SECTION 4: Upstream Strategies for Community Health

This section focuses on the upstream strategies necessary to improve living conditions. As outlined in the Public Health Framework for Reducing Health Inequities (Figure 21), these strategies target the physical, social, economic and work, and service environment through community capacity building, community organizing, and civic engagement. Related strategies include building strategic partnerships and engaging in advocacy to change the underlying structures that determine living conditions.

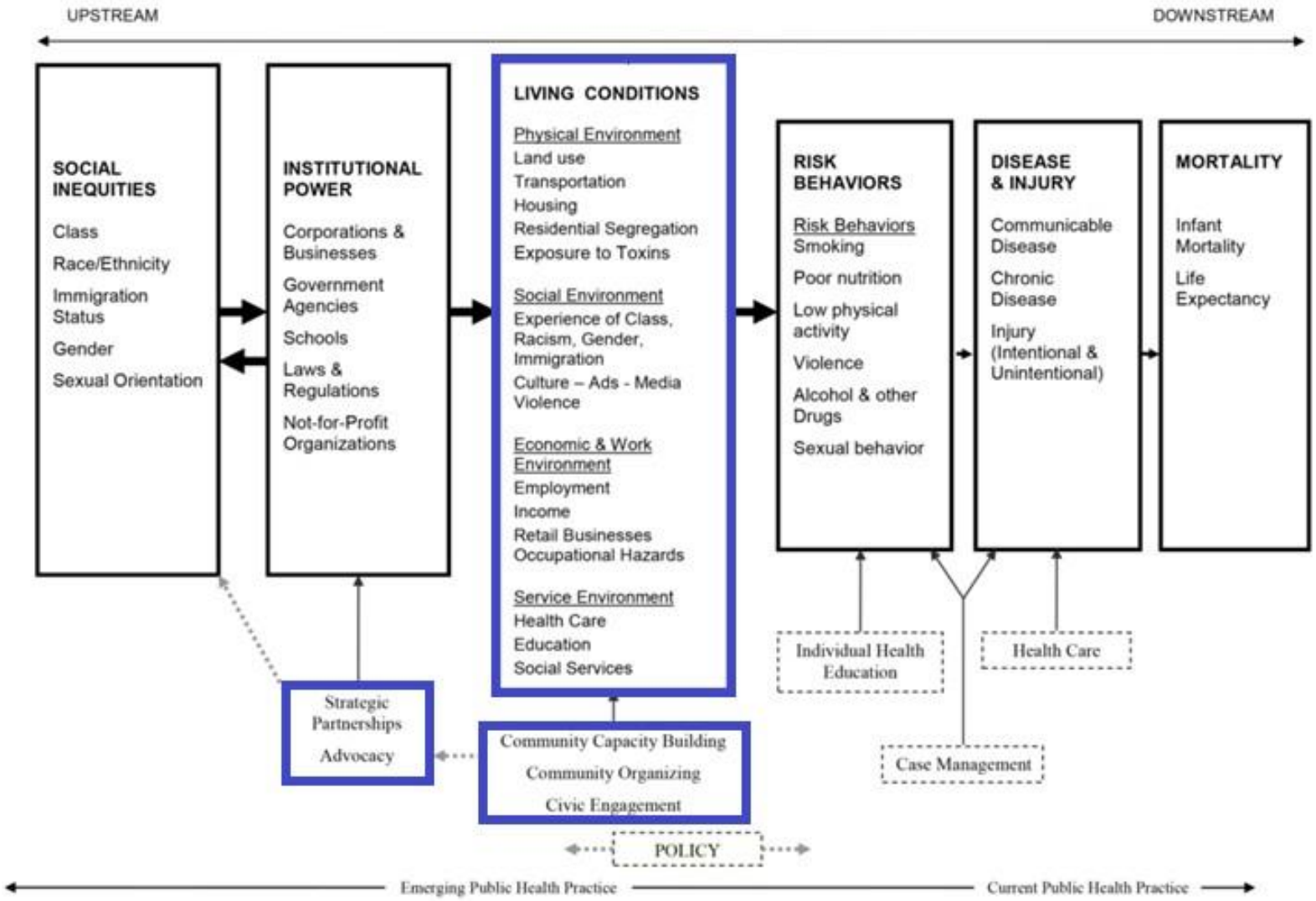
By improving living conditions, we will create healthy communities and, ultimately, improve health equity. According to *Healthy People 2020*, a healthy community is one that continuously improves its physical and social environments, thereby helping people to support one another to develop to their fullest potential. In other words, a healthy community is one in which all of its residents have the resources needed to thrive: clean air and water, parks and green space, healthy food, affordable housing, jobs and income, transit, and positive social interactions. It is easy to envision a healthy community because it is one in which each of us would like to live, raise our children, and grow old.

> *"Healthy places are those designed to improve the quality of life for all people who live, work, worship, learn, and play within their borders" (CDC).*

For everyone to thrive, a healthy community must also include social justice, equity, and sustainable resources. A healthy community must be free of all forms of discrimination and allow everyone an opportunity to participate in its governance. According to the Work Group for Community Health and Development at the University of Kansas:

> "Like a truly healthy human body, a truly healthy community is one in which all systems function as they should, and work together to make the community function well. In an individual, health is, to a large extent, a result of all the body's billions of cells getting what they need. For a community, health is, to a large extent, the result of all citizens getting what they need, not only to survive, but to flourish" (Community Tool Box, Chapter 2).

Figure 21. Public Health Framework for Reducing Health Inequities



Source: Bay Area Regional Health Inequity Initiative, 2013.

Regardless of whether a community is healthy or less healthy, opportunities for improvement exist across the continuum. As discussed in the Introduction, *all* communities need strong bridges and fences, and maintaining a healthy community takes continuous effort. Furthermore, given what we know about the social gradient in health and the social determinants of health (SDOH), everyone can be healthier. Therefore, every community holds the potential to be a healthier place to live.

Understandably, some health professionals become overwhelmed by the complex web of challenges and apparent disadvantages in less healthy communities. But those communities simply have more areas for improvement. A seemingly modest change can build upon itself or be leveraged to promote greater changes and impact. An investment in one area can stimulate investments in other areas. A new playground that brings families together can inspire an adjacent community garden. Removing graffiti and improving the lighting along a sidewalk invites people outside, simultaneously discouraging vandals and other criminal activity. And a new corner store can encourage additional commercial activity and investment.

Communities can be defined in many different ways. Traditionally, communities are conceptualized as geographic areas. In terms of healthy equity, communities are often defined broadly and can also refer to groups of people that share certain characteristics, values, or a common social identity. Furthermore, a community is often best defined by the members of that community. While we appreciate the importance of various definitions of community, for the purposes of this guide, we draw attention to the geographic definition of community and the idea that communities are physical places. Growing evidence suggests that there are healthy places to live and less healthy places to live. Furthermore, the differences between healthy and less healthy places cannot be explained by the characteristics of the people living in those places, such as income or race.[5] According to the Centers for Disease Control and Prevention (CDC), healthy places are those designed and built to improve the quality of life for all people who live, work, worship, learn, and play within their borders–where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options (http://www.cdc.gov/healthyplaces/about.htm). The concepts of healthy communities and healthy places from *Health People 2020* and the CDC, respectively led to the development of place-based initiatives for improving health.

[5] For a more technical discussion of the contextual effects of the environment on health, see Macintyre, Ellaway and Cummins, 2002.

Place-Based Initiatives (PBIs)

Health-oriented strategies that are focused on living conditions in specific communities are often described as "place-based initiatives" (PBIs) because the target of the interventions is the place itself (or characteristics of the place), rather than the people living in that place. For instance, place-based strategies to address obesity may include working with fast-food establishments to offer healthy food options as opposed to more traditional people- or population-based approaches, such as health education to change eating habits. Comprehensive approaches recognize that both place-based and people-based strategies are important, and this is reflected in Figure 21. However, PBIs are generally considered to be more effective at addressing underlying root (upstream) causes of unhealthy behaviors. PBIs are the focus of this section because they address the health inequities we currently see in the distribution of resources and hazards across communities.

PBIs are not exclusive to health. A 2009 memo from the Office of the White House addressed to the leaders of all executive departments and agencies called for greater attention to place-based efforts to increase the impact of government dollars (see http://www.whitehouse.gov/sites/default/files/omb/assets/memoranda_fy2009/m09-28.pdf). The memo highlights the interconnected nature of the economy, environment, and health at the local level and urges stakeholders to embrace place-based approaches to promote the prosperity, equity, sustainability and livability of places. The Department of Education's *Promise Neighborhoods* initiative exemplifies the Obama Administration's attention to PBIs, by focusing resources on a comprehensive range of factors in the community that lead to better educational outcomes. Similarly, the Department of Housing and Urban Development's *Choice Neighborhoods* initiative is aimed at transforming poor neighborhoods into places with sustainable, mixed-income housing. Importantly, both of these initiatives support locally-driven, collaborative strategies for improving community conditions to address complex social problems. Place-based initiatives for health and health equity are similarly characterized by:

- a concentration of resources and interventions in a defined geographic area;
- integrated and holistic approaches to addressing the determinants of health;
- an investment in early intervention and prevention;
- multi-sector participation and collaboration;
- community engagement, participation, ownership, and leadership;
- a good understanding of the community (needs, resources, priorities, etc.);

- a focus on long-term and sustainable changes; and
- advocacy and policy change.

Dimensions of PBIs for Health Equity

As highlighted in Figure 21, four main dimensions of the environment fall under the heading of "living conditions": physical environment, social environment, economic and work environment, and service environment. These may be viewed as dimensions of PBIs for health equity because they account for the most critical levers of meaningful change at the local level. Here we describe the relations between each dimension and health equity, along with strategies for improving conditions in each dimension. Note that much of the content for these descriptions comes from the publication *Why Place Matters: Building a Movement for Healthy Communities,* produced by PolicyLink in 2007. Additional details and case studies highlighting activities to promote community health along each dimension can be found at http://www.policylink.org/sites/default/files/WHYPLACEMATTERS_FINAL.PDF.

Physical Environment. The physical environment includes both the natural environment (i.e. parks and green space) and the built environment (i.e. roads and sidewalks). The physical environment can influence health directly. For instance, the quality of the air we breathe can be directly linked to asthma rates, such that people living in poorer air quality areas (such as near highways) experience higher rates of asthma. The physical environment also impacts health indirectly by influencing health-related behaviors. For instance, the existence of sidewalks and bike lanes can promote physical activity, while poor lighting or graffiti can discourage people from being outside.

Healthy places have an abundance of health protective, or health promoting, factors such as safe parks and green space, walkable neighborhoods, quality mixed-income and racially diverse housing, healthy food outlets, public transportation, and access to other kinds of community resources that encourage residents to gather together socially. In contrast, unhealthy places tend to be characterized by risk, or health damaging, factors such as substandard housing and residential segregation, abandoned buildings and lots, run-down or non-existent sidewalks and parks, toxic environmental exposures (i.e. lead or air pollution), physical barriers for people with disabilities, and a high concentration of tobacco, alcohol, and fast food retailers.

The quality of the physical environment—natural and built—varies from place to place, which contributes to health inequities along geographic lines. For this reason, *Healthy People 2020* emphasizes improving neighborhood living conditions to promote health equity.

Sample Strategy

Asthma disproportionately affects low-income children due to the poor air quality in their homes, schools, and neighborhoods. Indoor and outdoor triggers and pollutants cause trips to the emergency room and school absences. In urban areas, diesel particles from ports and heavy traffic have been linked to worsening asthma. Across the country, communities are addressing this issue by improving public transportation and holding industries and governments more accountable for environmental impacts, particularly concerning air quality. Indoor air quality is being improved by enhancing ventilation in older school buildings and enforcing housing codes in low-income housing residences.

In June 2014, the Delaware Division of Public Health (DPH) launched the Healthy Homes initiative in partnership with Nemours Health and Prevention Services and four housing authorities. The initiative aims to reduce asthma triggers while promoting healthier and safer home environments in targeted communities. The program educates families and provides tools to create and maintain home environments free of common contaminants. Pilot programs are also underway in each of Delaware's three counties to provide training and technical assistance to local housing authorities. Representatives from the Wilmington Housing Authority, the Delaware State Housing Authority, the Dover Housing Authority, and a privately owned and managed housing agency in Laurel receive several hours of training and technical assistance. The pilot programs support the development of integrated pest management plans at the building level, which expands upon the training and resources offered to individual families. In this way, the Healthy Homes initiative contributes to a healthier physical environment.

For more information and examples of efforts to address childhood asthma, as well as other strategies for improving the physical environment, visit http://www.policylink.org/sites/default/files/asthma.pdf. For more about Delaware's Healthy Homes initiative, visit http://www.dhss.delaware.gov/dhss/dph/hsp/healthyhomes.html.

Social Environment. The social environment refers to the relationships between community members and the factors that affect those relationships. Places where residents work together, welcome diversity, and have a strong sense of community are places with social capital. Social capital is the strength of relationships among community residents, and is a protective factor. Strong social ties, community cohesion, and civic participation promote health and equity. A well-known study about the 1995 heat wave in Chicago that resulted in hundreds of deaths, particularly among the elderly, revealed that residents of neighborhoods with low levels of

social capital were much more likely to die than residents of neighborhoods with high levels of social capital (Klinenber, 2002). Elderly survivors had neighbors and friends to check on them and provide assistance, whereas the deceased were often isolated and lived in areas that lacked social cohesion.

Social capital may also be viewed in terms of the collective identity of a neighborhood and the sense of solidarity that such a collective identity can promote. This is important from the standpoint of health equity because it supports and enhances community empowerment and collective action. The presence of social capital in this regard may be directly associated with community residents' control over the decisions that affect their living conditions because it strengthens their positions with businesses or institutions that may put the community at risk. For example, when a landlord threatens to displace tenants by increasing rent beyond what is affordable for residents, members of tenant associations can organize to resist such a change that would harm their community. Similarly, strong social capital is appealing to businesses and others considering investments in the community. Like neighborhood beautification projects, social capital is attractive.

Conversely, social segregation, lack of community cohesion, and weak ties put communities at risk for disinvestment and threaten community well-being. Communities with limited social capital are less likely to organize and advocate for themselves. They may also experience more crime and may be viewed negatively by those outside of the community. All of these contribute to disinvestment, lack of resources, and discrimination. According to Bell and Rubin (2007):

> "The impacts of a community's social environment on health run the gamut from psychological to political, with consequences for the physical and economic environments. A community with strong social networks is better able to advocate for itself, its residents better able to control their individual and collective futures" (p. 31).

Sample Strategy

Urban agriculture and urban farms not only improve economic and health outcomes among low-income families but also foster a sense of community. Community gardens have recently gained popularity through First Lady Michelle Obama's "Let's Move!" campaign. Community gardens are believed to reduce obesity and other chronic diseases by improving diets among low-income residents. Community gardens provide a unique opportunity to engage vulnerable individuals—including youth, people who are homeless, and those who are incarcerated—in valuable job training. Residents involved with urban farms can generate supplemental income

by selling produce through farm stands, Community-Supported Agriculture (CSA) programs, and at farmers' markets. Community gardens transform vacant urban spaces into safe green spaces and link different sectors of the community to achieve common goals.

In Delaware, beginning in 2014, Kent Gardens brings together businesses, non-profit organizations, and individuals to build community gardens in Kent County. Partners include: the City of Dover, Delaware Electric Cooperative, Delaware State University, Dover High School, Dover Housing Authority, 4-H, Kent Kids Coalition, Greater Kent Committee, Lowes, Nemours Health and Prevention Services, and many others. The initiative brings the community together to provide healthy food for local residents. In addition, the gardens serve as an avenue to teach children where their food comes from and the importance of agriculture. Community gardens are located in Simon Circle, Kirkwood, Manchester Square, Owens Manor, and Dover High School. These efforts represent community assets that improve the social environment and promote health equity. More information about Kent Gardens can be found at http://www.greaterkentcommittee.org/kent-community-gardens.html. For examples of other kinds of community garden projects, as well as other strategies for improving the social environment, visit http://www.policylink.org/sites/default/files/urban-agriculture.pdf.

Economic and Work Environment. The economic and work environment is closely linked with physical and social environments, considering that businesses are necessary to provide jobs and support parks, healthy foods, and other retail establishments. Having a strong business sector is a protective factor in that it promotes financial security among residents through living wage jobs, it encourages homeownership, and it attracts other kinds of community investments. A vibrant retail sector, including a full service grocery store, also promotes healthy behaviors and contributes to increased social capital.

Hazardous working conditions and low wage jobs, on the other hand, can threaten the health of community residents in many ways. Poverty is among the strongest determinants of poor health and is closely tied with low educational attainment and other threats to personal and community well-being. Concentrated poverty (geographical areas with high levels poverty) is associated with high levels of stress and risky coping behaviors, such as tobacco use and substance abuse. Communities without a strong economy and financial and job security are at risk of a host of poor health outcomes.

Sample Strategy

A living wage is defined as the minimum income needed to meet basic needs. It is generally thought to be higher than the minimum wage set by the federal government, which since the 1970s has been considered inadequate for workers to live at a safe and sufficient standard of living. Living wage ordinances have emerged in response to the declining "real value" of the minimum wage. The basic philosophy behind the living wage movement is that someone working full-time should not be poor (PolicyLink, 2002).

The first living wage provision in the U.S. was passed in Baltimore, Maryland in 1994. By 2007, there were at least 140 living wage ordinances in U.S. cities and more than 100 living wage campaigns underway in other cities. Living wage policies typically require that local governments pay, and can only contract with companies that pay, a living wage. Therefore, living wage provisions apply to companies that provide municipal services and those receiving any government subsidies or financial assistance. There are several advantages to living wage provisions, including:

- improving living standards;
- encouraging governments to employ local workers on public projects, instead of sub-contracting to the lowest bidder;
- alleviating poverty;
- reducing the strain on government welfare programs; and
- stimulating the economy.

Researchers have estimated the wage needed to meet basic needs for individuals and families living in Delaware. As seen in Table 3, the state's minimum wage is far below the living wage in each of its three counties. This has serious consequences, considering that families living on Delaware's minimum wage are likely to experience poor health outcomes and struggle with competing financial priorities, such as shelter, food, and health care.

Table 3. Hourly Rate that an individual must earn to support their family, if they are the sole provider and are working full-time, in Delaware, in 2013

	1 Adult	1 Adult and 2 Children
New Castle County		
Living Wage	$10.80	$26.47
Minimum Wage	$7.25	$7.25
Kent County		
Living Wage	$10.01	$24.56
Minimum Wage	$7.25	$7.25
Sussex County		
Living Wage	$9.59	$24.08
Minimum Wage	$7.25	$7.25

Source: Glasmeier, 2014.

Unfortunately, in 2015, a living wage campaign is not high on Delaware's legislative agenda. However, other efforts are underway to improve the economic environment, which may alleviate some of the disadvantages of living on minimum wage. For example, the Blueprint Communities Program is helping to build economically, physically, and socially vibrant neighborhoods in several communities by developing the capacity of community stakeholders to plan and implement comprehensive revitalization plans. Blueprint Communities throughout Delaware include: Edgemoor Gardens, Simonds Gardens, Historic Overlook Colony and Vicinity in New Castle County; Wilmington's Browntown, Eastside, 2nd District, Westside/Little Italy and Riverside communities; Dover; and the Town of Georgetown.

"Blueprint Communities" is an initiative of the Federal Home Loan Bank (FHLB) of Pittsburgh, which selected the University of Delaware's Center for Community Research and Service (CCRS) as its partner to develop and lead the comprehensive training, coaching, and capacity-building program in Delaware. CCRS provides training, technical assistance, and coaching to self-developed teams comprised of community leaders, bankers, public officials, developers, and health and social service providers. The training aims to help them learn how to develop community revitalization plans that include implementable projects. The CCRS trainings enable the teams to obtain new knowledge and skill sets while engaging them in leadership development. Teams produce well-developed written plans with feasible projects that will improve their communities economically, physically, and socially.

Launched in 2008, the Blueprint Communities Program realized many positive impacts within its first two years. That success includes the development of nine plans which triggered more than $27 million in community development programs; the construction or rehabilitation of 118 housing units; 10 infrastructure improvements; and the launch of six other community projects. As a result of these changes, the FHLB of Pittsburgh committed $250,000 toward the

affordable housing initiatives and $215,000 in business loans. The Delaware Community Investment Corporation, the Delaware Community Foundation, several local banks, and the Jessie Ball du Pont Fund provided another $325,000 in grants (FHLB, 2011). An important focus of the Blueprint Community planning teams is to include employment opportunities for members of their various communities in the projects and programs designed in their revitalization plans. Since 2010, several full and part-time jobs, with salaries above minimum wage, were created and sustained through Blueprint Community project or program implementation. Additionally, in three of the Blueprint Communities, access to fresh, healthy produce is another strategic focus resulting in the establishment of community gardens and small businesses.

Ultimately, however, an increase in the minimum wage is necessary to improve the state's economic conditions for Delawareans to thrive and achieve optimal health. This can be accomplished through living wage campaigns and ordinances. For examples of living wage efforts, as well as guidance for ways to develop a living wage campaign, visit: http://www.policylink.org/sites/default/files/living-wage-provisions.pdf.

Service Environment. It is not surprising that high quality, accessible, and affordable health care services contribute to the health of a community. However, other kinds of services such as high performing schools, strong public safety, efficient public transportation, good sanitation services, churches, clubs, and recreational services also contribute to a community's health. For instance, after-school programs and recreation centers provide space for social interaction and positive youth development. Senior centers offer similar opportunities for older residents to interact socially and promote physical activity. Sanitation services affect health directly by reducing environmental hazards and indirectly by promoting a clean and more appealing place to live and work. Good schools contribute to good health in many ways, including short-term effects on literacy and long- term impacts on employment and wealth. Similarly, efficient and accessible public transportation services can reduce reliance on fossil fuels, ease traffic congestion, and reduce air pollution while lowering residents' transportation costs, promoting physical activity, and improving access to jobs and other community services. Additionally, public transit can simultaneously improve the social environment by promoting social ties.

A lack of any of these services can put communities at higher risk for poor health and often discourages investment, which inhibits other services from existing locally. For example, lack of adequate public safety services and sanitation can be linked to higher crime rates. Inaccessible and/or poor quality health care, or care that is not culturally appropriate, can contribute to poor outcomes because residents are unable to get appropriate treatment when they are ill.

Communities without recreational services or community centers may lack opportunities for social interaction. Finally, communities that lack dependable public transportation cannot link residents with jobs or other community services. Overall, deficiencies in the availability and quality of services prevent communities from attaining optimal health.

Sample Strategy

Transit-oriented development has been described as "a planning and design trend that seeks to create compact, mixed-use, pedestrian-oriented communities located around new or existing public transit stations" (Policylink, 2008). Transit-oriented development has grown tremendously over the past several years, and the approach is highly regarded because it contributes to healthy communities. However, transit-oriented development without adequate attention to equity can lead to gentrification and displacement of lower-income residents. Community engagement in the transit-oriented development planning process is critical. Many Community Development Corporations are now facilitating this approach and empowering communities to take the lead. For examples of community-led transit-oriented development that promote health equity, including strategies, challenges, and recommendations, visit http://policylink.org/sites/default/files/transit-oriented-development_0.pdf.

Delawareans have paid considerable attention to transit-oriented development in recent years, even including it in a broad effort to promote "Complete Communities." Complete communities are livable, sustainable, and meet the needs of people of all ages, abilities, ethnicities, and income levels (http://completecommunitiesde.org/introduction/). According to Scott and colleagues (2010) from the University of Delaware's Institute for Public Administration (IPA):

> "A new vision for transportation policy and planning has emerged that includes a focus on community livability, transportation accessibility, and transportation equity. Livable communities integrate transportation and land-use planning to achieve more sustainable growth, development, and accessibility of residents. The new vision for transportation policy and planning also stresses the need to invest in transportation accessibility—or multi-modal transportation systems that serve people of all ages, abilities, ethnicities, and incomes. Transportation and land-use planning need to be assimilated to manage growth, focus on infill development, preserve community character, and provide equitable and accessible transportation options" (p. 1).

Such a comprehensive and integrated approach requires intersectoral collaboration and strong community engagement, similar to other health equity approaches described

throughout this guide. In partnership with the Delaware Office of State Planning Coordination, the Delaware Department of Transportation, and the Delaware Association of Realtors, experts from IPA developed a "Complete Communities Planning Toolbox." The Toolbox helps build local capacity to develop "complete communities" planning approaches, community design tools, and public engagement strategies. The Toolbox and related resources (including a review of best practices for complete communities) may be accessed at http://completecommunitiesde.org/getting-started/.

Four dimensions of healthy communities—the physical, social, economic and work, and service environments—are interrelated and interdependent. Many of the risk and protective factors described could fit within multiple dimensions (e.g. parks could be described within the physical environment as well as the service environment). Similarly, the strategies highlighted for each dimension are likely to have positive impacts across other dimensions. For instance, the complete communities approach is described in relation to its impact on the service environment, but the effect on other aspects of community well-being may be viewed in the context of the physical, social, and economic and work environments and the connections between each. It is unnecessary to specify or prioritize a dimension when promoting place-based initiatives. Rather, the distinctions among the four dimensions are intended to organize the discussion and can be useful in identifying areas for intervention.

Implementing PBIs for Health Equity

Recommended strategies for implementing PBIs for health equity are consistent with evidence-based strategies for building healthy communities in general. Through its work as a designated World Health Organization (WHO) Collaborating Centre for Community Health and Development, the Kansas University Work Group for Community Health and Development created "The Community Tool Box" (CTB). This tool box is a comprehensive, online, and publicly available resource for people working collaboratively to build healthier communities. According to the Kansas University Work Group for Community Health and Development:

> "Building healthier cities and communities involves local people working together to transform the conditions and outcomes that matter to them. That civic work demands an array of core competencies, such as community assessment, planning, community mobilization, intervention, advocacy, evaluation, and marketing successful efforts. Supporting this local and global work requires widespread and easy access to these community-building skills.

> However, these skills are not always learned, nor are they commonly taught either in formal or informal education."

To ensure access to the necessary knowledge and skills needed to build healthy communities, the Kansas University Work Group for Community Health and Development made their community tool box widely available. The contents are exhaustive and include 46 chapters through which users can obtain practical, step-by-step guidance in community-building skills. The Table of Contents, including the major sections of the tool box, is reproduced as Figure 22. Importantly, some sections are more relevant than others to specific communities and individual place-based efforts. However, it is valuable to see the extent of topics covered in the Community Tool Box, as this reflects the complexity of working with communities and the need for a different approach than what was traditionally used in health promotion and disease prevention.

Figure 22. Kansas University Community Tool Box Table of Contents

Overview: An overview of the Community Tool Box and frameworks for guiding, supporting and evaluating the work of community and system change		Chapter 22: Youth Mentoring Programs	11. Influencing Policy Development
Chapter 1: Our Model for Community Change and Improvement	*Related Toolkits:* 1. Creating and Maintaining Partnerships	Chapter 23: Modifying Access, Barriers and Opportunities	
Chapter 2: Other Models for Promoting Community Health and Development		Chapter 24: Improving Services	
		Chapter 25: Changing Policies	
		Chapter 26: Changing the Physical and Social Environment	
Community Assessment: Information about how to assess community needs and resources, get issues on the public agenda, and choose relevant strategies		**Cultural Competence and Building Inclusive Communities:** Information on understanding culture and diversity, how to strengthen multicultural collaboration, and building inclusive communities	
Chapter 3: Assessing Community Needs and Resources	*Related Toolkits:* 2. Assessing Community Needs and Resources	Chapter 27: Cultural Competence in a Multicultural World	Related Toolkits: 9. Enhancing Cultural Competence
Chapter 4: Getting Issues on the Public Agenda		Chapter 28: Spirituality and Community Building	
Chapter 5: Choosing Strategies to Promote Community Health and Development		Chapter 29: The Arts and Community Building – Celebrating, Preserving, and Transforming Community Life	
Promoting Interest and Participation in Initiatives: Information about how to promote interest in an issue (e.g. press releases) and how to encourage involvement among diverse stakeholders		**Organizing for Effective Advocacy:** Information on advocacy principles, advocacy research, providing education, direct action campaigns, media advocacy, and responding to opposition	
Chapter 6: Promoting Interest in Community Issues	*Related Toolkits:* 1. Creating and Maintaining Partnerships 8. Increasing Participation and Membership	Chapter 30: Principles of Advocacy	*Related Toolkits:* 10. Advocating for Change
Chapter 7: Encouraging Involvement in Community Work		Chapter 31: Conducting Advocacy Research	
		Chapter 32: Providing Encouragement and Education	
		Chapter 33: Conducting a Direct Action Campaign	
		Chapter 34: Media Advocacy	
		Chapter 35: Responding to Counterattacks	
Developing a Strategic Plan and Organizational Structure: Information about developing a strategic plan and organizational structure, recruiting and training staff and volunteers, and providing technical assistance		**Evaluating Community Programs and Initiatives:** Information on developing a plan for evaluation, evaluation methods, and using evaluation to understand and improve the initiative	
Chapter 8: Developing a Strategic Plan	*Related Toolkits:* 5. Developing Strategic and Action Plans 15. Improving Organizational Management and Development	Chapter 36: Introduction to Evaluation	*Related Toolkits:* 12. Evaluating the Initiative
Chapter 9: Developing an Organizational Structure		Chapter 37: Operations in Evaluating Community Interventions	
Chapter 10: Hiring and Training Key Staff of Community Organizations		Chapter 38: Some Methods for Evaluating Comprehensive Community Initiatives	
Chapter 11: Recruiting and Training Volunteers		Chapter 39: Evaluation to Understand & Improve the Initiatives	
Chapter 12: Providing Training and Technical Assistance		**Maintaining Quality & Rewarding Accomplishments:** Information on achieving & maintaining quality performance, public reporting, providing incentives, & honoring colleagues & community champions	
Leadership and Management: Information about the core functions of leadership, management, and group facilitation		Chapter 40: Maintaining Quality Performance	
Chapter 13: Orienting Ideas in Leadership	*Related Toolkits:* 6. Building Leadership	Chapter 41: Rewarding Accomplishments	
Chapter 14: Core Functions in Leadership		**Generating, Managing, and Sustaining Financial Resources:** Information on writing grants, preparing an annual budget, and planning for financial sustainability	
Chapter 15: Becoming an Effective Manager		Chapter 42: Getting Grants and Financial Resources	*Related Toolkits*: 14. Writing a Grant Application for Funding
Chapter 16: Group Facilitation and Problem-Solving		Chapter 43: Managing Finances	
Analyzing Community Problems and Designing and Adapting Community Interventions: Information about analyzing community problems to design, choose, and adapt interventions for different cultures and communities		Chapter 44: Investing in Community Resources	
Chapter 17: Analyzing Community Problems and Solutions	*Related Toolkits:* 3. Analyzing Problems & Goals 7 Developing an Intervention	**Social Marketing and Institutionalization of the Initiative:** Information on conducting a social marketing effort (promoting awareness, interest, and behavior change), and planning for long-term sustainability.	
Chapter 18: Deciding Where to Start		Chapter 45: Social Marketing of Successful Components of the Initiative	Related Toolkits: 13. Implementing a Social Marketing Effort 14. Sustaining the Work or Initiative
Chapter 19: Choosing and Adapting Community Interventions		Chapter 46: Planning for Long-Term Institutionalization	
Implementing Promising Community Interventions: Information on illustrative interventions using various strategies for change			
Chapter 20: Providing Information and Enhancing Skills	*Related Toolkits:* 7. Developing and Intervention		
Chapter 21: Enhancing Support, Incentives, and Resources			

Source: Kansas University, 2014. Retrieved from http://ctb.ku.edu/en/table-of-contents.

Readers are highly encouraged to visit www.ctb.ku.edu to access the CTB and related materials. Each chapter has detailed sections describing key elements of the strategy along with related checklists, examples, and PowerPoint presentations. Associated toolkits include detailed instructions and examples. In addition to these resources, the CTB website includes a troubleshooting guide for identifying and addressing common problems in community health work as well as a database of best practices. There is an online course for community health promotion as well as an "Ask an Advisor" feature, which links users with community leaders and experts in the field. Furthermore, because health equity raises specific issues that warrant additional attention, some of the topics included in the CTB are discussed in greater detail in Section 6 (policy-oriented strategies) and Section 7 (data needs and evaluation approaches for health equity).

> *"Improving health through a focus on place is not primarily a scientific or technical enterprise. It is in large part a process of community change and development, and the participation of residents and community leaders is critical" (Bell & Rubin, 2007, p.54).*

Recommendations and Lessons Learned

Many of the "how to" strategies included in the CTB are not specific to health equity. Therefore, it is valuable to consider them within the context of recommendations and broad lessons learned from recent efforts to address health inequities for improving living conditions at the local level. The following list of recommendations and lessons learned is drawn from case study research conducted by PolicyLink (2007) and the Bay Area Regional Health Inequities Initiative (2013), as well as interviews with experts in the field (Knight, 2014). Some recommendations are reminders of important principles to keep in mind when promoting health at the community level using an equity lens. These are directly tied with the values and assumptions underlying health equity work described in the Background section of this guide and include:

1. Identify priorities in collaboration with the community
2. Embrace a broad definition of health and promote a comprehensive approach
3. Maintain a focus on equity
4. Build community and multi-sector partnerships
5. Build awareness and appreciation for the social determinants of health
6. Leverage successful PBIs for regional and state level changes
7. Build skills and capacities of health professionals
8. Be flexible and plan ahead for new ways of working

9. Document and disseminate success stories
10. Be patient and persistent, and be willing to take risks

Each of these recommendations and lessons learned is expanded on below.

1. **Identify priorities in collaboration with the community.** Professionals must remember that residents themselves understand, better than anyone else, what their needs and assets are, and what will work in their community. Traditional public health surveillance, assessment strategies, and data sources provide valuable information, but cannot replace local knowledge and the "lived experience" of residents. Often many interrelated problems exist simultaneously and quantitative, data-driven assessments can help inform prioritization. However, community members' perceptions and understanding of problems are equally important and communities often know best what is needed to address those problems. Therefore, when providing technical assistance or other kinds of support to community groups, public health agencies and other professionals should work in true partnership with community members.

Sample Strategy

Community members in Alameda County, California led a community assessment process to assess and identify priorities. According to the BARHII Health Equity and Community Engagement Report (2013), local agencies involved in promoting health equity consistently engaged community members in assessments, program planning, and implementation of strategies. Community concerns regarding a lack of educational support and activities for youth led three agencies to create after-school, summer, and evening programs, including community leadership training. Similarly, community concerns about neighborhood violence led to the organization of violence prevention workshops that include dialogue between the local police department and community members. For more information about Alameda County's health equity efforts, including lessons learned and ongoing challenges, visit: http://barhii.org/download/publications/hecer_alameda.pdf.

2. **Embrace a broad definition of health and promote a comprehensive approach.** Health is more than the absence of disease. A healthy community is one that promotes physical, mental, and social vitality. It is important to view health holistically, and consider the various factors that impact the health of the community. This may mean

that health professionals need to support efforts that are not defined by health or may appear to be outside the scope of traditional health-related efforts.

Sample Strategy

It is often useful to educate partners about the health impact of their work, but it is not necessary to make everything explicitly about health in order to create positive change. An example of this approach is the role of the Boston Public Health Commission (BPHC) in advocating for the "Jobs not Jails" program in Massachusetts. "Jobs not Jails" is a campaign to reform the state's criminal justice system by focusing more attention on prevention, treatment, and rehabilitation. The BPHC recognizes that by addressing problems related to incarceration and recidivism, "Jobs not Jails" will indirectly have major implications for health equity. Notably, the BPHC acknowledges that the health equity-oriented impacts that may result from the program may not be the main drivers of the reform effort. Instead, the BPHC supports the effort on the principle that health equity will be an indirect result of the program, in addition to the intended outcomes of reducing the numbers of people being incarcerated and increasing the number of people who are employed (B. Ferrer, personal communication, June 1, 2009). For more information regarding "Jobs not Jails" see http://jobsnotjails.org/jnj/.

3. **Maintain a focus on equity.** Healthy communities benefit everyone. However, without attention to equity and the factors that create inequity, we are likely to improve the average health of different population groups without closing the gaps between them. The resources needed for health are not equally distributed across communities, and health professionals and other local leaders must focus on creating a level playing field for all communities. This becomes particularly important when identifying priority communities for interventions and investments. As mentioned earlier, all communities could benefit from healthier living conditions and more attention to the SDOH. However, state agencies and community-based organizations considering PBIs should look first to those communities with the greatest needs and the greatest opportunities for improvement. Similarly, leaders should recognize that not all communities will be affected in the same way by standardized or statewide policies and programs, and to close the gaps, they must consider the impact on the most vulnerable communities rather than the average or typical community.

Sample Strategy

In Delaware, the *IM40®* initiative exemplifies an approach to targeting communities using an equity lens. *IM40®* is a partnership between AstraZeneca, the United Way of Delaware, and several community-based organizations. It is a comprehensive approach to positive youth development designed to improve academic performance and overall well-being of Delaware's youth aged 12 through 15. As of April 2015, the initiative had been launched in three target regions: Eastside Wilmington, North Dover, and Seaford/Bridgeville/Laurel. These communities were identified through a comprehensive assessment of the needs in those communities, resources available to address those needs, and the recognition that youth living in these areas face a disproportionate number of challenges to healthy development relative to those living in other communities. Similarly, community-based organizations were identified in each of the target areas to implement the initiative, which reflects an appreciation for the unique nature of communities, the importance of relationships in those communities, and the fact that a "one size fits all" approach is less likely to work.

4. **Build community and multi-sector partnerships.** Partnerships are necessary to identify and prioritize concerns and to actualize solutions for remedying them. A network of partnerships should mirror the complexity of the community and the priorities identified by the community. Therefore, the network will likely need to include stakeholders from multiple and diverse sectors: health care, public health, government, law enforcement, education, faith-based organizations, non-profits, transportation, agriculture, etc. It is important to create buy-in with partners so they understand how their organization and assistance are keys to achieving the overall goal and how their organization might benefit from participating. Once stakeholders identify mutual areas of interest, those interests can be leveraged to create healthier communities. Specific projects or mechanisms for collaboration can facilitate partnership development, often leading to long-term relationships. Multi-sector partnerships and collaborations across community agencies can generate collective impact, such that the whole is greater than the sum of the parts. Such collaboration is necessary to address complex social problems such as health inequities. The CTB includes several tools to support partnership development, such as the National Association of County and City Health Officials' "Mobilizing Action through Planning and Partnerships" (MAPP) process. MAPP is an effective way to garner stakeholder and community engagement to improve community health. More information about MAPP can be found in the CTB and at: http://www.naccho.org/topics/infrastructure/MAPP/index.cfm.

Sample Strategy

An example of a strong network of partnerships can be seen in a local advocacy project in San Mateo County, California. According to the Bay Area Regional Health Inequities Initiative (BARHII) *Health Equity and Community Engagement Report* (2013), a local health partnership, with training and support from the San Mateo County Health System, organized mobile home park residents to advocate for and establish a rent control ordinance. The partnership persuaded an affordable housing management company to purchase their mobile home park. Where residents were previously subject to an owner who constantly raised rents beyond what was affordable, ignored resident input, and neglected the grounds, they were now empowered as local leaders. According to BARHII (2013), "This community-driven project was sustained over time, led to increasing community pride, and resulted in environmental changes such as a renovated playground, pool, and community center." For more information about San Mateo County's health equity efforts, visit: http://barhii.org/download/publications/hecer_sanmateo.pdf.

5. **Build awareness and appreciation for the social determinants of health.** Residents from low income or disempowered communities inherently understand the social determinants of health because they regularly experience the impacts of poverty, discrimination, poor quality schools, and inadequate access to other resources needed for health. Policy-makers and the general public, on the other hand, generally view health through a medical or behavioral lens without appreciating the social and environmental context for health and health inequities. It is important to raise awareness of the SDOH and the role of public policy in determining the distribution of the resources needed for health.

Sample Strategy

The *Unnatural Causes* campaign is a national effort, launched in 2008, explicitly to enlighten the public about social inequities in health. The campaign includes a website (www.unnaturalcauses.org) with a large collection of resources and a seven-part documentary film series, titled "Unnatural Causes: Is Inequality Making Us Sick?" Originally broadcast on public television in the fall of 2009, the film series has since been

used in thousands of community events across the country. The *Unnatural Causes* film series is an effective tool for increasing awareness of the SDOH and equity and can be used to facilitate a community dialogue about change. California Newsreel, the producer of the film series and leader in the broader *Unnatural Causes* campaign, is currently developing a follow-up campaign and film series focused on the role of early childhood development in health and equity (www.raisingofamerica.org).

6. **Leverage successful PBIs for regional and state level changes.** Communities are unique in their needs, assets, resources, and culture. Nonetheless, regional and state level initiatives can support local efforts and help bring successful efforts to scale. Similarly, state level policy changes can often address community needs that are beyond the reach of community stakeholders and/or can address health inequities more systematically.

Sample Strategy

Delaware's *Help Me Grow (HMG)* program is a partnership of many statewide organizations that promotes healthy early childhood development. Launched in Delaware in 2012, *HMG* began as a pilot program in a single community in Hartford, Connecticut in 1998. The initial pilot yielded such promising results that the Connecticut legislature funded a statewide replication of the Hartford program in 2002. In 2010, the W. K. Kellogg Foundation funded the establishment of the *HMG* National Center to promote widespread implementation and impact.

Currently in Delaware, *HMG* offers a comprehensive, upstream approach to promote maternal and child health. It is a result of strong partnerships and support from many components of Delaware's early childhood community including the Delaware Early Childhood Council, the Division of Public Health's Maternal and Child Health Program, the Race to the Top Early Learning Challenge grant, the United Way of Delaware, Nemours Health and Prevention Services, American Academy of Pediatrics, and many others. Each partner is working to promote strong-parent child relationships, safety, child development and overall family health and well-being. With technical assistance from the National Center, Delaware's *HMG* program is supported at the state level and reaches across every community statewide. Additional information about the *HMG* National Center can be found at http://www.helpmegrownational.org/index.php.

Information specific to *HMG* in Delaware is available at http://dethrives.com/help-me-grow.

7. **Build skills and capacities of health professionals.** Workforce development is important to creating healthy communities because new and different kinds of work are required of health professionals. Similar to community residents, many health professionals inherently appreciate the SDOH, often because the needs of their patients or target population are beyond the scope of their professional practice. In a recent survey, four out of five physicians in America and 95 percent of physicians serving low-income urban communities say that patients' social needs are as important to address as their medical conditions; however, only one in five are confident in their ability to address these needs (Robert Wood Johnson Foundation, 2011). For instance, clinicians often recognize that their asthma patients suffer due to poor housing conditions. They prescribe effective medications to treat asthma symptoms, and can do much to alleviate pain and suffering. However, many clinicians are frustrated by their limited ability to help their patients avoid unhealthy living conditions that trigger asthma symptoms. In another example, health educators and other public health professionals recognize that nutrition education is inadequate if their audience does not have access to affordable fruits and vegetables.

   The skills needed to build multi-sector partnerships or to advocate for environmental and other policy changes are often not taught in medical schools or schools of public health. Professionals need additional training to build the knowledge and capacity for new approaches to promoting community health. These new skills and capacities should be institutionalized in public health and medical education programs and professional development.

8. **Be flexible and plan ahead for new ways of working.** The kinds of changes needed to promote healthy communities rarely happen quickly. Managers should explore ways in which staff may have more flexibility and consider different kinds of performance expectations. Similarly, traditional approaches to funding health-related projects (e.g. disease-specific efforts) may not be conducive for a place-based approach. Flexible funding streams can facilitate efforts to target living conditions underlying many interrelated health problems. Finally, funders should consider investing for the long-term, instead of funding short-term projects.

Sample Strategy

Many national grant-making organizations are embracing upstream approaches to community health which recognize the importance of social determinants and community engagement. The Annie E. Casey Foundation's *Making Connections* initiative was a 10-year, $500 million investment to strengthen families and communities through place-based initiatives. Although the program recently concluded, an evaluation of the effort showed improvements in the capacity for community change. However, evidence of widespread impact on population outcomes was limited (Annie E. Casey Foundation, 2013). Many important lessons were learned from *Making Connections* that can be applied to funding strategies in Delaware. For instance, evaluation findings revealed an even greater need for sustained, sufficient investments. Similarly, it is important for funders (and those working in communities) to do a better job of defining success for place-based community change, and identifying the models and strategies that will produce measureable impacts. Additional information about these and other lessons learned from *Making Connections* may be found at http://www.aecf.org/m/blogdoc/aecf-CommunityChangeLessonsLearnedFromMakingConnections-2013.pdf#page=6. Examples of other upstream funding initiatives include those of the California Wellness Foundation (http://www.calwellness.org/) and the Kresge Foundation (http://kresge.org/programs/health).

9. **Document and disseminate success stories.** Evaluating community health efforts is important for continuous improvement and expansion. Unfortunately, evaluation is particularly difficult due to the complex nature of PBIs and collaborative upstream strategies, coupled with the long timeframe that is often needed to see the health impacts of changes in the SDOH. Therefore, success stories become important as do other kinds of qualitative and innovative approaches to evaluation (more about evaluation is found in Section 7). Champions should be celebrated to raise awareness about successful approaches.

Sample Strategy

In Delaware, the Delaware Healthy Mother and Infant Consortium (DHMIC) recently began honoring local Health Equity Champions at its annual summit. Recognizing these champions is an important avenue for sharing success stories and building momentum. For more information about the DHMIC Health Equity Awards, see http://dethrives.com/thriving-communities/health-equity-awards.

The media can be a particularly valuable partner in recognizing champions and helping to reframe health and health inequities using a SDOH lens. Professionals must work with the media[6] to share positive stories about community change and help to reframe health equity in a positive way, as opposed to the more negative and potentially divisive frame of "health disparities."

Several research and advocacy organizations are working to reframe poor health and health disparities from being viewed as individual, biomedical problems to being viewed as social problems grounded in collective responsibility. These communication efforts are aimed at building public will for change, and shifting the conversation from a "deficits model" to one which emphasizes what works and what is needed to foster optimal health for all. Berkeley Media Studies Group produced a webinar in 2014 to educate professionals on how to make their case for health equity (see http://www.bmsg.org/resources/publications/health-equity-communication-framing). Similarly, the Frameworks Institute has a number of recommendations for communicating about various issues related to communities and SDOH (http://www.frameworksinstitute.org/). Finally, the Robert Wood Johnson Foundation conducted research on message development for SDOH and produced a series of recommendations. To view them, visit http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023.

[6] For a detailed discussion of the importance of media advocacy in public health and strategies for developing effective messages see Dorfman, L. & Daffner Krasnow, I. (2014). Public health and media advocacy. *Annual Review of Public Health*, 35, 293-306.

Sample Strategy

In Delaware, KIDS COUNT works closely with the media to share information about the well-being of children and families. One of 53 projects across the country funded by the Annie E. Casey Foundation, the mission of KIDS COUNT in Delaware is to provide up-to-date, accurate, objective, and comprehensive data on the well-being of children, youth, and their families to raise awareness and inform both policy and programmatic decisions.

KIDS COUNT in Delaware produces multiple publications, but is best known for its annual *Fact Book*, the singular account of every child under 18 in Delaware. Disseminating this information is critical to promoting positive change and is accomplished through a well-developed media strategy that includes a schedule of planned releases and the promotion of consistent messages. The use of press releases, email blasts, and social media support consistent messaging and allows KIDS COUNT in Delaware to frame information for the media in ways that support its advocacy efforts. This has become increasingly important as the state's news outlets decreased their budgets and laid off reporters. Similarly, while it is important to share data about the challenges faced by children and families in Delaware, it is critical to offer solutions and strategies for positive change. Therefore, KIDS COUNT in Delaware annually highlights "causes for concern" as well as "causes for applause." Finally, KIDS COUNT in Delaware uses its communication channels to leverage its partners and stakeholders by referring reporters to additional community resources and providing contacts in other agencies. This strategy should be replicated, given the importance of partnerships and the role of a wide range of community organizations in advancing health equity in Delaware.

10. **Be patient and persistent, and be willing to take risks.** A long-term commitment to community change is vital. Building trust and authentic partnerships takes time. Changing conditions and policies that affect those conditions also takes time. Seeing a difference in health outcomes can take even longer. Therefore, recognizing the need for a long-term commitment at the outset is important to preventing unrealistic expectations.

    Lessons learned from Marin County, California reveal the importance of health department staff having a sustained physical presence in the community. According to the Bay Area Regional Health Inequities Initiative (BARHII) Health Equity and Community Engagement Report (2013):

> "Physical presence in the communities served was among the keys to success discussed by both community representatives and LHD [Local Health Department] staff alike. One community representative stated that it is important when the LHD is "Being present, accountable, and genuine when 'showing up' and actually doing what is said that will be done." Another community member shared that, the LHD "Showing up consistently on 'non-health' events, makes a lot of difference." Some of these non-health events include food banks, PTA meetings, and school registration nights."

For more information about Marin County's experience promoting health equity at the community level, visit: http://barhii.org/download/publications/hecer_marin.pdf.

When projects appear to be stalled or losing momentum, community champions and health professionals need to demonstrate leadership in the form of persistence and ongoing commitment. Part of that commitment is to advance social justice and equity, which is not always a popular or easy topic. Public health, as a field grounded in social justice, can play an important leadership role in this endeavor. Furthermore, partnerships can protect individuals and/or individual agencies or organizations from standing alone on difficult issues.

Glossary – Section 4

Built environment: Elements of the physical environment made by humans, such as sidewalks, roadways, and buildings. The term can refer to infrastructure as well as spatial and cultural aspects of places and is often used in relation to urban design or in relation to natural environments modified by people.

Collective impact: Collaboration across disciplines and sectors to solve complex social problems. It is grounded in the premise that no single organization can create large-scale, lasting social change alone.

Community: Traditionally defined as a physical location such as a ZIP code. It can also refer to a group of individuals that share common characteristics, identity, experiences, or values. For the purposes of this guide, "community" refers to a physical location and the stakeholders and institutions within it.

Community capacity: The ability of community members to work together, solve problems, set goals, and achieve sustainable change.

Healthy community: A community in which every member has access to the resources they need to live a healthy life, including housing, education, food, income, a safe environment, and positive social interactions. It includes social justice, equity, and sustainable resources and is free of all forms of discrimination. Furthermore, by viewing communities geographically, one can envision healthy *places* as those that are designed or built to improve the quality of life for all people who live, work, worship, learn, and play within their borders.

Place-based initiative (PBI): A social change effort that is concentrated in a specific geographic area. Health equity strategies focused on living conditions in a specific geographic community are often referred to as PBIs because the target of the interventions is the place itself (or characteristics of the place), rather than the people living there.

Stakeholder: Anyone who has an interest – directly or indirectly – in the health and well-being of a community.

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