



Photo Credit: Elev8 NM

Middle School Students participating in Elev8's integrated services and education model.

Community-based Strategies for Improving Health and Well-being

By Naomi Cytron

Introduction

Options of health most often center around individual cases of disease, diagnosis, and hopefully, recovery. But, as the other articles in this issue of *Community Investments* discuss, health outcomes are mediated by much more than just exposure to germs or interactions between patients and doctors. Rather, community and societal-level factors play a significant role in determining health risks and outcomes for individuals. Indeed, numerous public health studies have demonstrated that the social and economic characteristics of a given neighborhood are linked to the incidence of disease as well as mortality rates, with low-income areas seeing a disproportionate occurrence of conditions like heart disease, high blood pressure, and asthma.

In part, this link can be understood through the issues that the community development field addresses daily. The conditions that often characterize low-income, minority neighborhoods—such as poor housing quality, deteriorating public infrastructure, high levels of crime and violence, and elevated exposure to pollutants—concentrate potentially pathogenic factors. The interaction between health risks and issues traditionally tackled by community development entities suggests that there may be benefit to interweaving health promotion and community development efforts.

This article looks at two initiatives that are taking this approach at the local level—utilizing community-based strategies to improve health outcomes as well as edu-

cational, economic, and/or social outcomes. These initiatives aim to recognize and address the give and take between individual and community health, and to impact the political and institutional factors that can affect the conditions leading to poor health outcomes for residents of low-income neighborhoods.

Elev8: School-based Integration of Services

"We're using health centers in schools as a point of entry to get involved in the community and get kids engaged in their futures," said Frank Mirabal, President of Contigo Research, Policy & Strategy in New Mexico. Mirabal was speaking about the aims of the local Elev8 program—part of a national initiative spearheaded by the Atlantic Philanthropies to enhance children's learning and success by integrating a range of health and social services into middle-school sites. These include extended learning opportunities, family and community engagement and support services, and comprehensive school-based health care services, which provide a range of preventive, primary, behavioral and oral health care for students.

Elev8 draws on the results of numerous studies that have shown that these kinds of school-based services offer a range of benefits, particularly for low-income and minority students. Beyond just improving access to basic health services, which can alleviate health conditions that otherwise might interfere with learning, integrated services can enhance youths' sense of attachment to school, improve attendance, decrease risk behaviors and increase parental involvement.¹ Atlantic Philanthropies chose middle-school sites because children in their middle-school years often struggle with significant emotional, physical and social challenges as they transition to adulthood. These challenges can lead to behaviors and choices that can derail academic achievement and ultimately, economic opportunity. Elev8 is designed to provide multiple supports to middle-school aged students and their families in order to lower barriers to success.

Chris Brown, LISC/Chicago's Director of Education Programs and the head of Chicago's Elev8 program, noted that since the time the five school-based health clinics were established between 2008 and 2009, they've seen over 5,000 visits to date. "The health centers are a good way to connect with students—to identify a range of challenges and help them get connected to other services and programs," he said. For instance, under Elev8 a child might enter a school-based health clinic struggling with asthma. The clinician can help treat the child's illness and, upon discovering that the child's housing conditions might be playing a role in aggravating her asthma, can refer her family to the Elev8 family resource center, where they can get help in finding healthier living conditions.

Through the resource center families can also gain access to other supports and benefits, and can learn financial literacy skills that might help stabilize the household. Additionally, Elev8 offers children the chance to participate in after-school, weekend, or summer enrichment programs, like art, music, sports, or gardening programs. Each of these program aspects aims to build on the other to help stabilize families and keep middle-school students from risky trajectories, including dropping out of school, joining gangs, abusing drugs or alcohol, or otherwise being left untreated for physical or mental health issues that might compromise achievement.

School-based health clinics operate in many schools nation-wide, but this integration of services—rather than just co-location of a clinic and a school—is what makes Elev8 unique. Mirabal, who has been involved in implementing Elev8's program in New Mexico, noted that children and families often face something akin to a bumper car lot when seeking assistance, bouncing from one program to the next without seeing solutions to the underlying—and interwoven—challenges they face. "Through integrated services," he said, "we are seeking to shed the silo effect that's been endemic to the social services world for decades."

Elev8 is currently operating in a number of middle-school sites in underserved and challenged areas of New Mexico, Chicago, Baltimore and Oakland. These sites were selected based on health profiles, socioeconomic needs, academic performance, as well as community capacity to commit to improving outcomes for neighborhood youth. In each site, the program involves a unique configuration of public and private partners, including local foundations, intermediaries, nonprofits, and public sector agencies. But all sites operate on the principle that a child's health and success cannot be disentangled from the context of family and community.

Elev8 has not, of course, been without implementation challenges. Mirabal noted that gaining buy-in from school staff and leadership around the importance of weaving Elev8 into school programming has been difficult. It has required careful articulation of how comprehensive services can connect to school goals, like meeting targets for academic proficiency and parental involvement. Additionally, the school and the health clinic needed to clearly define the fundamentals of their working relationship—from issues as basic as which entity would be responsible for supplying paper towel rolls, to more complicated questions of how to maintain student safety and guard patient privacy.

Gaining buy-in from participants has also taken work. One of Elev8's primary goals is to engage community members and parents in their children's school activities, but in New Mexico, the first year of operation saw low par-

ticipation rates among eligible families. Program staff realized that they needed to take a more grassroots approach to building connections with community members, and ultimately created a position for a community organizer, who conducted door-to-door outreach and intensive intake services for community members.

While the program is still young and evolving, Mirabal noted that they'd already learned important lessons. First, working across sectors is challenging. Conflicts can arise due to differences in organizational culture, values, or expectations, but determining how to find the processes that generate positive outcomes—whether cost savings or other efficiencies—for all involved entities is critical. Brown additionally noted that success is “all about relationship building—creating real roles for all partners and sharing power in decision-making.” However, he said that it is also important to have a lead agency involved that is capable of convening all partners and holding all the pieces together.

Elev8 also includes a policy advocacy component that seeks to expand and strengthen supports for middle-school aged children and their families at the local, state, and federal level. Though the current budget environment makes policy work challenging, Mirabal said, “We’re starting to make headway! State-level players understand the need to align resources.”

Alameda County Public Health Department: Community Approaches to Improving Health

The 2008 report, *Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County*, examined the multiple ways that place is linked to health

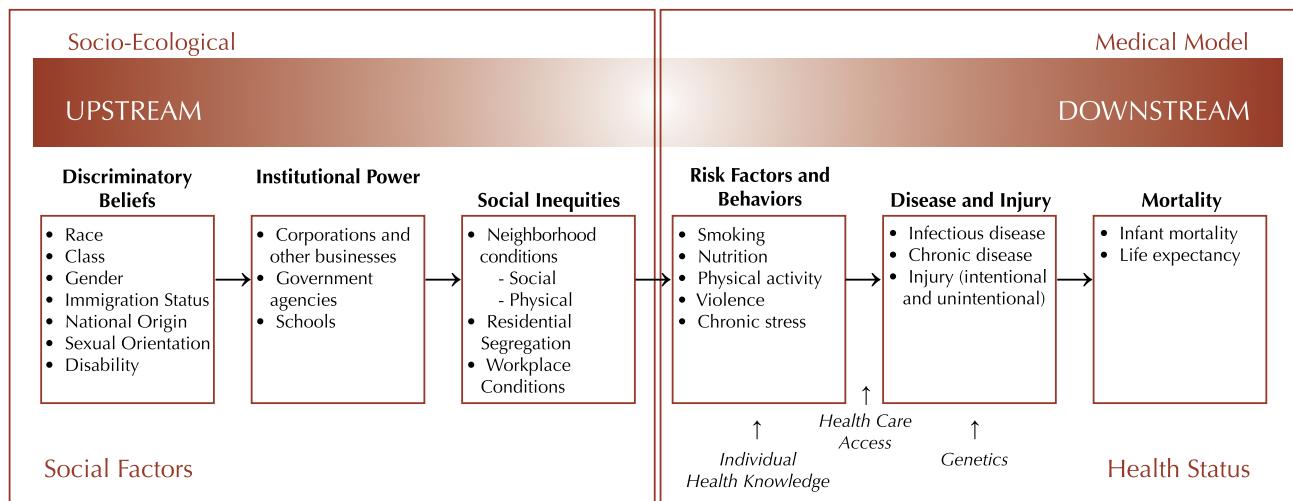
outcomes. “Illness concentrates among low-income people and people of color residing in certain geographical places,” reads the report, further noting that an African American born in a low-income neighborhood in West Oakland has a life expectancy that is 15 years shorter than a White person born in the more affluent suburbs of the Oakland Hills.²

Anthony Iton, previously the Director of the Alameda County Public Health Department (ACPHD), was quoted as asking, “Are health disparities due to something wrong within low-income minority neighborhoods? Or are they due to something wrong with American society that concentrates health disparities in certain neighborhoods?”³

The department’s answer—some of both—underlies the strategy that ACPHD has taken to addressing health inequities in low-income neighborhoods in the county. ACPHD’s health equity framework considers not just traditional medical model issues, like individual health knowledge, behavior and risk exposure, but also “upstream” issues including neighborhood-level conditions, social and economic inequalities, institutional power, and policies that affect the regional distribution of resources (see Figure 1).

This framework translates into several initiatives that tackle issues that health departments typically do not have purview over, noted Sandra Witt, Deputy Director of Planning, Assessment & Health Equity at ACPHD. One of these programs, the City-County Neighborhood Initiative (CCNI), is a partnership between ACPHD, the City of Oakland, and residents and community based organizations in two small predominantly minority neighborhoods found to be “hot spots” of high poverty, disease, and mortality. But, in line with the department’s

Figure 1 A Framework for Health Equity



Source: Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008

“Mini-grants have been awarded to resident action groups for neighborhood improvement and civic engagement programs, including block parties and activities to promote healthy eating and exercise.”

fundamental belief that community residents must have “a voice in identifying policies that will make a difference as well as in holding government accountable for implementing these policies,”⁴ the focus of CCNI is not on health education or access, but rather on community organizing and empowerment.

Through the CCNI, community organizers conduct outreach to neighborhood residents and engage them in community forums where they can identify priorities for action. Mini-grants have been awarded to resident action groups for neighborhood improvement and civic engagement programs, including block parties and activities to promote healthy eating and exercise. ACPHD also supports a Time Bank program, through which residents exchange services with other members, like pet sitting, child care, car repair, handiwork, or gardening. All of these elements are aimed at building community capacity and community cohesion, and toward empowering communities to advocate on their own behalf.

Mia Luluquisen, ACPHD’s Deputy Director of Community Assessment Planning, Education and Evaluation, noted that they are learning lessons that might sound familiar to those working in the community development field. “You have to start the community organizing process from what the residents want to work on,” she said. “But part of the challenge is to reach beyond the ‘natural helpers’ in a community—our aim is to engage wider networks and add their voice to the conversation.”

ACPHD recognizes, though, that community capacity building alone can’t solve the upstream institutional and political factors that influence health outcomes in specific geographies. As such, ACPHD is pairing community capacity building with efforts to enhance its own institutional capacity to address health inequities. Departmental staff receive training covering issues like cultural competency, institutional racism, and social determinants

of health. ACPHD’s strategic plan includes goals to align its daily work to achieve health equity and to cultivate and expand community-driven partnerships. Additionally, through their “Place Matters” Initiative, ACPHD staff are working on a policy agenda that focuses on a range of issues that impact health, including criminal justice, education, housing, land use and transportation. “We are highlighting the policies across agencies that can help decrease health inequities, and adding a health lens to the conversation,” said Witt. “So much of this is about power and how decisions get made—and the ‘values’ that are held about different people that dictate those decisions.”

ACPHD struggles, though, with many of the same challenges that community developers face in implementing place-based initiatives.⁵ “We’re really trying to force the focus on place, and cross-sector alignment is key—which is difficult since in practice we’re set up to be siloed,” said Witt. Additionally, they face resource shortfalls and the resulting inability to bring their efforts to scale. Given budget constraints, they find themselves wrestling with questions like where to invest for the highest return. “Our programs are small scale, but we’re looking to have a multiplier effect,” said Luluquisen.

Conclusion

Questions still remain about how to make both Elev8 and ACPHD’s programs sustainable over the long term, and how to expand or replicate the programs in other neighborhoods. Many of the challenges faced by these initiatives fit into a conversation about how to better align similarly-intentioned public and private investments that have not traditionally been delivered to communities in a coordinated way. Efficiencies that can be generated through coordinated investments—and the cross-sector partnerships that enable coordination—are critically important to find, particularly in light of continued public and private budget shortfalls and the resulting reductions in social service provision and nonprofit support. The close ties between community development goals and health outcomes make for a natural partnership between the two sectors. As Elev8 and ACPHD are demonstrating, small scale interventions at the local level can have significant impacts on community health and well-being. The early work of resident engagement and the creation of cross-organizational partnerships, even in just a few neighborhoods, can lay the foundation for far-reaching efforts and policy change in the future. **CL**

Endnotes

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Banking Conditions in the 12th District: Has the Recovery Taken Hold?

1. For regulatory purposes, capital is divided into two segments, Tier 1 (core capital) and Tier 2 (supplemental capital). Tier 1 (or core capital) includes: common equity, surplus, and undivided profits (retained earnings); qualifying non perpetual preferred stock; and minority interest in the equity accounts of consolidated subsidiaries; less any amounts of goodwill, other intangible assets, interest only strip receivables and non financial equity investments that are required to be deducted, and unrealized losses on Available for Sale investment equity portfolio, as well as any investments in subsidiaries that the Federal Reserve determines should be deducted from Tier 1 capital. Tier 2 capital consists of a limited amount of the allowance for loan and lease losses; perpetual preferred stock that does not qualify for inclusion in Tier 1 capital; certain other hybrid capital instruments; mandatory convertible securities; long-term preferred stock with an original term of 20 years or more; and limited amounts of term subordinated debt, intermediate term preferred stock, including related surplus, and unrealized holding gains on qualifying equity securities.

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2. Chairman Bernanke addressed the challenges facing small businesses, and the Federal Reserve's response, in his Semiannual Monetary Policy Report to the Congress on July 21, 2010, available at <http://www.federalreserve.gov/newsevents/testimony/bernanke20100721a.htm>