:</b> LA's BEST<sup>836</sup>; California – Think Together<sup>837</sup>; California – Lakewood<sup>838</sup> and Oxnard<sup>839</sup> after-school programs</p>
<b>4.6.3.</b> Encourage joint use of facilities	<p><b>Federal:</b> National Physical Activity Plan<sup>840</sup></p> <p><b>State:</b> California SB 1404 – Civic Center Act<sup>841</sup></p> <p><b>Local:</b> Montgomery County, Maryland – Interagency Coordinating Board for Community Use of Public Facilities<sup>842</sup>; California joint use agreements – San Diego,<sup>843</sup> Pasadena,<sup>844</sup> Sacramento<sup>845</sup></p>

**Table 4.6. Policy strategies for lifelong learning, continued**

Policy Strategy	Sample Actions
<p><b>4.6.4.</b> Provide student loan forgiveness/tuition support</p>	<p><b>Federal:</b> Pell Grant program<sup>846</sup>; Public Service Loan Forgiveness<sup>847</sup>; National Health Service Corps<sup>848</sup></p> <p><b>State:</b> Georgia HOPE and Zell Miller Grants<sup>849</sup>; Tennessee Reconnect – free community college<sup>850</sup>; California College Promise Grant<sup>851</sup>; Calbright College<sup>852</sup>; California AB 540 – nonresident tuition exemption<sup>853</sup>; Arkansas HB 1841 – Osteopathic Rural Medical Practice Student Loan and Scholarship<sup>854</sup>; Hawaii SB 1404 – loan repayment for healthcare professionals<sup>855</sup>; Iowa SF 2118 – loan repayment for refinanced student loans under the rural physician and healthcare professional programs<sup>856</sup>; Iowa SF 2398 – rural veterinarian loan repayment program<sup>857</sup>; Mississippi SB 2524 – rural physicians scholarship program<sup>858</sup>; South Dakota SB 43 – rural veterinary medical education funds<sup>859</sup>; Colorado SB 104 – rural teacher incentives<sup>860</sup></p> <p><b>Local:</b> San Jose Promise<sup>861</sup>; San Francisco – Free City<sup>862</sup>; Boston Tuition-Free Community College Plan<sup>863</sup></p>
<p><b>4.6.5.</b> Reduce the incidence of adverse childhood experiences</p>	<p><b>Federal:</b> Women, Infants, and Children (WIC) Reauthorization Act of 2004 – local school wellness policy<sup>864</sup>; Temporary Assistance for Needy Families<sup>865</sup>; House Resolution 443 – recognizing trauma-informed care<sup>866</sup></p> <p><b>State:</b> California AB 420 – prohibits expulsions for disruptions and willful defiance<sup>867</sup>; California ACR 155 – childhood adverse experiences<sup>868</sup>; Illinois SB 100 – prohibits zero tolerance policies<sup>869</sup>; Virginia HB 1924 – guidelines for alternatives to suspension<sup>870</sup>; Washington – Compassionate Schools Initiative<sup>871</sup>; California surgeon general<sup>872</sup>; California AB 340 – trauma screening<sup>873</sup>; ACEs Aware initiative<sup>874</sup></p> <p><b>Local:</b> San Diego Unified Wellness Policy<sup>875</sup>; San Francisco Wellness Policy<sup>876</sup></p>
<p><b>4.6.6.</b> Coordinate cradle-to-career partnerships</p>	<p><b>Federal:</b> Promise Neighborhoods<sup>877</sup>; Choice Neighborhoods<sup>878</sup></p> <p><b>State:</b> California Cradle-to-Career Data System Act<sup>879</sup></p> <p><b>Local:</b> Ventura County, California – P-20 Council<sup>880</sup>; Harlem Children’s Zone<sup>881</sup>; San Antonio – EastPoint Promise Zone<sup>882</sup>; Fresno County – Cradle to Career partnership<sup>883</sup>; St. Louis – College Kids Program<sup>884</sup></p>
<p><b>4.6.7.</b> Meet students’ basic needs</p>	<p><b>Federal:</b> Pell Grants<sup>885</sup>; Federal Work-Study Program<sup>886</sup>; Community Connect Grants<sup>887</sup></p> <p><b>State:</b> California State University system – Basic Needs Initiative<sup>888</sup>; California AB 214 – expanding student eligibility for CalFresh<sup>889</sup>; California AB 1747 – accepting electronic benefits transfer (EBT) on campuses<sup>890</sup>; California AB 1995 – access to shower facilities for homeless students<sup>891</sup>; California AB 801 – Homeless and Foster Student Liaison requirement<sup>892</sup>; California AB 1228 – campus housing priority for homeless students<sup>893</sup></p> <p><b>Local:</b> College &amp; University Food Bank Alliance<sup>894</sup>; San Diego Mesa College – The Stand<sup>895</sup>; Bakersfield College – Renegade Pantry<sup>896</sup>; Skyline College – SparkPoint Center<sup>897</sup>; Tacoma – College Housing Assistance Program<sup>898</sup>; Cerritos College – The Village<sup>899</sup>; Sacramento State University – Rapid Rehousing<sup>900</sup></p>

#### 4.6.1. Strategy: Provide access to early childhood development and childcare

Much evidence points to the link between early childhood development and future wellbeing. Preschool participation improves cognitive abilities, social skills, and academic achievement.<sup>901</sup> A solid foundation can help better set up children to lead healthier, positive lives. There are federal programs designed to provide access to early childhood development (Head Start,<sup>902</sup> Child Care and Development Block Grant<sup>903</sup>) as well as state-level programs (California state preschool program,<sup>904</sup> First 5 California<sup>905</sup>) that local governments can leverage. The resources take different forms, such as providing funds for childcare or early childhood development or providing free preschool programs. Tax credits are also available for eligible families with young children (Young Child Tax Credit<sup>906</sup>) or qualifying childcare expenses (Child and Dependent Care Credit<sup>907</sup>). Given the importance of early childhood development, more support for childcare and early education providers is needed, especially since many members of the early childhood workforce often earn low wages and are women of color.

##### Local childcare and development planning councils

In California, each county has a local childcare and development planning council (LPC).<sup>908</sup> The mission of the LPC is to provide childcare and development services based on community need. County-level assessments are carried out by the LPC, and local childcare plans are developed according to the identified needs of the community. Childcare is an essential need, particularly for working-class families, and having a system that accounts for community needs can help communities plan for an effective and equitable childcare system.

##### Boosting early childhood development through comprehensive support and services

California's First 5 program<sup>909</sup> provides resources for families of children to support healthy early childhood development from the prenatal period to age 5. Each county in the state has a First 5 commission that is dedicated to implementing the program. The program provides a wide range of services, including offering educational information for early childhood education providers and parents, engaging in policy advocacy, improving the quality of early learning programs, and ensuring health access for children from the prenatal period to age 5. This comprehensive approach, in combination with the California State Preschool Program,<sup>910</sup> aims to give children a strong foundation and increase readiness for school.

### Louisiana and Nebraska tax credits to improve early childhood development

To enhance the quality of early childhood development and its workforce, Louisiana created a series of School Readiness Tax Credits<sup>911</sup> available to families with young children, childcare directors and staff, childcare providers, and childcare businesses that participate in the quality rating system of the Louisiana Department of Education. Because many childcare providers earn low wages and are women of color, the tax credits can relieve some financial burden. Nebraska<sup>912</sup> enacted a similar School Readiness Tax Credit program.

#### 4.6.2. Strategy: Support outside-of-school programs

Programs outside of normal school hours are a great opportunity to increase social skills of youth by introducing and engaging them in new activities that use the time outside of school for productive purposes. After/before-school programs can also be used to provide academic support for youth who may benefit from extra help, ensuring that they do not fall behind in the curriculum. There are funding sources at the federal level specifically for supporting after/before-school programs, such as the 21st Century Community Learning Centers<sup>913</sup> and the Child Care and Development Block Grant,<sup>914</sup> which are available for states. California has a state-level funding program (Proposition 49<sup>915</sup>) that supports after-school programs. These funding opportunities give priority to schools that serve low-income families. After/before-school programs can also improve public health by incorporating health education into the programs, perhaps through nutrition or physical education activities.

### California increasing efforts to provide expanded learning programs

California's Proposition 49<sup>916</sup> increased funding for expanded learning programs (before and after school and during vacation periods) for students from kindergarten to grade 9. Priority for funding is given to schools where 50% of the children are eligible for reduced-price school lunch programs. The program also mandates that the learning programs must be locally driven and planned collaboratively with input from parents, youth, schools, community organizations, and other relevant stakeholders. Proposition 49 was inspired by the success and impact of the Los Angeles after-school program LA's BEST.<sup>917</sup>



#### 4.6.3. Strategy: Encourage joint use of facilities

Joint use of public facilities can enhance community services by providing a space that can be used for activities and programs that cater to the community. Examples include using school facilities for after/before-school programs and providing access to schoolyards for outdoor recreation. This can be especially helpful for communities that do not have access to a community center or parks. Having a space for community-centered activities can increase social cohesion and community participation. It can also encourage participation in physical activities, by providing a safe space for outdoor recreation. Public health and healthcare partners can help finance some of the costs of opening schools or other facilities for joint use and can also look at how their own facilities can be better used as open spaces and community centers.

##### **Encouraging the use of school facilities as a civic center**

The California [Civic Center Act](#)<sup>918</sup> authorized the use of public school facilities and grounds as a civic center for specific purposes upon agreement of terms and conditions with the school board. This strategy can provide much-needed space for recreational activities and other community activities. It can encourage the community to engage in outdoor activities as well as provide facilities for community health programs. An example of a joint use agreement in action can be observed in [San Diego](#).<sup>919</sup>

#### 4.6.4. Strategy: Provide student loan forgiveness/tuition support

Obtaining higher education provides more employment opportunities and potential for better wages. However, the price of higher education is a major factor that prevents many students from being able to afford higher education or creates an inequitable distribution of tuition debt. To address this issue, numerous programs at the federal, state, and local levels aim to increase access to higher education. The programs are mostly grant-based, offering tuition support at community colleges for eligible students. Eligibility and requirements vary by program and are often very broad. For example, the California Promise<sup>920</sup> program aims to target low-income, first-generation, historically underrepresented students (including those who are undocumented). There are also tuition forgiveness programs for students in health-related fields, such as Public Service Loan Forgiveness<sup>921</sup> and National Health Service Corps.<sup>922</sup> Georgia offers HOPE and Zell Miller grants<sup>923</sup> for students pursuing education in trade schools or four-year colleges, as well as specific grants for graduates of GED/high school equivalency programs.

##### **Making community college accessible for all in Tennessee**

Tennessee's Reconnect Program<sup>924</sup> pays the remaining balance of tuition and mandatory fees after state/federal financial aid has been applied, at community colleges or applied technology institutions. The program offers flexibility in that students are not required to be enrolled full time in order to be eligible. Making tuition-free higher education accessible will encourage people to pursue higher education and will help to expand and improve career opportunities.

##### **Making skills-based programs accessible for working adults**

Calbright College<sup>925</sup> in California is designed to provide a free, skill-based online program that offers flexibility for working adults. The program is focused on skill-based learning and enables learners to move at their own pace and plan their learning program around their life schedule. The program also partners with real employers and connects graduates to hiring managers for a smooth transition from education to career. For those who may not be able to pursue a traditional path of higher education, this program is a great alternative to learn skills for specific careers.

#### 4.6.5. Strategy: Reduce the incidence of adverse childhood experiences

Adverse childhood experiences (ACEs) are potentially traumatic experiences that occur in childhood (ages 0–17) and impact children for their entire life.<sup>926</sup> ACEs include experiencing violence, abuse, or neglect; witnessing violence; growing up in a household affected by substance misuse or mental health problems; or having a family member incarcerated. In addition to reducing the incidence of ACEs, policies can also support trauma-informed services, care, and systems that build resilience in the face of ACEs.

Since American children spend an average of 6 hours a day at school,<sup>927</sup> it is important that schools provide a safe, positive environment for all. This is not limited to the physical environment. Emphasis should also be placed on encouraging positive emotional and behavioral health of students. While disciplinary action is unavoidable, a restorative justice approach should be employed with students as an alternative to build capacity to resolve conflict instead of using punitive measures.<sup>928</sup> School policies can ensure that disciplinary measures are not exclusionary. Suspended students are more likely to have lower levels of educational attainment and worse criminal justice outcomes compared with non-suspended students having the same pre-suspension characteristics.<sup>929</sup> Black students receive more punitive disciplinary measures than white students, deepening the lasting negative impact and contributing to racial disparities.<sup>930</sup> A method to implement trauma-informed care in schools would be leveraging local school wellness policies to support mental and emotional health and ensuring that these policies meet the diverse needs of students and families.

### **Encouraging policymakers to reduce children’s exposure to adverse childhood experiences**

In recognition of the long-term negative impacts that adverse childhood experiences (ACEs) can have on overall wellbeing, California approved [ACR 155](#)<sup>931</sup> to encourage state policymakers to reduce adverse childhood experiences and to invest in preventative and early intervention measures. California also appointed a [state surgeon general](#)<sup>932</sup> to advance public health, with an emphasis on ACEs. In response to [AB 340](#),<sup>933</sup> the California Department of Health Care Services developed the [ACEs Aware](#)<sup>934</sup> initiative, which equips Medi-Cal providers with the training and resources they need to effectively screen children and adults for ACEs. At the federal level, [HR 443](#)<sup>935</sup> recognized the negative impacts of ACEs and the need for trauma-informed care in federal programs and policies. In addition, children in foster care (an already vulnerable population) are much more likely to be exposed to ACEs.<sup>936</sup> It is critical for policymakers to recognize this disproportionate impact and incorporate it into policies.

### **Prohibiting unnecessary expulsions and suspensions in California classrooms**

California’s [AB 420](#)<sup>937</sup> prohibits suspensions and expulsions for “disruptions” and “willful defiance,” terms that can be used very broadly to justify punishments for students. Disruptions and willful defiance also accounted for a majority of suspensions and expulsions, most of which disproportionately impacted students of color. The bill requires schools to develop better, positive approaches to addressing behavioral problems, instead of removing students from school grounds, which can be more harmful.



#### 4.6.6. Strategy: Coordinate cradle-to-career partnerships

A person's experience in the education system from birth through high school has a direct impact on their wellbeing and economic mobility. Models such as [Promise Neighborhoods](#)<sup>938</sup> and [Strive Together](#)<sup>939</sup> coordinate access to early childhood education, social services, and health services in a particular place to break the generational cycle of poverty. Cradle-to-career partnerships wrap those supports around a child from birth into early childhood, continuing into elementary, middle, and high school and on into college and a career. [Federal programs](#) support these partnerships.<sup>940</sup> Community partnerships are well positioned to center these types of efforts to reduce disparities in outcomes and to support evaluation and data collection as well as help fund some of the backbone organization needed to sustain the effort as children grow up.

#### Harlem Children's Zone

Starting from a one-block pilot project in 1990, [Harlem Children's Zone](#)<sup>941</sup> is rooted in a belief that the needs of community and the needs of children are inseparable. The program now serves 14,000 youth and 14,000 adults, and 96% of seniors participating in the program have been accepted to college. Families have stayed stable and out of the foster care system, and the program has helped spread the model to other neighborhoods around the country.

#### 4.6.7. Strategy: Meet students' basic needs

Meeting the basic needs of students is a precursor to creating a successful learning environment. Nearly three in four college students experience unmet needs.<sup>942</sup> With rising costs of tuition and school materials, families are often faced with choosing between higher education or basic needs. BIPOC college students who are low-income are more likely to experience unmet needs, which often can lead to dropping out of college, thus widening educational and economic disparities. These trends are present in K–12 education as well. Federal programs that aim to address this issue include Pell Grant<sup>943</sup> and work-study programs. But other federal programs, such as SNAP<sup>944</sup> and Section 8,<sup>945</sup> which would address basic needs like food and housing, have conditional restrictions that make many students ineligible to receive benefits. There are also state and local policies that support basic needs for college students, such as California State University system's Basic Needs Initiative.<sup>946</sup>

##### Expanding student eligibility for CalFresh

For students to be eligible for CalFresh, they must be enrolled in school at least half time and work at least 20 hours per week.<sup>947</sup> To expand eligibility, California enacted AB 214<sup>948</sup> to create an exemption for the work requirement for CalFresh. Students can receive an exemption if they participate in training programs or other programs that qualify as an exemption as determined by the Department of Social Services. This change increases the flexibility of CalFresh and can make the program more accessible to provide food security for students.

##### Providing support for homeless college students

California has numerous policies in place to support homeless college students and address basic needs. AB 801<sup>949</sup> mandated state college systems to designate a Homeless and Foster Student Liaison to assist homeless and/or current or former foster care students to navigate financial aid and other services available to support them. AB 1228<sup>950</sup> directs state college systems to give campus housing priority to homeless students and develop a plan to make housing resources accessible during academic breaks. Local examples include Sacramento State University's Rapid Rehousing Program,<sup>951</sup> which places homeless students in affordable housing and provides rental assistance with case management services, and The Village at Cerritos College,<sup>952</sup> which is a student housing development exclusively for homeless students.



## 4.7. Reliable Transportation

Moving freely allows people, regardless of ability, to get to where they work, live, shop, study, play, and worship. Doing that easily in affordable ways that encourage physical activity and do not cause stress is important for health. Households with an annual income of less than \$25,000 are almost nine times as likely not to have a car than households with incomes greater than \$25,000.<sup>953</sup> It is also important that transportation not cause harm (e.g., increase pollution exposure, sever communities, or increase displacement). Healthy transportation will require a reversal of policies that favor individual car trips and lengthy commutes between homes and jobs. Transportation investments will also need to anticipate transportation trends of the future, such as automated and electric vehicle fleets (e.g., repurposing land used for parking or wide streets and shifting transportation revenue from gas taxes).

**Table 4.7. Policy strategies for reliable transportation, continued**

Policy Strategy	Sample Actions
<p><b>4.7.1.</b> Commit to equitable transit-oriented development and anti-displacement</p>	<p><b>Federal:</b> Department of Transportation Order 5610.2(a)<sup>954</sup>; HUD Section 108 Loan Guarantees<sup>955</sup>; Pilot Program for Transit-Oriented Development Planning<sup>956</sup></p> <p><b>State:</b> California Sustainable Transportation Equity Project<sup>957</sup>; California Transformative Climate Communities<sup>958</sup></p> <p><b>Local:</b> Los Angeles Joint Development program<sup>959</sup>; Boston – Transportation Equity Program<sup>960</sup>; Atlanta – Equitable Target Area Index<sup>961</sup>; San Francisco Bay Area – Equity and Access Subcommittee<sup>962</sup>; Bay Area Transit-Oriented Affordable Housing Fund<sup>963</sup>; Twin Cities, Minnesota – Thrive MSP 2040<sup>964</sup></p>
<p><b>4.7.2.</b> Provide transportation alternatives</p>	<p><b>Federal:</b> Surface Transportation Block Grant program<sup>965</sup>; Urbanized Area Formula Grants program<sup>966</sup>; Grants for Buses and Bus Facilities Program<sup>967</sup>; Recreational Trails Program<sup>968</sup>; Complete Streets<sup>969</sup>; Formula Grants for Rural Areas<sup>970</sup>; Mobility for All Pilot Program<sup>971</sup>; Enhanced Mobility of Seniors and Individuals with Disabilities – Section 5310<sup>972</sup></p> <p><b>State:</b> California SB 99 – Active Transportation Program<sup>973</sup>; Transportation Development Act Article 3<sup>974</sup>; Clean Mobility Options Voucher Pilot Program<sup>975</sup>; Travel Washington Intercity Bus Program<sup>976</sup>; North Central Montana Transit<sup>977</sup></p> <p><b>Local:</b> Cleveland Heights, Ohio – Complete and Green Streets<sup>978</sup>; Sacramento – Pedestrian Master Plan<sup>979</sup>; Baldwin Park – Transit Oriented Development Specific Plan<sup>980</sup>; San Francisco Bay Area – Community-Based Transportation Plans<sup>981</sup>; Dallas – GoLink program<sup>982</sup>; Bike Share for All – San Francisco,<sup>983</sup> Kansas City<sup>984</sup></p>
<p><b>4.7.3.</b> Promote safe and accessible street design/planning</p>	<p><b>Federal:</b> Greenroads Rating System<sup>985</sup>; Congestion Mitigation and Air Quality Improvement Program<sup>986</sup>; Complete Streets<sup>987</sup>; Integrated Transport and Health Impact Model<sup>988</sup>; Rural Transportation Assistance Program<sup>989</sup></p> <p><b>State:</b> California SB 375 – Sustainable Communities Strategy<sup>990</sup>; California SB 127 – prioritize pedestrian and bicyclist safety<sup>991</sup></p> <p><b>Local:</b> Middle Tennessee – Regional Transportation Plan<sup>992</sup>; Los Angeles – Safe Routes to School program<sup>993</sup>; St. Paul – closure of parkways to car traffic<sup>994</sup>; Cleveland Heights, Ohio – Complete and Green Streets<sup>995</sup>; San Francisco – Plan Bay Area 2040<sup>996</sup></p>
<p><b>4.7.4.</b> Provide flexible funding and infrastructure</p>	<p><b>Federal:</b> Better Utilizing Investments to Leverage Development (BUILD) Grant program<sup>997</sup>; Section 108 Loan Guarantee Program<sup>998</sup></p> <p><b>State:</b> California SB 614 – Annexation Development Plan<sup>999</sup>; California SB 628 – Enhanced Infrastructure Financing District<sup>1000</sup>; California AB 2 – Community Revitalization and Investment Authorities<sup>1001</sup>; California Transportation Development Act Article 3<sup>1002</sup>; California Infrastructure State Revolving Fund<sup>1003</sup>; Local Partnership Program</p> <p><b>Local:</b> Berkeley, California – Measure T1<sup>1004</sup>; Los Angeles – transportation sales tax – Propositions A &amp; C, Measures R &amp; M<sup>1005</sup>; Sonoma County – Measure M<sup>1006</sup>; San Francisco – One Bay Area Grants<sup>1007</sup>; Bay Area Region – Lifeline Transportation Program<sup>1008</sup></p>
<p><b>4.7.5.</b> Reduce commute times</p>	<p><b>Federal:</b> Qualified Transportation Fringe Benefit<sup>1009</sup></p> <p><b>State:</b> California SB 1 – Road Repair and Accountability Act<sup>1010</sup>; California Local Streets and Roads Program<sup>1011</sup>; California Total Road Improvement Program<sup>1012</sup>; California Solutions for Congested Corridors Program<sup>1013</sup>; Washington – Commute Trip Reduction law<sup>1014</sup>; Minnesota – Advancing Transportation Equity Initiative<sup>1015</sup></p> <p><b>Local:</b> Cleveland – HealthLine Bus Rapid Transit<sup>1016</sup>; San Rafael, California – Commuter Program<sup>1017</sup></p>

#### 4.7.1. Strategy: Commit to equitable transit-oriented development and anti-displacement

Transportation projects can accelerate displacement. Cities are increasingly looking at how transportation improvements are planned, sequenced, and built to minimize displacement pressures. Strategies include setting aside a percentage of transportation improvements for equitable development and ensuring coordination among departments before transportation investments are made. Ensuring that the community voice is considered in planning and committing to anti-displacement policies are critical to mitigating historical inequities in community planning, neighborhood design, gentrification, and disinvestment.

##### Bay Area equitable transportation planning

The Metropolitan Transportation Commission and the Association of Bay Area Governments established a [Regional Equity Working Group](#)<sup>1018</sup> to provide social equity planning and analysis in developing the region's transportation and land use plan, known as [Plan Bay Area 2040](#).<sup>1019</sup> Having a working group, in addition to an [Equity and Access Subcommittee](#)<sup>1020</sup> of the Policy Advisory Council, centered on equity as part of the planning process helped ensure equitable transit-oriented planning. This is significant since limited transportation capacity can exacerbate existing issues and disparities relating to work commutes and housing. Equitable planning processes can facilitate access to transportation, which can improve access to resources.

##### Minnesota's equitable transit-oriented development

Minnesota's [Corridors of Opportunity](#)<sup>1021</sup> is another example of transit-oriented development with a major focus on equity. This project established a Regional Equity and Community Engagement working group to elevate equity as one of the main principles of planning for transit-oriented development.

#### 4.7.2. Strategy: Provide transportation alternatives

Because so much of American transportation policy was built around automobiles, it can be difficult to achieve parity for other forms of mobility (e.g., pedestrian, bike, and rapid transit). Federal transportation investments have included funding for alternative transportation, and some states have developed dedicated funding pools for bicycle or pedestrian infrastructure. Transportation alternatives increase access to resources, which can translate into better overall health and wellbeing, as well as encourage physical activity. For those without a car, transportation alternatives can be a lifeline. It is critical to center racial equity in transportation strategies since people of color are less likely to have access to vehicles, which perpetuates racial disparities in all aspects.<sup>1022</sup>

##### **California incorporating health and equity in the Active Transportation Program**

California's SB 99 created the Active Transportation Program.<sup>1023</sup> This program aims to encourage active transportation while enhancing public health and ensuring that disadvantaged communities are able to share in the benefits of the program. The program also requires that no less than 25% of the funds benefit disadvantaged communities.

##### **Bay Area community-based transportation approach**

The Metropolitan Transportation Commission (MTC) of the Bay Area implements Community-Based Transportation Plans.<sup>1024</sup> This program targets transportation needs of low-income communities by engaging with local residents and community organizations and identifying transportation challenges as prioritized by the community. The findings are then used to inform planning, funding, and implementation decisions by the MTC and local policymakers.

##### **Public transportation access for rural communities**

Public transportation in rural areas is limited by long travel times and distances, low frequency of services, limited routes, and lack of funding to address challenges.<sup>1025</sup> For rural residents who are disabled, low-income, or carless, these limitations of public transportation are particularly difficult to navigate. Recognizing the need to address this issue, the Travel Washington Intercity Bus program<sup>1026</sup> was created to provide bus services that connect rural communities to urban centers and larger transportation hubs. This reliable and accessible method of public transportation fills a significant gap for rural communities.

### 4.7.3. Strategy: Promote safe and accessible street design/planning

A number of cities are reimagining how to move people safely from one place to another on foot or by bike. Safe Routes to School<sup>1027</sup> involves identifying routes and prioritizing improvements to get kids and their families from home to school. The widely adopted Complete Streets approach aims to create an equitable transportation system by providing safe and accessible modes of mobility for all users. The health and community development sectors have often collaborated with transportation agencies to develop Complete Streets initiatives, while ensuring equity throughout the decision-making process.<sup>1028</sup>

#### **Incorporating health and equity in California's master transportation plan**

California's draft Transportation Plan 2050<sup>1029</sup> provides a roadmap that envisions a safe and universally accessible transportation system that addresses racial justice and improves public and environmental health. The plan also emphasizes community needs and priorities as a driving force for transportation strategies. It is crucial for transportation plans to incorporate health and equity since transportation is a major influential factor.

### 4.7.4. Strategy: Provide flexible funding and infrastructure

Too often, transportation infrastructure investment trails the need. For example, new businesses and families arrive, creating congestion before transit is in place, or redevelopment occurs, transitioning an industrial area to a residential one before sidewalks and bikeways are constructed. State and local areas are experimenting with forms of transportation funding that are less connected to gasoline consumption and more flexible in meeting the needs of local communities. This funding includes localized transportation districts, funding tied to economic growth and employment, and financing that allows for earlier investment in infrastructure. Multi-sector partnerships can be positioned to support decision-making with a holistic lens and intentionally commit to addressing racial equity through flexible funding opportunities.

#### **Creating economic revitalization through tax increment financing**

California's AB 2<sup>1030</sup> authorized the formation of Community Revitalization and Investment Authorities to use tax increment financing (TIF) to invest in infrastructure, affordable housing, and economic revitalization efforts in disadvantaged communities. The flexibility in how the tax increments can be used helps to promote a more cohesive development plan that addresses the different aspects of economic development. TIF districts have not always worked, and there are many examples where displacement has been accelerated.<sup>1031</sup> Tax increment financing has been driven by community-based organizations in both Portland, Oregon,<sup>1032</sup> and Chicago, Illinois.<sup>1033</sup>

### **Funding equitable mobility options through the Lifeline Transportation Program**

The Metropolitan Transportation Commission created the regional Lifeline Transportation Program<sup>1034</sup> to fund initiatives that improve mobility and access for low-income individuals. Over \$220 million in funding has been allocated to projects identified through community-based transportation planning efforts. Most recently, the program has funded a regional means-based transit discount pilot with 21 transit operators and has established transportation participatory budgeting pilots in San Francisco and Solano counties.

#### **4.7.5. Strategy: Reduce commute times**

Working, low-income households spend a greater percentage of their household income and time commuting to and from work than their higher-income neighbors.<sup>1035</sup> Those longer commutes have been associated with behaviors that may contribute to negative health outcomes over time.<sup>1036</sup> Rising housing prices close to urban cores push low-income workers into more affordable suburbs, but the jobs stay in those urban cores.<sup>1037</sup> This spatial mismatch is further exacerbated by historic segregation by race and income.<sup>1038</sup> Reducing commute times can be elusive, requiring a mix of transit options, road improvements, and improving transportation mode connections. Several U.S. cities have implemented bus rapid transit systems as an efficient method of transportation to shorten commuting time.

#### **“First and last mile” solutions in Kansas City**

Public transit use can drop by 90% when people need to walk more than half a mile to their nearest transit stop.<sup>1039</sup> This “first and last mile” problem is being addressed with strategies like “micromobility,” connecting light rail and bus rapid transit with bike or e-scooter shares and providing access to adaptive scooters or on-call ride sharing. Kansas City Area Transportation Authority (KCTA) allows riders to request a microtransit trip between their origin and destination with wait times under 15 minutes. KCTA has also included pedal bikes, e-bikes, and e-scooters as part of its system with an integrated fare and pass.<sup>1040</sup>

Section 5

# Cross-cutting Policy Themes

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A number of themes identified across the vital conditions and policy strategies in Section 4 implied actions across policy areas. These themes emerged against a backdrop of forces opening new policy opportunities: the COVID-19 pandemic, calls for racial justice, climate impacts, and the November 2020 general election. The Policy Council convened for this report identified several of these cross-cutting themes as important to emphasize. These themes (Table 5) are offered as potential policy strategies and packages to lean into.

**Table 5. Cross-cutting policy themes**

Cross-cutting policy theme	Description
<b>Leaning into belonging and civic muscle</b>	The capacity for communities to engage and the structures for engagement are foundational. The incorporation of racial and health equity into citywide plans, budgeting, and voting processes can help link policies to the community's needs and wants. The power to access flexible, coordinated funding also enables cross-sector work.
<b>Growing incomes and opportunities to build wealth</b>	Without income equality, the headwinds pushing on health and wellbeing will be hard to overcome. Multigenerational wealth-building is a long-term strategy for family and community economic resilience.
<b>Creating opportunities for people to prosper in place (anti-displacement)</b>	Inclusionary zoning, community ownership of assets, wealth-building, and strong community engagement can all ensure that, over time, people can thrive where they want to live.
<b>Ensuring quality housing</b>	There is a need to protect good, affordable housing and create opportunities for building more affordable units across a range of housing options.
<b>Strengthening climate justice and disaster resilience</b>	As the climate warms, floods, fire, and heat are growing challenges. A range of policies can reduce emissions and grow climate resilience in communities.
<b>Expanding community policing and cultural humility in mental health</b>	The criminal justice system is asked to respond to issues that begin much further upstream, and it is not well equipped to promote healing and justice. Policies that better support mental health and put safety in the hands of communities are needed.
<b>Prioritizing good food</b>	Food comes from culture and provides a way to connect and heal, yet food systems sometimes sever that potential. Food policy can evolve to heal and connect communities.
<b>Expanding access to capital and entrepreneurship</b>	The ability to start and grow a small business, borrow money for a home, or make neighborhood improvements relies on access to capital. Policies can encourage capital to flow in more equitable ways.
<b>Ensuring equitable mobility and transportation access</b>	The ease of moving between work, school, and play determines how people can access jobs and how much time parents can spend with their families. Affordable access to public transit, walking, biking, cars, and other forms of transportation can build equity.
<b>Preventing adverse childhood experiences and promoting trauma-informed systems</b>	The ability of communities and families to support trauma-informed systems sets children up for success in school and for longer, happier lives. Policies that provide income stability, treatment, and social supports can reduce some of the stresses that underpin trauma and abuse.

Section 6

# A Policy Treasure Map for Advancing Racial and Health Equity

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Just about any policy has the potential to impact racial and health equity. The possibilities can be overwhelming, especially for those who want to take action. Section 4 of this report covers the landscape of a wide range of policy strategies and actions. This section is designed to provide a map of areas where community leaders, health professionals, community development representatives, and city and county officials can “dig” together to identify actions with a high potential for positive impact on racial and health equity. The focus of this tool is local government because city and county governments have the power to integrate different aspects of policy, meaningfully engage the community, and shape how the built environment takes future generations into account.

No matter which policy strategies a multi-sector partnership chooses to dig into together, policymaking tends to follow a set of steps from the beginning of an idea to the implementation of policy. This section provides some basic process guidance for multi-sector partnerships to build policy that creates healthy neighborhoods, using a process that is healing, builds power, and is trauma-informed. The specific actions that local governments take are shaped and enabled by state and federal policies that authorize actions, make funding available, and set some minimum expectations for how local governments plan and deliver services. Community leaders and others hold local governments accountable to implement policy changes and determine that their impact is as intended.

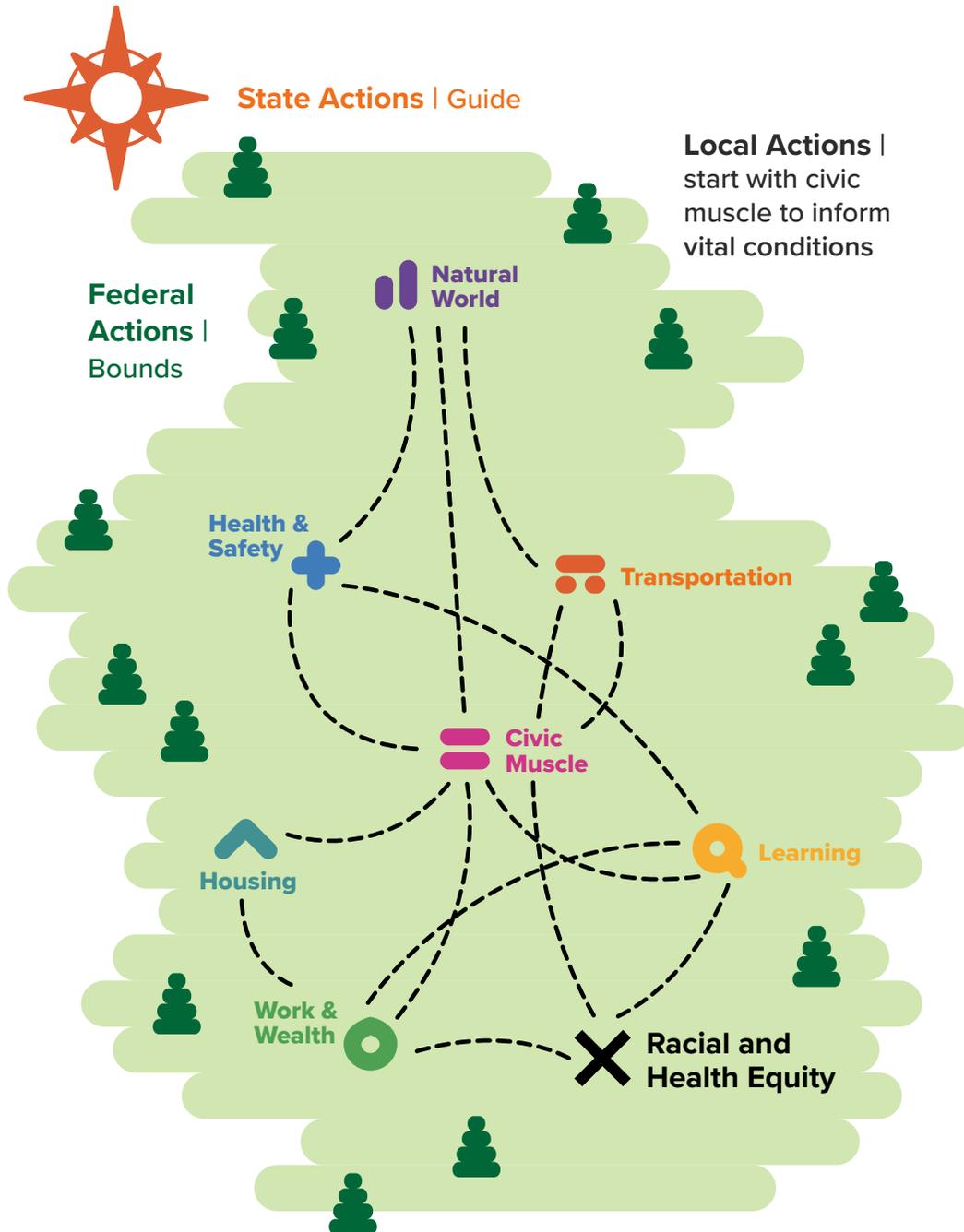
## 6.1. The Policy Treasure Map

The policy treasure map (see Figure 4) depicts a way for multi-sector partnerships to navigate the policy ecosystem and identify some common areas of policy to work on together to advance racial and health equity. The map assumes the following:

- Any successful policy strategy requires starting with belonging and civic muscle to be equitable over time.
- Federal policy sets boundaries and expectations for the policy ecosystem that can either act as a barrier or enable local policy innovation.
- State policy can serve as a compass to guide actions by setting baseline expectations for local governments, providing funding, or otherwise guiding actions at the local level.
- Local policy can influence one or more vital conditions, and communities’ pathways to racial and health equity may differ.

Each community will have different needs and preferences, and there may be multiple ways to achieve the end goal of healthy neighborhoods that advance racial and health equity.

**Figure 4. A Policy Treasure Map for Racial and Health Equity**

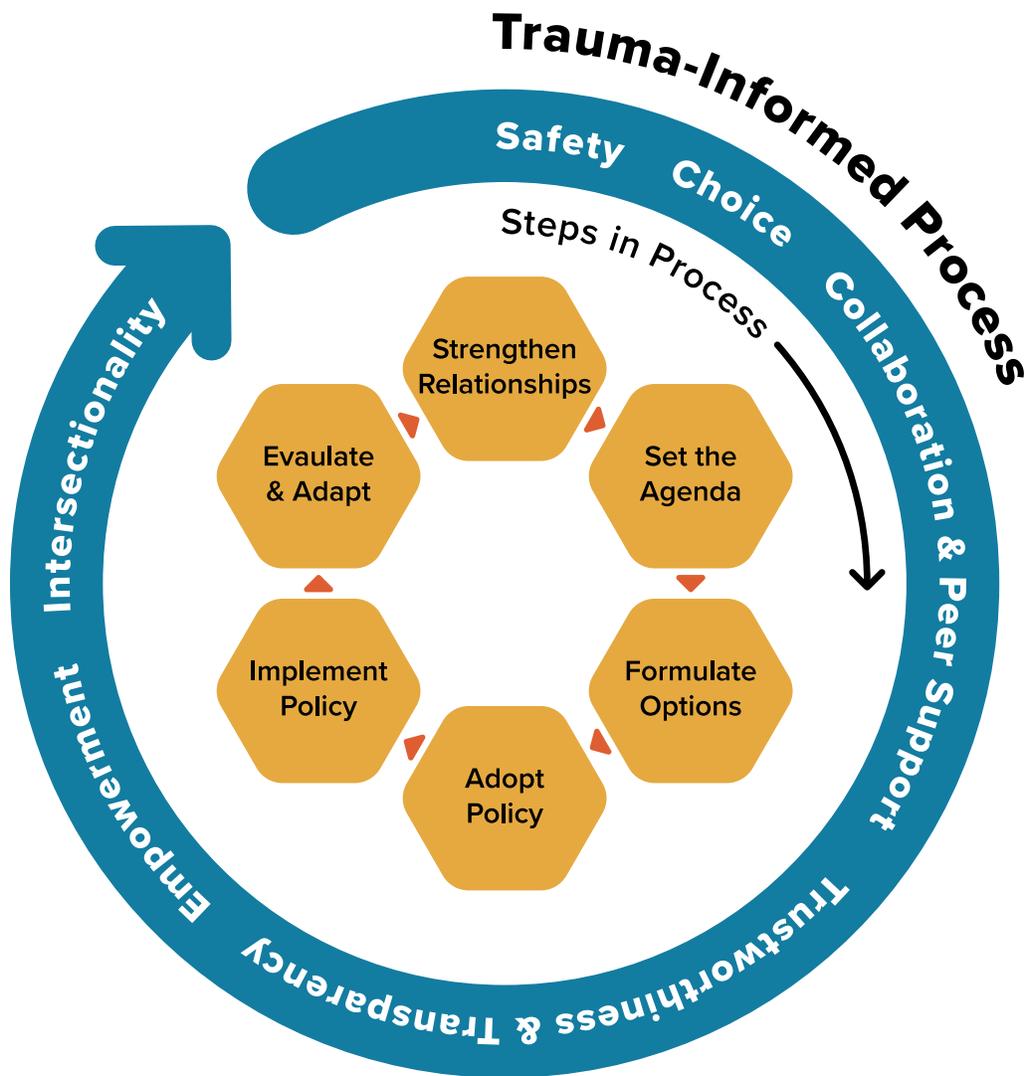


## 6.2. Moving From Ideas to Policy Action

No matter which policy actions local government and community partners think are most important in achieving racial and health equity, a multi-sector partnership can take steps to sow the seeds of change in the policy ecosystem. Multi-sector partnerships with wide representation from community and institutional leaders can come together to explore ways of advancing policy change together, build trust and relationships to leverage and share power, and advance specific policy interventions that are aimed at achieving racial and health equity.

The process model in Figure 5 is adapted from Kingdon’s model<sup>1041</sup> for a policy process that assumes a flow of problem definitions, ideas, and politics through a process of decision-making (orange hexagons). That process model is connected to Bowen and Murshid’s<sup>1042</sup> concept for trauma-informed social policy (blue ring) and the Illinois ACEs Response Collaborative’s Trauma-Informed Policymaking Tool<sup>1043</sup> to infuse an intention of healing and equity through the policy process. Those process steps are described in more detail below.

**Figure 5. A Trauma-Informed Process for Healing Policy**



## 6.2.1. Creating a policy process that is healing

Policymaking is often thought of as a push and pull of competing interests driving to move disparate agendas forward. Instead of an approach focused on gaining power over others and maximizing narrow interests, we embed the principles of trauma-informed policymaking into the process steps. At every step of the policy process, care is taken to create safety and choices for participants. As people collaborate together, they are supported by peers and with intentional actions to ensure people can show up as their full selves in making policy. The policy process works to build trust through a commitment to relationships and transparency. The coalition recognizes that the policy action is important, but so is the ability of the process itself to lift the power of community leaders experiencing inequity. Finally, it is critical to include everyone in the policy process with their mix of identities, lived experiences, skills, needs, and interests. The intersectionality of all those characteristics is the source of innovation and solutions for change. Together, all of these principles build a process that is trauma-informed and healing.

## 6.2.2. Steps in the policy process

### 1. Strengthen relationships and capacity before an agenda is made

Equitable policy begins with trust and relationships. Trauma-informed policy processes require that all stakeholders feel safe participating and have the support of peers. Those relationships are built over time, not just for a specific campaign or point of action. Locales that have invested in civic capacity, collaboratives, and durable partnerships are able to address multiple policy changes and respond quickly to both opportunities and crises. Often, community-based organizations and agencies already work closely with communities experiencing inequity. Some cities have hired liaisons, or fellows, to work between communities experiencing inequity and city government. Supporting community organizing and building community capacity are key parts of the trust-building process. Liaisons come from the community and can help navigate, translate, and advocate for needed policy changes.

As often as possible, partnerships should host community gatherings for conversations before there is a particular “ask.” How are community development organizations, public health, healthcare, and city government showing up now? How can their engagement efforts be linked so that the communities involved are not subjected to repetitive or duplicative efforts?

### 2. Set the agenda after a scan of the policy ecosystem

Most likely, communities experiencing inequity have already been asked about their priorities and have likely provided potential policy fixes. Find those stories, plans, assessments, and archives first. Confirm whether they reflect the current needs and priorities. Were those priorities built from a strengths-based mindset? Who is missing from those priorities? Examine the root causes of inequality. Are those reflected in current priorities? Why or why not?



A government's budget is an expression of its priorities. How is revenue generated now, and where do expenditures go? Who is involved in setting budget priorities and making budget decisions? An analysis of current budgeting patterns can identify who benefits and who is burdened by existing budgets, and whether current budgets reflect the current priorities of the community.

What are the current policy opportunities (e.g., a city general plan revision or an upcoming community health needs assessment) and challenges (e.g., proposed transportation investments that could speed displacement or a drop in sales tax revenue)? Look at who might be harmed or benefit from current or future policy. Different leaders in these communities need to be involved or activated in key stages of the policy process. Identify the key levers that can be pulled to change policy, who controls those levers and decisions, and who should be involved in discussing how best to bring about policy change.

Mapping who controls which levers of power or decision-making authority, how much they support the coalition's priorities, and who can help those people grow support can help ensure that the process to change policy explores bias and privilege at the individual, organizational, and institutional levels. A good scan of the policy ecosystem also helps reveal information about how decisions are made, ways this information needs to be shared, and opportunities for new collaborations.

### 3. Formulate policy options and potential actions

For any policy problem, there might be more than one action that advances racial and health equity. Sometimes an action is clear and simple, offering an opportunity to act swiftly. Other times, it can be hard to identify actions without developing a shared vision of what is wanted for the future, what is and is not working now, and what questions need to be answered to inform a good policy choice.

Generating options and potential actions can be healing. Ensure that the voices of those experiencing inequity are centered and valued in the process. Create intentional opportunities to share lived experiences and begin a practice of transparency about how decisions are made and by whom.

As partners gather information, make a plan for what information is needed, who will gather it, and how. The ability to gather data and turn it into information that has meaning is a critical power-building activity. Communities can gather and analyze information. Health and government partners can support that process.

Be clear about who holds the power to inform and make the decisions necessary for policy change. Have that conversation about decision-making power up front so that no one is surprised or disappointed with changed expectations later on. Government, health, and community development partners need to be courageous in finding ways to share power and moving decisions into the hands of community. As multi-sector partnerships try this all out for the first or second time, try to find ways to institutionalize a community-centered approach to governance to make it easier the next time.

Once the partners have information, a common vision, and good options for policy changes, they may want to create packages of multiple actions that might work under different scenarios. For example, policy changes might look different during economic growth or recession or might depend on the status of the federal Affordable Care Act. Partners can test their policy action priorities with these scenarios to see if they still produce the community's desired future. Lean even harder into commitments for trust, transparency, and leveling of power as decisions are made. Finally, consider how the final policy priorities will be chosen: by voting, consensus, or some other set of decision rules?

### 4. Organize to adopt policy

Ideally, all the partners will have worked together on a common vision and plan, and policy adoption will be simple. Still, a plan is needed to organize advocacy for adoption. Use strengths-based approaches to organizing. This could include sharing the rationale for the proposed changes with the rest of the community. It could include more formal campaigns with the city council, the county board, or a citizen initiative. Partners have worked hard to develop a good idea. Organizing can ensure that the idea stays intact as it moves through the final stages of adoption. Once the policy is adopted, celebrate success with the community and partners that made it possible.



### **5. Organize to implement policy**

Even the best written policy can get warped during implementation. Have a plan for sustaining the community's engagement during implementation and for ongoing adaptations. This includes sharing results transparently through dashboards, communications, and resident engagement. This also includes continuing approaches such as participatory budgeting and community oversight, and continuing to have conversations with the community to ensure policies are addressing racial and health equity goals.

### **6. Evaluate and adapt the policy**

Even the best implemented policy occasionally needs a refresh. Plan for updates, and ensure oversight and evaluation are led by those most impacted by inequities. A simple, transparent, and iterative process should be written into the policy to evolve the approach as needed.

Section 7

# Next Steps

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Multi-sector partnerships have the potential to encourage policy change that advances healthy neighborhoods for racial and health equity. That change requires an understanding of the policy ecosystem and attention to belonging and civic muscle at the local level and in the policy process itself. This report represents a scan of that ecosystem and points toward paths that multi-sector partnerships might take. Further steps are needed to make this information even more accessible and actionable.

## 7.1. Steps Partners Can Take to Advance Policy Change

While health and community development partnerships might be nascent in their respective fields, partnerships across these sectors offer a powerful opportunity for change. To accomplish the steps above, health, community development, and community-based organizations can take particular actions to move the priority policies forward. Health systems and community development organizations are well positioned to advance local policy change, particularly lending diverse and powerful voices of support, providing investments for cross-sector action, and shaping creative approaches to wellbeing.

### 7.1.1. Actions for public health and healthcare organizations

Health has a pivotal role to play in the shaping and implementation of local policy. Public health and healthcare systems are actively engaging in roles outside of the hospital and clinic walls to think upstream in their investments. Public health and healthcare can bring their experience, information, and resources into policy actions to create health neighborhoods and advance racial and health equity. Specific actions include the following:

- Hospitals and public health are uniquely positioned to create joint community health needs assessments (CHNAs) and community health improvement plans (CHIPs) with a constellation of neighborhood-based partners, including community development organizations, coalitions, and affordable housing developers, specifically shifting the focus of CHNAs and associated investments from disease management to community-level health promotion. This approach can bring attention to the local root causes of poverty and poor health and set the stage for more effective community-benefit resource allocations.
- Creative match funding, seed funding for small businesses, and new approaches to wellness funds to center community control of resources are all being tested nationally.

- Public health and healthcare systems can harness nonfinancial assets, such as their political clout and social standing, to advance local policy.
- Hospitals can help influence elected officials and planning commissions and shape public opinion to understand the benefit of affordable housing and how it reduces homelessness.
- Health leaders' roles as advocates and supporters of local policies, along with healthcare systems' ability to offer data to understand disparities and health conditions, provide opportunities for health partners to show up with a pivotal voice.
- Internally, hospitals and other anchor institutions (e.g., universities and cities) can maximize a community's social capital through inclusive hiring and workforce diversification. Through local procurement and hiring, hospitals advance the social mobility of historically marginalized communities and people of color while reducing the organization's turnover rates, fulfilling inclusion goals and sustaining a workforce reflective of the community's demographics.
- Hospitals can utilize real estate holdings and/or underutilized buildings to support the creation of affordable housing needed in communities, representing a huge opportunity for partnership with the community development sector.

### **7.1.2. Actions for community development organizations**

Community development organizations are ideally positioned to shape local policy actions and specifically to ensure that community voices are driving the process. Community development engages diverse, resident leaders and can build a network of trust-based relationships in a community to contribute to all steps in the policy design process. Specific actions include the following:

- Communities can be engaged in assessing and understanding key needs, analyzing drivers of inequities at the neighborhood level, taking ownership of and shaping policy design, and providing critical input and leadership on implementation and evaluation of impact based on lived experiences.
- Data integration and sharing can be particularly useful for community development organizations seeking to understand the health of neighborhood residents they serve and their projects' health impacts. Data and the new understanding it can provide can help frame racial and health equity priorities and identify opportunities for partnership between community development and health institutions.
- Community development partners are also influential in attracting capital investments, especially capital investment from healthcare in neighborhoods. This role is important because these organizations approach investments through a holistic lens encompassing jobs, economic development, housing, health, and neighborhood design. This lens stems from a commitment in community development to invest in communities, leverage co-location and wraparound services and create feedback cycles for those investments to create long-term resilience, wealth-building, and further reinvestment opportunities. Community development organizations are key partners for these investments that shape the ecosystem of opportunity to truly center racial and health equity.



### 7.1.3. Actions for community partnerships

Community partnerships are often committed to cross-sector engagement and change, thus presenting an additional opportunity to deepen cooperation among local policymakers, health leaders, community development organizations, neighborhood stakeholders, and other sectors that are critical to achieving racial and health equity. Other sectors often engaged in community partnerships include education, business, philanthropy, and a multitude of other stakeholders. Specific actions include the following:

- Diverse partnerships hold content expertise in the vital condition domains outlined in this report that would be important to leverage. The mechanics of transportation planning or education funding, for example, can be surfaced for discussion and planning in community partnerships interested in designing policy in these areas.
- Multi-sector partnerships can leverage their influence and leadership to support local policy change and deepen investments to further their impact.
- Partnerships are particularly well positioned to frame opportunities for long-term societal benefit and to encourage dialogue about the value of investing upstream in social determinants of health. These spaces, engaging diverse sectors and partners, can be enormously important for creating pathways for joint leadership, joint risk taking, and joint commitments to further advance racial equity in the short and long term.



## 7.2. Next Steps to Take Together

This policy scan is a gathering of information and inspiration. It was designed to illuminate several paths that partnerships of community leaders, health, community development, and local governments might take on their journey toward racial and health equity. The Policy Council that prepared this report identified several actions, described below, as important next steps to move from information toward collective action.

### 7.2.1. Enabling easier navigation of the policy strategies and actions

The Policy Council members requested that this report's policy strategies and actions be hosted on a website where users could search for policy actions and examples based on interest in various vital conditions. They also suggested shorter companion pieces intended for particular audiences (e.g., grassroots community networks, or the National Conference of State Legislatures), and mini-trainings or videos to help different audiences access the material. Council members also expressed interest in supporting cross-state learnings.

### 7.2.2. Building policy leaders' awareness of the policy scan

As much as this scan surfaced policy options, the Policy Council also felt it made the case that policy engagement for racial and health equity is everyone's responsibility. Council members suggested incorporating the scan into trainings and orientation for newly elected local and state officials and their legislative staff. The Policy Council wanted to make sure the depth of work put into this report bolstered the cases communities have been making and will continue to make for healthy neighborhoods.

### 7.2.3. Providing case studies and stories of collaborative policy action

Policy Council members suggested providing a set of examples in which coalitions have organized and adopted policies to advance racial and health equity. Policy Council members also saw the potential of this report in changing narratives, especially ones

that rebuild the importance of the “commons”—spaces outside of individual families and outside of government where community forms and grows. Council members also had interest in gathering ongoing stories of how the policy scan was being used by multi-sector partnerships.

#### **7.2.4. Offering tools for partnerships to organize for state and local policy action**

Policy Council members wanted additional guidance and resources on how partnerships could use the policy treasure map and organize to adopt and implement policy. There was also interest in forming a joint agenda for federal policy actions that could be supported by grassroots community networks, local government associations, public health and healthcare associations and advocates, and national community development organizations. Policy Council members suggested incorporating these tools for setting policy agenda into the internal equity assessment and work facilitated by groups such as the Government Alliance on Race and Equity (GARE).

#### **7.2.5. Analyzing the equity potential of certain policies**

Several Policy Council members requested information that would require analysis of the impact and potential of policies included in this scan, especially for particular populations experiencing inequity. That analysis was beyond the scope of this report, but it is critical for setting policy priorities and designing equitable policies. Every policy offers the opportunity to improve, and it makes sense to point toward some important areas for improvement. Some members of the Policy Council also pointed to interest in shared benchmarks for anti-racism progress and shared performance measures for equitable policy.

#### **7.2.6. Prioritizing policy packages based on local needs**

The Policy Council recognized the importance of the policy ecosystem and the need to think about multiple policy changes at once. They requested the development of policy “packages” that could be used to advance some of the cross-cutting themes from Section 5 (e.g., anti-displacement or closing the wealth gap). These could be published in a series of one- or two-page documents for community use.

Building Healthy Places Network is committed to working with our partners to find ways to advance each of these next steps. The network also invites all readers to let us know if you are interested in any of these actions so that we can bring you in or follow your lead. Please take a moment to give us feedback and let us know how you are using the report. Email us at: [policyscan@buildhealthyplaces.org](mailto:policyscan@buildhealthyplaces.org).

Thank you again to all the innovators across the country who are forming, adopting, and implementing policy changes that will help us all thrive together—no exceptions.

Section 8

# References

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