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Revitalizing Communities Together

The Shared Values, Goals, and Work of Education, Urban Planning, and Public Health

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ABSTRACT *Inequities in education, the urban environment, and health co-exist and mutually reinforce each other. Educators, planners, and public health practitioners share commitments to place-based, participatory, youth-focused, and equitable work. They also have shared goals of building community resilience, social capital, and civic engagement. Interdisciplinary programs that embody these shared values and work towards these shared goals are emerging, including school-based health centers, full-service community schools, community health centers, Promise Neighborhoods, and Choice Neighborhoods. The intersection of these three fields represents an opportunity to intervene on social determinants of health. More collaborative research and practice across public health, education, and planning should build from the shared values identified to continue to address these common goals.*

KEYWORDS *City planning, Educational status, Public health, Social change, Urban health*

INTRODUCTION

Inequities in education,[1] the urban environment,[2] and health[3] co-exist in a relationship of mutual reinforcement. Within neighborhoods, it is often the same people who bear the cumulative brunt of these inequities. Collectively, these three areas comprise many of the social determinants of health and offer essential points of intervention if we are to comprehensively address health inequities. For example, students with asthma are absent from school more often and may have lower academic performance as a result, which in turn may have repercussions over the life course.[4] Schools may work with students individually to help them learn material missed, while health providers may help these students manage their asthma, and urban planners work on developing zoning policies to reduce exposure to environmental determinants of asthma—but synergy can exist when all three are done in collaboration, simultaneously, for example, in school-based health centers.[5]

The health aspects of education and urban planning are becoming increasingly appreciated as practitioners in all three fields recognize their shared role in health promotion. New knowledge in public health science, most notably, the paradigms of life course,[6] cumulative impact,[7] and social determinants of health[3,8] has helped return to a holistic understanding of health. However, intersectoral approaches are

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not yet the norm. While inquiries have considered overlaps between pairs of these domains (i.e., education and health,[9,10] urban environment and health,[11–15] and urban environment and education [16,17]), an overlay of all three merits further investigation. For example, in a survey of 845 local planning agencies, only 27 % of comprehensive plans explicitly addressed public health, and neither local health departments nor local school boards were very engaged.[18] Interdisciplinary efforts by public health practitioners, planners, and educators have the potential to be synergistic and maximize the effectiveness of efforts to reduce these inequities.

SHARED VALUES

The fields of education, planning, and public health inherently value place-based, participatory, youth-focused, and equitable work. Many of these are values on which the fields were founded. As well, practitioners and researchers are realizing that these values must be embedded in their work for the fields to fully achieve their goals. While these values are often aspirational and not uniformly shared by all practitioners in each field, a critical mass appears to exist in each field, and innovative work is emerging.

Place-Based

This approach acknowledges that the physical and social characteristics of place interact to affect health[12,19,20] and education.[17] There are many opportunities to operationalize this approach in both practice and research. In practice, neighborhood and metropolitan area initiatives overlay a variety of measures and resources to holistically address neighborhood issues. Examples include Alameda County's Place Matters[21] and Opportunity Mapping, as well as healthy city indicators. In research, examples include the study of neighborhood and small-area effects on health (e.g., the effect of trees[22]), social trust,[23] and educational outcomes.[24]

Participatory

Place-based approaches are also more likely be participatory and democratic, valuing and utilizing local community members' knowledge in understanding an issue and its context, and tailoring policies and programs accordingly.[25] Education,[26] planning,[27] and public health[28] all recognize the importance of diverse sources of knowledge and breaking down traditional power hierarchies between communities, practitioners, and researchers. This can also be thought of as dialogical action.[29] Variants of place-based and participatory approaches include participatory action research;[30] community schools;[31] communicative,[32] collaborative,[33] and/or deliberative planning;[34] community-based participatory research;[35,36] popular epidemiology;[37] and participatory policy research.[38]

In education's participatory action research, the teacher often acts as the practitioner–researcher to facilitate reflection and better understand their classroom, school, and the community around it. In a variant, youth participatory action research is also often conducted in schools, with the goal of engaging youth in school-level issues (or beyond).[39,40] In urban planning, communicative, collaborative, and deliberative approaches are frequently used. Other fields, including health, have utilized similar planning frameworks, for example, the Community Toolbox for building healthier communities.[41] Public health's community-based participatory research framework calls for community members to participate not just as hosts or subjects, but as partners in defining the issues, conducting the research, and applying

the results to improve their community; it acknowledges that no single actor, including "experts", fully understands the issues.[35,36] Community-based participatory research is most often used to address health issues, but has been applied broadly. Participatory policy research combines community-based participatory research and traditional policy analysis and advocacy by actively involving all relevant stakeholders in the definition, analysis, and solution of policy problems.[38] Participatory policy research begins with community perceptions of the policy problem and is rooted in the community's unique local, historical, cultural, and political context.

Youth-Focused

Youth empowerment and positive youth development, concepts that originated in psychological literature,[39] are of interest in education, planning, and public health. Focusing on the next generation can take many forms, from as general as allocating funds to as specific as building youth empowerment. Public health's life-course approach highlights childhood and adolescence as formative years for health outcomes,[6] with increasing interest in early childhood interventions for health.[42] Sustainable planning attempts to design infrastructure for multiple generations[43] and engages youth.[44] Positive youth development in education involves nurturing youth voice and acknowledging them as assets.[45] It is often used to encourage more democratic and transparent educational institutions, but it is also used outside of the school walls. Positive youth development has the potential to foster communities that are healthier and more equitable.[46]

Equitable

Commitments to equity pervade the purposes and processes of each of these three fields. Public education was founded with the intention of preparing good future citizens, with universal democratic education "preserving and perfecting [American] democratic institutions."[47] School governance processes are democratic, although definitions of democracy have changed over time. City planning[12] and public health[48] were historically driven by a commitment to social justice and solving urban, social, and economic problems, especially among the poor. Today, we recognize that education,[49] planning,[12] and public health[50] policies offer critical entry points for working towards equitable and inclusive urban policy.

SHARED OUTCOMES: RESILIENCE, SOCIAL CAPITAL, AND CIVIC ENGAGEMENT

We discuss three shared outcomes: resilience, social capital, and civic engagement. Though discussed separately, these concepts are mutually reinforcing (e.g., in post-Katrina New Orleans[51]).

Resilience

Resilience is the ability to withstand negative external stressors. Resilience is determined by psychosocial and environmental factors. On the psychosocial level, resilience refers to how people respond to stress[52] and is conceptualized as "normal development under difficult conditions."[53] On the environmental level, resilience entails adaptation[54] and "accommodating change gracefully and without catastrophic failure."[55] All three fields promote resilience: education and public health tend to focus on the psychosocial forces, whereas urban planning tends to consider environmental factors.

Social Capital

Social capital is defined as one's social networks and relationships and sense of civic identity and belonging.[56] Social capital involves trusting and respecting others in your networks and helping each other as relevant; social capital can be thought of as bridging (linking diverse populations) or bonding (deeper links within homogeneous populations).[57] Community-level social capital is dependent on the demographic makeup of the community (e.g., race, poverty, adult educational level).[58] All three fields can play a role in the creation, facilitation, and maintenance of social capital. Schools can build social capital through parent and community engagement. In urban development, settlement houses can also build social capital.[59] Urban planning and public health both leverage and build social capital; however, there is still room for improvement. Creating social capital is identified as a priority in less than 10 % of city and regional comprehensive plans.[18] Health and social capital have been found to mutually reinforce the positive effects of each other.[60,61]

Civic Engagement

All three fields have similar programming that fits under the umbrella of action civics. Action civics is an experiential approach that teaches youth how to tackle real-world problems in their community, emphasizing youth voice, collective action, and reflective practice in applied settings.[62] General civics literature presents three types of citizens: personally responsible, participatory, and justice-oriented.[63] Personally responsible citizens focus on their individual tasks, without necessarily understanding the underlying social context or roots of the problems. Participatory citizens have a communal vision and try to work with institutions to make change. Justice-oriented citizens try to situate their work within social movements.[63] Education, planning, and public health can, separately and together, support any of these three types of citizens. However, participatory and justice-oriented citizens will be most likely to appreciate the overlaps between these three fields and holistically address their specific interests. One way to do this is through place-based, student-centered curricula that can engage youth in their communities. These methods have been applied to planning[64] and environmental health[65] curriculums. Empowerment approaches apply many of the principles of positive youth development to adults. For example, historically, settlement houses promoted civic engagement,[66] while today, community health workers and health educators are increasingly using participatory health promotion[67] and methods such as Health Impact Assessment offer opportunities to promote "civic intelligence."[68]

SHARED PROGRAMS

A multitude of programs are now operating at the intersection of the three fields. The Obama Administration's Neighborhood Revitalization Initiative, which includes Promise Neighborhoods, Choice Neighborhoods, and community health centers, offers some of the most prominent examples. These initiatives are spearheaded by the federal education, housing and urban development, and health and human services departments, respectively. The development of these programs offers insight into how they measure success within the neighborhood context.

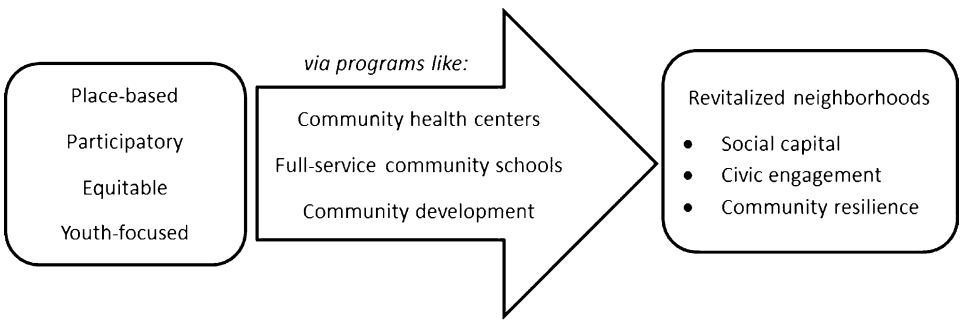
Promise Neighborhoods are founded on the Harlem Children's Zone model. The most widely publicized paper describing the Harlem Children Zone's success[69] is focused on standardized test scores, documenting how the Harlem Children's Zone could help redress educational inequities. Still, the Harlem Children's Zone takes a

neighborhood-wide approach to improve quality of life, including a well-studied asthma management program,[70–72] and it acknowledges that structural barriers like poverty[49,73] affect educational outcomes.[74]

Choice Neighborhoods builds on HOPE VI successes, targeting "severely distressed" public housing developments for community revitalization purposes.[75,76] Though there are conflicting reports on the health benefits,[77] harms,[78] and causality,[79] the program is still relatively new and understudied.

Community health centers offer a timeless example of interdisciplinary intervention, coordinating heavily with many social programs,[80] and focus on improving health status as means of eradicating poverty. Health centers focus on reducing local health disparities for low-income communities and communities of color through culturally competent primary care practices.[81,82]

Full-service community schools offer a local example of interventions driven by the shared values and outcomes of the three fields. Community schools are public schools that are open to students, their families, and the community all day and even when school is not in session.[31] The community school movement seeks to reclaim schools as the centers of communities by being a hub of resources[17] and encouraging multiple uses of school facilities.[83] Community schools can increase parental engagement,[31] which educators support because of its links to improved academic performance.[84] Urban planners support the efficient use of public space and public goods. Public health practitioners highlight the benefits of walkability and having health clinics on site.[31] Community schools require a strong and proactive collaboration, especially since they are dependent on good school siting. However, when addressing issues of where to site a new school, education administrators sometimes but do not always involve planners, and a health perspective is typically missing.[85] This is but one example of the many opportunities to leverage investments across the three fields.



Shared values, programs, and goals

CONCLUSION

A shared effort of educators, planners, and public health practitioners has tremendous power to create sustainably healthy communities. The history, practice, and literature show clearly that urban planning and public health share common goals and perspectives. Both focus on population-level well-being, needs assessment, complex social service systems, and participatory methods.[86] To that end, programs such as design for health[87] and other participatory planning approaches embody this

new, or perhaps rekindled, thinking. There is also a history and increasing evidence that educators are, together with planners and public health, jointly addressing the longer-term health impacts of the education process. Though some of the collaboration has been difficult, because of limited mandates and funding, many progressive educators have come to view their role beyond one of just healthy behaviors around physical activity and nutrition. They are considering not just the impacts of health on education, but the impacts of education on health, and impacts outside the classroom walls and long after the child has left the school system. Promise Neighborhoods and full-service community schools represent this progressive outlook. Though mostly under the purview of educators, partnerships with planning and public health are necessary for these models to be successful.

To date, issues such as disaster preparedness and toxic concerns have yielded some of the strongest collaborations at the intersection of the three fields. Yet today there are many issues utilizing interdisciplinary practice across the three fields. Programs such as Farm-to-school,[88] Safe Routes to School,[89] and joint use of school infrastructure[83,90] are finding success by acting through the place in and connection to the community. Success is tied to the strength of program connections to schools and communities. Schools can serve as a hub of a network that builds resilience, social capital, and civic engagement. In order to harness the potential of interdisciplinary collaboration, we have identified place-based, participatory work grounded in equity and with an eye towards the next generation is critical for achieving the shared goal of revitalized, engaged, and resilient neighborhoods and communities.

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