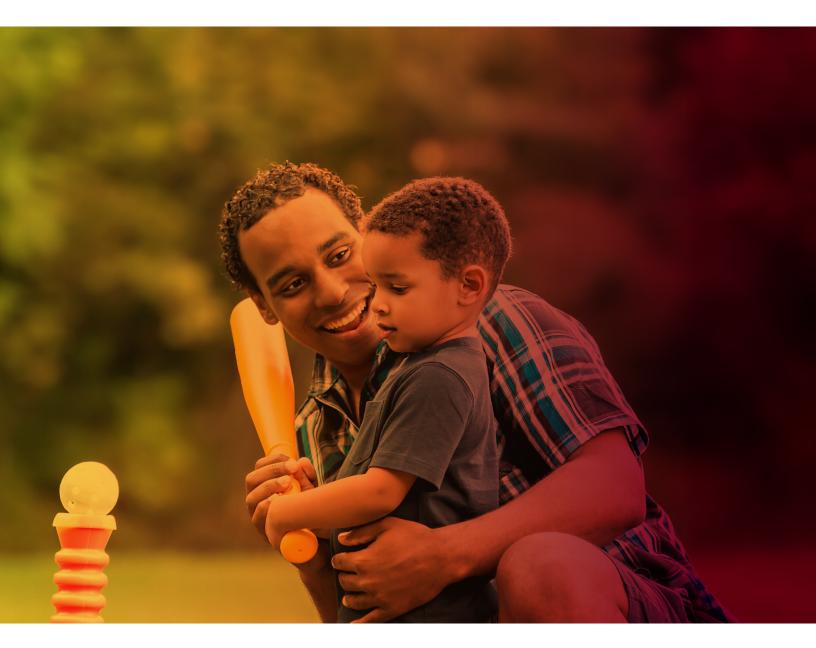
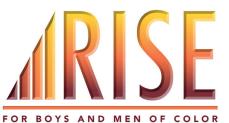
**Movin' On Up:** Expanding Access to High-Opportunity Neighborhoods for Boys and Men of Color



#### BRIAN SMEDLEY

National Collaborative for Health Equity Prepared for RISE Men and Boys of Color



# Introduction

After decades of documenting and lamenting the inequities that constrain opportunity and shorten the lifespans of boys and men of color (BMOC), researchers, educators, policymakers, and community leaders are intensively exploring intervention strategies to help this population realize its true potential. Stimulated in part by President Obama's My Brother's Keeper initiative, these leaders are working to help boys of color enter school well-prepared to learn, help K–12 educational systems to retain and propel them to higher education, keep boys of color out of juvenile and criminal justice systems, and help their families escape poverty through job training and placement, among other efforts. These strategies are gaining traction, which is encouraging and illustrative of how sustained investment and commitment can help reverse the trajectories of BMOC and help them achieve their dreams.



Rarely, however, do such strategies fully consider how racism operates at multiple levels to confer greater risk among BMOC for poor life outcomes. Racism operates at structural, institutional, interpersonal, and internalized levels to damage the health, wellbeing, and life opportunities of people of color.<sup>1</sup> These forces operate simultaneously and across the lifespan, ultimately harming the whole society because of the waste of human talent and potential, as well as the social conflict that racism engenders.

At best, the vast majority of interventions being applied to address the needs of BMOC operate at only three of the four levels at which racism operates. Biased school disciplinary policies, for example, have resulted in the disproportionate expulsion of BMOC, which increases their risk for involvement in juvenile justice systems. Improving these policies to keep children in school can mitigate this form of institutional racism. Similarly, efforts to monitor and correct racial disparities in juvenile and criminal justice system case disposition is another example of an attempt to correct a form of institutional racism. Teaching police, educators, and others who interact with youth about implicit biases and stereotypes can help to reduce interpersonal expressions of racism. And efforts to help BMOC understand their history, achievements, and contributions to our society can help combat the internalized racism resulting from a plethora of negative stereotypes, media images, and low expectations.

These efforts are critically important. But they fail to address the forms of structural racism that are often at the root of systemic inequities and constrained life opportunities experienced by people of color. One of the most significant forms of structural racism in the United States is the persistence of residential segregation. Residential segregation sorts populations into neighborhoods and communities that often vary widely when it comes to the distribution of opportunity (such as access to high-quality education or jobs), health risks, and resources. As a result, there are significant disparities in life expectancy between neighborhoods in the same city, often just a few miles apart, typically contrasting wealthier and whiter communities with concentrated-poverty communities, which, in urban contexts, are overwhelmingly populated by people of color. For example, life expectancy differs by over 25 years between different zip codes

#### ~

RACIAL RESIDENTIAL SEGREGATION IS NOT PRIMARILY THE RESULT OF INDIVIDUAL CHOICE AND ECONOMIC MEANS. INSTEAD, SEGREGATION RESULTS FROM A COMBINATION OF HISTORICAL POLICIES AND PRACTICES, SUCH AS RACIALLY RESTRICTIVE HOUSING COVENANTS, POST-WORLD WAR II HOUSING FINANCE AND TRANSPORTATION PROGRAMS, AND GOVERNMENT SANCTIONED "REDLINING" OF MINORITY COMMUNITIES. in New Orleans, and nearly 30 years between different census tracts in Baltimore and Albuquerque.<sup>2</sup>

Racial residential segregation is not primarily the result of individual choice and economic means. Instead, segregation results from a combination of historical policies and practices, such as racially restrictive housing covenants,

post–World War II housing finance and transportation programs, and government sanctioned "redlining" of minority communities. This historical legacy is augmented by continuing policies of exclusionary zoning, federal and state housing administration perpetuating segregation, and housing and mortgage lending discrimination. As such, segregation is socially engineered through policy and practice, but it can be undone through intentional public policy.<sup>3</sup>

Advocates for BMOC should support housing mobility as an important part of any comprehensive approach to improving life opportunities for BMOC. Given the broad consequences of neighborhoods on children's well-being, housing mobility strategies that reduce neighborhood poverty concentration can yield significant benefits for BMOC. Such strategies are not a panacea; indeed, place-based investments, such as the Obama administration's Promise Zones and Promise Neighborhoods initiatives, are also needed in that they aim to reduce crime, improve educational opportunities, and stimulate economic activity in neglected communities. But housing mobility strategies, coupled with place-based investments, may be among the most impactful approaches to reducing concentrated neighborhood poverty.

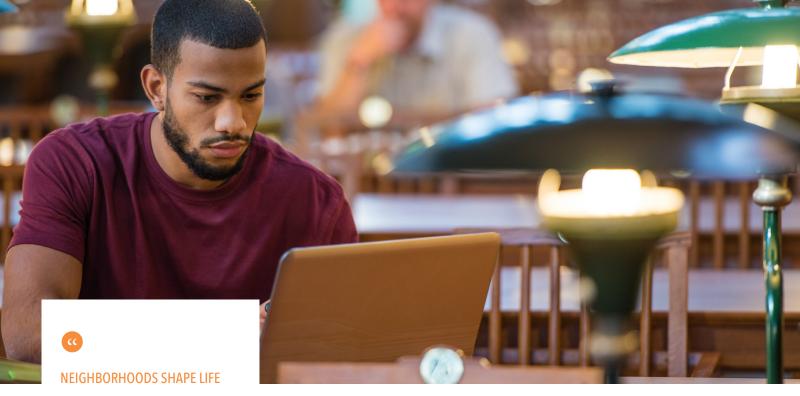
# How Does Neighborhood Poverty Concentration Affect BMOC Outcomes?

A large body of research documents the influence of neighborhood characteristics on the health and well-being of BMOC, and the potential of place-based strategies (including housing mobility) to help more BMOC access neighborhoods that are *conduits to opportunity*.<sup>2-8</sup> This is not to suggest that the neighborhoods of origin for BMOC are in any way deficient because of the people who live there. To the contrary, the challenges that these communities face are the result of policies, practices, and political inequities imposed upon marginalized communities that tilt the playing field against them. But these communities are the primary source of the leadership, vision, and strength necessary to propel BMOC to success.

Neighborhoods shape life opportunities, health, and well-being of BMOC in several ways. Galster identifies over a dozen potential mechanisms through which neighborhood characteristics shape life opportunities, health, and well-being, all of which are particularly relevant for understanding the risks faced by BMOC in high-poverty neighborhoods.<sup>4</sup> These mechanisms can be broadly classified under four rubrics: 1) social interactive, 2) environmental, 3) geographical, and 4) institutional mechanisms. Social interactive mechanisms include social norms, attitudes, and processes, such as peer influences on behaviors, aspirations, and attitudes, and social norms conveyed by neighborhood role models and other social pressures. Neighborhood social networks also shape outcomes through access to information and resources (e.g., information about job opportunities). In addition, social cohesion and control is influenced by the strength of social ties and neighbors' ability to enforce order and act collectively to advance residents' interests (e.g., "collective efficacy"). In high-poverty neighborhoods, these social influences can place BMOC at risk for poor outcomes through negative peer influences, an inadequate flow of information, and low levels of social cohesion.

Environmental mechanisms include natural or man-made conditions of communities that directly and indirectly affect the health and well-being of residents. These include things such as the level of crime and violence in communities. High levels of violence can increase risk for adverse childhood experiences, post-traumatic stress, and direct harm to those youth who perpetuate or are victimized by violence. Neighborhood violence can also stoke distrust among neighbors, increase feelings of stress and social isolation, and increase risk for negative interactions with law enforcement, which is particularly relevant for BMOC. Similarly, aspects of the physical environment of neighborhoods, such as the presence of blight, litter, and graffiti may increase risk for negative emotional and cognitive states, such as a sense of powerlessness. And low-income neighborhoods and communities of color are particularly at risk for high levels of environmental degradation and toxic exposures, often brought about by polluting industries or decaying physical infrastructure.

Geographic mechanisms are those that arise because of a neighborhood's location relative to larger-scale political and economic resources. These include issues such as spatial mismatch, in which certain neighborhoods (typically low-income communities and communities of color) have poor or nonexistent access to banks and capital to start a business, or to sustainable job opportunities. Many of these same neighborhoods may be located within political jurisdictions that offer inferior public services and facilities because of their limited tax base or other operational challenges. These, in turn, may adversely affect the personal development and educational opportunities of residents.



NEIGHBORHOODS SHAPE LIFE OPPORTUNITIES, HEALTH, AND WELL-BEING OF BMOC IN SEVERAL WAYS. GALSTER IDENTIFIES OVER A DOZEN POTENTIAL MECHANISMS THROUGH WHICH NEIGHBORHOOD CHARACTERISTICS SHAPE LIFE OPPORTUNITIES, HEALTH, AND WELL-BEING, ALL OF WHICH ARE PARTICULARLY RELEVANT FOR UNDERSTANDING THE RISKS FACED BY BMOC IN HIGH-POVERTY NEIGHBORHOODS.

Finally, institutional mechanisms include attitudes and actions of individuals not living in marginalized communities but which nonetheless control important institutional resources in the neighborhood and how outsiders perceive the neighborhood. These include forces such as stigmatization, whereby institutional or private sector actors form and maintain stereotypes about a community and its residents, which may influence patterns of investments and points of interface between neighborhood residents and vital markets. Food deserts, for example, are neighborhoods characterized by the low incomes of residents as well as a lack of vendors selling nutritious food options, such as fresh produce. These communities are often perceived as being unsuitable for investment by grocery stores. But in too many of these same communities, vendors selling unhealthy products—such as convenience stores, carryout stores, and fast-food chains dispensing high-fat, high-sodium, and high-sugar products—are often geographically highly concentrated. This market imbalance, augmented by things such as disproportionate alcohol and tobacco advertising and sales, increases health risks for BMOC and their families.<sup>5</sup>



### **BMOC Life Opportunities and Housing Choice**

Given these neighborhood-level risks associated with concentrated poverty, and the role of both public and private sector actors in creating and maintaining high levels of residential segregation, government agencies and researchers are increasingly exploring the potential of housing mobility strategies to assist families who seek to move to lower-poverty neighborhoods. These strategies may also be important to help low-income families to remain in neighborhoods that are benefiting from place-based investments and economic revitalization efforts. Too often, the residents of these neighborhoods are forced out as a result of rising housing costs, rendering them unable to receive the benefits of improved economic conditions in the community.

Among the most visible housing mobility experiments in the United States is the Moving to Opportunity (MTO) study conducted by the U.S. Department of Housing and Urban Development from the mid-1990s to 2010. MTO was a randomized control longitudinal study that sought to understand the consequences for low-income families of moving from high-poverty to low-poverty neighborhoods. Conducted in five major U.S. cities, MTO participant families were those who sought housing assistance (most commonly, "Section 8" housing vouchers, which provide portable rental assistance) from local housing authorities. Families were randomly assigned to an experimental or a control condition, and then monitored over the next 15 years to determine their health, educational, occupational, and other outcomes. Families in the experimental condition received vouchers, but also special assistance to find housing in low-poverty neighborhoods, and counseling to help integrate themselves in their new communities. Families in the control condition received vouchers but no special assistance; as a result, most remained in high-poverty neighborhoods.

Early results of the MTO study were inconclusive at best. While parents of families that moved to low-poverty neighborhoods reported lower levels of stress and better mental health, their children's outcomes were mixed. Adolescent girls tended to do better than boys; they were less likely to engage in risky behavior, particularly risky sexual behavior, and performed better in school.<sup>6</sup> More recent research, however, has found clear health benefits for families who moved to low-poverty neighborhoods; these families were less likely than those in the control condition to suffer from severe obesity or diabetes upon 15-year follow-up. Research by Chetty and colleagues indicates that young children benefited from moving to low-poverty neighborhoods more than older children and adolescents. Young children in lowpoverty neighborhoods had better educational and occupational outcomes than older children on follow-up, and were less likely to be involved with juvenile or criminal justice systems.<sup>7</sup>

The lack of attention among BMOC advocates to tackling the root problem of segregation may inadvertently reinforce the notion that residential segregation is acceptable if investments are made in segregated communities. Rather, meaningful, comprehensive community-based investments *and* housing mobility strategies must be employed simultaneously to truly ensure that residents of all communities have a fair opportunity to achieve good health and well-being. While comprehensive neighborhood health interventions remain a crucial long-term strategy, for young children experiencing negative health impacts associated with neighborhoods of concentrated poverty, programs to help their families move to low-poverty, high-opportunity neighborhoods may be the most direct and cost-effective path to improved health and life outcomes.

WHILE COMPREHENSIVE NEIGHBORHOOD HEALTH INTERVENTIONS REMAIN A CRUCIAL LONG-TERM STRATEGY, FOR YOUNG CHILDREN EXPERIENCING NEGATIVE HEALTH IMPACTS ASSOCIATED WITH NEIGHBORHOODS OF CONCENTRATED POVERTY, PROGRAMS TO HELP THEIR FAMILIES MOVE TO LOW-POVERTY, HIGH-OPPORTUNITY NEIGHBORHOODS MAY BE THE MOST DIRECT AND COST-EFFECTIVE PATH TO IMPROVED HEALTH AND LIFE OUTCOMES.

## Affirmatively Furthering Fair Housing

The U.S. Department of Housing and Urban Development's (HUD) Affirmatively Furthering Fair Housing (AFFH) planning process, unveiled in summer 2015, is a potential platform for BMOC advocates to promote both of these approaches: community investment and the expansion of access to high-opportunity communities. The final AFFH rule will require all 50 states, and thousands of jurisdictions and public-housing agencies that receive HUD funds, to go through a structured planning process every five years that explores the extent of racial and economic segregation in the community and region. Additionally, this planning process will examine, in detail, the disparities in access to opportunity in different neighborhoods. The process is intended to be accompanied by a robust community engagement process that includes stakeholders and advocates from a range of sectors, and will lead to the development of concrete goals and strategies in the jurisdiction's Consolidated Plan and Public Housing Agency Plan.<sup>8</sup>

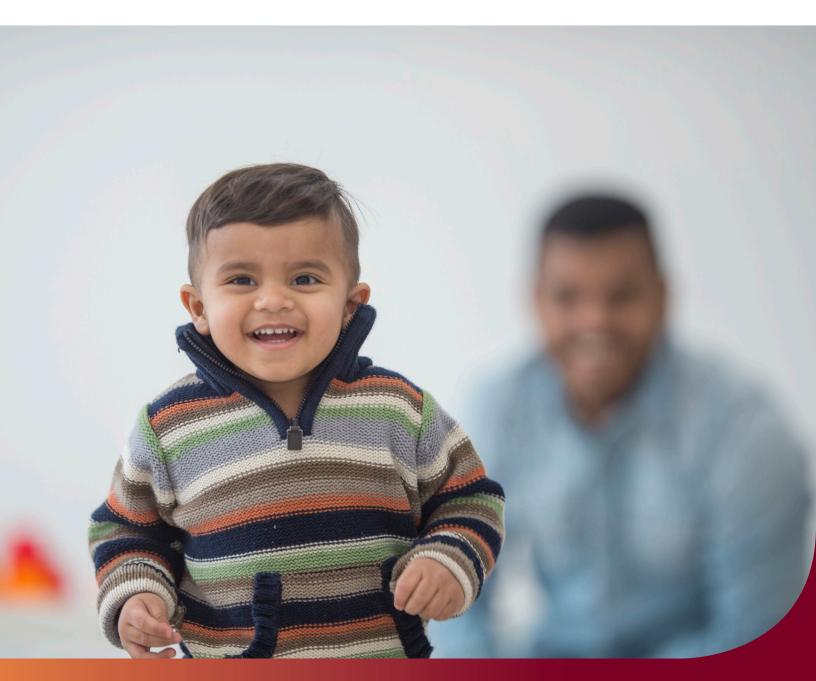
Public and environmental health perspectives are embedded in the new AFFH rule and its accompanying reporting forms, community engagement process, and guidebook. The new HUD rule embraces the legal principle that "fair housing" encompasses the community benefits and harms that are related to housing location and requires "government interagency coordination to address multiple needs including housing, schools, criminal justice, transit, access to health care, etc., to reduce disparities in access to opportunity in segregated areas."<sup>9</sup> In the area of environmental health, for example:

The geographic relationship of environmental health hazards to housing is an important component of fair housing choice. When environmental health hazards are concentrated in particular areas, neighborhood health and safety may be compromised and patterns of segregation entrenched. Relevant factors to consider include the type and number of hazards, the degree of concentration or dispersion, and health effects such as asthma, cancer clusters, obesity, etc. Additionally, industrial siting policies and incentives for the location of housing may be relevant to this factor.<sup>10</sup> AFFH assessments therefore offer opportunities to consider the impact of "place" on opportunity and well-being for historically marginalized communities.

The new Assessment of Fair Housing tool requires jurisdictions to describe "which racial/ethnic, national origin or family status groups have the least access to environmentally healthy neighborhoods" and to "discuss any overarching patterns of access to opportunity and exposure to adverse community factors based on race/ethnicity, national origin or familial status," including "location of environmental health hazards."<sup>11</sup> To assist in this analysis, HUD provides planners with maps and data in an environmental health index that measures exposure based on EPA estimates of air quality carcinogenic, respiratory, and neurological toxins by neighborhood. Participants in the planning process are also encouraged to include "other indicators of environmental health, based on local data and local knowledge. Environmental-related policies may include the siting of highways, industrial plants, or waste sites."<sup>12</sup>

#### AFFIRMATIVELY FURTHERING FAIR HOUSING

Perhaps most important for BMOC advocates, the new rule includes an enhanced community participation requirement. Program participants must consult with a wide variety of public and private agencies, specifically including those that provide health services. The community engagement process is intended to begin at least six months before the AFH submission is due. If BMOC advocates get involved at the beginning of this process, their voices and data are much more likely to be heard and included.<sup>13</sup> As the AFFH planning process plays out across the country over the next six to seven years, BMOC advocates should consider how the new mandate can help more low-income families of color access high-opportunity, healthy communities, and at the same time bring their expertise to the question of what specific investments and interventions can promote better outcomes in high-poverty neighborhoods for future generations of children.<sup>14</sup>



## Endnotes

- <sup>1</sup> B. D. Smedley, "The Lived Experience of Race and Its Health Consequences," *American Journal of Public Health* 102, no. 5 (May 2012): 933–35.
- <sup>2</sup> Dave Hendricks, Place Matters: Ensuring Opportunities for Good Health for All. A Summary of Place Matters' Community Health Equity Reports (Washington, DC: Joint Center for Political and Economic Studies, 2012), 20.
- <sup>3</sup> B. D. Smedley and P. Tegeler, "'Affirmatively Furthering Fair Housing': A Platform for Public Health Advocates," *American Journal of Public Health* 106, no. 6 (June 2016): 1013–14.
- <sup>4</sup> G. C. Galster, "The Mechanism(s) of Neighborhood Effects Theory, Evidence, and Policy Implications," paper for presentation at the ESRC Seminar "Neighbourhood Effects: Theory & Evidence" (Scotland, UK: St. Andrews University, 2010).
- <sup>5</sup> Ibid.
- <sup>6</sup> "A Summary Overview of Moving to Opportunity: A Random Assignment Housing Mobility Study in Five U.S. Cities, "National Bureau of Economic Research, accessed May 26, 2016, http://www.nber.org/mtopublic/MTO%20 Overview%20Summary.pdf.
- <sup>7</sup> R. Chetty, N. Hendren, and L. F. Katz, "The Effects of Exposure to Better Neighborhoods on Children: New Evidence from the Moving to Opportunity Experiment," accessed May 30, 2016, http://equality-of-opportunity.org/ images/mto\_paper.pdf.

- <sup>8</sup> "HUD Ruling on Affirmatively Furthering Fair Housing," U.S. Department of Housing and Urban Development, accessed December 23, 2015, https:// www.huduser.gov/portal/affht\_pt.html#final-rule.
- <sup>9</sup> Affirmatively Furthering Fair Housing Rule Guidebook, U.S. Department of Housing and Urban Development, accessed January 11, 2016, https://www. hudexchange.info/resources/documents/AFFH-Rule-Guidebook.pdf.

<sup>10</sup> Ibid.

<sup>11</sup> "Assessment of Fair Housing Tool," U.S. Department of Housing and Urban Development, accessed January 10, 2016, https://www.huduser.gov/portal/ sites/default/files/pdf/Assessment-of-Fair-Housing-Tool.pdf.

<sup>12</sup> Ibid.

- <sup>13</sup> For more information on the HUD AFFH process, go to www.hudexchange. info/programs/affh.
- <sup>14</sup> To see an "unofficial" schedule of AFH due dates over the next five years, go to www.prrac.org/pdf/Combined\_Due\_Dates.pdf.



RISE is a joint initiative co-led by Equal Measure and the University of Southern California Race and Equity Center.

#### **RISE for Boys and Men of Color**

www.risebmoc.org





FINDING PROMISE FUELING CHANGE