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Integrating Public Health And Community Development To Tackle Neighborhood Distress And Promote Well-Being

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ABSTRACT Recently there have been calls for public health to reconnect to urban planning in ways that emphasize the impact of place on health and that address fundamental causes of poor health, such as poverty, social inequality, and discrimination. Community developers have realized that poor health limits individuals' and communities' economic potential and have begun to integrate into their work such neighborhood health issues as access to fresh food and open space. In this article we review recent shifts in the community development field and give examples of programs that operate at the intersection of community development, public health, and civic engagement. For example, in Sacramento, California, the Building Healthy Communities program successfully promoted the creation of community gardens and bike paths and the redevelopment of brownfields. A major housing revitalization initiative in San Francisco, California, known as Sunnydale-Velasco, is transforming the city's largest public housing site into a mixed-income community that provides existing residents with new housing, infrastructure, services, and amenities. These examples and others illustrate the need to identify and make use of interdisciplinary approaches to ensure that all places are strong platforms for economic mobility, full democratic participation, and community health.

Public health researchers and practitioners are increasingly invoking metaphors about “upstream versus downstream” to describe the socioeconomic and structural determinants of health and disease in diverse populations.¹ Much of scientific research indicates that the inequitable distribution of health is linked to social conditions that put people at “risk of risks,”^{2(p 531)} and thus the institutions that create or perpetuate privilege and inequality in health must be transformed.³ One important aspect of this “ecosocial” framework is examining the ways in which neighborhood environments affect health.^{4,5}

The emphasis on the social and environmental

determinants of health has emerged simultaneously with a sea change in the understanding of community-level place making. The modern version of community development in the United States emerged in the 1960s in the context of the War on Poverty. This initiative stressed community empowerment as critical to enhancing economic opportunities for the poor. However, many community developers soon became enmeshed in the bricks and mortar of housing construction and workforce development, particularly as globalization drove manufacturing jobs overseas, weakened economic prospects in central cities, and catalyzed a desire to revitalize distressed areas plagued by concentrated joblessness.^{6,7} More recently, analysts have come

to realize that a critical, yet often missing, element for successfully rebooting communities is residents' being connected both to larger opportunities in the regional economy and to each other in ways that build social capital and political power.⁸

These shifts in the fields of public health and community development are, in many respects, a return to the past. So, too, is the increasing connection between the fields: During the so-called sanitary era of the nineteenth and early twentieth centuries—when reformers sought to address overcrowded housing, industrial pollution, and devastating outbreaks of infectious diseases in urban neighborhoods—there was a strong nexus between urban planning and public health.

After significant improvements were made in municipal infrastructures, public health and urban planning diverged in terms of their practices and missions. Urban planning became more technocratic and emphasized design and economics, advancing the interests and rights of property owners and developers.^{9,10} Meanwhile, public health deemphasized structural drivers of health and focused more on individual-level interventions, such as immunizations and the modification of health behaviors.¹¹

Recently there has been a call for public health to reconnect to urban planning in ways that emphasize the impact of place on health and that address fundamental causes of poor health, such as poverty, social inequality, and discrimination.¹² Similarly, community developers have realized that poor health limits the economic potential of people and communities and have begun to integrate neighborhood health issues, such as access to fresh food and open space, into comprehensive planning efforts. This framing article attempts to encourage this reconnection by highlighting the intersection of community development, public health, and civic engagement.

We first review how place matters for health. Then we discuss recent shifts in the community development field, particularly with regard to the roles of community organizing and regional scale. We provide examples of ongoing work at the intersection of community development, public health, and civic engagement: a campaign to clean up (and “green up”) distressed communities in Los Angeles, California; a foundation-led effort to build healthy communities throughout California; and a set of initiatives across multiple states to secure health benefits from development. Along the way, we stress that efforts to promote an urban health agenda must directly engage and empower disadvantaged groups to advance broader systems change.

Place, Place Making, And Health

Research indicates that neighborhoods affect community and individual health through many pathways, including food security (for example, access to affordable markets with fresh produce);¹³ proximity to crucial services such as health care, parks, and open space;¹⁴ the social environment, including social capital, cohesion, economic opportunities, and crime rates;¹⁵ and the physical environment, including air quality, traffic density, and housing quality.¹⁶ These factors can be as critical to health outcomes as access to medical insurance or health care, if not more so.^{17,18}

In the community development field, there is also a growing understanding of the importance of place making in promoting both economic vitality and health. For example, encouraging mixed land uses and pedestrian-friendly development can improve housing quality and increase employment opportunities and physical activity. There is also an increasing realization that place-based social capital is important, although difficult to measure, and that neighborhood-based community contact, engagement, and trust can be enhanced through physical design. For example, creating more pedestrian activities, such as adding new neighborhood retail outlets that residents can walk to, can encourage social interaction.^{19,20}

This broader, integrated, and more health-aware approach to community development is new. Historically, community development corporations—nonprofit organizations, sometimes based in faith institutions, that work to revitalize disadvantaged urban neighborhoods—have concentrated on traditional markers of success, such as the expansion of affordable housing and workforce development programs. But recent years have brought significant insights in thinking about the plight of distressed areas, the role of community development, and the importance of community connections and health.

The first insight is that although concentrated poverty disproportionately affects the health of the most disadvantaged people, regional inequality and segregation can undermine overall prosperity and the health of all metropolitan residents.^{16,21,22} Equally important, the aspirations and well-being of low-income communities are often limited by the regions in which they are located, which makes it imperative for community development corporations to promote regional prosperity to avoid simply becoming “managers of decline.”²³

The second insight involves a new understanding of the fact that high-income neighborhoods are not actually rich in jobs; instead, they are rich in amenities. Residents of high-income neigh-

borhoods often work elsewhere and are simply better linked than residents of poorer neighborhoods are to regional employment opportunities, largely by virtue of their skills and social networks. As a result, there is increasing interest in helping low-income residents find opportunities wherever they exist in the regional economy and in shifting the focus of place making from generating economic development per se to creating the conditions for healthy and livable places.¹²

The third insight is the recognition that low-income communities will receive attention from their regions only if the communities enhance their political power.²⁴ This represents a return to the logic of the community action programs of the 1960s, in which federal funds associated with the War on Poverty required “maximum feasible participation” by low-income residents.^{6(p2)} Organizers made frequent use of that mandate, which lost favor with local city leaders when participation became a bit too “maximum”—that is, when organizers targeted local municipal officials with political protests. The real estate-focused approach of community development corporations was more palatable to city officials who were weary of political conflicts, and community development corporations’ leaders soon felt constrained by the need to have positive relationships with those city agencies that would grant zoning waivers and facilitate the financing necessary to build affordable housing and promote neighborhood development.

Community development corporations have much to boast about, particularly with regard to building affordable housing. However, in the mid-1990s and 2000s new comprehensive community initiatives emerged whose leaders were more aware of the need to build local social capital, encourage residents’ engagement, and support community organizing.²⁵ This more integrated approach has been the basis for federal programs such as Promise Neighborhoods,²⁶ as well as the Promise Zone designation. This designation was awarded in early 2014 to five communities to support initiatives to expand educational and economic opportunities, increase access to high-quality affordable housing, and improve public safety.²⁷

The refocus on civic engagement—the process through which disadvantaged residents become actors who determine their own fates—has been updated, with an emphasis on how to engage people in collaboration with other major civic actors, such as business leaders and public officials. Equally important is the development of tools for communities to use in framing their own agendas.

One vehicle for this, which is especially popu-

lar on the public health side of the equation, is community-based participatory research.²⁸ This is a collaborative approach to research that engages academic and community partners in the production of knowledge and the implementation of interventions and programs that benefit the communities involved.²⁹ This strategy has also gained salience in the community development arena, as new social movement organizations have linked data and analysis to programs and policies for social change.^{30,31}

The Intersection Of Development, Health, And Engagement

This article seeks to provide a frame for better connecting community development, public health, and civic engagement. Because a frame is clearest when it is obvious what picture it encloses, here we provide examples of work at the intersection of these three arenas.

CLEAN UP, GREEN UP Environmental inequity is an important determinant of health disparities, and during the past decade many researchers have sought to go beyond documenting the problem to developing tools and relationships that can change conditions on the ground.^{32,33} This has sometimes involved community-based participatory research. For example, in Southern California researchers and community members worked together, using localized mapping and monitoring to “ground-truth” (that is, to verify the accuracy of) data from regulatory and public health agencies about air pollution and other hazards.³⁴

The mapping was not just for the purpose of illustration. In Los Angeles, communities followed up their community-based participatory research “ground-truth” efforts (including independent community-driven air monitoring) with a Clean Up, Green Up campaign that seeks to leverage municipal resources to address hazards in three environmentally stressed and socially disadvantaged neighborhoods. The pilot campaign is intended to prevent further increases in cumulative environmental impacts in overburdened communities, mitigate existing environmental hazards, and revitalize overburdened areas through supporting businesses that use green technologies and provide jobs for local residents.²⁹ The focus on economic opportunity has helped garner support for Clean Up, Green Up from several locally owned businesses that want to improve operations by reducing their emissions.

Several features of this effort are striking. One is its combination of environmental health and economic development: Communities want cleaner air, but they also need the jobs that local

firms provide. Another is the level of community coordination. Community development was traditionally neighborhood based and inward looking, taking a sort of archipelago approach to economic sustainability. In contrast, this effort seeks to link disparate communities and secure a citywide policy that will benefit all of them. The jury is still out, but the possibilities are there for wedding community economic development and environmental health.

BUILDING HEALTHY COMMUNITIES Also in California, the state's largest health foundation, the California Endowment, is nearly halfway through a billion-dollar, ten-year effort called Building Healthy Communities. The program seeks both to promote positive health outcomes in fourteen disadvantaged neighborhoods across the state and to complement the local work of community developers, service providers, and organizers with a statewide communications and policy strategy aimed at systems change.³⁵

The fourteen neighborhoods are a purposeful sample of low-income areas: They were chosen in part because they had community organizing capacity that could channel anger into aspiration. Still, it is telling that although neighborhood residents have expressed great concern about traditional economic challenges such as jobs and housing, the focus of Building Healthy Communities' efforts has been on what participants call "health-promoting" community development.³⁶

For example, leaders in the Sacramento Building Healthy Communities neighborhood effort have focused on promoting and extending community gardens and bike paths and on redeveloping brownfields. Leaders in the Fresno Building Healthy Communities neighborhood collaborated with other community organizations and the city's planning department to revamp the city's general plan to encourage more compact development. This change is remarkable in a city known for its sprawl and its declining central core. And the South Los Angeles neighborhood used a health impact assessment to lobby for more funding for affordable housing in light of gentrification pressures.³⁷

As with Clean Up, Green Up, the focus of Building Healthy Communities has been on systems change and collaboration between communities. In Los Angeles, for example, youth in multiple Building Healthy Communities neighborhoods (along with youth organized by other social movement groups) led a campaign to end a practice of issuing expensive truancy tickets to students who arrived late to school—a policy that disproportionately affected Latino and African American youth because many of them relied

on mass transit to get to school. The result: The Los Angeles City Council voted unanimously to end the ticketing policy. Efforts by other Building Healthy Communities neighborhoods in Long Beach, Oakland, and Fresno, combined with lobbying at the state level, produced five reforms to school discipline being signed into law.³⁸

At first glance, school discipline policies might not seem to have much to do with either public health or community development. But as the managers of the Building Healthy Communities effort point out, this issue was one of the first raised by residents when they were asked what was needed to ensure that their children were "healthy, safe, and ready to learn."³⁵ Community development that is aimed at improving health and well-being must embrace local knowledge by engaging residents in research and development, and by following their lead in terms of policy advocacy.

ENGAGING COMMUNITIES TO ENSURE BENEFITS

Community development and public health are also coming together to ensure that urban revitalization actually produces benefits for local residents. For example, transit-oriented development has been promoted as an ideal model for healthy, sustainable, and climate-friendly communities. However, new housing near public transit centers can often price current residents out of their neighborhoods as housing becomes unaffordable to the people who rely most on public transit.^{39,40}

To address this issue, some community development corporations are using community engagement strategies to ensure that large-scale development directly benefits local residents instead of displacing them. For example, in response to expansion pressures from major medical and academic research facilities in various neighborhoods in Boston, Massachusetts, the Jamaica Plain Neighborhood Development Corporation and other community-based organizations formed partnerships with local hospitals, medical facilities, and research organizations to create community benefits programs, including workforce development.⁴¹

Similarly, a major housing revitalization initiative in San Francisco, known as Sunnydale-Velasco, is transforming the city's largest public housing site into a mixed-income community that provides existing residents with new housing, infrastructure, services, and amenities. Before the groundbreaking, public health researchers are collaborating with developers and residents to collect baseline measures of residents' social well-being and health status to conduct a longitudinal assessment of the health impact of this major project.⁴²

Other efforts across the country seek to engage residents and build healthy neighborhoods by placing health and social services directly within affordable housing developments for low-income residents. For example, the Urban Institute launched a foundation-funded initiative called Housing Opportunities and Services Together that aims to simultaneously address barriers to parents' self-sufficiency—such as poor physical and mental health, addiction, low literacy and educational attainment, and weak connections to the workforce—and integrate youth services directly into public and mixed-income housing projects in Chicago, Illinois; Portland, Oregon; New York City; and the District of Columbia.⁴³

Finally, the Reinvestment Fund, an organization that has traditionally focused on financing community development, is emphasizing health benefits through its Pennsylvania Fresh Food Financing Initiative, which seeks to bring supermarkets to so-called food deserts.⁴⁴ Again, organizing and engagement have played key roles: A “food justice” movement⁴⁵ laid the political groundwork for national replication, and a Healthy Food Financing Initiative was built into the federal farm bill that was signed into law in early 2014.⁴⁶

Looking Forward

What does this overview imply for future work at the intersection of community development and public health?

COMMUNITY HEALTH The first takeaway lesson is that both fields are increasingly guided by a view of community health. Public health officials are recognizing that people's well-being is affected not only by individuals' economic status but also by their position within a nation's social and geographic hierarchy—that is, socioeconomic and locational factors affect their relative access to resources.⁴⁷ Meanwhile, community developers are increasingly shifting their perspective from seeing a neighborhood as a platform for making a living (through jobs and housing development) to seeing it as a platform for making a life. With this change, more work on community livability and health promotion becomes inevitable.

SYSTEMS CHANGE A second takeaway lesson is that both community development and public health are increasingly focusing on systems change. This is an important evolutionary change—or perhaps a return to the fields' origins. Community developers have historically taken a deck of cards that has been stacked against low-income communities and sought to provide a bit more housing, a few more jobs,

and some additional retail outlets. Public health advocates have accepted a physical environment in which recreation is scarce and pollution is high and have developed interventions that might allow children to eat a bit better and walk safely to school, or get there on buses that stop spewing diesel particulates into the air right outside the classroom.

But if the new vision of the social determinants of health is about going “upstream,” then it is necessary to tackle the broad patterns of income inequality, urban sprawl, and environmental injustice that combine to keep certain communities both less developed and less healthy than others.⁷ This does not preclude buckling down to do the work of building a community center or launching an intervention to combat obesity. Thus, it is encouraging that some planners and public health advocates are embracing broader goals of systems change, which includes a focus on fundamental causes, mediating mechanisms, and feedback loops that influence how different place-based strategies shape community health.

COMMUNITY POWER AND POLITICAL ENGAGEMENT This leads directly to our third takeaway lesson: Systems change requires nurturing community power and political engagement. Indeed, the major initiatives that helped launch and sustain the field of community development, such as the War on Poverty and the Community Reinvestment Act of 1977, generally came after major political struggles. What is needed now is political mobilization that can lead to new policies, such as improved links among transportation investments, local job development, and affordable housing.

Nurturing community power and political engagement will require stronger ties between professional staff who work in these arenas and organizers who are pushing for policy change. In a sense, this would be a return to the equity planning approach advocated by Paul Davidoff,⁴⁸ but with community participation infused in the earliest steps.⁴⁹

Moving forward also requires developing the right tools and partnerships. One promising tool is health impact assessment, an interdisciplinary approach to assessing the consequences of proposed policies and projects that has been used to analyze the health impacts of wage policies, gentrification, and even mass deportation.⁵⁰ Even more of such systems-based approaches are needed to integrate qualitative and quantitative data and facilitate modeling, testing, and evaluation from diverse governmental agencies, nongovernmental organizations, and private stakeholders.

Another key challenge involves the expansion of the geographic range of community develop-

ment and public health concerns for the disadvantaged. The traditional view is that distress is concentrated mostly in inner cities. However, recent research shows that a growing share of America's poor live in suburbs, a phenomenon that has been exacerbated by the housing crash of the late 2000s.⁵¹ Shifting focus to include suburban distress and considering what community engagement and empowerment mean there are crucial.

Conclusion

In recent work that examined why some US metropolitan areas are better able than others to wed the imperatives of prosperity and inclusion, Chris Benner and Manuel Pastor stress the role

of "epistemic communities,"^{21(p7)} places where diverse groups of people come together to solve a problem, enjoy repeated interactions that develop trust, and forge a new collective knowledge base that guides future practice. There are encouraging signs that such communities of shared knowledge are developing at the intersection of community development, public health, and civic engagement. This is happening not a moment too soon: With federal inaction in the face of increasing inequality and growing fragmentation by race and place, interdisciplinary approaches to ensure that all places are strong platforms for economic mobility, full democratic participation, and community health are needed now more than ever. ■

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