



Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
Outreach Committee  
Meeting

August 8, 2022  
3:30 p.m.

Agenda



**Committee Members**

Joseph Larios, Committee Chair  
Scott Jacobson, Committee Vice Chair  
Michelle Barker, DHSc., Member  
Barbara Harding, CEO, FQHC Clinics, Non-Voting Member  
Runjhun Nanchal, Senior Vice President, Strategy, Marketing and Communications, Non-Voting Member  
Christie Blanda, Director, Ambulatory Operations, Non-Voting Member

**AGENDA**

**Strategic Planning and Outreach Committee of the Valleywise Community Health Centers Governing Council**

**Mission Statement of the Valleywise Community Health Centers Governing Council**  
Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.

•Valleywise Health Medical Center • 2601 East Roosevelt Street • Phoenix, Arizona 85008•

Meeting will be held remotely. Please visit <https://valleywisehealth.org/events/valleywise-community-health-centers-governing-councils-strategic-planning-and-outreach-committee-meeting-08-08-22/> for further information.

Monday, August 8, 2022  
3:30 p.m.

One or more of the members of the Valleywise Community Health Centers Governing Council's Strategic Planning and Outreach Committee may be in attendance telephonically or by other technological means. Committee members participating telephonically or by other technological means will be announced at the meeting.

**Please silence any cell phones, pagers, computers, or other sound devices to minimize disruption of the meeting.**

**Call to Order**

**Roll Call**

**Call to the Public**

*This is the time for the public to comment. The Strategic Planning and Outreach Committee may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling a matter for further consideration and decision at a later date.*

Agendas are available within 24 hours of each meeting via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. and on the internet at <https://valleywisehealth.org/about/governing-council/>. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

**ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE**

**General Session, Presentation, Discussion and Action:**

1. Approval of Consent Agenda: 5 min  
*Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any voting Committee member.*
  - a. Minutes:
    - i. **Approve** Strategic Planning and Outreach Committee Meeting Minutes Dated June 13, 2022

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**End of Consent Agenda**

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2. Discuss and Define Valleywise Health's Marginalized Population 15 min  
*Strategic Planning and Outreach Committee*
3. Discuss Methods to Reach Valleywise Health's Marginalized Population; Review Job Description of Outreach Worker Position 15 min  
*Strategic Planning and Outreach Committee*
4. Discuss and Review calendar years 2021-2023 Federally Qualified Health Centers Clinics' Strategic Plan 15 min  
*Strategic Planning and Outreach Committee*
5. Chair and Committee Member Closing Comments/Announcements 5 min  
*Joseph Larios, Committee Chair*
6. Review Staff Assignments 5 min  
*Cassandra Santos, Assistant Clerk*

**Old Business:**

December 13, 2021

Future agenda item: discuss Valleywise Health's Federally Qualified Health Center Clinics' fiscal year 2023 itemized budget for diversity, equity, inclusion and justice efforts

Future agenda item: discuss messaging and strategies that address stigma and racism in order to reach Valleywise Health's marginalized patient populations

February 14, 2022

Provide number of patients of the unduplicated patient count 83,659 who had additional visits during calendar year 2021

**Adjourn**



Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
Outreach Committee  
Meeting

August 8, 2022

Item 1.

Consent Agenda

**Minutes**

**Valleywise Community Health Centers Governing Council  
Strategic Planning and Outreach Committee  
June 13, 2022  
3:30 p.m.**

**DRAFT**

**Voting Members Present:** Joseph Larios, Committee Chair - *participated remotely*  
Scott Jacobson, Member - *participated remotely*

**Non-Voting Members Present:** Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics - *participated remotely*  
Runjhun Nanchal, Senior Vice President, Strategy, Marketing and Communications - *participated remotely*

**Others/Guest Presenters:** Christie Blanda, Director of Ambulatory Operations - *participated remotely*  
Ijana Harris, Assistant General Counsel - *participated remotely*  
Melanie Talbot, Chief Governance Officer - *participated remotely*

**Recorded by:** Cassandra Santos, Assistant Clerk - *participated remotely*

**Call to Order**

Chairman Larios called the meeting to order at 3:30 p.m.

**Roll Call**

Ms. Talbot called roll. Following roll call, it was noted that both voting members of the Valleywise Community Health Centers Governing Council's Strategic Planning and Outreach Committee were present, which represented a quorum.

For the benefit of all participants, Ms. Talbot announced the committee members participating remotely.

**Call to the Public**

Chairman Larios called for public comment.

There were no comments.

**Valleywise Community Health Centers Governing Council – Strategic Planning and Outreach Committee Meeting Minutes – General Session – June 13, 2022**

**General Session, Presentation, Discussion and Action:**

- 1. Approval of Consent Agenda:
  - a. Minutes:
    - i. Approve Strategic Planning and Outreach Committee Meeting Minutes Dated February 14, 2022

**MOTION:** Mr. Jacobson moved to approve the consent agenda. Chairman Larios seconded.

**VOTE:** 2 Ayes: Chairman Larios, Mr. Jacobson  
0 Nays  
**Motion passed.**

- 2. Appoint a Vice Chair for the Valleywise Community Health Centers Governing Council’s Strategic Planning and Outreach Committee

Mr. Jacobson asked about the committee’s membership structure, specifically questioning the number of members. He also asked whether an additional member would eventually be assigned to the committee.

Ms. Talbot explained there were two voting members and two non-voting members on the committee. There were no current requests from Governing Council members to serve on the committee.

**MOTION:** Chairman Larios moved to appoint Scott Jacobson as Vice Chair of the Valleywise Community Health Centers Governing Council’s Strategic Planning and Outreach Committee. Mr. Jacobson seconded.

**VOTE:** 2 Ayes: Chairman Larios, Mr. Jacobson  
0 Nays  
**Motion passed.**

- 3. Appoint Christie Blanda, Director of Ambulatory Operations, as a Non-Voting Member of the Valleywise Community Health Centers Governing Council’s Strategic Planning and Outreach Committee

Ms. Talbot explained that the committee had the option to appoint Valleywise Health’s Director of Ambulatory Operations as a non-voting member, per the charter.

**MOTION:** Vice Chairman Jacobson moved to appoint Christie Blanda, Director of Ambulatory Operations, as a non-voting member of the Valleywise Community Health Centers Governing Council’s Strategic Planning and Outreach Committee. Chairman Larios seconded.

**VOTE:** 2 Ayes: Chairman Larios, Vice Chairman Jacobson  
0 Nays  
**Motion passed.**

**Valleywise Community Health Centers Governing Council – Strategic Planning and Outreach Committee Meeting Minutes – General Session – June 13, 2022**

**General Session, Presentation, Discussion and Action, cont.:**

**MOTION:** Chairman Larios moved to recess general session and convene in executive session at 3:40 p.m. Vice Chairman Jacobson seconded.

**VOTE:** 2 Ayes: Chairman Larios, Vice Chairman Jacobson  
0 Nays  
**Motion passed.**

**General Session, Presentation, Discussion and Action:**

Chairman Larios reconvened general session at 4:35 p.m.

**Adjourn**

**MOTION:** Vice Chairman Jacobson moved to adjourn the June 13, 2022 Valleywise Community Health Centers Governing Council’s Strategic Planning and Outreach Committee meeting. Chairman Larios seconded.

**VOTE:** 2 Ayes: Chairman Larios, Vice Chairman Jacobson  
0 Nays  
**Motion passed.**

Meeting adjourned at 4:36 p.m.

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Cassandra Santos  
Assistant Clerk



# Valleywise Community Health Centers Governing Council

## Strategic Planning and Outreach Committee Meeting

August 8, 2022

Item 2.

Defining the  
Marginalized Population -  
Uniform Data System



February 14, 2022

# Informed Planning to Address Diversity, Equity, and Inclusion: A Preliminary Review of Select Data Points of the Calendar Year 2021 Uniform Data System (UDS)

Barbara Harding, SVP Ambulatory Care Services  
CEO FQHC Clinics

# Objectives

- Understand the Population Served
  - Preliminary review of select data elements from the Calendar Year 2021 report
    - Table 3B – Demographics Characteristics
      - Race/Ethnicity
      - SOGI
    - Table 4 – Selected Patient Characteristics
      - Income as percent of Poverty Guidelines
    - Unique Unduplicated Patient CountHow shall
- Discussion

# What is the Uniform Data Set (UDS) Report

- The Uniform Data System (UDS) is an annual reporting system that provides standardized information about the performance and operation of health centers delivering health care services to underserved communities and vulnerable populations.
- Its core components include patient demographics, staffing and utilization, selected diagnoses and services rendered, quality of care indicators, health outcomes and disparities, and finances and revenues of awardee health centers.
- UDS data on patient characteristics and clinical conditions are used to evaluate and improve health-center performance, ensure compliance with legislative mandates, and identify trends in health centers' impact on expanding access, addressing health disparities, improving quality, and reducing health care costs.
- Submission of the report to HRSA: February 15, 2022.

# Data Elements Reported

<b>Table</b>	<b>Data Reported</b>
<b>Service Area</b>	
Zip Code Table	Patients by Zip Code
<b>Patient Profile</b>	
Table 3A	Patients by Age and by Sex Assigned at Birth
Table 3B	Demographic Characteristics
Table 4	Selected Patient Characteristics
<b>Staffing and Utilization</b>	
Table 5	Staffing and Utilization
Table 5A	Tenure for Health Center Staff
<b>Clinical</b>	
Table 6A	Selected Diagnoses and Services Rendered
Table 6B	Quality of Care Measures
Table 7	Health Outcomes and Disparities
<b>Financial</b>	
Table 8A	Financial Costs
Table 9D	Patient-Related Revenue
Table 9E	Other Revenue

# Table 3B – Demographic Characteristic Race/Ethnicity

Patients by Race	CY2015			CY2016			CY2017			CY2018			CY2019			CY2020			CY2021		
	Hispanic /Latino	Non-Hispanic or Latino	Unreported	Hispanic /Latino	Non-Hispanic or Latino	Unreported	Hispanic /Latino	Non-Hispanic or Latino	Unreported	Hispanic /Latino	Non-Hispanic or Latino	Unreported	Hispanic /Latino	Non-Hispanic or Latino	Unreported	Hispanic /Latino	Non-Hispanic or Latino	Unreported	Hispanic /Latino	Non-Hispanic or Latino	Unreported
Asian	12	501	0	38	1,559	0	37	1,943	0	35	2,074	0	35	2,108	0	28	1,890	0	35	2,245	0
Native Hawaiian	1	1	0	2	32	0	2	24	0	6	35	0	4	32	0	3	32	0	4	34	0
Other Pacific Islander	12	74	0	75	335	0	84	471	0	56	449	0	88	495	0	131	442	0	246	476	0
Black/ African American	61	5,806	0	221	10,231	0	243	11,072	0	257	11,457	0	245	11,539	0	209	10,161	0	243	10,367	0
American Indian/ Alaska Native	29	651	0	70	797	0	83	830	0	95	864	0	107	853	0	105	760	0	151	901	0
White	60,378	3,378	0	54,400	17,043	0	51,309	18,595	0	51,050	18,447	0	50,354	17,955	0	46,027	16,089	0	50,095	16,082	0
More than one race	164	74	0	113	146	0	45	158	0	43	172	0	63	227	0	60	238	0	91	288	0
Unreported/Refused	350	791	36,184	3,002	3,976	3,258	3,157	2,376	232	2,826	1,781	80	1,704	1,490	79	1,098	1,212	69	1,220	1,076	105
<b>TOTAL</b>	<b>61,007</b>	<b>11,276</b>	<b>36,184</b>	<b>57,921</b>	<b>34,119</b>	<b>3,258</b>	<b>54,960</b>	<b>35,496</b>	<b>232</b>	<b>54,368</b>	<b>35,279</b>	<b>80</b>	<b>52,600</b>	<b>34,699</b>	<b>79</b>	<b>47,661</b>	<b>30,824</b>	<b>69</b>	<b>52,085</b>	<b>31,469</b>	<b>105</b>
<b>COMBINED TOTAL</b>	<b>108,467</b>			<b>95,298</b>			<b>90,661</b>			<b>89,727</b>			<b>87,378</b>			<b>78,554</b>			<b>83,659</b>		

Table 3B – Selected Patient  
Characteristic  
Special Populations:  
Language

<b>Year</b>	<b>Patients Served in Another Language Other than English</b>
<b>2021</b>	<b>34,944</b>
<b>2020</b>	<b>31,615</b>
<b>2019</b>	<b>34,252</b>
<b>2018</b>	<b>34,674</b>
<b>2017</b>	<b>35,365</b>
<b>2016</b>	<b>20,622</b>
<b>2015</b>	<b>23,654</b>
<b>2014</b>	<b>21,435</b>
<b>2013</b>	<b>17,031</b>
<b>2012</b>	<b>0</b>
<b>2011</b>	<b>24,000</b>

# Table 3B – Demographic Characteristic

## Sexual Orientation/Gender Identity (SOGI)

Characteristics: Patients by Sexual Orientation	CY2011	CY2012	CY2013	CY2014	CY2015	CY2016	CY2017	CY2018	CY2019	CY2020	CY2021
Lesbian or Gay						0	761	1,392	1,440	1,436	2,238
Heterosexual (or straight)						0	37,317	40,287	37,900	29,368	44,464
Bisexual						0	315	396	391	340	850
Something Else						0	133	122	123	136	433
Don't know						95,298	49,876	45,411	45,941	93	780
Chose not to disclose						0	2,259	2,119	1,583	1,137	3,207
Unknown										46,044	31,687
TOTAL						95,298	90,661	89,727	87,378	78,554	83,659
Characteristics: Patients by Gender Identity	CY2011	CY2012	CY2013	CY2014	CY2015	CY2016	CY2017	CY2018	CY2019	CY2020	CY2021
Male	33,211	34,304	36,640	40,525	44,479	0	37,901	37,531	36,475	13,155	20,453
Female	47,136	49,933	54,578	58,753	63,988	0	52,459	52,006	50,734	21,564	33,709
Transgender Male/ Female to Male	0	0	0	0	0	0	42	55	56	66	89
Transgender Female/Male to Female	0	0	0	0	0	0	78	68	61	76	154
Other	0	0	0	0	0	95,298	2	9	10	21	87
Chose not to disclose	0	0	0	0	0	0	179	58	42	38	189
Unknown										43,634	28,978
TOTAL	80,347	84,237	91,218	99,278	108,467	95,298	90,661	89,727	87,378	78,554	83,659

# Table 4 – Selected Patient Characteristic

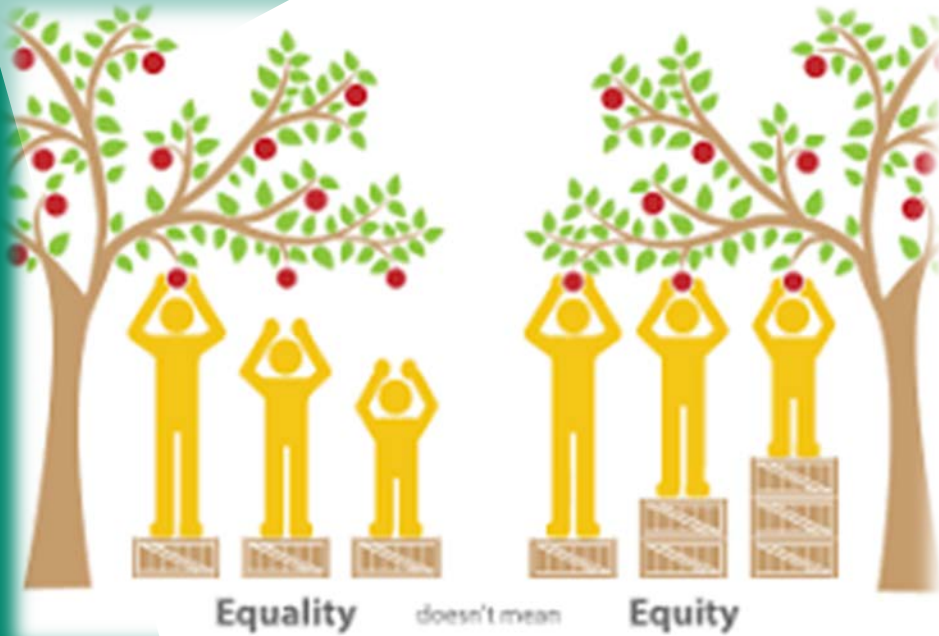
## Income as Percent of Poverty Guidelines

Patients by Income Level	CY2011	CY2012	CY2013	CY2014	CY2015	CY2016	CY2017	CY2018	CY2019	CY2020	CY2021
100% of FPL & below	42,680	34,376	16,344	19,828	15,008	7,406	26,521	36,452	51,284	46,523	50,031
101 - 150%	4,407	14,075	0	0	0	1,857	5,546	7,987	15,764	13,226	13,132
151 - 200%	1,744	1,032	0	0	0	729	1,785	3,167	7,657	6,315	5,684
Over 200%	7,032	19,574	8,001	8,530	5,844	7,290	1,411	3,706	10,281	8,517	7,410
Unknown	24,484	15,180	66,873	70,920	87,615	78,016	55,398	38,415	2,392	3,973	7,402
<b>TOTAL</b>	<b>80,347</b>	<b>84,237</b>	<b>91,218</b>	<b>99,278</b>	<b>108,467</b>	<b>95,298</b>	<b>90,661</b>	<b>89,727</b>	<b>87,378</b>	<b>78,554</b>	<b>83,659</b>



# Unique Unduplicated Patient Count

<b>Total Patients by Year</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>Valleywise Health</b>	<b>90,661</b>	<b>89,727</b>	<b>87,378</b>	<b>78,554</b>	<b>83,659</b>



## Discussion

- What do we know?
- What is the goal?
- What is the plan?



THANK YOU!



# Valleywise Community Health Centers Governing Council

## Strategic Planning and Outreach Committee Meeting

August 8, 2022

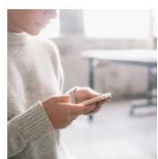
Item 2.

Defining the  
Marginalized Population –  
Voices of Maricopa County  
Dashboard

# Voices of Maricopa County Dashboard

## IT'S BEEN A HARD COUPLE OF YEARS

*In the face of the COVID-19 pandemic, what does **community health** look like for Maricopa County residents?*



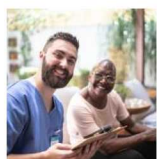
Information & Media



Disease Prevention



Social Factors



Access to Care



Caregiving



Chronic Disease



Cancer



Mental Health

**COVID-19** has impacted all residents in Maricopa County, some more than others. In this dashboard, we explore the lived experiences of Maricopa County residents along with population data to illustrate the impact of the pandemic on community health.

dashboards.mysidewalk.com/voices

- About this Project
- Crisis Response & Preparedness
- Strained Systems
- Community Health Impacts
- Share Your Voice

**LIVE**

**Theme 3: Mental Health**

**Mental Health**  
Top Health Condition in 2021 COVID-19 Impact Survey  
Maricopa County, AZ

- Minimized community/family support
- Isolation/Depression/Anxiety
- Substance Use
- Youth/Senior impact

**Words from a community member:**

*"Stories and information were insightful and provide a larger picture of how different communities handled the pandemic."*



[45-54, White/Caucasian]

Explore the dashboard and share your voice with us!

Visit [dashboards.mysidewalk.com/voices](https://dashboards.mysidewalk.com/voices)



Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
Outreach Committee  
Meeting

August 8, 2022

Item 2.

Defining the  
Marginalized Population –  
Child Protective Services and Race





# Contact with Child Protective Services is pervasive but unequally distributed by race and ethnicity in large US counties

Frank Edwards<sup>a</sup>, Sara Wakefield<sup>a</sup>, Kieran Healy<sup>b</sup>, and Christopher Wildeman<sup>b,c,1</sup>

<sup>a</sup>School of Criminal Justice, Rutgers University, Newark, NJ 07102; <sup>b</sup>Department of Sociology, Duke University, Durham, NC 27708; and <sup>c</sup>Research Unit, ROCKWOOL Foundation, DK 1472 Copenhagen, Denmark

Edited by Mary C. Waters, Harvard University, Cambridge, MA, and approved May 17, 2021 (received for review April 1, 2021)

This article provides county-level estimates of the cumulative prevalence of four levels of Child Protective Services (CPS) contact using administrative data from the 20 most populous counties in the United States. Rates of CPS investigation are extremely high in almost every county. Racial and ethnic inequality in case outcomes is large in some counties. The total median investigation rate was 41.3%; the risk for Black, Hispanic, and White children exceeded 20% in all counties. Risks of having a CPS investigation were highest for Black children (43.2 to 72.0%). Black children also experienced high rates of later-stage CPS contact, with rates often above 20% for confirmed maltreatment, 10% for foster care placement, and 2% for termination of parental rights (TPR). The only other children who experienced such extreme rates of later-stage CPS interventions were American Indian/Alaska Native children in Middlesex, MA; Hispanic children in Bexar, TX; and all children except Asian/Pacific Islander children in Maricopa, AZ. The latter has uniquely high rates of late-stage CPS interventions. In some jurisdictions, such as New York, NY, (0.2%) and Cook, IL (0.2%), very few children experienced TPR. These results show that early CPS interventions are ubiquitous in large counties but with marked variation in how CPS systems respond to these investigations.

child maltreatment | foster care | termination of parental rights | racial/ethnic inequality

Contact with Child Protective Services (CPS)—encompassing everything from an investigation to the termination of parental rights (TPR)—is common, unequally distributed, and potentially consequential for children. National data from the United States indicate that roughly 1 in 3 children will ever have a CPS investigation (1), 1 in 8 will ever experience confirmed maltreatment (2, 3), 1 in 17 will ever be placed in foster care (2, 4), and 1 in 100 will ever have parental rights terminated (5). These outcomes are especially elevated for Black children and, in the case of foster care placement and TPR, Native American children (1–5). Although it is unclear whether CPS contact causes poor outcomes or is merely associated with them, research nonetheless shows that children who have come into contact with CPS fare poorly on a range of outcomes (6, 7).

Existing data estimating the cumulative prevalence of contact with CPS are exclusively at the national (1, 2, 4, 5) or state (3, 8) level, with the exception of a small number of studies considering counties or neighborhoods in only one state (9, 10). Yet most decisions about whether to investigate a child maltreatment allegation, confirm that maltreatment occurred, place a child in foster care, or terminate parental rights happen not at the national or state level but at the county level (11). Comparative analyses suggest county CPS systems differ markedly in how they approach cases (12). Thus, national and even state data may mask materially consequential within- and between-locale differences.

We construct synthetic cohort life tables using data for almost all children living in the 20 most populous counties in the United

States in 2014–2018 to provide county-level estimates of the cumulative prevalence of having a CPS investigation, having a confirmed maltreatment case, being placed in foster care, and having parental rights terminated. In so doing, we provide insights into how much place and race/ethnicity shape the rate of experiencing CPS contact.

## Results

Fig. 1 presents results from synthetic cohort life tables estimating the cumulative prevalence of ever having a CPS investigation by age 18 y in the 20 largest CPS jurisdictions in the country. The median cumulative prevalence was 41.3%. No jurisdiction had a total cumulative prevalence below 20%. One (Wayne, MI) had a total rate of over 50%. A CPS investigation is a pervasive event for US children living in major metropolitan areas.

Black children had consistently high rates of investigations, ranging from 43.2% in King County, WA, to 72% in Los Angeles County, CA. In most counties, having had a CPS investigation was a modal outcome for Black children. In 11 of the 20 counties, Black children had risks of investigation that exceeded 60%. Asian/Pacific Islander children had consistently lower rates of CPS investigations than any other group. Their highest rate was 24.2% in Riverside, CA, still roughly 40% below the median. Hispanic and White children tended to experience investigations in the 20 to 50% range. American Indian/Alaska Native children experience low rates in most of these counties, but experience rates in the high 40s in three counties.

Fig. 2 presents estimates for confirmed maltreatment, foster care placement, and TPR. Total rates for all these events differed dramatically across counties. The disparity between the highest and lowest counties is 9.8:1 for confirmed maltreatment (Wayne, MI, vs. King, WA), 5.4:1 for foster care placement (Maricopa, AZ, vs. New York, NY), and 17.5:1 for TPR (Maricopa vs. New York), suggesting large differences in exposure across counties.

The comparatively extreme rates of foster care placement and TPR in Maricopa, AZ, led to very high rates of both events for all children in that county, except Asian/Pacific Islanders. Aside from Maricopa, AZ, Hispanic and White children experienced elevated rates of later-stage CPS contact in few counties, with the exception of Hispanic children in Bexar, TX.

Black children, on the other hand, experienced exceptionally high rates of later-stage CPS intervention in nearly all counties. Rates routinely exceeded 20% for confirmed maltreatment

Author contributions: C.W. received funding for this research; F.E., S.W., and C.W. designed research; F.E. performed research; F.E. analyzed data; and F.E., S.W., K.H., and C.W. wrote the paper.

The authors declare no competing interest.

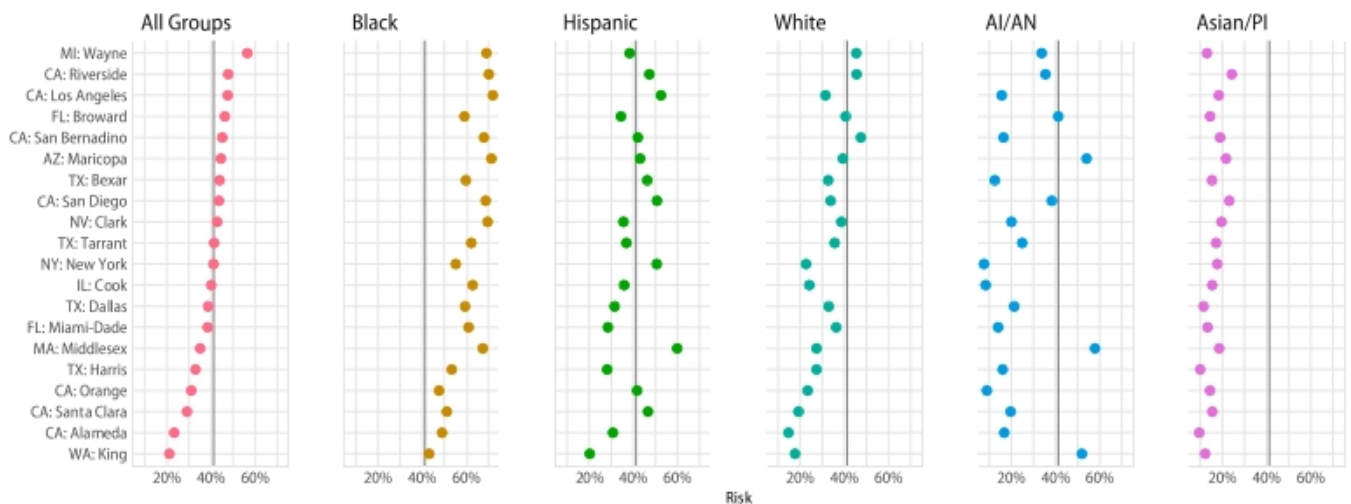
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<sup>1</sup>To whom correspondence may be addressed. Email: christopher.wildeman@duke.edu.

Published July 19, 2021.

## Cumulative risk of CPS investigation

Vertical lines in each panel show the median All Groups risk of 41.3%



**Fig. 1.** Cumulative risk of CPS investigation by age 18 y in the 20 most populous counties in the United States for all children and children from five racial/ethnic groups, 2014–2018. Vertical lines in each panel show the median of 41.3% for all groups. Counties are ordered by risk of CPS investigation, with the highest risk for all groups at the top. AI, American Indian; AN, Alaska Native; PI, Pacific Islander.

(maximum: 26.5% in Middlesex, MA), 10% for foster care placement (maximum: 20.1% in Los Angeles, CA), and 2% for TPR (maximum: 5.6% in Maricopa, AZ). The highest cumulative risk of each of these events across all counties was also for Black children.

American Indian/Alaska Native children experience uneven patterns across counties. While their rates of TPR were well below the modal rate in most counties, rates were notably high in Middlesex, MA, where TPR for this group was nearly 3%, and Alameda, CA, and King, WA, where it was around 2%.

### Discussion

The data suggest that having a CPS investigation is ubiquitous for US children (1) and that risks of later-stage CPS contact are also common for children from historically and/or economically marginalized populations (2–5). This article considered both between- and within-county variation across all four of these stages. This is a significant improvement over existing research, because virtually all critical decisions about later-stage CPS involvement happen at the county level (11, 12).

Consistent with national data (1), the results documented the ubiquity of having a CPS investigation for US children, especially Black children. For them, an investigation was a modal outcome in most of the counties we considered. Although there was variation across jurisdictions in the percentage of children experiencing this event, risks were consistently high.

There is a great deal less consistency when it comes to later-stage CPS contact. This was especially the case for TPR, where some counties terminated parental rights at rates shockingly higher than those in other counties. This is especially the case for Maricopa, AZ, and Bexar, TX, both of which terminated parental rights at over 15 times the rate of the counties that did so the least.

Although CPS investigations are common almost without exception in these 20 counties, there is significant heterogeneity in later-stage CPS involvement and, as importantly, in its prevalence across racial/ethnic groups. Future research should build on these descriptive results to better understand how differential handling of cases across counties leads to divergence in child

well-being. Future considerations of these data should also consider disparities in levels of CPS contact by race/ethnicity, with special attention to disparities by race/ethnicity in transition probabilities between stages.

### Materials and Methods

All results are based on the Adoption and Foster Care Analysis and Reporting System data and the National Child Abuse and Neglect Data System data. We use synthetic cohort life tables to estimate the cumulative prevalence of exposure to CPS by age 18 y. As with previous research using these methods (1–5), it is essential to differentiate first CPS contacts from higher-order contacts. Unique identification numbers in both datasets guarantee we are at no more than minimal risk for incorrectly considering children as experiencing their first CPS contact. Moreover, we focus on the 20 most populous counties, which are likely to have better data infrastructure than smaller counties. Thus, bias due to incorrectly counting children who have already experienced CPS contact is likely smaller in our analyses than in earlier national and state analyses.

Although we did not have a strict cutoff for population size, either for the total population or for specific racial/ethnic groups, it would be reasonable to be concerned about potential instability in point estimates for groups that form only a small part of the population (e.g., Native Americans), especially since the analyses are at the county level. In supplementary data (13), we show the population counts and counts of first CPS contact by race/ethnicity for each county. Even for Native Americans, the group with the smallest population in most counties, the total population never falls below 7,008 (for the pooled data over 5 y in Middlesex, MA), yielding a sufficiently large population to produce stable estimates even in the smaller counties.

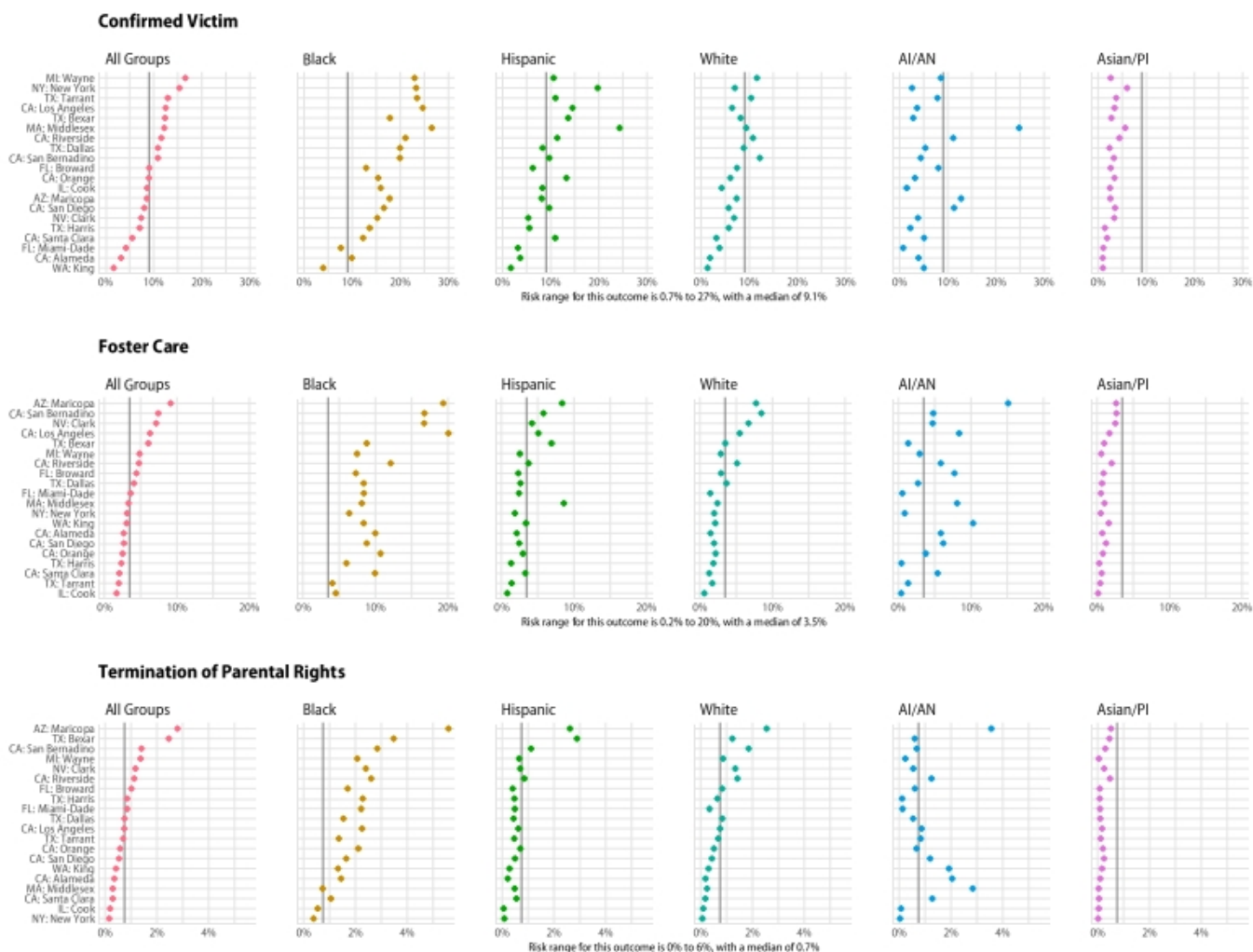
The counties making up New York City report together because they are part of a unified CPS system that extends beyond county lines, and hence are presented together.

**Data Availability.** All code used in these analyses is available at [https://github.com/f-edwards/cps\\_lifetables\\_counties](https://github.com/f-edwards/cps_lifetables_counties) (13). Information on gaining access to the National Child Abuse and Neglect Data System data (see <https://www.ndacan.acf.hhs.gov/datasets/request-restricted-data.cfm>) and the Adoption and Foster Care Analysis and Reporting System data (see <https://www.ndacan.acf.hhs.gov/datasets/request-dataset.cfm>) are available through the National Data Archive on Child Abuse and Neglect (<https://www.ndacan.acf.hhs.gov>).



## Cumulative Risks for Three Events by Race/Ethnicity and County

Within racial and ethnic groups for each outcome, the vertical bar shows the median risk for All Groups as a baseline. Counties are ordered from high to low within each outcome. Each outcome has its own x-axis scale.



**Fig. 2.** Cumulative risk of experiencing confirmed maltreatment, foster care placement, and TPR by age 18 y in the 20 most populous counties in the United States for all children and children from five racial/ethnic groups, 2014–2018. Vertical lines for the top (9.1%), middle (3.5%), and bottom (0.7%) panels show the median for all groups of experiencing each event. Each panel of the figure is ordered by risk of CPS event, with the highest risk for all groups at the top. AI, American Indian; AN, Alaska Native; PI, Pacific Islander.

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Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
Outreach Committee  
Meeting

August 8, 2022

Item 2.

Defining the  
Marginalized Population –  
Displacement in South Phoenix

# Pushed Out: Displacement in South Phoenix

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## Note about Language

Throughout this report, language is used intentionally. There are often times when an issue affects a specific racial or ethnic group and there are other times when it affects all nonwhite people. There is often another scenario when people with lived experience know it affects a large group of people, but the available research only looked at a specific group. By using the language that supports each statement, we also seek to not only do our due-diligence in delivering a report reinforced by nearly 150 citations, but to also visibilize the inequities in investments institutions make when choosing who gets their narrative centered in research, journalism, and scholarship. These citations often use terminology and language that is harmful and doesn't embody the values of liberation work. As a result, this note, as well as elements throughout the paper, seek to both name and reduce the harm when that language is used. For the purpose of this paper, Black refers to people who are of African or Caribbean descent, Latino refers to people who trace their ancestry to countries of Latin America, Indigenous refers to the native people of Arizona including the tribes [listed in insert figure], and nonwhite refers to people who are Latinx, Indigeneous, Hispanic, and Asian together. This report seeks to center Black and local Indigenous displacement and names those groups and their experience whenever possible.

## Intro

Hundreds of years before any cities on the East coast had become inhabited, a settled and innovative community occupied the land we know as Phoenix. The Hohokam tribe are the first

known settlers of the area and for 2000 years made Phoenix their home (City of Phoenix, 2008). They were known to inhabit the South Mountain area as it was close in proximity to both the Salt River and Gila River (Gonzalez, 2020). Historians and archaeologists believe that this area first attracted the Hohokam because it was “cooler, and with greater diversity of creatures than the river basins” and South Mountain was ideal for ancient desert farmers (Gonzalez, 2020). Thus the Hohokam gave life to this area, making it “the most populous and agricultural productive valley in the West before 1500 CE” (Bostwick as cited in Gonzalez, 2020). The Hohokam were able to survive and transform a dusty desert into great farmland by constructing a widespread system of irrigation canals reaching over 135 miles (Gonzalez, 2020).

In 1450 AD, historians believe that the area was destroyed by a prolonged drought and the people were given the name ‘Ho Ho Kam’ or ‘the people who have gone’ (City of Phoenix, 2008). However, several tribes do not accept the Hohokam to have vanished. The Akimel O’odham/Pima and the Tohono O’odham/Papago tribes are believed to be direct descendants of the Hohokam. The Gila River Indian Community have alternatively named them Huhugam meaning “loved ones who have passed” (Gonzalez, 2020).

After the tribe descended, the United States gained control of the Phoenix area from Mexico in 1848 at the end of the Mexican-American War and Phoenix was founded twenty years later in 1868 (City of Phoenix, 2008). In 1887, the Southern Pacific Train arrived in Phoenix and changed the city forever. With the arrival of the railroad, the economy was altered and Phoenix moved from being a purely agricultural city to becoming a trade market. (City of Phoenix, 2008). This colonization disrupted the communal responsibility to land inherent in Indigenous nationhood, and turned the land into a private commodity for wealth extraction and accumulation

(Belfi & Sandiford, 2021). It is also here that our story transitions from colonization, to racial segregation.

The fate of the city's oldest Black and Latino neighborhoods "was cemented nearly a century ago, linked to a complex of factors including pervasive racial exclusion, class domination, political disenfranchisement, and a racially segmented economy" (Bolin et al., 2005). Collectively, these processes have confined Black and Latino city residents to an area that has been overlooked and underserved by local governments, financial institutions, and private developers (Smyton, 2020).

And while Phoenix never truly desegregated (Flaherty, 2021), over the past half century, we've seen the destruction of the infrastructure put in place by the victories of the civil rights movement and are seeing resegregation happen at an alarming pace (Chang as cited in Kai-Hwa Wang, 2016). It is resegregation in action that we see through disparities in life expectancy, policing, incarceration, health, wealth, income, housing, and schooling (Chang as cited in Kai-Hwa Wang, 2016). This connection to the history of segregation and oppression is why gentrification cannot tell a complete story (Chang as cited in Mock, 2016). As Jeff Chang writes, "When the rents reach the tipping point... when poor residents have to leave... gentrification has no room for the question, 'where did the displaced go?'" (Chang, 2016). Often, "the displaced join the disappeared" (Chang, 2016) leaving some to wonder if the fate of displacement in South Phoenix will be the same as the Hohokam.

The resegregation of Phoenix today has been driven by decades of discriminatory practices. Like many cities, it was built through acts of racial violence across a spectrum such as policing and hyperincarceration with some of the "broadest and strictest anti-illegal immigration measures" (Arizona State University, 2018), the use of zoning laws and urban renewal, and

environmental injustice (Smyton, 2020). In the case of Phoenix, no area has been more marginalized than South Phoenix (Bolin et al., 2005). This report takes into account race, place, and history in a way that other discussions of displacement don't in order to understand displacement in South Phoenix in a deeper way.

## Criminalization

One factor that continues this legacy is the racialized structure of the criminal legal system (Johnston & Lalwani, 2020). While a larger system of mass incarceration and hypercriminalization are at play, on a community level, policing both responds to segregated landscapes as well as constructs and maintains them (Smyton, 2020). Through funding and surveillance, police replicate historic patterns of investment and protection in white neighborhoods and neglect, suppression, and control in Black neighborhoods (Smyton, 2020). Hyperpolicing and under-resourcing reproduce associations between Blackness and criminality and deepen the divide in investment (Smyton, 2020).

Hyperpolicing has been recently understood and influenced by the theory of 'Broken Windows' policing, which argues that rooting out lower-level offenses and blight will thwart more violent crime (Cassidy, 2016). However, as it has taken root in communities and precincts across the country, there is little evidence it has been helpful to communities (Childress, 2016). In fact, according to an investigation by the US Justice Department, the theory resulted in aggressive hyperpolicing of communities including Black, Latino, the elderly, or those with mental illnesses or disabilities (Childress, 2016). Despite this, Commander of the South Mountain Precinct Nick DiPonzio reported that the department leverages this theory (Cassidy, 2016). As a result of this hyperpolicing, "mundane public behaviors become subject to intense

police suspicion, interrogation, and intervention" which in turn results in hypercriminalization and hyperincarceration (Roberts et al. 2019).

Increased police presence in communities also extends to property values and public perception of certain communities (Roberts et al. 2019). When hypercriminalization tactics like ‘Broken Window’ policing are implemented, crime rates are driven up and property values are diminished (Roberts et al. 2019). Additionally, research suggests that fear is one of the most significant forces of influence for an individual deciding where they will live (Roberts et al. 2019). As a result of policing tactics, whites' fear of perceived crime in Black communities can result in “white flight”. White flight refers to a migration pattern that occurs when people of color move into predominantly white neighborhoods, and many white residents of those neighborhoods pick up and leave, resettling in newly built, overwhelmingly white suburbs (Kaul, 2018). Further, as property values decrease from this perception of crime, and because nonwhites are more likely than whites to live in poverty, it is these properties which nonwhites can afford, resulting in resegregation from hyperpolicing (Roberts et al. 2019).

This divide is reinforced by real estate agents. While the Fair Housing Act has outlawed racial steering, a practice where real estate professionals steer buyers to different communities based on their race or ethnicity, the practice still exists through loopholes (Johnston & Lalwani, 2020). For example, real estate professionals will tell clients to look at lists of crime statistics or to ask police about crime in the area (Johnston & Lalwani, 2020). As crime is an artifact of how a community is policed and as officers share their impressions of certain neighborhoods, racial steering is perpetuated as police influence residential decisions. These decisions impact beyond white people reinforcing segregation, but this police influence also impacts Black and other



nonwhite people who have a reasonable desire to live in a safe and affirming space when living in a discriminatory society (Quick & Kahlenberg, 2022).

All of these factors reinforce long standing patterns of segregation in South Phoenix. However, as incarceration increases, budgets shift, areas redevelop, and white people move into the area, criminalization of nonwhite people makes resegregation possible (Li, 2016). One community that has been disproportionately impacted by this hyperincarceration is South Phoenix. South Phoenix has one of the highest and most racially disproportionate incarceration rates in the country with thousands of people returning to the 85040 and 85041 neighborhoods from prison each year (Greene & Strategies, 2011; American Civil Liberties Union [ACLU], 2018; Zetino, 2018). Despite Latinos making up only 27% of the state's population, a study from 2016 found that Latino men made up 40% of Arizona's prison population. The racial disparity among incarceration rates here also reigns true for Black men; despite making up only 4% of the state population, Black men made up 14% of Arizona's prison population (Zetino, 2018). Unfortunately, it is not just men affected by this hyperincarceration. Arizona incarcerates women at almost twice the rate of most other states, and four times the rate of Utah (Wood, 2019). The vast majority are non-violent offenses including 88% of women in Arizona prisons having a moderate to intensive substance use disorder for which they'll spend a significantly longer time incarcerated than in other states and most of whom will never receive treatment (Wood, 2019). Further, more than half of these women are mothers whose children often suffer from emotional stress, financial and school challenges, and social isolation (Wood, 2019). Hyperincarceration does not just affect people and communities while they are incarcerated, these sentences have lasting impacts on individuals and communities. There are housing and employment prerequisites that discriminate against previously incarcerated individuals (Prins & Story, 2020)

which in turn has a direct influence on an individual's ability to also secure stable income and healthcare insurance, further displacing individuals through lack of access to housing and increased poverty (Prins & Story, 2020).

In addition to the alarming number of people who are incarcerated, there is a large population of people under mass supervision through jails, probation, and parole. Arizona has nearly twice as many people on probation as they do in state prisons and with probation as a key driver of mass incarceration, Arizonans become trapped in the revolving door (Jones, 2018). Probation sets people up to fail with strict conditions, long and costly supervision, and intense surveillance; more than half of people aren't able to complete their supervision terms and become incarcerated (Jones, 2018). In Arizona, projections indicate that the "state prison population will grow by 52 percent over next ten years, twice the rate of increase projected for the state's general population" (Greene & Strategies, 2011). The primary driving factor behind this prison growth is the high rate of failure among people on community supervision (Greene & Strategies, 2011).

And with this high number of South Phoenicians being incarcerated (ACLU, 2018; Zetino, 2018), it means that many members of the community aren't home to be counted in the census or shape the future of their community. In many rural white towns, like Florence, population numbers are boosted by Black and Latino people in prisons (Wang & Devarajan, 2019). In fact, 71% of Maricopa County's state prisoners are incarcerated and represented outside the county (Prison Policy Initiative, n.d.). This process, called prison gerrymandering, is used to "bolster the voting strength where incarceration facilities are located, an average of 100 miles away from the homes of people who are incarcerated" (Osaki et al., 2021) and causes political power to be lost in the communities of color that most incarcerated people call home

(Prison Policy Initiative, n.d.). Through the census, this distribution of power is then sealed for a decade leading many scholars to liken prison gerrymandering to the Three-Fifths Compromise (Osaki et al., 2021).

Hyperpolicing and incarceration also affects a person's ability to shape their community through voting rights. In Arizona, over 7% of all Latino voters cannot vote (Uggen & Fetting, 2021), and Arizona has the eighth highest rate of Black disenfranchisement in the country with Black Arizonans comprising 11.89% of the disenfranchised population despite only comprising 4% of the state's voting age population (ACLU of Arizona, 2018). This is partly a result of Arizona having more restrictive felony disenfranchisement laws than 40 other states including neighboring states like New Mexico, Utah, Colorado, California, and Texas (ACLU of Arizona, 2018). Further, only 20% of the disenfranchised population in Arizona is incarcerated, about 53% have fully completed their sentences (ACLU of Arizona, 2018). This means the vast majority of our disenfranchised population is not in prison or jail, but living in our communities and being barred from shaping the society in which they live (ACLU of Arizona, 2018).

Just as white flight contributes to segregation, white return to these hyperincarcerated and nonwhite areas contributes to the resegregation of communities. As communities like South Phoenix see historic levels of investment (Jaramillo Valencia, 2017), the level of redevelopment and potential for profit margins often results in secondary displacement pressures like “high rent, rising evictions, tenant harassment, excessive housing code enforcement, increased policing, and loss of small businesses” (Li, 2016). This displacement ultimately resegregates poor populations as neighborhoods become concentrated with more wealth and a significantly greater white population (Li, 2016). As the population of white, middle-class residents increases, so does misdemeanor-focused policing (Beck, 2022). For every 5 percent increase in property values,

neighborhoods experience a 0.2 to 0.3 percent increase in discretionary arrests (Beck, 2022). This type of misdemeanor-focused policing does not reduce crime, but does increase police violence and community trauma (Beck, 2022). Another kind of policing that occurs is white residents calling in quality-of-life complaints (Stolper, 2019). These can range from noise complaints, to selling water without a permit, to people having a barbeque (Vo, 2018). The highest quality-of-life complaints and those most likely to end in an arrest or summons, occur in low-income communities with large influxes of white residents (Stolper, 2019). As South Phoenix becomes a “high growth” and “up and coming” area (Enriquez & Harper, 2019), the impacts of white return and resegregation are likely to be felt through increased policing.

As these areas attract more white people, police and security budgets often go along with them. As of 2018, the City of Phoenix spent \$341 per resident or 41% of its funding on policing (Vera, 2018). This money is primarily spent on hyperpolicing in communities of color. In Phoenix, Arizona, Black people were arrested at a rate 2.95 times higher than white people (Vera, 2018). And despite investigations revealing the department lied and exaggerated details in arrests leading to gang charges in the summer of 2020 (Valdes, 2021), Phoenix City Council approved a \$744 million dollar police budget for 2020-21 fiscal year, a 25 million dollar increase (Sparks, 2020). This growth in budget and expenditures does not make communities safe, but instead allows police departments to “increase force size, militarize equipment, and sustain high arrest rates”; an approach that oppresses and criminalizes nonwhite people, but especially Black people (Vera, 2018).

Police budgets often also follow light rail with similar consequences of criminalization. In 2017, the City of Phoenix spent 7.5 million on their transit enforcement unit, a division of the Phoenix Police Department dedicated to enforcement on public transit as well another 2 million,

mainly spent on private security (Estes, 2017). Additionally, Valley Metro in FY 2021 budgeted 8.6 million largely for their private security (Valley Metro, 2020). One of the most present functions of these security teams is fare enforcement. Nationally, nonwhite people are five times more likely than white persons to be ticketed for fare evasion along mass-transit lines (Abel, 2021). However, more than 90% of light rail riders paid the appropriate fare according to Valley Metro (KTAR, 2017). Valley Metro's fare enforcement is focused on "crime analysis" and on "community where it is believed they will have the greatest impact" (Gómez, 2019) but when fare enforcement and Respect the Ride, Valley Metro's code of conduct, is being harshly enforced, the effect is hyperpolicing (Gómez, 2019) primarily affecting nonwhite communities (Abel, 2021). In Phoenix, it also goes beyond fare enforcement and citation. With the assistance of Valley Metro's security staff, Phoenix police officers escalate minor fare infractions by running background checks and arresting people for outstanding warrants, a practice not executed in Tempe or Mesa, the other two cities where the light rail operates (Gómez, 2019). Increases in budget and over-citation of nonwhite people is often the result of "policies designed to attract new residents to rapidly gentrifying urban neighborhoods" to present an image of safety to new home and business owners (Abel, 2021).

This is a stark contrast to the city's lack of investment into Black neighborhoods that reinforces a legacy of public service neglect. Police, elected officials, business owners, and empowered residents demand officers to 'protect and service' the downtown and middle-class neighborhoods because these areas are seen as vital to the city's economic health (Smyton, 2020). These practices come at the expense of other parts of the city and often include response time to emergency calls, investments that would enhance community safety and strength, and a systemic undervaluing of assets, contributions, and potentials of Black communities (Smyton,

2020). The resource commitments currently provided to Black neighborhoods only merit them to exist as areas to be controlled and contained (Smyton, 2020).

Beyond property, the people displaced and resegregated through policing also face disparate outcomes when it comes to personal safety (Demby, 2018). Black women experiencing domestic violence are the most common evictees under ‘nuisance ordinance’ clauses which allow landlords to evict residents who call police on more than one occasion, which forces these women to choose their safety or their housing (Roberts et al., 2019). Further, when areas are deemed ‘high crime’ or saturated with police, there are vast racial differences in stop practices which lead to disproportionate exposure to police violence (Smyton, 2020). Research from the Boston University School of Public Health reports "the more racially segregated the neighborhood is in a state, the more striking the ratio of black to white police shootings of unarmed victims" (Demby, 2018). With one of the deadliest police forces in the nation (Tate et al., 2020), on average being involved in a shooting every eight days (Burkitt & Garcia, 2021), resegregation through policing in Phoenix has fatal results.

## Zoning

Zoning spatially allocates wealth, prestige, and opportunities within communities and since its induction has been a powerful tool for maintaining class and racial segregation (Thomas & Ritzdorf, 1997). In South Phoenix, a combination of historically racist zoning and current oppressive policies have had generational impacts on residents (Bolin et al., 2005). Critical to understanding this pattern are the zoning events throughout time in South Phoenix and the code that shapes our development process today.

Zoning and land development in Phoenix has had a long history of creating and reinforcing patterns of segregation. Access to water, transportation, and the urban core were reserved for white people, creating a narrative that central Phoenix in the 1920s was “a modern town of forty thousand people, and the best kind of people too. A very small percentage for Mexicans, Negroes, or foreigners” (Kotlanger 1983, p. 396 as cited in Bolin et al., 2005). Planning and investment decisions ensured that ‘Anglo’ Phoenix was growing, profitable, and accumulating capital while race and place were woven together into policies creating another section of town; South Phoenix, an undesirable area of nonwhite residential and industrial land uses (Bolin et al., 2005).

While “95% of the city’s Black population lived in the most deteriorated districts” and zoning ordinances kept white neighborhoods homogenous, South Phoenix’s industrial development began to take shape (Bolin et al., 2005). With no efforts in planning, public investment, or land use regulation and banks considering the area too “hazardous” for housing, manufacturers and the toxic waste that came with them moved into South Phoenix (Bolin et al., 2005). This happened so much so that by 1950, three quarters of Phoenix’s manufacturing facilities would be on the South side and by 1970, tax incentives were being used to entice further industrialization (Bolin et al., 2005).

Despite the continued blight from developers, Black and nonwhite people still called South Phoenix home. For many, this would be true until the desire for highways and airports would cause “wholesale removal of entire minority neighborhoods, environmental contamination, industrialization and neighborhood decline” (Bolin et al., 2005). Beginning in 1977, residential areas, including the Golden Gate barrio, were dutifully removed for the airport; this pattern continued as the Interstate 17 and I-10 freeway corridors were constructed (Bolin et

al., 2005). Between 1980 and 1990 alone, 40% of residential land in the area was converted to industrial uses, displacing hundreds of families and leaving those remaining to live amongst the noise and air pollution (Bolin et al., 2005).

The zoning and land use in South Phoenix has caused more than a century of harm. Decisions to place hazardous infrastructure in the center of nonwhite communities, to remove families, and to maintain conditions that cause poverty and early death has permanently shaped a community (Bolin et al., 2005). Today, zoning data shows us that 35% of neighborhoods in South Phoenix directly border industrial zoning compared to 3% in the metro (Bolin et al., 2005). Without mandated changes in urban infrastructure or disallowing residentially incompatible land uses, South Phoenix will continue to bear the burden of environmental and social-spatial inequalities (Bolin et al., 2005).

Another outgrowth of racist covenants is single-family zoning (Rudick, 2021). In its origins, single family zoning was not about separating homes from apartments, it was about separating white families from everyone else (Baldassari & Solomon, 2020). This caused not just physical segregation, but also economic segregation. With home equity as a primary source of the racial wealth gap (Rudick, 2021) and the networth of a homeowner being 80 times that of renters (Baldassari & Solomon, 2020), the impacts of single family zoning have been and will be felt intergenerationally.

Unfortunately, the presence of single family zoning is overwhelming. Across the county, about 75% of residential land is devoted exclusively to single family zoning and studies have shown that as single family zoning increases, so does the percentage of white residents (Baldassari & Solomon, 2020). This is particularly problematic in South Central's Transit Oriented Development (TOD) area where 79% of residents are Latino and 11% are Black (US



Census Bureau, 2020). Further, this type of zoning makes it difficult to impossible for developers who would prefer to build denser or more affordable housing, forcing them to build single family products or cram denser housing into the few areas where it already exists and often far from access to higher quality jobs and schools (Rudick, 2021).

There are also more subtle zoning laws and codes on the books that continue a pattern of white idealism and prevent solutions to the City's housing crisis. Extended and non-nuclear families have long been the lifeblood in communities like South Phoenix but single family zoning has long been used to prevent the expansion of people of color into white middle-class areas (Thomas & Ritzdorf, 1997). Despite the need and the history, there is significantly more single family than multi-family housing in South Mountain and the City caps the definition of family at five people (Phoenix Municipal Code, 2021). This not only enforces a particular vision for socioeconomic life, but also makes other solutions to the housing crisis more difficult (Thomas & Ritzdorf, 1997).

One solution identified by the City of Phoenix Housing Plan is Accessory Dwelling Units (ADUs) (City of Phoenix, 2021a). These are secondary residences located on single-family lots that increase housing options within a neighborhood. However, due to current codes and zoning ordinances, creation and expansion of this option will need to be approved by the City (City of Phoenix, 2021b). This is only one example of planning policies that will need to be developed to build on the strengths of multiple forms of family and seek to undo the harm of current zoning (Thomas & Ritzdorf, 1997).

Another way of correcting some of these wrongs that can no longer be leveraged is inclusionary zoning. Inclusionary zoning is a policy that requires market-rate builders to fund or construct affordable housing (Robustelli et al., 2020) and has been around and leveraged by

cities since 1974 (Chicago Metropolitan Agency for Planning [CMAP], 2019). While the three largest cities in the country have adopted it (CMAP, 2019), Phoenix, the fifth largest city, has not, and as a result of 2015 legislation, can no longer (Fischer, 2016). With a statewide housing shortage of 153,331 units for extremely low-income households and South Phoenix having one of the worst eviction rates in the county (Robustelli et al., 2020), the time for Phoenix to adopt tools to create permanent affordable housing before state preemption is more critical than ever.

Another way that we see resegregation in the modern zoning process is that by the time the public is involved, it is too little, too late. This is by design as cities' land use and planning procedures center the relationship between themselves and the developer, ejecting the public to a subsequent conversation without due process (Marcello, 2007). Further, the conversations where the public is involved are often relegated to the operational and physical aspects of a project such as height, setbacks, and lighting versus conversations meaningful to a community like affordability, benefits to the local area, and living wage jobs (Marcello, 2007). This is in contrast to the bilateral negotiation model where the developer and community are connected early and actively when the project has much more flexibility and opportunity for negotiation (Marcello, 2007). Without this shift in timeline and agenda, public participation in the zoning process remains superficial and futile (Marcello, 2007).

While all of the other factors above contribute to how zoning drives displacement, none may be more relevant than transit oriented development. Transit oriented development (TOD) has been a growing trend over the last 20 years but as the focus has shifted to achieving mobility, many analysts have identified the social costs and group displacement that often comes with it (Padeiro et. al, 2019). TOD is intended to maximize ridership and address the high cost of development related to zoning and place making (Padeiro et. al, 2019). For many cities,

including Phoenix, this development is intended to serve low-income neighborhoods who are the most reliant and frequent users of public transit (Klein et.al, 2020). However, the value capture of TOD clearly demonstrates a connection between transit and higher property values (Klein et.al, 2020) as well as its history of attracting private-led developments that produce housing oriented to upper income households (Padeiro et. al, 2019). As a result, low income renters have increased difficulty accessing housing and remaining in the area (Padeiro et. al, 2019), pushing them into neighborhoods with fewer transit options and forcing them to spend a higher percentage of income on transit (Klein et.al, 2020). This results in actually diminishing the use of transit amongst the demographic it was intended to serve (Klein et.al, 2020) and having further negative impacts on the population. When moved to neighborhoods with fewer options, the residents again experience long wait and travel times that “contribute to chronic stress, sleep deprivation, and poorer job/school performance” and further increase the negative cycle of issues that can lead to job instability, higher blood pressure, and greater risk for mental illness (Lopez et.al, 2015).

The processes involved in zoning for TOD are often no different than zoning for other projects, meaning those most impacted aren't involved meaningfully or in a way that can positively influence their community until the opportunity for change has passed (Marcello, 2007). This trend can be seen nationally when residents lose in each stage of public participation and are unable to obtain meaningful change through the traditional avenues for challenging land use decisions (Li, 2016). The business and commercial property owners have financial interest and access that allows them to attend the meetings or be involved earlier in the process and funding received for the TOD project includes assistance for businesses, but not those who would be displaced (Federal Transit Administration, 2016). The result is the community who

would be displaced are not in the meetings where decisions are being made. These zoning practices, including racially motivated zoning, are ultimately about providing favorable conditions to developers and the business community for their ability to make profits (Fischel, 2004). Further, these zoning decisions are not often laden with intentional discrimination, but the outcomes that result in displacement may be cloaked in seemingly neutral concerns like traffic or even well meaning goals like affordable housing (Li, 2016). As policies create economic incentives, encourage development by private parties, and change land values, it is not only the light rail that causes displacement, but the public policies supporting it (Arizona State University, 2018).

## Housing Violence

Living and being housed in South Phoenix was not often a choice during segregation. Residential segregation and the demarcated line from the rail corridor and the Salt River separated nonwhite districts from the rest of Phoenix (Bolin et al., 2005). This separation kept poor Black and Latino people from working in the central business district and instead working in agriculture, food processing, and other environmentally dangerous industrial work (Bolin et al., 2005). It also separated residents from potable water, sanitation, and any hospitals or healthcare northward (Bolin et al., 2005). When the Salt River flooded, people in South Phoenix had no access to work or resources and went without communication (Honker, 2002). It was decades “that we in South Phoenix fought for bridges to cross the Salt River when we had flood and rains” (Brooks, Rio Salado Public Hearing, 1998) and when the bridge was built, it was largely funded by residents (Towne, 2013). Even with a connection to north Phoenix, there was still formal segregation in addition to work, cultural, and housing discrimination that kept Black and Latino people in South Phoenix (Bolin et al., 2005). These conditions, combined with deed

restrictions and lending practices from segregation have kept Black residents restricted to the area for generations, but decades later, this community's ability to remain is now threatened (Bolin et al., 2005).

South Phoenix has had a long history of housing violence. Housing violence is the systemic and structural way that eviction, exclusion, and enforcement is used to control, remove, and transform places (Rannila, 2021). This process, which is justified and legalized by urban development, uses violence to legitimize the foundation and operation of the regime of private property (Rannila, 2021). Whether it be discreet or public violence, property owners, eviction enforcement agencies, and developers use their spatial power to determine worthiness and exclusion from land (Rannila, 2021). This housing violence is what fuels the displacement both directly and indirectly through rent increases, limited affordable housing choices, and drastic shifts in community services and support systems (US Department of Housing and Urban Development [HUD], 2018). Whether a resident is renting, has a mortgage, or owns their housing, this legacy of housing violence in South Phoenix causes resegregation through enforcement, eviction, and exclusion from housing.

There are several ways that enforcement shapes and resegregates space in South Phoenix. Some of this enforcement is unpacked in earlier discussions on zoning and criminalization, but others are specific to housing violence like blight and housing code enforcement. Housing code enforcement is a tool used by cities in multiple ways to control space. Like many tools, it can be used deliberately or unintentionally to target, punish and displace vulnerable populations, particularly nonwhite and low income communities (Cities Responsible Investment and Strategic Enforcement [Cities RISE], 2019). In poor neighborhoods, it will often have been casually

enforced, but under the guise of improving housing conditions, like in target area B, will begin to be aggressively enforced to displace low-income residents (Li, 2016).

Code enforcement systems are also often reactive, which privileges those who are comfortable making complaints (Cities RISE, 2019). For example, complaints about noise and overcrowding may be instigated by racist sentiments putting nonwhite tenants at risk of displacement (Cities RISE, 2019). Conversely, renters who are afraid of retaliation from their landlords may not complain, often leaving them in dangerous conditions (Cities RISE, 2019). If codes are truly meant to promote health and safety over community aesthetics, then officials should be focused proactively inspecting large multifamily complexes with multiple violations (often run by negligent landlords) as those cases pose a more serious risk to health and safety over blight (De Leon & Schilling, 2017).

As cities experience blight, which means they are being “spoiled” or “damaged”, local governments often turn to urban renewal, which critics have paralleled to the removal of Black people throughout history (Li, 2016). Urban renewal has historically destroyed more housing units than it replaced and pushed nonwhite people into further segregated communities (Li, 2016). In the present, cities use enforcement to get rid of blight. Blight according to the City of Phoenix includes such violations as dead and dried vegetation, inoperable vehicles, junk or litter, outside storage, fences in disrepair, and non-dust proof parking (City of Phoenix, 2022). But studies have shown that poor families are forced to live in substandard housing through a combination of poverty, lack of affordable housing, and local eviction systems and cannot afford to correct the blight on the property they live on (De Leon & Schilling, 2017). With more than 29% of people in South Phoenix living below the federal poverty level compared to 13% countywide, and the average household income is \$34,789, nearly half the average for the county

(Robustelli et al., 2020), there are often no funds to repair the inoperable vehicle, purchase a storage container, or fix a broken fence.

Some of this enforcement started as the City of Phoenix identified the area, namely target area B, for redevelopment (City of Phoenix, 2001). The South Mountain Village was designated a Neighborhood Initiative Area which is specifically funded to target programs such as code enforcement, blight elimination, and redevelopment (City of Phoenix, 2001). At the time of the report, nearly half of the properties had zoning or maintenance violations and 42% of the buildings were in need of major repairs and were economically infeasible to rehabilitate (City of Phoenix, 2001). According to research, in most cities, “neighborhoods with a disproportionate number of problem properties correspond almost exactly with areas labeled undesirable and disposable by Federal Housing Administration redlining maps and urban renewal projects of the 1930s-1960s” (Cities RISE, 2019). In Phoenix, this left many people being “encouraged to relocate” (City of Phoenix, 2001).

For renters, South Phoenix, which was redlined during the 1930s, is visibilizing the consequences of systemic racism and housing violence through evictions. In these Black and Latinx communities, “eviction rates are between 10 and 20 percent, and foreclosure rates range between 3 and 7 percent, some of the highest in the county” (Robustelli et al., 2020). One violation that impacts low income renters in Phoenix is the failure to pay utilities. With most families already spending more than 30 percent of their income on rent, the intense heat demands people to spend even more to meet basic needs (Robustelli et al., 2020). To cool a home in Phoenix, families spend an average of \$477 a month, the most expensive rate in the country; failure to afford this can mean housing loss or enduring dangerous temperatures (Robustelli et al., 2020). As mentioned previously, Black women experiencing domestic violence are some of

the most commonly evicted nationally (Roberts et al. 2019). This is no exception in Phoenix where some landlords often don't leverage the formal eviction process. By raising prices, telling a family to leave, or changing the locks, many evictions go unreported and without support (Desmond & Shollenberger, 2015).

Even when faced with a formal eviction, most tenants in Maricopa County lack access to legal counsel which results in distinct disparities in case judgements. Based on data from the Maricopa County Justice Courts, "87 percent of landlords have legal representation, compared to just 0.3 percent of tenants, resulting in 99 percent of cases with judgment information being decided in favor of landlords" (Robustelli et al., 2020). With no representation or power, individuals and families are charged with evictions that negatively and permanently impact their ability to find housing (Desmond & Shollenberger, 2015).

These inequalities do not just affect those who rent; persons in South Phoenix with mortgages have also been adversely impacted. Phoenix as a whole was the "hardest-hit metro area during the Great Recession" with homes dropping an average 56 percent in value before foreclosures swept across the city (Robustelli et al., 2020). Between 2000 and 2016, the census tracts directly South of the airport show a 4.1% foreclosure rate, nearly 150% of the county average and total housing loss rates being more than double the county average (Robustelli et al., 2020). These tracts are over 50 percent Latinx and have lost 14% of their low-income households in the same time period (Robustelli et al., 2020). American Community Survey data in the area also shows that the majority of these tracts are rent burdened and many housing units are designated as overcrowded (US Census Bureau, 2017).

Unfortunately, for the number of issues with eviction and enforcement, there are also people who are excluded and don't have access to housing in South Phoenix. One of the barriers



to housing can be cost. Data obtained during the pandemic reports income loss for many households already struggling with housing in the Phoenix Metro area. A Census Bureau survey conducted between July 16 and July 24 2020 found that “27 percent of households were housing insecure, meaning that they either missed their rent or mortgage payments last month or believe they will not be able to pay this month, and 52 percent of households reported that at least one person in their household has lost employment income” (Robustelli et al., 2020). Further, data from the Bureau of Labor Statistics from the same period reported that Maricopa County had an unemployment rate of 9.7 percent, more than double the rate of the year prior (US Bureau of Labor Statistics [BLS], 2020).

When residents are impoverished and displaced, the community bears the structural transformation of development and the daily violence of chronic inequity (Elliott-Cooper et al., 2019). Rents in South Phoenix have risen an average of 57% in the last five years, leaving many renters without an affordable unit (Taros, 2022). With lack of supports and housing access, while local businesses and available land are sold to developers, homelessness becomes a reality for many individuals and families (Taros, 2022; Fowler et al., 2019). Phoenix’s affordable housing supply has long been insufficient, but as South Phoenix’s ‘naturally occurring’ affordable housing changes into luxury apartments and million dollar homes, lower-income earners are forced out, and often onto the street (Reagor, 2020).

One later discussed solution could be rent control; however, developers, landlords, and their lobbyists have significant political and legal power and Arizona has prevented local governments from being able to adopt it (Robustelli et al., 2020). Lack of rent control and the looming light rail has set the stage for landlords to seize the most profitable opportunities (Van Horn, 2019). This includes drastically increasing rent beyond what current residents can afford,

engaging in subtle forms of harassment to make tenants leave, or selling their property to a developer (Van Horn, 2019).

Beyond pricing, even if residents do have the funds, people are often excluded from housing opportunities due to background. Many landlords and multifamily housing options use background checks to disqualify individuals from access to housing. Many of these checks are looking beyond credit and the ability to afford the unit and into criminal and arrest records with a devastating effect. According to the Prison Policy Initiative, former inmates are almost 10 times more likely to become homeless than the general population largely in part to their exclusion from housing (Couloute, 2018). Rental management companies and developers often lament that if they're providing HUD housing or using federal funds, then they have to run background checks and exclude "criminals". However, HUD specifically reports that there are "only two permanent disbarments: individuals who have been convicted of making methamphetamine on public housing property and individuals listed in the lifetime sex offender registry" (Ray, 2016). They also clarify that arrest records may not be used to "deny admission, terminate assistance, or evict tenants" (Ray, 2016). Further, HUD also reports that as a result of the disproportionate number of Black and Latino people being arrested, convicted, and incarcerated that the effect "resulting from a policy or practice that denies housing to anyone with a prior arrest or any kind of criminal conviction cannot be justified, and therefore such a practice would violate the Fair Housing Act" (HUD, 2016a). This, however, does not stop landlords from denying housing to formerly incarcerated people who often don't have the time, money, or access to be able to fight these violations (National Housing Law Project, 2018).

Even when landlords and rental companies don't take federal funding, they'll often use crime-free housing ordinances. Crime-free housing ordinances are "local laws that either

encourage or require private landlords to evict or exclude tenants who have had varying levels of contact with the criminal legal system” (Archer, 2019). Though formally race neutral, government housing policy is never neutral in its impact on racial segregation (Archer, 2019). What makes these crime-free background checks and rental agreements even more significant is a resident does not have to be convicted; mere arrests or even stops are sufficient enough to deny someone housing or evict them from their home (Archer, 2019).

Eviction or rejection of a housing application based on contact with the criminal legal system furthers resegregation because of the racial disparities in every stage of the criminal legal process (Archer, 2019). Black people are disproportionately surveilled, stopped, arrested, and convicted and through these crime-free ordinances, racial biases are imported into the private housing market (Archer, 2019). Although crime is brandished as the motivation to exclude, it is not actual crime or harm, but the dark prejudices to exile anyone perceived as a threat, reinforcing the narrative of Black dangerousness (Archer, 2019). By relying on criteria destined to exclude, power is exercised to relegate nonwhite people to marginalized, resource-starved neighborhoods, further producing and sustaining resegregation (Archer, 2019).

While the City of Phoenix does not require crime-free housing ordinances, landlords and property managers are encouraged to attend and receive the training from the Phoenix Police Department free of charge (Phoenix Police Department, 2021). Once trained, background checks and addendums must be completed for new residents (City of Phoenix, 2013) Additionally, in Phoenix, property managers are notified of any police incidents on the property to “facilitate the removal of criminally inclined residents, as well as non-compliant residents” or proceed with “an immediate eviction” (City of Phoenix, 2013). By “combining the brutal efficiency of mass criminalization, the racism of the criminal legal system, and the policies governing private rental

housing” crime-free housing ordinances risk profound individual damage and contribute to further resegregation in Phoenix (Archer, 2019).

In addition to the existing housing violence, South Phoenix residents are also now troubled by the light rail driving gentrification and displacement of long standing local businesses and residents (Robustelli et al., 2020). The fact that light rail drives up property values has been well-documented (Pettit et al., 2019) and has many residents worried about worsening the resegregation they are already experiencing. When residents attempted to voice these concerns about their community, their campaign was co-opted by outside money and influence (Hsieh, 2021). In 2018, the Koch brothers launched campaigns across the country to stop light rail projects and advance their financial interests in oil, automobiles, and highways (Tabuchi, 2018). Their specific strategy was to align with grassroots groups and appear as a part of the community (Tabuchi, 2018) which positioned them to transform the campaign from stopping the light rail in South Phoenix to stopping the light rail altogether (Hsieh, 2021). However, with the ballot initiative failing, the monetary and community support disappeared, much like many of the investments made by private interests or businesses owners who can afford to play the long game.

While the light rail is not yet operating in South Phoenix, there is already an influx of changes in resident's neighborhoods and communities. One aspect of the community that often gets shifted through displacement is children having to change schools when their parents are displaced (Robustelli et al., 2020). A 2011 policy brief found that there are areas of Phoenix where children switch schools from year to year or even multiple times a year. While 90% of students across Phoenix remained in the same schools, children in South and Central Phoenix

were often forced to move multiple times, facing higher levels of school instability, which has been proven to impact educational attainment (Robustelli et al., 2020).

This type of displacement affects the whole family. Displacement is not just a loss of housing, but a loss of community and an experience of un-homing (Elliott-Cooper et al., 2019). Living in a place is “experiential, financial, social, familial, and ecological” and when communities shift, history and a sense of belonging is lost as the residents experience emotional and material rupture (Elliott-Cooper et al., 2019). It also changes the political landscape. When long-time residents lose power and control and as new leaders ignore the needs of the generational community, there is both a shift in dynamic and public participation that has permanent and far reaching impact (National Low Income Housing Coalition [NLIHC], 2019). Across the community, as friends and family are pushed to the suburbs, local businesses change to new stores for other demographics, and transportation and support services shift, the pressure of displacement is severe as the area becomes less livable for those who have called it their home for generations (Elliott-Cooper et al., 2019).

## Environmental Injustice

Throughout this section, we recognize an Indigenous organizing framework when approaching environmental injustice. This pursuit requires a different lens that can both accommodate the weight of settler colonialism and embrace the differences in the ways Indigenous peoples are stewards of the land (Gilio-Whitaker, 2020). The difference between environmental equity and environmental justice is how risk is distributed (Gilio-Whitaker, 2020). While “equity says that the burden of environmental risk should be equally distributed among all populations... justice guarantees protection from environmental degradation, prevention of adverse health impacts, mechanisms for accountability, and the availability of remedial action

and resources” (Gilio-Whitaker, 2020). Holding an indigenized environmental justice framework acknowledges native nations as capable, recognizes a sacred relationship to land that does not separate people or culture, and provides non-human life-forms with agency that they don’t have in dominant Western world views (Gilio-Whitaker, 2020).

However, this type of justice hasn’t been guaranteed or provided to Black and Indigneous peoples. In these communities, wounds of civil rights and environmental issues have been festering for decades (Gilio-Whitaker, 2020). This world view, enacted through historical land use and zoning practices, has defined the South Phoenix we know today. Black communities have been subjected to discriminatory exposure to both toxic substances and unwanted land uses (Thomas & Ritzdorf, 1997, p. 12). In the 1890s, many land uses were not permissible in the white areas of Phoenix; these included “stock yards, factories, rendering plants, meat packing facilities, sewage facilities, and landfills,” all of which can still be found in South Phoenix today (Bolin et al., 2005). In the 1920s, as South Phoenix lacked potable water, white neighborhoods continued to be built and needed more water and sewage infrastructure (Bolin et al., 2005). While the city did not extend these utilities into South Phoenix for decades after, they imminently placed the first sewage processing plant and dumped the majority of the hazardous chemicals and waste from the expansion in South Phoenix (Bolin et al., 2005).

The industrialization and pollution of South Phoenix continues today as industries continue to locate near the transportation corridors and waste disposal facilities (Bolin et al., 2005). This was made possible through racialized zoning code, which largely has not been amended or changed in a way that would address the entrenched discrimination (Demsas, 2021; Davis-Young, 2019). Justice, in general, “guarantees three basic rights: the right to information, the right to hearings, and the right to compensation” (Gilio-Whitaker, 2020); however, when it

comes to zoning laws, justice has not been possible for Black and Indigenous people. This is largely due to the exploitation of land as property and policy at all levels that incentivized industrial uses resulting in the systematic segregation of Black people and the displacement and disappearance of Indigenous peoples (Gilio-Whitaker, 2020 and Rothstein as cited in Shapiro, 2017).

As there have been no changes to stop or discourage harmful types of zoning or land use, the low-income residents of South Phoenix bear the consequences of the accumulations of hazardous sites in their communities (Bolin et al., 2005). Despite the Environmental Protection Agency (EPA) and the Arizona Department of Environmental Quality (ADEQ) acknowledging the persistently growing presence of environmental burdens in South Phoenix, few to no mitigation or rehabilitation efforts or resources are currently being directed to the community, reinforcing centuries of racial exclusion and neglect by state and city officials (Bolin et al., 2005).

When the insufficient efforts of environmental justice are happening, their policies and practices are not connected to environmental racism and decolonization (Casimir, 2019; Jones, 2021). Current environmental justice frameworks fail to acknowledge the broader histories of colonization, pre-state connections to ancestral homelands, and being in a different relationship to the government as a result of treaties and sovereignty (Gilio-Whitaker, 2020). Colonization also was not just a process of invasion, but began as environmental injustice when settlers sought to eliminate the resources and dominate the land and people (Gilio-Whitaker, 2020). A similar tactic was taken on as racism and white supremacy excluded Black and Indigenous people from environmental policy, conversation, and public health issues (Jones, 2021). Unfortunately, this is not a historical problem. Present day lack of leadership and institutional blind spots don't create

space to understand how racism and colonization shapes lives and places and therefore cannot illuminate and rectify the injustices faced (Jones, 2021; Pulido, 2000).

This can be seen with the advancement of the Loop 202 freeway through South Mountain (Newton, 2017). South Mountain has long been a traditional cultural property to the O'odham and Pee Posh people but in 2018, 33 acres of desert peak were demolished in order to make way for a freeway (Utacia Krol, 2021). Local tribes were forced to take the issue to court and lost when non-Indigenous people said there was “no cultural context” to the area (Utacia Krol, 2021) despite construction crews finding the remains of an estimated 20 O’odham ancestors (Newton, 2017). This continued colonization and theft of land and resources exemplifies the disconnection between government and local Indigenous leaders (Newton, 2017). It is also seen directly in issues of environmental justice. The City of Phoenix Climate Action plan reports that “overburdened or disproportionately impacted communities must be identified, and involved in climate action processes” however, organizations like the Arizona Commerce Authority, GPEC and other metro cities participated in the plan while local indigenous tribes were left out (City of Phoenix, 2021b).

When environmental justice is disconnected, whitewashed, and happening in silos (Koscher, 2017), we get modern day resegregation through issues of climate change (Syed, 2021). The industrial development in nonwhite areas not only brings in toxins and pollutants that affect residents’ health, but also increases the amount of materials in the area that absorb, store, and release additional heat (Declat-Barreto, 2021). This is often known as the urban heat island effect and causes temperatures to vary substantially between neighborhoods (Harlan et al., 2013). In areas with reduced natural resources and dense infrastructure like buildings, concrete and pavement, or bare soil, the temperature is higher. Comparatively, in areas where there is more



vegetation like trees, yards, and parks, the ground and air are cooler (Harlan et al., 2013). In Phoenix, these investments are not made equally.

Urban heat islands tend to be worse in low-income communities of color due to disparities in landscaping and urban design (Gregg & Braddock, 2020). Some of this effect can be attributed to environmental injustice that occurred right before the surge of suburbanization in the 1950's, in which the Home Owners' Loan Corporation (HOLC) redlined neighborhoods considered "high risk" for lending institutions (Mitchell & Franco, 2018). Today, the temperature is 6-7 degrees warmer on average in areas that experienced redlining (Hoffman et al., 2020). Further, a study conducted in 2019 mapped out the hotter and cooler sections of the Phoenix metro area, finding that hotter zones were located in low-income and nonwhite housing areas, and cooler zones were located in wealthier suburbs (James, 2021). In some areas of Phoenix, there are neighborhoods as little as two miles apart with a 13 degree difference in temperature (Harlan et al., 2006). If development continues at the current rate, the warming effect from the urban heat island could be similar to the warming effect of greenhouse gas-induced climate change (Hermosillo, 2021).

This heat also affects health and mortality (Harlan et al., 2013). Neighborhoods in Maricopa County that had more socioeconomic challenges and lacked vegetation had more heat related deaths than neighborhoods with younger white populations and greener landscapes (Harlan et al., 2013). However, the majority of heat deaths occur amongst the homeless population and are concentrated along industrial and transportation corridors, like those found in South Phoenix (Harlan et al., 2013). In 2020, Arizona marked its hottest summer on record, which caused 315 heat-related deaths in Maricopa County, 155 of which were individuals experiencing homelessness (James, 2021). Without equitable intervention, the urban heat island

effect is a deadly and growing concern for people in South Phoenix and will drive the displacement of residents (Gregg & Braddock, 2020).

Another factor that contributes to inequitable health impacts and displacement is air quality (Avila et al., 2021). In South Phoenix, the variety of land uses such as stock yards, factories, hazardous facilities and landfills have contributed to the presence of toxic chemical and air pollution (Bolin et al., 2005). The EPA defines air pollutants “as any substance in the air that can cause harm to humans or the environment. Pollutants may be natural or human-made and may take the form of solid particles, liquid droplets, or gasses” (Environmental Protection Agency [EPA], n.d.a). These pollutants can cause respiratory effects like worsening bronchitis and emphysema as well as triggering asthma and cardiovascular effects like high blood pressure, arteriosclerosis, heart attack, and stroke (Environmental Protection Agency [EPA], n.d.b). The high presence of these pollutants caused Phoenix to be ranked the 5th most ozone polluted metro in the country by the American Lung Association and independent studies suggest that South Phoenix is disproportionately impacted (Pope et al., 2016). Some communities are now creating clean air initiatives to combat this; however, studies have shown that current residents may not benefit (Avila et al., 2021). As the environment becomes cleaner and greener, white, wealthier residents are more likely to locate there, displacing the persons who bore the impact (Avila et al., 2021).

This also happens with other types of green infrastructure or urban greening (Klein et al., 2020). City and federal policies continue to push for a switch from “gray infrastructure” (like metal or concrete) to more natural or green materials as well as an increase in open spaces, parks, or trees (Klein et al., 2020). This change can be transformative--cooling neighborhoods, lowering stress and electric bills, improving physical and mental health, strengthening community bonds,

and even reducing death (Plumer et al., 2020; Klein et al., 2020). The South Central TOD has many neighborhoods that are not within walking distance to a park and with the South Mountain YMCA being sold, many residents are without cool or green spaces (Lopez et al., 2015).

In 2021, The City of Phoenix created the Office of Heat Response and Mitigation which plans to create cool corridors in the most heat-vulnerable areas of the city and reduce heat exposure to make communities more resilient and walkable (City of Phoenix, 2021b). When efforts are made towards climate mitigation or adaptation, like adding more green space, the increase in property values can be an unintentional consequence that leads to displacement as well (Cash et al., 2020). This is often called “green gentrification” and amplifies the historical burden of racialized disinvestment, environmental harm, wealth inequality, and housing inaccess (Klein et al., 2020). However, if equity and community collaboration are prioritized during the development process, environmental justice can be achieved for those who need it the most (Klein et al., 2020).

Another aspect of vegetation is farmland and food. With South Phoenix remaining outside the city limits until the 1960s, industrial development displaced agricultural land (Albright, 2020). The trend continues today as only 8% of our total land in Maricopa County is used for farmland and only 30% of that is used for food production (Albright, 2020). While Maricopa County ranks nationally for its production of vegetables, melons, and potatoes, water use is a constant concern (Albright, 2020). As a result of the Groundwater Management Act, new farmland in ‘active management’ areas is prohibited and agricultural use is limited to two acres or less (Albright, 2020). These limitations plus ongoing droughts spell disaster for the future of food production. Data from 2019 on Maricopa County shows that land for farming decreased 36% and land for residential increased 39% over the course of two decades; this rate projects

farmland availability to reach zero in approximately 36 years (Hill, 2021). This decrease impacts communities' food supply and has economic impacts for farmworker communities (Cash et al., 2020).

One impact of this availability is food deserts or food apartheid. Food deserts, as defined by the US Department of Agriculture (USDA), are an area without ready access to fresh, healthy and affordable food. We use the language of food apartheid over the USDA's 'food deserts' for two main reasons. The first being that it invisibilizes the vibrant food systems that people have built despite the systematic destruction of Black and Indigenous self-determination to control one's food (Cooper as cited in Lu, 2021). The second being that it implies that these areas are naturally occurring (Sevilla, 2021; Lu, 2021). Food deserts are not naturally occurring; they are a result of systemic racism and oppression in the form of lending practices, zoning codes, and malicious capitalist forces that followed the flight of white people from inner cities (Sevilla, 2021; Lu, 2021). As food justice is deeply tied to the struggle for economic justice, it represents the man-made economic and political systems that have segregated and discriminated in South Africa based on race (Lu, 2021).

Nearly half of Phoenix's population lives in an area experiencing food apartheid: 13.7% of Maricopa County is food insecure and 43.4% of residents "only sometimes" have enough money for basic needs like food (Albright, 2020). In South Phoenix, more than 29% of residents live below the federal poverty level (Robustelli et al., 2020) and have "limited time to cook, live far distances from grocers, and are on a tight budget" (Albright, 2020). Proximity to nutritious food is directly correlated with health issues and diseases (Lopez et al., 2015). In the TOD area, there are currently more than 100 fast food restaurants compared to seven full service grocery stores (Lopez et al., 2015). With hunger and diet-related diseases in Maricopa county being

higher than the US average (Albright, 2020), food insecurity means life or death for many residents (Lopez et al., 2015).

Unfortunately, the health impacts of living in South Phoenix go beyond food insecurity and have plagued the area for generations (Bolin et al., 2005). Life expectancy is worse in South Phoenix than anywhere else in the metro, with a 14 year gap in life expectancy between South Phoenix and Scottsdale (Virginia Commonwealth University, 2021). This has been the case since the origin of South Phoenix with heat-related deaths, high infant mortality, malnutrition, typhoid, and tuberculosis running rampant across the area in the 1920s and 1930s (Bolin et al., 2005), problems that persist to this day.

The lack of access to adequate diet, healthcare, and the presence of toxic industries has contributed to the chronic health problems of South Phoenix residents (Bolin et al., 2005). Residents in the TOD area have “higher rates for heart disease, cancer, respiratory ailments, and diabetes” and their overall death rate is 34% higher than it is in Maricopa County (Lopez et al., 2015). Hospitalizations are also much higher with diabetes and obesity related hospitalizations for those living in the Roosevelt School District, the local public elementary school district, being nearly twice as high as the rate in the county (Shared-use Roosevelt Health Impact Assessment [SHUR], 2015). These hospitalizations disproportionately impact Latinx and Black residents with Black residents being three and a half times more likely to be hospitalized for diabetes than white residents living in South Phoenix (SHUR, 2015). Similarly, asthma related hospitalizations in the school district area are two and a half times higher than the county as a whole and Black residents are nine times as likely to be hospitalized than white residents in the area (SHUR, 2015).

These health disparities also have deadly impacts for infants. Infant mortality data from the Depression era clearly shows that death rates for Black and nonwhite babies in South Phoenix was three times higher than the white rate (Bolin et al., 2005). Today, in Maricopa County, Black babies are two and a half more likely than non-Hispanic white babies to die before the age of one (South Phoenix Healthy Start, 2018). In the TOD area, babies were found to have lower birth weight, premature deliveries, and higher rates of infant mortality (Lopez et al., 2015). There are many factors that contribute to this disparity including healthcare options and the lived environment. Publicly funded births are 30% higher in the TOD than the rest of the county and have poorer outcomes by comparison (Lopez et al., 2015). Further, environment continues to play a role as a study “revealed a significant relationship between living in greener, shaded spaces and healthier birth outcomes,” even after controlling for incomes (Xiao et al., 2021). These disparities are already deadly for South Phoenix residents, but are expected to be exacerbated by TOD and the displacement that comes with it (Robustelli et al., 2020).

Outside of physical health issues, displacement also has a significant impact on the mental health of displaced residents. Loss of valuable assets combined with an inability to meet one’s basic needs like food, clean air, and water can lead to or increase symptoms of anxiety, depression, and other conditions (Cazabat & Lennard, 2018). Multiple studies show that displacement causes the following impacts: “onset of depression, exacerbation of mental illness, domestic violence, marital breakdown, increased substance abuse, decreased academic performance, and homelessness” (Avila et al., 2021). Additional research shows that these symptoms do not resolve when people relocate. One study that tracked mothers one and two years after being displaced found that they had “significantly higher rates of depression” than their peers (Desmond & Kimbro, 2015 as cited in Cash et al., 2020).

It can also have a cyclical impact on physical health as chronic stress from relocation can lead to “poor exercise and eating routines, obesity, cardiovascular disease, diabetes, and lower life expectancies” (Lopez et al., 2015). For children, effects of displacement often increase behavioral and emotional problems, and participation in risky behaviors like substance use and unprotected sex (Cash et al., 2020; Jolleyman & Spencer, 2008). Persons also often experience social impacts, such as greater discrimination in their new neighborhood, loss of services essential to their health and well being, or being forced to leave their families and social supports (Lopez et al., 2015).

As research shows that neighborhoods with rail stations are more likely to experience direct displacement and “green gentrification” it is critical that all investment is made with a community based, environmental justice lens (Gregg & Braddock, 2020). If it is not, the resegregated city will return to its patterns of divestment, mass surveillance, and becoming an unsafe place for the nonwhite people who fought for its existence.

## Solutions

### Mutual Aid

#### **What is mutual aid?**

Mutual aid is a “form of political participation in which people take responsibility for caring for one another and not just through symbolic acts or putting pressure on representatives but by actually building new social relationships that are more survivable” (Spade & Carillo as cited in Kaba, 2020). On top of being unpaid, mutual aid is different from charity work for a multitude of reasons. Charity blames poor people for poverty, affirms the existing distribution of wealth and life changes, and is about control, hierarchy, and isolation (Spade & Carillo as cited

in Kaba, 2020). Mutual aid blames the system for making people poor, says everyone deserves everything they need, and is about solidarity, liberation, and participation (Spade & Carillo as cited in Kaba, 2020). When organizing of informal mutual aid efforts, like one-to-one exchanges with kin and/or non-kin relations, (White, 2011) are not possible for a community in crisis, or when additional aid is needed, support groups, cooperatives, unions, solidarity economies or networks can all adopt the mutual aid model to help the communities they serve (Izlar, 2019) These groups' efforts are sustained through the formation of community relationships and identification of additional resource or skill offerings that the community members are willing to share in the future.

Mutual aid helps to fulfill basic survival needs like food, healthcare, shelter, and social connection, (Dominguez et al, 2020) making it a form of political participation in communities. It requires individuals to actively work to create or rebuild community resources that strengthen the community as a whole. This form of social transformation increases the viability of the community moving forward, even in the face of new challenges (Dominguez et al, 2020). The first to connect this idea of mutual aid as a political concept was anarchist and scientist Peter Kropotkin, author of *Mutual Aid: A Factor in Evolution*. He argued that the survival of our species has been facilitated by human cooperation over competition and because of this, the best systems of economic and social organization are based on mutual exchanges (Wallace, 2020). During mutual aid efforts, it is important to avoid developing a permanent concentration or hierarchy so that all community members have an equal voice, regardless of position or resources, because the expectation is that help is a shared community (Wallace, 2020).

**What impact does mutual aid have in communities?**



Because the benefits of sharing resources and services among community members are reciprocated, mutual aid helps to remove the reliance on government aid and empower the community to be self-sufficient. For many marginalized communities in crisis, federal or state government responses are delayed or insufficient (Dominguez et al., 2020). The mutual aid model responds to this neglect by centering community voices. As community members identify their own areas of need and connect with their network to find a local community member or organization that can provide support, they ensure that a need will be met appropriately. There is also a natural development of new community relationships during the ongoing exchange of resources to meet essential needs that strengthens the community's foundation.

Mutual aid also increases education and consciousness around power relations in communities (Wallace, 2020) and is an opportunity to build the relationships and analysis to understand why we are in the conditions that we're in (Kaba, 2020). Before the term mutual aid was created, there were social justice groups who had been doing work that was similar to the current mutual aid model. One popular example that is rooted in Black liberation is the Black Panther Party's Free Breakfast Program. This program is not technically considered a mutual aid model because it does not work on the expectation that benefits will be reciprocated; however, the Black Panther Party provided this support with the goal of helping to revolutionize Black communities that were forced into poverty. Their motivation for creating this program aligns with Maslow's Hierarchy of Needs model: people cannot address higher level needs until their basic physiological needs are met (Wallace, 2020). Once community members have recovered from hardship, they can begin fighting against the systems of exploitation that have a clear history of causing harm (Spade & Carillo as cited in Kaba, 2020). Mutual aid projects cultivate

solidarity by influencing greater collaboration, participation, and decision making among community members rather than relying on authority or hierarchy (Kaba, 2020; Spade, 2020).

### **How does mutual aid help the issue of displacement?**

Mutual aid is a model communities can adopt to also help prevent drivers of displacement. One unique aspect of mutual aid is political solidarity, organizing, and capacity building. Solidarity is a key resource for political engagement, especially among Black and other nonwhite people (Chong & Rogers, 2005). Providing political education and building this capacity is essential so persons can understand how power is attained and wielded and can be leveraged to eradicate systemic and institutional racism (National Gender & Equity Campaign [NGEC], 2009; East Bay Community Foundation [EBCF], 2022). By expanding and reimagining the politically possible, a community can be built that strengthens collective power to influence policy, shape narratives, and create political opportunities (Hunter, 2020; EBCF, 2022). Those who have the best political analysis of the community's conditions typically begin working together to expose the failures of the current system, mobilize against it, and rebuild a new system that reduces or removes the impact of future crises (Spade, 2020). As community collaboration increases, community members' voices are centered in the discussions around community development. This allows them to continue advocating for themselves and working to ensure that community efforts continue to align with and support the needs of its community members.

## **Zoning and Land Use**

### **Community Benefit Agreements**

Community benefits agreements (CBAs) are legal contracts developed for the purpose of requiring a private developer to provide community agreed amenities/concessions, in order to

account for the large impact their development project will have on current residents (Van Horn, 2019).

CBAAs promote the core values of inclusiveness and accountability by providing a mechanism to ensure that a broad range of community concerns are heard and addressed (Community Benefits Law Center, 2018). These agreements can help ensure more equitable development, enabling existing residents to benefit from new activity and opportunities in neighborhoods threatened by gentrification and displacement (Local Initiatives Support Corporation, 2021). This can include a multitude of benefits and remedies to challenges mentioned like removing barriers to housing for the formerly incarcerated, adding community gardens, or improving affordability.

## Community Land Trusts

Community land trusts (CLTs) are agreements between a nonprofit and community to ensure ownership and long-term affordability of housing (The Fourth Regional Plan, 2021). The process generally involves a nonprofit, who has community members on their board to ensure that it serves the community's needs, buying land and leasing parcels to individuals or families at an affordable price, separating the cost of the land from the cost of housing (Broad, 2020). This allows Black and nonwhite residents to own their neighborhoods, build equity, and remove the land permanently from the private market and rapid value escalation (Broad, 2020; National Low Income Housing Coalition [NLIHC], 2019). CLTs also have adjacent benefits beyond housing equity. Studies have shown that CLTs result in creating mixed use commercial spaces, transforming vacant lots into urban gardens, and leveraging partnerships for programs such as good education and job training (Broad, 2020). Research also suggests that CLTs are most effectively utilized in central areas or transit-oriented neighborhoods (Chapple &

Loukaitou-Sideris, 2021), making South Central a prime candidate for the opportunity that the City already plans to execute (City of Phoenix, 2021c).

## Land Banks

Land banks are entities, typically government or nonprofit organizations, that work to redevelop vacant, abandoned, or foreclosed properties for productive use again (Klein et.al, 2020). Land banks only maintain the property until it is repurposed and they identify a responsible buyer to transfer ownership to. They often work in collaboration with community organizations to address displacement and other equitable housing issues (Klein et.al, 2020). The City of Phoenix plans to identify target areas and use land banking as an affordable housing preservation tool to prevent displacement (City of Phoenix, 2021b).

## Smart Growth and Equity Scorecards

Smart growth is an alternative to traditional decision-making in land use and shifts the resources from satisfying zoning rules and the private sector to prioritizing equity, environment, and the economy (Gross et al., 2005). As government-led urban development has shifted its abilities to processing permit and land use applications, smart growth challenges its abilities to engage in endeavors such as creating family-sustaining jobs in the urban core, reducing displacement of low-income and middle-income families including by assessing whether housing can benefit formerly incarcerated people, and providing the range of public services like child care, health care, and parks and open space (Gross et al., 2005).

One way of implementing and assessing this approach is to require community-driven equity scorecards in the development process (Klein et.al, 2020). Equity scorecards are crafted by residents, community organizations, and local stakeholders to evaluate how well an organization or development may suit the community (Klein et.al, 2020). These may include categories like community engagement, equitable housing, and economic development. Overall,

they allow developers and communities to examine areas of growth and commitment to equity to co-create spaces that benefit all (Klein et.al, 2020).

## **Improve Public Processes**

The zoning processing by design is not accessible and public participation is done too little and too late in the process (Marcello, 2007). When the community is involved in the development process early, there is active and significant opportunity for preliminary negotiation within the project approval process which benefits the City, the developer, and the community (Marcello, 2007).

Beyond the planning department, the community needs to be involved in all portions of the land use process from issue identification, planning, implementation, monitoring, evaluation, accountability, and enforcement (Redefine, 2017). This requires a transparent, well-designed, and culturally responsive public process for land use decision making with specific and meaningful emphasis on equitable involvement with communities of color and low-income residents (Redefine, 2017).

## **Zoning Rule Changes**

Displacement can also be reduced by making changes to the current zoning ordinances. These could include incentives for creating affordable housing or allowances around standards like height, density, lot coverage and setbacks to make more housing possible (City of Phoenix, 2021c). Another way to make more housing possible is through the increased density and housing options provided by accessory dwelling units (ADUs), which allow secondary residences to be located on single-family lots (City of Phoenix, 2021c). Other options may include creating and incorporating a housing overlay zone (HOZ). This creates a specific district in which developers are offered a set of incentives like density bonuses, streamlined permits and

processing, and relaxed development standards in exchange for a certain amount of below market housing (Chapple & Loukaitou-Sideris, 2021).

## Vacancy Taxes

Another promising strategy is to implement vacancy taxes. Vacant properties do not provide any contribution to housing and in fact, in areas where gentrification is predicted to take place, like around a rail station (Cash & Zuk, 2021), it causes ‘speculation’ (NLIHC, 2019). Speculation occurs when investors buy land for relatively cheap and intentionally allow it to sit empty because that costs less than creating or managing a building (NLIHC, 2019). Some jurisdictions have implemented a vacancy tax on investors who refuse to leverage the lot or make any housing on the parcel available in the market (NLIHC, 2019). In Oakland, this tax is expected to generate about \$10 million annually which the city will then invest in affordable housing (NLIHC, 2019).

## Environmental Justice

### Adding Trees and Urban Greening

Increasing green infrastructure would also have an impact on the urban heat island effect and centuries of environment injustice in South Phoenix (Bolin et. al, 2005). Incorporating nature based elements into the environment and focusing on projects like ecosystem restoration and greening brownfields have shown to have significant impacts (Elliot et al., 2020).

One of the most important elements is increasing the number of trees (McDonald et al., 2016). Trees increase the amount of shade, reduce the temperature of the ground and homes, allow stormwater to be used more effectively, and reduce pollution by cleaning the air (McDonald et al., 2016). Unfortunately, tree canopy cover is concentrated in wealthier neighborhoods in Phoenix (Harlan et al. 2006; Jenerette et al. 2011) and the city is “far short” on

their tree canopy progress (Estes, 2021). This has impacts in many areas, such as transit dependent residents delaying medical attention in the summer because of the intense heat (Shared-use Roosevelt Health Impact Assessment [SHUR], 2015). Increased trees and shade also make the city more walkable. When Phoenix Metro residents were asked ‘if there was a shaded pathway from where you live to nearby stores, would you walk more often than you do now?’, 85% of people said yes, making trees an opportunity to reduce heat, build neighborhood cohesion, and reduce air pollutants (Mark Hartman, personal communication, 2021).

### **Increasing Access to Culturally Relevant Healthcare**

Another aspect that increases environmental justice is to increase access to care. In South Phoenix, healthcare is often not accessible due to many factors. One reason is that Arizona is currently only meeting 42% of its primary care provider needs (Koch et al., 2019). Without primary care providers, people have less access to preventative medicine and health issues escalate, resulting in an overreliance on emergency departments, higher rates of preventable illness, and shorter lifespan (SHUR, 2015). If a primary care provider does exist in their area, Black and nonwhite people in the United States still face disparities in their healthcare outcomes and quality of care (Hall et al., 2015), and this only escalates as an area gentrifies (Roshanak et al., 2019). One way to combat these disparities is to increase the number of culturally relevant healthcare providers in the area. With less than 3% of physicians in the Phoenix Metro area being Black (American Community Survey, 2020) and South Phoenix having some of the most disparate outcomes for health (Virginia Commonwealth University, 2021), there is a need not only to increase the number of physicians and specialists in the area (SHUR, 2015) but also to increase the amount of care available from non-Western medicine providers.

## Increase Access to Farmland and Food

The Phoenix Food Action plan lays out many goals to increase the depth and strength of the food system in South Phoenix. Many of these goals are interrelated with zoning and other displacement factors. Some of these goals include access to healthy, local, and culturally appropriate food; integrate food into land use and economic development plans; eliminate code and ordinance barriers to encourage a healthy food infrastructure; and build a food system that is resilient to climate change (Albright, 2020). In an area with an abundance of fast food, a shortage of full service grocery stores and spaces to grow food, and the challenging health outcomes that come with it (SHUR, 2015), meeting the goals of the Food Action Plan is critically important to South Phoenix.

## Green Housing

When considering building affordable housing or increasing the stock in an area, it is important to make sure that that housing is sustainable for both its inhabitants and the environment. While there may be a perception that green housing costs more, in reality the reduction in resource usage and waste generation often has immediate impacts for developers (Foy, 2012). It also has impacts on the residents that live in them, like reducing energy costs up to three quarters (Foy, 2012). In a city where the average cost to cool a home in the summer is \$477, the most expensive rate in the country (Robustelli et al., 2020), green housing is crucial not only to the environment but also to the financial viability of the residents. When housing is built green, it is often planned more thoughtfully and not in environmentally high risk areas like floodplains or fire zones and uses more resilient materials (Cash & Zuk, 2021), allowing the building to meet the needs of residents more completely and for longer.



## Housing Violence

### Public and Affordable Housing

One of the most critical solutions to reducing displacement is increasing the amount of public housing. Public housing is typically funded by the government and owned/managed by a public housing authority, subsidizing the cost and providing low income families with an affordable place to rent. Public housing has shown to be one of the most effective ways to produce the large volume of residential locations needed, but unfortunately has continued to see a decrease in funding over the past several decades (Van Horn, 2019).

Arizona laws do not allow the mandate of affordable housing developments by localities. This creates a barrier to the passage of legislation for affordable housing policies. Creating local policies that incentivize greater development of housing can ease pressures on overall housing affordability (U.S. Department of Housing and Urban Development [HUD], 2016b). Further, policies can implement protections for existing ‘naturally occurring’ affordable housing, like that that exists in South Phoenix. Every year, the nation loses more than 400,000 affordable housing units due to disinvestment and disrepair (HUD, 2016b). Cities and municipalities have instituted protections, acquisitions, and rehabilitation of units to keep the housing stock intact and prevent further displacement (Chapple & Loukaitou-Sideris, 2021).

### Rent Control

Rent regulation or rent control is another effective policy to mitigate displacement caused by sharp increases in rent. It works quickly to keep low-income residents in place who would otherwise be unable to maintain stable housing (The Fourth Regional Plan, 2021). These protections are often paired with and made more effective by just cause evictions, making a scenario like doubling rent and forcing someone to move effectively a barred eviction without just cause (NLIHC, 2019). However, the best kind of rent control is a high vacancy rate, meaning

that encouraging and facilitating a plethora of housing stock shifts the market power to the tenants themselves (Durning, 2020).

## Unions

Tenants' unions are led by renters to advocate for tenant rights. They typically are formed by tenants who share the same landlord, rent at the same location, or experience similar low-quality living conditions. Tenant unions work to push forward renter policies that build renter power and protections, especially those related to displacement (Van Horn, 2019).

State law protects tenants' rights to organize, which reduces the chance for tenant harassment by landlords and property owners. In Arizona, there are multiple tenant groups that exist to help strengthen tenant protections including the Arizona Tenants Union, Inc. and Arizona Tenants Advocates.

## Renter's Bill of Rights

A renter's bill of rights is a reinforcement of guarantees meant for the protection of renters from exploitation by a landlord or property manager. Clauses found in a typical renter's bill of rights can include, but are not limited to: fee limitations, relocation assistance, prevention of criminal history consideration, rental application first submission priority, renter agency for repairs, surprise building inspections, right to organize, just-cause eviction, adequate rent change notice, right of first refusal, and right-to-counsel (Van Horn, 2019).

Landlord and Tenant rights in Arizona are established by the Arizona Residential Landlord and Tenant Act; however, cities have been prohibited from establishing their own landlord and tenant rights following the passage of House Bill 2115 in December 2018.

## Tenant Right to Counsel

Tenant Right to Counsel programs offer renters access to legal representation in eviction cases. In Maricopa County, 87 percent of landlords have legal representation, compared to just

0.3 percent of tenants, resulting in 99 percent of cases with judgment information being decided in favor of landlords (Robustelli et al., 2020). By educating renters on their rights and providing legal assistance to them, those most vulnerable to displacement have more protections (Adkins et al., 2020). This can look like hosting education events on tenants' rights, providing fee waivers or deferments on the cost of legal services, or providing free or subsidized legal services (Adkins et al., 2020).

### Tenant Option to Purchase

Tenant option to purchase (TOP) is a tool for residents facing eviction or displacement when the owner intends to sell, demolish, or convert the property to another use (NLIHC, 2019). TOP policies require that any housing unit undergoing such changes is offered to residents first before being sold, demolished, or re-rented on the private market. This creates housing stability for existing tenants, can increase living standards, and creates legal rights for individuals and families facing displacement (NLIHC, 2019). TOP can also often be paired with home purchasing assistance or other financing tools to make it more feasible for individuals and groups to remain in place (Ghaffari et al., 2017).

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Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
Outreach Committee  
Meeting

August 8, 2022

Item 2.

Defining the  
Marginalized Population –  
Data Maps

# Estimated percent of all American Indian and Alaskan Native people who lived in poverty, between 2015-2019.

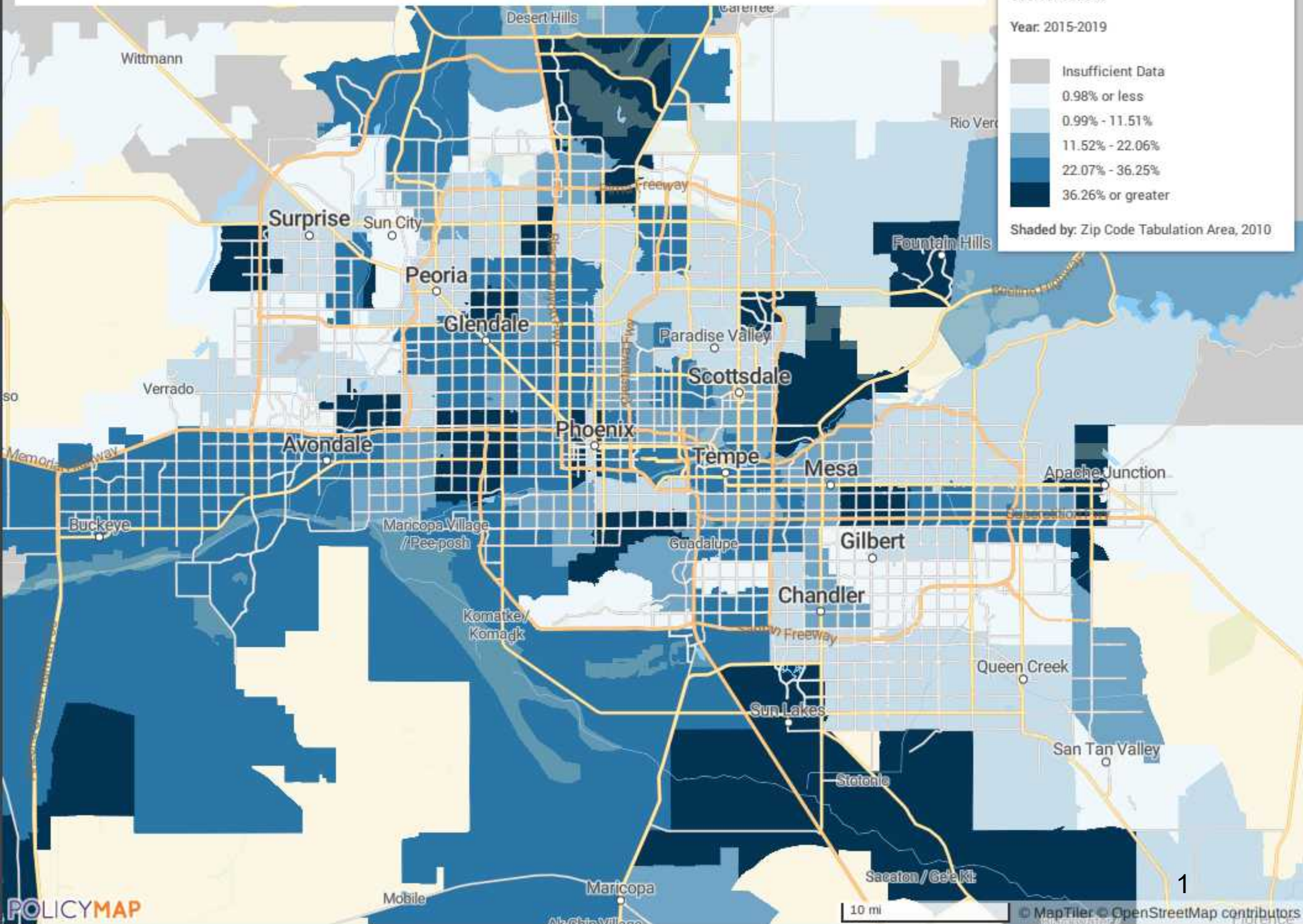
Percent American Indian and Alaskan Natives in Poverty

Source: Census

Year: 2015-2019

- Insufficient Data
- 0.98% or less
- 0.99% - 11.51%
- 11.52% - 22.06%
- 22.07% - 36.25%
- 36.26% or greater

Shaded by: Zip Code Tabulation Area, 2010





# Estimated percent of all Asian people who lived in poverty, between 2015-2019.

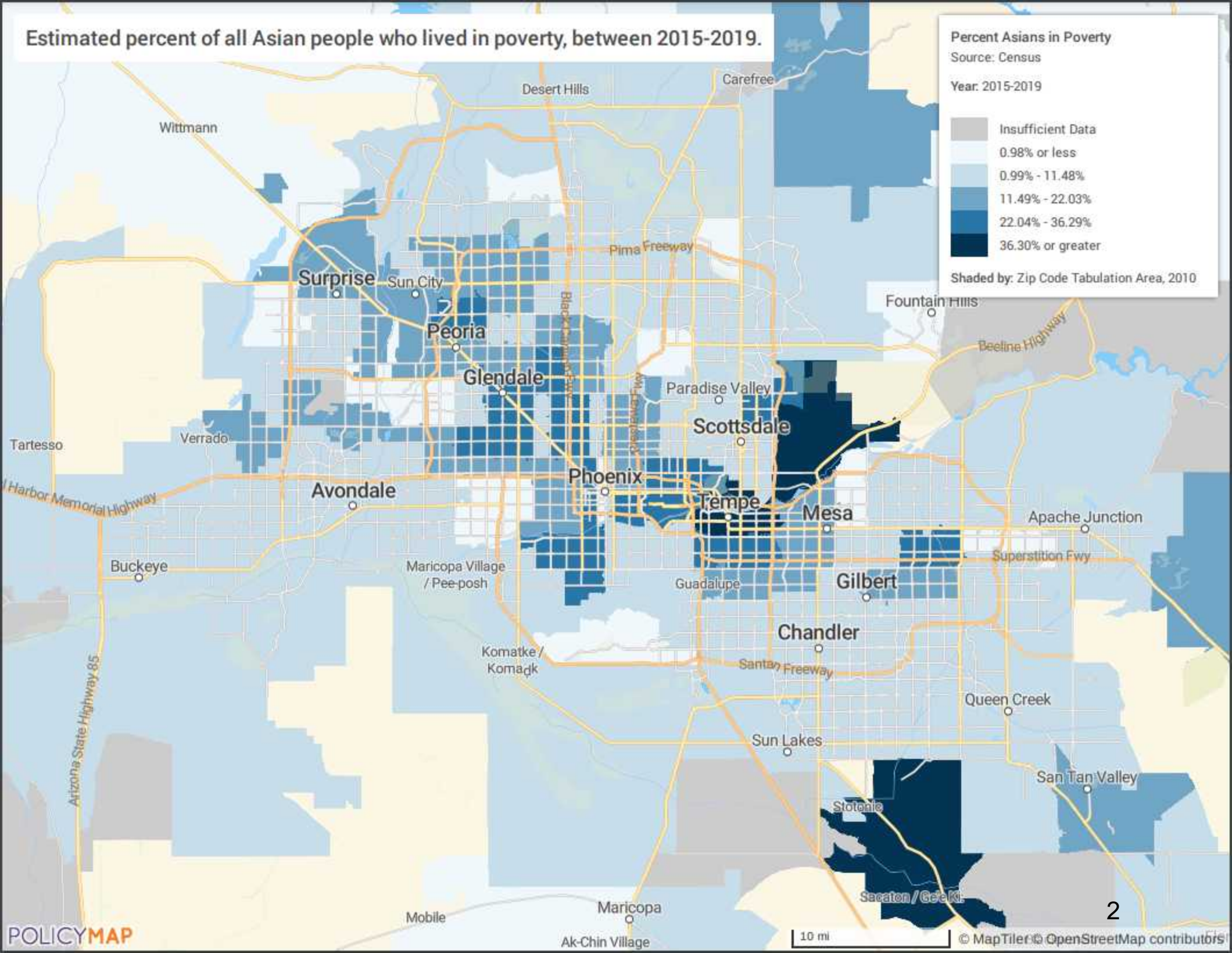
Percent Asians in Poverty

Source: Census

Year: 2015-2019

- Insufficient Data
- 0.98% or less
- 0.99% - 11.48%
- 11.49% - 22.03%
- 22.04% - 36.29%
- 36.30% or greater

Shaded by: Zip Code Tabulation Area, 2010





# Estimated percent of all Black or African American people who lived in poverty, between 2015-2019.

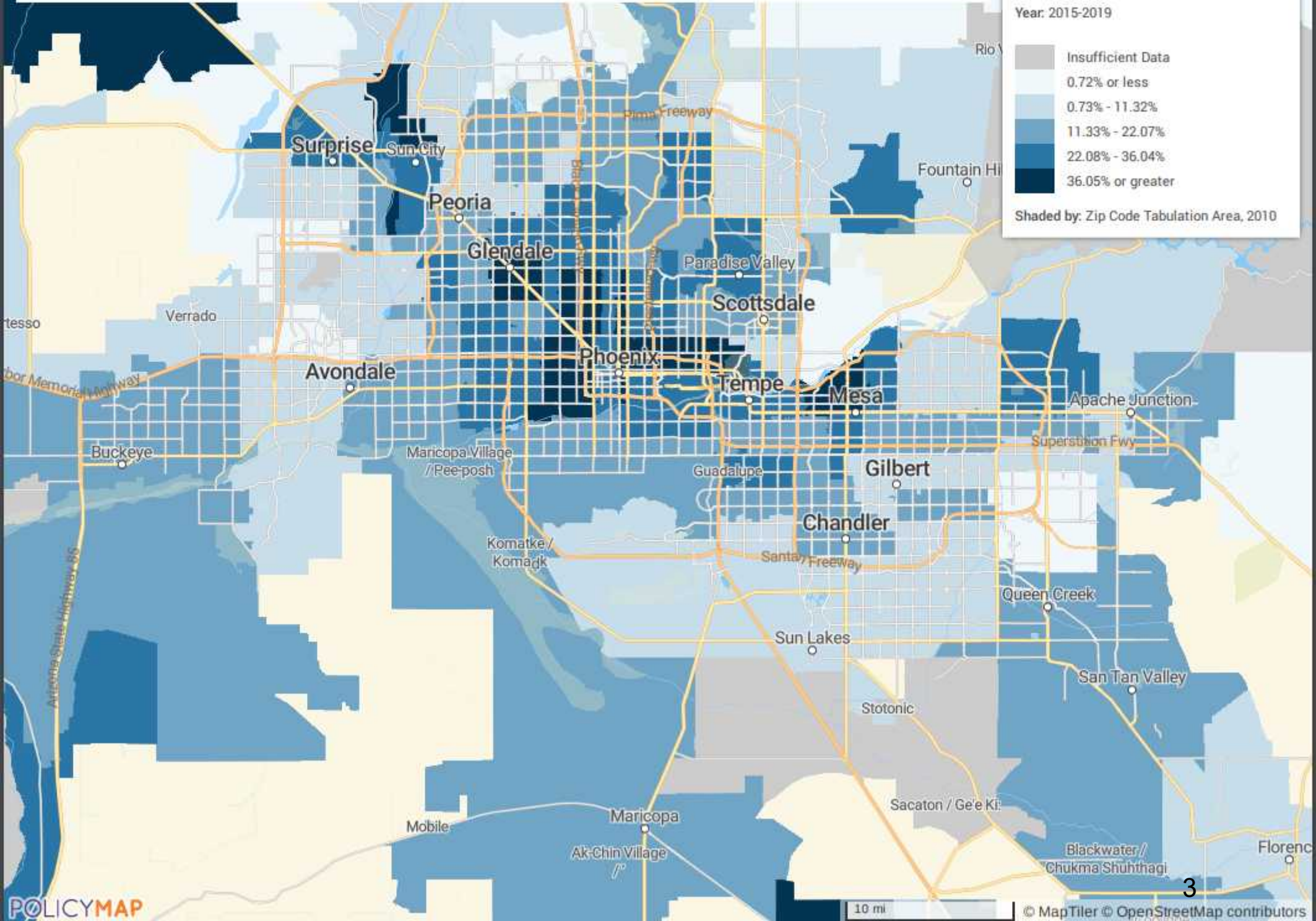
Percent Black or African American People in Poverty

Source: Census

Year: 2015-2019

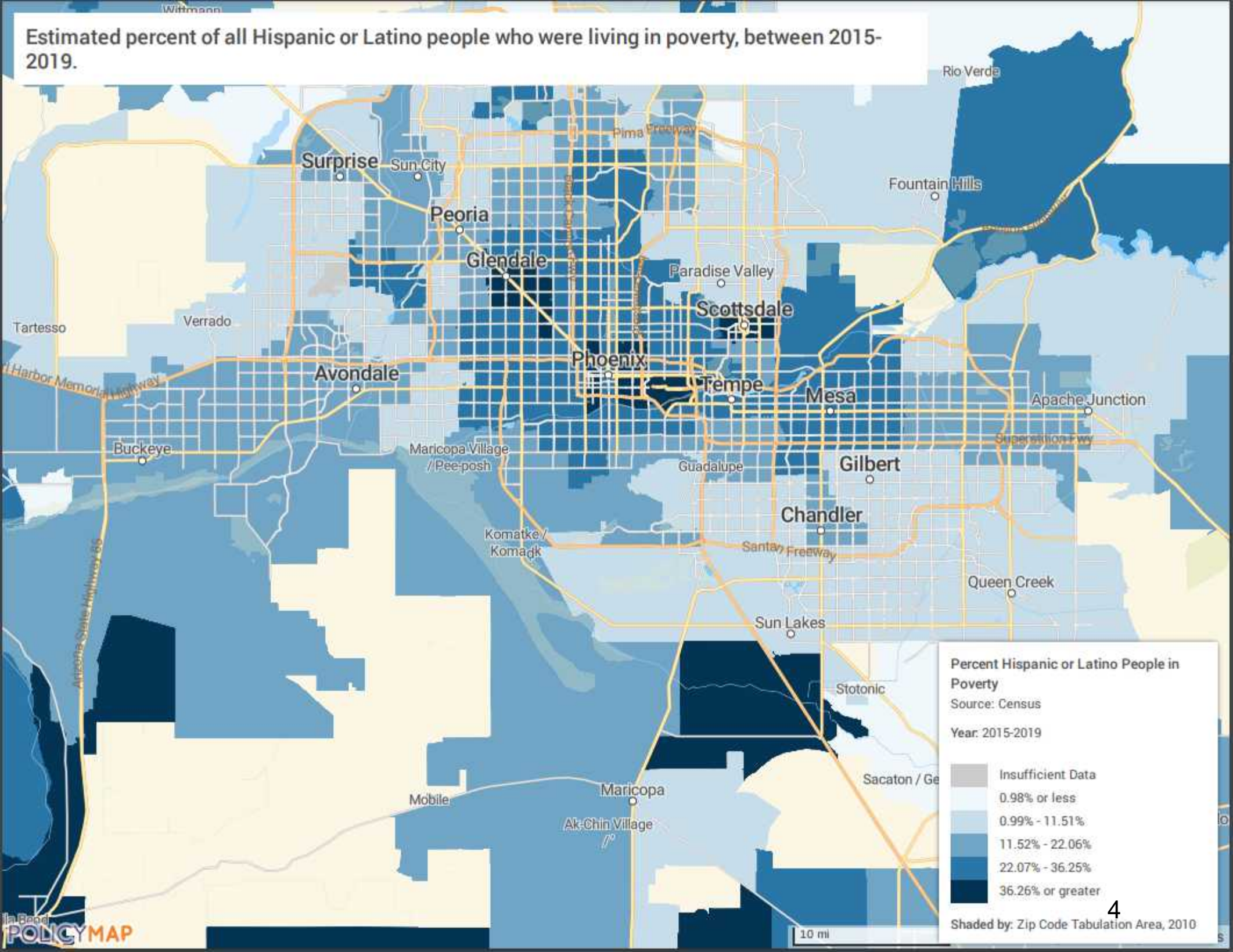


Shaded by: Zip Code Tabulation Area, 2010





Estimated percent of all Hispanic or Latino people who were living in poverty, between 2015-2019.



**Percent Hispanic or Latino People in Poverty**  
Source: Census  
Year: 2015-2019

Insufficient Data
0.98% or less
0.99% - 11.51%
11.52% - 22.06%
22.07% - 36.25%
36.25% or greater

Shaded by: Zip Code Tabulation Area, 2010



# Estimated percent of all Native Hawaiian and Other Pacific Islander people who were living in poverty, between 2015-2019.

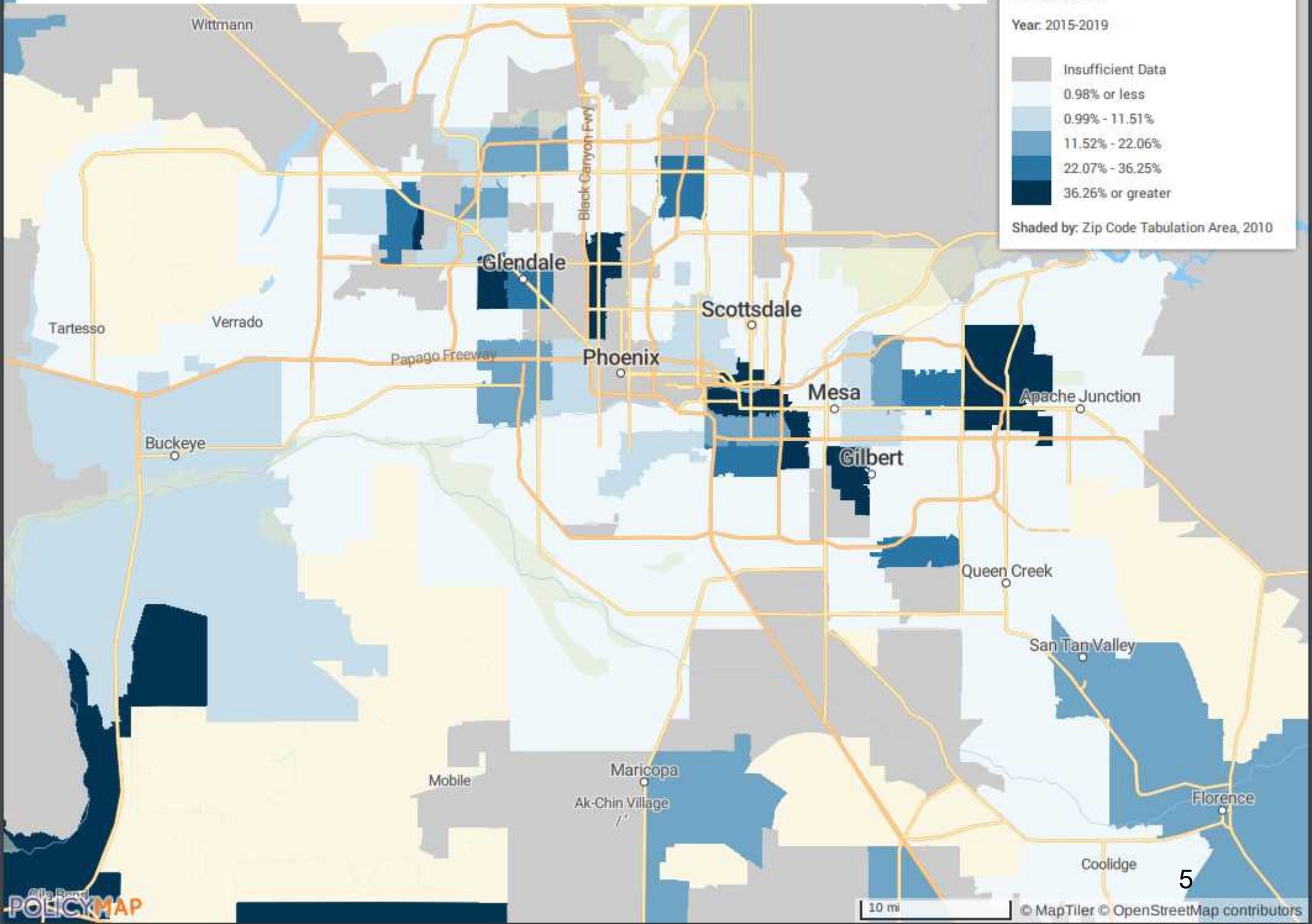
Percent Native Hawaiian and Other Pacific Islanders in Poverty

Source: Census

Year: 2015-2019



Shaded by: Zip Code Tabulation Area, 2010

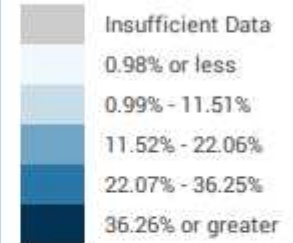


# Estimated percent of all White people who lived in poverty, between 2015-2019.

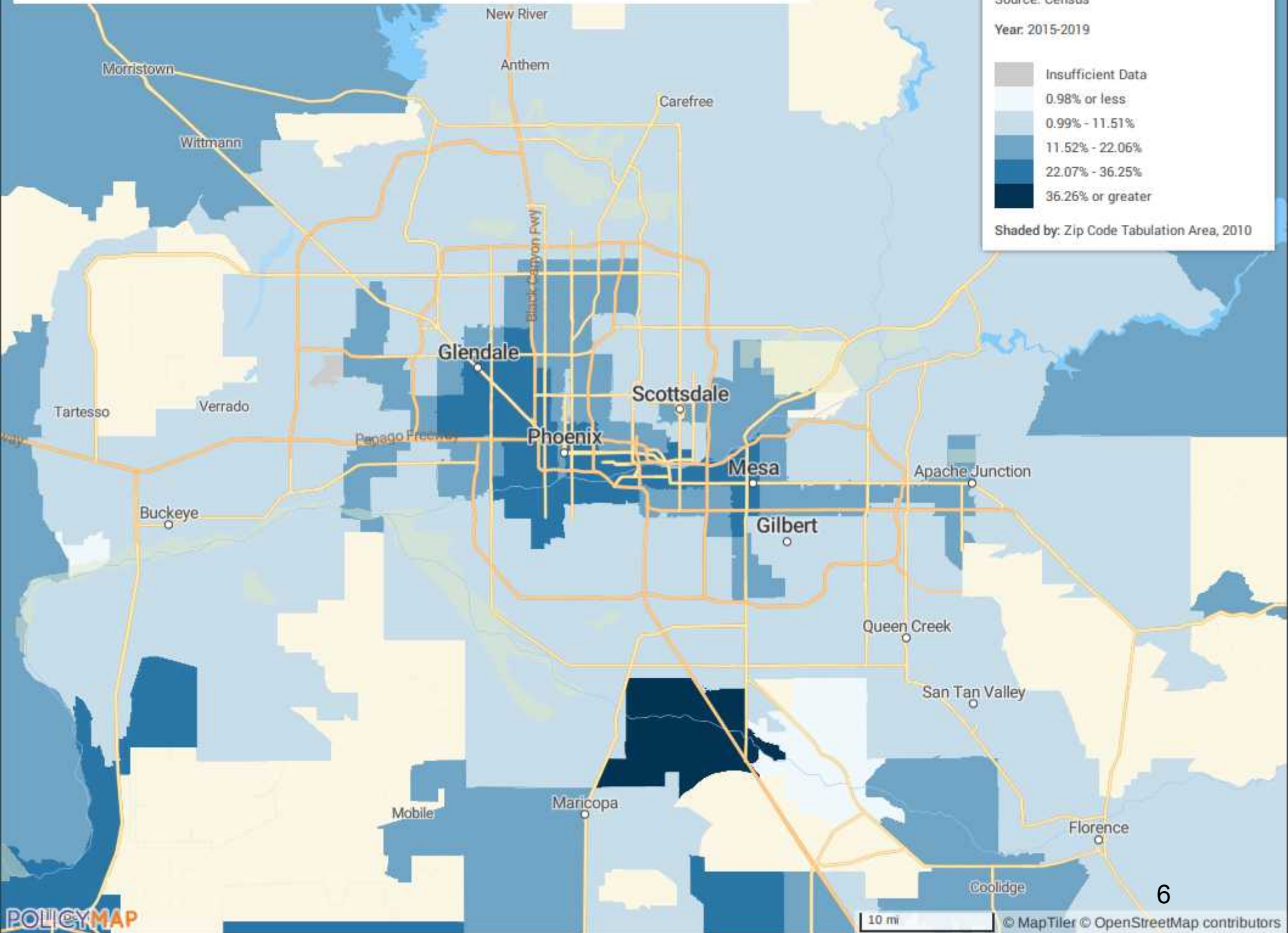
Percent White People in Poverty

Source: Census

Year: 2015-2019



Shaded by: Zip Code Tabulation Area, 2010





Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
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August 8, 2022

Item 3.

Reaching the Marginalized  
Population -  
Outreach Worker Position

## COAST COMMUNITY HEALTH CENTER

**Position Title:** Community Outreach Worker – North Curry County

**Status:** Hourly, non-Exempt

**Supervisor:** Executive Director

### **Position Summary:**

Performs community outreach in response to the health care access needs of North Curry County residents. Serve as a central resource for community questions and referrals for both consumers and providers. Build relationships with community resources, public health, schools, faith community, and other social service organizations to identify and develop resources and remove barriers to accessing health and social services.

### **Essential Functions:**

- Establish and maintain a list of service organizations and resources for client referral
- Inform and assist homeless individuals with access to services and associated community resources; health, dental, mental health and basic needs.
- Connect clients or consumers to information on publicly sponsored health insurance
- Maintain statistics/data on contacts; identify needs, problems and service gaps.
- Attend appropriate community or networking meetings to facilitate outreach and gathering of information to support consumer access to healthcare.
- Work with local schools, faith community, senior centers, law enforcement, community partners, and employers to build awareness of CCHC's services.
- Develop outreach materials; CCHC educational flyers/handouts, provide info for CCHC website, Facebook, Twitter postings to build awareness of CCHC's services, activities, and events
- Participate in community coalitions and related committees convened to prevent and reduce homelessness;
- Serve as liaison between CCHC and the community
- Attend school functions/meetings to educate faculty, parent/guardians and students about services offered
- Gather information regarding health care needs of students, recommend/implement outreach strategies to increase student access to healthcare
- Perform other related duties as assigned

### **Education and Experience**

- Knowledge of the North Curry County community culture and understanding the community's socio-economic makeup.
- Work experience in community outreach or experience in social services desirable, or ability to demonstrate knowledge of community and school health and social service needs
- Strong customer service skills and respectful approach in working with the community
- Associates degree in social services or other related field desirable.

**Employer will perform background check and pre-employment drug screen**

### **Skills and Abilities**

- Exercise initiative, judgment, problem-solving and decision-making
- Exercise conflict resolution skills; identifies problems, recommend solutions; and remain calm in urgent situations and work under pressure
- Exercise strong communication/presentation skills; create and execute large/small presentations, inform and engage community with the objective of gaining and building community support and positive relationships
- Work independently and as part of a team; strong self-management, multi-tasking, prioritizing tasks skills
- Exercise time management and flexibility in the schedule of work hours;
- Remain non-judgmental in working with an indigent population and maintain confidentiality;
- Computer skills required

**Physical Demands:**

**This position requires;** some evening and/or weekend commitments, periodic state travel; travel between clinic sites, ability to safely operate a motorized vehicle. Must possess a valid driver's license, proof of auto insurance and have a reliable vehicle.

While performing the duties of this job, the employee is frequently required to sit and talk, listen, handle objects, tools, controls, and equipment. Employee must reach and bend, stand and walk, kneel and bend extended periods of time. The employee must occasionally physically assist persons, lift and/or move more than 25 pounds.

This description is intended to provide only basic guidelines for meeting job requirements. Responsibilities, knowledge, skills, abilities and working conditions may change as need evolve.

---

Employee Signature

Date





Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
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Meeting

August 8, 2022

Item 4.

Strategic Plan  
2021-2023

August 2020

# Valleywise Community Health Center Governing Council

Strategic Plan 2021-2023

# Previous Work Sessions

Meeting of the Valleywise Community Health Center Governing Council previously identified various areas of concern and interest:

- Advertising
- Access to Care
- Behavioral Health Integration
- Community Engagement/Outreach
- Coronavirus (COVID-19)
- Diabetes Management
- HIV Testing
- Improved Patient Outcomes
- Influenza Vaccines
- Performance Management (PCP Shortage)
- Social Determinants of Health (SDoH)
- Strategy
- Clinic (FQHC) Transition Plans
- Client/Patient Satisfaction
- Co-Applicant Agreement (revisit)
- Governance and Procedures
- Organizational Culture



# Previous Work Sessions

From this session, two priorities were initially identified:

## Behavioral Health Integration

- Incorporate VCHCG FQHC Clinic visits
- Educate the VCHCGC about Valleywise Health's behavioral health integration operational philosophy
- Educate the VCHCGC about the state's overall behavioral health system; pertaining to community status gaps and areas of highest need
- Development of a plan associated with staff training, retention, and satisfaction
- Identification of behavioral health navigators
- Explore and discover connections to organizations that were led by and that supported the most vulnerable behavioral health patient populations

## Community Engagement/Outreach

- Develop list of potential community organizations to collaborate with on a grass roots level
- Educate the VCHCGC about issues related to vulnerable populations
- Identify specific focus areas of vulnerable populations; potentially via UDS and/or other ways
- Identify measurements of improved patient outcomes
- Explore partnership possibilities with the Vitalyst Foundation
- Educate the VCHCGC about plans for staff resources allocated for future community outreach projects
- Connect with Health Improvement Partnership of Maricopa County (HIPMC) to explore collaboration opportunities

# Considerations Sessions

- Monday, August 10, 2020 from 3:30pm – 5:00pm
- VCHCGC Strategic Planning & Outreach Committee members were previously asked to be prepared to discuss:
  - **Situational Assessment** - What major (or moderate) shifts or situations are happening within our healthcare system and/or within the healthcare sector outside of our system (locally, regionally, nationally or globally)? What challenges and opportunities exist that you're aware of? Where's the "low hanging fruit" and where are the barriers to success?
  - **Key Learnings** - As a team and as the FQHC SPO Committee, what do you know/understand today about our healthcare system that you didn't a year ago? As a team and as a system, what worked and what didn't?
  - **Influencing Trends** - What's happening outside our system that might influence what we do and how we do it? Are there changes in the social media space we need to consider? Is artificial intelligence and machine learning something we should better understand? Are the political winds shifting which may change market demographics? Are competitive players entering/leaving the space or altering their service lines?

# Situational Assessments

- Political Shifts
  - Election year
  - Public charge
  - Termination of ACA
  - Uncertainty/Divisiveness creates fear
- Coronavirus (COVID-19) Pandemic
  - Long-term impact potential
  - Our patient population at greatest risk
  - Creating joblessness and financial hardship
- Financial Stabilization/Growth
  - Patient retention
  - Keep referrals in-house
  - Sliding fee support
  - Impact of COVID-19 and recovery
- Connection with Community
  - Community partners/groups
  - Cultural competency
  - Disconnected/Not ingrained in the community
- FQHC Differentiation
  - Public still doesn't know what this is or that we have this designation
  - Services available regardless of status, demographics or ability to pay
  - Other reasons FQHC designation is important for patients and community

# Key Learnings

- Few people understood what an FQHC meant and why it was important
- Governing Council has evolved and is approaching difficult issues that previously might have been avoided
- Underserved populations continue to grow; now more than ever given COVID-19
- We don't really know what our community will look like two years from now
- We aren't culturally competent as a system and need to determine what that means and how to measure it
- There is wisdom in our communities, but we're disconnected from that wisdom because we're not fully integrated with the community
- We focus on the larger sets of demographics but fail to consider smaller, subsets (formerly incarcerated, etc.) who, as a result, are now more disadvantaged

# Influencing Trends

- People are more active in social media spaces resulting in increased community education
- Liberation of black and indigenous communities gaining momentum
- People are polarized on virtually every topic/issue – law enforcement protests, BLM movement, pro or anti masks, Republican vs. Democrat, etc.
- Local community groups and organizations are becoming more important – possibly the result of people isolating at and working from home
- People are overwhelmed (school closure/reopening, vaccines, community spread, financial struggles, etc.)
- People will still need healthcare and we need to focus on providing the best care possible to everyone

# FY20-24 Strategic Plan Alignment

The Valleywise Community Health Center Governing Council strategic plan must align with the overall organization's Strategic Plan and areas where this occurred were identified as:

- 1.3 – **Drive organizational diversity and cultural competency through the health care system.**
- 1.4 – **Improve patient satisfaction (and experience)** and improve outcomes and quality of care as defined by current evidence-based best practices.
- 2.1 – Develop relationships with payers and identify value-based purchasing project opportunities to support Valleywise Health's Model of Care design, **increase volumes** and expand integrated behavioral and physical health.
- 2.2 – **Build and maintain strong service lines, as evident by the return on investment**, through national benchmarking, local market insights, trends in treatment modalities and service delivery, branding, emerging technologies and physician leader insights.
- 4.1 – Build a strategic financial plan that the Board of Directors and Valleywise Health Executive Leadership can use to assess market strategy and **make informed decisions for our limited resources**, to accelerate development of risk-bearing competencies with our physician partners, District Medical Group, and identify essential infrastructure.
- 4.3 – Enhance Human Resources delivery model to **improve employee satisfaction and recruitment/retention of talent to support Valleywise Health business strategies** and to successfully enable emerging models of care.
- 5.1 – Communicate and coordinate Valleywise Health public policy and governmental relations positions and activities, effectively engage with key representatives of U.S., State and local government, **essential advocacy organizations and the community**.
- 5.2 – **Identify strategic community partners and develop a Valleywise Health community care model to improve population health.**
- 5.3 – **Raise community understanding and positive visibility of Valleywise Health through comprehensive re-branding and image initiatives, and through highly coordinated strategic relationship development outreach.**

# Strategic Plan Theme

The following strategic pillars were built from the output of several meetings as highlighted in previous slides. While represented as individual priorities, they are inarguably and intrinsically connected. One pillar cannot attain true success unless all are successful. To achieve financial stability or growth, we must improve patient volume. To improve patient volume we must engage our community. And, to successfully engage our community, we must be culturally competent.

But this strategy and the priorities within it are not blind to the growing challenges of health equity in our community. For years, we have discussed social determinants of health, the impact on our community and the areas where we might effectively influence change. Health equity, as defined by the Robert Wood Johnson Foundation, is defined as:

*“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”*

Like social determinants of health, health equity is an enormous challenge with components outside the scope of what Valleywise Health can address directly, and we cannot expect or intend to resolve them, in whole or in part, in the short term or without the united support of others. Still, the pillars in this strategy serve as a starting point for Valleywise Health as we begin to actively and intentionally address these issues.

# Cultural Competence

## Overview

Maricopa County is home to broad and diverse populations. While these populations may differ based on nationality, ethnicity, religious and/or political affiliation and other common variables, “Cultural Competence” requires deeper consideration to understand behaviors, concerns, decision-making processes, etc. Cultural Competence requires a more robust understanding of nuances based on those common variables but must also make room for sub-sets within them.

## Operating Plan Alignment

- 1.3 Drive organizational diversity and cultural competency throughout the health care system.
- 4.3 Enhance the Human Resources delivery model to improve employee satisfaction, and recruitment/retention of talent to support Valleywise Health business strategies and to successfully enable emerging models of care.

## Strategic Considerations

- Culture based colleague development and training
- Community based surveys and assessments
- Cultural representation on committees/councils
- Expansion of health navigators where appropriate and feasible

## Key Measurements

- Identify key population groups including those with health inequities and determine priority groups/efforts among them
- Achieve 100% participation in colleague culture awareness education programs
- Increase YoY patient volume and patient satisfaction each by 1% YoY through 2024



# Community Engagement

## Overview

As the community's health care system, it's important that we actively seek to be part of the fabric of that community. As such, we must work in partnership with key community groups and organizations and leverage those relationships to connect with, support, educate and engage with the various audiences in our community including those who are considered most vulnerable and/or difficult to reach (former inmates, etc.).

## Strategic Considerations

- Identify and connect with key community groups
- Offer free classes to support community residents (CPR, Stop the Bleed, etc.)
- Regularly leverage locations for community-based needs (food distribution, backpack drives, book fairs, partner-based events, etc.)

## Operating Plan Alignment

- 5.1 Communicate and coordinate Valleywise Health to essential advocacy organizations and the community.
- 5.2 Identify strategic community partners and support improvements to population health.
- 5.3 Raise community understanding and positive visibility of Valleywise Health through coordinated strategic relationship development outreach.

## Key Measurements

- Develop work plan and establish community-based partnerships with "directly impacted, directly led" vulnerable patient organizations to guide engagement opportunities
- Complete YoY comparative analysis for CY2015-202 based on UDS by January 2022
- Create map of culturally diverse populations within 5 miles of health center locations by 2022
- Drive increases in engagement and partnership among culturally diverse community agencies by 1% YoY
- Track the number of cultural practices adopted that assist in better serving the most vulnerable patient populations

# Patient Volume Growth

## Overview

Patient volume growth and retention is necessary for driving improved community health and organizational sustainability. This growth and retention is the sum of various efforts which include patient acquisition, referrals within the system, community engagement, recognition as a trusted resource, and more.

## Strategic Considerations

- Patient satisfaction focused training
- New patient acquisition marketing/communications
- Referral retention program
- Community health/education/support events

## Operating Plan Alignment

- 1.4 Improve patient experience and satisfaction.
- 2.1 Develop relationships to support increased volumes.
- 5.3 Raise community understanding and positive visibility of Valleywise Health.

## Key Measurements

- Increase aggregate patient volume by 1% YoY
- Increase Patient Satisfaction Score by 1% YoY through 2024

# Financial Sustainability

## Overview

While our mission is based on providing exceptional care without exception, every patient every time a fundamental rule of business states, “no margin, no mission.” The strength of our operation and our ability to fulfill our mission rests solidly on our ability to continue operating as a solvent, viable and sustainable organization.

## Operating Plan Alignment

- 2.2 Build and maintain strong service lines, as evident by the return on investment, through national benchmarking, local market insights, trends in treatment modalities and service delivery, branding, emerging technologies and physician leader insights.
- 4.1 Build a strategic financial plan that the Board of Directors and Valleywise Health Executive Leadership can use to assess market strategy and make informed decisions for our limited resources, to accelerate development of risk-bearing competencies with our physician partners, District Medical Group, and identify essential infrastructure.

## Strategic Considerations

- Actively monitor financial contribution
- Evaluate opportunities to grow revenue and/or reduce cost/expenses
- Support patient growth initiatives

## Key Measurements

- Optimize health center operational performance to deliver positive increase to patient visits of a minimum 1% YoY
- Regularly review financial reports to identify areas of opportunity



Valleywise Community Health  
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Strategic Planning and  
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Item 5.

Closing Comments and  
Announcements  
(No Handout)



Valleywise Community Health  
Centers Governing Council

Strategic Planning and  
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August 8, 2022

Item 6.

Staff Assignments  
(No Handout)