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Theresa Wizemann and Darla Thompson, Rapporteurs; Roundtable on Population Health Improvement; Board on Population Health and Public Health Practice; Institute of Medicine

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THE ROLE *and* POTENTIAL *of* COMMUNITIES *in* POPULATION HEALTH IMPROVEMENT

WORKSHOP SUMMARY

Theresa Wizemann and Darla Thompson, *Rapporteurs*

Roundtable on Population Health Improvement

Board on Population Health and Public Health Practice

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

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"Knowing is not enough; we must apply.
Willing is not enough; we must do."
—Goethe

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Reviewers

This workshop summary has been reviewed in draft form by individuals chosen for their diverse perspectives and technical expertise, in accordance with procedures approved by the National Research Council's Report Review Committee. The purpose of this independent review is to provide candid and critical comments that will assist the institution in making its published workshop summary as sound as possible and to ensure that the workshop summary meets institutional standards for objectivity, evidence, and responsiveness to the study charge. The review comments and draft manuscript remain confidential to protect the integrity of the process. We wish to thank the following individuals for their review of this workshop summary:

Kelly Fischer, Los Angeles County Public Health
Maryjane Puffer, Los Angeles Trust for Children's Health
Autumn Saxton-Ross, Joint Center for Political and Economic Studies
Albert Terrillion, National Council on Aging

Although the reviewers listed above have provided many constructive comments and suggestions, they did not see the final draft of the workshop summary before its release. The review of this workshop summary was overseen by **Georges Benjamin,** American Public Health

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Association. Appointed by the Institute of Medicine, he was responsible for making certain that an independent examination of this workshop summary was carried out in accordance with institutional procedures and that all review comments were carefully considered. Responsibility for the final content of this workshop summary rests entirely with the rapporteurs and the institution.

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Contents

ABBREVIATIONS AND ACRONYMS xiii

1 INTRODUCTION 1
Workshop Objectives, 2
Organization of the Workshop and Summary, 3

2 THE POWER OF COMMUNITIES 5
Environmental Justice: Screening for Hazards Where People Live, Work, Learn, and Play, 5
Authentic Community Engagement, 9
Discussion, 10

3 ENGAGING YOUNG PEOPLE 13
Jóvenes SANOS, 14
Kids Rethink New Orleans Schools, 17
InnerCity Struggle, 21
Discussion, 24

4 ORGANIZING AROUND THE SOCIAL DETERMINANTS OF HEALTH 29
Building Community: Community Coalition of South Los Angeles, 30
Community Organizing for Racial and Health Equity: ISAIAH, 32
Discussion, 37

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5 HOW INSTITUTIONS WORK WITH COMMUNITIES 41
Multisector Partnerships, 41
Collaboration and Collective Impact, 45
Discussion, 49

6 REACTIONS AND DISCUSSION 53
Scope and Scale, 53
The Importance of the Narrative: Telling the Stories, 54
Building the Ecosystem, 55
Data into Action, 57
Health, Hope, and Dignity, 58

APPENDIXES
A References 59
B Workshop Agenda 61
C Speaker Biographical Sketches 65

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Abbreviations and Acronyms

BAEHC	Bay Area Environmental Health Collaborative
CDC	Centers for Disease Control and Prevention
CoCo	Community Coalition of South Los Angeles
HIA	health impact assessment
IOM	Institute of Medicine
PERE	Program for Environmental and Regional Equity
TRI	toxic release inventory

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1

Introduction[1]

There is a large and diverse body of practical work and research demonstrating that community engagement is a critical ingredient in efforts to improve the social determinants of health and the built environment, said David Kindig, professor emeritus and emeritus vice-chancellor for health sciences at the University of Wisconsin School of Medicine and Public Health and a co-chair of the Institute of Medicine (IOM) Roundtable on Population Health Improvement. Examples of such research include Griswold et al. (2013), Lundquist et al. (2012), Pastor et al. (2011), and Speer and Hughey (1995). But, Kindig continued, it is important to keep in mind that effective community engagement consists of more than simply surveying the community or holding a few focus groups. Community leadership, voice, and power are essential components of successful interventions. The role of the community in improving health has been discussed by a number of previous IOM committees (IOM, 2003, 2011, 2012).[2] Those reports describe a multisector system in which public health, health care, community-based organizations, busi-

[1] This workshop was organized by an independent planning committee whose role was limited to identification of topics and speakers. This workshop summary was prepared by the rapporteurs as a factual summary of the presentations and discussion that took place at the workshop. Statements, recommendations, and opinions expressed are those of individual presenters and participants and are not necessarily endorsed or verified by the Institute of Medicine or the roundtable, and they should not be construed as reflecting any group consensus.

[2] For more information on what is meant by "community" in a health context, see MacQueen et al., 2001.

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ness, and other stakeholders work together toward the goal of healthier people, said Mary Lou Goeke, the executive director of United Way of Santa Cruz County, California, and the chair of the workshop planning committee. The 2003 IOM report provided a framework for collaborative action that endorsed the notion of shared governance through which population health would be improved in partnership with community members. Across the country there are now many community groups and organizations involved in noteworthy and effective ways of improving livability, wellness, and health in their communities, Goeke said.

On April 10, 2014, the IOM Roundtable on Population Health Improvement held a public workshop at the California Community Foundation's Joan Palevsky Center for the Future of Los Angeles that featured invited speakers from community groups that have taken steps to improve the health of their communities. For background, Kindig referred participants to two discussion papers released on the day of the workshop and available on the roundtable's website—"Engaging the Public Through Communities of Solution and Collaborative Empowerment" (Etz, 2014) and "Safe Summer Parks Programs Reduce Violence and Improve Health in Los Angeles County" (Fischer and Teutsch, 2014)—and to the brief summary of a related roundtable workshop held in December 2013, *Supporting a Movement for Health and Health Equity: Workshop in Brief* (IOM, 2014).

WORKSHOP OBJECTIVES

The roundtable supports workshops for its members, stakeholders, and the public to discuss issues of importance for improving the nation's health. An independent planning committee, chaired by Mary Lou Goeke and including George Flores, Kate Hess Pace, Melissa Simon, and Julie Willems Van Dijk, was charged with developing a workshop to explore the roles and potential of the community (e.g., resident groups, organizations, and diverse coalitions) as leaders, partners, and facilitators in transforming the social and environmental conditions that shape health and well-being at the local level (see Box 1-1). The workshop, titled The Role and Potential of Communities in Improving Population Health, was designed to facilitate discussion about important ingredients, effective strategies, and other lessons learned in three contexts:

- youth organizing,
- community organizing or other types of community participation, and
- partnerships between community and institutional actors (e.g., universities and academic researchers, public health agencies, and government officials).

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BOX 1-1
Statement of Task

An ad hoc committee will plan and conduct a public workshop featuring presentations and discussion on how to develop partnerships with communities with the goal of improving population health. The workshop will (1) feature selected speakers from communities across the United States who have taken steps to improve the health of their communities and (2) include discussion of the potential roles of communities for improving population health. The committee will identify specific topics to be addressed, develop the agenda, select and invite speakers and other participants, and moderate the discussions. An individually authored summary of the presentations and discussions at the workshop will be prepared by a designated rapporteur in accordance with institutional guidelines.

ORGANIZATION OF THE WORKSHOP AND SUMMARY

The workshop consisted of a keynote presentation on the power of communities in improving health (Chapter 2), a report of a site visit conducted on the previous day by several IOM roundtable members to a local community-based organization, and three panels designed around the topics listed above, each offering examples of the challenges and successes of their community organizing efforts. The first panel and the report of the site visit focused on how young people are developing skills and contributing to the health and well-being of their own communities (Chapter 3), the second panel considered how community organizations are tackling the social determinants of health (Chapter 4), and the third panel discussed aspects of establishing partnerships between institutions and communities (Chapter 5). In the closing session, roundtable members and invited speakers were asked to offer their observations on the main themes that emerged from the workshop sessions and their perspectives on how to move forward (see Box 1-2). Members of the audience were also invited to reflect on the workshop themes and engage the panelists and roundtable members in dialogue (Chapter 6).

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BOX 1-2
Topics Highlighted During Presentations and Discussions

Throughout the workshop, participants shared many important insights into the role and potential of communities. These included

- Ecosystem approach: build the capacity of community members to advocate for themselves (Harris-Dawson, Hill, Lacrosse, Marshall, Pace, Pastor, Simon, Vasquez, Watson-Thompson, Willems Van Dijk)
- Power of storytelling and narrative to build trust between people within organizations (Harris-Dawson, Lacrosse, Marshall, Pastor, Vasquez)
- Storytelling as a way to bridge the interests and values of community organizers with researchers and health care professionals to build stronger relationships (Harris-Dawson)
- Data is more meaningful and compelling to community members when it is connected to stories (Pastor, Watson-Thompson)
- Breaking down silos and using authentic facilitated dialogue to build new narratives as vehicles for change (Canady, Simon)
- The power of "we" (Canady, Simon)
- Youth play important roles in building and educating communities as they are developed as leaders and encouraged to improve themselves and their communities (Lacrosse, Marshall, Simon, Vasquez, Willems Van Dijk)
- Participating in community organizing has a positive influence on the health of communities and individuals (Hess Pace, Marshall, Pastor)
- School integration leads to improved life expectancy and mortality rates, improved health, and decreased trauma, stress, and obesity (Hill)
- Violence is a priority when addressing community health concerns (Canady, Harris-Dawson, Willems Van Dijk)
- Develop plans and strategies to take community efforts to a larger scale (Canady, Lacrosse, Marshall, Pastor)
- Multisector partnerships with an attention to the social determinants of health (Watson-Thompson)
- University–community partnerships that include mutual learning and sharing of information and knowledge to build relationships that strengthen communities and influence policy (Canady, Harris-Dawson, Pastor, Watson-Thompson)

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2

The Power of Communities

In his keynote address, Manuel Pastor, a professor of sociology, American studies, and ethnicity and director of the Program for Environmental and Regional Equity (PERE) at the University of Southern California, described his research and shared his personal insights about the power of communities that participate in improving their collective health. PERE, he explained, was founded to support and directly collaborate with community-based organizations on issues of social justice.[1] PERE conducts research and facilitates discussions on issues of environmental justice, regional inclusion, and social movement building.

ENVIRONMENTAL JUSTICE: SCREENING FOR HAZARDS WHERE PEOPLE LIVE, WORK, LEARN, AND PLAY

The San Francisco Bay area in California has been the site of a great deal of community-based environmental justice activity over the past decade. Because there had not been any systematic study to identify patterns of environmental impact in the area, Pastor and colleagues entered into a multiyear relationship with 35 different environmental and public health groups to form the Bay Area Environmental Health Collaborative (BAEHC), which set out to document environmental disparity in the Bay Area. A report prepared for BAEHC, Still Toxic After All These Years, mapped the hazards in the Bay Area relative to the surrounding communities and the health of the people living in them (Pastor et al., 2007).

[1] For more information see http://dornsife.usc.edu/pere (accessed August 15, 2014).

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The first step of the project was to map neighborhood demographics against a toxic release inventory (TRI) that had been conducted by the federal government. Pastor and colleagues found that two out of every three people living within 1 mile of industrial facilities that release toxic substances were people of color (Latino, Asian/Pacific Islander, African American, or other; see Figure 2-1). Of those living more than 2.5 miles away, only one out of three were people of color (see Figure 2-1). From an economic perspective, housing located near these TRI sites is of lower value, and people with higher incomes are less likely to live near such facilities, but, Pastor noted, even after taking into account these income-based disparities, racial disparities were still apparent at every income level. In addition to preparing an academic paper on the use of this spatial autocorrelation approach in environmental justice research, Pastor and colleagues released a draft report at a scientific meeting, wrote an opinion piece in the *San Francisco Chronicle*, and held a press conference at a refinery in Richmond, California, with the community groups in the collaborative. Community organizers expressed their concern that the technical nature of the report would make it difficult for others to understand the significance of the work done by the researchers and community groups. Importantly, Pastor said, it was a community organizer trained by

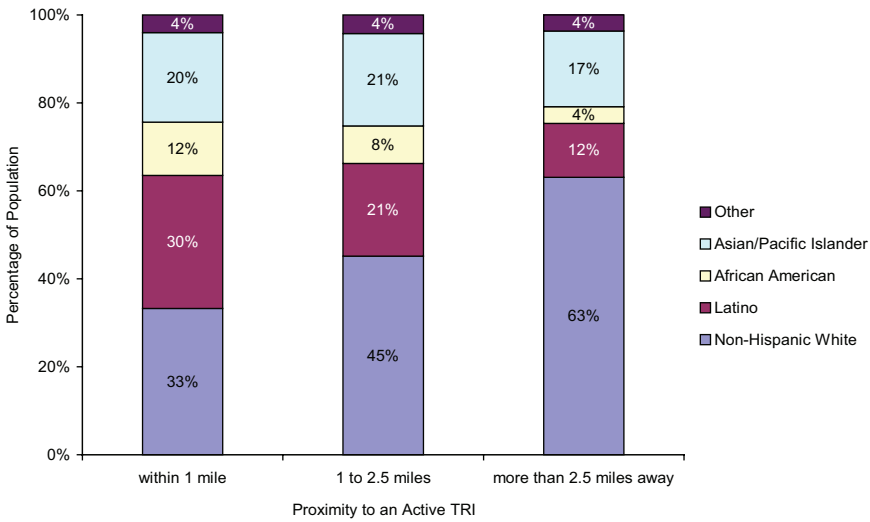

FIGURE 2-1 Population by race/ethnicity (2000) and proximity to a TRI facility with air releases (2003) in the nine-county San Francisco Bay area.
NOTE: TRI = toxic release inventory.
SOURCE: Pastor presentation, April 10, 2014, from Pastor et al., 2007.

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Pastor and his colleagues who presented the final research report to the members of the collaborative. This fostered an environment of "each one teach one," Pastor explained, and community organizers actively helped bring the science into the debate, raising the issue of cumulative impacts with policy makers.

BAEHC's next step, Pastor said, was to move beyond documenting disparities to effecting change. With support from the Air Resources Board (of the California Environmental Protection Agency), an environmental justice screening methodology was developed to identify communities that may be disproportionately overexposed to pollutants. Pastor noted that this is a screening tool, not an assessment tool; that it is currently focused primarily on air quality; and that it relies on available secondary databases (e.g., state and national data on environmental hazards, modeling from emissions inventories, census data). Communities were screened according to three categories of cumulative impact: proximity to hazards, exposure to health risks, and social and health vulnerability. Scores in these three categories were used jointly to assign a cumulative impact score to a community and to identify regions to target with more community outreach.

This environmental justice screening tool, Pastor said, was the forerunner for what the state of California now calls CalEnviroScreen, which is being used statewide to identify communities that are environmentally overexposed and socially vulnerable. This approach to screening has also been important in the debate about how best to invest the proceeds from California's cap-and-trade program to reduce greenhouse gas emissions. According to the law that established this program, 25 percent of the revenues generated by it must go to disadvantaged communities.[2] CalEnviroScreen has provided a tool that community organizations use to argue for additional attention, to suggest metrics, and to demand progress.

Pastor stressed the importance and value of community engagement in the development, review, and use of the screening tool. He noted, however, that the process was filled with "numerous inside–outside tensions," including concerns from the state agency concerning the degree of openness with the community groups about the development of the method. Pastor said that agencies are starting to realize that an open process leads to greater public acceptance of the outcomes. In addition, when opportunities are created for people to participate through focus groups and through community-based participatory research, people start to moderate their own views and begin to find common ground.

[2] SB-535 California Global Warming Solutions Act of 2006: Greenhouse Gas Reduction Fund, Chapter 80, approved September 30, 2012. Available at http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120SB535 (accessed July 15, 2014).

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A parallel part of the process was educating and organizing community leaders around their environmental justice concerns and *ground truthing* the data (CBE, 2008). Pastor described *ground truthing* as a process in which teams of community members go out into the neighborhood to determine whether the official data on hazards are accurate. For example, hazards in the databases may no longer exist, new hazards may not be in the databases, or sensitive receptors in the community (e.g., informal day care centers) may not have been entered into official databases.

To further explain *ground truthing*, Pastor described a case from Los Angeles. A variety of hazard and sensitive receptor locations in the Wilmington neighborhood of Los Angeles are listed in the state database (see Figure 2-2, shown as squares), but a walk around the neighborhood by community members revealed additional hazards not included in the database (e.g., parked diesel trucks, brownfields, junkyards, and auto body shops) as well as several additional sensitive receptor sites (see Figure 2-2, shown as circles). The second phase of the ground-truthing exercise involved air monitoring. The results of *ground truthing* in eight Los Angeles communities were released in the report, *Hidden Hazards*, which was featured in the *Los Angeles Times* newspaper and on television

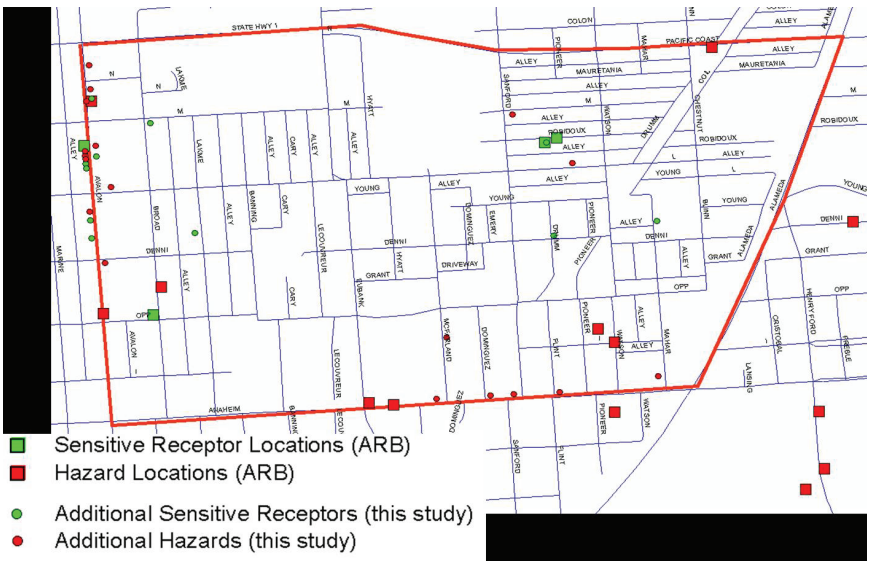

FIGURE 2-2 Hazards and sensitive receptor locations in the Wilmington neighborhood of Los Angeles as identified in state databases (squares) and from a community *ground truthing* exercise (circles).
SOURCE: Pastor presentation April 10, 2014, adapted from a figure created by his colleague James Sadd.

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(LACEHJ, 2010). Following the release of the report, four City Council members introduced a resolution to create "green zones" in overexposed neighborhoods of Los Angeles. Pastor noted that community members were very engaged and spoke before the City Council about their experiences with *ground truthing*, arguing in support of the resolution. Now in its early stages, the Clean Up Green Up initiative is focused on reducing and preventing pollution, developing additional park space, and revitalizing neighborhoods.[3]

AUTHENTIC COMMUNITY ENGAGEMENT

Using insights gained from these and other equity projects, Pastor shared his perspective on community engagement, community organizing, crafting the narrative, and fostering change for better community health. Engagement, he said, is often done in one of two ways: the "Potemkin way" or the "Kabuki way." Like a Potemkin Village, public engagement is often just for show. The decisions have already been made, and the engagement process is perfunctory. Engagement can also be similar to the stylized drama found in Kabuki theater, with staged conflict, dueling experts, and no clear search for common ground. Authentic engagement, Pastor said, involves community-based participatory research, ongoing dialogue with the community for the entire length of the project, and structures explicitly focused on reaching out to those least powerful in the process.

Community organizing involves projects, policy, and power. Research projects demonstrate what is possible, Pastor said, and policy is changed based on the results of that research. But without a constituency demanding policy changes, no changes will occur. For too long, Pastor said, foundations and academics have focused on demonstration projects, but demonstrating that something works does not mean it will be replicated or implemented. Pastor said that change in policy requires power, and power involves community organizing to build the voice of community. Pastor further explained that organizing is about shifting power to the community. It is long, hard work, he said, and it is both a science and an art. Community organizing takes a village, or an ecosystem, in which multiple groups play a role.

A clear narrative is also essential, Pastor continued. Research focuses on facts, but the facts need to be attached to a personal story and to be conveyed in a manner that is easily understood. The focus is often on one particular issue, rather than a deeper, transformative vision. When active members of the community speak about environmental justice, they are not just speaking about removing hazards from their community; they

[3] For more information see http://cleanupgreenup.wordpress.com (accessed August 15, 2014).

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are speaking about transforming their communities into thriving, green places where they can live, work, learn, play, and prosper. Whatever the issue, Pastor said, it is necessary to have a narrative, a broader vision, and an understanding that community engagement convinces people of their voice and power.

Communities have inherent knowledge about issues, and they have wisdom that can be effectively coupled with science, Pastor said. Allies need to be humble in recognizing the value and role of community wisdom and confident about the research skills they bring to the community. Pastor added that often the underlying health issue in a community is a lack of power—power to get the resources needed to address whatever problems there are. In conclusion, Pastor said that community organizing is good not only for community health, but also for individual health because it builds social bonds among people, empowering them to get through adversity and make it to the next stage.

DISCUSSION

During the brief discussion that followed, Pastor expanded on the concept of organizing as creating an ecosystem, and individual participants discussed the issue of scale.

Community Organizing as Developing an Ecosystem of Partners

The traditional view of community organizing has been that the best approach is to create one organization or group on the basis of an interest. Pastor suggested that it is more effective to organize people based on their values, not their interests, and to develop an ecosystem of groups that can work together to transform the policies in an area. Focusing on values also helps to create a more compelling narrative. As an example, Pastor described the Community Coalition of South Los Angeles (CoCo),[4] which was originally formed to combat the crack cocaine epidemic in the area. After polling the neighborhoods, CoCo learned that residents were more worried about liquor stores as neighborhood hazards (especially people congregating around liquor stores), so the coalition took up that issue as well. Over time the coalition has become a powerful force for taking back the neighborhood through efforts such as improving parks and educational infrastructure. CoCo has also recognized the need to help develop and support an ecosystem of high-performance groups by partnering with other entities such as InnerCity Struggle in East Los Angeles.[5]

[4] Discussed further by Harris-Dawson in Chapter 4.
[5] Discussed further by Willems Van Dijk in Chapter 3.

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CoCo's efforts to transform education in South Los Angeles will only be successful in partnership with a similarly strong effort to reform education in East Los Angeles.

Pastor also said that when he and colleagues are approached by representatives from communities outside Los Angeles who wish to work with them, he instead helps them build research university–community partnerships with universities in their own regions, such as the Central Valley. Pastor has provided guidance on initial reports, but he emphasized that this is "an ecosystem approach, not an empire approach." Rather than doing the work themselves, Pastor and his colleagues build capacity and make the movement stronger by passing the work on to others. An ecosystem involves community organizers asking themselves such questions as, Who are our partners? How can we strengthen our partners? and, How can we strengthen our networks? Pastor stressed the importance of academics supporting communities in conducting rigorous research and in developing relationships with technical people inside government agencies. Academics can play an important role in this form of inside organizing by reaching out to technical people who can verify that community data, methods, and claims have merit.

Scale

A participant raised the issue of scale, noting that while there are pockets of community engagement and organizing around the country, there are many areas where there are no such efforts. Pastor responded that bringing these efforts to scale involves thinking about power statewide and about where things can be changed. He noted that an alliance of community groups under the banner California Calls has worked to bring engagement to scale by mobilizing new and occasional voters and by targeting potential voters in areas that would not normally be targeted. Organizers walked around neighborhoods and asked people what they would like to see California become—in essence, tapping into their values and dreams. Community organizers need to scale from neighborhood to region and then to state.

Several of the participants also discussed the role of social media in scaling the movement. Pastor noted the need for both traditional "high touch" organizing and "high tech" online organizing in order to reach the ultimate goal of mobilizing people. What has not been scaled, Pastor said, is the academic/research side, which is a complementary part of the ecosystem. In this regard, he has been working on an initiative to institutionalize progressive, community-engaged research centers within universities throughout California (Sacha et al., 2013).

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3

Engaging Young People

Three examples of successful youth-organizing programs were shared during the workshop. Jose Joel Vasquez, a college student and a youth leader at Jóvenes SANOS, and his mentor, Kymberly Lacrosse, a community organizer and the director of Jóvenes SANOS at the United Way of Santa Cruz, described their youth-based advocacy and leadership organization's work to prevent and raise awareness about childhood obesity in Watsonville, California. Karen Marshall, the executive director of Kids Rethink New Orleans, described how what started as a one-time summer program has grown into a youth-powered movement to improve the youths' overall educational experience. Julie Willems Van Dijk, an associate scientist and the deputy director of the County Health Roadmaps project at the University of Wisconsin Population Health Institute, reported on a pre-workshop site visit by roundtable members with youth engaged in the United Students program of InnerCity Struggle in East Los Angeles, California, which, after making great progress reducing gang violence, shifted its focus to educational justice. An open discussion was moderated by George Flores, a program manager at The California Endowment, during which many participants considered issues of spread and scale, the challenges of measuring success, and the importance of workforce development and fostering leadership from within the community.

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JÓVENES SANOS

Focusing on Obesity

Jose Joel Vasquez and Kymberly Lacrosse described Jóvenes SANOS, which is a Watsonville, Califonia, youth-based advocacy and leadership organization which operates under the auspices of the United Way of Santa Cruz.[1] The mission of Jóvenes SANOS, Vasquez explained, is to prevent and to raise awareness about childhood obesity in Watsonville by advocating for policies that promote healthy eating and increased physical activity. Obesity is a nationwide concern. Vasquez noted that in the United States about one-third of adults and approximately 17 percent of children and adolescents aged 2 to 19 years are obese. He added that in California, 15 to 20 percent of children who are 2 to 4 years of age are obese. In Watsonville, Vasquez said, about 50 percent of children are obese, compared to 31 percent [in the city of Santa Cruz, and approximately 38 percent] in the county. Vasquez noted that Watsonville is an agricultural community, known for its fruits and vegetables, yet the local residents generally do not have access to these foods. He said that his mother works in the fields but is rarely able to bring home strawberries from where she works. When she gets out of work late and does not have time to cook, it is easier for her to stop at a fast food restaurant and bring dinner home, he said.

Jóvenes SANOS works both to meet immediate needs and to create long-term sustainable change. The work is rooted in equity, justice, and affordable access, Lacrosse said, with the goal that individuals have easy access to healthy food and to safe places for physical activity. Vasquez highlighted some of the projects that Jóvenes SANOS has been involved in (see Box 3-1). Youth are involved in all of the projects, from conducting surveys and assessing stores to see what can be improved, to presenting their concerns to the city council. In all of these projects, Vasquez said, youth are empowered by seeing that they have a voice at city council and that they can change things in their community.

For example, Vasquez said, Get Out Get Fit is a summer program run by the youth center in Watsonville. Jóvenes SANOS partners with the center to keep youth active for most of the day. Youth advocates also teach a 1-hour nutrition class at the center, mentoring their younger peers (i.e., middle-school students) on how to make healthier choices when they go out to eat or on what they can do to incorporate activity into their lives so they are not just sitting around or watching television.

[1] For more information see http://www.unitedwaysc.org/jóvenes-sanos (accessed August 15, 2014).

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BOX 3-1
Jóvenes SANOS Projects

Access to healthy foods
- Healthy Restaurant Project
- Healthy Eating Options Ordinance
- The Healthy Corner Market Project
- Healthy Options Vending/Vendor Policy

Access to active living
- Family Fitness Challenge Day
- Get Out Get Fit summer youth program
- Built environment advocacy: increasing parks, soccer fields, sporting facilities, bike paths, and safe routes to school

SOURCE: Lacrosse and Vasquez presentation, April 10, 2014.

Other community-based activities include a family fitness challenge day that drew about 350 people last year, Lacrosse said. At the free event, the market and restaurants that Jóvenes SANOS worked with provided free, healthy food, and there were 10 different activities presented by community-based businesses and organizations such as the YMCA, the National Tennis Association, and a local running club.

Lacrosse also discussed the Healthy Options Vending Policy, passed in 2012 by the Santa Cruz Metropolitan District Board in partnership with Jóvenes SANOS. The policy states that 50 percent of the beverage and food options in all vending machines in Santa Cruz METRO transit facilities must be healthy options (meeting nutritional standards set by the Centers for Disease Control and Prevention). In addition, vendors can participate in a healthy vendor award program.

Youth Organizing

Lacrosse described her role as a youth organizer as providing the youth with the space to be their best selves and guiding them and asking them questions to help them develop in their own way. An adult mentor must let go of the idea of fixed agendas and perfect presentations, she said, because the magic is in the youth sharing their lives and stories. The goal is to help them develop and express their voices, not to tell them what to say or to speak on their behalf.

Everyone is welcome to join, and all youth have different assets to share, Lacrosse continued. Not all want to speak publicly or to conduct

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surveys, but everyone brings something to the table, and all of them have the ability to grow and stretch themselves. Lacrosse said that she strives for a holistic environment of trust and respect where members share their personal stories and support each other both within and outside the organization. Developing open, authentic relationships is key, she said, and this allows the group to focus and to be effective and powerful because everyone is there for the same reasons.

Vasquez described his first experiences speaking at city council meetings as a shy teen and how he has developed confidence by participating in the group. Members set high expectations for themselves because they know that they represent others who do not have an opportunity to speak up. Making connections and having fun are also key elements, he said. Lacrosse noted that the organization is often asked to speak on other topics and issues (e.g., pesticides), but she said that she feels that Jóvenes SANOS will have more impact if it is clear and strong in its focus on obesity.

Forging Partnerships and Changing Policy

Partnerships and relationships are the foundation of the work, Lacrosse said. People come together because of a shared passion for a healthy community. Although the work starts with Jóvenes SANOS, there is a ripple effect in the community. The relationships that Jóvenes SANOS develops with store and restaurant owners and with city staff and leaders help to solidify this shared commitment to a common goal. There is also a need for relationships with experts. For example, for projects such as the Healthy Restaurant Project and the Healthy Corner Market Project, Lacrosse said it was necessary to bring in professional consultants to work with the markets and restaurants on redesigning their menus to offer healthier options.

Before Jóvenes SANOS can establish partnerships in the community, its members have to make partnerships among themselves, Vasquez said. Members get to know each other's backgrounds and views. Every week, group meetings start with an icebreaker where members share their "high and low" experiences from the previous week. Sharing these experiences often brings out new ideas to present to the city council. For example, for his low experience one week, Vasquez described a night when police arrived to tell him and several friends they could not continue to play soccer on a local tennis court, which was the only place with lights. This inspired them to approach the city council about getting a lighted soccer field.

In addition to learning how to develop relationships, youth learn the role of policy in creating cultural shifts Lacrosse said. The Jóvenes SANOS

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strategy is to study the social problem through data, surveys, *ground truthing*, and discussions; to form a task force and develop a policy solution that everyone is invested in; and then to approach policy makers with a powerful presentation including both data and how those data relate to the lives of the youth. They share their real life experiences and ask for partners and collaborators to make changes, Lacrosse added.

Learning and Teaching

In youth organizing, Lacrosse said, it is important to stay focused on the vision and the big picture, taking the time to talk about the rationale for the work being done. The details are also important, but organizers must remain flexible in both process and expectations. It is not about sitting in meetings and going over the agenda items, she said. It is also important to see the potential in each other and to provide opportunities for all to participate.

Vaquez said that he has learned that there are many roads to the same end and that there is no single right way to achieve the goal. Accountability, determination, and dedication will get you to where you need to go, he said. And while the end goal is important for Jóvenes SANOS members, is it the journey, not the destination.

Because other communities have expressed interest in Jóvenes SANOS, the group is developing a curriculum with detailed descriptions about what it does, what has worked, and what has not. The vision, Lacrosse said, is to train other youth in other communities, to provide technical assistance for them to start their own groups, and to thereby continue the movement.

KIDS RETHINK NEW ORLEANS SCHOOLS

Kids Rethink New Orleans Schools[2] is a youth-organizing program that supports youth becoming thoughtful and capable leaders through the analysis of their own educational experience, said Karen Marshall, the program's executive director. The program was born out of crisis in 2006, in post–Hurricane Katrina New Orleans. As the Katrina diaspora began to return to New Orleans, Jane Wholey and Betty Burkes, two community organizers in New Orleans, put together what was meant to be a one-time arts-based summer program to make sure that the young people of New Orleans had a voice in the rebuilding of New Orleans schools and to provide an outlet for them to talk about their experiences related to the impact of Hurricane Katrina (including temporarily living and attending school elsewhere in the country). Twenty middle-school students

[2] For more information see http://therethinkers.org (accessed August 15, 2014).

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gathered that summer to "rethink" the kinds of schools they wanted to have. At the end of the summer the students pushed for the program to continue, and it is now a year-round program and a 501(c)(3) nonprofit organization. As the Rethink program continued, the students who were no longer in middle school did not want to stop participating, so the organization expanded to include high school students, Marshall said.

Early Initiatives

That first group of students, who called themselves "Rethinkers," chose school food as their first initiative. For business reasons, many of the school food providers that serviced New Orleans prior to Katrina had decided not to return. The new providers served food that was unrecognizable to most of the returning students. Food is a huge part of the culture of New Orleans, Marshall said, and the poor school food choices were a real issue for the students. A major achievement for the Rethinkers, she said, was getting the food service provider, Aramark, to agree to serve fresh local food in the cafeterias twice a week. This early victory created momentum not only for the young people who were a part of that push for better food, but for the Rethink organization in general, to continue to move forward.

Another early victory for these 20 young people was getting the school district to agree to repair 350 substandard bathrooms in schools across the area, Marshall said. As a result of dis-investment in public schools pre-Katrina, some of the schools were already in disrepair. After Katrina, the disrepair was significant and widespread. Students who temporarily relocated after Katrina had the opportunity to attend schools in different parts of the country, and they were amazed by what other schools had that they did not, Marshall said. When these students returned to New Orleans, they did not see why the New Orleans schools should not also have good facilities, and this spurred them to take action. In addition to getting the school district to repair the 350 substandard bathrooms, the students got hand-washing sinks installed in all of the school cafeterias. Their argument was that students wanted both to be able to wash their own hands and to have school staff wash their hands before serving the food, Marshall said.

Structure and Strategy

Students who want to participate in the middle-school or high-school component generally start in the 6-week Rethink summer program. The program focuses on the foundational skills of youth advocacy, organizing, and leadership. Marshall explained how students explore their indi-

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vidual and collective identities and begin to understand how they can connect the struggles in their own lives to what is going on in a larger community. They then collectively identify an issue, research and analyze it, and develop a collective understanding.

During the summer, students also explore historical narratives of oppression and injustice as well as historical narratives of local resistance, particularly by youth and people of color. Currently, there is a strong narrative of marginalized communities in the South "just lying back and taking what is happening," Marshall said. Students discuss these narratives in four steps: the stock stories that everybody is told (e.g., how to become successful, how you are identified as a "good person"); the concealed stories that are the true experiences of the people on the margins (and often the very opposite of the stock stories); the resistance stories, when people have resisted this marginalization (successful or not); and constructed stories, which are the students' dreams for a better school and better community.

The concealed stories are not just the negative things that happen, but also the great things that come out of the community—things that others may not understand because they cannot comprehend the back story. To illustrate, Marshall said that when she would return to her native Jamaica and talk about how her life was affected by snow when she lived in Philadelphia, her listeners could not understand. Snow had impacted her life in such an important way, but no one in Jamaica had experienced snow directly, so they could not relate. Generally their only experience of snow was intangible, such as seeing it in a movie, where it might be only portrayed as fun to play in. Sometimes, she noted, you will censor yourself because it is clear your listeners cannot understand the impact these experiences have on you. But if, for instance, you find someone in Jamaica who grew up in Buffalo, New York, you now have your own snow group, and you can talk secretly about having a life that is in some way shaped by your experience with snow. This is not unlike the experiences of the young people in New Orleans who live in a world of concealed stories that others may simply not be able to comprehend. There is good and bad in all of this experiences that shaped who you are and how you talk to people, she said, but it can be challenging to share.

There are also two school-year programs, Marshall said: school-based clubs and year-round action committees. The Rethink School clubs have an average of 8 to 10 Rethinkers who identify and collectively take on issues that they would like to change in their schools. Once an issue is identified, the Rethinkers conduct youth participatory action research, talking to other youth in their own school and in other schools, in order to get a greater sense of what is going on across New Orleans. They then develop recommendations that they bring to the administrators, princi-

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pals, and teachers. Marshall stressed that the intent of the approach is not to vilify people or institutions but rather to look at the larger school system and structure and at how people are affected in different ways by policies and practices. Many students try to relate the experiences of the teachers with those of the students on issues such as school food and discipline policies. Marshall said that many schools in New Orleans implement zero-tolerance discipline policies, and Rethinkers say this makes schools a "prison pipeline." She added that many teachers are uncomfortable with current discipline policies as well, and they feel caught or unable to address larger systemic issues. The Rethink students try to see if these teachers are willing to join their movements and coalitions to address these issues.

The other program involves the citywide action committees. Any student in New Orleans who wants to participate in youth organizing as a Rethinker can join through one of the issue-focused action committees (food justice, garden committee, architecture, digital media, and restorative justice), Marshall said.

In response to a question, Marshall explained that to Rethink, restorative justice is an alternative to punitive disciplinary practices. Rethink partners with the Center for Restorative Approaches to teach schools about alternatives to traditional discipline. In particular, the Center works with teachers and administrators, and Rethink works with young people, so that the zero-tolerance school policy concerning discipline is changed. In a community context, Rethink advocates helping youth to understand how their actions not only harm them as individuals, but also have a broader impact on others. Through activities like solution circles, youth work together to discuss problems and solutions to conflict, including what actions need to be taken to repair relationships and restore members to the community.

Marshall reiterated that a historical understanding of the issues is important, especially with regard to the experiences of people of color in New Orleans in terms of access to food. Somehow, she stated, the idea that people of color do not know how to choose healthy food persists, but the real issue is lack of access to healthy food. Everything Rethink does comes back to shaping identities, understanding historical narratives, and "analyzing the roots and leaves of every issue," Marshall said.

Overcoming Barriers

A primary barrier to youth organization, not just in New Orleans, but worldwide, is what Marshall referred to as the "cultural norms of adultism." There are people who want to work with youth and want to respect the youth voice, but if there is a sacrifice that needs to be made it

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will be made at the young person's expense. For example, one might want to hear the youth voice but then schedule meetings at 9 a.m., when students are in school, rather than at 5 p.m., when they can attend the meeting. There also is a tendency on the part of adult allies to tokenize youth, Marshall said, even when they do not intend to. Some people may think it is cute that a sixth-grader is involved in issues, and they may treat youth as token representatives. In this regard, Rethink leaves the decision to the youth as to whether or not they want to be a part of any kind of media activity. Rethink holds press conferences twice per year. If youths decide they want to participate, they are trained in how to interact with the media. Rethink stresses the power of students telling their own stories. The most powerful action students can take is to use the media attention for their own gain.

In 2008, Rethinkers started to use a school food report card, an approach that has been very powerful in overcoming the resistance to change in some schools. The Rethinkers grade every school based on the health, appearance, and taste of the food provided, using surveys of both students and adults. The Rethinkers hold a press conference for the release of the report and invite administrators to make promises about how they are going to change the food. This is also one activity where students learn how to navigate the media and use it to their advantage, Marshall said.

INNERCITY STRUGGLE

The evening before the workshop, several members of the roundtable and the workshop planning committee met with youth engaged in the United Students program of InnerCity Struggle in the Boyle Heights neighborhood of East Los Angeles. An overview of the visit was provided by Julie Willems Van Dijk, who said how humbling it was for her to report on behalf of a whole group's experience and, particularly, for her to tell someone else's story. Inspired by an icebreaker activity used by a United Students coordinator during the Institute of Medicine (IOM) site visit the evening before, Willems Van Dijk asked the workshop participants to move to one side of the room or the other depending on their preferred choice of getting up early or staying up late at night; Elvis or the Beatles; Facebook or Twitter; zombies or vampires; and several other youth-oriented choices. Willems Van Dijk said that it was a fun way to get people to begin to interact with one another.

Safe and Healthy Communities

For 20 years InnerCity Struggle has worked to promote safe, healthy, and nonviolent communities in Los Angeles's Eastside neighborhoods

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(Boyle Heights, unincorporated East Los Angeles, El Sereno, and Lincoln Heights).[3] Willems Van Dijk explained that the group began with mothers who organized in East Los Angeles around their concern about the gang violence that was causing them to lose many of their sons. They came together to negotiate peace pacts between the gangs and to encourage gang members to sign promises to stop the violence occurring across gang lines in the community. Willems Van Dijk noted that the early 1990s was a particularly violent time in Los Angeles, with the beating of Rodney King and the riots that followed shortly thereafter in response to the acquittal of the police officers involved in the beating.

In the early 2000s, after making great progress in reducing gang violence, InnerCity Struggle shifted its focus to educational justice and improving the school system and facilities in East Los Angeles. Initiatives included implementing culturally relevant curriculum in the schools and ensuring that students had equal access to college preparatory courses across the required subjects ("A–G requirements"). A component of the struggle for educational justice was battling the assumption that children in Eastside did not want to go to college. Willems Van Dijk said that at one point in time, the courses necessary to be admitted to the University of California system were not even offered in East Los Angeles schools.

InnerCity Struggle also focused on getting new schools built. In 2004, for the first time in 80 years, a referendum was passed to build new schools in East Los Angeles. Based on her experience as a school board member, Willems Van Dijk said that she found it astounding that a school district in a growing part of the nation would not build a new school in 80 years. The new schools that were built after the referendum led to reduction of class sizes in overcrowded schools, which had significant positive implications for learning. More recently, InnerCity Struggle has added a focus on restorative justice, working to eliminate punitive discipline practices, passing a School Climate Bill of Rights, and placing a restorative justice coordinator in the schools. There have also been engagement and organizing initiatives around voter recruitment so that these communities are fairly represented on issues of school financing, Willems Van Dijk added.

United Students

United Students organizes the youth at Eastside high schools to transform the quality of their education. Campus clubs meet at several of the schools, and Willems Van Dijk said that there is a system in place to provide students with transportation to the meeting locations when necessary, for example, by being driven by United Students staff. Meetings begin with

[3] For more information see http://innercitystruggle.org (accessed August 15, 2014).

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a communication and education session, and Willems Van Dijk described the session that was led by one of the students during the IOM site visit.

A young woman, a high school senior, led an educational session on stereotypes. Willems Van Dijk remarked how impressed she was at how the student effectively engaged the group and personalized the issue for them by, for example, asking people to stand if they or a member of their family had ever experienced being judged because of their appearance. Willems Van Dijk also observed that the group was very respectful of the student presenter.

The student conducted an exercise in which she brought up representatives of different types of people (Mexican, Muslim, gay) and had the group shout out (i.e., acknowledge) the stereotypes of those different populations. She then challenged the group to think about what effects those stereotypes have when individuals belonging to the group being stereotyped embrace them, laugh about them, or perpetuate them. What is the cost to the group when society thinks of it in this way? The student ended her presentation by talking about stereotypes of East Los Angeles (e.g., gangs, drive-by shootings, chickens in people's yards) and showed a video of a band from East Los Angeles performing on the subject of real life in their neighborhood, including diffusing the stereotypes.[4] The video was a strong statement about people coming together as a community, Willems Van Dijk said.

Empowering Students to Become Leaders in Community Improvement

Willems Van Dijk shared her perspective on several lessons learned about the outcomes of InnerCity Struggle's work as described by staff and students. Students said they were drawn to the program by its success, specifically that it provided both opportunities to address issues that affected their community and opportunities for self-improvement. In addition to academic support, InnerCity Struggle organizers took students on college visits, helped them to sign up and study for college admissions tests, and helped with college applications.

Students also benefited from leadership skill development through speaking up and public speaking. As an example, Willems Van Dijk said that one of the students who participated in the site visit emailed her that same night to thank the IOM visitors for coming and offering to answer

[4] The clip from the video shown by Willems Van Dijk can be viewed as part of the archived footage of Willems Van Dijk's presentation, available on the roundtable website at http://iom.edu/Activities/PublicHealth/PopulationHealthImprovementRT/2014-APR-10/Videos/Site%20Visit%20Presentation/13-Van-Dijk-Video.aspx (accessed August 15, 2014).

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additional questions as needed. This young woman asked for Willems Van Dijk's business card, followed up promptly, expressed gratitude, and felt confident enough to offer additional assistance.

Students have developed an increased awareness of issues important to their community and what they can do about these issues, including mentoring their peers and sharing awareness with their peers and family. Another element of InnerCity Struggle is that it draws talent and cultivates leaders from within the community, and Willems Van Dijk noted that one of the former United Students members is now the director of academic support for InnerCity Struggle.

Finally, Willems Van Dijk said, language is important in youth organizing. She described how, during the site visit, one of the announcements that student group leaders made was that students had an opportunity to sign up to consult with a television show about life in an East Los Angeles high school and earn a stipend. Based on a question from a student, it became clear that many of the students did not know what a stipend was. Similarly, one of the student leaders talked about the "push out" rate in high schools. She was talking about what is usually referred to as the dropout rate. Willems Van Dijk noted that her choice of words was a powerful reframing of the phenomenon.

Willems Van Dijk referred participants to an article about citizen participation as a ladder, climbing from nonparticipation, through steps of tokenism, to steps of citizen power (Arnstein, 1969),[5] and she suggested that the InnerCity Struggle program allows young people in Eastside to move up to the highest rungs of citizen power. In closing, Willems Van Dijk observed, based on her experience working on the County Health Ranking and Roadmaps Program at the University of Wisconsin, that a common element across communities that are truly engaged in moving a culture of health forward is strong youth leadership. She suggested that there is an imperative to develop the youth voice to truly be able to move forward in building the culture of health.

DISCUSSION

A common thread throughout the discussions on youth organizing, as moderator George Flores noted, was human and social capital building, creating very productive and worthwhile aims that direct activity at community improvement. Speakers discussed the process of engaging

[5] Tokenism refers to citizens being informed, consulted, or placated by power holders who maintain for themselves the ability to make decisions on behalf of citizens. Citizen power refers to increasing levels of citizen involvement in direct decision making: partnership, delegated power, and citizen control. Arnstein's diagram can be seen in Arnstein (1969).

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young people so that they contribute to community health and well-being in constructive ways, through growing awareness and building identity, and also providing skills so the young people can gain a voice and move into leadership among their peers and in the community.

Flores suggested that youth participation in helpful activities, habits, and behaviors also influences family members, younger siblings, and community members. Students learn to think differently and learn that they can question authority as long as they are constructive and offer solutions. These programs put the young people involved on a trajectory to be very productive in shaping society, Flores said. Targeting policy, systems, and environmental change through programs such as obesity prevention is a gateway to thinking beyond illness to the overall community conditions that foster community health. Reflecting on this panel and on the keynote address by Manuel Pastor, Flores said that workshop participants came to the conversation not as blank slates, but with all of their own traditions, lessons learned, and other influences. Some participants had experienced harder knocks than others, but all certainly came with points of view that need to be taken into account when working toward community improvement.

David Kindig added his observation that it is not only the effectiveness of these efforts in making policy changes that is important, but also the degree to which some of the youth are growing in leadership potential. He concurred with Marshall that people often think of going up against an enemy or antagonist, but it is the policy or the program, not the people or the institutions, that should be the focus of change efforts.

Scale

The presentations in this session prompted further discussion of spread and scale. Marshall noted that Rethink has been approached by others in Louisiana about starting Rethink chapters elsewhere. While Rethink can relate to what is happening in other places, she said, the group is effective because its work is contextual and deeply rooted in a particular community. As such, rather than starting Rethink chapters elsewhere, the group shares what it has done and the lessons learned in order to support others in starting similar efforts. Another consideration is capacity, and Marshall said that there are only a certain number of Rethinkers that organizers can effectively work with at one time. Rethink is building capacity by taking on high school and college students as interns. However, Rethink is careful not to grow just for the sake of growing. There are other issues and other ways of doing things, Marshall acknowledged, and Rethink also supports and guides students in starting their own movements, their own nonprofits, or other efforts.

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Lacrosse agreed with Marshall on capacity as a consideration in scaling up efforts. While acknowledging that there are other health issues in the community, she reiterated that Jóvenes SANOS wants to focus on reducing obesity until the task is complete. Having received a foundation grant, the group plans to pilot the Jóvenes SANOS curriculum in several different communities in California. It is looking for partners to help it identify which communities have the most urgent need and are most similar to Watsonville, so that the efforts can be most effective. All communities are different, but Jóvenes SANOS has certain tools and skills to share, and as part of its focus on equity and justice, it can help guide the communities in defining their issues.

Vasquez said that one way of engaging youth is through mentoring—by adults and other youth—and added that this can be very influential in setting the models that youth choose to emulate. Social media are also incredibly influential in gaining the attention of many youth. Statements and videos that youth post on Facebook and YouTube about their own lives and their own communities can garner millions of hits (i.e., readers and viewers).

Measuring Success

A participant asked whether there had been any formal evaluation or if there was any anecdotal evidence of the impact of the youth-organizing activities on the health of the community. Lacrosse responded that a key measure of success for Jóvenes SANOS is seeing the youth grow into emerging leaders and the increasing influence they have on their communities. Certainly, there is evidence in the built environment where, for example, some of the markets Jóvenes SANOS has worked with now display fewer advertisements for cigarettes and soda, have more healthy advertising, and have healthy foods near the checkout for easy access. Lacrosse noted that each of the five markets the group has worked with is different, and progress cannot be measured the same way in each store. Lacrosse said that at first many restaurants complied with the healthy options ordinance in an effort to get the Golden Carrot Award from the city for the healthiest restaurant. However, after several years interest waned, restaurants no longer complied, and it was discovered that most of the new restaurants did not know about the ordinance or the award. Lacrosse added that it can be difficult to attribute change specifically to Jóvenes SANOS activities. Many restaurants are now making changes on their own (i.e., not as a result of working with Jóvenes SANOS), but these changes may be associated with all of the work Jóvenes SANOS has done to influence the culture and the norms.

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Another example of impact was provided by Marshall, who said that after each annual school food report card press conference, the Rethinkers record all of the promises that various administrators have made, and they spend the next year "holding the administration's feet to the fire" about particular changes. After one school received a grade of F for its food, it reached out to Rethink for help in providing fresh food. Marshall said that the Rethinkers on the garden committee worked with that school to design and build a garden, and they worked with the students to teach them how to take care of it.

Marshall said that the youth participatory action research project at Rethink is partnering with the Institute of Women and Ethnic Studies and several other youth-oriented nonprofit organizations in New Orleans to understand the mental health aspects of youth organizing. She said studies suggest that the process of being involved in organizing, in and of itself, has a positive effect on both physical and mental health. Being able to take action in a particular situation has proven to help many young people dealing with trauma to have a sense of agency and empowerment. On the topic of metrics and data collection, Marshall said that every Rethink project and program is subject to robust evaluation. Because most of what Rethink does is based on participatory pedagogy, the youth design the evaluation and define the metrics of success before the projects starts, and they continually reevaluate the data during and after the project.

Workforce Development

Many participants discussed further the issue raised by Willems Van Dijk of developing talent from within the community. George Isham, a senior advisor at Health Partners, said that part of investing in a community is hiring locally for projects instead of bringing in people from outside who then go home to communities elsewhere. When experts are brought in, he asked, how can their skills and expertise be shared with the community, in turn leading to the creation of meaningful jobs for community members when they leave?

Melissa Simon, an associate professor in obstetrics and gynecology, general and preventive medicine, and medical social sciences at Northwestern University Feinberg School of Medicine and moderator of the third workshop panel, shared her personal experience coming from the "bottom 1 percent in Detroit" and rising through the ranks of academia to a leadership position. She recalled being told many times the things she would never accomplish, including getting into and graduating from college and getting into and graduating from medical school. She reiterated

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the importance of youth organizing, noting that what helped her most was being involved in organizing the Latino students at the University of Chicago when she was a student there. "It really was important to me to do the work because it has influenced everything I have done thereafter," she said. "So, with my lived experience I can bridge to that world." She said that she hoped to see more people like her return to the communities they came from to help empower others. She noted that physicians who come from underrepresented minority groups are more likely to return to those communities to work. The same thing is true for researchers and community-engaged research and participatory research. It is workforce development, specifically, developing the talent in our communities, that helps individuals come together to participate in eliminating the health disparities which impact population health, she said.

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Organizing Around the Social Determinants of Health

The second panel of the workshop discussed community organizing as a key method for addressing the social determinants of health (e.g., housing, education, wages, and exposure to violence). Recalling the comments by keynote speaker Manuel Pastor on community organizing as an ecosystem, moderator Kate Hess Pace, the lead organizer for the PICO Center for Health Organizing at the PICO National Network,[1] said that community organizing has traditionally been fairly siloed in the sense that individual groups tend to focus on individual problems and ignore others, even those that may be connected. However, there is no one program or solution that will fix all of the problems in a community. Hess Pace described the two panelists in this session as being "on the cutting edge" of a new approach to community organizing that focuses on creating relationships and ecosystems for real, transformative change. Marqueece Harris-Dawson, the executive director of Community Coalition of South Los Angeles (CoCo), discussed community building as a key aspect of community organizing for improved health. Phyllis Hill, lead organizer for ISAIAH[2] in Minnesota, described her organization's focus on the links between health, economic security, and equity. As summarized by Hess Pace in the discussion that followed, the process of

[1] PICO is a national network of faith-based organizations that is focused on robust community organizing to help people develop a sense of agency to affect the decisions and resources that affect their lives. See http://www.piconetwork.org (accessed August 15, 2014).

[2] For more information see http://www.isaiah-mn.org (accessed August 15, 2014).

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public engagement and organizing can be as important as the outcome, and projects such as these can influence the health and lives of community members well beyond the original stated goals.

BUILDING COMMUNITY: COMMUNITY COALITION OF SOUTH LOS ANGELES

The focus of community organizing has traditionally been on what he characterized as policy wins, when communities are successful at getting the city involved in addressing problems, said Marqueece Harris-Dawson, the executive director of CoCo.[3] As an example, he said that the Community Coalition has learned that in their community a corner liquor store not only contributes to alcohol addiction, but it can also be the site of sex trafficking and illegal drug trafficking, which eventually leads to violence, which often leads to homicide. This one community element leads to the formation of a whole system that supports and encourages behaviors that are deleterious to life and health. In such a situation, the community organizing approach taken by CoCo would be to engage everyone affected by this liquor store (people who live around or drive by the site, children and families that have to walk by it to go to school, and families who have lost members to what is going on at that liquor store) to share their stories and persuade the city to enforce existing laws and also to close the liquor stores. It is relatively easy to evaluate this type of work by enumerating the number of liquor stores closed and to use police department data to show that, for example, within a half-mile radius of every store closed, violent crime calls have decreased by a particular percentage. This type of real data can be used to highlight the organization's impact and success, Harris-Dawson said.

As discussed by Pastor, over time the focus of community organizing has been shifting toward community building. Community Coalition went through a strategic planning process, and decided to invite members of the community to help them shape future activities. Community members shared their experiences with the organization, and discussed what they would like to see going forward. As expected, Harris-Dawson said, people were very pleased with the elimination of the liquor stores and the associated negative elements. However, what was more important to them than the physical change was the process of creating that change. That process, which included door-to-door campaigning, community meetings, and public hearings, brought the community together. As a result, Community Coalition is now emphasizing the community building aspect as much as the policy aspect. Communities can work

[3] For more information see http://www.cocosouthla.org (accessed August 15, 2014).

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toward changing their conditions without the permission of the state or the government, Harris-Dawson said. For example, people can decide to park their cars around the liquor store and open a fruit stand in the parking lot, encouraging community members to come by and deter illicit activity.

Harris-Dawson described a campaign to reclaim Martin Luther King, Jr., Park in South Los Angeles. The park was marred by violence because it was surrounded by liquor stores, pawnshops, and motels that rent rooms by the hour specifically to facilitate prostitution. Community Coalition surveyed residents about their perceptions of their neighborhood and found that people felt that the park was by far the most dangerous part of the neighborhood. In fact, many reported that they took circuitous routes home so they did not have to pass by the park, Harris-Dawson said. Although many residents said that they thought there was nothing that could be done, they were still willing to come to meetings.

Bringing activities that appeal to a broad range of people into a public space generally drives out much of the negative activity. With this in mind, Harris-Dawson said, a variety of activities were set up in the park, including a ballet class, a chess league, a video game league, boxing lessons, a Little League baseball team, a basketball league, and a tennis league. Harris-Dawson noted that these are activities that parents pay for in middle-class communities, but they were provided for free to residents at the park. Before the end of summer, the park was completely full at all times of the day with people engaging in activities together. The crime rate, the violence, and the feeling of danger residents had felt decreased dramatically. Importantly, Harris-Dawson said, now that the organizers have stepped back from day-to-day involvement (knocking on doors, going to neighborhood meetings, organizing block parties, and so on), much of the activity continues to go on as people in the neighborhood continue to work together and build their communities. People feel safer, and there is an actual increase in safety and a decline in violent activity, he said. People walk and play where they never could do so before. Most importantly, people understand now that they do not have to accept an undesirable situation and that something can be done about it if they organize together with others who feel the same way. Community building also means helping business owners transform their business into more desirable ventures. Rather than driving the liquor store owner out of business through the force of the state, the community should instead help the owner open a grocery or other business. In closing, Harris-Dawson said that building community is as beneficial as, if not more beneficial than, effecting a change in policy.

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COMMUNITY ORGANIZING FOR RACIAL AND HEALTH EQUITY: ISAIAH

Community Organizing

ISAIAH[4] is a faith-based, nonprofit organization of 100 congregations in the Twin Cities of Minneapolis and St. Paul and in outer Greater Minnesota which focuses on racial and economic equity in the state. For ISAIAH, community organizing is "a set of disciplined and strategic practices to build a democratic and collective power to assure the conditions in which communities can thrive" said Phyllis Hill, the lead organizer for ISAIAH. The focus is on extensive leadership development and grassroots leadership as well as on building democratic, accountable, sustainable, community-driven organizations. Hill added that ISAIAH is specifically interested in the links among health, economic security, and equity. ISAIAH's approach to community organizing, which is similar to that of other organizations, is a cycle of one-on-one relationship building, research, and action (see Figure 4-1). The power to tackle these issues, Hill said, comes from three factors: direct political involvement (e.g., actions, rallies), organizational infrastructure (i.e., building a strong base), and ideology and worldview (the "narrative").

Integration in Minnesota

In Minnesota, health, education, and wealth indicators show a growing gap between whites and people of color, Hill said.[5] Minnesota has historically valued and made progress toward integration, but racial segregation in Minnesota schools persists and is getting worse in many places despite such efforts as choice programs, magnet schools, and integration funding. A school system may be integrated, and there may be a diverse group of people living in proximity to one another in the same town, but the schools themselves can still be segregated—that is, different races can live in different parts of town and therefore go to different schools. Even within a school there can be forms of segregation, Hill said. For example, children of color may not be in the advanced or college prep classes. For

[4] For more information see http://www.isaiah-mn.org (accessed August 15, 2014).

[5] See, for example, Disparity analysis: A review of disparities between White Minnesotans and other racial groups, prepared for State of Minnesota Council on Black Minnesotans by Jonathan M. Rose, available at http://mn.gov/cobm/pdf/COBM%20-%202013%20Research%20Report%20on%20Disparities.pdf (accessed July 25, 2014), and also http://www.wilder.org/Wilder-Reasearch/Publications/Studies/The%20High%20Quality%20of%20Life%20in%20Minnesota/The%20High%20Quality%20of%20Life%20in%20MMinnesot%20-%20Not%20Equally%20Shared%20by%20All.pdf (accessed July 25, 2014).

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FIGURE 4-1 ISAIAH's approach to community organizing.
SOURCES: Hill presentation, April 10, 2014, and HIP, 2013.

Minnesotans age 18 and under, one in three is a person of color. Fifty-six percent of African Americans and 59 percent of Latino students graduated from high school in 2013, compared to 85 percent of white students. This is one of the largest disparities in the country, Hill noted.

Minnesota has a program called The Choice Is Yours, which is an open-enrollment program that allows inner-city, low-income students to attend suburban schools. In order to participate in open enrollment, students must live in Minneapolis and qualify for the free or reduced-price lunch program. The problem, Hill said, is that choice is limited by access. Families with more financial and transportation resources or more time available outside of work, for example, have more choices than families who do not have these resources. Hill added that because of disparities in income, wealth, employment, and other resources that are correlated with race, access to school choice has become racialized.[6]

Minnesota has an integration revenue funding stream of about $108 million per year. The funding was intended to help schools with

[6] For more information on school choice and racial segregation in Minnesota see http://www.law.umn.edu/uploads/30/c7/30c7d1fd89a6b132c81b36b37a79e9e1/Open-Enrollment-and-Racial-Segregation-Final.pdf (accessed July 25, 2014).

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integration efforts, Hill said, but because schools were strapped for funding, it was being used as discretionary money. The state House and Senate decided that since the funding was not being used for its intended purpose and because there was a huge education gap in Minnesota, the money should be repurposed. The state formed a 12-member Integration Revenue Replacement Task Force, which met in 2012 to develop recommendations to improve integration funding mechanisms. ISAIAH and other organizations called for communities of color to be at the table to raise the issues of equity and disparities and to begin to redefine integration, both in the classroom and in society. The ISAIAH Education and Health Committees monitored the process, and ISAIAH decided that a health impact assessment would be an effective tool with which to begin to build the narrative to address the harsh realities of integration and equity in Minnesota.

Rapid Health Impact Assessment of School Integration Strategies in Minnesota

The health impact assessment (HIA), conducted jointly by ISAIAH and Human Impact Partners, focused on the recommendations drafted by the state task force and on the potential health effects of the associated state legislation.[7] The process and outcome were equally important, Hill said. The goal was to have a diverse group of people at the table who understood equity, power, and community agency and who would ask questions. Redefining integration and school choice would involve understanding racial wounds, forging new understanding and meaning, and creating a new narrative for integration and opportunity. Hill emphasized that it was essential that the research be co-owned and created by the stakeholders.

The HIA was completed in three months so that the results could be used to inform the legislation that would be based on the state task force's recommendations. This rapid timeline was possible, in part, because the relationships ISAIAH established over time allowed for timely organization. A 12-member stakeholder panel that convened to guide the HIA included ISAIAH members, teachers, a school district administrator, a school board member, parents, academic researchers, racial justice advocates, and a member of the state Integration Revenue Replacement Task Force. In response to a question, Hill noted that even though there was

[7] A health impact assessment is a structured evidence-based process in which a range of factors, including economic, environment, social, political, and psychological are considered in terms of how they impact the health of a population see http://www.ph.ucla.edu/hs/health-impact/whatishia.htm (accessed July 14, 2014).

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diversity on the panel, not all groups were represented. For example, there was no one from Minneapolis's sizable Somali or Hmong populations. Although there are churches among these populations and ISAIAH organizes churches, ISAIAH has not managed to connect with these particular groups, she said. The challenge for ISAIAH now is to develop authentic relationships with organizers in these communities.

Taking a holistic point of view, ISAIAH used the definition of integration developed by civil rights scholar John Powell:

> True integration moves beyond desegregation, beyond removing legal barriers and simply placing together students of different races. It means bringing students together under conditions of equality, emphasizing common goals, and de-emphasizing personal competition. True integration in our schools, then, is transformative rather than assimilative. That is, while desegregation assimilates minorities into the mainstream, true integration transforms the mainstream. (Powell, 2005, p. 297)

Hill drew participants' attention to the last sentence and said that the goal of ISAIAH is to change the narrative and transform the mainstream. She shared several observations about integration from the HIA process. First, the issue of integration is very personal for people, and in some cases people have old or current wounds they have not discussed in public before. Often integration has been defined by a segment of the community that does not include people of color. In Minnesota though there are predominantly white schools, the only schools that are labeled "racially isolated," are predominantly students of color, Hill said.[8]

Another issue of much discussion during the HIA was critical race theory. The community challenged the research practitioners to question what they were reading to inform the development of the HIA, why were they reading it, how they were reading it, and whether what they were reading fit in with the community or their personal experiences. These were tension-filled conversations, Hill said, because ISAIAH was challenging the researchers to think in a different way and not to just read standard materials that reinforced the dominant narrative around integration.

HIA Results

The HIA studied the potential impacts of school integration funding on health in two areas: benefits through educational achievement and

[8] For the language in the Minnesota Statute on "racially isolated school districts" see the Minnesota Administrative Rules 3535.0110 Definitions. Subpart 7. Available at https://www.revisor.leg.state.mn.us/rules/?id=3535.0110 (accessed July 25, 2014).

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benefits through cross-cultural connections (HIP, 2013), Hill said. The results suggest that supporting school integration leads to improved life expectancy and mortality; improved physical, mental, and social health; improved health behaviors; increased jobs, income, and access to benefits and improved housing; and decreased trauma, stress, and obesity (see Figure 4-2). The overall impact is very positive not just for students, but for the whole state of Minnesota, Hill said.

SUMMARY

THE IMPACTS OF SCHOOL INTEGRATION FUNDING ON HEALTH (HF0247/SF0711)*		
	THROUGH EDUCATIONAL ACHIEVEMENT	THROUGH CROSS-RACE CONNECTION
HEALTH OUTCOMES	• Improved life-expectancy and mortality • Improved health behaviors (e.g., exercise, nutrition, timeliness of health care check-ups) • Increased job income and access to benefits, which have many health impacts (e.g., lifespan) • Decreased overweight and obesity • Decreased stress • Improved housing, which has many health impacts (e.g., reduced asthma)	• Improved mental health (e.g., reduced anxiety, depression, stress) • Decreased trauma (physical and mental) • Improved health behaviors (e.g., smoking) • Improved physical health (e.g., high blood pressure, low birth weight births) • Improved social health (e.g., sharing, cooperation, comfort in multiracial settings)
MAGNITUDE OF IMPACTS	High (220,000 children)	High (840,000 children)
SEVERITY OF IMPACTS	**Affects lifespan and daily function**	**Affects lifespan and daily function**
DIRECTION OF IMPACTS:		
HF0247/SF0711 does not pass	−	−
HF0247/SF0711 as introduced is passed	~	~
HF0247/SF0711 is amended and passed	~ +	~ +
HF0247/SF0711 is amended and passed and other policies supporting educational equity are also passed	+	+

* See full report for details.

− = positive health outcomes not realized
~ = some positive health outcomes realized and some positive health outcomes not realized
+ = positive health outcomes realized

FIGURE 4-2 Summary of results of the health impact assessment evaluating the health impacts of Minnesota bill HF0247/SF0711 to reauthorize integration funding for schools.
SOURCES: Hill presentation, April 10, 2014, and HIP, 2013.

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Outcomes from the HIA include the integration funding reauthorization (the Minnesota Achievement and Integration Program), which was passed as part of the 2013 state budget package.[9] Hill noted that the final language in the bill mostly followed or exceeded the recommendations from the HIA. The Minnesota Department of Health provided a report on health equity to the legislature that considered, among other factors, how structural racism is a barrier to achieving health equity for people of color.[10] The HIA has also been the impetus for more work to come, Hill said. The commissioners of education and health have initiated a discussion on starting a Health in All Policies initiative, and the Minnesota Department of Health will be conducting an HIA on school discipline policies. A task force is also being assembled to rewrite the desegregation rule because it has been ineffective and there is no incentive for schools to desegregate.

DISCUSSION

Community organizing may look different in different places, but the goal of all community organizing is bringing people together to build relationships and change the conditions in which they live, summarized moderator Hess Pace. The process of public engagement and organizing is as important as the outcome. Both panelists discussed the importance of building equitable processes that draw people in and create a co-ownership of issues and visions as well as creating space to advocate for change. The examples discussed by the panelists also show how these projects can have broad effects on the health and lives of people in these communities, far beyond their original stated goals.

Access

A participant noted that the narrative around integration is not just about race but about access. Hill concurred and said that housing, for example, is about access to opportunity. In Minneapolis, many people of color live on the North Side. If people want to live together in a community, as a community they need to ask how they can create policies or infrastructure to ensure that some people are not cut off from opportunity (e.g., education, transportation, jobs). In many cases, policy makers do

[9] Minnesota House of Representatives, HF 630 Article 3, Sec. 29, Subd. 18. For more information on the program see the Minnesota Department of Education available at http://education.state.mn.us/MDE/SchSup/SchFin/Integ (accessed July 15, 2014).

[10] The executive summary, recommendations, definitions of health equity terminology, and full report are available at http://www.health.state.mn.us/divs/chs/healthequity (accessed July 15, 2014).

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not realize that their policies cut people off from opportunity. This is why Hill and her colleagues encourage policy makers to conduct an HIA or otherwise assess how a policy will affect people of color before making decisions. Integration for the sake of integration may not lead to the best outcome.

Collective Impact

Panelists were asked how their organizations are working across races and cultural groups to achieve collective impact for people from different traditions and with different experiences. Harris-Dawson explained that Community Coalition has been an African-American and Latino organization from the outset because that is the main demographic of South Los Angeles, but there are members of other demographic groups represented in the community, including different Asian populations. He stressed the importance of direct interaction with members of the community, adding that no amount of study or research can replace an actual conversation. Immigrants do not aspire to come to America and open a liquor store in the middle of a violent community. Helping them achieve their goals can coincide with helping the community get to where it wants to be as well. A characteristic that most citizens in Los Angeles have in common is that they are not indigenous; people came to California to live out their dreams and have a good quality of life. Organizers can build unity and campaigns around that theme. Hill said that the congregations that ISAIAH works with are largely African American, white, Latino, or multiracial, and she acknowledged that churches are also racialized. She stated that it is also necessary to have conversations about individual beliefs and faith in order to become a strong organization that can authentically speak about race and integration.

Health Impact Assessments

Many participants discussed the value of the HIA as a tool to help focus on health as part of a bigger issue. Hill noted that it was a public health nurse at ISAIAH who first championed the social determinants of health as a consideration. That same individual is now the assistant commissioner of health and uses her community-organizing skills to organize public health organizations to look at equity and to view the HIA as a tool the community should use. Hill said that there have been many efforts that bring public health and organizing groups together, and these groups have expressed interest in using HIAs to advance their work in Minnesota.

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Differing Definitions of Community

A participant pointed out the different uses of the term "community" and the importance of understanding what different groups mean when they use the word. From her perspective as a white person, community is a physical concept that includes school, jobs, social determinants of health, the ability to bike or walk, etc. Conversations with people of color however, revealed that some used community to refer to others of the same race or culture (e.g., all the Latinos in the state). Harris-Dawson agreed that community has different meanings for different people. In some cases, community is used instead of mentioning a particular race because of concerns about singling out a specific group. It is the role of the organizer to define what the term community means at the outset and reinforce it throughout the process, he said.

Finding the "Right" Experts for Partnerships

Participants discussed the role and relationship of traditional experts such as academic partners and public health partners in organizing. Harris-Dawson described three types of experts: scientists who are looking at these projects dispassionately as an experiment; people interested in being around the project and writing about it, but who are not invested in it in any way; and people who are activist experts who want to help with the strategy and be there throughout the process and who are willing to put their names on the work to help advance the agenda. Obviously, he said, people in the third category are the desirable partners.

Hill said that ISAIAH engaged researchers to share, from their point of view, what they thought the main issues were concerning education and health, specifically with regard to equity. It was very important that experts could effectively communicate with and relate to communities of color. Harris-Dawson added that having people, such as professors or health care professionals, tell their stories gives one a sense of their values, where they are coming from, and whether their interest is in making a difference for the community or just doing a study for themselves. The parts of the story they emphasize tell a lot about what is important to them and what type of working relationship an individual is likely to have with them.

Focusing on Health to Improve Education Equity

Hill was asked why ISAIAH chose to frame the integration-in-education issue around health rather than, for example, educational outcomes. She responded that using a health frame—and the HIA tool

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The Role and Potential of Communities in Population Health Improvement: Workshop Summary

in particular—helped to legitimize their concerns by providing credible research and a way for legislatures to engage. The health framework brings people out of their silos and addresses the child holistically. Children enter the classroom with a need to learn, but they may be coming to school hungry or homeless or under a variety of stresses. The health framework widened the conversation about education beyond the classroom.

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5

How Institutions Work with Communities

The third panel of the workshop considered the role of institutions (academic, government, and private) in working with communities to build capacity and support change. An example of how a university can partner with community-based groups was provided by Jomella Watson-Thompson, an assistant professor in the Department of Applied Behavioral Sciences and the associate director for Community Participation and Research and the University of Kansas (KU) Work Group for Community Health and Development. Renee Canady, the chief executive officer of the Michigan Public Health Institute, discussed achieving collective impact through collaboration from her perspective as a former county health officer. Individual participants then discussed the importance of engaging the private sector as partners, the importance of collecting data with utility in mind, and, again, how to scale community organizing efforts. The discussion was moderated by Melissa Simon, an associate professor in obstetrics and gynecology, general and preventive medicine, and medical social sciences at the Northwestern University Feinberg School of Medicine.

MULTISECTOR PARTNERSHIPS

KU partners with various community-based groups, from grassroots neighborhood-based organizations to state and local departments, to build community capacity to support change and improvement, said Watson-Thompson from KU. Referring to a famous quote from Margaret

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Mead—"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed it is the only thing that ever has." Watson-Thompson said that such small groups of individuals can be found in neighborhoods, in agencies and universities, and in organizations, including faith communities.

The Power of Partnerships

Watson-Thompson described to the workshop her first personal experience with capacity building, which took place in 1997. A father of four young children in the Ivanhoe neighborhood of Kansas City had become frustrated with the ills in his neighborhood, which included crime, drugs, and vacant housing, and he and his wife began to organize prayer vigils and other activities in the community. The couple then began to work with other groups that had expertise in community organization and mobilizing. The KU Work Group for Community Health and Development[1] provided technical support and training. Seventeen years later, the Ivanhoe Neighborhood Council[2] is still committed to neighborhood improvement. Echoing the comments of other presenters, Watson-Thompson said that a key element in the success of that effort was the provision of adult development (community education, training, and capacity-building activities) to help those in the community come together, solve their own problems, and sustain progress after the technical advisers left.

Watson-Thompson described how more than 100 block leaders came together to develop block-level plans to support change and improvement. These leaders also engaged in multi-sector partnership with academia (the KU Work Group), businesses, government agencies, schools, and residents. The KU Work Group facilitated 117 community changes, which led to improvements in various community outcomes, including housing and crime. Over a 4-year period, there was a 54 percent increase in housing loan applications, a 17 percent decrease in violent crime, and a 20 percent decrease in non-violent crime. After addressing the most pressing needs, the Ivanhoe Neighborhood Council moved on to other community needs, such as parks and farmers markets. This is an example of a general principle in community organizing, Watson-Thompson said: If one person in a community steps up and leads, others will join.

In another multisector partnership, the KU Work Group worked with the Kansas Department of Social and Rehabilitation Services and with community coalitions in 14 Kansas counties to address underage drinking using the Kansas Strategic Prevention Framework State Incentive Grant. Overall,

[1] For more information see https://communityhealth.ku.edu (accessed August 15, 2014).
[2] See http://www.incthrives.org (accessed August 15, 2014).

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Watson-Thompson said, there were 802 program policy changes implemented through engaging 12 sectors of the community, which resulted in a 9.6 percent decrease in self-reported 30-day alcohol use by youth in the 14 counties. This initiative has become a model in Kansas for how to support prevention work, Watson-Thompson said. Another example is the Latino Health for All Coalition, which works to address disparities in cardiovascular disease and diabetes in Kansas City by providing access to healthier foods, safe activities, and health care. The collaborative partnership supported 41 program, policy, and practice changes over the initial 3-year program period.[3]

Watson-Thompson said that each of these successful efforts adhered to three key principles for supporting population-level improvement:

- Focus on the outcome. Work with community partners to identify the behaviors that need to be changed at the community and population levels.
- Change the environment. Transform the community conditions to promote health and well-being.
- Support the change process. Take action to assess, plan, act, intervene, evaluate, and sustain.

A Collaborative Action Framework for Population-Level Improvements

To guide the process of working with community partners, the KU Work Group adapted the Institute of Medicine (IOM) Framework for Collaborative Public Health Action in Communities (IOM, 2003, p. 178) (see Figure 5-1). All activity is implemented based upon the direction of the community partners, Watson-Thompson said. The key responsibility of the academic partner is to support the ability of other partners to implement these processes (see Table 5-1). Watson-Thompson stressed that this is not prescribing the process to the other partners, but rather providing the support so that they can implement and maintain the processes (Fawcett et al., 2010).

Change and improvement in communities is the result of comprehensive interventions. While single-dose (i.e., one-program) interventions are important, Watson-Thompson said that addressing complex and interrelated problems requires an influx of program, policy, and practice changes. When these community- and system-level changes are of suf-

[3] A review of collaborative partnerships may be found at http://www.ncbi.nlm.nih.gov/pubmed/10884958 (accessed July 25, 2014).

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The Role and Potential of Communities in Population Health Improvement: Workshop Summary

FIGURE 5-1 Framework for collaborative action for improving health and development.
SOURCE: Watson-Thompson presentation, April 10, 2014, adapted from IOM, 2003, Figure 4-1, p. 178.

ficient intensity and penetration, they can achieve population-level outcomes (Fawcett et al., 2003).

Watson-Thompson highlighted several core principles, assumptions, and values that guide the KU Work Group on community and health development. Improvements are directed toward the population and require change both in behaviors of groups of people and in the conditions of the environment. Issues should be determined by those most affected, she said, and attention should be on the broader social determinants of health. Because these are influenced by multiple interrelated factors, single interventions are unlikely to be sufficient. Change requires

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TABLE 5-1 Best Processes for Capacity and Change Identified by Watson-Thompson and Others

Framework Components	Collaborative Processes
Assess, prioritize, plan	• Analyze information about problem/goal • Establish a vision and mission
Implement targeted action	• Develop framework/model • Develop and implement strategic plan • Define organizational structure • Develop leadership
Change community conditions	• Community mobilization • Implement effective interventions • Assure technical assistance
Achieve widespread behavior change	• Document progress and use feedback
Improve population-level outcomes	• Sustain the work • Make outcomes matter

SOURCE: Watson-Thompson presentation, April 10, 2014, adapted from Fawcett et al., 2010.

engaging diverse groups across sectors as well as collaboration among multiple partners. Finally, she concluded, partners are catalysts for change, building the capacity to address what matters to people in the community.

Challenges and Opportunities for Academic Institutions

In closing, Watson-Thompson said that the community members are the experts and the researchers are co-learners in the process. It is important to build trust and rapport with community partners and to assure early wins to build shared success and empower the community. This requires an infusion of resources and a commitment over time and across people (i.e., across changes in leadership). It is important to stay at the table and to be part of the process and, as noted by others, also to make sure to contribute to the community. Academia is a base for supporting change and improving the community, and it is the collective responsibility of academics working with communities to have collective impact, she concluded. The key aim, Watson-Thompson said, is to have "community-engaged scholarship" where collaborative research, teaching, and public service is integrated.

COLLABORATION AND COLLECTIVE IMPACT

Canady shared her perspectives on collaboration and collective impact based on her prior experiences as health officer for the Ingham County, Michigan Health Department. Collective impact is "long-term

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commitments by a group of important actors from different sectors to a common agenda for solving a specific problem," she said. "Their actions are supported by a shared measurement system, mutually reinforcing activities, and ongoing communication, and are staffed by an independent backbone organization."

Collaboration is not the same as community engagement, which is not the same as community organizing, which is not the same as collective impact, she said. Citing Edmonson (2012), she explained that collaboration is about convening around programs and initiatives while declaring neutrality, whereas collective impact is more about working together to move outcomes. While collaboration uses data to prove things, collective impact tries to improve things. Collaboration is usually something in addition to what people already do, while collective impact entails integrating practices that get results into everyday work. Finally, collaboration is often about advocating for ideas, while collective impact advocates for what works. As an example, Canady said that when public health practitioners were focused on childhood obesity, the community responded that if children do not live to be 10, it does not matter if they are fat. In other words, violence and safety were the primary concerns of the community, and public health officials needed to shift their focus to address that. As defined by the Leadership Development National Excellence Collaborative,[4] collaborative leadership in public health means that all the people affected by the decision are a part of the process, and the more that power is shared, the more power all of us working together have to use, Canady said.

Authentic Collaboration Between Institutions and Communities

Canady described three spheres of influence in a model of authentic collaboration between institutions and communities: leadership, the community, and the workforce. There is endorsement by leadership; engagement of, or advocacy by, community members who want to create change; and a workforce that is empowered to respond and to challenge the status quo. Collectively, the impact of the three together is greater than that of any one alone. In many cases, Canady noted, one person represents more than one sphere.

As an example, Canady said that in 1998 the Ingham County Health Department received a grant from the W.K. Kellogg Foundation's Community Voices: Healthcare for the Underserved initiative to increase access to health care through community engagement. As part of its funded work, Ingham County began facilitated dialogues to discuss how

[4] See http://www.collaborativeleadership.org (accessed July 24, 2014).

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to get community groups, organizations, and neighborhoods to see health department resources as their assets and how to get the health department to view the community's assets as its greatest resource. Canady characterized these dialogues as emerging out of the need to recognize the "web of mutuality" between health departments and communities.[5] An outgrowth of these dialogues was the establishment of institutions and organizations that began to work with the health department on these issues, including the African-American Health Institute, the Lansing Latino Health Alliance, and others. These exist, Canady said, because the community drove the health department to use its power to establish those entities. Relationships were also established with leadership in the Mayor's Initiative on Race and Diversity.

Another example of establishing relationships to mobilize community assets for change in Ingham County is the Power of We Consortium (see Figure 5-2). Canady described how the directors of different human services agencies met regularly to ensure there was no redundancy in their services. Canady said that likely because of the mutual dialogue and learning they received individually and institutionally, they realized that others should be at the table joining them. Over time, what was called the human services collaborative, was opened up to the community and the Power of We Consortium was formed. The consortium, Canady said, is a network of networks, comprised of 12 issue-based coalitions as well as other community partners and stakeholders which come together once per month to work on issues of common interest and to hold each other accountable.

Canady also described two current activities in Ingham County that are part of a statewide push for public health professionals to partner with community organizers and to view the community as partners rather than as clients. The Building Bridges Initiative is focused on mobilizing community partnerships to identify and solve health problems and on informing, educating, and empowering people about health issues. The Power to Thrive movement is building a shared culture for change and action, bringing together local health departments, the state department of health, and community organizing entities to consider public health issues in a local context. Canady explained that the movement's goal is to establish a model of synergy that allows for candid and authentic conversations and discussions that move toward action.

[5] Canady mentioned Martin Luther King, Jr., and was likely referring to King's "Letter from Birmingham Jail," where he discussed the "network of mutuality" in which whatever threat is faced directly by one, indirectly affects all. Available at http://mlk-kpp01.stanford.edu/index.php/resources/article/annotated_letter_from_birmingham (accessed July 16, 2014).

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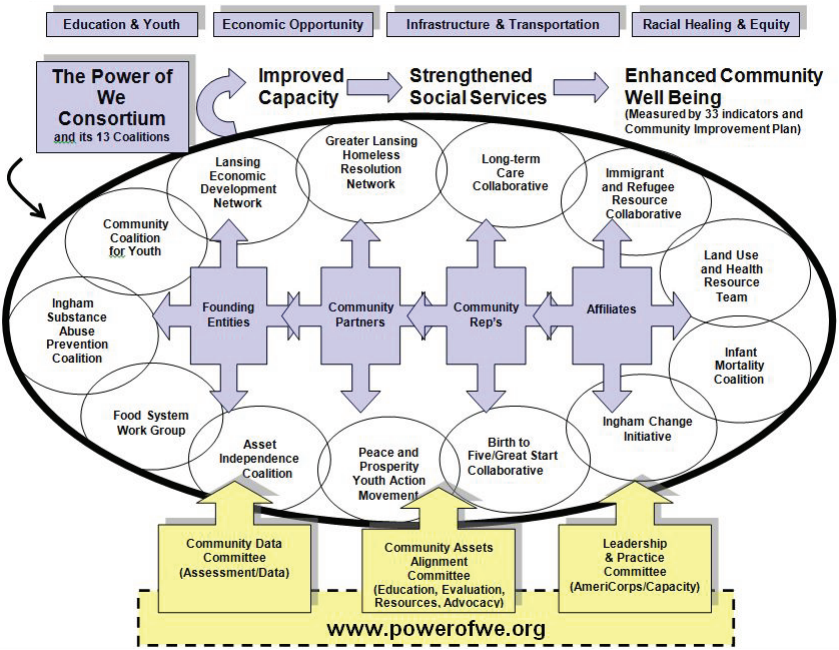

FIGURE 5-2 The Power of We Consortium structure.
NOTE: This figure has been updated since Canady presented it at the workshop, courtesy of the Power of We Consortium.
SOURCE: Provided by Power of We Consortium, 2014.

Facilitated Dialogue as a Vehicle for Change

Ingham County used facilitated dialogue as a vehicle for change. In implementing this methodology, it was important to establish what a dialogue is and to distinguish it from debate, training, or conversation. In a debate, Canady said, competing factions use persuasion to convince others of the "best" solution. In contrast, dialogue focuses on a common purpose, emphasizing listening, in order to identify multiple, complementary solutions. Training is a unidirectional flow of information, embracing what is known and teaching new solutions. Dialogue is a mutual exchange of information, embracing what is not known and discovering new solutions together. A conversation is a casual, undirected exploration where differences are marginalized. Dialogue, on the other hand, is a vigorous and directed exploration that welcomes differences (without debating them). The philosophy of the facilitated dialogue, Canady said, is that institutions should "get out of the way" and allow the solutions to emerge according to each community's vision for being healthy and whole.

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DISCUSSION

Melissa Simon, the panel moderator, summarized some of the key points from the panel presentations, and she noted that some of what was discussed circled back to what keynote speaker Manuel Pastor articulated earlier in the day about sharing power to harness more power (see Chapter 2). Simon noted that both panelists demonstrated the power of "we," and how sharing power among partners—be they organizers, academics, social and health service providers, policy makers, youth, fathers or mothers—speaks to the power of communities. This idea of network building from one person to many, helps propel this work and to scale it. Building powerful communities and community partners is an authentic part of creating change by establishing relationships that involve long-term commitment, mutuality, and shared visions and dreams that need to be reinforced and maintained over time.

Simon continued that it is apparent from the presentations that building a new narrative through facilitated dialogue involving a diversity of community partners can be a vehicle for change. This involves breaking down silos and building relationships with people across sectors. It also involves having authentic dialogues with people and moving beyond the surface to listen and learn from another person's story, she added. Simon also noted that concealed stories (as discussed by Karen Marshall in Chapter 3) needed to be heard more widely so they could be part of the dialogue shaping a shared vision for change. Simon added that achieving the kind of change discussed by the presenters may best be accomplished by rethinking how ecosystem partners can use their relationships strategically to amplify and champion this work through understanding that both the community and academic institutions have resources and assets to help each other.

Engaging the Private Sector

A participant stressed the importance of engaging private sector community partners in a meaningful way. Canady concurred and said that inviting small business owners and representatives to the table is important for discussions about fostering personal responsibility (e.g., what can be done structurally in stores to make sure that the healthy choice is the easy choice, rather than one that requires additional effort or resources). She mentioned the California Pay for Success/Social Impact Bond Initiative as an example of meaningful engagement of private partners.[6]

[6] Private investors fund preventative or interventional social services, and, if the program is a success, the government reimburses the investors with a return on their investment. See http://nonprofitfinancefund.org/pay-for-success (accessed July 24, 2014).

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Collecting Data with Utility in Mind

Many participants discussed the challenges of balancing academia's need for robust data with community members' weariness with data collection on issues that they think may be obvious (e.g., everyone in the community already knows they have limited access to fresh food). Phyllis Meadows remarked that community members often feel they can tell the researchers the answers to the questions they are researching, but the researchers end up simply describing the community's problems over and over, in different ways, or gathering data that does not seem useful to the community and does not help them advance.

Watson-Thompson agreed that there is a tension between the data that academic partners need to collect and the interpretation of that work by communities. She reiterated the value of engaging the community at the beginning of the process in identifying the questions that need to be examined, the different ways in which to examine them, and how best to share and use the results. The researcher's perspective on the types of data that are appropriate may differ from the community's perspective on what is meaningful or helpful to them. Data are only good if used, so sharing the data in a way that is understandable to the community is also essential. Traditional academic formats may not be an effective approach. The quantitative piece is more meaningful when matched with the qualitative (i.e., the stories). Watson-Thompson suggested that validity testing is needed to determine if what is being presented has meaning and utility for those it is intended to serve. She also noted the need to be bi-directional with learning and information-sharing processes. It is important to engage the community to educate academia about ways in which information can be presented and disseminated that are meaningful to them and to establish a culture of data-informed decision making that matters for both parties or entities involved. Canady added that the publish-or-perish mentality of academia also affects how researchers work with communities (see Chapter 6 for additional discussion on this topic). Simon reiterated the need to build a pipeline of research scientists, academics, and leaders coming from (and hopefully returning to) these communities.

Scale

As in other sessions, many participants in this session asked questions about how to take community aspirations and efforts to promote health to scale. Canady responded that although everyone is eager for rapid change, it took time to make the progress seen today, and it will take time to understand and achieve long-term change. The process, when done correctly, is leading toward something, she said. Citing the united

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efforts to respond to H1N1 pandemic influenza as an example, she said that agencies, institutions, and organizations have to come together, recognizing that each has its own agenda or self-interest, but understanding that there will be greater benefit from collective effort. As a community, we need to hold ourselves accountable to demonstrate what is different today compared to 6 months ago, 1 year ago, or 3 years ago, Canady said.

Organizing for Better Health Care

A question was raised about the potential role of community organizing in addressing the waste in health care in order to free up resources for population health and health equity. A participant suggested that patients and people in the communities need to push for quality care. Equity comes from quality across all metrics. Another participant said that organizing people around the cost efficiency of hospitals is not particularly interesting for most people, but there is a lot of public anger concerning costs that can be tapped.

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6

Reactions and Discussion

Population health outcomes, such as improved life expectancy and quality of life, are shaped by interdependent social, economic, environmental, genetic, behavioral, and health care factors and will require robust national and community-based policies and dependable resources to accomplish them, summarized George Isham, senior advisor at Health Partners and co-chair of the Institute of Medicine roundtable. This workshop focused on the role and impact of the community and community-based policies. In the final session, Isham shared his observations and called upon participants to share their reflections and suggestions for how to move forward. Many participants expressed optimism at the direction of the presentations and discussions and stressed the need to continue to intentionally connect with people in other institutions, take risks, and continue to drive progress. Several participants reiterated the emerging power of the youth voice and the importance of building leaders from within the community. The following topics were highlighted by roundtable members and participants as key takeaway messages from the presentations they heard.

SCOPE AND SCALE

An issue that was raised throughout the workshop was how to scale up community-organizing efforts, including how broad the scope needs to be to make a real difference in the community. Isham noted that not every community that faces health inequities or detrimental environ-

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mental influences on health has the level of active community involvement needed to begin to make change. How can the capacity for change in a community be fostered, encouraged, and scaled? What entity or resources need to be engaged to begin to organize those communities in which there is a need but for which organizing is not happening?

David Kindig, from the University of Wisconsin School of Medicine and Public Health, said that the interrelationships between the multiple determinants of health, particularly the social determinants, make it challenging to figure out what the right balance is, which issues should be addressed first, and what should be funded. The answers will vary from place to place since different communities have different needs. Each community needs to be involved in finding the balance and scope that best meets its needs, he said.

Cathy Basse from The Dow Chemical Company said that there is no single path to scale, just as there is no one sector that holds all the answers. Without a multisector collaboration that mobilizes resources to address these issues together, it will be difficult to bring community-organizing efforts to scale. Isham asked how the roundtable might play a role in engaging others beyond the roundtable and push forward. Another roundtable member suggested that the roundtable can, through its workshops and publications, demonstrate disparities in health and health access, the built environment, and other risks and discuss further the measures that could support the people who are energized to do this work.

THE IMPORTANCE OF THE NARRATIVE: TELLING THE STORIES

Phyllis Meadows of The Kresge Foundation and the University of Michigan School of Public Health pointed out that the conversation about the importance of connecting with the community is not new. She challenged participants to consider what can be done differently now to move the conversation beyond where it was two decades ago. She did note that 20 years ago there was a lot of discussion about "empowering the community" as if empowerment were something to be bestowed upon people, but at this workshop the discussion was of the power that is in communities and of the knowledge and expertise that community members can bring to the table as partners. Meadows added that it is refreshing to see this change in focus because communities are powerful. She added that "they do have expertise, they do have knowledge, and that is something that I think we really do have to reemphasize."

Kindig recalled that when discussing the need for better food in schools during the site visit with the students of InnerCity Struggle, a picture of a rotten cheese sandwich that was served at a school lunch was shown, instantly sparking much conversation. While professionals

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focus on epidemiology or quantitative goals, it is often the images and the narratives that are highly motivating for population health improvement. Isham suggested that it would be good to have more commentary on some of these issues from some of the youth voices whom the roundtable has heard from. Many participants were also struck by the various maps presented by keynote speaker Manuel Pastor during his presentation which showed quite dramatically the relationship between demographics and proximity to environmental toxins.[1] It was suggested that the roundtable could share the stories of the community organizers in an accessible way, perhaps on the roundtable website, to inspire other community organizations.

George Flores suggested that the communities are speaking from a social movement perspective, although the institutions that have the power to influence an agenda that focuses on improving communities' health generally operate from a capitalist perspective. He suggested that a respected entity in the field of population health should find the common language and the convincing arguments that will bridge the interests of those who are in positions of economic power and those who are looking to improve their communities and their lives. The narrative must tell an honest story that will resonate with both sides, Flores said, so that individuals and groups can understand each other's agendas and work together toward improvement.

Kindig added that finding common ground between liberals and conservatives is also important. He noted that opinion surveys suggest that conservatives express support for government involvement in programs to combat the obesity epidemic when the programs are linked to military readiness. This is an example of the challenges of finding common ground: There must be an understanding of the values that are tied to the positions taken by others. Kindig referred participants to a book on developing narratives for social movements, *It Was Like a Fever*, by Francesco Polletta, the keynote speaker at the December 2013 roundtable workshop.[2]

BUILDING THE ECOSYSTEM

Pastor described community organizing in terms of developing an ecosystem of groups that can work together to transform the policies in a

[1] Available at http://iom.edu/~/media/Files/Activity%20Files/PublicHealth/PopulationHealthImprovementRT/14-APR-10/Presentations/1_Manuel_Pastor.pdf (accessed August 15, 2014).

[2] See http://www.iom.edu/Activities/PublicHealth/PopulationHealthImprovementRT/2013-DEC-05.aspx (accessed July 25, 2014).

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community (see Chapter 2). In the final session there was further discussion of the various elements of that ecosystem.

University–Community Partnerships

Thomas LaVeist of the Johns Hopkins Bloomberg School of Public Health pointed out that there is a lot in the scientific literature on university–community partnerships, and he suggested that the roundtable explore that relationship further. It was discussed during the workshop that the relationship should be a partnership and that academia and public health organizations need to see the community as partners, not clients. However, LaVeist pointed out that it is often the case that the university researchers concede control of a project to the community. That is not a partnership, either. The community needs to understand the incentive structure that university researchers are operating under (i.e., the need to publish robust analyses). If the researchers do not produce journal articles (the currency with which they maintain and advance their positions, obtain funding, etc.), they may not be there the next year to continue as a partner. The university and the community both have needs and interests, and both bring something powerful and important to the table.

Grant Funding Drives the Agenda

Participants discussed how often the required deliverables and categorical nature of grant support prevents organic discussion at the community level about what the research priorities should be. Whether the funding is from government, philanthropy, or other sources, researchers are generally limited to a finite list of possibilities. Some participants felt that funders should place more importance on incorporating the community organizing component into the work. A participant suggested that another role for the roundtable could be to suggest to those who award grants that they should design grants so that researchers can first work with community organizers to determine their needs and interests and then identify methods they find acceptable and the outcomes they desire. The participant said that this is not possible in the typical R01 research grant from the National Institutes of Health. Although the Agency for Healthcare Research and Quality does award grants that cover the community-engagement process, the intent is more toward training academics for patient-centered outcomes research. Another participant pointed out that R01 grants are not traditionally made for community collaborations, although there are other funding mechanisms for partnerships, such as the U54 cooperative agreement awards from the National Cancer Institute. A participant who was previously involved in Centers

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for Disease Control and Prevention (CDC) grant review of proposals for community-based and community-driven research suggested that perhaps CDC staff could advise applicants on the type of grants that were approved and on the level of success of funded work.

The Private Sector as Both Partner and Community Member

LaVeist expanded on the discussion from the third panel session (see Chapter 5), noting that the private sector offers great potential, including the ability to bring financial and human resources to the table. He pointed out that private-sector businesses are members of the community and that most want to be good corporate citizens. Finding ways to get them to interact with communities is key. For example, are there economic benefits or incentives that could be tied to their interacting with the community?

The Health Department

Pamela Russo of the Robert Wood Johnson Foundation pointed out that there are many innovative health departments and that there is a tremendous amount of work being done to improve community conditions that is not necessarily organizing the community but that is providing support. Many community organizations do not know that they might be able to get help from a health department. This is an area where there is a need to raise awareness to further develop the ecosystem.

DATA INTO ACTION

Isham reiterated the points made during the workshop about the need to collect data with utility in mind, not simply to gather knowledge. While data are important, they are most relevant and effective when directly linked to action. A participant suggested that the data and metrics selected may need to go beyond the common health-related metrics and even beyond the common social determinants of health metrics (e.g., graduation rates, income). For example, an increased feeling of hope in the community could be a measure of success. A participant suggested the roundtable look at the work of the Search Institute, which conducts research on what youth need in order to succeed, using surveys to understand their behaviors, experiences, and environments. The Search Institute works with partners to address critical issues in education and youth development.[3] Another participant pointed out that there are other movements that have shared longer-term interests (e.g., environmental justice,

[3] For more information see http://www.search-institute.org (accessed August 15, 2014).

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The Role and Potential of Communities in Population Health Improvement: Workshop Summary

education reform, and restorative justice) and encouraged the roundtable to look to these movements for language and dialogue of topical interest and metrics that have already been identified.

HEALTH, HOPE, AND DIGNITY

A participant stressed that when people organize, whether it is for public health, housing, or any other issue, it is the larger vision that matters. Without the larger context, there is no movement. In this case, the participant suggested that heath itself is not the end goal, but rather a means to an end. She said that what really matters to individuals and communities is a future with hope and dignity. This is universal, she suggested, regardless of income level or the community a person comes from. Isham noted that this comment raises an important question: Health for what? He suggested that there may be a need for more conversation about health in relationship to other key social outcomes in order to figure out how to tell the stories that motivate others to get involved. Another participant added that health is the end goal and that not being able to have control over one's health because of a lack of control over all of these other factors in one's community strips people of their dignity. She said if you do not have your health, you do not have anything. This is one reason why people of all ages, including youth, can become so passionate about this work, she said, and why success in this area sparks such strength in communities. Another participant added that health is a means to achieve what an individual might articulate as his or her destiny.

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Appendix A

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Appendix B

Workshop Agenda

Roundtable on Population Health Improvement
Workshop: The Role and Potential of Communities in Improving Population Health

April 10, 2014

AGENDA

California Community Foundation,
Joan Palevsky Center for the Future of Los Angeles
221 S. Figueroa St., Suite 400, Los Angeles

WORKSHOP OBJECTIVES

Explore the roles and potential of the community (e.g., resident groups, organizations, and diverse coalitions) as leaders, partners, and facilitators in transforming the social and environmental conditions that shape health and well-being at the local level.

Discuss important ingredients, effective strategies, and other lessons learned in three contexts:

1. Youth organizing
2. Community organizing or other types of community participation
3. Partnerships between community and institutional actors (e.g., universities and researchers, public health agencies and officials)

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8:00 a.m. **Welcome, introductions, and context**
David Kindig, professor emeritus of population health sciences, emeritus vice-chancellor for health sciences, University of Wisconsin, School of Medicine and Public Health; co-chair, IOM Roundtable on Population Health Improvement
Mary Lou Goeke, executive director, United Way of Santa Cruz County; chair, workshop planning committee; member of the Roundtable on Population Health Improvement

8:30 a.m. **Keynote presentation: The power of communities in improving health**
Manuel Pastor, professor, sociology, American studies, and ethnicity; director, Program for Environmental and Regional Equity; director, Center for the Study of Immigrant Integration, University of Southern California

9:00 a.m. **Discussion**

9:30 a.m. **Panel I: How young people contribute to community health and well-being**
Moderator: George Flores, program manager, The California Endowment; member, IOM Roundtable on Population Health Improvement; member, workshop planning committee
Kymberly Lacrosse, community organizer, director Jóvenes SANOS, United Way of Santa Cruz County
Jose Joel Vasquez, youth leader, Jóvenes SANOS
Karen Marshall, executive director, Kids Rethink New Orleans

10:30 a.m. **Break**

10:45 a.m. **Discussion**

11:15 a.m. **Panel II: How communities organize to tackle the social determinants of health**
Moderator: Kate Hess Pace, lead organizer for the PICO Center for Health Organizing, PICO National Network; member, workshop planning committee
Marqueece Harris-Dawson, executive director, Community Coalition, South Los Angeles
Phyllis Hill, lead organizer, ISAIAH, Minnesota

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12:00 p.m. **Discussion**

12:30 p.m. **Lunch**

1:30 p.m. **Presentation and discussion about the April 9 site visit**
Rapporteur: Julie Willems Van Dijk, associate scientist, deputy director, County Health Roadmaps project, University of Wisconsin Population Health Institute; member, workshop planning committee

2:00 p.m. **Panel III: How institutions work with communities**
Moderator: Melissa Simon, associate professor in obstetrics and gynecology, general and preventive medicine, medical social sciences, Northwestern University Feinberg School of Medicine; member, workshop planning committee
Jomella Watson-Thompson, assistant professor, Department of Applied Behavioral Science; Associate Director for Community Participation and Research, KU Work Group for Community Health and Development, University of Kansas
Renée Canady, chief executive officer, Michigan Public Health Institute

2:45 p.m. **Discussion**

3:15 p.m. **Break**

3:30 p.m. **Reactions to the day and significance for future action**
Moderator: George Isham, co-chair of the Roundtable on Population Health Improvement; senior advisor, HealthPartners, senior fellow, HealthPartners Institute for Education and Research

4:30 p.m. **Closing remarks from speakers and public comment**

5:00 p.m. **Adjourn**

For more information about the roundtable, visit www.iom.edu/pophealthrt or email pophealthrt@nas.edu.

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Appendix C

Speaker Biographical Sketches[1]

Reneé Canady, Ph.D., M.P.A., is the chief executive officer of the Michigan Public Health Institute and was formerly the health officer and director of the Ingham County Health Department, overseeing all public health operations and nine community health centers. Previously she was deputy health officer of the department, overseeing public health nursing, family and outreach services, disease control, health equity and social justice, planning and health assessment, neighborhood engagement, environmental health, and emergency preparedness. Dr. Canady has researched, published, and presented on pregnancy experience and disparities, health risks in pregnancy, infant mortality, HIV/AIDS, and racial health disparities. She has given television and radio interviews on these and other public health topics, including sexually transmitted diseases and teen pregnancy. Earlier in her career she was a health education coordinator for the Michigan Department of Corrections, where she developed and implemented the first HIV/AIDS education and prevention program for Michigan prisons. She also worked for the Ingham County Health Department, where she was the first AIDS educator and the adolescent health coordinator. In the latter role, she developed and coordinated programs to reduce rates of adolescent pregnancy, and she implemented adolescent health care services and prevention programs. Dr. Canady has lent her expertise to several community and state groups tasked with improving

[1] Notes: Names appear in alphabetical order; "*" = member of the IOM Roundtable on Population Health Improvement; "†" = member of the workshop planning committee.

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public health. These include the Michigan Department of Community Health's infant mortality steering committee and public health code advisory committee; the Healthy! Capital Counties steering committee; the Ingham Change Initiative; the Ingham County Infant Mortality Coalition; and the boards of directors of the Great Lakes Health Information Exchange, the Capital Area United Way, and the Capital Area Health Alliance. In addition to teaching for the Program in Public Health, she is a former researcher and assistant professor at the Michigan State University College of Nursing.

George R. Flores, M.D., M.P.H.,[*†] is a program manager for The California Endowment's Healthy California Prevention team. His work focuses on grant making to improve health and equity through community-based prevention and creating a healthy workforce. His work aims to strengthen the public health system, primary care, and community outreach along with cross-sector collaboration to address the social and environmental factors that shape health outcomes. Dr. Flores previously managed grant making to develop models of health-supportive policies and community environments, including Healthy Eating Active Communities and the Central California Regional Obesity Prevention Program, two nationally prominent multisite, multisector programs to prevent childhood obesity which provided key lessons for the development of the endowment's Building Healthy Communities strategy. Previously, Dr. Flores served as public health officer in San Diego and Sonoma Counties; clinical assistant professor for the University of California, San Francisco, family practice residency program; the director of Project HOPE in Guatemala; and a deputy health officer in Santa Barbara County. Dr. Flores received his M.D. from the University of Utah and his M.P.H. from Harvard University. He is an alumnus of the Kennedy School of Government's executive program and the National Public Health Leadership Institute. He was a member of two Institute of Medicine (IOM) committees that published the milestone reports *Preventing Childhood Obesity: Health in the Balance* and *The Future of the Public's Health in the 21st Century*. He is currently a member of the IOM Roundtable on Population Health Improvement. Dr. Flores is a founder of the Latino Coalition for a Healthy California. Over his career Dr. Flores has been a resource to government and nongovernmental organizations. He has authored numerous presentations and reports for diverse audiences on topics including obesity and chronic disease prevention, community health, immigrant health, health disparities, and environmental policy. Dr. Flores' work has been published in the *Journal of the American Public Health Association*, the *American Journal of Preventive Medicine*, and *Preventing Chronic Disease*, among others. He co-authored a book chapter, "Latino Children's Health and the Environment," in *At Risk!: Latino*

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Children's Health, recently published by Arte Publico Press. Dr. Flores was recognized by the National Hispanic Medical Association as 2011 Physician of the Year for his work addressing social and environmental inequities and the role of communities in advancing policy and systems change to improve health. His vision is for every community to be a healthy, safe, and supportive place to raise children, go to school, work, and play.

Mary Lou Goeke, M.S.W.,[*†] has held the position of executive director of United Way of Santa Cruz County since 1992. She is responsible for the overall management and administration for the organization, including strategic planning, new program development, financial oversight, and liaison with community agencies funded by United Way as well as the business community and government partners. She founded and staffs the Community Assessment Project, the internationally recognized, second-oldest community progress report in the United States. From 1981 to 1992 she held positions of increasing responsibility with Catholic Charities of the Archdiocese of San Francisco, the San Francisco Bay Area's largest private human services and community development agency. Initially hired as director of aging services in the San Francisco County branch agency, she then became director of parish and community services, and then executive director. She then held the position of general director and chief executive officer of the three county agencies in San Francisco, Marin, and San Mateo counties. In addition, as general director she held two other related positions, archdiocesan director of Catholic Relief Services and archdiocesan director of the Campaign for Human Development. Prior to working for Catholic Charities, she served from 1979 to 1981 with the American Society for Aging as policy and legislation coordinator. Before that, she worked from 1975 to 1979 for the State of Missouri Department of Aging, starting as a field representative and being promoted to the position of director of planning, research, and evaluation.

Marqueece Harris-Dawson has been a leader in the South Los Angeles community for more than 20 years, leading important social justice campaigns aimed at improving the quality of life for all African-American and Latino residents in the community. As president and chief executive officer of Community Coalition, Harris-Dawson has been deeply involved and committed to the organization's mission, working arduously to improve the social and economic conditions in South Los Angeles that lead to crime, violence, substance abuse and poverty. Harris-Dawson came to the helm of Community Coalition in 2004 following years as a community organizer, leader, and director, leading some of the organization's first major education justice victories. Founded in 1990 by now-

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Congresswoman Karen Bass and a group of activists, the Community Coalition is best known for leading nationally recognized grassroots campaigns that include groundbreaking nuisance-abatement work to close more than 150 liquor stores as well as educational justice campaigns to transform the quality of public education. In the 1990s Harris-Dawson served as the director of the Community Coalition youth project, South Central Youth Empowered Through Action, leading the Proposition Better Buildings campaign to expose the poor conditions at South Los Angeles high schools. Arming youth with disposable cameras to document the poor conditions of their schools and training them to advocate for badly needed repairs at their campuses, Harris-Dawson helped students win $153 million in school repairs in 1999. Recently, Harris-Dawson led the concerted efforts of the African American Redistricting Collaborative to ensure that African Americans had a voice in the California redistricting process. In addition to his work at the Community Coalition, Harris-Dawson has extensive experience in electoral politics and is a key participant in the progressive movement in Los Angeles. During his time completing a bachelor's degree at Morehouse College, Harris-Dawson became active with several important social justice issues of the time, including organizing in the international movement to end South African apartheid, fighting against police brutality, and working to bring more youth and family services to those who needed them the most. Along with a host of board and committee posts, Harris-Dawson has been recognized with several community commendations, recognitions, and awards, including the coveted Do Something "BRICK" Award and Liberty Hill Foundation's Upton Sinclair Award. Harris-Dawson was recently honored with The California Wellness Foundation Sabbatical Program Award. He holds a certificate in nonprofit management from Stanford's Graduate School of Business and is a currently an Aspen Institute Fellow for New Leaders.

Phyllis Hill is the lead organizer for ISAIAH and works in Minneapolis, organizing more than 20 congregations. As the staff lead on ISAIAH's education and mass incarceration work, she is currently building a school discipline/suspensions campaign that emphasizes the cradle-to-prison pipeline. Ms. Hill has led a groundbreaking grassroots movement to increase funding in education, which includes preventing the cutting of integration money. Also, she has accomplished extraordinary work in interracial dialogs within the faith community. Ms. Hill studied history at Georgia Southern University and received a M.A. in African-American studies from the University of Wisconsin–Madison. Prior to her time at ISAIAH, Ms. Hill worked at Beloit College in Beloit, Wisconsin, as the Ronald E. McNair Coordinator, a federally funded program that assisted

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students who were low-income, first-generation, and persons of color to pursue graduate school education.

Kymberly Lacrosse has been a community organizer at the United Way of Santa Cruz County for more than 7 years and is currently the project director of Jóvenes SANOS, a youth leadership and advocacy group. Ms. Lacrosse has a B.A. from the University of California, Santa Cruz, and an M.A. from San Jose State University, both in sociology. In addition, Ms. Lacrosse is engaged in ongoing transformative leadership for sustainable change, which strives to design community change that makes a real, lasting, and sustainable difference. She has more than 25 years of partnering with youth in many capacities, giving her frontline experience that intertwines synergistically with her academic and intellectual knowledge. Ms. Lacrosse brings a heartfelt passion to youth voice and community engagement that is rooted in an undeniable commitment to see individuals and communities be inspired, educated, and successful. Her commitment to equity, justice, access, and health drive her to work diligently to change the systems in place for a more equitable, thriving, and healthy world.

Karen Marshall is the executive director of Kids Rethink New Orleans Schools (Rethink), a youth organizing and youth leadership development organization that uses participatory education and action research to build the leadership skills of youth in New Orleans. Ms. Marshall made the move to New Orleans from Boston, Massachusetts, where she gained experience in clinical therapy, community organizing, youth work, higher education, parent organizing, and education justice initiatives. Additionally, she has taught undergrad and graduate programs in Trinidad and South Africa.

Kate Hess Pace[†] is a lead organizer for the PICO Center for Health Organizing. She led the Healthy Corridor for All Coalition's Health Impact Assessment, a joint effort of ISAIAH, TakeAction Minnesota, and PolicyLink on the Central Corridor Light Rail Line. As an organizer, she led ISAIAH's work on financial justice and spearheaded the campaign to win landmark foreclosure legislation in Minnesota. Ms. Hess Pace is completing a master's degree in public administration at Cornell University with an emphasis on health equity and urban policy. She received her B.A. at Indiana University, an individualized major on public space and urban studies. Prior to moving to Minnesota, she led a number of community projects, including founding a program for at-risk youth and leading a community-run newspaper.

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Manuel Pastor, Ph.D., is a professor of sociology and American studies and ethnicity at the University of Southern California (USC), where he also serves as the director of USC's Program for Environmental and Regional Equity and the co-director of USC's Center for the Study of Immigrant Integration. He is also the founding director of the Center for Justice, Tolerance, and Community at the University of California, Santa Cruz. Pastor holds an economics Ph.D. from the University of Massachusetts Amherst, and has received fellowships from the Danforth, Guggenheim, and Kellogg foundations and grants from the Irvine Foundation, the Rockefeller Foundation, the Ford Foundation, the National Science Foundation, the Hewlett Foundation, the California Environmental Protection Agency, the California Wellness Foundation, and many others. In recent years his research has focused on the economic, environmental, and social conditions facing low-income urban communities in the United States, which has resulted in articles published in *Economic Development Quarterly*, *Review of Regional Studies*, *Social Science Quarterly*, *Journal of Economic Issues*, *Journal of Urban Affairs*, *Urban Affairs Review*, *Urban Geography*, and elsewhere. He has also conducted research on Latin American economic conditions, with articles published in journals such as *International Organization*, *World Development*, *Journal of Development Economics*, *Journal of Latin American Studies*, *Latin American Research Review*, and *Foreign Affairs*. His most recent book is *Just Growth: Inclusion and Prosperity in America's Metropolitan Regions* (Routledge Press, 2012), which was co-authored with Chris Benner. Previous volumes include *Uncommon Common Ground: Race and America's Future* (W.W. Norton, 2010; co-authored with Angela Glover Blackwell and Stewart Kwoh), *This Could Be the Start of Something Big: How Social Movements for Regional Equity Are Transforming Metropolitan America* (Cornell University Press, 2009; co-authored with Chris Benner and Martha Matsuoka), *Staircases or Treadmills: Labor Market Intermediaries and Economic Opportunity in a Changing Economy* (Russell Sage, 2007; co-authored with Chris Benner and Laura Leete), *Searching for the Uncommon Common Ground: New Dimensions on Race in America* (W.W. Norton, 2002; co-authored with Angela Glover Blackwell and Stewart Kwoh), and *Regions That Work: How Cities and Suburbs Can Grow Together* (University of Minnesota Press, 2000; co-authored with Peter Dreier, Eugene Grigsby, and Marta Lopez-Garza), a book that has become a standard reference for those looking to link neighborhoods and regions. Dr. Pastor speaks frequently on issues of demographic change, economic inequality, and community empowerment and has contributed opinion pieces to such outlets as the *Los Angeles Times*, the *San Jose Mercury News*, the *Los Angeles Business Journal*, and the *Christian Science Monitor*. In January 2002 he was awarded a Civic Entrepreneur of the Year award from the California Center for Regional Leadership, and in 2012 he received the Wally Marks

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Changemaker of the Year award from the Liberty Hill Foundation. He is a member of the Building Resilient Regions research network sponsored by the MacArthur Foundation.

Melissa A. Simon, M.D., M.P.H.,† is the vice chair of clinical research in the Department of Obstetrics and Gynecology and an associate professor of obstetrics and gynecology, preventive medicine, and medical social sciences at the Northwestern University Feinberg School of Medicine. Dr. Simon's primary research interests are aimed at eliminating health disparities for low-income, medically underserved women across the lifespan. Integrating health services research with social epidemiologic models, Dr. Simon's research focuses on interventions (such as patient navigation and community health outreach workers) that aim to reduce and eliminate such disparities. Within this context, Dr. Simon prefers to leverage culture and community to achieve these goals and thereby integrates a community-based participatory research framework into her work.

Jose Joel Vasquez is a 20-year-old resident of Watsonville, California, a small agricultural town in Santa Cruz County. Mr. Vasquez has been a member of Jóvenes SANOS for more than 4 years. Jovenes SANOS has become a second family to Mr. Vasquez and is the place where he found his voice and has become a leader to his peers, family, and community. Mr. Vasquez is attending his local community college and plans to transfer to California State University–Monterey Bay to study sociology with an emphasis on criminal justice and also a minor in music.

Jomella Watson-Thompson, Ph.D., M.A., M.U.P., is an assistant professor of applied behavioral science and the associate director of the Work Group for Community Health and Development at the University of Kansas (KU) College in the Liberal Arts and Sciences. Dr. Watson-Thompson's research experience has focused on the application of behavioral science methods and interventions to improve how communities address issues related to community health and development. She is particularly interested in a behavioral community psychology approach to social problem solving. Her research team, the KU Work Group Team for Community Youth Development and Prevention, conducts research in affiliation with the Work Group for Community Health and Development and the Schiefelbusch Institute for Life Span Studies. Her particular interests include neighborhood development, positive youth development, and prevention, including prevention of substance abuse and violence prevention. Dr. Watson-Thompson supports community-based participatory research and evaluation activities with community organizations to

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examine the effects of community-based prevention efforts in addressing youth violence and adolescent substance use. Her team is also initiating a line of research examining if youth engagement in preferred leisure-time physical activities may serve as a reinforcer and protective factor for pro-social behaviors. Dr. Watson-Thompson also conducts research to support community capacity-building efforts aimed at addressing social determinants of health through community-based participatory research in urban neighborhoods and disparate communities. A guiding theme for her research has been the empirical and experimental analysis of the effects of community-based processes and intervention to promote community mobilization and change in addressing the interrelated conditions that affect community health. She also has researched the effects of community-based processes and interventions (e.g., strategic planning) to examine organizational behavior and functioning of community-based organizations and coalitions. Specifically, she is interested in examining factors that enable communities, particularly those in urban environments, to effectively bring about change and improvement in community-identified outcomes of concern (e.g., homicides, graduation rates, and community participation).

Julie Willems Van Dijk, Ph.D., RN,[†] is an associate scientist and the co-director for the Robert Wood Johnson Foundation–funded *County Health Rankings & Roadmaps* project at the University of Wisconsin Population Health Institute. Dr. Willems Van Dijk also serves as the director of the *RWJF Roadmaps to Health Prize*. She has worked with numerous partners across the nation to use the *County Health Rankings & Roadmaps* tools to take action to improve the health of communities. Her research interests are focused in the area of the quality of community health improvement planning processes. Prior to joining the Population Health Institute, Dr. Willems Van Dijk worked in local public health for 21 years as a public health nurse, director of nursing, and a health officer. Dr. Willems Van Dijk has served on numerous community boards, including the Aspirus Wausau Hospital Board of Directors, the Wausau School District Board of Education, the Wausau Child Care Board of Directors, the Marathon County United Way's Local Initiatives for Excellence committee, and the Wausau/Marathon County Chamber of Commerce Leadership Wausau program. Dr. Willems Van Dijk received a doctorate degree in nursing with an emphasis in public health leadership from the University of Wisconsin–Milwaukee. She also holds an M.S.N. from the University of Wisconsin–Oshkosh and a B.S.N. from the University of Wisconsin–Eau Claire. She is a graduate of the Robert Wood Johnson Foundation Nurse Executive Fellows program and the National Public Health Leadership Institute.

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