LANDSCAPE ANALYSIS REPORT

Leaders in Equity to Advance Prevention in the Centinela Valley

June 2017
Introduction

In January 2016, with generous support from the California Community Foundation through its Centinela Valley Medical and Community Fund (hereafter referred to as the Fund), Prevention Institute (PI) initiated the Leaders in Equity to Advance Prevention in the Centinela Valley (LEAP-CV) project. Consistent with the Fund’s expanded guidelines, the goal of the LEAP-CV project is to engage leaders working in the Centinela Valley to identify and prioritize strategic actions to address community determinants of health. Community determinants of health influence and shape opportunities to lead healthy lives and encompass a range of factors, including but not limited to: access to affordable housing, safe places to be physically active, equitable educational and employment opportunities, and availability of healthy food retail options. The broader healthcare field increasingly recognizes the strong evidence that community environments and underlying determinants of health play an important role in shaping health and safety outcomes for patients, which provides an important impetus for expanding the Fund’s investments to address the fundamental conditions that drive health outcomes, healthcare demand and costs. Despite proposed threats to the Patient Protection and Affordable Care Act that stand to roll back significant recent gains in health care coverage since adoption of the Affordable Care Act, effectively integrating community prevention into health services delivery remains a critical and strategic imperative.

This report highlights findings from the research phase of the LEAP-CV project, and comprises a landscape analysis conducted through key informant interviews of Centinela Valley organizational, community and healthcare leaders, as well as a brief review of the literature. Our starting point for the landscape analysis was informed by the following key data points:

- The California Community Foundation, as a whole and more specifically through the Centinela Valley Medical Fund, has made considerable monetary and strategic investments in and around the Centinela Valley;
- The changing national landscape for healthcare policy and funding is influencing residents, large public systems, and healthcare providers in the Centinela Valley; and
- Health is shaped by much more than access to quality, affordable healthcare. Therefore, a keen understanding of the structural drivers of health, injury, and disease is critical to devising an effective health strategy.

Organizational Background

Prevention Institute (PI) is a national non-profit organization, founded in 1997. Prevention Institute’s California offices are located in Leimert Park in Los Angeles, and Oakland, the site of its national headquarters. PI also has offices in Houston, Texas and Washington, D.C. Prevention Institute brings cutting-edge research, practice, and analysis to today's pressing health and safety concerns. Determined to achieve health and safety for all, to improve community environments equitably, and to serve as a focal point for primary prevention practice, Prevention Institute asks what can be done in the first place, before people get sick or injured. We build momentum for effective policies, organizational practices, and collaborative efforts by synthesizing research and practice; developing prevention tools and frameworks; designing and guiding interdisciplinary partnerships; and conducting training and strategic consultation with government, foundations, and community-based organizations. Our work recognizes that healthcare has a powerful role to play in shaping the health and
wellbeing of communities, and that effectively integrating community prevention into health services delivery is critical to overall efforts to expand coverage, improve quality, and reduce costs.

Community Overview

The Centinela Valley has a rich identity shaped by the traditions and contributions of many cultural groups. The Centinela Valley has transitioned from a predominately African-American population to a majority Latino community. While Latino business owners and community organizations are emerging, the region remains deeply reliant on and indebted to African-American leaders, especially in the realms of politics, healthcare, cultural arts and faith-based institutions. The region’s well-recognized legacy of exceptional organizing and advocacy initiatives is being enhanced by innovative black-brown coalitions and community-building initiatives.

As shown in the map to the right, the Centinela Valley encompasses South and Southeast Los Angeles communities, adjacent unincorporated communities such as Lennox and Watts, and the cities of El Segundo, Inglewood, Hawthorne, Lawndale, and Compton. Despite its vibrant heritage and community assets, Centinela Valley residents suffer significant health inequities compared to other geographic areas of the County. For example, compared to other areas of the Los Angeles region, the Centinela Valley has lower rates of high school graduation, quality and affordable housing, and sit-down restaurants serving fresh food. In South LA, 21% of food facilities are rated a C or below, as compared to 5% or less in other parts of LA County.¹ There are 1.56 liquor stores per square mile in LA County but in South LA, there are 8.5 per square mile.¹ Compared to the rest of the County, Centinela Valley has fewer parks and other safe places to play; higher levels of graffiti, vandalism and poorly maintained streets; and fair or poor resident health with inadequate social and emotional support.²

These facts highlight the connection between community conditions and the disproportionately high rates of illness and injury that persist across the Centinela Valley. A large body of evidence demonstrates that the leading causes of death—heart disease, cancer, diabetes, stroke, injury and violence—occur with greater frequency, severity, and earlier onset in low-income communities of color. This holds true in Los Angeles County’s Centinela Valley. Appendix A provides a table summarizing health outcome and determinants of health data for the Centinela Valley compiled from a number of authoritative sources. This data reinforces the determinants of health premise that people’s health status is determined not only by individual choices but also largely by the social, physical, and economic environments in which they live, work, and play.

---

While these conditions are challenging, the community assets identified above, and further reflected by the findings from the landscape analysis described in greater detail below, are formidable and underscore the opportunities to build strong, multisector partnerships in the Centinela Valley. These collaborative approaches work to advance comprehensive prevention strategies and innovative policies and practices to promote healthier, safer, and more equitable communities. Such efforts can leverage and maximize past investments by the Fund in healthcare institutions and practitioners, and they can also reduce the burden on the healthcare clinics, institutions, and providers in the Centinela Valley. With the fate of the Affordable Care Act uncertain, a strategic approach to investing in the Centinela Valley is vitally important. A strategic approach that builds on past investments but also takes into account the fundamental importance of addressing community-level determinants of health can uplift and strengthen organizations and residents of the Centinela Valley.

**Project Overview**

The overarching goal of the LEAP-CV project is to increase readiness within the Centinela Valley for multisector collaboration to address actionable, community-level determinants of health and advance a more unified approach to influencing policies and practices that will accelerate health equity. Our project objectives included:

1. Conducting a landscape analysis of the Centinela Valley to identify health issues of concern to local leaders, and potential solutions and opportunities for multisector collaboration to address community determinants of health.

2. Developing a community determinants of health strategic planning process for Centinela Valley leaders based upon THRIVE, PI’s nationally recognized Tool for Health and Resilience in Vulnerable Environments.

3. Facilitating a strategy session with Centinela Valley leaders, which incorporated a review of the landscape analysis findings and recommendations as the starting point for an in-depth exploration of strategic and movement-building opportunities to advance multisector collaborative action on community determinants of health in the Centinela Valley.

**Key Informant Interviews**

Through a series of structured interviews, PI tapped the wisdom and experience of key leaders to better understand the significant challenges and opportunities facing Centinela Valley residents, families, businesses, healthcare and educational institutions, and non-profit organizations.

**Methodology.** The first step of the key informant interview selection process was to identify potential interviewees. PI staff leaders and five outside experts helped secure initial names. Ultimately, 89 leaders were identified, representing a wide range of community, healthcare, and other institutions serving the Centinela Valley who are deeply familiar with determinants of health, healthcare and related factors at the root of health inequities. Project staff narrowed the universe of potential key informants while ensuring it reflected the strength and diversity of leadership in the region in terms of sectors, topical expertise, personal background, and lived experience. Over a 13-week period, project staff conducted 23 semi-structured interviews with highly credible, authentic leaders who are recognized for their career accomplishments and track records of civic involvement and community transformation in the Centinela Valley. Appendix B provides a matrix summarizing interviewees’ backgrounds.

Drawing upon our tools and expertise in this core area of PI practice, project staff developed and tested a comprehensive interview guide (found in Appendix C) focused on gleaning knowledge from key informants.
about: factors that are essential to achieving health equity in South LA; roles of specific organizations and sectors in promoting health and equity; perspectives on community readiness to address community determinants of health and safety, priority policies, systems and environmental changes; and other learnings that key informants thought would benefit the project. Interviews were conducted by one senior-level staff member, along with at least one additional professional staff member responsible for taking detailed notes.

Upon completion of the interviews, the LEAP-CV team conducted a comprehensive, multi-step analysis of the results to identify and compile recurring themes the key informants identified in terms of issues, assets, challenges, and solutions. These themes were then clustered, ranked and articulated into seven major strategic domains that served as the core content of the health equity strategy session.

**Health Equity Strategy Session**

Prevention Institute convened a strategy session on February 22, 2017 with 16 of the 23 Centinela Valley leaders who were interviewed. Prevention Institute staff presented the findings of the LEAP CV landscape analysis and facilitated robust dialogue and small group discussions to gather feedback and input from these individuals. The discussion also allowed for an exploration of the current (and anticipated) shifts in the national political climate and their influence on the research findings as well as the priorities of Centinela Valley residents and institutions.

Overall, the group affirmed that the seven strategic domains and associated recommendations that were presented effectively capture the collective input of the group and reflect the most critical determinants of health facing residents in the Centinela Valley. Discussions on each strategic domain elicited rich conversation.

Because the key informant interviews and data analysis were undertaken prior to the 2016 Presidential election, it was essential to explore the impact of the new administration and its policies on the Centinela Valley, the work of their institutions and the content of our final report. While there was a strong sense that the changes that are unfolding in real time do not alter the fundamental determinants of health and health care in South LA – including issues such as housing, community violence, and quality schools – there was also consensus about the importance of tying action on these determinants to efforts to protect immigration rights. In addition, group members conveyed an urgency to address school-based funding, policy and partnerships. Human trafficking was also raised as having potentially even greater significance in the current social / political climate.

Some of the emergent “tensions” resulting from the new administration’s posture and policies centered around: 1) Building long-term community capacity for civic engagement and leadership while fighting against imminent threats; and 2) balancing the need for specific policy focus with creating time and space for integrated strategy and a multi-sector voice. These tensions were seen as ‘normal’ considering the exceptional nature of this moment in time, but not seen either as insurmountable or even truly dichotomous, as described below:

**Tension #1: Building long-term community capacity for civic engagement and leadership while fighting imminent threats.**

After some discussion, group members articulated a need for strategic, well-supported campaigns to hold the line on key issues like women’s reproductive rights, the Affordable Care Act and threats of mass deportations. Concomitantly, there was strong endorsement of the need for long-term, organizational and resident-based community leadership, not so much on an issue by issue basis, but in service to building powerful and activated organizational alliances and bases of civically engaged community residents, empowered and self-directed toward issues reflective of their own health improvement.
Tension #2: Balancing the need for specific policy focus with the need for creating time and space for an integrated strategy and a multi-sector voice.

As an example of this tension, one philanthropic leader said: “Our organization is not in a position to ‘drop everything’ and become the expert or the lead in fighting mass deportation, but we know that this Administration’s immigration policies are devastating for the families we work with to improve health outcomes. We want to be part of the formations and strategies that are emerging to help us determine the best roles to play given the context of our overall work while supporting the safety of our immigrant families.” Another example of this was when a health care leader said, “I don’t think we’re going to be spending much time on the innovative things we want to do in the community right now. This Administration’s response to the Affordable Care Act is causing so much chaos.” As groups hunker down for the good fight(s), the leaders also noted the risk of distraction and exhaustion in attempting to address community health one issue at a time. There was a clear affirmation of the need for and importance of multi-issue, multi-sector strategies to build power, strategy and knowledge across issues, across fights and across organizations.

Key Findings: Seven Major Strategic Domains

This section provides detailed information about each of the seven major strategic domains, demonstrating how they are interconnected in the lives of people living and working in the Centinela Valley. The findings for each domain demonstrate tremendous opportunity to make timely, impactful and strategic investments to improve health and safety through a focus on the structural and community-level factors that influence wellbeing in the Centinela Valley. Please note that the input provided by the key informant interviewees at the Strategy Session has been incorporated into this Final Report.

1. Healthy Development without Displacement. A comprehensive framework to address housing quality, affordability, and related issues of displacement for residents and businesses, including hospitals and clinics, should be designed to foster coordinated, multisector action. A comprehensive healthy development strategy should ensure that new housing and other developments will yield important health benefits to current residents as well as offer protections for health-focused organizations in the Centinela Valley. Deeper investments in research and analysis as well as broad coalition building for healthy development without displacement, inclusive of healthcare partners, would represent a value added dimension to current funder activity and advocacy efforts. With the recent passage of the City of Los Angeles’ Measure HHH, and the County’s Measure H, it is critical that groups working across sectors are coordinated in how these dollars can and should be invested in the Centinela Valley, with a focus on upstream approaches that go beyond supportive services to homeless individuals.

Not a single interview went by without mention of the impacts of gentrification and displacement on residents of the Centinela Valley. People spoke of its impact on businesses, clinics, hospitals—both in terms of loss and shift of clients as well as untenable rental prices. Organizing and base-building groups said that displacement is causing them to lose their base to other regions—this was called a form of “social gentrification” by another interviewee. People mentioned the impacts of gentrification and displacement on renters, and as noted in the quote above, the differential impact market pressures put on homeowners. One interviewee noted that: “The homeowner sector is the most empowered, entitled and most demanding of government. They are a very healthy part of sustaining our community and maintaining democracy.” At the heart of this issue in the Centinela Valley, interviewees talked about “a cascading effect of displacement on residents of non-gentrifying parts of South Los Angeles.” And, others noted that lack of affordability laid bare other major housing injustices such as housing habitability, homelessness, and overcrowding. One interviewee mentioned ‘resiliency moves’ when she said that “families are doubling and tripling up to avoid living in the street.” Another stated plainly: “80% of all housing in South LA is substandard, and it’s having a terrible effect on children’s health.” As part of developing a
A comprehensive strategy to address housing quality, affordability and related issues of displacement, some key strategies include the following:

- Convene multisector organizations—including health, healthcare, social justice, community organizing, parks and open space development, housing, transportation, law enforcement, housing authority, local business, economic development, etc.— that can support both regional and more localized agendas that would elevate multi-faceted strategies and priorities for addressing the breadth of issues related to gentrification, displacement and quality housing and economic development for all. Elevate the health impacts of displacement as well as engagement of the health / healthcare sector. We would suggest that the notion of “healthy development without displacement” could represent an appropriate starting place for framing the aspiration of this work.

- Support organizations working to address gentrification and displacement in innovative and collaborative ways, including their organizing efforts; support and document innovations in building homeowner-renter alliances to accomplish win-win solutions.

- Fund organizations working to improve the built environment (e.g. parks and open space, active transportation) to embed protections for renters in their efforts.

“*We can make it dignified for people to have access to their own businesses in an environment where rents are not whimsical. I’d like a displacement-free zone. Take land out of the speculative market; create a square block with store fronts and create retail spaces with assistance.*”

- Key Informant Interviewee

“*In regards to gentrification, homeowners say: ‘bring it on’ because gentrification is all about property values. But we’re trying to work with ‘yes/and’ to make it a win for our renters, too.*”

- Key Informant Interviewee

“*There’s a tension between the fear of development pushing people out and bettering our communities.*”

- Key Informant Interviewee

“*A coalition of local businesses and residents are pushing the City on affordable housing and rent control policies. We need to show the importance of building a ‘home team advantage’ approach for the people that are there now.*”

- Key Informant, health equity strategy session

Despite funder and advocacy engagement on issues such as gentrification, affordable housing and development without displacement, it is crucial to note that focused analysis, investment, and collaboration in the Centinela Valley framed around healthy development (inclusive of health care partners) would represent a unique and added value dimension to broader efforts underway. The homeownership and rental profile and history in the Centinela Valley is distinct and both residents and businesses in the Centinela Valley are experiencing the pressures resulting from expanded downtown development in profound ways. Health care institutions and their patients are impacted by the ecosystem that is placing pressure on the real estate market. The Centinela Valley can provide models and lessons for broader Countywide and statewide efforts, coupled with compelling evidence of local work underway that can be strengthened and expanded.

One interviewee suggested that one critical strategy is to “fund community-based organization (CBO) leaders who see the interconnectedness, the value of investing in people, [of] open thinkers with shared values sitting around a table to build trust, collaboration and a regional policy to address displacement.” While previous efforts have sought to address the politics and policies leading to displacement, one under-tapped strategy may
be the inclusion and infusion of health and healthcare perspectives in developing a broad-based platform for addressing housing quality, accessibility, and affordability, along with a companion strategy for economic development with residents of the Centinela Valley. With the recent passage of the City of Los Angeles’ Measure HHH, and the County’s Measure H, it is critical that groups working across sectors are coordinated in how these dollars can and should be invested in the Centinela Valley, with a focus on upstream approaches that go beyond supportive services to homeless individuals to address underlying issues of affordability, availability, and quality.

United Neighbors in Defense Against Displacement: South Central LA has experienced a drain on the local wealth and power of residents, which has been exacerbated by gentrification over the past 20 years. Major public and private dollars for development — like the construction of the luxury Lorenzo Housing Development and the University of Southern California’s (USC) campus expansion plan — originally prioritized expansion for wealthier residents with less emphasis on immigrant and working-class families that have been deeply rooted in the community for years. In response, the UNIDAD (United Neighbors in Defense Against Displacement) coalition and other advocacy groups fought to restore the balance of power in these communities. This occurred through community-engaged planning, developing relationships with City Council, and by conducting policy research that demonstrated that development without displacement was both possible and imperative to community health. This two year endeavor ultimately led to a joint “win” for the University, residents, and the City alike. The USC Master Plan now includes over $20 million for affordable housing and a commitment to hiring at least 30 percent of local residents. Likewise, the Lorenzo housing project includes significant affordable housing allotments through the Community Benefits Fund and space for a health center. UNIDAD continues to advocate for local policies and practices that support healthy development to prevent displacement in South LA. (Information sourced from www.unidad-la.org)

2. Healthy Communities and the Built Environment. Public investments in health-and safety-promoting infrastructure and the built environment—including active transportation, healthy food retail and parks and open space—offer a critical opportunity to improve the physical conditions that play a significant role in shaping health, defining quality of life and wellbeing, and reinforcing community values such as inclusion, respect, belonging and security. The recent enactment of Countywide funding measures for parks, transportation and homelessness creates a singular opportunity to allocate these resources to advance health equity.

Virtually every person we spoke to referenced the built environment—that is, the physical conditions and resources, neighborhood spaces, and local institutions that were (or were not) available to residents in the Centinela Valley, and its impact on health, health behaviors, safety and, notably, on people’s sense of hope. The analysis of findings left the interview team asking: How can we expect a shift in how people experience their community (or achieve health) when the built environment reflects degradation and disinvestment? Perhaps not surprisingly, the full gamut of built environment issues were raised repeatedly: healthy food access, park and open space access, air quality, transportation (specifically walkability and affordable public transit), oil drilling, toxic land uses, and overconcentration of nuisance land uses (e.g., liquor stores, polluters, etc.). Less frequently mentioned were school siting, design and accessibility, the potential for the revitalization of the lower Los Angeles River and the presence of assets like the campuses of Southwest Community College, King/Drew University and healthcare institutions like St. Francis Medical Center and Martin Luther King Jr. Hospital. On the positive side, there were many examples of effective efforts aimed at improving the built environment in the Centinela Valley from transformation of vacant lots to community gardens, corner store / liquor store conversions (to healthy food retailers), creation of parks and playgrounds, tree distribution and planting, and community organizing to address nuisance land uses including pollution, oil drilling and liquor stores. Some specific strategies that are emerging or have been proven and were mentioned include the following:
• Build advocacy capacity within the healthcare arena (e.g., clinics, hospitals, professional associations, etc.) for policies and projects that will lead to built environment improvements in the Centinela Valley including parks, healthy food, and clean water, among others.

• Invest in resident, youth and organizational capacity building focused on public finance, related allocation processes and project development to strategically expand the movement for healthy built environment infrastructure in the Centinela Valley.

• Replicate and scale up effective and systemic work to bring healthy food options to Centinela Valley.

• Fund advocacy groups with demonstrated track records in effective community organizing to engage affected Centinela Valley residents in municipal land use and planning processes related to the built environment and community determinants of health.

• Build organizational capacity for resource allocations, development, maintenance and programming of parks, playgrounds and open spaces so that parks and open space serve as quality venues to promote health and wellbeing in the Centinela Valley.

• Support organizing and advocacy efforts to eliminate the major sources of pollution (air, water and soil) and oil drilling next to homes and other sensitive uses in the Centinela Valley and elevate these issues on the public agenda.

• Ensure that current and future efforts to improve the built environment are joined with protections that benefit current and longtime residents, rather than making them vulnerable to displacement. (See above, on Healthy Development without Displacement).

“Now they call it ‘built environment’. There was no word for it when we were doing it. We called it getting justice. Do you have a grocery store, park and trees to clear your air?”

-Key Informant Interviewee

“Addressing the built environment as a way to improve community health is a smart approach because it allows everyday residents to weigh in and have a voice on the types of businesses that should exist in our community and how they should operate.”

-Key Informant Interviewee

Given the breadth of the Centinela Valley (it’s the size of some states) and the powerful impact of the built environment on health and health behavior, interviewees clearly conveyed that issues of scale are critical. They recognized that beyond beneficial work to improve single parcels, the City, the County and philanthropy need to invest resources, time, and energy into addressing “those parts of the County suffering most from chronic disinvestment and poor health outcomes.” For those interviewees familiar with the relationship between planning and land use management, it was clear that in addition to improving the built environment on a project-by-project basis, the Centinela Valley would benefit greatly from a parallel strategy that improves the culture of land use planning, adheres to and updates City / County general and community plans, and engages the public to achieve improvements in the built environment at the scale that is commensurate with the size and scale of the Centinela Valley.
With the recent passage of the Countywide parks measure, Measure A, the transportation measure, Measure M, and the homelessness measures H and HHH, there is interest from County Department of Parks and Recreation, Metro, and the Board of Supervisors to implement and “program” dollars in ways that advance health and social equity. Within the Centinela Valley, an intentional effort is needed to invest in the capacity of organizations, youth and leaders to advocate for funds and projects from those measures that will improve health. Implementation strategies for the measures need to take into account the current day capacity of organizations and local government staff to apply for and secure resources. Technical assistance, resource set asides, and funding application criteria are all things that can be established in ways that intentionally create benefit in the Centinela Valley. A well-informed, coordinated and mobilized base of residents tied in with organizations, including health care organizations, can influence these processes and increase the likelihood that these bond measures will rectify some of the longstanding inequities in infrastructure investments that have harmed the health of Centinela Valley families and build the capacity of smaller, low-income jurisdictions that are at a disadvantage when it comes to competitive grant applications for public resources.

**LA Neighborhood Land Trust:** Through leadership development, the Los Angeles Neighborhood Land Trust engages low-income residents in designing, programming and maintaining green and recreational spaces - empowering residents to transform their communities through advocacy and civic engagement. Over the past 15 years, the LA Neighborhood Land Trust has played a significant role in creating and renovating 25 parks and gardens, twelve of which are managed by the LA Neighborhood Land Trust and local community stewardship teams. In addition to these green spaces, the LA Neighborhood Land Trust leads the Parks for All campaign which recently overhauled the City of Los Angeles' largest source of park acquisition and improvement funding. The reforms, highlighted in the Land Trust's policy brief "Creating New Urban Park Space in Los Angeles: An Analysis of the Current Quimby Ordinance and Recommended Improvements" outlines experiences of low-income communities of color in the City of Los Angeles accessing high quality parks and the disparity of resources available across the City. *(Information sourced from www.lanlt.org)*

### 3. Violence as a Public Health Issue.

Zip codes within the Centinela Valley such as those in Lawndale, Hawthorne, Lennox, Inglewood as well as unincorporated areas of LA County experience some of the region’s highest rates of homicides.³ This has implications for how to most effectively prevent violence, a significant preventable public health issue—requiring a multi-city, multi-jurisdictional approach that goes beyond law enforcement. The landscape for violence prevention efforts in the Centinela Valley is characterized by a number of effective initiatives and programs, and visible and committed leadership. Still, there is a greater need for investment to catalyze further coordination to develop and implement solutions that match the size of the problem and create saturation across sectors (e.g. education, public health, law enforcement, health care, land use planning) that recognized that violence is preventable, using proven public health methodology. Centinela Fund dollars, which primarily go to hospitals and clinics, should serve as a catalyst to go beyond “trauma informed care” toward development of a shared framework for creating resilient communities where preventing violence and trauma at a community-level become the default. More specifically, in relationship to the current national political climate, there is a specific opportunity to be focused on violence prevention as it relates to the Latino and Muslim communities, and this presents an opportunity to expand the “big tent” for violence prevention initiatives.

---
It was striking, though not surprising, that most key informant interviewees mentioned violence as a key health issue in the Centinela Valley, whether they spoke of interpersonal, domestic, family, school-based, neighborhood / community, gun-related or gang violence. While there was near unanimity in the importance of addressing and preventing violence since, as one interviewee said, it is “unacceptably high,” there was variation in the types of solutions mentioned. Healthcare providers in clinic and hospital settings typically see the aftermath of violence, and one interviewee said: “In the neighborhoods we serve, there are issues and challenges and those escalated when the MLK hospital closed. We started seeing visually what was happening in the community. Stabbing and gunshot victims would come to the clinics...Clinics are trying to make their place a safe zone with gang members and have to deal with [safety] individually because of the gang activities in the neighborhoods we serve. We spend a lot of money on security. I don’t know if clinics are doing anything about it collectively.”

Those outside of the traditional healthcare setting noted that “crime and violence is associated with specific types of problematic land uses like liquor stores” as well as “lack of a coordinated approach across organizations.” Another said simply “access to arms is obscene.” Community violence in and around schools in the Centinela Valley impact students’ ability to learn, and exposure to traumatizing experiences can adversely influence the mental, physical, and social wellbeing of young people. Numerous strategies were identified by interviewees, including those that focused on creating quality jobs, stimulating hope, improving conditions in schools, and strengthening resident leadership. Among specific strategies identified to prevent violence, some of those elevated include:

- Invest in a comprehensive Centinela Valley regional violence prevention initiative that builds upon public health best practices and goes beyond “trauma informed care” through the development of a shared framework for creating resilient communities where preventing violence and trauma is the default.
- Convene healthcare players and Fund grantees in a strategic dialogue about the role of hospitals, clinics and medical professionals in developing and implementing a public health approach (prevention-oriented, population-based, multi-sector, comprehensive strategy) to violence in the Centinela Valley.
- Leverage boys and men of color initiatives within the California Community Foundation (e.g. BLOOM) to involve healthcare professionals in policy change to improve conditions for men and boys, and address community-level trauma and healing.
- Foster opportunities to do advocacy work to address and prevent violence, on a regional basis; influence trauma, mental health and diversion resources in the County upstream.
- Invest in parks, recreation and open space, safe access to these resources, and community-based violence prevention / mental health programming at these venues.
- Engage school districts, like Centinela Valley Unified School District, in violence prevention through positive school climate and leveraging local control funding formula dollars.
- Strengthen organizational and resident / youth capacity to work on curtailing access to firearms.
- Support and deploy community health workers / promotores in the prevention of all forms of violence in the Centinela Valley.
- Connect gang intervention programs with broader efforts to intentionally address root causes of violence; employ and scale cutting-edge restorative justice techniques and combine / coordinate those with broader violence prevention efforts.

“The real antidote to community violence is building community.”

- Key Informant Interviewee
One interviewee, who doesn’t work directly on violence prevention, said: “Violence prevention strategies are mushy.” This perception needs to change in order to broaden the range of stakeholders engaged in manifesting a comprehensive approach to addressing violence across the Centinela Valley. Another interviewee cautioned that there is a need to “decrease crime and violence without criminalizing the community.” Finally, it was noted that while there are some important ongoing collaborative efforts to prevent violence, there is much more that needs to be done to support organizations and public institutions in coming together across the Centinela Valley, across multiple forms of violence and across the range of actions—from intervention to prevention—to mount a comprehensive approach to achieve lasting impact at scale. Given the broad range of stakeholders who identified the importance of preventing violence, its direct impact on their work and constituents, as well as some extraordinarily skilled organizational leaders working directly on violence, there appears to be a significant opportunity to make improvements in this strategic domain.

### Making Connections – Los Angeles

Funded by the Movember Foundation, Community Intelligence is leading the Los Angeles Making Connections Project site in a collaborative effort to address the impact of trauma and violence, especially gang culture and gang violence, on mental health and well-being among men and boys of color in South Los Angeles County, California. The project focuses on South Los Angeles, surrounding communities including unincorporated areas of LA County and the Centinela Valley. For almost two years, as the Los Angeles Making Connections Project lead organization, Community Intelligence has convened a broad array of stakeholders (e.g. schools/school districts, youth, probation, mental health/trauma prevention, youth services, diversion, local elected officials, faith-based leaders, health care professionals, My Brother’s Keepers initiatives, public health/mental health professionals, social enterprises and non-profit organizations) to: (1) build collective knowledge and capacity; (2) identify priority concerns and solutions and (3) prioritize areas for comprehensive actions, including school and community-based programmatic, policy, systems and environmental changes. As they forge ahead, the Los Angeles Making Connections Project partners will move into advocacy and implementation, supported by ongoing convening and continuous planning designed to maintain momentum and strengthen coordination across organizations working to address violence and trauma as public health priorities. *(Information sourced from www.communityintelligence.org)*

### 4. Health, Workforce and Economic Opportunity

Diverse organizations have a stake in addressing and improving economic conditions, including creating jobs, employment and workforce opportunities in the Centinela Valley. A broad-based approach to health careers can be a focal point for bringing job opportunities and pipelines to scale in the region.

“A large swath of the Centinela Valley—from Lawndale to the south end of South LA, the majority of unincorporated areas of the county—is a non-profit desert. When you talk about doing something there, the players, particularly base-building players—are rare.”

   -A Project Advisor

“We want to be part of the formations and strategies that are emerging to help us determine the best roles to play given the context of our overall work while supporting the safety of our immigrant families.”

   -Key Informant Interviewee

“Be willing to fund advocacy-oriented work and advocacy capacity building and infrastructure development within the FQ’s (federally qualified health centers) and other clinics.”

   -Key Informant Interviewee
Over and over, we heard that the Centinela Valley’s greatest asset is its people. One interviewee spoke of the immense human capital and talent she saw in the Centinela Valley. People told us of the tremendous opportunity to strengthen the local economic climate, not only in terms of traditional job opportunities, but also in terms of creating opportunities for local ownership, and support for social enterprise and small businesses, particularly those most closely tied to the history and culture of the people of the Centinela Valley. It is notable that as we asked about health issues impacting residents of the Centinela Valley, hardly an interview went by where issues of jobs and employment did not come up, signaling how critical the issue is and how strongly people see the link between jobs, workforce, local economy and health outcomes. We heard about many different types of job opportunities from career construction programs (related to the stadium in Inglewood and Metro) to small business incubators and jobs in the green / sustainability sector. We heard about opportunities in virtually every sector to promote jobs in the Centinela Valley, but because of our sense of particular relevance to the California Community Foundation and the Centinela Valley Medical Fund, we have chosen to highlight the following opportunities that pertain most closely to the health sector (including public health, community health, mental health and healthcare services) as a key driver of jobs and local employment in the Centinela Valley:

- Build individual and organizational capacity to address key health inequities through direct local action or base-building strategies on community determinants of health issues; see St. John’s Well Child Clinic’s Right to Health Committees as a model.
- Scale up programs that create career pathways for young people in medical and allied health careers, including EMTs (emergency medical technicians), community health workers / promotores, and school-based wellness center staff, with a focus on young males of color and bi-lingual Afro-Latino males, among others.
- Work with organizations that utilize the community health workers / promotores model to build their capacity to identify, articulate and represent community health equity concerns and engage with systems leaders to develop solutions; see Esperanza Community Housing Corporation Promotoras de Salud.
- Mentor, train and nurture community leaders as part of the solution; support organizations who are supporting grassroots resident leadership development and sustainability to ensure integrity of communities.
- Strengthen the health and healthcare workforce pipeline in the Centinela Valley for hospitals, clinics, and community-based organizations.
  - Address the challenges that clinics face in retaining staff, particularly physician assistants, and mitigate the impacts of turnover; enlist hospital system support.
- Use public funding to bolster workforce development and training leading to health-promoting public infrastructure like active transportation, parks and open space, and healthy food access.
- Support dialogue—between community-based organizations, labor, and local elected officials—and advocacy to address hard issues of structural racism, equity, and investment in jobs / local economy with a particular focus on health career opportunities.

“Economic equity is really exciting. Building and developing a local economy, improving outcomes for folks so that they have access to gainful employment, prevailing wages, career pipelines, local business ownership, enterprise zones, business improvement districts are really important. What we’re finding, though, is even though we’re sending our students to college, a lot of them are coming back. We want people to come back and have economic opportunity.”

-Key Informant Interviewee

“There should be a promotora or community health worker in every health care team. It’s an important part of the workforce and economic development in the Centinela Valley, and also provides the clinicians with invaluable information.”

-Key Informant, health equity strategy session
Regardless of job or sector, a common denominator for many interviewees was the importance of looking at structural barriers and equitable public investment in jobs and workforce development in the Centinela Valley: “lack of investment and mass incarceration have interrupted the workforce / job pipeline” and “criminal justice coupled with the immigration system create barriers to employment and access to healthcare.” Despite these “big picture” challenges, large institutions like Charles R. Drew University, St. Francis Medical Center and Southwest College (to name a few), eminent influx of public infrastructure dollars into the Centinela Valley (e.g., the stadium, Metro transit build out), plus the fact that the health sector is one of the fastest growing in California, all present opportunities to seek win-win-win solutions at scale to overcome barriers and achieve solutions that will yield greater economic stability and improve health for residents and families of the Centinela Valley.

**St. John’s Well Child and Family Center:** St. John’s Well Child and Family Center has moved beyond the traditional patient-to-care model by connecting community prevention efforts with patient health and wellbeing. One way that St. John’s has built momentum around this approach is through establishing The Right to Health Committees – a patient-led community organizing project that advocates for a health care system in South Los Angeles that is equitable, affordable, and accessible. Through collaborative partnerships with community-based organizations and local advocacy groups, The Right to Health Committees organize monthly meetings that focus on strategies such as preserving funding for community health centers and creating opportunities for developing quality jobs within the health care sector. The Right to Health Committees build the capacity of community residents and patients to engage with local officials to advocate for policies that strengthen healthcare services and funding. Right to Health Committees have traveled to Sacramento to testify about the impact of proposed state budget cuts on community health centers across California and, more recently, organized action against repeal of the Affordable Care Act.  

**Esperanza Community Housing:** Esperanza Community Housing Corporation (Esperanza), is a non-profit housing developer that was established in 1989, with the goal of revitalizing deteriorating apartments at a time when residents’ homes were being threatened by rapid growth and development pressures along the Figueroa Corridor. In building relationships with community members, grassroots organizations, local businesses, and policymakers, Esperanza works to prioritize the health and wellbeing of residents. One way that Esperanza has been successful in cultivating strong relationships is through its Community Health Promoters Training Program – also known as *promotores* - training bi- and trilingual residents to become community health educators, patient advocates and community leaders. Each year, *promotores* reach more than 20,000 community residents around a range of issues – like lead poisoning, allergies and asthma, and early childhood development - that connect community prevention efforts with health care services. Esperanza’s Community Health Promoters Program also serves as a gateway for employment in social services and health-related fields. In Los Angeles, more than 30 public health agencies and nonprofit organizations employ Esperanza-trained *promotores*. *(Information sourced from www.esperanzacommunityhousing.org)*
5. Strengthening Organizational Capacity. Organizational infrastructure and capacity-building efforts should be crafted to ensure long term, organizational institutional sustainability; facilitate robust collaboration across sectors to address multiple issues; and, build upon the strengths of existing organizations with a legacy of demonstrated success in the Centinela Valley, as well as fortify emerging organizations.

While many interviewees identified the legacy of powerful social change organizations as a key community asset, the issue of building organizational capacity in the Centinela Valley was a dominant theme across our interviews. Collectively, interviewees described the importance of supporting existing organizations with a track record of success, that operate through the lens of racial equity, and those working to improve the “social determinants of health from a social justice standpoint.” There was a strong sense that effective organizations should be funded not only to keep doing what they are doing but also to build the capacity among peers and incubate smaller “mom and pop” organizations, and support direct service organizations to also do policy advocacy and systems change. Interviewees were careful to note that this wasn’t just the purview of private funders and philanthropy, but because of inequitable distribution and allocation of government (city, county and federal) dollars, there needed to be a parallel effort to rectify inequities in resource allocation in Centinela Valley. Again according to most interviewees, resource allocation should be based on scale, need, and health outcomes, with a racial justice analysis. Our notes are bursting with insights about organizational capacity building, but here we highlight just a handful of strategies that may be of particular interest to the Fund Advisory Board:

- Test models that will incentivize clinic, FQHC and hospital engagement in advocacy-oriented partnerships focused on community determinants of health, helping interested institutions move upstream and beyond provision of services. For example, support a pilot project for clinicians to adapt the social risk assessment tool, PRAPARE, to encompass the priority community determinants of health in the Centinela Valley, and work closely with community organizations and base building groups to address the conditions that diminish patient health. Again, see St. John’s Family and Well Child as a model.

- Explore / create flexible funding models that provide more autonomy for local organizations to come together organically to expand their capacity and strategize about collaborative advocacy action in the Centinela Valley, without (as one interviewee said) “foundation meddling” or extensive requirements.

- Mentor, train and nurture youth and adult community leaders as part of the solution; support organizations who are building and advancing grassroots resident leadership development and sustainability to ensure integrity of communities.

- Support planning processes that include sustained community engagement over time: create spaces where community-based organizations can experiment, fail and learn from mistakes; allow grantees to think broadly about community determinants of health; and take a long term approach to sustainability of initiatives.

- Invest in organizations to build capacity for themselves as well as programs and services to help other organizations through mentorship and organizational incubation. We heard that many successful Centinela Valley CBOs field requests for help and consultation from other emerging organizations but generally don’t have funding to provide this kind of assistance.

- Convene other funders to explore leveraging opportunities, vet ideas and, as described in more detail in the literature review section below, fund research and researchers in South LA.

- Build agency capacity to engage and work with community members in the Centinela Valley. The justice system and schools would benefit from increased commitment to and strengthened skills in applying a racial equity lens and engaging with youth from a healing standpoint.
The inherent challenges to building organizational capacity in the Centinela Valley are numerous. The sheer geographic breadth of the Centinela Valley is one issue, but other issues like the length of time it takes to see changes in social and economic conditions, uneven distribution of highly skilled organizations with high-capacity leadership across Centinela Valley, and the concurrent (not competing) need to provide funding for both high-quality services and policy-advocacy work that addresses root causes and structural drivers of health inequalities also challenge the funder. In addition to uneven capacity among organizations, one interviewee mentioned that “lack of capacity at the bureaucratic level, like [in] some of Centinela Valley’s smaller cities, inhibits the opportunity to get resources out or run effective programs...and this happens in smaller cities and at the county level, too.” Clearly, as one interviewee said, one important strategy is to “lift up models that people can do well that are truly transformative and scale them up by funding replication” and balance that with funding innovation and experimentation to creatively address some of the Centinela Valley’s longstanding challenges.

Institutional capacity to work with community members, including youth and residents also emerged as a critical arena for improvement during the strategy session. The justice system and schools were named specifically as two major governmental institutions operating in the Centinela Valley that need to become more committed to and skillful at applying a racial equity lens, engaging with youth using a healing and caring approach, and engaging community in inclusive ways. Fortunately, the Centinela Valley is home to some of the nation’s extraordinary base-building and civil rights organizations as well as anchor institutions, like universities, colleges, hospitals and clinics, with long histories in the Centinela Valley. Their collective commitment to improving health and equity in the Centinela Valley can continue to be leveraged over the long haul to not only support and grow their own operations, but also to build capacity and provide mentorship in nascent organizations.

**Social Justice Learning Institute:** Based in Inglewood, Social Justice Learning Institute’s (SJLI) core mission is to improve the education, health, and well-being of youth and communities of color by empowering them to enact social change through research, training, and community mobilization. To do this, SJLI works with youth, residents, local schools, districts and city officials to increase educational opportunities through sustainable practices, with a particular focus on developing and managing programs that advance academic, food, and environmental justice. SJLI is growing a culture around health equity by working with youth to plant community gardens through the 100 Seeds of Change initiative, and distributing local, healthy food through Community-Supported Agriculture and the first ever Inglewood Certified Farmers’ Market. These efforts, combined with educational advancement and culturally relevant learning opportunities, demonstrate SJLI’s far reach and capacity building efforts that strengthen youth and resident leadership - catalyzing change from the ground up. *(Information sourced from www.sjli.org)*
6. Racial Justice and Inclusion. Strategic investments can bolster leaders and organizations that recognize structural racism as a determinant of poor health outcomes, and focus on eliminating it through a racial equity framework that holds systems and organizations accountable.

The divisive nature of the 2016 presidential election and subsequent increases in hate crimes make investments in racial justice and inclusion all the more imperative. We must acknowledge as well that racial justice and inclusion extends beyond the Centinela Valley’s predominate demographic groups to include the region’s many Asian/Pacific Islander Americans, Muslims and lesbian, gay, bi-sexual transgender and queer residents. Further exploration of the way representatives of these communities view racial justice and opportunities for inclusion in Centinela Valley is warranted.

One of the themes that emerged in clear relief is that the Centinela Valley is home to extraordinarily high levels of sophistication and commitment when it comes to thinking about, and addressing, various dimensions of racial equity, leadership diversity, and a range of structural issues related to race and class. One interviewee said: “Everything we do here in the Centinela Valley is more complicated because we are constantly dealing with issues of racial equity and undoing discrimination.” To be sure, interviewees spoke to the depth of complexity related to demographic shifts in the Centinela Valley (people primarily spoke of a shift from predominantly African American to Latino), historical legacy of organizational leadership (mostly speaking of African American-led organizing and base-building organizations now being led by Latino leadership), as well as the implications of strong African-American (mostly male) leadership in elected offices given the current population demographics in the Centinela Valley. One interviewee spoke of “the need for culturally relevant and unique ways of doing public health work in communities.” There was also a strong statement about the need to “invest in culturally competent black leadership development and capacity building for service providers and social justice groups, conducted by indigenous black leaders from South LA regarding the unique conditions facing them and developing strategic approaches to overcoming challenges.” Another said: “We can’t do things the way we’ve done it 10 years ago. It has to be more multi-racial, more citizenship-status related.”

Many specific, fundable strategies for fostering racial justice and inclusion emerged through the key informant interview process, such as:

- Support efforts and organizations that build racial unity and a common agenda for Latinos and African Americans, framing demographic changes as a strength, asset, and opportunity in the Centinela Valley.
- Support indigenous black / brown organizations, address the decline in black-led organizations and build the capacity of these organizations to address the community determinants of health from an organizing, civic participation, and self-determination standpoint.
- Build capacity among community-based organizations and government agencies for health and racial justice analysis and accountability in the Centinela Valley. For example, invest in an analysis of the operationalization of structural racism within government institutions serving the Centinela Valley and identification of related health outcomes.

In discussions about racial unity and inclusion, several key informants discussed the LGBTQ (lesbian, gay, bi-sexual, transgender and queer) community as a growing area of interest and importance for action in the health equity field. One interviewee spoke about the “huge cultural shift in acceptance of [the] LGBT community.” Another interviewee described his clinic’s transgender-focused patient advocacy group, developed in response to the lack of access to quality, affordable culturally competent medical services and systemic discrimination experienced by Centinela Valley’s transgender population. Health inequities are intersectional and magnified for many LGBTQ individuals who are also Asian/Pacific Islander, African-American or Latino and often are marginalized and discriminated against at higher rates when compared with others within the LGBTQ community.* It is important to note that while the federal government recently announced the formal designation of sexual and gender minorities as a health disparity population for National Institutes of Health research, the current administration threatens to undermine education and health research and funding for LGBTQ communities putting their existence, lived experience and fight for justice at risk of erasure. As groups work together to address issues of racial unity, they can also intentionally build their knowledge, capacity and skills to engage with the key issues and solutions relevant in the lives of people who identify as LGBTQ.

• Commit philanthropic dollars to racial justice; support black and Latino leadership.
• Support, proactively, the recruitment, training and hiring of African-American and Afro-Latino male community health workers / promotores; see Health, Workforce and Economic Opportunity Domain.
• Support organizations that do organizing across racial / ethnic lines to engage residents in community-based advocacy; recognize that this takes new and non-traditional ways to carry messages to diverse cultural groups and multi-faceted audiences.

“To address inequities we have to work from a racial justice framework. That means funders don’t grant based upon sheer numbers and demographics but look at hardest hit areas with highest need—which often means areas with larger African-American populations.”

-Key Informant Interviewee

Many interviewees did not shy away from the difficulties: “Changing demographics challenge racial unity. The African-American establishment is challenged as Latinos organize to get a seat at the table,” said one interviewee. Another said: “External forces want to frame increases in Latino population and demographic shifts in a negative, divisive way, saying ‘African Americans are no longer relevant, they are leaving the city, their power is waning.’ It isn’t helpful for Latinos to have an ‘it’s our turn mentality.’” Yet, even with these historical and present-day challenges, several interviewees spoke of the importance of and existence of “multi-racial alliances and solidarity at the ground level’’ and the ability to “build on the unique relationship between the two communities” as well as the value in “bringing up Latino voices while honoring and respecting the African-American leadership,” suggesting that there are important in-roads already being forged and that further supportive investments can bolster work to create racial unity, undo structural racism and uplift diverse leadership in the Centinela Valley—and that this work in sum would have a significant, positive impact on health and safety outcomes in the region.

**Strategic Concepts in Organizing and Policy Education**: Building grassroots power to create social and economic justice for low-income, female, immigrant, black, and brown communities in Los Angeles is a central focus of Strategic Concepts in Organizing and Policy Education (SCOPE). To do this, SCOPE engages with communities, develops leaders, collaborates through strategic alliances, builds capacity through training programs, and educates residents in South LA to play a more active role in advancing policies that impact the health and equity in the community. To date, SCOPE has been instrumental in organizing community members to lead policy campaigns that put pressure on specific sectors—such as Hollywood, healthcare, and the energy industry—to create good, safe jobs as well as long-term stability and opportunities for growth in low-income communities of color. SCOPE is moving the needle on creating vital public services, jobs, and programs to improve environmental and public health outcomes. *(Information sourced from www.mychange.com, www.caleja.org)*

**Community Coalition**: For nearly 30 years, Community Coalition (COCO) has been working to transform the social and economic conditions in South LA that reinforce health disparities - like addiction, crime, violence and poverty - by building a community institution that engages residents in creating and changing public policy for the better. COCO’s public safety campaigns have helped to close or redevelop scores of liquor stores and nuisance businesses that serve as magnets for crime and addiction in South LA neighborhoods. Additionally, COCO has made significant investments to reducing youth and gang violence by developing innovative prevention programs that: move public investments to transform parks into safe and healthy public places in our communities, involve youth in pushing for reforms that disrupt the “school to prison pipeline,” and build alliances with social service providers. The breadth of initiatives COCO leads demonstrates significant opportunities to build more prosperous, safer and healthier communities in South LA. *(Information sourced from www.cocosouthla.org)*
7. Schools as Venues for Health. Schools are critically important community institutions and in many cases serve as the sole anchor organization in neighborhoods that have experienced persistent divestment and, consequently, lack basic services as well as health-promoting resources, infrastructure, and access to care. In the Centinela Valley, schools are also an important employer of publicly/civically-minded professionals. In light of this role, public schools in the Centinela Valley hold significant promise as a venue for addressing all facets of student health from a community determinants standpoint – such as supporting social-emotional wellbeing, building resilience, and ensuring academic success.

Interviewees’ comments reflected a deep understanding that community conditions are a powerful predictor of student health and, in turn, influence academic achievement. Key informants generally discussed schools within the context of other issues, in particular those identified above. A number of key informants noted the impact of students coming to school who have experienced trauma. They called out the potential for schools to play a more vital role in addressing the magnitude of issues facing students and families within their communities including violence and neglect, and the health consequences that follow. One key informant called for ‘trauma-informed schools’ in the Centinela Valley to address the academic and social-emotional needs of students. Another suggested that teachers should be trained in restorative practices, healing, and resiliency.

Other school-focused issues raised by key informants included the need for policies and practices to build resilience, create a positive and collaborative learning environment, and encourage youth leadership development. A number of interviewees raised the multi-benefit value of on-site, school-based wellness centers which not only provide access to quality healthcare services for students but can also serve as a venue for programs and projects to address community determinants of health, in particular student leadership and workforce pipelines.

These examples highlight the importance of moving beyond the current binary teacher-to-student education delivery system to one that integrates a holistic approach to learning and health. Establishing schools as community hubs, or ‘community schools,’ is one way to embed education, health and social services, youth development, and engagement from families and community members through partnership with “visionary organizations” and healthcare institutions. From a school site or school district perspective, the issue of chronic absenteeism - which is a predictor of negative health and educational indicators- is a key measure. External partners that can assist in strategic approaches to reduce or eliminate chronic absenteeism, or frame their existing work in the context of reducing absenteeism can be of great assistance to administrators working to improve school climate and student outcomes.

Cross-cutting strategies to advance schools as venues for health and wellbeing by addressing community determinants of health include:

- Support student-community health initiatives led by on-site wellness clinics or multisector partnerships involving school leaders, community-based organizations and other stakeholders focused on policy, systems and environmental change related to one or more of the following issues:
  - Youth advocacy and leadership
  - Community trauma and resiliency
  - Violence prevention and restorative justice
  - Mental health
  - Oral health

- Engage schools in developing restorative justice practices and trauma-informed strategies to foster a school climate that promotes safety, health and emotional wellbeing, and academic achievement among students.
• Focus investments specifically on the structural issues that impact underachieving students and work with highly impacted districts, like Centinela Valley High School District, to help them elevate the achievement levels of their most impacted students, emphasizing restorative practices and chronic absenteeism.

• Incentivize partnerships between schools and local healthcare institutions (clinics and hospitals) to leverage resources for on-site school wellness clinics to improve access to quality care and address community determinant of health issues.

“School connectedness is important for the future … Prevention takes a long time. Start with youth, use public health principles, [and] restorative justice principles.”

- Key Informant Interviewee

As multisector collaboration gains traction as a best practice for addressing community determinants and implementing community prevention strategies, schools are strategically positioned to implement similar approaches to foster linkages between education and health as a means to address health inequities. At the same time, their institutional culture frequently impedes them from engaging in multi-sector partnerships unless they can demonstrate relatively short-term impact on student educational outcomes. These investments need to be brought to scale in a way that addresses all facets of student health – from supporting social-emotional wellbeing and on-campus opportunities to building resilience to academic success. The community schools model has proven successful in other communities, and aligning funding – like healthcare dollars, private investments, and local control – can improve the quality of education students are getting in the Centinela Valley while merging efforts that address students’ deep and multi-faceted needs.

**Centinela Youth Services:** Since its launch in 1975, Centinela Youth Services (CYS) has been developing innovative, evidence-based initiatives that have increased student performance, reduced school dropout rates, and supported families and communities in preventing youth violence and crime. Working in partnership with community and government agencies – like local school districts, juvenile courts, law enforcement and community-based agencies - has been key in creating safer communities and schools to promote learning and foster positive youth development. For example, an initiative of CYS - the Students Able to Resolve Situations Program (STARS) - supports Los Angeles elementary and secondary schools in developing Peer Mediation Programs. This program, taught by school personnel and college interns, provides conflict resolution trainings and assists student “peer mediators” to conduct mediations between their peers on school campuses. CYS also provides restorative justice sessions and connects students and families to professional counseling as an alternative to suspension, expulsion and detention. These initiatives not only help cultivate a positive learning environment in schools, but address the health and emotional wellbeing of youth and their families. *(Information sourced from www.cys-la.org)*

**Next Steps and Priority Recommendations**

Following the strategy session, we synthesized the input provided during that meeting with our initial analysis of key informant interview findings regarding opportunities for multisector collaborative action to address community determinants of health in the Centinela Valley. The final set of **Priority Recommendations by Major Strategic Domain** correspond to Prevention Institute’s understanding of best practices within the realms of prevention and health equity in the United States and reflect our understanding of the interest, capacity and readiness of institutional leaders and stakeholders to take action. Should the Foundation be inclined to take immediate action on community determinants of health in their next round of grant making, we urge the
Centinela Valley Medical and Fund’s Advisory Board to explore these strategies and recommendations in more detail.

**Priority Recommendations by Major Strategic Domain**

1. **Healthy Development without Displacement**
   - Convene multi-sector organizations to develop a comprehensive framework that can support both regional and more localized agendas to elevate multi-faceted strategies and priorities for addressing the breadth of issues related to gentrification, displacement, and quality housing and economic development for all. We would suggest that the notion of “healthy development without displacement” could represent an appropriate starting place for framing the aspiration of this work.

2. **Healthy Communities and the Built Environment**
   - Build advocacy capacity within the healthcare arena (e.g., clinics, hospitals, professional associations, etc.) for built environment improvements in the Centinela Valley including parks, healthy food, and clean water, among others.
   - Invest in resident, youth and organizational capacity building focused on public finance, related allocation processes and project development to strategically expand the movement for healthy built environment infrastructure in the Centinela Valley.

3. **Violence as a Public Health Issue**
   - Invest in a comprehensive Centinela Valley regional violence prevention initiative that builds upon public health best practices and goes beyond “trauma informed care” through the development of a shared framework for creating resilient communities where preventing violence and trauma is the default.
   - Convene healthcare players and Fund grantees in a strategic dialogue about the role of hospitals, clinics, and medical professionals in developing and implementing a public health approach to violence in the Centinela Valley.
   - Leverage boys and men of color initiatives within the California Community Foundation (e.g. BLOOM) to involve healthcare professionals in policy change to improve conditions for men and boys, and address community-level trauma and healing.

4. **Health, Workforce and Economic Opportunity**
   - Build individual and organizational capacity to address key health inequities through direct local action or base-building strategies on community determinants of health issues; see St. John’s Well Child Clinic’s Right to Health Committees as a model.
   - Scale up programs that create career pathways for young people in medical and allied health careers, with a focus on young males of color and bilingual Afro-Latino males, among others.
   - Work with organizations that utilize the community health workers / promotores model to build their capacity to identify, articulate and represent community health equity concerns and engage with systems leaders to develop solutions.

5. **Strengthening Organizational Capacity**
   - Test models that will incentivize clinic, FQHC, and hospital engagement in advocacy-oriented partnerships focused on community determinants of health. For example, support a pilot project for clinicians to adapt the social risk assessment tool, PRAPARE, to encompass the priority community determinants of health in the Centinela Valley, and work closely with community organizations and base building groups to address the conditions that diminish patient health.
• Explore / create flexible funding models that provide more autonomy for local organizations to come together organically to expand their capacity and strategize on collaborative advocacy action.
• Support planning processes that include sustained community engagement over time: create spaces where community-based organizations can experiment, fail, and learn from mistakes; allow grantees to think broadly about community determinants of health; and take a long-term approach to sustainability of initiatives.
• Mentor, train and nurture youth and adult community leaders as part of the solution; support organizations that are supporting grassroots resident leadership development and sustainability to ensure integrity of communities.
• Build agency capacity to engage and work with community members in the Centinela Valley. The justice system and schools would benefit from increased commitment to and strengthened skills in applying a racial equity lens and engaging with youth from a healing standpoint.

6. Racial Justice and Inclusion
• Support efforts and organizations that build racial unity and a common agenda for Latinos and African Americans, framing demographic changes as a strength, asset, and opportunity in the Centinela Valley.
• Support indigenous black / brown organizations, address the decline in black-led organizations and build the capacity of these organizations to address the community determinants of health from an organizing, civic participation, and self-determination standpoint.
• Build capacity among community-based organizations and government agencies for health and racial justice analysis and accountability in the Centinela Valley. For example, invest in an analysis of the operationalization of structural racism within government institutions serving the Centinela Valley and identification of related health outcomes.

7. Schools as Venues for Health
• Support student-community health initiatives led by on-site wellness clinics or multi-sector partnerships involving school leaders, community-based organizations, and stakeholders focused on policy, systems, and environmental change.
• Engage schools in developing restorative justice practices and trauma-informed strategies to foster a school climate that promotes safety, health and emotional wellbeing, and academic achievement among students.
• Focus investments specifically on the structural issues that impact underachieving students and work with highly impacted districts, like Centinela Valley High School District, to help them elevate the achievement levels of their most impacted students, emphasizing restorative practices and chronic absenteeism.

Review of the Literature

In addition to key informant interviews, Prevention Institute’s landscape analysis methodology included a rapid review of the public health and social science literature to identify research studies and other documentation focused on the topical themes elevated or referenced by interviewees. We specifically sought sources that confirmed the issues being raised and/or reinforced the perspective articulated by key informants. Our review of the literature also sought out authoritative data sources to develop the Community Overview section of this report as well as Appendix A: Health Issues and Community Determinants in the Centinela Valley.

Methodology. Prevention Institute (PI) conducted a rapid review of the public health and social science literature, exploring recent scholarly publications focused broadly on the social determinants of health in the
Centinela Valley as well as informal or grey literature focused on topical areas that emerged from the key informant interviews. These topical areas were displacement; the built environment; violence as a public health issue; workforce/employment; organizational capacity; and racial justice. PI searched the PubMed and Web of Science databases for articles published in scholarly journals, and Google to identify grey literature—primarily research reports produced by Los Angeles-based academics and non-profit organizations.

As part of the rapid review, PI developed formal search strategies designed to glean relevant results from both the scholarly and grey literature; the search strategies were refined along the way. Working with the citations generated through the initial search process, PI identified, organized and reviewed these materials in light of the results from key informant interviews. The bibliography of these resources is found in Appendix D.

Findings. While the scholarly literature does include publications on South Los Angeles and the social determinants of health, most of them have little relevance to the current project’s focus on upstream, community-level interventions resulting in policy, systems, and environmental change. Some of the publications reported on research studies using South Los Angeles as a multicultural laboratory for understanding specific health disparities. Others described interventions like school gardens from an individual-level standpoint, focusing on the individual behavior that leads to healthy eating. A number of articles focused on social cohesion or social capital and their influence on health status.

Our literature search turned up four scholarly publications with relevance to community determinants of health in South Los Angeles and upstream interventions involving policy, systems or environmental change. Three were authored by Dr. Cheryl T. Grills of Loyola Marymount University and multiple co-authors, and focus on the Community Coalition and its involvement in the first national initiative to use community organizing to counteract structural inequities that result in unhealthy eating and lack of physical activity opportunities in low-income communities of color. The Communities Creating Healthy Environments was a three-year national initiative of the Robert Wood Johnson Foundation. Dr. Grills’ research is significant to this analysis in that it provides evidence in support of a number of the recommended strategies that emerged from our key informant interviews. Specifically, her research supports strategies involving advocacy interventions designed and led by community-based institutions that organize residents to advance policy, systems, and environmental solutions to the structural inequities found in the Centinela Valley.

The fourth article, by Dr. LaVonna Blair Lewis of the University of Southern California, School of Policy, Planning and Development and multiple co-authors, describes research on the lack of healthy food options at restaurants in South Los Angeles, Inglewood and North Long Beach compared to venues in West Los Angeles. Her research is based on work led by Community Health Councils (CHC) as part of a multi-year effort funded by the Centers for Disease Control and Prevention under Communities Putting Prevention to Work and building upon work they conducted under the REACH initiative (Racial and Ethnical Approaches to Community Health) to address the food and activity resource environment in South LA and North Long Beach. Dr. Blair Lewis’s article highlights the importance of the built environment as a community determinant of health in the Centinela Valley as well as the need for economic development in the region resulting in healthier food options for residents. This study was used as a key finding to support a temporary fast food moratorium, and a companion sit-down restaurant attraction strategy, in South Los Angeles, breaking new ground on the use of traditional land use and planning policy tools to address the overconcentration of unhealthy food establishments in South LA. Dr. Lewis’ article and the temporary policy reinforce the priority recommendation to build advocacy capacity for built environment improvements in the Centinela Valley.

In contrast to the scholarly literature, PI found numerous grey literature publications that provide data in support of the findings from our key informant interviews, or advanced recommendations consistent with the
priority recommendations found herein. For example, Manuel Pastor’s publication, LA Rising: The 1992 Civil Unrest, the Arc of Social Justice Organizing, and the Lessons for Today’s Movement Building, confirms and explains in detail what many of our key informants mentioned as one of the Centinela Valley’s key strengths: innovative, large-scale, multi-racial, multi-sector organizing campaigns focused on good jobs, affordable housing, social justice, and the environment.

The second volume of the Los Angeles County Department of Public Health’s series on the social determinants of health, Housing and Health in Los Angeles County, addresses the issue of displacement and offers recommendations consistent with those provided above, including:

- “Increased collaboration across government agencies at all levels and between stakeholders from community groups, public health agencies and private groups (e.g., employers) to ensure a coordinated approach to housing as a determinant of health and health disparities.”
- “Support policies that provide for development without displacement, preserving or replacing affordable housing for low-income residents in all neighborhoods and areas undergoing development.”

Another publication identified in our literature search was Liberty Hill’s Drilling Down: The Community Consequences of Expanded Oil Development in Los Angeles. This report provides data that demonstrates the proximity of new and active oil wells to residential areas of South Los Angeles and makes a call, consistent with the priority recommendations in the built environment domain, to eliminate oil drilling and production activities next to homes, schools, businesses, and other sensitive land uses.

The Report on the State of Los Angeles Street Gangs by the Los Angeles County Interagency Gang Task Force, reinforces key informant commentary on the relationship between gang-related shootings and the availability of firearms, as well as the need for a comprehensive, multi-sector approach to preventing community violence.

And, finally, UCLA Labor Center’s I am a #YOUNGWORKER: Restaurant and Retail Workers in Los Angeles provides data that reinforces the importance of creating quality jobs, especially for young people, as addressed in the Health, Workforce and Economic Opportunity domain. It also offers suggestions that align with the priority recommendation for creating career pathways for young people.

Research Agenda Recommendations. Given the scope and scale of health inequities in the Centinela Valley as well as the amount of work going on to reverse them, the lack of a robust body of scholarly literature on the social determinants of health with a focus on policy, systems and environmental change in South Los Angeles is striking. While there is more grey literature focused on the specific determinants of health and how they play out in South Los Angeles, these publications rarely emphasize health, focusing instead on topical issues such as housing, employment, gang violence, etc. In light of these factors, as well as the network of social change organizations and world-class academic institutions located in the Los Angeles region, Prevention Institute recommends that the Fund consider forming a research advisory task force and developing a comprehensive research agenda focused specifically on the community determinants of health in the Centinela Valley. When feasible, it is preferable that researchers who live and work in the Centinela Valley conduct the research for the task force. If that is not possible, the Fund may consider creating conditions that ensure representation from leaders in the Centinela Valley in the co-creation of a research agenda; as well as meaningful support for participation by community members and leaders in the Centinela Valley in the shaping and implementation of such a research agenda. Drawing upon King Drew’s Community Scholars program, the depth of practice reflected in Dr. Grills’ portfolio and the efforts of USC, the Fund could catalyze development of a research road map to stimulate further funding in this aspect of the work.
Concluding Thoughts and Critical Next Steps

Prevention Institute is pleased to submit the Final Report of our landscape analysis to the California Community Foundation, highlighting the breadth of issues and prioritized opportunities for multisector collaboration to address community determinants of health in the Centinela Valley. Our analysis covers the findings from a series of 23 key informant interviews, refined and critically expanded upon by the cohort of community leaders at a strategy session conducted in February 2017, and supported by select scholarly and gray literature. In addition to this Final Report, Prevention Institute has also submitted an Executive Summary of this report and a set of PowerPoint slides for use by the California Community Foundation. All documentation has been shared with those who took part in the key informant interviews and strategy session.

At the close of the strategy session, one of our key informant advisors said, “we need to be more direct about movement building, and building a movement around a movement, not an election. It would be great to see this as building out a diverse movement that can rise to the challenge of diverse sets of issues.” This statement captured a very important sentiment that was coming up throughout the meeting—that although the 2016 general election results heightened the sense of urgency and intensity to respond to dire threats to health and safety for residents and families in the Centinela Valley, there was also a very clear sense that, as one informant said, “we must tackle these pressing priorities and also maintain a deep commitment to what we are already doing. We were committed to health equity before; we are going to stay committed to it after.”

Strategy Session participants also identified critical next steps for consideration by the California Community Foundation:

1) **Reconvene South LA Leaders:** By the end of the session, there was clear consensus around the need and desire for this group (or a similar configuration) of South LA leaders to reconvene for deeper dialogue and strategy development. There was both depth and purpose to the discussion and, as one participant said, “we need more time.”

2) **Disseminate the CV report to a broader audience:** The group felt it would be important to modify the report and get a revised version out to a broader group and recommended that we make modifications based on the input we gathered and reorient the report toward stakeholder groups beyond CCF. Dissemination could happen through a variety of channels, but the notion of a series of “stakeholder briefings” surfaced and is worth considering as part of a broader “big tent” strategy for building connections and braiding inter-connected issues in the Centinela Valley.

Prevention Institute is grateful to the California Community Foundation for its generous support in conducting this landscape analysis, and also to the key informants who so enthusiastically gave their time and intellectual energy to the interview process. We look forward to further interaction with the California Community Foundation about the findings described herein and discussing next steps. The Centinela Valley has tremendous leadership, social capital and lessons for the world and we are honored to work with a diverse set of committed partners to contribute to the health, safety and wellbeing of people living, working and playing in the Centinela Valley.
# Appendix A
## Health Issues and Community Determinants in the Centinela Valley

For purposes of this factsheet, Los Angeles County’s Service Planning Area (SPA) 6 serves as a proxy for the Centinela Valley.

### Population and Demographics
- SPA 6 has an estimated total population of 1,030,078 million people; 68% are Latino, 28.5% African American, 2.0% White, 1.6% Asian/Pacific Islander, and 0.1% Indian/Alaskan Native.

### Health Outcomes
- According to the Los Angeles County Department of Public Health, residents of the Centinela Valley have the lowest life expectancy in Los Angeles County at 78.3 years of age; in comparison, life expectancy in Westside communities (SPA 5) is 84.9 years. Other data show that life expectancy in areas of the Centinela Valley within the City of Los Angeles ranges from 72.8 to 78.2 years, in comparison to the range of 82.3 to 84.7 years in Westside neighborhoods.
- Centinela Valley residents also bear the burden of other disparities in chronic disease and related conditions:
  - 16% of adults in South LA have diabetes.
  - 34% of adults have been diagnosed with high blood pressure.
  - 14% of the population has been diagnosed with asthma.
  - 37% of adults in South LA are overweight.
  - Over 30% of children in South Los Angeles and Southeast Los Angeles are obese, compared to less than 12% of children in Bel Air-Beverly Crest and Brentwood-Pacific Palisades.

### Economic Hardship
- The five communities experiencing the greatest economic hardship in Los Angeles County are located in the Centinela Valley including parts of South LA, Florence-Graham, Willowbrook, Walnut Park, and Cudahy. The Economic Hardship Index combines six indicators related to housing, income, unemployment, education, and age.
  - The median income in the Centinela Valley is $36,400.
  - The unemployment rate in the Centinela Valley is 16%.
  - South LA has the highest poverty rates: 48.9% are at or below 100% of the federal poverty level and 75% are at 200% or below; over half (58%) of children in South LA live in poverty.

### Educational Attainment
- Forty four percent (44%) of adults in the Centinela Valley have less than a high school diploma.

### Housing
- Approximately 64% of residents in areas around the Centinela Valley are cost-burdened by housing, paying more than 30% of their income on housing costs.

### Community Safety
- From 2004 to 2013, the Centinela Valley had the highest number of homicide deaths (910) and from 2007 to 2011 the highest homicide rate (16 per 100,000) involving firearms.
  - Average annual homicide rates in some higher income neighborhoods are nearly zero, compared to more than 20 homicides per 100,000 residents in Southeast Los Angeles, South Los Angeles, and West Adams-Baldwin Hills-Leimert.
  - Parents/guardians in the Centinela Valley are the most likely to feel that the public safety in their neighborhood is fair or poor.

### Parks and Open Space
- Seventeen percent (17%) of the population in the Centinela Valley have no access to parks within walking distance of their homes.
  - South LA has 1.2 acres of green space/recreation areas per 1,000 population; in West LA, it is 70.1 acres per 1,000 population.

### What Is Sold (Food and Alcohol)
- Less than 10% of adults in South Los Angeles report eating the recommended five servings of fruits and vegetables a day.
  - There are 8.51 liquor retail stores per square mile in South LA; nearly four times the 1.97 per square mile in West LA and the 1.56 in LA County overall.
  - Limited service or fast-food restaurants comprise 71.8% of the restaurants in South LA, compared to 40.8% of West LA restaurants, and 47.7% of LA County restaurants.

### Maternal and Child Health
- In the Centinela Valley:
  - 60% of women reported unintended pregnancy.
  - 23% of women have no access to prenatal care.
  - 37% of primary caretakers have difficulty finding childcare for children (ages 0-5).
  - 55% of caretakers of children 0-5 years report cost as the biggest barrier to childcare.

### Healthcare Access
- Approximately 30.2% of the non-elderly adult (ages 18-64) population in South LA are uninsured.
- 45% of the population in South LA have difficulty accessing healthcare.
- 55% of the population in South LA have no access to dental care.
- In South LA, there are 50 licensed hospital beds per 100,000 people, in comparison the LA County average is 220 per 100,000.

Data Sources

Appendix B
Leaders in Equity to Advance Prevention in the Centinela Valley Project
Key Informant Interviewees

The table below includes 28 key informant interviewees and their respective organizational sectors. Key informants represented approximately: 40% males and 60% females; and 35% African American, 29% Latino/a, 18% White, and 18% Asian American/Pacific Islander. Note: these categories were classified by interviewers.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Organizational Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 President and CEO</td>
<td>Academic/Medical</td>
</tr>
<tr>
<td>2 Special Assistant to the President</td>
<td></td>
</tr>
<tr>
<td>3 Program Officer</td>
<td>Private Foundation</td>
</tr>
<tr>
<td>4 Area Health Officer</td>
<td>County Public Health</td>
</tr>
<tr>
<td>5 Field Representative</td>
<td>Elected Official/Congressional</td>
</tr>
<tr>
<td>6 Founder/Executive Director</td>
<td>CBO/Social Justice/Community Development</td>
</tr>
<tr>
<td>7 Founder/Chief Intelligence Officer</td>
<td>CBO/Public Health</td>
</tr>
<tr>
<td>8 Principal and CEO</td>
<td>Consulting Firm</td>
</tr>
<tr>
<td>9 Executive Director</td>
<td>CBO/Community Development</td>
</tr>
<tr>
<td>10 Restorative Justice Program Specialist</td>
<td></td>
</tr>
<tr>
<td>11 Director of Community Benefits</td>
<td>Health care/Hospital</td>
</tr>
<tr>
<td>12 Executive Director</td>
<td>CBO/Park Development</td>
</tr>
<tr>
<td>13 Capital Projects Deputy</td>
<td>Elected Official/City</td>
</tr>
<tr>
<td>14 CEO</td>
<td>Health care/Clinic</td>
</tr>
<tr>
<td>15 Director of Development</td>
<td></td>
</tr>
<tr>
<td>16 Director of Organizing</td>
<td>CBO/Social Justice</td>
</tr>
<tr>
<td>17 Director of Research</td>
<td></td>
</tr>
<tr>
<td>18 President &amp; CEO</td>
<td>CBO/Community Development</td>
</tr>
<tr>
<td>19 Senior Deputy for Health Advocacy and Chief Counsel</td>
<td>Elected Official/County</td>
</tr>
<tr>
<td>20 Executive Director</td>
<td>Health care/Clinic</td>
</tr>
<tr>
<td>21 Executive Director</td>
<td>CBO/Violence Prevention</td>
</tr>
<tr>
<td>22 Director</td>
<td>Funder/Government Resources</td>
</tr>
<tr>
<td>23 Program Officer</td>
<td></td>
</tr>
<tr>
<td>24 Executive Vice President</td>
<td>CBO/Social justice/Community Development</td>
</tr>
<tr>
<td>25 President and CEO</td>
<td>Health care/Clinic</td>
</tr>
<tr>
<td>26 Executive Director</td>
<td>CBO/Housing</td>
</tr>
<tr>
<td>27 Executive Director</td>
<td>CBO/Health care</td>
</tr>
<tr>
<td>28 President and CEO</td>
<td>Health care/Clinic</td>
</tr>
</tbody>
</table>
Appendix C
LEAP CV Interview Protocol

Introduction (2-5 minutes)

I. Greeting and Introduction

   o Good Morning/Afternoon. Thank you for taking the time to speak with me/us.

   o Introduce yourself and others in the room, briefly. (e.g. My name is ________, I am (title) with Prevention Institute. My background is in ________ and my role in the project is _________. I will be asking a series of questions / taking notes.

II. Overview

   o Prevention Institute is a national center dedicated to improving community health and well-being by building momentum for effective primary prevention of illness and injury. As an organization, we are committed to fostering health and social equity, and to advancing community prevention as an integral component of a quality health system.

   o Before we begin, we wanted to briefly introduce you to the project. The Leaders in Equity to Advance Prevention in the Centinela Valley (LEAP-CV) project is supported by the California Community Foundation (CCF) with the goal of working with South LA leaders to identify and prioritize strategic actions to address community determinants of health (which we will discuss further in just a few moments).

   o [If Interviewee needs community determinants defined]:
      - Definition: Community determinants of health include a range of factors including limited access to affordable housing and safe places to be physically active, the lack of educational and employment opportunity and the lack of safety and social cohesion.

   o As a first step in this process, Prevention Institute has identified and selected a number of leaders like yourself, representing community organizations, non-profits and health care institutions who are deeply familiar with determinants of health and related factors that impact health in South LA. Once we have completed our interviews with these leaders and analyzed the results, we will facilitate a strategic planning session involving these individuals and other stakeholders to prioritize actionable opportunities for a multi-sector initiative to address community determinants of health. These results will be shared with CCF to inform the focus of their grantmaking associated with the Centinela Valley Medical and Community Fund.

   o During our conversation today, we hope to learn about factors that are essential to achieving health equity in South LA, and better understand the roles of specific sectors in promoting health and equity. We are particularly interested in your perspective on community readiness to address community determinants of health, priority policies, systems and environmental changes, and any learnings that you think would benefit our work on this project.

   o Do you have any questions?
III. Emphasize confidentiality and open communication

- I’d like to record this interview to make sure that I get all of the details down correctly. The recording will only be used for internal purposes to support our development of our research findings. Would you be comfortable with me recording this?

- Prevention Institute is committed to maintaining confidentiality. Transcripts will only be shared among our team. We will use information gleaned in these interviews to inform our research and planning process. In the event that we would like to use a specific quote, we will clear that with you in advance. Is that okay?

IV. Transition to Interview

- We expect this to take approximately 1 hour. Do you have any other questions for us before we get started?
  - Jot down any questions that they ask
  - Answer any questions you are knowledgeable about
- May we begin?

**Interview Questions** (50-55 minutes)

1. To get us started, please tell me more about [interviewee organization’s name], and your role in the organization’s efforts to improve health and community wellbeing in South LA?
   **Potential Probe Options:**
   - Please describe the neighborhoods, groups or communities you work with in South LA, and the key health and safety issues impacting them?
   - Are there other communities in South LA that require prioritized attention from a health equity or community determinants of health standpoint?
   - How has your work on policy or systems change influenced your thinking about community health and wellbeing in South LA?
   - What are your current policy priorities?

2. What are the assets and resources that facilitate or create opportunities to improve the health and quality of life of residents in South LA?
   **Potential Probe Questions**
   - How have these assets and resources been established or leveraged?
   - Who or what was responsible for creating or establishing these assets and resources?
   - How could these assets and resources be scaled up, expanded or enhanced?

3. In your experience, what are the challenges or barriers that have to be overcome to effectively address community determinants of health? (e.g. financial resources/funding, community capacity, commitment from high level leadership)
   **Potential Probe Questions:**
   - How have these barriers changed over time?
   - What are any policy or systems changes that eliminated or reduced these barriers?

4. How has shifting demographics or gentrification influenced community determinants of health in South LA and efforts to address them?
5. Thinking about the work that you do and others are doing, what do you see as some of the most effective and exciting efforts taking place or emerging in South LA to improve community conditions?
   
   **Potential Probe Options:**
   - Which groups are at the forefront of innovative efforts in South LA to improve conditions?
   - What groups would you like to partner with in the future on these issues? Do you foresee any challenges in partnership with this group?
   - What are innovative practices taking place elsewhere, in or outside of LA that you think would work well in South LA?

6. When you think of funding to improve community determinants of health, what advice would you give funders?

**Partnerships and Strategies**

Thank you. Now I would like to ask a few questions about multi-sector partnerships to address broad community issues.

a. Please name some of the partners that add value to the work you are doing to address community determinants of health in South LA?
   
   **Potential Probe Options:**
   - What in particular have these partners brought to the table or been able to leverage to increase value to your work (e.g., approach, resources, expertise, influence)?

b. In thinking about multi-sector collaboratives you have been part of to address community health and wellbeing or the factors that influence it, what are some of the approaches or strategies that have worked well? In your personal experience, what are some of the challenges to undertaking effective collaboration in South LA?
   
   **Potential Probe Options:**
   - What have been the most impressive outcomes of these efforts?

**Reflection Questions**

- Are there any other issues that we haven’t touched upon yet that you think would improve health outcomes at the community-level in South LA?

- Are there specific people we should be talking to or publications we should be reading that will help us further shape our project?

- As part of the project, we plan to convene a small group of closely aligned partners to take stock of the current landscape to address community determinants of health in the South LA? Are you interested in being included as that process moves forward?

**Closing**

- Is there anything else you would like to share before we close?

- Thank you for taking the time to share your lessons and expertise with us today. This information will be very helpful as we move forward our landscape analysis and work with leaders and stakeholders to prioritize multi-sector, collaborative strategies for addressing community determinants of health that will inform future grantmaking associated with CCF’s Centinela Valley Medical and Community Fund.
Feel free to email me if anything else comes to mind related to these questions that you’d like to share.

Post Interview Debrief (for internal review only)

1. Initial impression/reaction:

2. Implications (if any) for other PI projects:

3. Next steps/action items:

4. Additional comments:
Appendix D
Selected Scholarly and Grey Literature

General Health Statistics


Healthy Communities and the Built Environment


Healthy Development without Displacement


Violence as a Public Health Issue


Health, Workforce, and Economic Opportunity


Strengthening Organizational Capacity


Racial Justice and Inclusion


Schools as Venues for Health
