

Regional Planning for Health Equity

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PolicyLink is a national research and action institute advancing economic and social equity by **Lifting Up What Works®**.

Introduction

Where someone lives helps determine their health, from safety to chronic conditions to life expectancy itself and, in fact, this importance of place in promoting health is becoming increasingly recognized and understood. If you live in a neighborhood with safe access to parks, grocery stores, good jobs, good schools, public transit, and other services, you are more likely to be in good health. If your neighborhood lacks these amenities, you are more likely to suffer from chronic diseases, such as obesity, diabetes, asthma, and heart disease.¹ Neighborhoods without these essentials are home to a large percentage of people of color, many of whom are low income. Growing health inequities exist between racial groups and socioeconomic groups within the same region. These facts underscore the importance of considering health equity—the right for all people to have access to conditions that support good health—within the planning process.²

The increased attention to creating healthy communities is unmistakable. There are countless campaigns for changes at the local level, from the creation of new parks and trails and the arrival of healthy food retailers to the passage of new rules governing pollution and the plans shaping new transit-oriented developments. There is fast-growing research literature in diverse fields, and a proliferation of new policy tools for the urban planning and public health professions. The new energy, ideas, and strategies for improving the built environment have emerged from the work of grassroots organizers and resident leaders, and also from public health practitioners, urban and regional planners, architects, developers, and others in a variety of roles and professions. Community development corporations and developers of affordable housing are recasting their missions and strategic plans toward the goal of creating healthy neighborhoods. They are seeking to make these neighborhoods into not just places that promote healthy eating and active living or prevent injuries, but, more fundamentally, communities of economic opportunity. The struggle to create healthy communities of opportunity is, at its core, inseparable from efforts to promote racial equity and reverse the trends toward greater inequality of income and wealth. Healthy communities are ones where all families can earn a decent living and all children have the means and support to reach their full potential. Economic stability and social justice are preconditions to good community health.

The drive to create healthy communities provides opportunities to think and act at the regional level. While most of our daily lives are experienced at the neighborhood level, healthy communities are a product of regional patterns of growth, change, and investment and subject to metropolitan trends in transportation, air and water quality, energy use, business and employment, and other factors. When regional strategies are motivated by principles of sustainability, there is a natural connection to health outcomes: sustainable communities are places that provide more transportation choices, preserve open space, promote equitable and affordable housing, and enhance economic competitiveness.³ These communities become more livable, walkable, environmentally sustainable, and ultimately, healthier.

This brief introduces strategies for planning for health equity at a regional scale. It provides a summary of how the field of building healthy communities has evolved, and of the specifically regional drivers of change. Since the Sustainable Communities Initiative provides excellent opportunities for planning and action, we describe five qualities which such efforts need in order to maintain a strong focus on equity. Snapshots of the innovative work of several regional planning projects are included to illustrate these qualities.

Evolution of the movements to create healthy places

The current high level of activity about healthy places is the result of more than a decade of raising awareness and building conceptual and organizational bridges by leaders in public health and the urban design and development fields, along with robust grassroots movements for environmental justice, equitable neighborhood development, and health access. A rapidly growing research base has confirmed that “place matters” for health, and that medical care alone accounts for only a modest share of health and mortality outcomes.⁴ Awareness of this phenomenon is moving from a niche concern into the broad mainstream of public health and urban planning.

Transportation became the first prominent area of focus for the public health researchers and leaders, given the consequences of our automobile-dependent patterns of metropolitan sprawl for problems as diverse as obesity, safety, air pollution, and the lack of viable communities for the elderly to live independently. Public health leaders became very involved in national and transportation policy from 2009 to 2012, for example, joining broad-based coalitions in order to bring health considerations into the new authorization for federal transit and highway spending. The historic involvement of groups such as the American Lung Association, with its concern for air quality, was augmented by new public health interests in all the other aspects of transportation. Public health leaders also joined numerous regional transportation and sustainable planning efforts.

Public health and urban planning

Contemporary efforts to address health disparities and to build communities of opportunity have roots in reforms that arose in response to the rise of American industrial cities in the 19th century.⁵ Early public health professionals and city planners worked in tandem to respond to the squalid living conditions of the slums in 19th century cities, which resulted in infectious disease epidemics. These epidemics were the impetus behind the adoption of major urban policy reforms. Public health professionals and planners worked together to improve sewers and water systems and pave streets in order to improve living conditions and eradicate disease.⁶

As the professions evolved, there was a sharp decline in their attention to the connections between health and the built environment and their joint commitment to systemic change. Public health became more concerned with the broader application of medical treatments and with individual-level prevention strategies,⁷ while urban planning became more narrowly concentrated on expediting the dominant form of metropolitan growth.

In the mid-20th century, the prevailing paradigm for development called for homogenous tracts of single-family suburban housing, large-scale office and industrial projects also in the suburbs, urban renewal for central business districts and “blighted” neighborhoods, and highway construction projects that cut off inner-city neighborhoods and severed social ties. This transportation strategy enhanced the growth of suburbs as the principal location not only for middle-class residents but, increasingly, for employment as well.⁸ Federal housing policies regarding mortgage underwriting and the location of public housing added to the concentration of racialized poverty and the extreme segregation of the lowest-income residents, especially among African Americans.^{9 10 11}

Fortunately, the link between planning and public health has been reestablished in the last decade, centered on the newly revived recognition of the health impacts of homes, communities, cities, and regions.^{12 13} Emblematic of that change has been the emphasis that recent leaders of the American Planning Association have placed on both healthy communities and racial equity. As immediate past president of APA Mitchell Silver put it, “Planning is about place and people, and too often planners and designers forget about the people and focus on place. If you don’t take people into account, equitable outcomes are difficult to achieve.”^{14 15}

Environmental justice

The environmental justice (EJ) movement began as a grassroots movement aimed at protecting vulnerable populations, typically people of color, from noxious and undesirable land uses threatening their communities, and has had some of its most important goals enacted as national policy priorities. The EJ movement rose in the early 1980s partly in response to the lack of inclusion and equity within the emerging mainstream environmental movement. It was critical in supporting a framework of values based in justice, civil rights, human health, and democracy as applied to environmental outcomes.

More recently, the EJ movement has expanded to focus on improving access to important community amenities such as parks and community gardens, grocery stores, transportation options, and safe housing, while continuing to fight to stop the negative elements, such as polluting sources and liquor stores. New areas of civil rights law have been built up, to help ensure equal public expenditures on environmental assets such as parks.¹⁶ In the process, the EJ movement has raised expectations for participation in local and state decision-making processes for low-income people, people of color, and other vulnerable populations.

Community organizing

Issue-based, grassroots community organizing, which usually begins at the neighborhood level, has been influenced by the emerging focus on health equity, and many struggles to save or rebuild low-income communities have recently taken on a distinct health framework. Slum clearance, highway construction, and urban renewal from the 1940s through the 1960s resulted in relocation of many people of color to segregated public housing projects often located in undesirable sections of cities. Responses to these actions, in the 1960s and 1970s, included movements within inner-city neighborhoods and among civil rights advocates to push for less destructive redevelopment approaches, such as housing rehabilitation rather than clearance, and for a greater voice in policymaking.

The last decade has seen the growth of region-wide organizing networks, such as those affiliated with the Gamaliel Foundation and the PICO Network, to build diverse constituencies among congregations of different races and economic levels. Many suburbs are facing increasing levels of poverty and decreasing access to goods and services.¹⁷ The design of these communities necessitates dependence on the automobile and that design, when combined with a lack of resources, leads to limited physical activity opportunities and increasing rates of obesity. The grassroots organizers in many regions have used a health equity framework to push for better public transit and policies that will prevent displacement and maximize positive changes for low-income communities of color. Doran Schranz, executive director, ISIAAH, a faith-based community organizing group in the Twin Cities region of Minnesota, said, “From the policy organizing side, we saw the health frame as a way of linking issues we had worked on for a long time, such as education and housing. The social determinants of health mixed with equity were a way for us to understand our work and helped with a vision of how to do policy work. This helped us build a state-level strategic agenda and moved us forward.”¹⁸ This framework led not only to ISIAAH leading a Health Impact Assessment (HIA) in 2011 regarding a new regional light rail line through St. Paul’s Central Corridor, but to doing HIAs on other issues such as school desegregation and taking positions on the health impacts of various state policies.

Regional sustainability

The threat of climate change has become an important broader motivation for the movement toward more sustainable development. Reduction of greenhouse gases requires more sustainable, energy-efficient metropolitan development, which in turn will depend on better public transit, reduced automobile miles traveled, more compact development patterns, and less pollution from power generation and industry, goals which are shared, generally speaking, by many health advocates. In states such as California, where an official process of regional planning for greenhouse gas reduction and sustainability is underway, the advocates for healthy places in general, and health equity and environmental justice, in particular, have been prominent participants, seeking to ensure that their communities’ needs are addressed.

Conditions for effective approaches to health equity on a regional scale

What are the components of effective strategies to promote health equity in regional plans and policies for sustainable development? The experiences of regional equity coalitions and metropolitan planning organizations around the country have provided some early guideposts. From a review of those experiences and interviews with some key leaders, five important conditions have emerged:

- Authentic, sustained engagement of leaders of low-income communities of color at every stage
- Comprehensive, insightful documentation of existing conditions, both socioeconomic and health
- Strong partnerships between public health and planning
- Analytical methods which measure projected health impacts of scenarios disaggregated for population subgroups—especially by race and income
- Policy recommendations which reflect the priorities and needs of low-income communities in the context of regional growth and change

Authentic, sustained engagement of leaders of low-income communities of color at every stage

A goal of this work should be to support and encourage the organization and power of residents of low-income communities and communities of color to exert agency in the decision-making processes about the built environment and health that influence their lives. An important way to build political power is through organizing, coming together as a community, maintaining ties, and expressing a strong united voice. The empowerment of low-income communities and communities of color is critical in order for authentic participation and leadership in the decisions that shape their environments and their health.

Environmental justice leaders recognized this right from the start of their movement, and have built some powerful organizations prepared for the long term. As Bill Gallegos, long-time director of Communities for a Better Environment described it, “[At Communities for a Better Environment, we] use organizing and leadership development of community leaders. We want to build a powerful core of community leaders...We want them to see themselves as not only leaders in their neighborhood but leaders of a broader movement...We put a lot of focus on partnership

with policy and planning experts...We are trying to find the largest group of stakeholders who believe equity is important in terms of health and the built environment.”¹⁹

Regional equity networks have been growing over the past several years, with pre-existing ones strengthened and new ones initiated as a result of the federal Sustainable Communities Initiative (SCI). These networks represent a potentially powerful way for grassroots organizations to have a sustained impact on regional policymaking, and they are in an excellent position to make the connection between health and other issues.²⁰ Regional planning agencies, which are traditionally removed from the kind of involvement by grassroots groups for which municipal governments are known, are getting more connected to those groups as a result of SCI (and in California, the Sustainable Communities Strategies) projects. In other publications for SCI, PolicyLink has collected the experiences of these networks and developed guidelines for community engagement.²¹

Comprehensive, insightful documentation of existing conditions, both socioeconomic and health

Both public health and planning are endeavors that rely heavily on data, analysis, and mapping for every phase of a project from problem definition to testing of alternatives, so it is not surprising that the intersection of health and regional planning has encouraged some innovative practices. The increasingly common observation that “your zip code determines your health and your life expectancy” has been made tangible by scores of epidemiological studies and community mapping projects that correlate places with health outcomes and demographic characteristics. When that information is further overlaid with the conditions of a community so familiar to planners—housing, land uses, real estate prices, environmental hazards, crime rates, employment clusters, amount and qualities of park space, and so forth—the resulting maps and analyses become detailed yet easy-to-follow evidence of why place matters to health. Many of the most meaningful measures are at the neighborhood level, but placing those smaller units into a metropolitan area-wide frame can be powerful evidence of the race and class health disparities that need attention and the different resources available to various communities. There have also been some innovative mapping initiatives for rural and unincorporated areas aimed at giving those settlements and their infrastructure needs higher visibility in county and regional planning processes.²² City planning agencies, county health departments, metropolitan planning organizations, universities, and neighborhood

indicators projects have all been undertaking this kind of mapping and, over the next several years, effective methods and indicators should become standardized so that the results are easier to reproduce and areas can be more directly compared.

Strong partnerships between public health and planning

Collaborations between planning agencies and public health departments are becoming more common and more sophisticated with each passing year, and more of them are crossing geographic jurisdictional lines. For example, in Riverside County, California, an urban planner in the county’s health department works with all 27 cities in the county on how their local plans can incorporate health and equity considerations. In the Puget Sound Region of the state of Washington, the four county health departments collaborate extensively with the Puget Sound Regional Council on subjects that affect the entire region, while one of them—Seattle-King County—in turn works with the cities within King County, and with the county’s own planning agency in the unincorporated areas. Since King County has a social equity policy that encompasses all of its activities, these internal collaborations are grounded in a commitment to reducing disparities and maximizing opportunity. Many of the regional planning and health collaborations have been working on the impacts of new transit lines on new development, on policies related to climate change and resilience, and on ways to improve access to healthy food and promote urban agriculture and farm-to-market linkages.

The Metropolitan Area Planning Council (MAPC) in greater Boston has formed an important partnership with the state health department, established a Public Health Division, and secured funding through a 2010 Sustainable Communities Regional Planning grant and a 2011 Community Transformation Grant (CTG) that specifically allowed the new division to unite health and planning. The principles of MAPC’s MetroFuture plan show the dedication to equity within the Boston region, and this document guides the work of the Public Health Division. The organizational structure of MAPC can serve as a model for other regional planning agencies looking to create a stronger health and equity focus.²³

Analytical methods which measure projected health impacts of scenarios disaggregated for population subgroups—especially by race and income

Often the process for preparing a regional plan results in several scenarios and alternatives to be considered for adoption. During this process, community engagement can help provide a layer of data that can help planners and decision-makers understand where to focus future efforts, based on community needs for housing, employment, transit, and community amenities and services. This underscores the importance of a public engagement process that is as inclusive as possible. The use of a Health Impact Assessment (HIA) is one way to prioritize health and equity in the evaluation of alternate scenarios.²⁴ HIA is a tool that can be used to understand and mitigate community health impacts of proposed plans, policies, and projects prior to their implementation. HIAs can be used to evaluate the positive and negative health impacts and any inequities that might result from each alternative in order to determine the most health-promoting and equitable scenario.²⁵ Most HIAs place a high value on direct engagement of residents of the affected communities in the research process. The number of infrastructure and planning projects with a regional perspective which have had health impact assessments done is growing. While initially mainly used in urban areas, recent efforts have included an HIA to assess the health equity impacts on rural unincorporated communities of the growth and transportation scenarios for Sustainable Communities Strategies in Fresno and Kern Counties in California.²⁶ The rural advocates placed community health factors at the center of this analysis, nested within a broader set of questions about sustainability and smart growth. Will a sustainable growth strategy for the urban and suburban areas be in the interests of disadvantaged unincorporated communities? How will the changes in transportation use and modes offered by each growth scenario affect the health of rural residents? In effect, is “smart growth” really smart for these communities, and will it help the residents get the basic infrastructure investment they already need as well as the opportunity for their communities to grow?

Disaggregating information is critically important to the measurement of issues pertaining to equity. Averages over large areas or diverse populations can mask relevant differences, and at the regional scale it is especially important to generate a clear and comprehensive demographic portrait of each community, its access to various elements of economic opportunity, and its barriers to good health. The Fair Housing Equity Assessment process initiated by HUD with the Sustainable Communities

regional grantees is creating a heightened awareness of the methods by which regional data can and should be disaggregated, not only for the distribution of housing by race but for many other issues as well.²⁷

Policy recommendations which reflect the priorities and needs of low-income communities in the context of regional growth and change

The bottom line for equity-oriented planning and community engagement is that, ultimately, it is decisions in the public sector which result in expanded opportunity, greater racial inclusiveness, and improved public health for all segments of the population. The outcomes can be directly about healthy eating and active living, for example, or about the broader set of actions that can determine the viability of a community. For neighborhoods near major ports, it could mean stronger regulations for how diesel truck traffic moves through the community, to reduce air pollution and improve safety. For low-income neighborhoods encountering not only new transit but extensive transit-oriented development, equitable outcomes might mean tangible support for local merchants during and after the construction of a new transit system, sufficient affordable housing options for current residents, and targeted training and employment opportunities for boys and young men of color. Under the Puget Sound Region’s Sustainable Communities grant, the Seattle-King County Health Department worked with transportation planners from the City of Seattle and the Sound Transit Operating Authority to ensure that development around a new light rail station in the Northgate community reflected the most extensive resident input possible and fidelity to “Healthy Transit Oriented Community Principles.” These principles include access to parks and green spaces, active and safe travel, access to services, sustainable economic development, and healthy homes and buildings. A matrix of Social Equity and Access to Opportunity criteria was employed to drill down into more specific assessments of features of the proposed development. The process yielded a range of changes and improvements, including relocating the affordable housing away from the road and rail side of the development, to lessen air and noise pollution.

In these and other instances, the local issues are also regional in nature, and ideally, the voices of residents will be increasingly prominent in the deliberations at metropolitan planning organizations, port authorities, transit operating agencies, and other regional bodies.

Notes

- 1 Judith Bell and Mary Lee, *Why Place & Race Matter: Impacting Health Through a Focus on Race and Place* (Oakland, CA: PolicyLink, 2011), <http://www.policylink.org/find-resources/library/why-place-and-race-matter>.
- 2 Laura K. Brennan Ramirez, Elizabeth A. Baker, and Marilyn Metzler, *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health* (Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008), <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf>.
- 3 Partnership for Sustainable Communities, "Sustainable Communities," <http://www.sustainablecommunities.gov/>.
- 4 Jason Corburn, "Urban Planning and Health Disparities: Implications for Research and Practice," *Planning Practice and Research* 20 (2005): 111-26; Steven A. Schroeder, "We Can Do Better – Improving the Health of the American People," *New England Journal of Medicine* 357 (2007): 1221-8). Where people live and the conditions of their neighborhood also have significantly more of an impact on their health than whether or not they have health insurance. Carolina Reid, "Building Communities and Improving Health: Finding New Solutions to an Old Problem," *Community Investments* 22 (2010): 2-10.
- 5 Mitchell Silver, "Planners and Public Health Professionals Need to Partner...Again," *North Carolina Medical Journal* 73 (2012): 290-96.
- 6 Jason Corburn, "Confronting the Challenges in Reconnecting Urban Planning and Public Health," *American Journal of Public Health* 94 (2004): 541-546.
- 7 Wendy C. Perdue, Lawrence O. Gostin, and Lesley A. Stone, "Public Health and the Built Environment: Historical, Empirical, and Theoretical Foundations for an Expanded Role," *Journal of Law, Medicine and Ethics* 31: (2003): 557-66.
- 8 Jason Corburn, "Confronting the Challenges in Reconnecting Urban Planning and Public Health," *American Journal of Public Health*, 94 (2004): 541-46. Jason Corburn and Rajiv Bhatia, "Health Impact Assessment in San Francisco: Incorporating the Social Determinants of Health into Environmental Planning," *Journal of Environmental Planning and Management*, 50 (2007): 323-41.
- 9 Marc Seitles, "The Perpetuation of Residential Racial Segregation in America: Historical Discrimination, Modern Forms of Exclusion, and Inclusionary Remedies," *Journal of Land Use and Environmental Law* 14 (1996), <http://www.law.fsu.edu/journals/landuse/vol141/seit.htm#FNT14>.
- 10 Although racial segregation in mortgage lending was made illegal by the Fair Housing Act of 1968, discrimination in the housing market has persisted. The mortgage foreclosure crisis in the mid-2000s caused its greatest devastation among homeowners of color. Foreclosure rates for African American and Hispanic homeowners between 2007 and 2009 were nearly double the rates for non-Hispanic whites. See, for example, James H. Carr, Katrin B. Anacker, and Michelle L. Mulcahy, "The Foreclosure Crisis and Its Impact on Communities of Color: Research and Solutions," National Community Reinvestment Coalition, 2011, http://www.ncrc.org/images/stories/pdf/research/ncrc_foreclosurewhitepaper_2011.pdf.
- 11 The disproportionate foreclosure rates for people of color are due in part to the high rates of subprime loans for these populations: people of color are more than three times as likely as Whites to have this type of loan, which is characterized by higher interest rates, fees, and penalties. Christy Rogers, John A. Powell, and Andrew Grant-Thomas, "Subprime Loans, Foreclosure, and the Credit Crisis: What Happened and Why?" Kirwan Institute for the Study of Race and Ethnicity, December 2008, http://kirwaninstitute.osu.edu/reports/2008/11_2008_SubprimeForeclosureRacePrimer.pdf.
- 12 Richard J. Jackson, *Designing Healthy Communities* (San Francisco, CA: Jossey-Bass, 2012). Xavier de la Barra, "Fear of Epidemics: The Engine of Urban Planning," *Planning Practice and Research* 15 (2000): 7-16. Jason Corburn, "Urban Planning and Health Disparities: Implications for Research and Practice," *Planning, Practice & Research* 20 (2005): 111-26.
- 13 Howard Frumkin, "Health, Equity, and the Built Environment (guest editorial)," *Environmental Health Perspectives* 113 (2005): A290-91.
- 14 Interview (2013) with Mitchell Silver, then Planning Director, City of Raleigh, NC, Immediate Past President, American Planning Association.
- 15 APA established its Planning and Community Health Research Center in 2007 and has been expanding its attention to these issues through trainings, publications and policy positions. The American Public Health Association has similarly expanded its attention to the built environment through significant engagement in national transportation policy and support of research and professional development devoted to the promotion of healthy communities. The American Institute of Architects has created a Design and Health Leadership Group, and the Urban Land Institute has a Building Healthy Places Initiative.
- 16 Robert Garcia and Seth Strongin, *Healthy Parks, Schools and Communities: Mapping Green Access and Equity for Southern California* (Los Angeles: The City Project, 2008).
- 17 Elizabeth Kneebone and Alan Berube, *Confronting Suburban Poverty in America* (Washington, DC: The Brookings Institution, 2013).
- 18 Interview (2013) with Doran Schranz, Executive Director, ISAIAH.
- 19 Interview (2013) with Bill Gallegos, Executive Director, Communities for a Better Environment.
- 20 The regional equity movement was extensively documented and analyzed in Manuel Pastor, Jr., Chris Benner, and Martha Matsuoka, *This Could be the Start of Something Big: How Social Movements for Regional Equity Are Reshaping Metropolitan America* (Ithaca, NY: Cornell University Press, 2009).

- 21 PolicyLink, *Community Engagement Guide for Sustainable Communities* (Oakland, CA: PolicyLink, 2013).
- 22 A recent law in California, SB 244, created a mandate for counties to analyze and plan for disadvantaged unincorporated areas, and a new mapping methodology developed by PolicyLink has been recommended by the Governor's Office of Planning and Research to identify and characterize these communities. That method can be seen in the 2013 PolicyLink report by Chione Flegal, Solana Rice, Jake Mann and Jennifer Tran, *California Unincorporated: Mapping Disadvantaged Communities in the San Joaquin Valley*.
- 23 For more information on *MetroFuture* and the Public Health Division, see: <http://www.mapc.org/metrofuture> and <http://www.mapc.org/public-health>.
- 24 For more information on the inclusion of equity within HIAs, including a set of principles and strategies specific to HIA, see Jonathan Heller, Shireen Malekafzali, Lynn C. Todman and Megan Weir, *Promoting Equity through the Practice of Health Impact Assessment* (Oakland, CA: PolicyLink, 2013).
- 25 Jason Corburn, "Reconnecting with Our Roots: American Urban Planning and Public Health in the Twenty-first Century," *Urban Affairs Review* 42 (2007): 688-713.
- 26 Veronica Garibay and Phoebe Seaton, *California's SB 375 and Its Impact on Fresno County's Disadvantaged Unincorporated Communities and Low Income Urban Neighborhoods*, and *California's SB 375 and Its Impact on Kern County's Disadvantaged Unincorporated Communities and Low Income Urban Neighborhoods*. (Fresno, CA: Leadership Counsel for Justice and Accountability, 2015).
- 27 PolicyLink has published six reports and guides concerning the Fair Housing and Equity Assessment pilot program and several items regarding the recent rule proposed by HUD for Affirmatively Furthering Fair Housing. For links to HUD and PolicyLink materials, go to <http://www.policylink.org/affirmatively-furthering-fair-housing> and <http://www.policylink.org/focus-areas/infrastructure-equity/sustainable-communities>.

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