

WHY PLACE MATTERS: BUILDING A MOVEMENT FOR HEALTHY COMMUNITIES: A SYNOPSIS

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The California Endowment has launched its *Building Healthy Communities Initiative* in fourteen communities throughout the State. This initiative is based on the idea that you can't change the health of individuals without changing the communities they live in. The publication, *Why Place Matters: Building a Movement for Healthy Communities*, provides the rationale for this initiative. These two pages give a brief summary of that

"Where you live determines how you live," is the basic premise of Why Place Matters. While where you live has a powerful effect on your health, it is your class, race (i.e., racism) and ethnicity that often dictates where you live. In other words, class, race (i.e., racism) and ethnicity are tightly bound to health through their influence on where you live.

There are four environments that must be examined to fully understand how place and health interact. These are:

- **Economic Environment:** "A solid economic environment entails commercial investment, a focus on providing jobs that take people out of poverty, businesses that provide healthy food options to all residents, and a path that moves people to opportunity." (p. 8)
- **Social Environment:** "Strong social networks that bring neighbors together . . . can strengthen community ties and empower individuals to be advocates . . ." (p. 8). Understanding social capital is key to understanding how the social environment affects a community's health. "There are two types of social capital: bonding capital, which deepens social relationships within an immediate community, and bridging capital, which strengthens the links between one group and the people and institutions in the larger neighborhood." (p. 30)
- **Physical Environment:** "Safe parks; full-service grocery stores and/or farmers' markets; safe, walkable streets; less truck and bus traffic; well-maintained housing; and open spaces that encourage community gathering are all protective factors that contribute to the health of a community. . ." (p. 9) "The link between health and the 'built environment' . . . has become a new focus for public health and planning officials." (p. 36)
- **Service Environment:** "Access to quality healthcare services, public safety, and community support services are all necessary for a healthy community" (p. 9).

Class, race (i.e., racism) and ethnicity have conspired to isolate and disenfranchise entire communities, typically low-income communities of color. Because where you live determines how you live, improving the health of individuals requires changing conditions within these communities. Making change at a community level requires very different set of skills, targets and strategies than efforts to create individual change. It requires understanding how the four environments, interacting with class, race and ethnicity impact the health of a community. It requires knowing the public policies that shape the environments. And, it requires knowing who the policy makers are and how can they be influenced.

The case studies reviewed in this analysis highlighted the importance of resident engagement in the change process. The experience and voice of community members were identified as "critical for successful place-based strategies" (p. 7). In most cases, success was the result of "people from the community taking action, rather than waiting for an expert solution or a top-down government or foundation program" (p. 49). In acknowledging the role of residents, the report states:

The specific factors that are most important and the strategic approaches for enabling healthy communities vary, but there are some time-tested truths that these case studies confirm: ***local residents have significant insight into what problems are most critical to address, what***

community strengths can be used to improve the health and community conditions, and what strategies and solutions will be most effective. (p. 7)

These case studies reinforce the belief that “Community organizing can build local leadership and create political power to leverage funds and other resources into the neighborhood” (p. 31). Community organizing and building leadership are self-reinforcing. “Building leadership within a community increases the level of capacity for mobilization, civic engagement, and political power.” (p. 8). The increased mobilization, in turn, creates greater opportunities for leadership development.

The report concludes with fourteen recommendations. The first three of these provide a framework for creating a healthy community. In particular, they call for capitalizing on emerging opportunities, promoting a comprehensive approach, and maintaining a focus on equity and eliminating health disparities. Recommendations ten through fourteen speak to building a larger movement, i.e., create healthy environments to support healthy choices, document and disseminate success stories, reframe the media message, invest in the long term, and broaden the platform for change. It is recommendations four through nine that speak directly to how to create this movement. It is in defining the “how” that the recommendations speak directly to the importance of engaging residents in the change process. Recommendation 4 (Involve residents and leaders in policy change efforts) states specifically that “Community engagement is a prerequisite for place-based strategies and policy making that is authentic in its approach and meaningful in terms of its impact” (p. 11). Additionally, “Community engagement must occur early, and be maintained throughout the process, and should be sensitive to language and culture” (p. 54).

These recommendations recognize that residents must be equal partners at the policy table. “Leaders should be empowered to interact on equal footing with elected officials, business interests, academics, media, advocacy groups, and others who drive the policy discourse” (p. 54). Recommendation 5 (Build the capacity to analyze and solve community problems) speaks to the importance of skill development. “Communities need, and can acquire, policy advocacy skills. Advocacy training and assistance in developing and running advocacy campaigns can help groups achieve specific policy goals and also build skills. . .” (p. 54). This recommendation also points out that “the organizations working to improve health and involve residents also need capacity to be effective advocates for change” (p.54).

Recommendations six through eight; foster collaborations, use local efforts as platforms for regional and state change, and push local governments to prioritize healthy communities, frame strategies for using the political power of an organized community.

Recommendation 9 (Translate research to highlight the link between community conditions and individual health and to provide insights about the effectiveness of different approaches) points out that “research is critical in the movement to improve health . . .” (p. 59). It also reinforces the importance of residents being engaged as partners in the research as it needs to be “relevant to community needs and support community change agendas.” Additionally, this recommendation calls for residents to be leaders in the research. In particular, “Residents should be involved in shaping the research so it is relevant to local circumstances and can create momentum for change” (p. 59). Community-based participatory research is suggested as potential strategy for carrying out the needed research.

In summary, the analysis presented in *Why Place Matters* asserts that health is inescapably tied to community and that the ability to live a healthy lifestyle is overwhelmingly influenced by where one lives. Class, race (i.e., racism), and ethnicity are perhaps the greatest predictors of where one lives. In addition, these three factors have contributed to the disinvestment in low-income communities of color, creating isolated and disenfranchised communities that make healthy living near impossible. Changing the conditions within these communities requires building a movement that advocates for policy change. Building this movement, in turn, requires community organizing and resident engagement. Authentic resident engagement, i.e., being equal partners at the policy table, requires providing and maintaining support in terms of access to information, training on policy issues, etc.