place matters





community engagement | criminal justice | economics | education | housing | land use + transportation

about Place Matters

Place Matters is a local partner of the national initiative of the Joint Center for Political and Economic Studies, Health Policy Institute (HPI). It is designed to improve the health of participating communities by addressing the social conditions that lead to poor health.

In Alameda County, Place Matters works collaboratively with multiple sectors to advance health equity through community-centered local policy focused on economics, education, housing, criminal justice, land use and transportation policy areas. The initiative is coordinated by the Alameda County Public Health Department in collaboration with the office of Alameda County Supervisor Keith Carson.

Place Matters frames key policy issues through the lens of health equity, and provides analysis to emerging policy areas where this perspective is overtly absent. Place Matters supports the good work already in progress at the community level, and avoids duplication of effort through robust and proactive community collaboration.

core values

Members of Place Matters are committed to addressing the remnants of structural and institutional "isms"—specifically the legacy of racism that is apparent in the lack of universal access to resources in particular parts of the county. Place Matters is committed to both process and outcome equity, as well as efficiency. While public policy has historically created and deepened inequity in our neighborhoods, public policies shaped by strong community engagement have the power to erase those inequities as well. This belief guides the work of Place Matters.

a history of collaboration and community engagement

Place Matters first convened in Alameda County in 2006, initiating its focus on the City of Oakland, the largest city in the county and the city with the highest concentration of health inequities countywide.

During its early years, the Place Matters team was charged with responding to critical local policy issues at the request of community partners. The team provided pivotal testimony to decision makers on many important issues, including air quality impacts on the health of truck drivers in the Port of Oakland, the inclusion of affordable housing in transit-oriented development, equitable transportation funding, and a city ordinance to mitigate blight related to foreclosure.

For more information about Place Matters, contact Alexandra Desautels at (510) 208-1235 or Alexandra.Desautels@acgov.org or visit www.acphd.org/healthequity/placematters

The Language of Community Health

Health Inequity

Differences in health, including access to health care, that are systemic and avoidable and, therefore, considered unfair or unjust.

Health Equity

Health equity is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

Health Disparities

Differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.

Social Determinants of Health

Those inter-related social and economic factors that influence health. Social determinants of health include, but are not limited to: socioeconomic status, discrimination, housing, physical environment, food security, child development, culture, social support, healthcare services, transportation, working conditions, and democratic participation.

Social Justice

A process, not an outcome, which seeks fair redistribution of resources, opportunities, and responsibilities. Social justice challenges the roots of oppression and injustice, including marginalization based on race, class, gender, and other social classifications, and empowers all people to exercise self-determination and realize their full potential through collaborative action.

Today, Place Matters actively partners with local organizations and community leaders to identify current issues and policy interventions, studies the links between these various policy issues and health, and continues to respond to community requests for policy analysis.

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place-based policy for communities

Place Matters seeks to secure active and meaningful community engagement in local policymaking. The team is developing a Place Matters Local Policy Agenda that will ensure the collaborative focus on those policy issues that will most effectively reduce health inequities in communities like Oakland.

To ensure the Local Policy Agenda reflects the self-identified priorities of the community, Place Matters will continue to partner with the community to advocate for the implementation of these critical policy recommendations.

policy areas

The Place Matters Local Policy Agenda will reflect five critical policy areas that can positively inform the health outcomes of every resident in Alameda County. Here are examples of the potential impact on health:

Economics | Economic status is arguably the strongest determinant of health. Poverty limits access to important health-enabling resources, including good nutrition, high-quality medical care and stable health insurance. Adults from low-income households in Alameda County are over 8 times as likely to report being in poor health than those from higher income households.

Education | Even independent from income, education has been strongly linked to improved health outcomes. Alameda County residents who live in neighborhoods with less than 70% high school graduation rate live on average 7 years fewer than residents in neighborhoods with at least a 90% high school graduation rate.

Criminal Justice | In Oakland, areas of high arrests, crime, and probationer and parolee populations are distributed unevenly. Fear of crime in one's community can increase stress, promote social isolation, prevent health-promoting behaviors such as walking for exercise, and prevent access to services. Incarceration negatively impacts families and communities through loss of social bonds and economic support.

Housing | Oakland residents pay more in housing costs compared to other Alameda County residents. Low income people of color are most likely to live in unaffordable housing conditions, including overcrowding. Overcrowded housing is linked to the spread of tuberculosis, respiratory infections, poorer self-rated health status, and increased stress, which has negative physiological and mental health impacts.

Why does place matter?

On average, an African American child living in a low-income Oakland neighborhood will die 15 years before a white child living in the city's more affluent areas.

This unjust difference in community life expectancy reflects a persistent crisis deeply rooted in systemic barriers that curb access to the things that every person, family and community need to be healthy: good jobs, good schools, clean and safe places to play and walk, quality housing, and a criminal justice system that is fair and equitable.

However, the choice to live in neighborhoods where families have access to these fundamental resources is not one that is freely exercised for many residents of Alameda County. Today, many neighborhoods continue to reflect a historical legacy of discrimination and segregation, as well as present-day policies and practices that diminish opportunities and increase risks in these communities.

In Alameda County, a pattern of poor health outcomes continue to emerge: health, disease, and death are not randomly distributed, but rather concentrated among low-income communities and people of color. Place Matters recognizes that these differences are unfair and unjust, and seeks to improve opportunities for equitable access to resources and opportunities that produce good health.

Land use and Transportation | In Alameda County, about 1 in 4 African American households do not own a vehicle. According to a 2002 study, only 28% of the county's "disadvantaged neighborhoods" (this is the term used and defined by the study) had transit access to a hospital and less than half of the same residents have access to a supermarket within a half mile walk of their homes. Low-income parents identify transportation difficulties, such as high costs and inaccessibility, as a significant barrier to obtaining routine medical care for themselves and their children.