



The Trust for Public Land

National Association of
County & City Health Officials

The Toolkit for Health, Arts, Parks & Equity

Matthew Clarke & Geneva Vest

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NACCHO
National Association of County & City Health Officials

Acknowledgements

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Diane Regas

President & CEO
The Trust for Public Land

Dear Health Advocates,

I write to you in the Spring of 2020, not knowing what the world will be like when you read this. Presently, many people across the country and around the globe are practicing social distancing, wearing masks, and bracing for what happens next. The times in which we live now may be exceptional, but the pandemic has laid bare numerous ongoing crises, such as racism and economic inequality that we, as a society and as an allied field, have to tackle together.

Through it all, I have been heartened to see parks and public land offer people a safe space to get outside, move their bodies, commune with nature, and connect with each other. You do not need to work for a parks nonprofit like The Trust for Public Land or a health organization like the National Association of County and City Health Officials to recognize that ample green spaces with inclusive and culturally relevant amenities lead to improved wellbeing—and never more so than during this public health emergency.

Perhaps less obvious is that *how* a park is made directly affects the degree to which its community benefits in the long run. For nearly half a century, the Trust for Public Land has pioneered a method of collaborating with communities to create parks that lead to greater health, resilience, and equity. Through it all, we have seen that the best parks center arts and culture in their design and that when done well, the process of creating a park can be as transformational for the community as the park itself.

From neighborhood parks to national parks—whether in the heart of our cities or in rural communities—this work takes humility, sensitivity, and time. It also takes willingness and ability to work across sectors, to build relationships and foster trust within health departments, arts and culture organizations, and the residents they serve.

We offer this toolkit as a resource for those interested in using place-based arts and culture to achieve more equitable health outcomes. We hope it will be an asset in your ongoing efforts to celebrate communities, facilitate challenging discussions, and build a more just world for generations to come.

Sincerely,

A handwritten signature in orange ink that reads "Diane Regas".

Diane Regas

Dear Public Health Colleagues,

As powerful as the word “home,” the idea of “place” conjures an environment that offers a space for everyone. For environments to function as dynamic places—especially now, during the COVID-19 pandemic—they must be responsive to all citizens. As a nation in lockdown negotiates physical, mental, and spiritual balance, place-based arts practices are even more vital in shaping the physical and social character of a neighborhood or region. The pandemic is reawakening interest in creative placemaking in communities, and when these spaces are designed with local expertise based on a health equity model, everyone benefits.

What can art accomplish in these times? Both arts and culture and parks and green space help fulfill needs and benefits that go beyond direct exposure. Arts and culture can shift perspectives and elevate meaningfulness to improve health communication, advance community-generated health perspectives, and organize stakeholders. Similarly, parks and green spaces provide a foundation for community advocacy and decision-making, promote healthy activities and exposures, and provide a shared public amenity. These capacities support not only immediate health benefits, but also long-term structural change towards health equity.

NACCHO is proud to be a partner with the Trust for Public Land in creating The Toolkit for Health, Arts, Parks, and Equity. We won't remedy years of inequity in a month or a year. But this resource can help guide us as we build relationships to promote creative placemaking as a strategy to make more equitable communities possible. The past decade has seen robust research on ecological models of health, place-based outcomes, and the connection between arts and culture, the outdoors, and health.

The pandemic has much to teach us about rethinking critical sectors of public life and the spaces that support them. Through creative cross-sector collaboration, we can build community resilience, develop inclusive funding mechanisms to support parks and public spaces, and enhance the robust life of all communities. The process of creating public art and spaces seeks to engage people in the neighborhood in a sensitive and genuine manner, it can be profoundly transformative by being a true reflection of the community itself.

Sincerely,



Lori Tremmel Freeman



Lori Freeman

CEO

National Association of County
& City Health Officials



“[P]arks serve
as a community
center and
trusted space.”

Kelly Fischer
LA County Public Health

Executive Summary

There has never been a more important time to center, in our work, health equity. With the COVID-19 pandemic and the renewed importance of Black Lives Matter, public health is and has been, more than ever, a universal fulcrum for structural change. It is a lens through which we all might assess the stability and fairness of society. Not just a calling for health departments, health equity can and should be a shared goal for all sectors in order to achieve a state in which “everyone has a fair and just opportunity to be as healthy as possible” (Braveman et al., 2018). Likewise, *public* health is a shared effort that “we as a society do collectively to assure the conditions in which people can be healthy” (Institute of Medicine, 1988).

This toolkit proposes a strategy to address the structures, institutions, and the determinants that shape health equity. It centers the power of parks and open space—as **places** for community building—and arts and culture—as **conduits** for that community building. Place-based arts and culture has demonstrated an ability to address collective trauma, racism, social isolation and exclusion, mental health, and certain chronic diseases. Accessing parks and green space has a demonstrated impact on mental health, social isolation and exclusion, and chronic disease. The Toolkit shows how, greater than the sum of their parts, arts and culture and parks and public space can heal communities, build social capital, and mobilize residents to be agents of change for improving the conditions that impact health.



See pages 14–15 for the Toolkit’s definition of **parks, arts and culture, health, and equity**.

Guiding Principles

A set of guiding principles provide core lessons from case studies and existing literature. These principles suggest flexible strategies for communities of all types and of all resource levels.

Planning and Needs Assessment

Laying the groundwork for health through arts and cultural communication.

- 1.** Partner across sectors.
- 2.** Use arts to assess needs.
- 3.** Let local artists lead the way.

Intervention

Using arts, culture, and parks as central tools for place-based health interventions.

- 4.** Blend arts into community engagement.
- 5.** Co-locate cultural and health services.
- 6.** Co-create public art.

Growth and Outcomes

Sustaining care over time by building assessment and agency in communities.

- 7.** Activate cultural hubs.
- 8.** Promote community leadership.
- 9.** Conduct equitable assessment.

Case Studies


These principles emerged from seven powerful case studies that come from a range of contexts and geographies. From a small health nonprofit that fosters Native American identity to one of the world's largest health departments foregrounding racial justice, these case studies demonstrate the manifold ways arts, culture, and parks can deliver health equity.

- Kiwanis Methow Park
- 100 Stone Project
- Center for Health Equity and Community Wellness
- Ho'n A:wan Community Park
- One Poem at a Time
- Parks After Dark
- Porch Light

Policy Recommendations

1. Cities and counties should establish **joint task forces**—with an influence over funding and policy—between city planning, parks, and transportation agencies and local health departments.
2. Address mental health challenges at the population level through **community-practices** that are grounded in culture and heritage.
3. Invest in a **community-based infrastructure of public safety** that creates a culture of care.
4. Ensure **funding sustainability** for community-based, upstream health determinants.
5. Give health departments the tools to advocate for the **10 Minute Walk** campaign's 100% Promise, which ensures that all residents have close-to-home park access by the year 2050.





“Art can generate
opportunity and
access for the
sharing of vital
knowledge.”

Tasha Golden

International Arts + Mind Lab,
Johns Hopkins University

Introduction

Health Equity

There has never been a more important time to focus on health equity. Though often discussed in the context of health departments, health equity can and should be a shared goal for all sectors, who must collaborate to achieve a state in which “everyone has a fair and just opportunity to be as healthy as possible” (Braveman et al, 2018). Likewise, public health is the shared effort of what “we as a society do collectively to assure the conditions in which people can be healthy” (Institute of Medicine, 2002).

For decades, the field of public health has regarded each individual’s health outcomes primarily as the result of their behaviors and actions: What do they eat, do they exercise, do they smoke? As a result, the field has focused on shaping health behaviors and shifting policies in order to incentivize healthy choices. Recently, in what is considered **Public Health 3.0**, there is an expanded appreciation of the root conditions behind health outcomes, or the **social determinants of health** (SDOH).

The social determinants lens requires local health departments to take community leadership positions and facilitate cross-sector collaboration (DeSalvo, 2017). In this role, health departments and their partners investigate the social structures, institutions, policies, and histories that seed health inequities (Sonke et al., 2019). From this perspective, it is clear that making progress towards health equity requires interventions that address all scales, from the individual to the cultural (Golden & Wendel, 2020).

This toolkit proposes one such strategy: to combine the power of parks and open space—as **places** for community building—and arts and culture—as **conduits** for that community building. Place-based arts and culture has demonstrated an ability to address collective trauma, racism, social isolation and exclusion, mental health, and certain chronic diseases (Sonke et al., 2019). Accessing parks and green space has a demonstrated impact on mental health, social isolation



Public Health 3.0 is defined as “a paradigm for public health transformation that calls on local public health infrastructure to ensure the conditions in which everyone can be healthy,” (National Association of County and City Health Officials, 2016).



Social determinants of health are the “conditions in which people are born, grow, live, work and age” and are the primary drivers of health inequity (World Health Organization, 2017).

and exclusion, and chronic disease, not to mention indirect benefits of reducing heat islands and stormwater runoff (Gies, 2016). This toolkit shows how, greater than the sum of their parts, arts and culture and parks and public space can heal communities, build social capital, and mobilize residents to be agents of change for improving the conditions that determine health equity.

The Toolkit for Health, Arts, Parks, and Equity (HAP-E)

This toolkit is the result of a robust collaboration between The Trust for Public Land (TPL) and the National Association of County and City Health Officials (NACCHO).

Audience

This toolkit is primarily geared towards local health departments (LHD) in medium to large cities; however, the content herein has broad applicability to health professionals in smaller and rural communities, as well as those working at the state or even federal level. Just as the toolkit emphasizes collaboration, other sectors will find this work useful. Cultural affairs agencies, arts and culture nonprofits, and cultural producers will identify ways to engage more deeply with the health community; and parks agencies, conservancies, and “friends of” groups will do the same.

Methodology

This project used three strategies to research these core concepts: a literature scan, case study review, and **user analysis**. The literature review sought to explore, identify, and frame key intersectional areas of inquiry, many of which could serve as important subjects of study for the fields of cultural theory, urban planning, and public health in the future. The search process was open-ended, carried out by multiple stakeholders, and integrated by the toolkit authors. The case study review sought to identify interventions and projects that related the core concepts under review. Case studies were collected using peer and professional outreach and through web searches. These projects were evaluated using seven criteria, including geographic and demographic representation, leadership from health organizations, and presence of measurable outcomes. The user analysis consisted of roughly twelve interviews of health professionals around the country; these interviews were done under the framework of a single-round, anonymous Delphi survey. The purpose of these interviews was to learn about intersectional interventions, understand innovation within the context of LHDs, and assess criteria for successful resources. Steering Committee members periodically reviewed research design and findings.



See page 112 for the methodology behind and findings from a user analysis of public health officials and health advocates.

Theory of Change

Activities: Based on these inputs, the Toolkit intends to do the following:

- Present research, evidence, and case studies about the efficacy of arts and cultural expression as conduits for health equity, and parks and green space as spaces to advance health equity.
- Based on this research, provide clear, replicable interventions using arts and culture and parks and green space. Frame these interventions as a process that can be accomplished by local health officials at a range of resource levels.
- Establish broad policy guidelines for the public health sector including recommendations about cross-sectoral partnerships, funding models, and community engagement strategies.

Outcomes: Based on the successful presentation of these activities, the Toolkit hopes to generate the following outcomes:

- Increased use of a) arts and culture strategies and b) parks and green space programming, as part of local health departments' work addressing social determinants of health.
- More cross-sectoral partnerships, particularly between local health departments, parks and arts agencies, local nonprofits, and community members who are interested in community health work.
- Cross-sectoral understanding and appreciation of community engagement, power-sharing, storytelling, and capacity building as tools in advancing health equity.

Impacts: Given the presence of these outcomes, the hopes of the Toolkit is that communities will experience the following impacts:

- Improvements of health equity in communities most negatively affected by structural drivers of inequity.
- Long-term ability among key audiences to advocate for and champion equitable practices and decisions by and for communities.

Definition

Equity

Equity is the state in which all people, regardless of their background, where they live, or what they look like, are able to achieve their fullest potential. Likewise, we understand health equity is when “everyone has a fair and just opportunity to be as healthy as possible” (Braverman et al., 2017). Achieving health equity requires acknowledging, preventing, and reversing racism, white supremacy, and unjust decisions, policies, investments, rules, and laws that have caused social, economic, and health inequities. Parks and open space and arts and culture are appreciated as determinants to improving individual health and health equity and we envision a nation where there are no disparities of investments, access, use, or sense of safety and belonging in parks and open space or arts and cultural spaces, where everyone can access the many health benefits that creative expression and nature provide.

By using this toolkit, you are committed to helping redistribute power, resources, and cultural value so that all people have the opportunities to achieve their full health potential.

Definition

Health

This project seeks to address the social determinants of health to achieve health equity. This toolkit operates at the **community health** level, with the understanding that community health is more than a population’s sum of individual health. Indeed, health is understood as “not merely the absence of disease or infirmity,” but as a “dynamic state of complete physical, mental, spiritual and social well-being” (Dhar, 2011). Nor is public health siloed to professionals but is “what we as a society do collectively to assure the conditions in which people can be healthy” (Institute of Medicine, 2002) and requires that all sectors of society work together. With such a capacious definition of health, this project will help ensure that health is a goal for all policies and stakeholder groups.

By using this toolkit, you are sharing in the belief that health is an interdisciplinary and powerful field that can be tackled upstream through increased opportunities and access to positive social determinants and conditions.



See pages 20–21 for the Sources of Health Equity diagram.

Definition

Parks

This toolkit is relevant to many contexts and disciplines, but is focused on **community parks** in urban America, urban being defined by the census definition as a population of 50,000 or more. This initiative defines “parks” as a publicly accessible space that communities feel an inherent right to use for recreation, gathering, and relaxing. Community parks provide numerous health benefits; however, in the context of this toolkit, the greatest inherent value of parks is that they provide a commons to all communities. This value is not limited to public greenspace, but can also apply to green corridors, public plazas, privately operated facilities, and related civic spaces; therefore, the scope of this project is not limited to a strict definition of parks. To reap these many benefits, parks cannot just be a piece of land, but must be layered with quality services and elements that are reflective of the community’s culture.

By using this toolkit, you are tapping into the multifaceted benefits of community parks. You are also acknowledging the exponential power parks have on community health when they are of high quality and welcoming to the people who enjoy them.



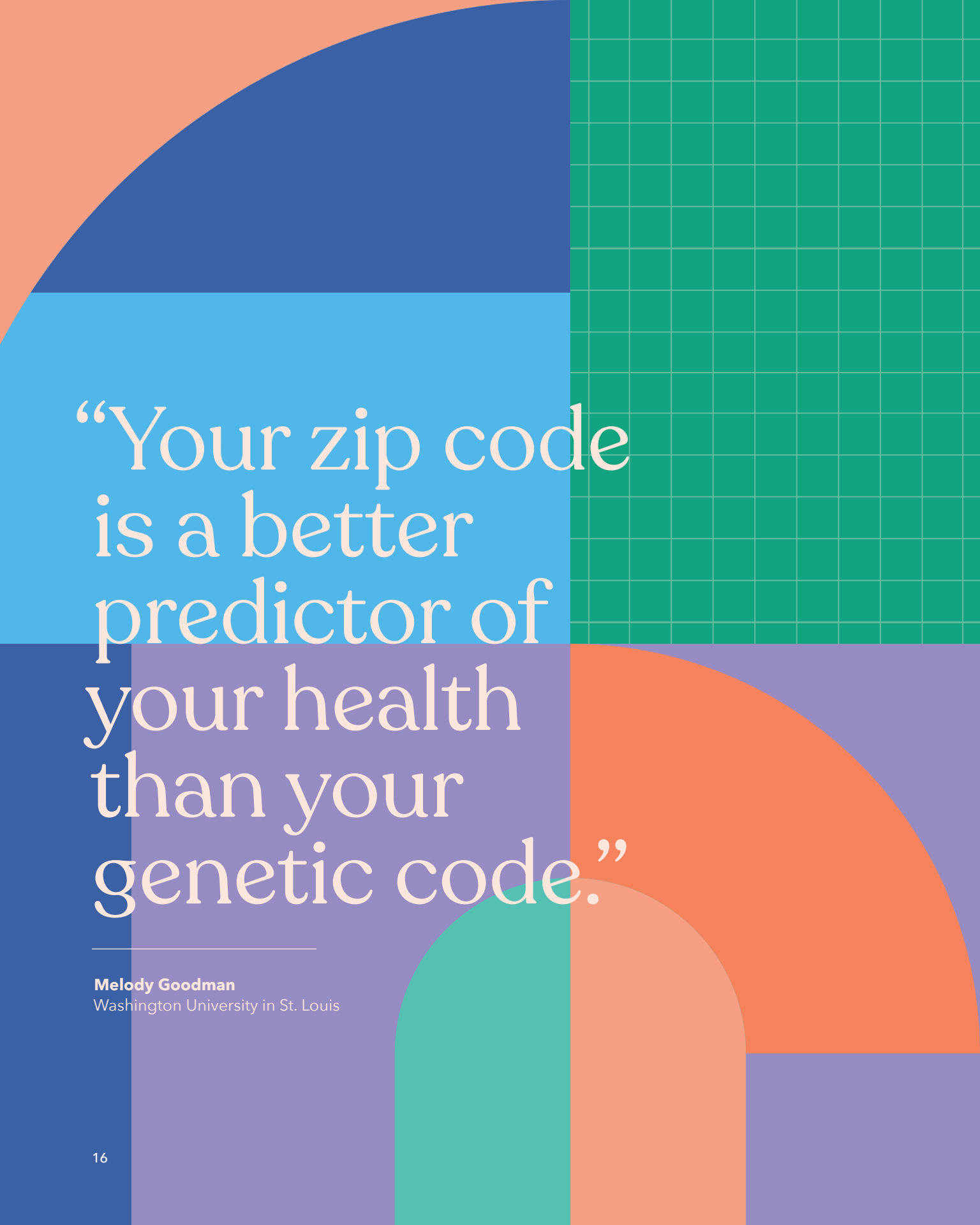
The case studies in The Toolkit, for example, span state and neighborhood parks, community centers, and street design.

Definition

Arts and Culture

Arts and culture refers to a broad spectrum of practices, traditions, and media which include “craft & culinary arts, dance, design & architecture, film & media, folk & traditional arts, literature, music, visual arts, theater & performance, and other formal and informal creative practices” (ArtPlace America, n.d.). We intentionally refer to arts and culture together. Culture refers to shared history and values that distinguish groups from one another and art is the creative expression of one’s knowledge and experience. The arts are an embedded manifestation of a community’s cultural identity. In the movement towards health equity, there’s increased action to change the culture surrounding individual health decisions, with art as a conduit and medium for that positive change.

By using this toolkit, you appreciate arts and culture for their aesthetic and instrumental role in the creation, definition, and healing of communities.

The background is a complex composition of geometric shapes and colors. It includes a dark blue curved shape in the top left, a light blue rectangular area, a green grid pattern in the top right, a purple rectangular area, an orange curved shape in the bottom right, and a teal curved shape in the bottom center. The quote is centered over the light blue and purple areas.

“Your zip code
is a better
predictor of
your health
than your
genetic code.”

Melody Goodman

Washington University in St. Louis

Health, Arts, Parks, and Equity

Place Matters

To care about health equity is to care about place. The conditions in which you are “born, live, work and age,” or the social determinants of health (SDOH), are inextricably linked with the *places* in which our lives are set. “Your zip code is a better predictor of your health than your genetic code,” and, “in America, one’s life expectancy can vary block by block” (Roeder, 2014; Robert Wood Johnson Foundation, 2020). Evidence is clear that these places—as integrated systems—overwhelmingly determine our life opportunities and our downstream risk of illness (Amaro, 2014).

Research has consistently shown that to redress inequitable health outcomes, advocates need to work upstream of individual medical conditions and health behaviors, and instead focus on contexts that put people at risk in the first place: our neighborhoods and communities (County Health Rankings and Roadmaps, 2020). Only 20% of health outcomes depend on the access to and quality of clinical care; rather, socioeconomic factors and physical environment have the largest (80%) impact on our health.

Central to this understanding is a philosophical approach towards community health, one that balances the need to address individual medical conditions with the value of investing in community health solutions. While research continues to explore the weight of outcomes driven by our genetic predispositions, on the one hand, and our environmental influences, on the other (Lakhani et al., 2019), there is consensus that purposefully shaping our communities can lead to fairer, more just opportunities for health. As Branas (2014) suggests, “Electric power grids, water treatment plants, building codes, and roadway redesign did more to enhance the health of the public than many (maybe any) other programs, including medical care.”



Community determinants are the conditions that affect our health behaviors and outcomes and are strongly shaped by structural drivers such as racism and socio-economic inequity (Davis, 2016).



At the root of health inequity are **structural drivers**: the inequitable distribution of power, money, opportunity and resources (Davis, 2016). The equitable distribution of these structural drivers will lead to greater health equity.

Public health has developed a framework—the social determinants of health—to understand how these socioeconomic and place-based factors impact community and individual health. Every zip code, neighborhood, and city differs in its quality of education, jobs, housing, transit, food access, and any number of other resources (see page 21 for community determinants). These factors make up the determinants of health, and are framed as building blocks in achieving health equity (Davis 2015). This model shows how **community determinants** (in our case grouped by social, physical, socioeconomic, and healthcare categories), affects our behaviors, which in turn affects the presence of medical conditions (see page 21 for health conditions). At the simplest level: those places with access to parks, good schools, transportation, among other assets, are more likely to experience more desirable health outcomes.

Structural Drivers

While access to positive determinants is critical, merely living in their presence is not enough to achieving health equity. These community determinants are themselves shaped by decisions and consensus—where and how to build affordable housing, the location of a transit stop, and access to cultural heritage. Ultimately, “**structural drivers**”—or the inequitable distribution of power, money, opportunity and resources (Davis, 2015)—have disempowered people from achieving their potential, thereby reproducing health inequity (see page 20 for structural drivers). This Toolkit, like many in the public health field, acknowledges that poverty, racism, and social injustice sustain these structural drivers. To truly address health equity means the need to confront these insidious processes and drivers. Ultimately, this means not just changing the determinants of health, but shaping the process and reason of why those determinants are changed in the first place.

Doing so requires building community capacity (or community vitality): the ability for engaged and informed communities to drive positive change over time. It acknowledges the “important roles of social capital, social cohesion, collective efficacy, community organizing, and empowerment of community residents as agents of change for improving community conditions that impact health” (Amaro, 2014). Each of these elements are related to each other, radiating outwards towards greater levels of capacity for collective action.

At the foundation of community capacity is social capital, the “actual or potential” (Bourdieu, 1986) resources made available to individuals through a larger network of relationships which facilitate collective action towards a greater good (Putnam, 1993). Social capital, often measured by self-reports of trust, reciprocity, participation and cohesion, can ensure communities are part of a positive process for change. Social capital is linked with reduced rates of mortality



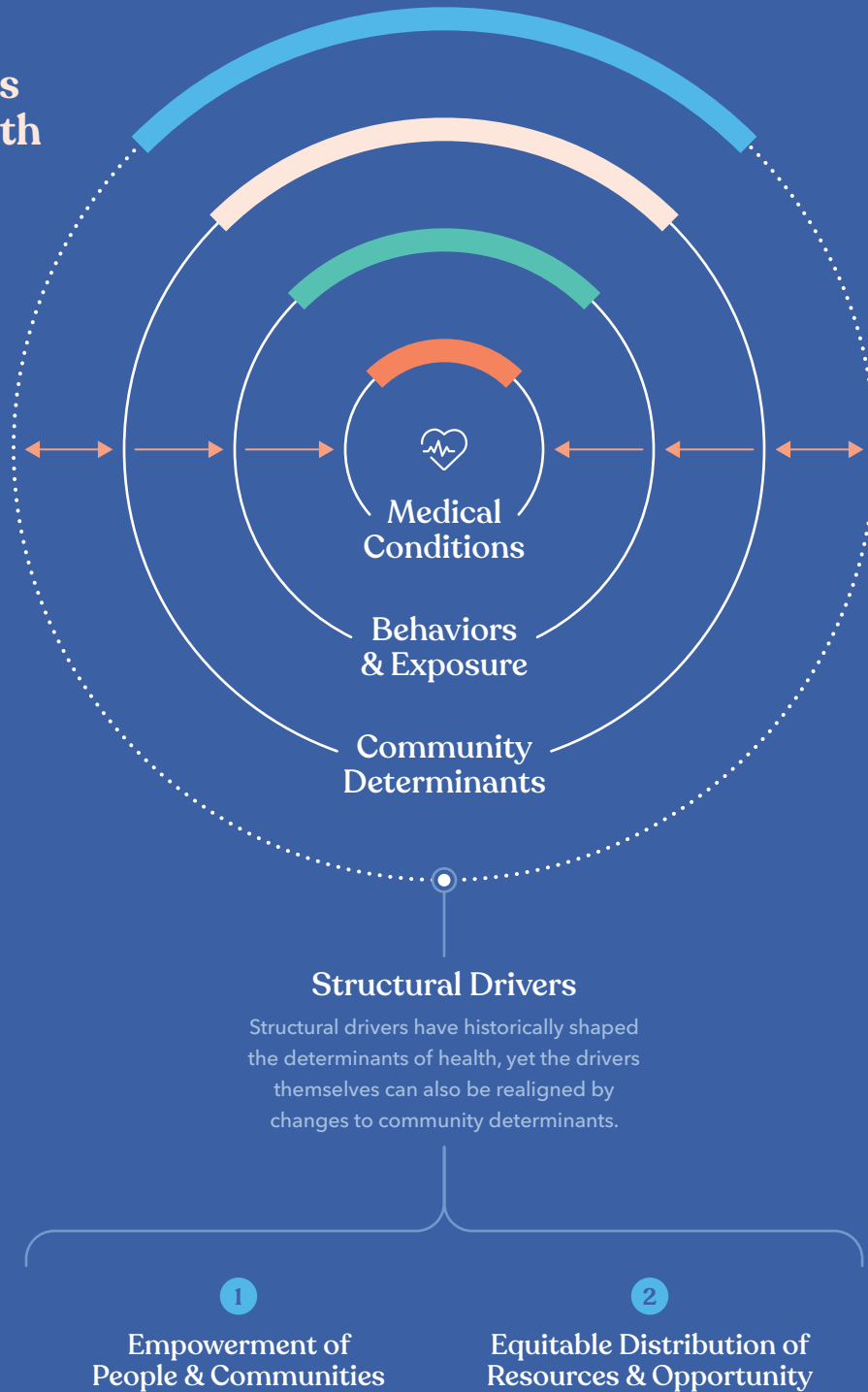
“Socioeconomic factors and physical environment have the largest (80%) impact on our health.”

County Health Rankings and Roadmaps



Artist working with a young community member in Westwood Park in Denver.

Sources of Health Equity



Common Medical Conditions

Cerebrovascular Disease
Chronic Lower Respiratory Disease
Diabetes Mellitus
Drug/Substance Use & Abuse
Heart Disease

HIV
Homicide
Infant Mortality
Liver Disease
Malignant Neoplasms

Mental Health Conditions & Trauma
Nephritis
Occupational Exposures
Suicide
Unintentional Injury

Common Behaviors & Exposure

Air Pollution & Chemical Exposures
Automobiles
Diet/Nutrition
Drug Use & Abuse
Excessive Alcohol Consumption

Falls
Infections/Pollens/Dust
Physical Activity
Poisoning
Sexual Behaviors

Tobacco/Smoking
Trauma & Adverse Experiences
Violence
Weapons

Community Determinants of Health

Social-cultural Environment

.....
Social networks & trust
.....
Participation & willingness
to act for the common good
.....
Norms & culture
.....

Physical/Built Environment

.....
What's sold & how it's promoted
.....
Look, feel & safety
.....
★ Parks & open space
.....
Getting around
.....
Housing
.....
Air, water & soil
.....
★ Arts & cultural expression
.....

Economic Environment

.....
Education
.....
Living wages & local wealth
.....

Healthcare Environment

.....
Quality of Healthcare
.....



Collective efficacy can be defined as the presence of social capital in addition to a willingness to intervene on behalf of the common good (Sampson, 1997). See page 18 for a definition of social capital.



The Toolkit for Health, Arts, Parks, and Equity has a set of definitions for parks, arts and culture, health, and equity on pages 14–15.

by coronary heart failure, malignant neoplasm, and infant mortality (Kawachi & Berkman, 2000; Lochner et. al 2003); improvements in community climate resilience and reduced vulnerability (Aldrich & Meyer, 2017; Klinenberg, 2002); and higher levels of GDP growth at the community level (Knight Soul of the Community, 2010).

As social capital becomes a proactive tool for community change—by participating in community meetings, engaging on important civic issues, and relying on the trust of neighborhoods—this foundation becomes **collective efficacy**. Collectively effective communities have a perceived and real sense of empowerment and act together to ensure that community determinants are serving long-term goals. The W.K. Kellogg Foundation (2007) observed that “collective leadership becomes possible when the members of a group, motivated by a common purpose, begin to build relationships.”

Health, Arts, Parks and Equity (HAP-E)

Building community capacity and overcoming negative structural drivers requires going beyond a theoretical model. *The Toolkit for Health, Arts, Parks, and Equity* (HAP-E) makes the claim that parks and greenspace combined with arts and culture are an ideal practice to build community capacity. **Parks and green spaces** serve as a key **place** of this work by building foundations for community advocacy and decision-making, promoting healthy activities and exposures, and serving as a public asset for shared experiences. (It’s worth noting that other such civic assets play similar roles: libraries, for example, are a place for community.)

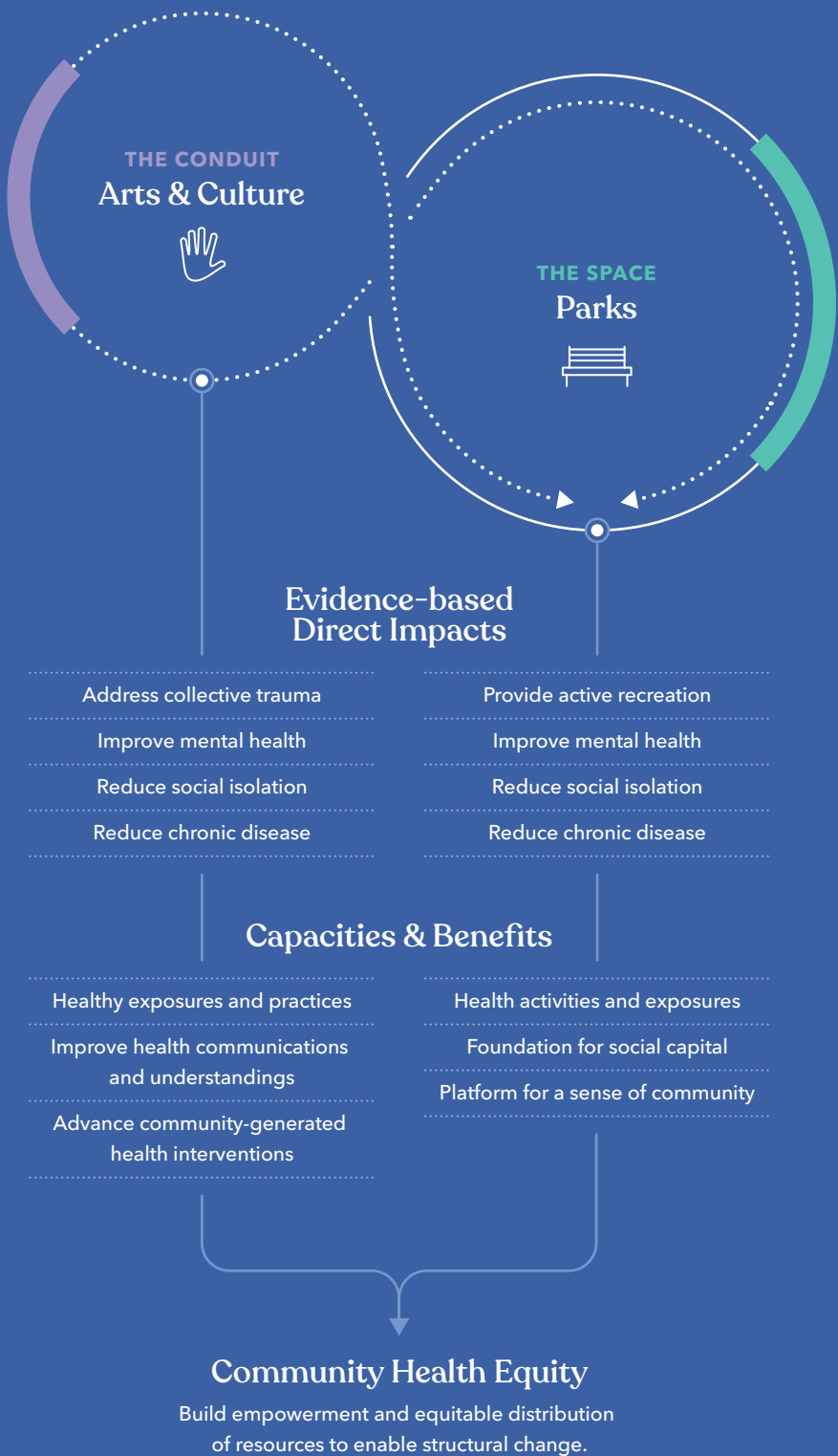
At the same time, **arts and cultural expression** serve as a key **conduit** in this work of building health equity by shifting perspectives and generating meaning, by improving health communication, advancing community-generated health practices, and seeding capacity for sustained wellbeing.

Parks and public space and arts and culture are not only important because access to them can improve health outcomes, but also because they represent means to develop and mature community capacity. For instance, a community is stronger not only because it has a high-quality park nearby, but also because it has a well-organized “friends’ of” group that conducts community programs in the park and advocates for sustained city funding. With the combination of a place, or site, from which to organize (parks and greenspace) and the conduit, or language, to convey meaning (arts and culture), health equity is an achievable goal.

The following section describes how parks and arts, as both assets and as organizing tools, have evidence-based impacts on our health.

HAP-E Logic Model

At the intersection of two community determinants of health, interventions combining arts & culture and parks can foster the capacities needed to achieve structural change.



“[C]ommunities that connect and organize effectively are better able to identify needs and promote action.”

Virginia Morrow
University College London



Celebrating the 606 Grand Opening in Chicago.



Evidence for Parks as a Place for Health Equity

If the public reaction to social distancing orders during the COVID-19 pandemic is any indication, parks and open space are ever more essential to individual and community health. “I’ve really been moved by how dramatic the need has been for people to seek their parks during this crisis,” Florence Williams, author of *The Nature Fix*, said in a conversation with TPL (2020a). Dr. Sadiya Muqueeth, Director of Community Health at TPL, explains that “even before COVID-19 hit, Americans were facing a growing epidemic of social isolation and loneliness,” and we are seeing parks and nature serve as “a source for resilience and healing” (Trust for Public Land, 2020b). Whether in a pandemic or not, parks and open space provide essential benefits to individuals and communities. Yet access to high quality parks is too often inaccessible to under-resourced, under-represented communities.

1. Healthy Behaviors and Exposures

Increasing access to nature through parks and open space has quantifiable health benefits, from reduced chronic disease to improved mental well-being. Urban green spaces are particularly powerful for their negative association with “mortality, heart rate, and violence, and positive association with attention, mood, and physical activity” (Kondo et al., 2018). For example, those aged 40–59 without a park within half a mile radius were over twice as likely to have multiple chronic health conditions (Besenyi et al., 2014). In one experiment that compared vacant lots that had urban greening improvements to those left in obsolescence, the former was associated with residents who reported less stress and more exercise (Branas et al., 2011). Residents of neighborhoods with high-quality public open spaces had less psychosocial distress when compared to residents without such amenities (Francis et al., 2012b).

Access to nature also contributed to perceptions of and real improvements in public safety. While sometimes associated with danger, residents near urban green spaces have lower levels of fear and experience less actual violent behavior (Kuo & Sullivan, 2001). Branas et al. (2011) measured reduction in gun assaults in areas associated with vacant lot greening interventions. In their follow up research, Branas et al. (2018) concluded that standardized, reproducible interventions in vacant lots “can be an effective and scalable infrastructure intervention for gun violence, crime, and fear in urban neighborhoods.” A significant element of urban greening’s effect on public safety is that it changed perceptions of park safety, increasing usage of those spaces (Lapham et al., 2015).

2. Foundation for Social Capital

Outdoor urban environments contribute to not only our “nature needs” but also to the needs of “human interaction” (Matsuoka & Kaplan,

2008) and has been linked to increased social engagement with peers (Jennings & Bamkole, 2019). The process of protecting, enjoying, and caring for parks can have an equal bearing on community health outcomes. For example, Kondo et al. (2016) found that among greened lots in a small urban community, those managed by community members showed more sustained reduction in crime rates.

Parks have a major role to play in building social capital, especially in a time where institutional stability is being tested. In fact, a study found that 27% of perceived social capital was attributable to differences among parks (Broyles et al., 2011). Likewise, high quality neighborhood parks provide key spaces for social interaction and access to social capital (Mowen & Rung, 2016; Ijla, 2012).

This increased sense of community, greater civic engagement, and stronger social capital can lead to increased capacity for community advocacy. This is a shift from: “I know and rely on my neighbor,” to, “My neighbors and I are working together on important decisions that affect our community.” Scholars have shown that park stewardship provides opportunities to interact with neighbors while working collectively towards park maintenance, which could provide a foundation for long term community resilience (Dresner et al., 2014). In being able to advocate for positive change, scholars point to the need to develop **social bridging mechanisms** (Altshuler et al., 2004), for example, having a strong parks advocacy group that can lobby for change at the agency or legislative level (Dresner et al. 2014).

Better still, when communities partner together to leverage the power of public space, the spillover effects can be profound. For example, Eden Night Live (ENL) is a summer festival hosted by the Alameda County Sheriff’s Office on a vacant lot in the Ashland-Cherryland neighborhood of the San Francisco Bay Area. ENL aimed to reduce crime and chronic disease and improve mental health outcomes, with the understanding that “the declining economic base, vanishing cultural infrastructure, frayed social fabric, and lack of positive activities for youth were driving crime” (Okeke, 2018). By holding a pop-up festival to support local businesses, Eden Night Live observed sustained outcomes of social capital, community cohesion, and greater agency in other public matters (Okeke, 2018). There are numerous ways for the public to build social capital through public space, and research continues to show that social capital leads toward positive health outcomes and greater health equity.

3. Platform for a Sense of Community

Parks and green spaces are most commonly associated with nature and environmentalism, however they are also associated with culture,



Social bridging forms the connections between different groups as opposed to those within a self-similar group, or “social bonding.”

heritage, and identity. The green swatches of East Lake Park in Chattanooga or the cliffs of Kessler Park in Kansas City can remind us of the natural world around us, but they also reflect the stories of each of those communities.

The diverse cultures of the Historic Northeastern Neighborhoods in Kansas City are most fully expressed through public space. Community advocates are working to include diverse artists and culture bearers into the activation of parks, lifting up an equity agenda for the entire city. And in Chattanooga, East Lake has been an important civic space for the community, which has a growing immigrant and Latino population. As part of a larger community project, a local nonprofit hired a portrait photographer to take photos of families who were using the park, a first for many of these families.

From a public health perspective, these activities of creating shared experiences and storytelling lead towards what many might call a “sense of community.” Of potential community assets, a sense of community was most closely associated with proximity to parks and schools (and to the quality of those parks) (Francis et al., 2012a). A 2010 survey of American residents by the Knight Foundation revealed that the strongest contributing factors to one’s sense of community was not the usual suspects such as jobs, economy or education, but greenspace and public space (Knight Soul of the Community, 2010).

This sense of community is related to collective efficacy and is used to translate collective ideas into action. Morrow (2001) frames this sense of community’s importance in two ways. First, “communities that connect and organize effectively are better able to identify needs and promote action” and second, “communities that are strongly connected and trust local structure, people, and processes can create a foundation that...recognizes cultural values, norms, and traditions.” The ways in which communities can build this sense of self are unlimited, and parks offer a clear opportunity to tell stories and to build platforms for shared experience.

For example, a growing trend among parks advocates is the development of community gardens with culturally specific crops and produce, accompanied by cooking classes and recipe sharing (Rose et al., 2017). Including stories, arts, culture, and heritage into parks can help lift up parks as a platform for building a sense of community. Research by Giles-Corti et al. (2005) demonstrates that the quality of public space design matters: it drives activity and engagement in local parks. Ultimately, this demonstrates that it is not only important that the benefits of parks are accessible, but that they are of quality and welcoming to every community.

Evidence for Arts as a Conduit for Health Equity

Similar to parks and open space, access to arts and culture provides essential benefits to individuals and communities. This toolkit focuses on both the direct impacts that access to art confers to individuals and, just as important, on the community capacities made possible by arts and cultural expression.

1. Healthy Exposures and Practices

Recent scholarship has shown remarkable connection between exposure to artistic practices and positive individual health outcomes. In the United States and the United Kingdom, this evidence has shown that populations are healthier with access to the arts and with the presence of strong and diverse arts sectors.

In the UK, an All-Party Parliamentary Group on Arts, Health and Wellbeing (2017) led a national inquiry on the impact of arts on the life course. Their research showed that locating arts in healthcare settings, attending cultural programs, or having the arts present in the built environment would result in measurable health and economic benefits for individuals. For example, an “arts-on-prescription” project has reduced physician consultations and hospitalization rates 37% and 27%, respectively. A complementary survey effort by Gordon-Nesbitt & Howarth (2020) shows that “arts engagement can mitigate the social determinants of health by influencing perinatal mental health and child cognitive development; shaping educational and employment opportunities and compensating for work-related stress; building individual resilience and enhancing communities” (Gordon-Nesbitt & Howarth, 2020).

The World Health Organization (WHO) (Fancourt & Finn, 2019) recently issued the largest evidence review to-date of the arts’ impact on health and wellbeing. The results showed two broad themes: that the arts can support the management and treatment of illness and disease (with mental illness-related evidence particularly abundant); and that the arts can aid in prevention and promotion of health, affecting the social determinants. Fancourt highlights the lack of awareness in the latter; “What has been discussed far less is how the arts also provide support in the prevention of illness and promotion of good health...improving social cohesion and reducing social inequalities and inequities” (Fancourt & Steptoe, 2019).

2. Improve Health Communications and Understandings

Just as the WHO report suggests, arts and culture can serve as a prevention tool, by moving upstream and ensuring that health equity is a priority for everyone. It does this, in part, by improving health communications and our collective understanding of health



“Art can facilitate valuable conversations that build social resilience within communities and between communities.”

Eve Mosher
Artist



Making music with a drumming installation in a Philadelphia green schoolyard.

needs. Culture—as distinct from “arts” or the material expressions of culture—has been a long-identified conduit for elevating a mindset of health as a community priority. Culture—which “consists of symbolic vehicles of meaning including beliefs, ritual practices, art forms, and ceremonies” (Swidler, 1986)—leads towards common values in a community, and thus the ability to act on issues involving health. The public health community has a history of using the arts to capture the intersection of culture and health. For example, the photovoice technique of storytelling was designed to give residents agency over communication by “enabling participants to record and reflect on their community, to foster dialogue about important issues, and to reach policymakers” (Wang & Burris, 1997).

Arts and cultural communication is particularly important to health equity. It helps bridge traditional public health definitions of values and assets with otherwise non-dominant community voices who may not share the same ideology or culture, but whose opportunity to be healthy is just as important.



“Trauma-informed care is defined as practices that promote a culture of safety, empowerment, and healing” within the healthcare environment and through public health policy (Tello, 2019).

Golden’s work (2019) explores how certain forms of artistic communication can enhance equitable health research. “Advancing equity requires greater **trauma- and cultural responsiveness** in our research strategies—which itself requires creative innovation,” says Golden (2019), who leaves with “a takeaway: art can generate opportunity and access for the sharing of vital knowledge.”

3. Advance Community-Generated Health Interventions

This culturally-specific, human approach towards communication is an important part of advancing community-generated, preventative health practices. Community-generated health practices means that its constituents are 1) committed to addressing health as a core priority, 2) able to engage and discuss health needs, and 3) are part of the changes made to place. The arts have the capacity to move health solutions to the community level. Over the past 20 years, the Centers for Disease Control’s **REACH** program has created a platform for culturally-specific health practices, such that “the value of health can honor diverse community members’ perspectives, narratives, and cultural meanings of what constitutes health and integrate them into policies, practices, and strategies for improving health” (Chandra et al., 2016).



Racial and Ethnic Approaches to Community Health (REACH) is a program from the CDC that funds health departments and organizations to reduce health disparities among racial and ethnic populations.

Research by Stern & Seifert in Philadelphia (2012) and New York (2017) shows that arts and culture is important not only at the intervention level, whether in a healthcare setting or in community, but also as part of a community ecosystem. Their analysis of geospatial data shows that health outcomes correlate strongly to cultural assets. Those neighborhoods with a lower concentration of such assets experience a

higher social stress index (SSI). SSI correlates to poor health outcomes, such as “underweight infants at birth, births to younger teenagers, infant deaths, substantiated incidents of child abuse, and out-of home placements for delinquency and other dependent children” (Stern & Seifert, 2010).

These community-wide benefits most likely accrue because of the arts’ power to build social capital and collective efficacy. “Art can facilitate valuable conversations that build social resilience within communities and between communities. And social resilience is a key factor in weathering the changes that we’re facing,” says artist Eve Mosher in an interview with TPL (2020c). For example, individuals participating in cultural programs have demonstrated increases in “collective efficacy, including social cohesion and trust among neighbors as well as informal social control” (Tebes et al., 2015). Collaboration on creatively shaping space “can be a potential mechanism leading to a stronger sense of belonging, social cohesion, and inclusion” (Madsen, 2019). In a study from the Center for Active Design, people who reported having access to arts and culture also demonstrated “greater stewardship, participation, and civic trust” (Center for Active Design, 2018).

In addition to building social capital, the arts can mitigate the wicked problems of stigma, trauma, and racism, which remain embedded not just in individuals, but in communities. Achieving health equity often means tackling these issues at the community scale. Scholars and policy-makers have observed the arts—particularly those artistic-practices which might be community-based—ability to “reduce the impact of trauma and [Adverse Childhood Experiences] on other health outcomes, and improve social connections” (Hand & Golden, 2018). PolicyLink recommends arts and cultural engagement be used “to break and reconstruct the narrative of poverty and trauma” (Rose et al., 2017).

The Structural Drivers of Health: Community Capacity

Health equity is the product of spatial and social change. The HAP-E model frames the unique combination of parks as a place and arts as a conduit for health equity. This Toolkit, backed by substantial research, argues for the power of parks and arts to build and sustain the sharing of cultural traditions and building of collective capacity that can generate long term structural change. It argues moving beyond addressing medical conditions, beyond behaviors and exposures, and even beyond determinants themselves. It suggests the foregrounding of community capacity, such that communities might move beyond the structural perfidy of racism or resource inequality. This evidence demonstrates the important spatial and social potential of HAP-E. With arts as the conduit, and parks as the place, health equity can be an achievable goal.



ACEs are potentially traumatic childhood experiences, environments, and exposures that are linked with chronic health outcomes, mental health challenges, and substance abuse in adulthood (Dube et al., 2001).

Guiding Principles

A Process towards Health Equity

Every community is unique with its own set of challenges and assets. As such, it takes flexibility and strategic thinking to work meaningfully towards health equity. This toolkit includes a theory of change, described previously, and a set of compelling case studies that shows what this intersectional work looks like.

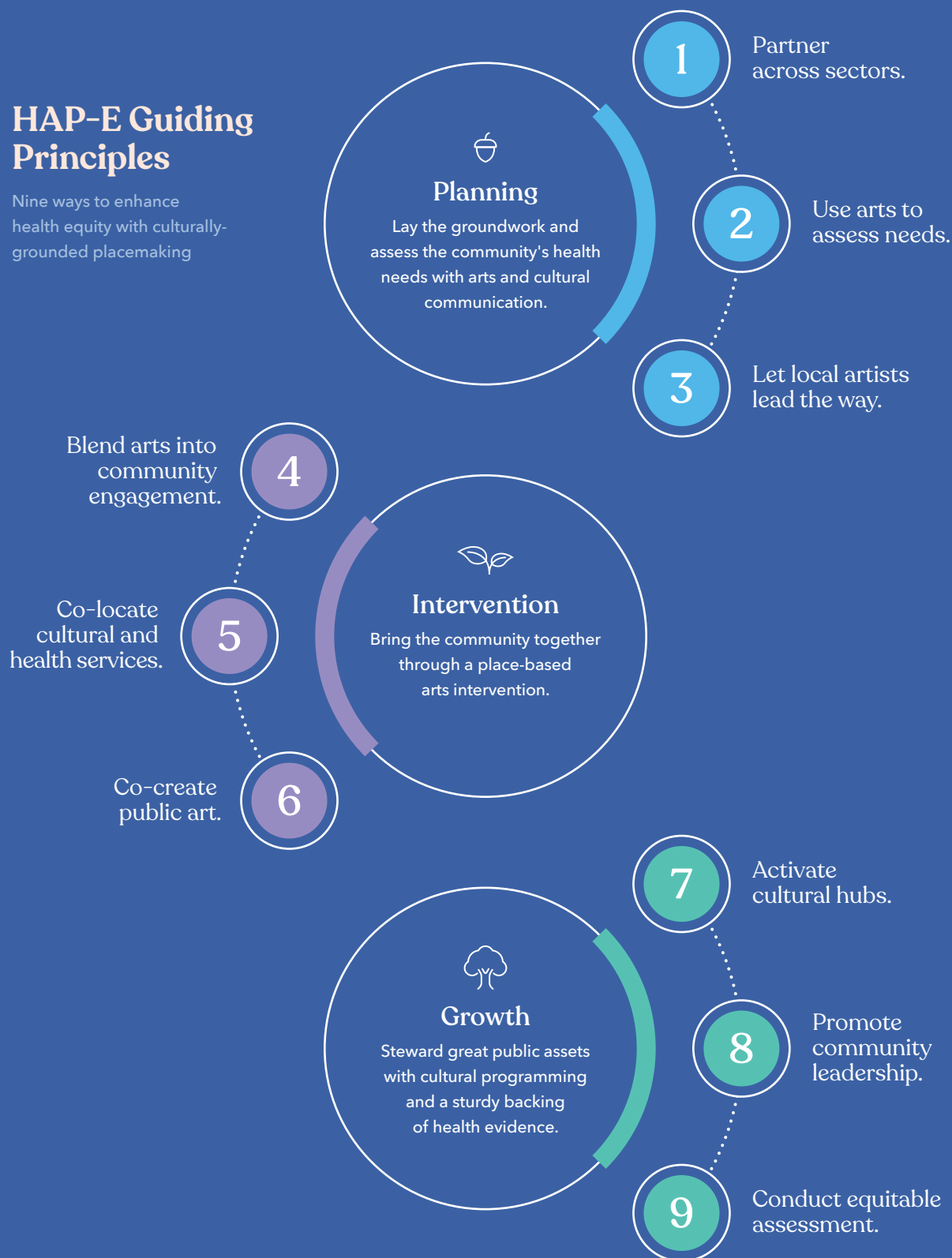
This section—the Guiding Principles—includes the core lessons this toolkit hopes to convey. They were derived in two ways:

- 1.** Learning from particular parts of each case study as best practices, noted in each example, and;
- 2.** Identifying research-grounded strategies for change that others could adopt, in flexible ways.

Case studies can't be replicated wholesale. Communities have different starting points, but these principles point to a way of working that any health equity advocate could adopt. These nine principles are divided into three sub-sections, and follow a chronological path according to the life of an intervention.

HAP-E Guiding Principles

Nine ways to enhance health equity with culturally-grounded placemaking





Health in All Policies (HiAP)

advocates for all sectors to integrate health in their policies, with the understanding that health is often created “beyond the scope of traditional public health activities” (Rudolph et al., 2013).



Healthy People 2030 framework intends “to attain the full potential for health and well-being of the population” across all sectors of society (Office of Disease Prevention and Health Promotion, n.d.).

Related Case Study

Center for Health Equity
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Principle 1

Partner Across Sectors

Background

Public health departments can’t address health equity on their own. Adopting an aggressive approach towards the determinants of health requires collaboration outside the walls of a health organization. By forming cross-sector partnerships, health departments are able to tap into a larger network of expertise, community relationships, and resources. Indeed, it’s already a strategic priority for many health departments to form cross-sector partnerships and is a consistent recommendation in many contemporary health models, such as **Health in all Policies**, Public Health 3.0, and **Healthy People 2030**.

Relevance for Parks and Art

Artists and park leaders are natural collaborators and partners in physical-environment and human-centered programming. Both sectors, whether within a city agency or a local NGO, have long-standing experience forming working relationships outside of their own sectors. The most successful examples, demonstrated both by research and nearly every one of the case studies, shows that forming relationships earlier makes for more successful projects and more engaged partners. Additionally, many of the case studies show the need for not only early collaboration, but for setting clear expectations: who is funding, who is working in the community, who is assessing and evaluating?

Best Practices

For the past ten years, the Los Angeles County Department of Parks and Recreation (DPR) has successfully been rallying partners to create safer communities by using parks as a cultural hub through its Parks After Dark (PAD) program. Dozens of LA County partners invite service providers to summer evening events and, as a result, residents in predominantly low-income neighborhoods can engage with a range of health promoting resources. For example, one of the Mental Health Department’s nonprofit partners provide “park therapy” sessions concurrent to a festival where the Sheriff’s Department is hanging out with community members, the Cultural Affairs Department is hosting a concert, and the Parks Department is teaching swimming lessons. Though PAD is a seasonal program, it has strengthened relationships between departments throughout the year.

Principle 2

Use Arts to Assess Needs



Background

Health Impact Assessments (HIA) and other tools are used to ascertain how policies, projects, and interventions might impact population health outcomes. They strongly influence departmental budgets and priorities. Arts and culture provide two opportunities to improve the effectiveness of health assessments. First, arts and culture can be a **powerful communication tool** for meaningful participation and data collection. Acknowledging cultural artifacts as a source of information and communicating in a culturally-sensitive medium has been able to build trust and yield rich quantitative and ethnographic data, particularly when working with marginalized communities. Secondly, health officials can include in their assessment, a measure of the distribution of cultural resources and assets.

Relevance for Parks and Art

Both parks and arts & culture are community assets vital to building community health and capacity (Davis, 2016). Neighborhoods with higher rates of poverty have fewer opportunities to engage with greenspace and the arts. Even when controlled for income levels, predominantly African American and Latino neighborhoods have fewer parks and cultural institutions (Wen et al., 2013; Stern & Seifert, 2010). However, every community has arts and cultural assets. Local restaurants, faith congregations, and parks & recreation centers serve as cultural bearers just as much, if not more than, traditional arts hubs. Identifying these resources in assessments both dismantles unequitable definitions of “culture” and who is an “artist,” and creates opportunities to leverage these assets as health-promoting cultural hubs.

Best Practices

Using years of data collected through Community Health Profiles, NYC DOHMH’s Center for Health Equity and Community Wellness (CHECW) narrowed in on neighborhoods “as a key unit of transformation” (Gale, 2019). CHECW established three Bureaus of Neighborhood Health (the Bureaus) in the neighborhoods bearing the greatest brunt of health inequities and legacies of racism. The Bureaus became lodestars for the community, making connections with cultural producers in the area, and using those connections to learn more about the uniqueness of each place. Focused, place-based cultural bearers became key champions in coordinating services and identifying needs.



A **Health Impact Assessment (HIA)**, **Community Health Assessment (CHA)**, or **Cultural Asset Map** provide ways to—with community—asses the health needs of a geography or of a particular intervention.



Research by Dr. Tasha Golden, for example, found that offering creative writing with incarcerated girls provided “extensive detail about their needs and difficulties, while also revealing their power and creativity” (Golden, 2019).

Related Case Study

Porch Light
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For example, the Rhode Island Department of Health (RIDOH) partnered with the Rhode Island State Council on the Arts to embed an Artist-in-Residence in the RIDOH to “drive creative arts based approaches to achieve health equity” (Emelio, 2019).

Related Case Study
[One Poem at a Time](#)
page 87

Principle 3

Let Local Artists Lead the Way

Background

Artists are often asked to provide unique services, such as paint a mural or perform at an opening, for a city partner. But the tools of the artist—empathy, curiosity—often mean that their voice at the beginning of a project is even more important. When navigating ambiguous community health and health equity challenges, artists can “increase the inclusivity and cultural responsiveness of conventional approaches to health interventions and research” (Sonke et al., 2019). This approach favors an **open-ended approach** to organizational engagement and does not prescribe a narrow role.

Relevance for Parks and Art

Just as public health is what happens outside the hospital, so much of arts and culture happens in the public realm. Artists are comfortable working in public space, and parks are invaluable canvases and stages. Parks can function as an important venue in low-income communities by offering accessible, affordable space to showcase diverse ideas and have those ideas lift up local heritage and tradition. For community members, being able to point to a local installation and say it was made by a neighbor (rather than a famous outsider) boosts trust and infuses resources back into the community. Many urban parks organizations have strong partnerships with their local arts community.

Best Practices

Given enough resources and trust, artists can contribute early and in unexpected ways. The community building organization, Zuni Youth Enrichment Project (ZYEP), assembled a group of six prominent local artists to guide the planning of Ho’n A:wan Community Park. The ZYEP coordinators came in without expectations of the role artists would play, which in fact made room for the coalition to play a number of functions: as community organizers who reached their network of neighbors and family members; as facilitators present at all community meetings to push for deeper meaning in group conversations; and as story-tellers who translated the ancient and modern identity of Zuni people onto the visual landscape of the park for all to celebrate.

Tasha Golden, PhD

Senior Arts and Health Research Scientist,
International Arts + Mind Lab

Tasha's Story

Tasha toured as a singer and songwriter for eight years, performing songs that she said were “a way to express difficult things in my life.” Some of her most vulnerable songs were about domestic violence and mental illness, and “wherever we were in the world, those were the songs people lined up after shows to talk about,” Tasha said. Often, her fans confessed that Tasha was the first person they told about being abused or depressed, which meant they were being treated by doctors who didn’t know about the trauma affecting their health. Back home in Louisville, KY, Tasha facilitated song writing workshops with incarcerated girls and was amazed at the difference between what the verses were telling her, compared to the surveys she was conducting. The surveys presupposed the challenges incarcerated girls were facing, whereas the poems and songs were revealing far richer data. These experiences led her to wonder: how can arts be a more effective way to communicate health and simultaneously heal?

What She Does Now

Tasha explored this question as she pursued her PhD in Public Health, where she developed new arts-based methods for understanding the experiences girls have with violence. She now works as a Senior Arts and Health Research Scientist at the International Arts + Mind Lab in the Brain Science Institute at Johns Hopkins, where she is furthering the conversation on equitable research methods. “Health equity requires that we ask what we don’t know,” and we may not be able to bridge that gap through “conventional surveys or dominant norms,” Tasha says. She sees opportunities for arts and culture to make health assessments more equitable by communicating in a common language.

Why Tasha's Work is Successful

Though she’s no longer touring, Tasha carries her artist background into all she does. Being an artist taught her to expect and value people’s need for non-traditional means of expression. Art and creativity also guide how she collects research and tackles ambiguous problems, and they challenge her to acknowledge who doesn’t have a seat at the table. “Asking ‘what don’t we know?’ is research 101,” she says, and “is crucial to achieve health equity.”



“Health equity
requires that we
ask what we
don’t know.”

Tasha Golden



International Association for Public Participation's (IAP2) and Arnstein's Ladder of Citizen Participation are two common spectrums of community engagement used in public health.



Embedding arts and culture can be as simple as serving food from a beloved, local restaurant at community meetings or encouraging play through participatory design.

Related Case Study

100 Stone Project
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Principle 4

Blend Arts into Community Engagement

Background

Community engagement exists not as a binary—whether it's done or not—but on a spectrum with “inform” at one end and “empower” at the other. Evidence points to community engagement having positive impacts on individual health when done meaningfully and with follow-through; conversely, some communities also demonstrated “consultation fatigue” (Attree et al., 2011). The public health sector recognizes that quality community engagement makes for better potential outcomes (O'Mara-Eves et al., 2015), and **new paradigms** give public sector leaders the tools to build empathy, intentionality, and awareness. To that end, **embedding arts and culture** can be a core strategy to move community engagement from transactional to mutually beneficial.

Relevance for Parks and Art

Tools like NYC DOHMH's *Race to Justice* (see page 68) emphasize communications and engagement that is culturally-responsive and centered in places of community value. Just as the arts can serve to assess a community's needs, so too can it form the backbone of consistent, power-neutral communications over the course of an intervention. Many of the case studies demonstrate this: Porchlight's murals create a condition for interaction that is not clinical, but based on cultural understanding of mental health. So too with parks: communication also requires a platform for engagement, one that is a place seeded with community value.

Best Practices

As the City of Wenatchee and The Trust for Public Land planned the revitalization of a small neighborhood park, Kiwanis Methow, they relied on traditional outreach, such as holding meetings in a community center, but only small audiences attended. They partnered with a visual artist and Wenatchee minister to help organize, and the difference was transformative. The new coalition began attending community events such as the Northwest Mariachi Festival, facilitating planning sessions in English and Spanish using Mexican arts and crafts, and hosting cultural festivals on their own. Participation in equitable park engagement skyrocketed, and a new advocacy group, Parque Padrinos, has continued the legacy of community organizing-through-placemaking.

Principle 5

Co-locate Cultural and Health Services



Background

Place-based public health initiatives often run on separate tracks, even while working in the same neighborhoods towards similar goals. Co-locating intersectional resources and services in an inclusive place and coordinating referrals across these services are core strategies to address social determinants of health (Porterfield et al., 2012). Even if a neighborhood has health services within reach, community members may feel a lack of physical and psychological access. To promote holistic access to positive community determinants, stakeholders have to consider the culture of the community, and build trust and awareness around services and resources.

Relevance for Parks and Art

To improve access, many health departments co-locate health services, such as health fairs and exercise classes, with cultural assets, such as parks, community centers, and festivals. Layering health services with arts and culture can increase awareness, improve accessibility, and build social cohesion (Sonke et al., 2019). Parks are a natural venue because they are public, inviting spaces with a low barrier for entry that can also reduce stress-levels (Roe et al., 2013). Arts and culture in an accessible space can engage diverse audiences—and welcome marginalized ones. By supporting cultural assets, health organizations are building social capital to sustain public health benefits over time (Stern & Seifert, 2012).

Best Practices

Parks After Dark began as a youth gang intervention but the team realized that to reduce violent crime, their programs needed to cater to the whole family, not just at-risk youth. “What makes PAD unique is how we do community engagement,” says LA County Public Health Department official Kelly Fischer. A key strategy to PAD community engagement is co-locating arts and cultural events with health services. Mika Yamamoto says that “arts and culture drives another kind of activation that draws others” who may not be interested in participating in traditional recreation. Every year, the number of parks participating in PAD grows and with it, more community members, festivals, and services, and ultimately, the number of people accessing health services.

Related Case Study

Center for Health Equity
and Community Wellness
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Art therapy is typically used in a clinical setting to relieve mental and physical ailments through the benefits of practicing or experiencing visual and performance art.



This public realm extends from parks to anything that is truly public: rights-of-ways, plazas, streetscapes, etc.

Related Case Study

Porch Light
page 101

Principle 6

Co-create Public Art

Background

The community-based nature of co-producing public art impacts health in community, as opposed to the important individual benefits of **art therapy**. First, the act of convening community members, especially who may share collective trauma, lays the groundwork for “social change and community mobilization” (Mohatt, et al., 2013; McCarthy et al., 2004). Second, participatory public art improves the cultural context for health promotion by instilling pride and collective identity in residents, building social cohesion, and addressing social isolation and exclusion (Tebes et al., 2015; Aldridge et al., 2017; McCarthy et al., 2004).

Relevance for Parks and Art

Public space and parks provide an important forum, and canvas, for equitable access to the creation and appreciation of **public work**. Community members who come together to create an arts or cultural installation have the opportunity to maintain social ties by pursuing arts endeavours together and organizing for social change (McCarthy et al., 2004; Bublitz et al., 2019). Co-creation also pushes engagement up the spectrum, creating a network of relationships instead of a binary of practitioner and participant.

Best Practices

The case studies in this toolkit show that co-production of public art is effective at intervening across the complex interests of community health. For example, artist Sarah Davies began 100 Stone Project as a statewide suicide awareness campaign that took her to incredibly remote communities across Alaska. Davies invited hundreds of people to depict their stories of “trauma, grief, chronic illness, mental illness, substance abuse,” in sculptural form that also tells a story of resilience (100 Stone, N.D.). She arranged the statues on the shores of a park in Anchorage where Alaskans were able to interact and connect with narratives of grief and trauma. The public co-created the art in many ways. The individuals represented played active roles in the creative process. Even more, the larger media campaign, with powerful photos and messages, brought healing and exposure to a statewide audience, one that is remote and hard to reach in traditional clinical settings.

Victor Rodriguez

Health Equity Program Manager,
Tacoma-Pierce County Health Department

Victor's Story

Victor is the son of Mexican farm workers who migrated to Washington. From a young age, he worked alongside them in the strawberry and tulip fields. In high school, Victor joined a social justice student organization that showed him his family's "situation is not by accident," he says. "We've been exploited for a long time." From then on, Victor was a committed community organizer. Over the years, he started a nonprofit for young Latino men, organized marches, held education events for the community, and more. "My whole career has been focused on equity and social justice," he says, and which led him to Tacoma-Pierce County Health Department (TPCHD).

What He Does Now

Victor's focus is two-fold: first, incorporating health equity into everything that TPCHD does at the organizational level and secondly, building external partnerships to address the social, economic, and environmental conditions that shape health. He is currently working with the City of Tacoma on participatory budgeting in two neighborhoods that the health department identified as experiencing health inequity. "Each neighborhood receives \$100,000 and they can spend it on anything that has to do with arts, heritage, culture, or science." And the City will implement whatever the community decides they want. For example, he has community members coming up to him asking whether the City could fund their annual Chinese New Year celebration and "We say 'yeah, because that builds social connection and that's good for your health.' So what we are seeing is people seeing things as assets in a new light."

Why Victor's Work is Successful

Victor is working to build trust between communities and the health department through meaningful community engagement. He trains his colleagues to be humble public servants and recognize that, while the department may be "content" experts, the community can be "context" experts. "We struggle with community engagement because, as a large institution, it's seen as transactional" but that's not authentic or equitable. The way he put it is "If you're friend only chills with you when they need something, after while you're gonna say 'Hey, I'm not really feeling this, where's the reciprocity?' To address that, we need to build trust."



**"My whole career
has been focused
on equity and
social justice."**

Victor Rodriguez



Principle 7

Activate Cultural Hubs

Background

As the social determinants model shows (see page 20), the ultimate goal of building health equity requires partners to think about structural drivers, those forces that impact how resources are distributed. Health departments are looking to invest in creative ways to shape these systems over time, while also impacting the near term vectors at greatest risk. Oftentimes, this means working in concert with other agency partners across a municipality or within a community.

Relevance for Parks and Art

Parks and public spaces can serve as evolving and inclusive cultural hubs. High quality parks with a degree of “informal social control” (Altschuler et al., 2012) promote “positive health behaviors and outcomes,” from increased physical activity to social engagement (Jennings & Bamkole, 2019). As health departments seek to not only create new cultural hubs, but also sustain these resources over time, public space offers a unique opportunity to do so, often through grassroots leaders, like a **“friends of” group**, and in partnership with artists and cultural bearers. Arts and cultural events, such as cultural festivals, concerts, and local performances, build a community around the park. This sense of community can sustain engagement, and its benefits, in the long run.

Best Practices

Zuni Youth Enrichment Project was started in 2009 by two physicians in partnership with the Indian Community Hospital and, in the beginning, took a clinical approach to health and health behaviors. Specifically, they sought to reduce childhood obesity by offering a summer program to give local youth opportunities to exercise and recreate. The organization remains committed to improving Zuni youth health, but has evolved their approaches to create a community-wide culture of health, a culture embodied in Ho’n A:wan Community Park. There, youth get lots of exercise playing on the soccer fields and public spaces. They also get to practice speaking Zuni with their peers, appreciate a mural depicting Zuni history, and use the amphitheater for their next performance. ZYEP now feels responsible for many facets of Zuni life, all which feed into a healthier community.



Friends groups are generally formed by a group of citizens with common interests in the stewardship of a local park. Their activities can range from fundraising and volunteer work to significant operational support.

Related Case Study

Kiwanis Methow Park
page 49

Principle 8

Promote Community Leadership



Background

While community spaces like parks are important tools in building long-term leadership, they don't stand in for the profound impacts of **community capacity** and collective efficacy. Building community capacity ensures sustained positive health outcomes of a place-based intervention by strengthening the tools people have at their disposal to create change and align residents towards acting for a common good. Collective efficacy is linked with reduction in premature mortality and chronic diseases (Teig et al., 2009) and can offset health impacts associated with neighborhood disorder and decay (Tebes, 2015).

Relevance for Parks and Art

Community capacity and collective efficacy are complex and **hard to measure**, but vital to community resilience. Increasing their effectiveness requires not any one type of strategy, but a myriad set of approaches. Public arts and cultural expression have the power to work across a range of these registers: they promote social interaction which fosters the collective efficacy for communities to organize and initiate social change (McCarthy et al., 2001). As Sonke and her team (2019) have shown, arts and culture breaks down the barriers of communication that can build health literacy. Combined with the power of parks and public open spaces as a venue for collective organizing, these tools can begin to lay the foundation for long-term advocacy.

Best Practices

When IDEAS xLab began engaging the community of Smoketown about replacing predatory billboards with community artwork, many community members suggested talking to Nachand Trabue. Trabue is a beloved local entrepreneur who became a vital voice during One Poem at a Time. After the first round of billboards went up, Trabue continued to organize the Smoketown residents to rise up against the opening of yet another liquor store in their predominantly African American neighborhood. Under her leadership, Smoketown residents wrote 5,000 letters to the Kentucky Statehouse which led to a citywide policy to make opening a liquor store much more difficult. "It was truly community led," says Hannah Drake of IDEAS xLab, and started when the community saw public art say "We are worthy, worthy of everything."



Community capacity building is the "processes and activities that maximize individual and community potential" (BC Healthy Communities Society, n.d.).



Community capacity and collective efficacy are often measured in tandem with social capital, trust, and communication.

Related Case Study

Ho'n A:wan Community Park
page 77



There is little in the public health field that is not “**evidence-based practice**,” or programs that are directly informed by scientific evidence.



Creative placemaking is the practice of using arts as a tool for community development (Clarke, 2019).



Wellbeing is “often framed in relation to satisfaction with life, sense of purpose and fulfilment, control, competence, mastery and autonomy, selfrealization, connectedness, and affectiveness” (Sonke et al., 2019).

Related Case Study

Parks After Dark
page 93

Principle 9

Conduct Equitable Assessment

Background

As the public health sector continues to evolve and expand its purview, metrics for health evaluations are also shifting. **Evidence-based practices** (EBP) are foundational groundwork for understanding impacts at a range of societal scales (Powell et al., 2016), and investments in community health are learning from robust models of EBP. As interest in public space and arts and culture strategies grow, the interest in measuring their impacts on individuals and communities is growing too. The field requires a comprehensive set of measures that accommodates these “soft” upstream determinants: social cohesion, feelings of safety and belonging, and a sense of community.

Relevance for Parks and Art

The arts are necessarily ambiguous, and comprehensive measurements of their health benefits can be challenging outside a clinical environment. Qualitative measures, grounded in cultural mediums like oral histories, visual reflections, and performance, can begin to capture evidence with more depth and rigor (Clift, 2012). As part of their **creative placemaking** projects, several departments have taken to conducting pre- and post-surveys about participants’ feelings of safety, belonging, likelihood to return, etc. that indicate mental health and **wellbeing** factors that contribute to a variety of health outcomes.

Best Practices

Mural Arts Program (MAP) in Philadelphia formed a long-standing partnership with Yale School of Medicine to explore the impact public art has on community health. A 2015 study, using community-based participatory research in eight neighborhoods, found a “relative increase in social cohesion and trust among neighbors as well as small decreases in feelings of stigma toward individuals with mental health or substance abuse challenges” (Tebes, 2015). Porch Light has built off the Yale study to articulate the change they see on an individual level and continues to administer pre- and post-tests through clinicians. The research was creative in its design and has validated continuing investment in place-based, artistic interventions by local government.

Julianne Price & Tony Brown

Statewide PACE Coordinator, Florida Department of Health
& President, Indian River County NAACP

Julianne & Tony's Story

Julianne and Tony began working together seven years ago through a partnership between Florida State Health Department and the NAACP. Julianne has been working as the **PACE-EH** Coordinator (Protocol for Assessing Community Excellence in Environmental Health) for over a decade. When the PACE-EH toolkit “landed on her desk,” Julianne said, “I had to make it into my own” and has become a community advocate in the process. Tony was born and raised in Indian River County, a predominantly African American community and, according to Tony, “deeply impoverished.” Tony got his start in civic engagement at the age of 11, and over the years has earned the respect of his community.

What They Do Now

“[T]he health department and NAACP gelled in many of the same issues,” says Tony, citing housing, civic engagement and mental illness. Julianne and Tony began collaborating on community outreach using the PACE-EH framework to improve environmental health issues, from access to clean water to improving community greenspaces. With this framework, they had a platform to do in-depth community listening. They uncovered many of the root causes of health issues the Department had struggled to redress. This partnership resonated beyond discrete projects, breaking intractable silos and giving the African American community a seat at the decision making table. Without that seat, “there’s no way to stop false narratives” about the African American community; with that seat, “I speak truth to power,” Tony says. For example, it was hard for health professionals to understand why so many African Americans were using emergency rooms instead of hospitals. Tony and Julianne pointed out that there simply wasn’t a hospital nearby, so “where would we go?”

Why Julianne and Tony's Work is Successful

When asked what makes their work work, they like to give credit to each other. “Julianne took PACE-EH to another level, she had a vision,” Tony says, whereas Julianne believes “the key is partnering with NAACP.” Both can agree that investing in a strong cross-sectoral partnership makes PACE-EH unique. As Tony puts it, “If you come to cook in Julianne’s house, you want to know where the pots and pans are, right?” Through strong partnerships, the two can focus on listening to community members’s needs and translating that to better environment health.



“I speak truth
to power.”

Tony Brown



PACE-EH is a community development process created by the CDC and NACCHO to provide step-by-step guidance on conducting community-based environmental health assessments.

Case Studies



49 Kiwanis Methow Park

Wenatchee, WA

2013-2020

The Trust for Public Land

Culturally-specific arts built trust and connectivity with an under-resourced community during the planning and design of a neighborhood park. The long process of building trust has resulted in stronger social ties and greater civic participation.



59 100 Stone Project

Anchorage, AK

2014-2016

Sarah Davies

Collective creation of public sculptures is used to embody statewide resilience. Statues were situated in a state park in Anchorage, anthropomorphizing the burden of suicide and giving Alaskans a language to understand mental health.



67 Center for Health Equity and Community Wellness

New York, NY

2014-present

New York City Department
of Health and Mental Hygiene

DOHMH has made health equity a primary focus for all its programs. This center is leading the effort through place-based programming, community engagement, and centering community voices.

77 Ho'n A:wan Community Park

Zuni Pueblo, NM

2014-2018

Zuni Youth Enrichment Project

A grassroots nonprofit supports resilience among Zuni youth with traditional arts practices. Using progressive arts leadership, a community center and park were built to sustain Native culture and health.



87 One Poem at a Time

Louisville, KY

2017-2018

IDEAS xLab

Using arts-based communication, negative outdoor ads were replaced by community-created images and poetry. As a result, the community rallied against new liquor stores and ushered in new citywide policy for more transparent communication.



93 Parks After Dark

Los Angeles, CA

2010-present

**Los Angeles County Parks
and Recreation Department**

Partnerships in high-needs neighborhoods led to greater access to public services. Using parks as an approachable space and arts to enhance community engagement, violent crime rates were lowered in dozens of LA County neighborhoods.



101 Porch Light

Philadelphia, PA

2007-present

Mural Arts Program

Public mural making can be a healing process for individuals experiencing mental health challenges and an exercise in empathy for communities, all which expand health equity.





Kiwanis Methow Park

Culturally-specific arts built trust and connectivity with an under-resourced community during the planning and design of a neighborhood park. The long process of building trust has resulted in stronger social ties and greater civic participation.

Context

On the leeward side of the Cascade Mountains, where the Wenatchee River Confluence interrupts the Columbia River Valley, acres of Bosc Pears, Fuji Apples, and Sweet Cherries are grown in the dry, irrigated plains of Central Washington. At the heart of this enterprise is Wenatchee, a large town home to thousands of Latino migrants who have moved here over the past several decades.

South Wenatchee has become a multi-generational community for predominantly Latino field workers. Despite the natural beauty of the surrounding area, South Wenatchee is disproportionately lacking in green space, as well as other health determinants such as clinics, healthy food, and mental health services compared to the rest of the City (Hernandez & Kling, 2013). The last park to be developed in the area was in the 1950s. Kiwanis Methow Park was built in the 1930s and, in recent years, has consisted only of a chain link fence, flood lights, a patchy soccer field, two netless basketball hoops, and deteriorating playground equipment.

In many ways, the poorly maintained condition of Kiwanis Methow Park was a physical manifestation of larger issues in South Wenatchee. An informal health assessment by the Trust for Public Land that draws from a Wenatchee Valley Hospital Community Health Assessment (Hernandez & Kling, 2013) showed that gaps in educational attainment and employment opportunities disproportionately affect low-income populations, Latinos, and women. “We have poverty and drug problems, high childhood obesity rates, and a lack of good infrastructure,” Minister Misael Fajardo-Perez says in an interview with *Land&People Magazine*. A lack of access to social gathering spaces and poor social cohesion was also identified as a root cause of these health inequities, particularly mental health challenges.

This reflected a power imbalance constructed by legacies of racism and exploitation of Latino immigrants. As one Tacoma public health official who grew up farming and community organizing in Washington

Wenatchee, WA

The Trust for Public Land

2013-2020

HAP-E Principles Highlighted

Use arts to assess needs.

Let local artists lead the way.

Blend arts into community engagement.

Co-locate cultural and health services.

Activate cultural hubs.

Promote community leadership.



Young dancers at a Mariachi festival in Wenatchee.



Public health priority:
Dismantling racist institutions

put it, “our situation is not by accident.” Rather, low wages, long work days, and overall poor social services (encompassed by increasing gentrification of diverse neighborhoods in Wenatchee) concentrated poverty in South Wenatchee. Many residents felt that the “powers that be” were doing little to intervene. This led to decades of distrust towards institutions, like the City of Wenatchee and TPL, and disinterest in participating in civic life, further alienating the **Latino community**.

Despite or in spite of these challenges, South Wenatchee Latinos have cultivated a powerful strength in Chicano traditions and culture that leaves one inspired and electrified. Mariachi groups, visual artists, and some of the best Mexican food in the state are all celebrated assets of the community. Increasingly, this culture and sense of community has been at the center of a movement to mobilize South Wenatchee residents towards health equity and community representation.

Who had a stake:

- The Trust for Public Land
- Latino Community Fund
- Parque Padrinos
- Residents of South Wenatchee

Intervention

When the Trust for Public Land started gathering feedback from the community about renovating Kiwanis Methow Park, they began in the standard way, with outreach and presentations, that erred on the side of consultory (see IAP2 spectrum on page 38). It became evident that to successfully engage this community with whom TPL had never really worked, there needed to be a foundation of social bridging that would build authentic channels of communication.

To overcome these bridging needs, TPL and other nonprofits recognized the power of extant cultural assets. For their reputations as community leaders, Terry Valdez, an artist, and Pastor Fajardo-Perez were onboarded to lead community engagement. Thus began a multi-year process centered around **participatory design**, community empowerment, and fulfilled collective efficacy.

Recognizing the benefits of layering health services with cultural services, an initial step was a “Health Wenatchee” festival that combined cultural expression with health communication strategies. It centered on Mariachi music and dance, which has a longstanding reputation of excellence in the region, thanks to a Grammy-winning high school music teacher. The festival set a precedent of engagement that was characterized by “going to” and not “asking for,” says TPL Program Director, Cary Simmons. There, community members received health services, like dental check ups and mental health consultations,



Many of the best parks, public spaces, and civic centers are the result of **participatory design**, which is an intensive community engagement process that includes stakeholders and community members in the direct planning and design of an amenity.



Community members sharing thoughts about Kiwanis Methow Park during a health festival.

“[The Parque
Padrinos] are
the absolute
best way to get
messages to [the]
community.”

Carol McCormick
Chelan-Douglas
Health District



Artist Terry Valdez and minister
Misael Fajardo-Perez facilitate a
participatory design meeting for
Kiwanis Methow Park.



while delighting in public arts and culture; both sent the message to residents that this project was for their benefit.

Residents began to take notice. At one of these events in 2016, Teresa Zepeda-Sosa and her daughter, Teresa Bendito, met Simmons at a local mariachi festival. Bendito told *Land&People Magazine* about this encounter: “My mom was like, ‘What’s this white guy doing at a Mexican cultural event? We better see what he’s about.’”

As local buy-in grew, more participatory design was conducted, in English and Spanish, at community and cultural events such as the Northwest Mariachi Festival. Partner organizations such as the Wenatchee Museum and Cultural Center and The Numerica Performing Arts Center leveraged their own deep connections to the community. Because this arts-based engagement was so successful, a range of medical and social-service providers joined the park-focused conversations. They were able to connect with residents about issues of mental health, dental care, and other important health-related topics.

This collaborative approach had an end goal of renovating Kiwanis Methow Park into a wonderful civic asset, but radiated into many other areas of community uplift. Unexpected benefits of this process emerged along the way that promise to address some of the structural inequalities that exist in South Wenatchee. To support the ongoing engagement of this work, local leaders in the area created the Parque Padrinos (“Park Godfathers” in Spanish) to serve as an organizing and advocacy group. Led by the previously mentioned mother and daughter team, Zepeda-Sosa and Bendito, this group hosts events, conducts outreach, and lobbies for change. Arts and culture is central to these efforts. For example, creating Papel Picado for Quinceañeras and other festivals at the park was a way to build social capital. As one of the members put it, “the cutting of the paper is when we build the community.” This newfound community leadership changed the complexion of what was happening in the neighborhood: from getting feedback about a park, to building power for long term structural change.

One instance of how that power has manifest is the story of the kiosko, or pavilion, at the heart of the park. The kiosko represents a central gathering place traditional to the cities of the first- and second-generation Mexican families who reside in South Wenatchee, a space for music and dance to orchestrate community. Including the kiosko in the park design galvanized the neighborhood around the new park. It became a rallying element for members of the Latino community when high construction costs put the inclusion of the kiosko at risk in the city budget. In response, the Padrinos organized local voices to testify at a city council meeting and secure the \$1.5 million to build the structure.

For many of the Padrinos, this was their first instance of interacting with local government and not their last.

Outcomes

At the beginning of this project, the goal was to build a quality, accessible public space for the residents of South Wenatchee. To that end, there are now 4,200 residents who live within a 10-minute walk of a high-quality park. Downstream, chronic disease will be reduced because of improved opportunity to be active at the soccer field; social capital will increase as more people take part in parks programming, and mental health will be more accessible with verdant greenspace to enjoy.

But, this project moved beyond these direct impacts of parks and arts; it also altered the structural drivers of health by putting the community in greater **positions of power**.

A realization of this structural change came during the elections of 2018. With the Parque Padrinos leading, TPL and the Latino Community Fund (LCF) worked to increase the turnout of Latino voters in South Wenatchee. With training and stipends from LCF, dozens of Padrinos knocked on 3,500 doors and made 4,200 phone calls to voters in Wenatchee. When the ballots were tallied, Latino voter turnout increased from 10 to 30 percent. Compared to the last two midterm elections, voting by Latinos under the age of 35 increased by more than 200 percent.

Zepeda-Sosa tells *Land&People Magazine* that “When I heard those numbers, I couldn’t believe it. I realized we had the power to uplift candidates who care about our concerns and change how resources are distributed in our city.”

Kiwanis Methow Park was set to open on May 10, 2020, but plans had to change in the face of COVID-19. Frankly, South Wenatchee had bigger concerns than the reopening of the park because so many community members were “particularly vulnerable to the virus: many live in dense, multi-generational or multi-family homes [and make] a living in agricultural work and other frontline jobs” (The Trust for Public Land, 2020d). Add to this a low literacy rate among low-income, Latino residence, and the gulf between well-informed habits and confusion becomes enormous.

Fortunately, the Parque Padrinos have been inspired and inspiring throughout the pandemic. The Padrinos have made viral videos (accessible to members who cannot read or write) of social distancing while hiking on a local trail, washing their hands to a popular song by Selena, and many others. Carol McCormick, an associate administrator



Public health priority:

Building capacity for community-determined health



Above: Parque Padrinos co-founder, Teresa Bendito, leading a community event.

Left: Families painting at a Kiwanis Methow Park community meeting.

“[T]he cutting
of the paper
is when we
build the
community.”

Teresa Zapeda-Sosa
Parque Padrinos



A young community member
shows off her artistry at a Kiwanis
Methow Park community meeting.

and nursing director at the Chelan-Douglas Health District (CDHD), first met the Padrinos through Kiwanis Methow Park, and sought their help with **health communication** to combat the virus. CDHC provided a day-long training for seventeen Padrino volunteers on proper self- and community-care. They were able to share their knowledge with the community through their families, fliers in Spanish, and even an interview on the local radio station. “[The Parque Padrinos] are the absolute best way to get messages to [the South Wenatchee] community,” McCormick says in an interview with TPL (2020d).

Next Steps for Kiwanis Methow Park

A handful of Parque Padrinos members traveled to Los Angeles to visit with the Equipo Verde, another advocacy partner of TPL, which formed to support the creation of green alleys across Latino communities in South LA. While there, both groups visited the studios of Ramiro Gomez, an artist with a growing reputation who captures the experiences and images of service workers. The shared experience brought context to the hard work that both groups were leading in their communities, both leading towards greater health equity.

Closer to home, the Padrinos continue to inspire change in their community. There is even a new off-shoot, the Pardinitos, started by young community members. They have advocated for greater representation in front of local officials and even met with representatives at the state capitol.

Kiwanis Methow Park will tentatively have their opening ceremony in November 2020 when it is safe to celebrate.

Additional Resources

The Sky's the Limit, Land&People Magazine

by Jorge Rivas

www.tpl.org/land-and-people-magazine/2019-fall-winter/the-skys-the-limit



Public health priority:
Equitable response to the
COVID-19 pandemic



100 Stone Project

Collective creation of public sculptures is used to embody statewide resilience. Statues were situated in a state park in Anchorage, anthropomorphizing the burden of suicide and giving Alaskans a language to understand mental health.

Context

Alaska is revered for its remote beauty and rugged culture. When artist Sarah Davies moved to Anchorage in 2010 and became a part of this community, she perceived a different attitude towards mental health. Particularly, discussing depression and suicide was so “un-talk-about-able,” and when it was talked about, it usually was framed as a problem that largely affected the indigenous population, a demographic stereotyped for high incidences of suicide and alcoholism.

“I couldn’t accept that it was a Native problem, I believed it was a human condition,” said Davies. With her perspective as an outsider, artist, educator and ally, Davies felt she could address these misconceptions of mental health and the resulting social isolation that often pervades Alaskan communities by bringing to light the sources of suicide and the potential pathways to treatment.

Her own experience with depression has drawn from reserves of resilience. She speaks about it with remarkable clarity and honesty. “Coming out of a very long depression and supplementing [with nutrition] based on my own personal biology, I woke from my depression,” said Davies. Years of treatment has given her a perspective that opens up the door for others who are not as candid or comfortable discussing mental health.

Her process for healing through medicine also served as a source of creative inspiration. “We optimized the body,” Davies said of her treatment, and she wanted to further explore this as a public art installation. It needed to be highly public because she knows, too, that she is not alone in her experience; the people who most often desire to feel solidarity are often the least capable of seeking treatment.

This conversation is especially critical in Alaska. Alaska has the highest suicide rate per capita in the country. And yet, “mental health challenges in Alaska are defined as an extreme,” not the norm, said

Anchorage, AK

Sarah Davies

2014–2016

HAP-E Principles Highlighted

Let local artists lead the way.

Blend arts into community engagement.

Co-create public art.



Statue in Point Woronzof
Overlook Park in Anchorage.



Practitioners know that **social isolation** is more lethal than smoking cigarettes, and the arts are a way to communicate in meaningful, non-threatening ways with isolated audiences.



Public health priority:
Destigmatizing mental health

Davies. This perspective is not only inaccurate, it perpetuates stigmas and bars **socially isolated** communities from seeking help.

Cultural histories deepen these barriers to care. Statewide, the majority of suicides in Alaska occur in indigenous communities, often in the rural stretches of the state. Historical trauma and adverse childhood experiences (ACEs) puts Native American groups at greater risk of suicide. A study found that nationally, 80% of adolescent attempts at suicide were linked with ACEs (Dube, et al., 2001). The CDC recognizes that “suicide prevention and intervention efforts are needed that incorporate culturally relevant, evidence-based strategies at the individual, interpersonal, and community levels” (Leavitt et al., 2018).

Though the public health community recognizes **mental health stigma** as a public health issue in its own right, Davies saw art as a language to talk about sensitive issues—like substance abuse, stress, or genetics—that drive mental illness. “Anchorage has a small arts community,” said Beth Norlund, the Executive Director of Anchorage Parks Foundation (APF), and APF was looked to for their leadership and to provide space for artists to share work that concerns important local issues.

Partnering with cultural organizations would also help to reach individuals who come from diverse cultural backgrounds, as Alaska’s demography does. It would foreground this heterogeneity as an asset, a tool to celebrate individuals and communities. “Anchorage has three of the four most diverse high schools in the nation,” said Norlund, who uses arts and culture to increase diversity of park visitors. Equipped with her history with mental health and the support of the public health community in Alaska, Davies began to imagine the artistic work that would eventually become the 100 Stone Project.

Who had a stake:

- 100 Stone Project
- Anchorage Park Foundation
- ArtPlace America
- Mat-Su Health Foundation
- The Light Brigade
- 30 community development organizations

Intervention

100 Stone began in earnest thanks to grants from the Anchorage Park Foundation (APF) and ArtPlace America. “It seemed Herculean,” recalled Norlund, who judged the grant proposals in 2015. Davies’ project envisioned 100 full-body plaster sculptures of individuals standing on the coastline of Cook Inlet that would, over the course of a year, disintegrate into the ocean. 100 Stone quickly became a statewide campaign, so Davies rented a U-Haul and hit the road that encircles the perimeter of South Central Alaska. To fund the greater scale, Davies



“I couldn’t accept that [depression] was a Native problem, I believed it was a human condition.”

Sarah Davies
Artist



The artist, Sarah Davies, walking through the completed 100 Stone Project.



Above: The artist applies plaster to create a cast of a participant's legs.

Right: Community participants at a casting session in Anchoarge.

secured additional funding from health agencies and arts foundations such as Alaska Mental Health Trust and Mat-Su Health Foundation, broadening the scope of partnerships.

She set up a “road tour” of sorts, connecting with dozens of arts and health anchor organizations—often via cold calls and emails—to participate in the project. Organizations ranged from grief support groups to community art centers. Davies recognized that “these centers were typically very small and under-resourced, serving anywhere from 20-200 people.”

Davies realized early that she “would be lucky” to reach the most vulnerable Alaskans—the ones who would most benefit from 100 Stone—given **geographic isolation** and the shame associated with stigma. To address this, the 100 Stone Project embraced the power of formal and informal media platforms. “Our photographs, all of our content would need to be stunningly beautiful in order to get anyone’s attention,” said Davies.

Davies asked to meet with individuals who “have experienced, or know and love people who experience acute **vulnerabilities**” that are often the seeds of self-harm. During these meetings, Davies sought to create an environment of trust and honesty by sharing her history with depression. She would then cast the participant’s torso and legs with plaster and, by the end of her tour, had over 80 individual casts.

Davies finished the statues in a church that was planned for demolition, so she could make the space her own. Over the course of the project, she completed these effigies, an ensemble of Alaska, embodying both the grief of these conversations, but even more so the humanity that tied them together.

On December 5, 2015, 85 human figures were installed on the tidal beach at Point Woronzof Overlook Park. The persistent emotional trauma is manifest through these sculptures, as are the waves that crash on shore at the confluence of the Cook Inlet and the Knik Arm, and the landscapes framed by the Anchorage glacial basin. The impression is at once haunting and surprisingly emotional, figures laboring with the sea, prostrate before the mountains.

Outcomes

The individual benefits for participants was immediate—“It really changed people. It was beautiful,” said Davies. The act of casting “was awkward sometimes,” Davies admits, but by the time participants “climbed out of their cast,” there was an infectious feeling of lightness you could see on the participant as they looked back on their body, enshrined in plaster. The participants were “building a community of



Public health priority:

Access to rural community health



Vulnerabilities are conditions such as PTSD, anxiety, substance abuse, and disability that are often the seeds of self-harm.

allies” across the state. In fact, the church in which Davies finished the sculptures, which was scheduled for demolition, still stands today and serves as a much needed art space for Anchorage artists.

The beautiful, haunting, and relevant installation received high-profile coverage that reached a diverse audience: art critics, local media, and health outlets. The public was grateful for a way conceptualize the vulnerability of suicide. Huge crowds came to the beach including school classes, treatment groups, and young families. The experience served as a prompt for open discussion. “No longer did you have to talk about your own health challenges, instead you could interpret the statue and in that way you are opening up a conversation about your own experiences,” says Davies.

Suicide represents one of the largest causes of death in the United States; it is a public health crisis. Prevention programs often focus on individual outcomes as opposed to community-wide strategies. The arts represent a powerful tool to connect individual health with the community context. Community creativity is a vehicle for addressing the stigma—of desires to inflict self-harm, of alcohol and drug addiction—among groups particularly at risk. For example, in the Finding the Light Within project in Philadelphia, led by artists trained in health communication, organized a neighborhood mural project. Qualitative storytelling reduced the stigmas of mental health and created the opportunity for healing and the chance to reduce suicide (Mohatt et al., 2013). Researchers observed “a profound impact on participants’ sense of connectedness and social support,” which is a “protective factor for suicide.” These findings align with Davies’s observations that the conversation around mental health in Alaska is more direct and empathetic and can reduce stigma.

Research shows that changing narratives—in authentic, community driven ways—can reduce the pathways that lead to suicide (Rennick-Egglestone et al., 2019). Stories of recovery can support others on their own journey to recovery; the arts can ensure that these stories have strong relatability, and the public setting of a park can ensure that these stories are accessible.

Next Steps for 100 Stone Project

The remaining statues were sold and the proceeds were granted to an Alaskan artist who was exploring the issues of homelessness. Davies herself looks forward to other civically-engaged projects.

Additional Resources

Arts, Culture, and Community Health

www.artplaceamerica.org/blog/arts-culture-community-mental-health



“[Y]ou could interpret the statue and in that way you are opening up a conversation about your own experiences.”

Sarah Davies
Artist



Statues in the tidal pool of
Point Woronzof Overlook Park.



Center for Health Equity and Community Wellness

DOHMH has made health equity a primary focus for all its programs. This center is leading the effort through place-based programming, community engagement, and centering community voices.

Context

In March of 2020, New York City became the COVID-19 outbreak epicenter in the United States and the Health Department had to cast a critical lens on equitable access to healthcare, public space, and social infrastructure. COVID-19 has drawn the public’s attention to “health inequalities already present in US society [which] are being exacerbated by the pandemic” (van Dorn et al., 2020). Dr. Oxiris Barbot, NYC Health Commissioner, tells van Dorn (et al., 2020) that “the COVID-19 pandemic will come to an end eventually, but what is needed afterward is a renewed focus to ensure that health is not a byproduct of privilege. Public health has a fundamental role to play in shaping our future to be more just and equitable.”

Measures taken five years prior to ensure the health and wellbeing of all New Yorkers is unfolding in real time. New York may be one of the wealthiest cities in the world, but it is also one of the most segregated by race and income. There are stark differences in health risks, life span and burden of chronic disease among NYC neighborhoods, especially communities of color that have experienced racism and long-term disinvestment. Improving health in these communities requires a comprehensive, multi-sectoral approach that addresses gaps in policy and programming and aligns assets, resources and investment DOHMH is taking steps to close these gaps.

In 2014, DOHMH established the Center for Health Equity (restructured in 2019 into the Center for Health Equity and Community Wellness (CHECW)) with the mission to use a racial and social justice approach to eliminate health inequities for those who are most marginalized in New York City and to reduce overall premature mortality from the leading causes of preventable death. Previous approaches towards public health often focused on legislative policies such as “increasing the tobacco tax or bringing one percent milk into schools,” but not on community engagement or empowerment (Gale, 2019). CHECW unifies and strengthens the Department’s work directed at eliminating racial inequities for preventable health

New York, NY

New York City Department of Health and Mental Hygiene (DOHMH)

2014–present

HAP-E Principles Highlighted

Partner across sectors.

Use arts to assess needs.

Co-locate cultural and health services.

Activate cultural hubs.

Conduct equitable assessment.



Rise Up by Josie Gonzalez in South Bronx.



Formerly known as the District Public Health Offices, the **Bureaus of Neighborhood Health** (the Bureaus) support programming, planning, and research to address racial inequities resulting in premature mortality.

conditions, which are rooted in historical and contemporary injustices, racism, and discrimination, by addressing the social and environmental factors that impact health.

CHECW is focusing on place-based interventions as a way to “address community-level factors that shape health” (Dannafer 2019) and narrowed in on “neighborhoods as a key unit of transformation” (Gale 2019). The **Bureaus of Neighborhood Health** (The Bureaus) were located in some of the highest need neighborhoods with overlapping poor health outcomes driving premature mortality, such as high infant mortality, cultural gentrification, and low literacy. To more effectively understand the nuances of each driver of inequity, the Bureaus are rooted in three neighborhoods: Brownsville in Brooklyn, East Harlem in Manhattan, and Tremont in the Bronx. A core part of this place-based strategy has been to embrace arts-based strategies, including creative placemaking.

Who had a stake:

- DOHMH Center for Health Equity and Community Wellness
- Local artists and collectives
- Local nonprofits
- Community residents
- Local arts organizations
- Community advocacy groups

Intervention

Race to Justice: Every New Yorker deserves to achieve their full health potential, but not everyone has fair access to the factors that contribute to good health. To address this, DOHMH launched *Race to Justice*, the agency’s effort to advance **racial equity** and social justice across all programs, policies, and practices. As part of this effort, DOHMH works to lessen the impact of racism and other intersecting systems of oppression by: educating and training staff on the effects of institutional and structural racism on health; studying how racism has impacted past and current work; and engaging staff to create new policies, tools, and programs—especially in how they work with all New Yorkers. To challenge inequitable engagement, the Department launched a *Race to Justice Action Kit* to support staff in conducting meaningful community engagement and improve messaging to the public.

Bureaus of Neighborhood Health: The Bureaus apply the *Race to Justice Action Kit* to address health inequities in historically or structurally marginalized communities. Through this approach, the Bureaus look at data to gain a comprehensive understanding of an identified health inequity and use that data as a tool for advocacy to engage with community members and partners to develop and implement interventions. The community is involved in every stage



Public health priority:
Dismantling racist institutions



Above: *Present Histories: An East Harlem Photo Album* by Kathleen Granados.

Left: Children play on *Art in the Concrete Plant Park* by Sohee Oh in Concrete Plant Park in the Bronx.

“We know one project won’t change everything... but we build capacity through engagement.”

Josh Langham
Active Design Program

INCREASING SEGREGATION

The physical segregation of communities during the age of mass suburbanization created many adverse effects, including lack of empathy between segregated populations and increasing political polarization. As neighborhoods became more segregated, schools and other community and civic institutions reinforced these divisions.



NEW YORK CITY ALMOST BANKRUPT
When New York City almost went bankrupt in the 1970s, it dramatically changed the city. The bankruptcy was the result of declining revenues due to white flight and factories leaving due to globalization. To avoid the bankruptcy, the city cut services and increased taxes. The Emergency Financial Control Board, at the state level, took control of the city's budget. It made drastic cuts to social services and spending, cut off employment, froze salaries and raised bus and subway fares. This cut the social safety net and led to the loss of the middle class.

CAPITAL FLIGHT

1970s
In the midst of huge population shifts such as the Great Migration and White suburbanization, cities were again transformed by deindustrialization. Corporations took advantage of new free trade policies to exploit cheap labor in the international market, leading to the widespread loss of urban manufacturing jobs. As hundreds of thousands of blue-collar union jobs left the United States, workers had to turn to service sector jobs to try and make ends meet. Compounded by the suburbanization of white-collar jobs, many cities were left with high unemployment and an overall flight of capital investment, all while undergoing a shift in ethnic/racial composition.



NEOLIBERALISM 1980 - Present

The term 'Neoliberalism' ironically refers to a series of conservative economic policies that reduce funding for public services and cut taxes for businesses and individuals, in favor of market solutions. Neoliberalism is largely backed by both political parties in the US and our allies abroad. With globalization, free trade, and deregulation at its core, many believe neoliberalism has led to the slow and steady decline of the middle class. On the flip side, big retailers offer more and more cheap merchandise, creating a virtual race to the bottom on wages and prices. Meanwhile, social services are cut at all levels of government, and many services, including education, are being privatized. Competition is our normative relationship with each other, all people are now consumers, and the world is seen as a zero-sum game of winners and losers. The end result is a mass increase in economic inequality, a stratified society with little social mobility and a transnational global elite.

PRIVATIZATION PLANNED SHRINKAGE

Even though Redlining began as an official policy in the 1930s, its most devastating consequences would not fully materialize until decades later. Beginning in the late 1960s, after the largest waves of suburbanization took place, cities lost the ability to collect sufficient tax revenue to provide full services. The earliest budget cuts often targeted vital services such as fire, sanitation and education. As the situation became more dire, cities would concentrate their cuts in 'dying areas' so they could focus their resources in 'healthy areas'. The assumption was that people would just abandon the most devastated neighborhoods and the city as a whole would survive through attrition. Planned shrinkage has been criticized as an attempt to 'encourage the exodus of undesirable populations' in order to create new private development opportunities. In some neglected sections of the Bronx and Brooklyn, 80% of the housing stock burned to the ground. Planned shrinkage has been advocated for recently in post-Katrina New Orleans, Detroit, and Cleveland.

EPIDEMICS

On the heels of deindustrialization and urban renewal, disinvestment, planned shrinkage and fires, a series of epidemics swept through these neighborhoods. These epidemics were intertwined with the same neighborhoods. These epidemics were intertwined with the same neighborhoods. These epidemics were intertwined with the same neighborhoods.

EPIDEMICS PIC
The epidemic of despair preceded the heroin epidemic, but this is in a series of drug epidemics to sweep through these neighborhoods. When it touched, instead of treatment, addicts were criminalized. With HIV/AIDS, often being transmitted through needles, AIDS was for a time a certain neighborhood in the Bronx, but planned shrinkage scattered these populations, spreading AIDS. This was a key moment in the transition of AIDS into a global epidemic.

Crack Epidemic
Crack followed after the Heroin and AIDS epidemics, layering on top of their toll and compounding a violence epidemic that bound these waves together. Together these epidemics ultimately transformed the very nature of daily life and the social fabric of the city.

Violence Epidemic
Waves of violence convulsed urban communities, leading to a call for strict enforcement from all sides, including from within impacted communities. The historic reasons for this situation were hardly addressed.

'RIOTS'

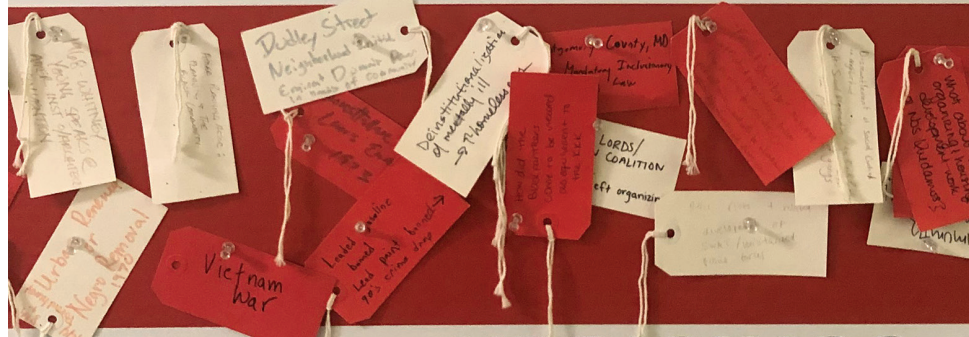
For decades, people have taken to the streets in outbursts against long-term oppression and in moments of national crisis. Many neighborhoods were not rebuilt after these outbursts, as private and public sector leaders and officials used riots as a justification to continue or even increase disinvestment.

"Riots are the language of the unheard."
- Martin Luther King, Jr.

UNRAVELING SOCIAL

FIRES 1970-1980s

After decades of disinvestment, many Redlined neighborhoods became home to an aging and deteriorating housing stock. As the real estate market spiraled downwards, slumlords milked buildings by collecting rent from desperate and overcrowded tenants, while providing as few services and heat as possible. The conditions for an outbreak of fires coincided with the shuttering of fire stations and the deterioration of infrastructure. Fires spread at a rapid pace as response time went up, further impacting property values. Many landlords walked away from their buildings, stripping whatever value was left from the fixtures and pipes. Others turned to arson as a way to recoup their losses.



1967 Kerner Commission

"Our nation is moving toward two societies, one black, one white—separate and unequal." So declared the Kerner Commission in 1967 after investigating the race riots that were sweeping the nation. While President Lyndon Johnson ordered the investigation, he ultimately rejected the Commission's recommendations, which included making "sharp changes in the factors influencing Negro settlement within metropolitan areas," opening suburban residential areas to Blacks, allow them to live closer to shifting industrial centers, and shifting housing from "traditional publicly built bums based high rise projects to smaller scattered sites."

1968 UPRISINGS

Decades of frustration, discrimination, and violent oppression erupted in the 1960s. All across America, cities began to burn in response to the string of incidents that ignited already present racial tension.

ANTI-WAR

As the human toll of the Vietnam War grew, anti-war protests spread. Massive demonstrations in urban centers mirrored campus demonstrations and clashes. Counter-cultural movements grew, and the authority of governing institutions was questioned. With the demonstrations, sentiment turned more and more against the war.

COMMUNITY REINVESTMENT ACT

A national coalition of grassroots organizations pushed for and won passage of the Home Mortgage Disclosure Act in 1975. Armed with this new data, organizers and advocates were able to demonstrate that Redlining was indeed taking place, securing passage of the 1977 Community Reinvestment Act. CRA requires banks to make loans in neighborhoods that have deposits from, helping to spur reinvestment of Redlining.

Neighborhood Preservation

Grassroots groups, block associations and organizers gathered neighbors to preserve and improve their own communities. They formed neighborhood organizations, locally maintain and promote services in many historically Redlined neighborhoods, helping to spur reinvestment.



ENVIRONMENTAL MOVEMENT

Rachel Carson's 1962 book, Silent Spring, which documented the effects of DDT on bird populations, is considered the beginning of the modern environmental movement. Earth Day began in 1970 with coast-to-coast

Contract Buyers League

Throughout the 1950s and 60s, working and middle class black families on the West and South Sides (Chicago) were denied home loans when they sought better homes. Their alternative was to



Undesign the Redline exhibit on display at the NYC Health Department's three Bureaus of Neighborhood Health in 2019 by Designing the We.

of the process to foster increased engagement and capacity building with the ultimate goal of undoing racist policies that have created health inequities. The Bureaus, in partnership with local artists and cultural organizations, have also activated their spaces with art-based programming and exhibits. This has not only fostered community conversations about what creates health, but also celebrates the role of cultural assets for neighborhood health.

Public Artist in Residence (PAIR) Program: Since 2015, this NYC Department of Cultural Affairs program has funded a cohort of artists to “bring the creative energy and intelligence of artists to challenges facing city agencies,” Tom Finkelpearl, NYCDCA Former Commissioner, said in an interview with *The New York Times*. Taja Lindley was selected as DOHMH’s PAIR to “use community engagement strategies that deepen the collective understanding of how racism and gender oppression affect birth outcomes.” Addressing maternal mortality disparities is a top priority for New York City, where “Black women are eight times more likely to die of pregnancy-related complications than White women.” Working out of the Tremont Bureau’s Family Wellness Suite, Taja asks: how can the voices of local Black women transform persistent racial inequities in NYC’s birth outcomes? She explores how local policies and maternity medical practices will change when the voices, stories, and experiences of Black pregnant women and Black parents are centered, heard and believed.

Active Design Program: The Active Design Program (Active Design) puts community engagement and equity at the forefront of their work and leverages place-based arts and culture to promote community wellness. The program amplifies the role of architecture and urban design in promoting healthy behaviors and reducing the burden of chronic disease. Active Design has worked with over 20 community-based organizations to implement over 35 place-based art installations on step streets, parks, public plazas, and roll-down security gates across the city. This work has activated underutilized space, enhanced walkability, encouraged physical activity, and increased perceptions of safety and neighborhood cohesion. To date, these installations have reached over 700,000 residents within a 0.5 mile radius.

Active Design’s portfolio spans temporary arts installations to master planning, but consistent throughout is a focus on bridging public art and community engagement. For example, Active Design partnered with the NYC Department of Parks and Recreation on the Art in the Parks program, and helped install *Present Histories: An East Harlem Photo Album*. *Present Histories* was the product of community workshops that created a space for Harlem residents, the Marcus Garvey Park Alliance, and artist Kathleen Granados to discuss issues of

social justice and loss of neighborhood identity at a time of increased gentrification. Granados asked residents to submit photographs that represented the neighborhood (not unlike photovoice). This project not only contributed to a vibrant urban space, but also helped foster a strong sense of community identity and more resilient neighborhood through sustained engagement.

Active Design is currently collaborating with the NYC Department of City Planning on the Southern Boulevard Neighborhood Planning Study in the Bronx. In their role, Active Design is engaging community residents and stakeholders to pilot the integration of community-centered placemaking projects within neighborhood planning initiatives. As a diverse and gentrifying neighborhood, the challenge and the opportunity remain the same: lifting up this diversity as a driver of community health. Based on feedback gathered during initial engagement activities, the placemaking projects will aim to address issues such as access to safe open spaces and cultural visibility. Since COVID-19, the project has shifted to also elevate community voice and foster a sense of cohesion through virtual engagement tactics to keep residents involved during a time of distancing.



Public health priority:
Equitable response to the
COVID-19 pandemic

For CHECW, **COVID-19** posed a unique challenge to maintaining social distancing orders and sustaining social cohesion. Though the Bureaus were forced to shutter their doors, CHECW worked to connect residents with available health resources, such as food assistance or mental health resources. Active Design is working with its community and agency partners to rethink the role of public space and community engagement, especially in the Bureau neighborhoods where COVID-19 rates have been the highest in the city.

Outcomes

The collective impact of these programs is profound. CHECW began with a mission to change the City and DOHMH, and already, there is proof of concept. In a study by DOHMH in 2019, the Bureaus were regarded by its leaders for their collaboration and co-location of services, embeddedness in the neighborhood, and improved relationship between the health department and neighborhood partners—not as merely a delivery service for preventative health (Dannafer, 2019).

For Active Design, even in their role where health interventions are more tactical and ephemeral, impact evaluation is essential. Active Design partnered with the Gehl Institute to develop a pilot evaluation method to assess the impact of Art in the Parks, and how an intentional community engagement process affects the outcome of these projects. Preliminary findings from this evaluation show no significant differences regarding physical activity levels and space usage of



Baron Ambrosia working on The Bronx is the World's Strongest Borough campaign.

“Public health has a fundamental role to play in shaping our future to be more just and equitable.”

Dr. Oxiris Barbot
NYC Health Commissioner

park visitors, but the impressions of the installed artwork were very positive, and survey participants reported wanting to see more art in their neighborhood in the future. Residents who have faced historical injustices from the City and similar institutions are “surprised the health department is interested in this kind of work,” recalled Josh Langham, Assistant Director of Active Design, but “art is a way of letting residents know that these services and assets are for you.”

In response to COVID-19, Active Design has modified their evaluation approach for the Southern Boulevard placemaking work to assess changes in the role of public space usage and perceptions of safety, as well as capture how a virtual engagement process impacts feelings of social cohesion, capacity building, and connection to the neighborhood among residents and community organizations during a time of social distancing.

“We know one project won’t change everything,” said Langham, “but we build capacity through engagement” which is amplified by and shared with the Bureaus. In past projects, as well as the Southern Boulevard Placemaking Initiative, Active Design has worked closely with the Bureaus to establish connections and trust with key community organizations and stakeholders who have played a major role in implementing and maintaining the projects. “Working in communities of color, there’s a history of racism that the Center has to reckon with. There’s a lack of trust,” said Langham. Active Design values locally-based, equity-centered approaches strengthened by the Bureaus: “...with our placemaking work, it took us a while to figure out who the right folks are to get the word out to artists. Our role is to provide the technical assistance and connect community groups and arts organizations to the tools that are needed to make positive change in their neighborhoods. We want to advance health equity and, like the Bureaus, work in partnership with communities to reach common goals with a racial equity lens applied to everything we do.”

Next Steps for CHECW

A major policy document—the *Active Design Guidelines*—is being revised with updated evidence and strategies around the built environment to bring attention to how architecture and urban design affect physical, social, and mental health.

The team is shifting the placemaking program to adapt to the changing role of the built environment during a time of pandemic, and rethinking approaches to engagement to accommodate the need for open public space while ensuring the safety of New Yorkers.

Additional Resources

Race to Justice

www1.nyc.gov/assets/doh/downloads/pdf/che/community-engagement-framework.pdf

Community Health Profiles

www1.nyc.gov/site/doh/data/data-publications/profiles.page

Active Design Guidelines

centerforactivedesign.org/dl/guidelines.pdf



Ho’n A:wan Community Park

A grassroots nonprofit supports resilience among Zuni youth with traditional arts practices. Using progressive arts leadership, a community center and park were built to sustain Native culture and health.

Context

Before a seed is planted in the community garden at Ho’n A:wan Community Park, community leaders pray over the seeds with song and dance, then have Zuni youth plant the seeds. Such is the relationship the Zuni tribe has with nature and culture; one is inextricably bound with the other. The Zuni reservation is home to 10,000 residents and located in the deep recesses of the mountains, rivers, forest, and high desert of Northern New Mexico. Despite this natural beauty, Zuni Pueblo lacked close-to-home parks and public spaces to help nurture the health of a community.

While the reservation’s geographic isolation distanced the Pueblo from many necessary resources, it also helped keep Zuni heritage intact. Ninety-five percent of Zuni pueblo is of Zuni descent and has retained a high degree of the Zuni language. Eighty percent of households in the reserve include self-employed artists—silversmiths, fetish carvers, potters, and painters—mostly making artwork that features Zuni cultural symbols and practices, passed down through generations. The A:shiwi A:wan Museum and Heritage Center stewards Zuni culture in the everyday, and residents would meet in the pueblo village for frequent festivals, dances, and religious events.

Arts and culture has strengthened Zuni Pueblo for hundreds of years, but some community members were concerned about limited social ties between members, especially across generations where there was a fear that younger Zuni members wouldn’t participate in the language and culture. And while Zuni is an artisan community, Zuni’s long history of artistic excellence was less evident in the public sphere. “You can find petroglyph art on many of the nearby mountains, but there was not contemporary Zuni public art visible in the community” said ZYEP Executive Director, Dr. Joe Claunch.

Given this gap, the Zuni Youth Enrichment Project (ZYEP) started in 2008 as a summer camp for Zuni youth to stay active, make friends and grow as members of the community. At the time, ZYEP founder

Zuni Pueblo, NM

Zuni Youth Enrichment Project

2014–2018

HAP-E Principles Highlighted

Let local artists lead the way.

Blend arts into community engagement.

Activate cultural hubs.

Promote community leadership.



Zuni youth play at the newly finished Ho’n A:wan Community Park in Zuni, NM.

and current President, Dr. Tom Faber, was working in the Indian Health Service Hospital. As a pediatrician, Dr. Faber noticed in his clinics that it was hard to get a conversation going with children about what their dreams and future goals were, even to talk about their summer plans was a challenge. In an interview with PolicyLink, Dr. Faber explained that “adverse childhood experiences...are a direct cause of adult disease,” and that “the way to address [ACEs] is through resilience and healing from that underlying trauma” (Chang, 2019). Dr. Faber was concerned that a lack of fun, enriching, and educational activities during childhood might contribute to poor mental and physical health down the road.

Compounding these health challenges was the community’s understandable reticence to trust institutions like ZYEP, as there was not “a history of institutions being guided by community voice” said Claunch. As such, ZYEP understood the need to see health comprehensively and prioritize listening. Arts and culture were already such a tangible medium for communication in the Pueblo, so ZYEP began to integrate their practices into the existing fabric of the community, with place-based arts and cultural activities that would sustain community health and wellbeing for generations.

Over the years, ZYEP expanded from a summer program to a year-round nonprofit and, correspondingly, has grown their understanding of health to incorporate cultural heritage and expression into its mission. With funding from the **New Mexico Department of Health**, they invested in several place-based improvements, including 28 miles of trails in the surrounding area and community gardens based in Zuni tradition. However, they never had a space of their own. ZYEP was a small, itinerant organization who would “see the gap in the community” and try to fill it, as Lorrie Chang, a researcher at PolicyLink, put it. But to have sustained and scaled impact, ZYEP needed a permanent home. In 2014, when the governing Zuni Tribal Council granted ZYEP 2.6 acres of land in the heart of the village, they worked hand-in-hand with community stakeholders and culture bearers to create a public park and cultural center for the community.

Who had a stake:

- Zuni Youth Enrichment Project
- A:shiwi A:wam Museum and Heritage Center
- Zuni Tribal Council
- New Mexico Department of Health
- Indian Health Service Hospital



Public health priority:

Access to rural community health



“It’s powerful for families to see the Zuni people’s journey from the Grand Canyon to this Center.”

Dr. Joe Claunch
Zuni Youth Enrichment Project



Pottery apprentice applying traditional artistry at Zuni Youth Enrichment Project.



Zuni hunter dancers at the
Petrified Forest National Park.

Intervention

Ho'n A:wan means "belonging to all of us" in Zuni. ZYEP expressed this meaning by listening to as many of the 10,000 community members' voices about their vision for this new public space. Health became a shared goal in the building of this new asset. ZYEP was already closely allied with Indian Health Service Hospital who donated in-kind space and shared employment with the founder, Dr. Faber. In 2015, ZYEP applied and was awarded a multi-million dollar grant from ArtPlace America, a national creative placemaking foundation. ZYEP focused these resources on arts and culture community engagement processes that were driven by community members.

ZYEP formed a coalition of prominent Zuni artists at the very early stages of planning. Having artists at the table helped to bring community stories into the design process of the park. Artists showed up not just as consultants in the design, but as community members, parents, and Zuni religious leaders. The artist collective cast a wide net of engagement, reaching their families, local school children, and ultimately, the majority of the Pueblo. During thirty community meetings, artists helped address problems brought up by the community in creative ways. For example, artist Daryl Shack (2019) writes in an article for the *Community Development Innovation Review*, community members pushed back against chain-link fencing proposed by the architecture firm; instead, artists co-designed "traditional vegas (wooden posts), coyote fencing, and native plants as a perimeter for the park," writes Shack. The leaders at ZYEP found that by "working with artists, we understand how traditions, culture, and stories are important and are transmitted and how people find purpose and meaning," said Claunch.

Ho'n A:wan Community Park and the adjoining ZYEP headquarters were completed in September of 2018 and now act as a front door to the village, where thousands of residents come for religious and cultural purposes. The facilities include plentiful amenities such as athletic fields, walking trails, basketball courts, and a community garden grounded in indigenous agriculture. A beautiful interior space provides rooms for classes, performance space, and features a large mural that tells the story of Zuni migration from the Grand Canyon to the Pueblo. The arts invite all Zuni generations in, but it is the people that give the place life.

Experiences During Implementation

Leaders of ZYEP benefited from a decade-long track record of positive community investment to reference when applying for park land to the Tribal Council. "Building the park showed that we were in it for the long run," said Claunch.



Public health priority:

Youth engagement leads to cross-generational bonding

Even though youth were their primary audience, ZYEP realized that **intergenerational relationships** were key to achieving their mission. They used the outreach process to bring together a cross-section of Zuni residents and foster relationships.

One surprising advantage for ZYEP was that “we had never done this before,” Claunch said, referring to working intensely with artists, “so we didn’t have a blueprint for how to proceed.” This led to organic and flexible collaborations with artists.

Outcomes

From the outset, ZYEP wanted to create a space that was rooted in the strengths and resiliency of Zuni culture. PolicyLink researched ZYEP for three years during the park planning and development process and found that arts and culture had multiscalar benefits. Arts and culture tied together Zuni cultural heritage and ZYEP’s mission, such that it “strengthened ZYEP and the Zuni community’s relationship and approach to health, making [the community] more collectively effective,” Chang said.

The arts and culture community of Zuni Pueblo has transformed in ways big and small. When Chang first came to Zuni, “culture wasn’t all over the place the way I expected,” she said. Rather, it was only during events that you saw Zuni culture come alive. Now, Ho’n A:wan Park is a permanent and accessible beacon of contemporary Zuni art forms. “It’s powerful for families to see the Zuni people’s journey from the Grand Canyon to this Center,” Claunch said of the mural in ZYEP. Local artists are often seen visiting the park with outside clients in order to reference their work and say “this is what I am capable of.” The artist group continues to meet regularly at the park and is working to build a cooperative of local craftspeople to sell their products at a fair price.

Opening the park and center has allowed ZYEP to double the number of programs they offer and raise enrolled participants from 400 before the park, to over 1000 in 2019. More important to Claunch and Chang is that programs are increasingly being **led by community members**. The park is “still a canvas,” said Claunch, that Zuni community members see as a place to “host their ideas,” said Chang. For example, Daryl Shack, the artist, wrote fondly that his son was in a play that told “old Zuni stories at the park” and that he plans to teach social dancing to the next generation. These are all community-led initiatives who come to ZYEP because “we can provide the infrastructure for the community and artists,” said Dr. Faber (Chang, 2019). Now that ZYEP has a headquarters, “we’re in a much better position today...to do health promoting work for youth and families,” Claunch said.



Public health priority:

Building capacity for community-determined health



Vegas, or wooden fencing,
line the park and make a more
porous enclosure.

“We’re in a much better position today...to do health promoting work for youth and families.”

Joe Claunch

Zuni Youth Enrichment Project



One of many murals painted by a local artist with community input.

For the Zuni people, the increase in access to public space and the growth of the arts sectors has had direct benefits on community wellness. But the way in which Zuni members continue to come together at the park demonstrates the power that culturally-grounded public space has to drive long term health benefits.

Next Steps for Ho'n A:wan Community Park

ZYEP flourishes, offering programs that match the needs of Zuni Pueblo. For example, the New Mexico Department of Health continues to be ZYEP's longest standing funding partner and is supporting park and cultural stewardship projects such as the Ho'n A:wan Community Garden, youth and family nutrition education, and youth sport leagues. ZYEP continues to seek technical assistance in measuring the relationship between physical space, art, and health in order to validate their investment and empower their artists with the evidence of their work's impact.

Additional Resources

Community Development Innovation Review (Vol. 14, Issue 2)

www.frbsf.org/community-development/publications/community-development-investment-review

How Organizations Evolve When They Embrace Arts and Culture

by Victor Rubin

communitydevelopment.art/resources-tools/how-organizations-evolve



One Poem at a Time

Using arts-based communication, negative outdoor ads were replaced by community-created images and poetry. As a result, the community rallied against new liquor stores and ushered in new citywide policy for more transparent communication.

Context

When poet Hannah Drake went to Dakar, Senegal for the first time, she was amazed that “everywhere I looked, on billboards and on art, I saw myself.” Coming from the neighborhood of Smoketown in Louisville, this was quite the change. Whether you are in a rural town or major metropolis, Black neighborhoods in America have a higher concentration of advertising for negative products such as tobacco and alcohol because it’s inexpensive to advertise in these communities (Kwate & Lee, 2007). Furthermore, high concentration of advertisements for alcohol is considered a neighborhood disorder, which is linked with negative mental health affects and distress, according to an HIA conducted by the Louisville Metro Department of Public Health and Wellness (LMDPHW) (Edmonds et al., 2017).

“Walking through Smoketown, I was overwhelmed with the signs that filled the community,” Drake said. “Signs encouraging people to sell their homes for cash, signs encouraging those with diabetes to sell their test strips, billboards for a multitude of lawyers. The signage and messaging in the community did not reflect the Smoketown that I knew, loved and worked in for nearly 20 years,” said Drake. “Seeing [negative messaging] all the time, I knew that impacted people everyday.” Drake, who is a Cultural Strategist at IDEAS xLab and a community organizer in Smoketown, worked with Josh Miller, CEO of IDEAS xLab, to hold a community meeting where residents confirmed that they indeed noticed the billboards and felt provoked by their messaging.

IDEAS xLab, LMDPHW, and the University of Louisville Commonwealth Institute of Kentucky conducted an HIA in 2017 which showed that compared to the city average, Smoketown had a shorter life expectancy by nine years and death rates attributable to poverty were 6.5x higher. Moreover, these inequities were linked with “years of racial segregation” that has led to “low housing quality, high concentrations of poverty, and limited access to quality education” (Edmonds et al., 2017).

Louisville, KY

IDEAS xLab

2017-2018

HAP-E Principles Highlighted

Let local artists lead the way.

Blend arts into community engagement.

Co-locate cultural and health services.

Promote community leadership.



Louisville residents on a historical poetry walk of Smoketown.



Public health priority:
Dismantling racist institutions

To redress inequities identified in the HIA, IDEAS xLab collaborated with community members and partners on three rounds of billboards that featured photographs of the community—either taken by Miller or from historical archives—paired with one-sentence poems and responses written together with Drake. For the second and third round of billboards, LMDPHW stepped up as an official partner, interested in taking a different approach to public health communications. “Rather than grabbing some stock photos and putting up standard messaging, [LMDPHW] liked the idea of centering community photos and working with community to write the message,” said Miller.

The neighborhood of Smoketown is a small, tight-knit community whose history is steeped in culture and justice, and passed down in the churches, schools, libraries, and theaters that characterize this part of Louisville. While reckoning with the city’s legacy of **racist practices and policies**, it was very important to lift up that history and Smoketown’s contribution to Louisville. The team began One Poem at a Time to transform predatory billboards in the neighborhood into canvases that reflect this pride in the public realm.

Who had a stake:

- IDEAS xLab
- Smoketown residents
- Smoketown Neighborhood Association
- Louisville Metro Department of Public Health and Wellness
- Louisville Health Advisory Board Cultural/Social Impact Committee
- Outdoor Advertising Firm

Intervention

IDEAS xLab has spent years forming relationships with the community of Smoketown as organizers and as residents. Drake and Miller had been living in Smoketown at the time, “so for us, we were invested and we cared about this community and about how creativity and collaboration can be used to challenge injustice,” said Miller. These deep connections made it clear that “the neighborhood had to feel like their voices were heard,” said Drake. One Poem at a Time convened numerous community organizations, such as a local church, arts center, and neighborhood association and were even able to partner with a billboard company in Smoketown that charged a lower fee for service.

At the first of many community meetings, IDEAS xLab asked residents “if you could say something back to the community what would you say” on these billboards? This was the prompt for poems that residents wrote and featured on 19 billboards as part of the project. The text was



Above: One Poem at a Time billboard installed in Smoketown.

Left: One Poem at a Time billboard designs featuring community members.

“It held up a mirror to the community.”

Hannah Drake
Poet

overlaid on photos of community members “doing everyday things,” as Drake called it.

In the second round of billboards for One Poem at a Time, LMDPH’s efforts focused on communicating health through food justice and access; in the third round they focused on the topics of smoking cessation and diabetes prevention. For each topic, IDEAS xLab reached out to community members who had histories with the topics. For example, young local chefs who got their start with IDEAS xLab’s partner, YouthBuild Louisville, were pictured in the second round and neighbors such as Drake’s sister who had quit smoking were featured in the third round. True for every billboard was that “the community was seen and heard,” said Drake, when so often they are not.

After the first round of billboards were installed, IDEAS xLab organized a historical poetry walk to celebrate and tell the story. Importantly, Louisville policy makers had the chance to walk side by side with Smoketown residents and bear witness to the positive messaging in a community rich in history and culture.

Outcomes

The HIA projected that replacing predatory billboards will “influence the emotional well-being of the community as well as the community’s perceived value by outsiders.” The realized outcomes were, in fact, bigger. As a white paper from University of Florida (Sonke et al., 2019) puts it, “One Poem at a Time exemplifies the ability of community-led, arts-based initiatives to generate changes that produce health both now and in the future.”

“It held up a mirror to the community,” says Drake. One billboard that said “We Are Worthy, Worthy of Everything” was especially poignant to the community and gave residents the platform to “say back to the City of Louisville ‘We are worthy of having something different,’” says Drake. A coalition of community members used the momentum of One Poem at a Time to rally against two liquor stores being opened in the neighborhood. They **organized the neighborhood** by sending over 5,000 letters to the capital of Kentucky that demanded policy changes around how residents are informed about liquor store openings. Rather than the standard surreptitious paper notices, all liquor stores in Louisville must now visibly display a yellow notice sign indicating its intention.

The relationship between individual outcomes and community growth is particularly strong. A local entrepreneur, Nachand TraBue, stepped up during the project as a key leader. TraBue has been in touch with communities across the country, speaking about her advocacy in



Public health priority:

Building capacity for community-determined health

Smoketown and training other communities to build their capacity. It's stories like TraBue's that speak to the impact of One Poem at a Time. "To see a community come together to realize they have the power, it's hard to measure. The city realized that it was truly the people that had the power," Drake said.

Next Steps for One Poem at a Time

IDEAS xLab continues their community building work targeting Smoketown youth with the project Our Emotional Wellbeing.

A fourth round of One Poem at a Time billboards will launch in partnership with LMDPHW in summer/fall 2020.

Additional Resources

Project HEAL Health Impact Assessment

by Louisville Metro Department of Public Health and Wellness

www.ideasxlab.com/hia



Parks After Dark

Partnerships in high-needs neighborhoods led to greater access to public services. Using parks as an approachable space and arts to enhance community engagement, violent crime rates were lowered in dozens of LA County neighborhoods.

Context

In 2010, the Los Angeles County Chief Executive Officer convened leaders of each county department to systematically address an increase in violent crimes during summer night hours. This alone was an effective step, because many of these departments—Sheriff’s, Public Health, Parks, Arts Commission, and others—shared a mission, but weren’t collaborating: to create safe spaces where all Angelenos can thrive. County parks were quickly identified as an opportunity space for the coalition to make a scalable impact.

Like many places in the U.S., LA County has a noticeable increase in gang-related crimes during summer night hours when youth have more free time and fewer recreational opportunities. Adding to that, parks that are underutilized and poorly maintained can become a backdrop for gang activity and further disuse. Not feeling safe while using public amenities is shown to lead to a number of other health deficits experienced by the greater community (Cohen et al. 2012). Consequently, “we know that a lot of communities have the same health issues: high rates of violence, economic hardship, and chronic disease,” said Kelly Fischer of LA County Public Health Department (DPH).

So how do you interrupt a spiral, especially when it spans a county of 88 cities that would be the 8th largest state in the country by population? LA County Department of Parks and Recreation (DPR) led the way in a health equity initiative called Parks After Dark (PAD). Using data from DPH and the Sheriff’s Department, park sites were selected according to their neighborhood’s high rates of gang activity, economic hardship, and obesity. PAD started with three parks in 2010, and has expanded to 33 parks over the course of ten years, along with its comprehensive mission to provide family services and community wellbeing.

Los Angeles, CA

Los Angeles County Parks
and Recreation Department

2010–present

HAP-E Principles Highlighted

Partner across sectors.

Use arts to assess needs.

Co-locate cultural and
health services.

Conduct equitable assessment.



Enjoying a game during Parks
After Dark at Marquez Park in
LA County.

“Listening is the best tool.”

Mika Yamamoto

LA County Department
of Parks and Recreation

Who had a stake:

- LA County Department of Parks and Recreation
- LA County Department of Public Health
- LA County Sheriff’s Department
- LA County Probation Department
- LA County Workforce, Development, Aging and Community Services
- LA County Department of Mental Health
- Local community organizations

Intervention

Cross-departmental partnerships are foundational to PAD and serve the purpose of expanding services and resources for communities. Each stakeholder plays a unique and necessary role. DPH conducts rigorous and consistent measurement of program successes to grow advocacy for the program and to recommend changes. However, “in public health, it’s hard to find the people and the space, and the Parks Department provides both,” said Fischer, and the beauty of PAD is that “parks serve as a community center and trusted space.” The Sheriff’s Department provides deputies at each event, which Mika Yamamoto, PDR Regional Operations Manager, said “we couldn’t do without.”

The first step of every PAD season is a stakeholder meeting in a large auditorium, with all PAD parks and their respective local partners, to discuss what programs should be offered. Participating partners differ from park to park, depending on the relationships present around each, but typically include nonprofits, schools, faith centers, and community groups. To reach community members, PAD relies on these embedded local partnerships. However, they have begun investing in local leaders with a history of gang activity to help PAD “form a link that we don’t usually meet with our traditional marketing,” said Yamamoto.

The key to PAD’s success, according to its coordinators, is the breadth of programs that can reach and engage the whole community. The services are free and range in terms of audience and activities: “recreational activities... entertainment...arts and educational programs...teen clubs and activities, and health and social service resource fairs” as enumerated by the 2017 Evaluation Report by the UCLA Center for Health Policy Research (Pourat et al., 2017). “Arts and cultural programming offers something that the Parks Department can’t offer and drives another kind of activity that draws others in,” said Yamamoto. Indeed, the health evaluation report found that “participants rated arts and entertainment programs as their favorite activity (27%), followed by physical activity (9%)” (Pourat et al., 2017).



Above: Children get to explore their inner artist during Parks After Dark at Marquez Park in LA County.

Left: Parks After Dark volunteers at Marquez Park in LA County.

“Participants
rated arts and
entertainment
programs as
their favorite
activity.”

Nadereh Pourat, PhD
UCLA



Community members learn
CPR as part of Parks After Dark
at Marquez Park in LA County.



At first, PAD's target audience was **teens** because they are most at-risk of joining gangs. PAD organizers came in with predetermined programs that were curated to younger audiences, but they realized in their first season that the issue of gang violence affected the entire family. The idea being that a parent may come to the park to enroll their kid in free swimming lessons, stay for the jazz concert, and walk away with a cookbook of nutritious recipes, a library card, and plans to go for a run with neighbors.

Mika said "listening is the best tool" and that they wished they had started out listening to the community more. By learning to actively listen, PAD pivoted from addressing physical health to mental health needs because "there's a lot of trauma in the communities we work with, and bringing mental health to the table has been a real need," said Yamamoto. In partnership with the Department of Mental Health, Park Therapy is a recent addition to nine PAD sites as a response to the increasingly evident need to recognize and address mental health issues. Parks were seen as an ideal setting to hold conversations like this, as opposed to clinical settings, which are seen as a less threatening and more relaxed environment.

Outcomes

The scale of PAD is a testament to the success of the program, which has increased 11-fold in 10 years. At the organizational-level, PAD has improved cross-departmental relationships and continues to serve as a platform for building, testing, and expanding new or existing park programs. In 2016, an impressive 178,000 visits were made by Los Angeles County residents to the 21 PAD parks (Pourat et al., 2017).

A rapid HIA by the Health Department in 2014 (Butler et al., 2014) found multiple levels of health benefits from PAD program expansion. Crime analysis comparing data from 2009 to 2013 found a reduction of 14.5 serious and violent crimes per park per week in the surrounding areas. Data suggests that it takes several years of investing in a park to observe these results, but that holistic health benefits can exist for the long run (Cohen et al., 2016). More concretely, the HIA (Butler et al., 2014) found that PAD saves an estimated \$460,000 per park annually for the criminal justice system and \$85,000 per park annually in health benefits. Since 2017, the DPH continues to conduct an annual survey of PAD participants that is consistent with these findings and guides future program iterations.

"The communities we work in are fantastic," said Deputy Carol Malveaux, but oftentimes her colleagues are only interacting with a small circle of "troublemakers." PAD allows **deputies to be a positive presence** in these communities, "toss us a ball, pass out stickers, and talk to us" rather than just "showing up when something bad happens." Deputy



Public health priority:

Youth engagement leads to cross-generational bonding



Public health priority:

Community-based public safety strategies

“Arts and cultural programming... drives another kind of activity that draws others in.”

Mika Yamamoto

LA County Department
of Parks and Recreation

Malveaux has seen this improve the culture in the Sheriff's Department in unquantifiable ways, but also measured the impact PAD has on violent crimes, too. The UCLA Evaluation Report observed crime rates decrease in PAD districts between 9-11% in 2016 compared to the year before PAD was implemented (Pourat et al., 2017).

A study of a similar program in Alameda County, called Eden Night Lights, showed that activating public space with creative programming had measurable outcomes on: economic development, socioemotional development, community cohesion, physical and mental health, and civic engagement (Okeke, 2018).

One parks director spoke about a park she supervises, Roosevelt Park, that shows the local effect PAD can have. The south side of LA used to be controlled by gangs so much that, according to the park supervisor, residents knew not to be near the park after 5pm. After several years of activating the park with PAD, the supervisor is happy to see residents of all ages using the park late into the night. In fact, the park has experienced such a change that one neighbor who shares a fence with the park and used to never go, cut a gate into the fence for ready access to the park. Even though it turns out cutting the gate was against code, the department saw it, hearteningly, as a sign that the community is taking ownership of a former blight to the neighborhood.

Next Steps for Parks After Dark

PAD has been highly successful and recognized by many perspectives. But the road to success has not come without its challenges. “Every year, we have to reapply for funding,” says Faith Parducho, “this takes a lot of effort that we hope to spend on improving our programs in the future.” Nevertheless, there is significant interest from all parties to establish PAD as a year-round initiative embedded in ever more communities, with evidence that there will be tremendous health benefits in doing so.

Additional Resources

Evaluation Report for Parks After Dark

healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1656

Building beyond Policing:

A Case Study of Eden Night Live in Alameda County

www.urban.org/research/publication/building-beyond-policing-case-study-eden-night-live-alameda-county-california

Potential Costs and Health Benefits of Parks After Dark Rapid Health Impact Assessment

publichealth.lacounty.gov/ivpp/pdf_reports/Final%20Parks%20After%20Dark%20Rapid%20HIA%20September%202014.pdf



Youth and adults alike try out new forms of exercise during Parks After Dark at Marquez Park in LA County.



Porch Light

Public mural making can be a healing process for individuals experiencing mental health challenges and an exercise in empathy for communities, all which expand health equity.

Context

How can we as a society discuss mental health experiences and disrupt the stigma that bars individuals from seeking help? The solution for the City of Philadelphia’s Department for Behavioral Health and Intellectual disAbility Services (DBHIDS), intuitively and empirically, was the act of collectively creating public art. In contrast to the “black box” that is the “traditional behavioral health treatment model” (Ansel et al., 2015) DBHIDS became an early adopter of arts as a form of prevention and health communication.

The nonprofit, Mural Arts Program (MAP), has been a fixture in the Philadelphia urban landscape for over 30 years and has helped develop the city’s reputation as a hub for public art. MAP began as a graffiti abatement initiative but, according to Porch Light Director Nadia Malik, “the real outcome was graffiti artists getting skills.” MAP realized that the change was most profound in the community members creating art and not limited to making a more beautiful city. With this understanding, it makes sense that MAP would take an important role in the health of high-needs communities by focusing on improving mental health outcomes of their mural participants.

Decades of developing trust in low-income communities made MAP an excellent partner for DBHIDS to establish the Porch Light program in 2007. MAP and DBHIDS began their partnership with the mural *Bridging the Gap* (see photo on page 106) in a neighborhood of Southwest Philadelphia that was experiencing ethnic tension between long-time African American residents and newly settled West African immigrants. The partners used co-creation and public art to bring groups with different perspectives together, and realized this had a profound effect on communicating differences and helped create a more cohesive neighborhood.

There was more work to be done. Porch Light works in select neighborhoods that show high signs of “neighborhood decay and disorder as well as demographic and neighborhood risk indicators”

Philadelphia, PA

Mural Arts Program

2007–present

HAP-E Principles Highlighted

Partner across sectors.

Use arts to assess needs.

Let local artists lead the way.

Blend arts into community engagement.

Co-create public art.

Promote community leadership

Conduct equitable assessment.



It Has to be From Here: Forgotten but Unshaken mural in North Philadelphia by Betsy Casañas.

“[M]urals stimulate narratives of cultural and community connection, beauty, resilience, and hope.”

Jacob Tebes, PhD
Yale School of Medicine

(Tebes et al., 2015). In the Porch Light Replication Manual (Ansel et al., 2015), the Commissioner for DBHIDS said that without getting creative, “we would continue to have the majority of children and adults not accessing services, we would have people coming to treatment one time and never coming back, and we would have people with behavioral health challenges returning to families and communities that did not know how to support the gains people made in treatment.”

Who had a stake:

- City of Philadelphia
Department for Behavior
Health and Intellectual
disAbility Services
- Mural Arts Program
- Participating artists
- Partner agencies

Intervention

With *Bridging the Gap* as a proof of concept, Porch Light became an integrated program within MAP and DBHIDS—some employees of Porch Light are even housed within the City of Philadelphia—and has completed 40 murals and engaged over 3,000 community members. Each project is unique but, at its core, Porch Light is “providing a space for people to express themselves,” said Malik. Creating this space takes a comprehensive system of partnership, training, and engagement. Each mural project is a two-year commitment and much of this time is spent building partnerships and capacity—just a fraction of the project is devoted to designing a mural.

Partnerships are the first and most important step for Porch Light. Through partner agencies, Porch Light can engage both participants and communities who will most benefit from Porch Light services. Partner agencies are diverse and include veteran services, children and family services, addiction clinics, homeless shelters, and many more. Hiring the right artists to work with partner agencies is also critical, and Porch Light takes great measures to find the right fit; an ideal artist not only is a skilled mural maker, but has a collaborative, participatory approach, an appreciation for health outcomes, and flexibility to adapt to community needs as the project evolves.

Building an interdisciplinary team always takes work, and Porch Light is not naive about the challenges (and opportunities) of working in the mental health field. Artists are equipped with mental health training, participants acquire new creative skills, and participating therapists and staff are trained in how to recruit participants and communicate Porch Light benefits.

Each mural has a theme decided by participants and for 8-12 weeks, participants design around that theme. Finally, the mural becomes



James Burns works on *Finding the Light Within*.



Public health priority:
Community-based public safety
strategies

reality on Community Paint Days, which Porch Light calls “Painting a Healthy City.” More than just a day for participants to build their work, Paint Days typically involve a health services fair and time for community members to share experiences about mental health challenges. The Porch Light Replication Manual describes one version of a Paint Day as a time when “youth and adults share a beautiful and safe afternoon in a community that may have high levels of violence and physical decay” (Ansel et al., 2015).

Finally, the mural is dedicated. Stakeholders reconvene at the mural dedication, which often features performances and DHBID tabling, to honor the mural and transfer ownership over to the community. It is a time for celebration, but also for community organizing and moving forward with tangible goals for a **safe, resilient community**.

Outcomes

In 2015, Yale School of Medicine (Tebes et al., 2015) conducted an evaluation of the Porch Light program to study what effect public art can have on individual, community, and public health. The study set out to determine “can public art promote public health?” to which their “evaluation strongly suggests the answer is ‘yes’” (Tebes et al., 2015). The evaluation studied six murals and their ecosystem of artists, participants, and residents within one mile over the course of two years. The impacts observed were multi-scalar and encouraging.



Public health priority:
Destigmatizing mental health

At the community level, researchers found that residents’ perceptions of collective efficacy, social cohesion, and trust among neighbors increased. Perception of neighborhood aesthetic quality, walking environment, and feelings of safety also increased. Finally, residents indicated a reduced **feeling of stigma** towards individuals with mental health and substance abuse history. All these findings have implications for reducing rates of chronic diseases and mental health (Tebes et al., 2015).



Public health priority:
Building capacity for community-
determined health

Individual level analysis, that is, participants, showed promising impacts as well. Compared to the baseline year, participants reported a decrease in the use of secrecy to cope with behavioral health stigma, in rejection experiences due to stigma, and in stress (Tebes et al., 2015), all consistent with the alimentary effects of art therapy.

Porch Light murals have been the **seed of social change** (Tebes et al., 2015). For example, the first mural *Bridging the Gap*, brought together neighbors who previously misunderstood each other; as of 2016, the group continued to meet. *Finding the Light Within*, as highlighted in a different Yale School of Medicine study (Mohatt et al., 2013), was a mural created in 2012 to heal members that experienced



“[T]he real outcome was graffiti artists getting skills.”

Nadia Malik
Porch Light



James Burns and his team
installing The North Philadelphia
Beacon Project.



Bridging the Gap mural in Southwest Philadelphia dealing with themes of ethnic tension.

loss from suicide. That initiative connected 1,200 individuals who had experienced loss and led to a large suicide awareness campaign (Mohatt et al., 2013).

Researchers and administrators suspect that what drives these positive outcomes are that “murals stimulate narratives of cultural and community connection, beauty, resilience, and hope” (Tebes et al., 2015). Ultimately, “seeing a public mural about mental health challenges lets others know that they are not alone,” Malik said. From an administrative standpoint, Porch Light is an extremely successful initiative that has increased capacity for local nonprofits to engage more community members and sustain participation in their programs.

Next Steps for Porch Light

Though Porch Light is remarkably successful, they see opportunities for improvement. They aspire to be able to pay more participants for their services during the creation phase, train their artists as a cohort to learn from each other, and to continue measurable evaluation of their impacts.


Additional Resources

Painting a Healthy City: The Porch Light Program Replication Manual
www.muralarts.org/wp-content/uploads/2015/10/MAP_Porchlight_5.pdf

Porch Light Program Final Evaluation Report
dbhids.org/wp-content/uploads/2016/01/Community_Mural-Arts_Porch-Light-Evaluation.pdf

“[S]eeing a public mural about mental health challenges lets others know that they are not alone.”

Nadia Malik
Porch Light

The background is a complex composition of geometric shapes and patterns. It features a large orange area with a white topographic map pattern of concentric, irregular lines. This orange area is bordered by a teal triangle in the top-left, a light purple triangle in the top-left, a light blue triangle in the bottom-right, and a dark blue triangle in the bottom-left. A green circle is partially visible on the left side, and a green triangle is on the right side. The text is overlaid on the orange and dark blue areas.

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible.”

Paula Braveman
Behavioral Science & Policy

Policy Recommendations

Overview

So far, The Toolkit for HAP-E has suggested a process for building health equity and provided real world applications to show just how divergent these pathways can be. But what policies will lay the groundwork to bring equitable health improvements to all localities?

The Toolkit is primarily focused at the intervention or program level. However, the intersection of arts and culture and parks, particularly for those cities already investing in these determinants, also suggests a need to bring about systemic change, whether at an agency or city level. These five recommendations are geared towards leaders of city agencies, community leaders, and important moral voices. Whether a mayor or a public health department commissioner, they require leadership to attain at the systemic level, but they can also be advanced inductively, or through a community of practice.

These policy recommendations were derived from our literature review, from best practices in the case studies, and from our interviews with public health leaders. One case study, the Center for Health Equity and Wellness in New York City, exemplifies an approach towards systemic change at the institutional level. By completely reorganizing a department, by elevating racism as a top-line concern, and by building a pipeline of creative projects, they have started to tackle upstream determinants in powerful ways. These recommendations intend to register at the same level.

Recommendation 1

Cities and counties should establish joint task forces.

Joint task forces—with an influence over funding and policy—should be created between city planning, parks, and transportation agencies and local health departments. Use these task forces to empower proven tools of collaborations, such as Health in All Policies (HiAP) and Public Health 3.0's Chief Health Strategists, and to ensure health impact assessments (HIAs) have teeth within a decision-making system.

Recommendation 2

Address mental health challenges with practices grounded in culture.

This research and growing body of practice shows promising effectiveness at addressing the mental health epidemic facing this country by using population-based strategies that have cultural connection to a particular place. As departments seek impactful interventions, a focus on community health will help overcome the limited scale and personal novelty of an individual approach.

Recommendation 3

Invest in community-based public safety that creates a culture of care.

Like public health, public safety is a collective effort that we as a society take to care for one another. It is increasingly common knowledge that the root causes of crime and violence cannot be addressed through police arrests and brutality, and that public dollars would be better spent upstream on restorative justice and enhancing assets in low-income communities of color. As American city councils and mayors consider how to invest in prevention rather than punishment, two important areas to consider are high-quality public space and arts and culture for their ability to reduce violence, crime, and fear (Branas et al. 2018); save lives with minimal investment (Mueller et al., 2019); and “build community all the time, not just in times of trouble” (MPD150).

Recommendation 4

Ensure funding for community-based, upstream health determinants.

Sustainable funding for public infrastructure has dropped rapidly over the past few decades. As cities face pressure to bolster those coffers after the COVID-19 pandemic, they can do so by leveraging cross-sectoral partnerships and being part of other departmental initiatives. For example, a cultural affairs office could develop cultural outreach strategies that support its constituents and improve community health assessments.

Recommendation 5

Give health departments the tools to advocate for the 100% Promise.

The 10 Minute Walk campaign is a national effort to ensure that 100% of U.S. residents have easy, safe access to a quality park by 2050. Giving everyone park access is a challenging, long-term goal, essential for the health of everyone. By embracing the 100% Promise—a policy platform endorsed by hundreds of mayors—departments will have support in ensuring that all planning documents, including health-focused plans, can easily include public space targets.

User Analysis Methodology

The core audience for *The Toolkit for Health, Arts, Parks, and Equity* is local health departments of medium to large cities and counties throughout the country. To better understand how this audience innovates and collaborates, the authors conducted twelve interviews with nineteen public health experts in a variety of geographic and demographic contexts. The intention behind this research was to inform the user experience and content of The Toolkit for easy uptake by a public health audience.

Findings

1. Building health equity requires trust building.

Building trust starts with asking community members what they would like to see changed. To many local health officials, community engagement, at its core, is the process of building trust and relationships.

- Show up consistently to community hubs such as festivals, churches and school board meetings, leveraging partnerships with local organizations to identify those hubs.
- Return on community's time investment intermittently throughout the project with small deliverables and investments such as: hiring organizers from the community, supporting local businesses, and providing compensation for services when possible.
- Be prepared to have challenging conversations about racism and injustices that communities have experienced from institutions in the past.

2. Partnerships matter when working with other agencies.

Forming partnerships is critical to the success of local health department initiatives, especially related to social determinants of health.

- Different programs within health departments work in the same neighborhoods to address similar issues but often struggle to coordinate with each other.
- Assets for a great team include: Competent project leaders doing the ground work, community organizers who help build capacity among residents, and department leadership that works on projects in a supportive capacity.
- Health models such as Health in all Policies, Public Health 3.0, and PACE-EH formalize the importance of cross-sectoral partnerships and collaboration.

3. The role of placemaking in health departments is growing.

With the understanding that place is a vital determinant to one's health, many health officials practice placemaking and are beginning to leverage arts and culture in this process.

- Increasingly, health officials with a focus on health equity are able to use arts and culture to build social connectedness, with evidence that this will lead to health improvements downstream.
- Arts are seen as a way to instill community pride, build social connections, and communicate the history of a place. Arts and culture is widely defined and used by many health departments from celebrating local foods to painting a new mural.
- Creative placemaking is used by some urban health departments as a tool for preserving neighborhood identity against cultural gentrification.

Interviewees

Terry Allan

Cuyahoga County Public Health Department

Michele Benko

Cuyahoga County Public Health Department

Steven Boudreau

Rhode Island Department of Health

Tony Brown

Indian River County NAACP

Kate Cavazza

Mecklenburg County Health Department

Kelly Cheung

New York City DOHMH

Jodi Dyer

New Orleans Public Health Department

Clint Grant

Mecklenburg County Health Department

Dr. Torrie Harris

New Orleans Public Health Department

Alice Jaglowski

National Association of Chronic Disease Directors

Josh Langham

New York City DOHMH

Doug Matthews

Union County Health Department

Parul Pillai

Harris County Public Health

Julianne Price

Florida Department of Health

Victor Rodriguez

Tacoma-Pierce County Health Department

Roger Sikes

Cuyahoga County Public Health Department

Dr. Janine Sinno Janoudi

Ingham County Health Department

Teddy Swenson

New York City DOHMH

Takeesha White

New York City DOHMH

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To care about health equity is to care about place—where one lives, works, plays, and ages in America tells us a lot about the quality and span of one's life. To build places that sustain healthy communities, *The Toolkit for Health, Arts, Parks, and Equity* (HAP-E) offers health advocates the strategies to leverage arts and culture with parks and open space. More than a how-to guide, The Toolkit proposes a practice in making way for communities to determine for themselves their future, their spaces, and their health.

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