

Recommendations:

Racial Disparities

Raising Income to Improve Health

Statement of the Problem:

Racial and ethnic health disparities are the higher incidence, prevalence, mortality, burden of cancer and related adverse conditions that exist among low-income communities and communities of color. They are even greater in Forsyth County than in the state of North Carolina and the nation. Multiple factors contribute to racial/ethnic health disparities, including socioeconomic factors (e.g., education, employment, and income), lifestyle behaviors (e.g., physical activity, diet, and substance abuse), social environment (e.g., educational and economic opportunities, racial/ethnic discrimination, and neighborhood and work conditions), and access to preventive health-care services (e.g., cancer screening, immunizations, etc.).



Critical findings of the 2003 Forsyth County Community Assessment revealed that Forsyth County residents experience a high level of preventable diseases and premature deaths attributed to tobacco use, unhealthy dietary habits, and inadequate physical exercise. They experience a disproportionately high rate of pregnancy loss and infant death, especially among low-income African-American women. Although they have better access to health care than their counterparts in comparable communities, members of racial and ethnic minorities experience greater obstacles to care.

Poverty contributes to racial health outcome disparities. Health disparities are remarkably consistent, disproportionately afflicting the poor and disadvantaged in nearly every community for as long as researchers have measured it. A living minimum wage is critical to reduce poverty. The problem is likely to continue with the increasing diversity of Forsyth County's population. About one of every three residents belongs to one of five major racial or ethnic minority groups: African American; Latino/Hispanic; Alaska Native/American Indian; Asian and Native Hawaiian and other Pacific Islanders.

There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health. Income is the most common measure of socioeconomic status, and is probably the most relevant to health policy formulation. Inequality in income and education underlies many health disparities. In general, population groups that suffer the worst health status are also those that have the highest poverty rates and least education.

Disparities in income and education levels are associated with differences in the occurrence of illness and death; including heart disease, diabetes, obesity, elevated blood lead level, and low birth weight. Higher

incomes permit increased access to medical care, enable people to afford better housing and live in safer neighborhoods, and increase opportunities to engage in health-promoting behaviors.

In Forsyth County, the youngest and the oldest are generally the poorest - one in four children lives in poverty. Poverty is the number one contributor to preventable death in the world today, outranking smoking as the leading cause of death. Poverty is often defined in terms of a person's income or the amount of goods he/she is able to consume. The preventable diseases and death associated with poverty cannot be effectively addressed without concerted economic and political action.

History:

The federal poverty level, the standard by which the United States determines economic need, was developed 40 years ago. Data collected in the 1950s indicated that, on average, families spent one-third of their income on food. The original poverty level used the costs of the U.S. Department of Agriculture's "economy food plan" and multiplied those costs by three. Today, food comprises far less than one-fifth of a family's expenses, while housing, transportation, health care, and child care costs have grown disproportionately. Yet we still measure poverty by the original standard developed in the early 1960s. The federal poverty level for a family of four is **currently** \$19,350. However, for most families to provide their children with basic necessities like adequate food, stable housing, and health care, they need double the income that is considered "poverty". Families who live in this gray area between official poverty and minimum economic security have many of the material hardships and financial pressures that officially poor families face. As their income grows, they rapidly lose eligibility for public benefits, making it harder for them to reach economic self-sufficiency. The incongruity between the federal and state minimum wage levels and eligibility guidelines for public assistance constitutes a failure of our economic system to provide low-income families with an opportunity to create better lives for themselves.

The current federal minimum wage of \$5.15 per hour has been in place since late 1997. Its real value is now more than 30 percent less than what it was in 1978, because it has not kept pace with inflation. To offset the declining value of the federal minimum wage, fourteen states, including the District of Columbia, now have minimum wage standards above the federal level, ranging from \$6.00 to \$7.35 per hour. Two of these states—Oregon and Washington—index their minimum wage rate to inflation. In addition, more than 125 cities and counties have passed living wage ordinances, which typically mandate that businesses and contractors receiving local public funds pay workers a wage sufficient to support a family. Living wages vary across these jurisdictions from about \$6.00 to \$13.00 an hour; research shows that these ordinances have been successful at modestly reducing urban poverty.

Full-time employment at the current federal minimum wage yields an annual income of \$10,712—only 67 percent of the federal poverty level for a family of three (\$16,090) or 55 percent of poverty for a family of four (\$19,350). Even full-time work at the highest state minimum wage, \$7.35 per hour, is insufficient to bring a family of three above the federal poverty level. Campaigns advocating for living wages are currently underway in over 100 cities, counties, and universities such as New York City, Little Rock, Jacksonville, Atlanta, Sacramento, Richmond, VA, Manhattan, KS and Knoxville, TN, University of Pittsburgh, Swarthmore College, Valdosta State University. In North Carolina, there is a statewide living wage campaign as well as such campaigns in at least three local governments and one university.

Justification:

Living wage campaigns have arisen in response to the realities facing low income families today: the failure of the minimum wage to keep pace with inflation; the growing income gap between the rich and the poor; massive cuts in welfare and downward pressure on wages resulting from former recipients being forced into

the labor market with no promise of jobs; the growth of service sector jobs where low wages are concentrated; and the weakening of labor unions.

The overall Forsyth County poverty rate of 11.0% masks considerable variation between racial or ethnic minority groups of the population. The poverty rates for blacks (21.2%) and Hispanics (28.9%) typically exceed the county rate. By comparison, 7.7% of Asians and 5.6% of non-Hispanic whites lived in poverty according to the 2000 US Census Bureau. Poverty rates are highest for families headed by single women, particularly if they are black or Hispanic - 24.9% of female-headed families are poor in Forsyth County.

Poverty has a tremendous impact on a child's ability to learn. It is widely acknowledged that the single strongest predictor of student performance is the economic status of the student's family. Children from poorer households tend to do worse than do students from affluent households. One measure of poverty in schools is the number of students getting free or reduced-rate lunches. Danielle Deaver from the Winston-Salem Journal reported that "When the Winston-Salem/ Forsyth County schools resume in the 2005/2006 school year, about **46 percent** of students will qualify to get those lunches. It's a sensitive issue to tackle. But it's an issue that must be tackled, because all children deserve an equal opportunity to succeed in school. Fewer than 10 percent of students will get free or reduced-rate lunches at some schools; at others, more than **90 percent** will qualify."

According to the 2004 American Community Survey, there were 94,241 families, with 80,110 children in Forsyth County. Thirty-three percent (33%) of the families were low-income families i.e., income below 200 percent of the federal poverty level (FPL); which was \$36,800 per year for a family of four. There were 8,670 families who lived below poverty level and considered poor i.e., making less than \$18,400- income below 100% of the FPL. There were a total of 40,470 individuals living below poverty level with children making up more than 25%.

Racial and ethnic minorities are more likely than non-Hispanic whites to have family incomes that are less than 200 percent of the federal poverty level (\$31,340 per year for a family of three in 2004). Consequently, racial and ethnic minorities are more likely than whites to be enrolled in Medicaid or to be uninsured. On average, racial and ethnic minorities are more likely than whites to: have higher rates of illness and premature death; to have lower rates of access to affordable, quality health care; and to suffer worse health outcomes.

The North Carolina Justice and Community Development Center reported that the 2003 NC Living Income Standard (LIS) is a more accurate and conservative estimate of what families actually need compared to the federal poverty level. The Living Income Standard shows that single parents must earn \$13.14 per hour in urban North Carolina and \$11.00 per hour in rural counties, working full-time for 52 weeks a year, in order to meet the barest needs of their families. Assuming both parents in a two parent family are working fulltime year-round, each of them must earn \$9.54 per hour in urban counties and \$8.70 in rural, just to get by. The end result is that the statewide average wage required by North Carolina parents in order to support their family is \$10.60 per hour. However, a statewide average living wage remains a useful tool that can provide a meaningful measure of the adequacy of wages.

Longitudinal studies in the United States consistently demonstrate that low income predicts premature mortality for all causes across the distribution of income and independent of other socioeconomic correlates of income. Local "living wage" ordinances have passed in more than 130 municipalities that increase wages to a level providing for the minimum average family's needs for housing and utilities, food,

transportation, childcare, health care, and taxes. Therefore, we recommend the actions below.

Statement of the desired action(s) to be taken:

The Forsyth County Health Community Coalition (FCHCC) recommends that:

- The City of Winston-Salem and the Forsyth County Government pay their employees a living minimum wage; and that those governments require that any contractor they hire, and any business receiving tax abatements or other subsidies from those governments also pay a living minimum wage to their employees.
- The City of Winston-Salem and Forsyth County Government should consider and evaluate labor and tax policies to increase income to minimum sustenance levels for the working poor as an explicit public health intervention. Conversely, costs and benefits to health should be explicitly considered in policy debates regarding the minimum wage.
- The prevalence of low income be an explicit health status indicator and reducing the prevalence of low income become a community public health objective.
- A living minimum wage be considered the amount a person would need to earn to stay above the federal poverty level. Currently, this amount is \$19,350 a year for a family of four, or \$9.30 per hour with health benefits, or \$12.00 without health benefits for a full-time, year round worker.

Public Health Impact:

Poverty is the greatest challenge to public health. A living wage is essential to a healthful standard of living. (*American Journal of Public Health, 1918*) Failure to focus on health disparities and the determinants of health places serious limitations on the effectiveness of preventive health care and health promotion programs. Inadequate education and income are serious obstacles to learning about healthy lifestyles, accessing health care, and providing for basic food, clothing, and shelter. The health disparities between the "haves" and the "have nots" are evidenced in longevity, birth outcomes, and health behaviors (diet, physical activity, etc.). Forsyth County can avoid having two tiers of health outcomes by understanding health disparities and addressing health disparities through effective policies and targeted programs which address poverty.

Related Work:

Durham County NC - The Durham County Board of Commissioners passed a living wage ordinance in June 2004, setting the County's living wage at 7.5% above the federal poverty level for a family of four, currently \$9.74 (7/04). This policy applies to all employees of the County as well as those working on County service contracts, including contracts for temporary services.

Small Income Gains Produce Big Health Benefits

A modest raise in the living wage could decrease the rate of premature death, increase the educational attainment of children and lower the risk of premarital childbirth, according to a study conducted to estimate the effect on health of a local ordinance being considered in San Francisco. The ordinance would raise the living wage to \$11 an hour for more than 42,000 city workers. The study predicted the living wage ordinance would decrease the rate of premature death from all causes for adults aged 24 to 44 working full time in families with annual incomes of \$20,000, reduce employee sick days, increase the odds of completing high school, add .25 years of completed education and reduce the risk of early childbirth for workers' children. The authors conclude, "Our study demonstrates that a more egalitarian distribution of income may have long-term positive effects on individual and community health".

Living Wage Ordinance: A Victory for the Working Poor

A stunning vote by the Los Angeles City Council this past April has given a major boost to cities around the country which may be contemplating living wage legislation as a way to boost the wages of the working poor. The passage of a Living Wage Ordinance, which easily overrode a mayoral veto, was the culmination of a year-long campaign by the Los Angeles Living Wage Coalition. The ordinance mandates a wage of \$ 7.25/hr. with health insurance, or \$ 8.50/hr. without it, plus 12 paid vacation days. It affects companies with City contracts of \$ 25,000 or more, and companies which receive substantial subsidies from the City such as tax breaks, loans or leases on land. Among the approximately 5,000 affected workers are food service workers, security guards, janitorial service workers, and some factor workers.

Estimated Economic Impact of Living Wage Ordinances

This study was commissioned by the Los Angeles City Council in 1996 to estimate the impact of the proposed living wage ordinance. The subsequent book updates and expands the study, and reviews the economic impact research on minimum wage, prevailing wage and living wage. On March 18, 1997, the Los Angeles City Council overwhelmingly approved the living wage ordinance.

- The study reviews experiences with federal and state minimum wage laws as well as existing living wage and prevailing wage regulations, concluding that these measures did not result in either unemployment or significant cost to their respective cities. In fact, the study notes, prevailing wage laws have led to increased worker training and have helped turn the construction trades into a well-paid field.
- The study found that the proposed Los Angeles ordinance would not cause a net increase in the City budget, employment loss or loss of city services to the residents of Los Angeles.
- The ordinance would bring a 50.4% reduction in the amount of government subsidies received by affected workers and their families, as well as growth in spending, home ownership, and small business markets for areas of the city where affected workers are concentrated.
- The ordinance has the potential to encourage "high road" competition among businesses, characterized by decent wages, increased productivity, reduced turnover, and increased efficiency;
- The living wage would not increase unemployment among less-skilled workers
- The living wage ordinance does not place small business at any disadvantage;
- The ordinance will not discourage businesses from either locating in Los Angeles or doing business with the city itself.

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Social Equity in the Community Planning Process

Statement of the Problem:

Local government controls a number of processes which impact how our community grows, develops, and prospers. Often local government makes decisions based upon political and economic impacts with little consideration given to how these decisions impact the health of our community. Local governments across the country are increasingly realizing that they have a role in assuring that the consequences of their decisions positively impact the health and well-being of all residents of a community, no matter where they live. Residents in low-wealth neighborhoods, who are often minorities, are particularly affected by decisions based on economics alone.

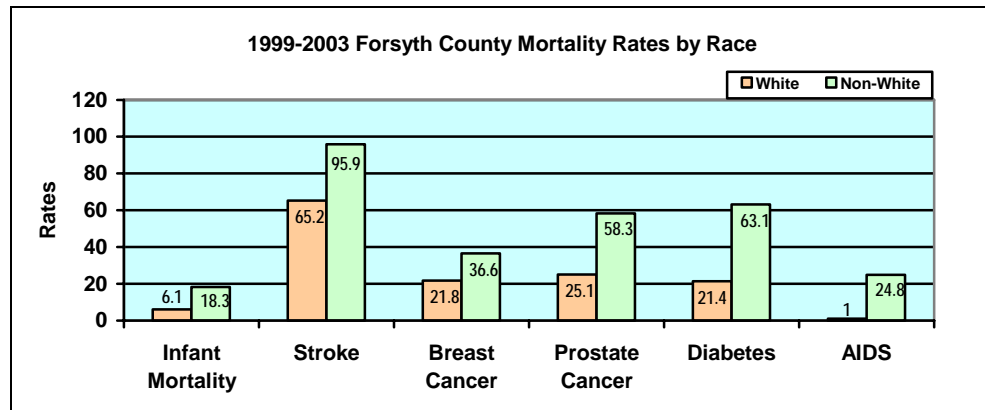
Residential segregation is typically the result of generations of racial injustice in public policy and commercial practices. These policies and practices have created extended areas of concentrated poverty, defined along racial or ethnic lines, which are underdeveloped, economically divested, and blighted in many cases. This is evident in our own community. The *Forsyth County Neighborhood Analysis* is an initiative of the Forsyth County Healthy Community Coalition which uses geo-mapping to identify the location of various resources in two economically and geographically distinct sectors of our community. The maps clearly demonstrate a disproportionate distribution of various negative elements (e.g., brown fields, industrial parks) and beneficial resources (e.g., grocery stores, banks, superstores). In Winston-Salem, African-American, Hispanic, and other minority residents of racially segregated neighborhoods experience a high prevalence of poverty, have a disproportionate number of Equity Plus schools, and are targeted by harmful marketing practices. These residents have lesser access to beneficial resources such as safe housing, safe streets and public gathering places, accessible health care services, and constructive commerce.

Decisions about where and how to invest in a community are typically based upon a business model approach which is predicated upon a profit motive. Underdeveloped and racially segregated minority neighborhoods have little chance of being developed or revitalized if left to market forces. The American Planning Association, in its *Policy Guide on Public Redevelopment*, identifies “social equity and environmental justice” as a critical guiding principle. This principle implies that a legitimate application of the community planning process is to redress the consequences of injustice that negatively impact minority neighborhoods and the welfare of their residents.

Justification:

Throughout our nation, African-American, Hispanic and other minority residents of racially segregated neighborhoods experience a disproportionately high incidence of preventable adverse health conditions and outcomes. Schultz et. al. have examined the ways which the life experiences of such neighborhoods impacts health outcomes. They conclude that “the fundamental causes of disease... [are]...those that involve access to the resources necessary to maintain health and avoid disease.” They further state that “race-based residential segregation is a fundamental cause of racial disparities in health, isolating many African-Americans in spatially distinct neighborhoods where their access to the resources necessary to maintain health is limited. In summary, living in neighborhoods of concentrated poverty contributes to poor health status and outcomes.

Racial disparities in health outcomes are prevalent in our community especially in the areas of pregnancy outcome, preventable cancer deaths, cardiovascular disease, and Type II diabetes. Some of the more disturbing disparities are shown in the following table:



In Forsyth County, for the five-year mortality (deaths) rates (1999-2003), the Non-White-to-White ratios for the following indicators were as follows:

- Breast Cancer 1.7
- Prostate Cancer 2.3
- AIDS mortality. 25.0
- Infant mortality 3.0
- Diabetes 3.0
- Stroke 1.5

Discouragingly, people impacted by these poor health outcomes are more likely to live in the racially/ethnically segregated neighborhoods in our community.

A Case in Point: Equitable Access to Affordable and Healthful Food Retailing

In our community, African-Americans have higher rates of stroke and cardiovascular disease than the white population. Current evidence strongly supports a significant association between fruit and vegetable consumption and health. Specific studies have shown that eating more fruits and vegetables may be protective against cardiovascular disease and may reduce risk of ischemic stroke. People eat more fruits and vegetables when they live closer to full service grocery stores. This is especially true in segregated neighborhoods, in which limited transportation options may make it more difficult to travel out of one’s own neighborhood for grocery shopping. Additionally, the fact that there are more fast-food establishments and convenience stores in racially segregated communities increases the likelihood that less healthy foods will be eaten. Limited access to full service grocery stores or food markets is a fundamental contributor to early death and disease from Type II diabetes and heart disease. In our community, African-American, Hispanic and other minority residents of racially segregated neighborhoods have limited access to full service grocery stores or food markets, and thus limited access to healthful food.

Food retail marketing, which is driven by a business model, is unlikely to serve the needs of racially segregated minority neighborhoods as a consequence of market forces. Therefore, it is necessary to have a public policy mechanism to assure that a resource (grocery stores) essential to the welfare (health) of all residents is provided equitably.

Various municipalities such as Philadelphia, PA and Madison, WI have begun to recognize food retailing as a private sector enterprise with the potential to impact the welfare of the whole community. The Food Trust in Philadelphia and the Neighborhood Grocery Store Committee in Madison have developed advocacy initiatives targeting the community planning process as a means to promote equitable access to healthful food. Some of the strategies that have been undertaken in these communities include:

- prioritizing food retailing as a criterion for comprehensive neighborhood and community development by incorporating specific language in the comprehensive plans to identify it as such;
- applying data-driven market analysis to locate previously unidentified demand which might encourage private investment;
- reducing regulatory barriers to small and mid-size food markets;
- participating in land assembly efforts for supermarkets; and
- creative financing strategies to encourage private investment in areas of need.

This is one example of how the decision-making process of local governments has the potential to improve the health of the residents in neighborhoods disproportionately affected by chronic diseases.

Statement of the desired action(s) to be taken:

The Forsyth County Healthy Community Coalition (FCHCC) and the Board of Health recommends that:

- The City-County Planning Board creates a public health advisory function (committee, board, etc.)
- The FCHCC is joined by the Forsyth County Board of Health in requesting of the City-County Planning Board, the Forsyth County Board of Commissioners, the Winston-Salem Mayor's Office, and the Winston-Salem City Council each participate in a effort to explore the feasibility of creating and sustaining such an entity.

The objectives of this exploratory process would include but not be limited to: determining whether there is consensus and political support to create such an entity; (and if so) defining membership and providing a mechanism to sustain membership; and defining a mechanism for the entity to have input into the planning process.

Public Health Impact:

A successful public health advisory function to the community planning process can positively impact the health of minority residents of neglected neighborhoods as well as the general health of the entire community. Revenue, profitability, and return on investment are the key factors that drive commercial development in today's market. Most of these models are developed for suburban market development where the track record for success is tried and true. However, we have a responsibility to all residents our community – especially our most vulnerable populations. When the traditional business model for economic growth fails a to serve the entire community we need supportive public policy to assure that the health and well-being of all residents of our community are taken into consideration in the community planning process.

Related Work:

The Food Trust

Pennsylvania is positioned to become a national leader in a new push to fight obesity and create jobs by building supermarkets in under-served areas. Research suggests that the unequal distribution of supermarkets contributes to health disparities in low-income communities. One strategy to promote healthy eating and create new jobs is to locate supermarkets in urban and rural areas with few stores and high unemployment rates. Pennsylvania's Governor along with two state representatives has made available significant funds from the state's economic-stimulus program available for supermarket development in under-served communities. The Pennsylvania Fresh Food Financing Initiative (FFFI) is an innovative new program that will work to increase the number of supermarkets, or other grocery stores in under-served communities across Pennsylvania.

The initiative serves the financing needs of supermarket operators that plan to operate in these under-served communities where infrastructure costs and credit needs cannot be filled solely by conventional financial institutions.

The Food Trust, the Greater Philadelphia Urban Affairs Coalition (GPUAC), and The Reinvestment Fund (TRF) have formed a public-private partnership to support the Pennsylvania Fresh Food Financing Initiative, working with the Commonwealth of Pennsylvania. The State has appropriated \$10 million for this initiative and TRF will match this funding with \$30 million to form a \$40 million multi-faceted pool that will be a one-stop-shop for financing fresh food retailers in under-served areas. The matching \$30 million will come from private sources as well as TRF's New Markets Tax Credits allocation. To date, the FFFI has committed resources to 5 supermarket projects and has committed \$6 million in grants and loans to leverage this investment. These 5 projects will result in the creation of 740 new jobs and represent \$22,378,000 in total project costs. In addition, there are currently over 20 projects in the financing pipeline, ranging from 6000 square foot mom and pop shops to 60,000 sq. ft. full service supermarkets.

Supermarkets seeking to develop new stores in under-served communities will now be able to take advantage of both the Fresh Food Financing Initiative and the \$100 million available through the Commonwealth of Pennsylvania's First Industries program.

Partnership between the American Planning Association and National Association of County and City Health Officials

The American Planning Association (APA) has entered into a partnership with the National Association of County and City Health Officials (NACCHO) to restore the bridge between land-use planning and public health practice. NACCHO is the national nonprofit organization representing local public health agencies (including city, county, metro, district, and tribal agencies). The two organizations are exploring shared objectives, providing tools, and recommending options and strategies for integrating public health considerations into land-use planning.

The project aim is to promote an interdisciplinary approach to creating and maintaining healthy communities. The long-term objectives of the project include improving the performance of local planning and public health agencies by providing tools, resources, and networks to foster improved collaboration. An important part of that process is to help local public health agencies and local planning agencies gain a better understanding of their respective authorities and functions, and how they can provide input and guidance to one another for healthier land-use planning.

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