Community Organizing for Healthier Communities

Environmental and Policy Outcomes of a National Initiative

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Introduction: Childhood obesity is disproportionately prevalent in communities of color, partially because of structural inequities in the social and built environment (e.g., poverty, food insecurity, pollution) that restrict healthy eating and active living. Community organizing is an underexamined, grassroots health promotion approach that empowers and mobilizes community residents to advocate for, and achieve, environmental and policy changes to rectify these structural inequities. This paper presents outcomes of the Robert Wood Johnson Foundation's Communities Creating Healthy Environments initiative: the first national program to apply community organizing to combat childhood obesity-causing structural inequities in communities of color.

Methods: Twenty-one community-based organizations and tribal nations (grantees) conducted 3-year community organizing–based interventions primarily designed to increase children's healthy food and safe recreational access. Grantees' policy wins (environmental and policy changes resulting from grantee interventions) were measured from 2009 to 2014 using semi-structured interviews conducted quarterly and 6 months post-grant, and independently coded and reviewed in 2015 by researchers and expert community organizers.

Results: The 21 grantees achieved 72 policy wins (mean=3.43, SD=1.78) across six domains: two directly addressed childhood obesity by enhancing children's healthy food (37.50%) and recreational access (33.33%), whereas four indirectly addressed obesity by promoting access to quality health care (8.33%); clean environments (9.73%); affordable housing (8.33%); and discrimination- and crime-free neighborhoods (2.78%).

Conclusions: These findings provide compelling evidence that community organizing–based interventions designed and led by community stakeholders can achieve diverse environmental and policy solutions to the structural inequities that foment childhood obesity in communities of color.
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Introduction

Children in low-income communities of color bear the greatest burden of the U.S. childhood obesity epidemic,[1–6] living in obesogenic environments (e.g., low income, poor health care, and limited green space)[7–14] that facilitate unhealthy dietary and sedentary behaviors[15–17]—the principal behavioral contributors to childhood obesity.[18–26] For many children, childhood obesity leads to lifelong obesity[2] and related medical conditions, including hyperlipidemia, cardiovascular disease, metabolic syndrome, diabetes, and early mortality,[27–34] further broadening ethnic/racial health disparities.[16,35–38]

Yet, community organizing–based health promotion —that is, engaging, empowering, and mobilizing marginalized residents to achieve their shared health goals through environmental and policy change[39]—presents a viable approach to addressing many ethnic/racial health disparities including childhood obesity in communities of color. It does so by targeting disparities' root causes of structural inequities in the social and built environment

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(e.g., poverty, crime, blight),[35,36] which minimize access to health-protective resources (e.g., health care, income, social status)[27,28,40] and constrict residents' healthy behavioral options.[15,41] These structural inequities underlie the myriad environmental obesity risk factors affecting children of color, including high ratios of energy-dense, low-nutrition school meals and fast foods,[42,43] under-resourced physical activity opportunities,[44,45] and pervasive exposure to unhealthy food advertising.[38,46] Consequently, structural interventions involving community organizing may lower childhood obesity risk by rectifying these structural inequities, allowing children of color to make healthy behavioral choices.[26,47–49]

This structural health promotion approach follows emerging evidence that health is a community responsibility—versus solely an individual choice[50–52]—that is influenced by people's social and built environments.[53] Furthermore, it builds upon successful community-based health promotion[54] that engaged community stakeholders in environmental and policy change to reduce alcohol-related harms,[55–58] skin cancer risk from sun exposure,[59] tobacco use,[60–62] physical inactivity,[63,64] and childhood obesity.[26,65,66] Unfortunately, minimal data exist documenting the effectiveness of community organizing–based interventions—which are fully designed and led by community stakeholders, whereas community-based interventions, like those described above, are primarily designed and directed by health professionals or academics[54,67,68] who involve stakeholders as advisors or staff—in changing health-depriving structural inequities within communities of color.[67,69] This paper addresses this empirical gap using data from the Robert Wood Johnson Foundation's (RWJF's) Communities Creating Healthy Environments (CCHE) initiative: the first national program to utilize community organizing to treat the structural inequities underlying childhood obesity in communities of color.

Community organizing–based health promotion consists of grassroots movements (interventions) that raise individuals' collective capacity to control their social and built environments by advocating for public policies that balance decision-making power and resource distribution toward health equity.[39,70,71] It is grounded in social justice, empowerment,[72] popular education, and critical consciousness,[73] increasing the capacity of individuals to

1. gather, identify shared health concerns, and engage in critical dialogue about its underlying causes (i.e., structural inequities);
2. plan effective community-building strategies to confront these inequities (e.g., leadership development, community outreach); and
3. participate in collective actions (e.g., petitioning, meeting public officials, protests/demonstrations) to correct these inequities through environmental and policy change.

Community organizing–based interventions are principally designed, orchestrated, and enacted by community stakeholders (health professionals and academics adopt advisory roles) who identify the target structural inequity/problem, and select and implement the intervention strategies. Through this process, interventions are made culturally and community-personalized by capitalizing on stakeholders' deep knowledge of the local sociocultural, built, economic, and political landscape, and existing community networks and strengths, to magnify communities' long-term capacity to practice effective health policy advocacy and structural change.[39,74] Consequently, these interventions will outlive traditional community-based interventions—which often dissipate when funding ends and outside entities depart[75]—by building sustainable grassroots power to remedy the structural causes of community-selected health problems. This is a necessity because changing social conditions in communities of color may take generations to achieve.[67,76]

Launched in 2009, the CCHE initiative was the first national health promotion program to

1. target the structural inequities underlying obesogenic behaviors by applying the art (e.g., creating critical consciousness, forming community coalitions) and science (e.g., power analysis, strategic planning) of community organizing;
2. fund capacity building of community-based organizations to conceive, shape, and implement the CCHE interventions; and
3. emphasize activating long-term community infrastructure change by building communities' grassroots leadership and advocacy capabilities.[77]

Methods

The CCHE initiative originated with The Praxis Project—a national support organization for grassroots organizing movements that conceptualized and led CCHE—which approached RWJF with the program concept after receiving interest from many grassroots organizations to campaign for health equity as a human and civil welfare/rights issue. The RWJF agreed to fund 21 community-based organizations and tribal nations (grantees) serving African American, Hispanic/Latino, Asian American, and American Indian/Alaskan Native communities to lead 3-year civic movements (interventions) that would

1. shift public blame for elevated childhood obesity rates away from parents' and children's unhealthy behaviors toward the