



Episode Five: Place Matters

THE MYSTERY: Why are zip code and street address good predictors of population health?

THEMES:

1. Built space and the social environment have a direct impact on residents' health.
2. Neighborhood conditions can have an indirect impact on health by making healthy choices easy, difficult, or impossible.
3. Public policy choices and private investment decisions shape neighborhood conditions.

COMPREHENSION QUESTIONS:

- What is the “poverty tax” and what circumstances perpetuate it?
- According to epidemiologist Ana Diez-Roux, what conditions do affluent neighborhoods take for granted that promote better health? When county maps showing poverty, education, asthma and diabetes rates in Richmond are laid on top of one another, what patterns emerge?
- Although Gwai Boonkeut’s neighborhood is home to a number of refineries and chemical plants that are potentially hazardous to residents’ health, the film suggests that other neighborhood conditions pose an even greater threat to his health. What are those conditions and how do they get “under the skin?”
- Cardiologist David Weiland wonders why Gwai, a relatively young patient with no history of smoking, family heart disease, or other typical behavioral or genetic risk factors ended up having a heart attack. How does the film answer his question?
- Seattle public health official James Krieger outlines neighborhood features that influence health. Explain how each of the following affects health outcomes:
 - Proximity to environmental hazards (potential for toxic exposure)
 - Quality of schools
 - Quality of affordable housing
 - Frequency of violence and crime
 - Opportunities for social interaction with neighbors
 - Access to affordable, healthy food choices
 - Places to walk or do other kinds of physical activities

- After World War II, many white residents left Richmond. What conditions prevented African Americans from leaving as well? Describe the “cycle of disinvestment” that followed, and provide examples from the film of how community-based organizations in Richmond are working today to promote health equity.
- Tom Phillips, Seattle Housing Authority, says: “Even though this was a rough, dangerous neighborhood, there was still a community here and people living in communities actually know what they want.” How was High Point able to rebuild? What was the involvement of residents, community groups, housing and health officials, government agencies and private investors? What happened to the residents of Old High Point?



DISCUSSION QUESTIONS:

- What health threats does Gwai face that are beyond his individual control? How do neighborhood conditions, his job and income situation and being an immigrant affect his ability to keep his children out of harm’s way? How might all of this affect Gwai’s stress level? What options would make things better for Gwai’s family and others?
- What health advantages do residents of wealthier neighborhoods have that are often lacking in neighborhoods like where Gwai lives? Why do these differences exist?
- Dr. David Williams argues that health campaigns focused solely on changing individual behavior are naïve because “the choices of individuals are often limited by the environments in which they live.” How does your neighborhood limit or expand healthy choices? What would you like to see improved in your neighborhood? What will it take to make that happen?
- Epidemiologist Ana Diez-Roux observes that neighborhood differences are not “natural.”
 - What draws businesses and investment to some places and not others?
 - What kinds of state or national policies can help revitalize neighborhoods?
 - What lessons from the example of High Point can be applied to the neighborhood where you live? How can you replicate the partnerships, creative financing and health innovations that made High Point work?

- The film states that the health problems of Southeast Asian refugee communities are often masked by including them under the aggregated label “Asian American.” Would a color-blind approach to health problems make these problems easier or harder to solve? What demographic categories should we use for gathering health data?
- The documentary touches upon the health effects of violence in Richmond. In what ways does violence affect the health of children? If violence is presented as a public health threat rather than a crime issue, how might that affect the way policy changes are perceived?
- The documentary asks, “How do you make an unhealthy neighborhood healthy?”
 - What makes a neighborhood unhealthy to begin with?
 - What are the challenges involved in trying to improve neighborhood conditions?
 - How can a disinvested community be revitalized without triggering the increases in rent and home prices that displace poorer residents and lead to gentrification?
- Dr. Tim Takaro says, “Market driven forces are not going to build healthy homes for low-income communities.” Why not? What forces have shaped your community in the past? How were decisions made? Who was left out? If the market doesn’t support the creation of healthy, affordable homes for people who need them, how can we change the market or create non-market solutions?
- At the end of the film, David Williams says. “Housing policy is health policy, educational policy is health policy, anti-violence policy is health policy, neighborhood improvement policies are health policies. Everything that we can do to improve the quality of life of individuals in our society has an impact on their health and is a health policy.” How can we better ensure that all of us, not just the wealthy, have the conditions for good health? How will decision making have to change?

SUGGESTED ACTIVITY: NEIGHBORHOOD ASSESSMENT

1. Consider your own neighborhood (or a neighborhood selected by the group). Answer the questions below:
 - What does this neighborhood look like?
 - What are the strengths of this neighborhood?
 - What actions could be taken to sustain those strengths?
 - Who can help us take those actions?

- What things in this neighborhood need to be improved to reduce chronic stress, give residents better access to healthy choices, and/or give people a greater control over their lives? Be as specific as possible.
 - What actions could be taken to make those improvements?
 - Who can help us take those actions?
2. Pick at least one item from the list and define a few concrete action steps toward change.

WEB SITE TIPS:

Online Activity: Explore what differentiates a healthy neighborhood from an unhealthy one in **A Perfect Neighborhood**.

Online Activity: A Tale of Two Smokers follows two people trying to live a healthier life - see how outside factors affect their ability to succeed.

KEY REFERENCES:

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Bullard, Robert, Paul Mohai, Robin Saha, and Beverly Wright. *Toxic Wastes and Race at Twenty*. United Church of Christ Justice and Witness Ministries, March 2007.
www.ejnet.org/ej/twart.pdf

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The National Low Income Housing Coalition: www.nlihc.org

Pastor, Manuel Jr., Rachel Morello-Frosch, and James Sadd. *Still Toxic after All These Years*. The Center for Justice, Tolerance, & Community at the University of California Santa Cruz, February 2007. Available at: http://cjtc.ucsc.edu/pub_reports.html

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THRIVE: The Tool for Health and Resilience in Vulnerable Environments. Oakland, CA: Prevention Institute: www.preventioninstitute.org/thrive/index.php



From the film:

- Of 350,000 federally guaranteed new home loans made between 1946 and 1960 in Northern California, less than 100 went to black families. Of \$120 billion in government-backed home loans nationally between 1934 and 1962, less than two percent went to non-white households.
- In Seattle, the typical cost of emergency room visits for a child with asthma living in a disadvantaged neighborhood is \$3,000-\$5,000/year.
- According to University of Michigan epidemiologist Ana Diez-Roux, living in an economically disadvantaged community can increase the risk of heart disease by as much as 80%.
- In Boston, children living in economically disadvantaged neighborhoods are six times more likely to be hospitalized for asthma than children in neighborhoods at the high end of the economic spectrum.