

THE BUILT ENVIRONMENT AND HEALTH

11 Profiles of Neighborhood Transformation

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Prevention Institute is a nonprofit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development. This, and other Prevention Institute documents, are available at no cost on our website.

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Foreword

In recent years the public health community has become increasingly aware that the design of the built environment can have a major impact on the health of the public. For example, one may expect more physical activity and healthier diets among persons in communities with convenient, safe walking paths and accessible sources of fresh fruits and vegetables. On the other hand, poorer health indicators may be expected among residents of communities with high crime rates, few parks or walking paths, numerous alcohol and tobacco outlets, and little access to fresh food.

In this monograph, the Prevention Institute has profiled eleven projects in predominantly low-income communities where local residents mobilized public and private resources to make changes in their physical environments to improve the health and quality of life for their citizens. Such changes included building a jogging path around a cemetery, transforming vacant lots into community gardens, reducing the prevalence of nuisance liquor stores, and creating attractive murals on walls where graffiti once reigned.

These case studies will help concerned citizens, urban planners, and public officials examine possibilities for local environmental changes that would improve the health of the residents of their communities.

Andrew L. Dannenberg, MD, MPH

National Center for Environmental Health

Centers for Disease Control and Prevention

Atlanta, GA

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THE BUILT ENVIRONMENT AND HEALTH

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Introduction

*This is the last town in the world...
Before this came to be, there were
all the possibilities in the world.
There were all the opportunities for
starting with small things to create a
sweet new history and future.
If only we had seen them.*

BEN OKRI, A PRAYER FOR THE LIVING

There is growing recognition that the built environment—the physical structures and infrastructure of communities—plays a significant role in shaping our health. To a great extent, the connection between environment and health has centered on the results of human exposure to contaminated air, water, and soil. Decisions about land use, zoning, and community design influence the degree of human exposure to toxins, but also have implications for neighborhood access to healthy foods, and the level of safety and attractiveness of neighborhoods for activities such as walking and biking. The designated use, layout, and design of a community's physical structures including its housing, businesses, transportation systems, and recreational resources affect patterns of living (behaviors) that, in turn, influence health.

With support from the Centers for Disease Control and Prevention's National Center for Environmental Health, Prevention Institute crafted 11 profiles about communities across the country

The designated use, layout, and design of a community's physical structures including its housing, businesses, transportation systems, and recreational resources affect patterns of living (behaviors) that, in turn, influence health.

that reveal how the built environment can positively influence the health of community residents. These profiles were written to:

1. Describe the important connections between the built environment and health for practitioners in public health, city and regional planning, community economic development, and other related fields;
2. Support public health practitioners in looking beyond the traditional bounds of the healthcare system to address social and environmental determinants of health;
3. Suggest potential expanded roles for practitioners from diverse fields to promote health-enhancing improvements to the built environment;
4. Highlight a range of opportunities to create community-level change to the built environment through multi-sector partnerships with community residents, businesses, community organizations, and local government; and,
5. Provide concrete examples that demonstrate the importance of the built environment in promoting health.

Environmental factors contribute to disproportionately high incidences of negative health outcomes (cancer, asthma, injuries) in low-income communities which are often also beset with structural and institutional inequities. Disfranchised communities are more likely than wealthy communities to be the sites of hazards and,

BUILT ENVIRONMENT AND HEALTH: OVERVIEW OF PROFILES

The program profiles include: 1) a description of the geographic area and changes that were made; 2) the process required to implement the changes, including leadership and organizational collaboration; 3) any documented impacts, positive and negative; 4) lessons learned, framed as “wisdom from experience;” 5) supporting research that documents the connection between the built environment and health; and 6) next steps for action.

The program profiles tell the following stories:

1. Evergreen Cemetery Jogging Path: In the predominantly Latino, urban area of Boyle Heights, California in East Los Angeles, the Latino Urban Forum and neighborhood residents rally community-wide support to create a safe, 1.5 mile walking/jogging path. Community members previously had no access to parks or open space, but can now get physically active, in their own neighborhood.

2. Partners Through Food: In the Upper Falls community of Rochester, New York, a dynamic collaborative of community members increases access to healthy food by organizing for over five years to bring a full-service supermarket into a community which lacked a single grocery store.

3. Boston Lead-Safe Yard Project: An innovative partnership focusing on Roxbury and Dorchester in Boston, Massachusetts uses affordable techniques to minimize exposure to lead in inner-city yards—a contemporary environmental hazard linked to developmental disabilities and learning delays, particularly among children under six, living in older, urban homes.

4. Gardens for Growing Healthy Communities: A community/academic partnership transforms vacant lots into community gardens in urban neighborhoods throughout Denver, Colorado, creating and documenting new opportunities for physical activity, healthy eating and social connections among community residents, survivors of abuse and homeless people.

5. South Los Angeles Liquor Store Closures: Working to reduce violence and crime in South Los Angeles, California, this community-driven, grassroots effort organizes community residents to close neighborhood liquor stores that negatively impact community health and safety.

6. The Paterno Trivium: Community residents work collaboratively with city government to transform an unsafe traffic intersection into a neighborhood gathering spot and to improve the pedestrian environment on adjacent streets in Hudson Heights, New York City—an ethnically diverse, urban community.

7. The Fenway Alliance: A powerful coalition of 20 well-respected arts, culture and academic institutions revitalizes a cultural district by improving walkability through major infrastructure projects in Boston, Massachusetts. Although focused in a commercial district, their efforts demonstrate innovative roles for large-scale institutions in improving the built environment. Their work is focused on attracting African American and Latino pedestrians from nearby schools and communities.

8. Westside Project: With an eye toward improving the built environment, a collaborative of local government agencies, including the public health department, work to build community support and trust before building pedestrian amenities for residents in Stamford, Connecticut who had become wary after a history of displacement and gentrification.

9. The Seattle Department of Transportation: This citywide department pays special attention to achieving equity across geographic and economic boundaries while working to create an integrated network of pedestrian and bicycle infrastructure that promotes safe physical activity for residents throughout Seattle, Washington.

10. The Wray Health Initiative: In the rural town of Wray, Colorado a coalition builds a neighborhood walking path, basketball court and other features to make fitness fun for people of all ages by soliciting community buy-in and creating social support for activity.

11. Philadelphia Mural Arts Program: Utilizing a grassroots model, this effort engages community members, including ex-gang members, in the creation and painting of murals that improve aesthetics and transform neighborhoods in urban, economically disenfranchised communities throughout Philadelphia, Pennsylvania.

at the same time, often lack the infrastructure to support physical activity and healthy eating. Too many residents live in community environments that promote disease and injury and do not support healthy behaviors that can help them avoid major chronic diseases that result from sedentary lifestyles and poor nutrition (e.g., heart disease and stroke). Many people live in neighborhoods that are over-saturated with alcohol outlets and advertisements, lack grocery stores, have sidewalks in disrepair, have little access to open space, and have dangerously high traffic speeds.

Further, compared to residents of middle-class communities, residents of low-income neighborhoods—struggling with the presence of environmental hazards, crumbling infrastructure, and a lack of economic resources—face even more barriers to overcoming them. They often need to implement change in the face of inadequate transportation, fewer businesses in the neighborhood to support them, institutional barriers to neighborhood investment, and lack of influence within the local government. In addition, people's previous experiences of housing cost increases and gentrification may create a realistic concern that enhancing the neighborhood could result in unintended strain and disruption to the community.

However, the physical environment can promote health directly through access to clean air and water and can influence people's behavior by facilitating health-promoting activities, such as walking, biking, and healthy eating. Changes to the built environment can have a positive impact on many health-related issues, from diabetes and asthma to traffic safety and community violence. In many cases, a change to the built environment will simultaneously impact multiple health conditions. To date, most published examples of improvements to the built environment have occurred in middle- and upper-class communities of predominantly White residents.

A good solution solves multiple problems: Changes to the built environment can have a positive impact on many health-related issues, from diabetes and asthma, to traffic safety and community violence. In many cases, a change to the built environment will simultaneously impact multiple health conditions.

In choosing these 11 profiles, we focus primarily on improvements in communities where the mean resident income is low and where concentrations of African American and Latino residents are high. We highlight how improvements to the built environment can enhance the health and well-being of members of these communities. The examples illustrate how changes to the built environment can be particularly meaningful in communities that have historically

lacked important features such as well-maintained pedestrian infrastructure, services and institutions, or public art. Taken more broadly, the profiles demonstrate how improvements to the built environment have the potential to reduce health disparities.

In compiling these profiles, several themes emerged about how communities are able to overcome challenges and succeed.

- Broad, diverse participation is necessary to mobilize the resources and build the will to make community improvements.
- Efforts to create health-promoting environments provide opportunities to build community resilience and marshal community assets, rather than the more typical focus on risk factors.
- Persistence and innovation are common qualities of the organizers and organizing efforts that successfully brought about improvements to the built environment.
- Engaging communities to focus on changing the policies and practices of local organizations and institutions is part of an effective strategy for improving health and leaving behind lasting changes in neighborhoods.
- Focusing on the built environment fits well with other public health approaches that a) recognize that changing individual behavior involves changing social norms and environmental determinants of health and b) concentrate on the community as the unit of analysis and action.

- While making built environment changes may be necessary, they are not sufficient. As the profiles of the Wray Health Initiative in Wray, Colorado and the Westside Project in Stamford, Connecticut illustrate, improvements to the physical environment are significant components of a multifaceted strategy for promoting health that includes community education, increasing social capital and enhancing social support.

Over the past decade, more and more communities have emphasized the importance of making design decisions in the context of the overall community. The term “smart growth” refers to a land development strategy aimed at managing the growth of a community, minimizing automobile transportation dependence, and improving the efficiency of infrastructure investments. While “smart growth” initiatives have brought attention to the need to manage new growth and development effectively, *Built Environment and Health: 11 Profiles*, calls attention to the value of neighborhood-level changes within existing structures. Many low-income urban environments suffering from disinvestments and decay already have the skeleton of a walkable community and possess great potential. Practices as simple and routine as road repavement are opportunities for neighborhood enhancement. One road at a time, more space can be created for bicycles and pedestrians, and routes can be narrowed and altered to promote “traffic calming,” (i.e., decreasing vehicular speed, and increasing safety). These profiles demonstrate that small and incremental changes are opportunities to design solutions that suit unique neighborhood environments and are significant contributions toward improving health and quality of life locally. These changes offer substantial enhancements for the affected residents, and build momentum for further improvements.

In identifying profiles, a key goal was to highlight initiatives that clearly demonstrate linkages between environmental changes and changes in health behaviors

and outcomes. However, such projects are few and our selected efforts are not thoroughly evaluated. Documenting the health impact of environmental change efforts remains a challenge for a host of reasons. Communities generally are not collecting the quality and quantity of data needed to demonstrate impact. Some built environment initiatives are not explicitly designed with health outcomes in mind, and therefore health-related information may not be collected. Furthermore, multi-year surveillance of changes in population health status is often beyond the scale or resource capacity of localities. Therefore, to improve the evaluation of future initiatives it may be appropriate for local evaluation to focus on documenting changes in behavior. For example, a community can assess changes in rates of walking among residents in a manner that can be coordinated with national efforts examining changes in the rate of health conditions such as obesity and heart disease.

In cases where documenting behavior change is beyond an initiative’s scope or capacity, evaluation can focus on documenting the environmental change that occurred. With nationally supported evidence demonstrating that a specific environmental change at the community level yields a positive health outcome, communities can focus on implementing and documenting the particular environmental change, rather than attempt to document the expected behavior change. Toward this end, further investment in thorough case studies to evaluate the impact of some interventions, like those profiled in this report, may be warranted.

The powerful influence of the built environment on health suggests that public health practitioners should be involved in planning and policy decisions related to land use, zoning and community design. Health practitioners can serve an essential role in collaborating with other professionals and working alongside neighborhood residents to create and promote healthy communities. Their participation becomes imperative as the conviction grows that addressing the social and

The powerful influence of the built environment on health suggests that public health practitioners should be involved in planning and policy decisions related to land use, zoning and community design.

physical environment is an essential element of a strategy to encourage healthy behaviors. Thus, a new role for public health leadership is emerging. In this emerging role, practitioners need to engage in three principal areas of action. The first is to assess the health impact of land use and community design options before decisions are made as well as after improvements are implemented. The second is to catalyze and facilitate inclusive partnerships with membership that stretches far beyond traditional health fields to plan new structures and redesign existing ones. Third, public health practitioners need to participate in policy-making on issues related to the built environment to ensure protection from toxins, access to healthy food outlets, places to walk and recreate, and other health-promoting environments.

While Prevention Institute was successful at documenting compelling profiles, we also found critical needs and unfulfilled opportunities in communities throughout the country where health and quality of life could be improved through changes to the built environment. Our hope is that the profiles that follow will stimulate and inspire practitioners from multiple fields and sectors to partner with community residents, design solutions, and take action to improve the built environment for the health and well-being of all.

PHILADELPHIA, PENNSYLVANIA

Mural Arts Program engages community members in murals that improve aesthetics and transform neighborhoods

“Murals work on a symbolic level, providing opportunities for communities to express concerns, values, and aspirations: their yearning to be free of violence and fear; their hope to create a better world for themselves and their children; their desire to remember those who were overcome or who overcame...They are our dreams manifest.”

—JANE GOLDEN, DIRECTOR MURAL ARTS PROJECT, FOREWORD PHILADELPHIA MURALS AND THE STORIES THEY TELL



IN SECRET BOOK, 1999.

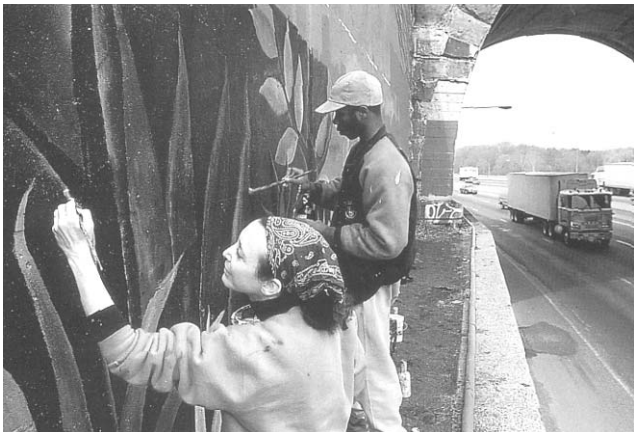
Fervent in the belief that public art has the power to eradicate urban blight and create community change, Philadelphia’s Mural Arts Program (MAP) follows a community participatory model to transform graffiti-scarred walls into scenic views in diverse neighborhoods citywide. In the process of creating murals that feature portraits of community heroes, tell neighborhood stories or display abstract designs, MAP fosters connections among neighbors and forges new bonds between residents (including at-risk youth), professional artists, and mural funders. In addition to helping artists and residents collaborate to turn their artistic visions into reality, MAP offers art education programs citywide. MAP works alongside Philadelphia’s diverse communities to use public art to revitalize communities, promote education, and

support civic pride. MAP is responsible for the creation of over 2000 murals since the mid 1980’s.¹

THE PLACE

MAP operates primarily in low-income neighborhoods across Philadelphia, reaching residents of all races and ethnicities. As the popularity of murals increases and word spreads, murals are now being created in wealthier neighborhoods, as well. During the first five years of the program, murals were painted in largely African American communities. MAP later expanded to Latino communities and then to Asian and White communities, eventually encompassing the full diversity of Philadelphia’s population (1,479,339 as of the 2003 US Census): 42.6%

“People have an intuitive desire to have art around, and murals make art accessible. The program’s grassroots, bottom-up approach also works to empower residents for whom, oftentimes, art in their neighborhoods equates to an occasional billboard with alcohol and tobacco images.”



PHILADELPHIA MURALS AND THE STORIES THEY TELL

GOLDEN AND FELLOW ARTIST WORKING ON THE LEDGE WALL MURAL.

African American, 42.5% White, 8.5% Hispanic/Latino, 4.4% Asian, and 2% American Indian/Alaska Native.

THE PROJECT

MAP grew out of the city’s Anti-Graffiti Network, which was launched by former Philadelphia Mayor Wilson Goode in 1984. Mural arts have historical roots in depicting significant social, political and cultural imagery and MAP continues this legacy. Today, MAP brings together community residents and grassroots organizations to arrive at consensus about what images should be painted in their own communities. MAP facilitates community listening sessions to identify common themes and unify community members around a subject for the mural that will be painted in their neighborhood. MAP became institutionalized within the city’s Department of Recreation in 1996 and in this role, creates new partnerships between government agencies, educational institutions, corporations, and philanthropic foundations to bring murals to fruition.

Engaging the talent of approximately 170 artists, MAP completes an average of 100 projects a year, including mosaic (small pieces of colored glass or stone fit-

ted together), ceramic (hand painted and kiln fired ceramic tiles), and fresco (watercolors painted on wet plaster) murals. The program strives to serve as many neighborhoods as possible, without bias, and maintains a waiting list for art education and mural creation. As MAP Director Jane Golden observes, “People have an intuitive desire to have art around, and murals make art accessible. The program’s grassroots, bottom-up approach also works to empower residents for whom, oftentimes, art in their neighborhoods equates to an occasional billboard with alcohol and tobacco images.”

MAP has five main objectives:

1. To create murals that reflect and depict the culture, history, and vision of the communities in which they are created,
2. To develop long-term, sustainable collaborations with communities that engage partners in the mural design process,
3. To educate youth about visual art and foster youth development through offering high-risk students mentorship opportunities with professional artists,
4. To use murals and the mural design process as a tool for community engagement, blight remediation, neighborhood beautification, and demonstration of civic pride, and
5. To generate professional development opportunities for artists who are committed to working collaboratively in communities to create murals and visual art education projects.

Each new MAP undertaking begins with a call (or more recently a written application) from an interested community member. MAP then conducts a site visit to find a wall suitable for a mural: Is the wall relatively smooth? Does the wall have major defects that would disrupt the painting process? Is the wall free of water damage? And importantly, will people be able to view the entire image? MAP coordinates community meetings to discuss what themes and images the community would like to see captured in the mural’s design.

MAP offers classes at recreation centers, homeless shelters, detention centers, and senior centers citywide, reaching out to all members of Philadelphia’s communities. In an effort to engage the city’s youth, MAP offers art instruction to more than 1,000 students, ages 8 to 18, at 36 sites throughout Philadelphia.

MAP engages community members in an inclusive process of brainstorming and may also show slides of other murals to help get the ball rolling.

“The program attempts to use art as a tool to examine neighborhood systems more globally,” says Golden, adding that she wants the art MAP creates to tell a story about the neighborhood. To the extent possible, MAP tries to connect its work with existing community efforts and murals are tailored to depict important messages. For example, anti-drug and anti-smoking murals sponsored by Philadelphia’s Department of Public Health were erected as part of larger anti-drug and anti-smoking campaigns.

MAP is a holistic program that works to engage the community in creating murals, not just at specific sites, but through mentorship and education aimed at nurturing new artists. MAP offers classes at recreation centers, homeless shelters, detention centers, and senior centers citywide, reaching out to all members of Philadelphia’s communities. In an effort to engage the city’s youth, MAP offers art instruction to more than 1,000 students, ages 8 to 18, at 36 sites throughout Philadelphia through *The Big Picture*, a year-round program that introduces students to the history and process

“Once the mural was complete...neighborhood youth began helping their elders keep the area in front of the mural clean...[s]ometimes designing and producing a local mural begins a process of social connection and political activism that previously did not exist.”

of mural painting. Lessons help students foster creative thinking skills and prepare them for applying these skills to the workforce by teaching them problem solving, critical thinking, and teamwork. The final element of the program is for students to design and paint a small mural.

Like other national arts projects, MAP must strive to convince government funders of the value of public art. “The program isn’t the police or the fire department and is seen as expendable,” explained Golden. Most murals are sponsored and funded by private foundations or corporations, and matching city funds with private dollars has been one key to MAP’s continued success.

Keeping up with success is another challenge. As more communities experience the benefits of murals, demand increases. With only a small staff and minimal resources, MAP struggles to meet expectations. “Success is a mixed blessing, a double-edged sword,” said Golden. “We want to ensure fairness by bringing art to different neighborhoods and utilizing the talents of a diverse group of artists.” MAP constantly strives to reach the neighborhoods and youth that need it most and to create art that will make a difference in their communities.



PHILADELPHIA MURALS AND THE STORIES THEY TELL

AN OCTAGONAL MURAL AT A COMMUNITY HEALTH CENTER.

THE PEOPLE

Diverse Partners Collaborate to Build Healthy Environments

With Golden at the helm, MAP is a truly collaborative program that brings together community residents and professional artists to produce public art. The program relies on collaborations with, and funding from, a variety of public and private sources, including the City of Philadelphia, corporations, foundations, and individuals. Community-based arts organizations, schools, and senior centers offer support by recruiting community members and providing sites for education programs. Sponsors of the education programs include

the City of Philadelphia, American Jewish Committee, The William Penn Foundation, Surdna Foundation, Knight Foundation, and Nathan Cummings Foundation. MAP also fosters artistic skills among people in prisons and detention centers, community youth and former graffiti artists who are committed to applying their skills to legal activity.

Matching city funds with private dollars has been one key to MAP's continued success.

THE RESULTS

Healthy Change in Local Environments

Since its inception, MAP has completed nearly 2,500 indoor and outdoor murals throughout the city, more than any other public art program in the nation. Murals not only transform neighborhoods, they often become the “heart of community revitalization,” revealing to residents the potential their neighborhoods have to be safe and beautiful. The pride murals generate frequently prompts further community development efforts, including economic and social welfare enhancements like cleaner streets, fewer billboards promoting unhealthy behaviors, and more city-sponsored youth programs. In Golden’s book, *Philadelphia Murals and the Stories They Tell*, mural documentarian Timothy Drescher describes his experience of meeting a woman in North Philadelphia, who said of one of MAP’s creations, “Without that mural, we wouldn’t *be* a community.” Drescher goes on to explain that “once the mural was complete...neighborhood youth began helping their elders keep the area in front of the mural clean... [s]ometimes designing and producing a local mural begins a process of social connection and political activism that previously did not exist.”

Mural creation also helps transform the lives of youth who participate in the program each year. In the process of mural building, youth often discover latent artistic talents as well as find new outlets for positive mental, physical, and social activity. Some may also be diverted from drugs and crime, and many young MAP employees have earned their General Education Diploma with program support.

Although published research on the impact of public art on health is limited, the installation of public art in one community was associated with improved sense of well-being and increased social connectedness.² A small body of literature suggests that art in healthcare settings can improve patient recovery times and provide therapeutic benefits.³ In the late 1990’s several reviews of arts programs sought to better understand the relationship between art and health and found some support for the notion that participating in art programs can improve health, perceived well-being, and resilience.⁴

The value of art for preventing violence, vandalism and graffiti has been hypothesized but not yet formally evaluated.⁵ There are numerous examples of public arts and public works programs that require inclusion of art on the basis that public art enhances quality of life, promotes community well-being, increases civic pride, and celebrates regional history.⁶ Art has been



COMMON THREADS: PHILADELPHIA'S TALLEST MURAL OCCUPIES AN 8-STORY WALL.

used as a tool for social change and community development in programs that seek to increase social connections, reduce social isolation, reduce delinquency and truancy among at-risk youth, and promote healing among institutionalized adults. Still, more research is needed to draw empirical conclusions about the influence of community art on positive health outcomes.^{7,8}

WISDOM FROM EXPERIENCE

Golden attributes MAP's success to its commitment to involving community partners, to promoting sustainability and consistently enhancing program effectiveness. "By creating projects in collaboration with others, creativity flourishes," she explained. "By using creativity and by doing a variety of projects in diverse neighborhoods MAP can reach people and contribute to neighborhood aesthetics and community transformation."

LOOKING AHEAD

MAP continues to contribute to aesthetic and social transformations in neighborhoods throughout Philadelphia. Given high demand, budgetary constraints and limited staffing, MAP currently uses a competitive process to determine where murals will be painted. MAP staff has produced books, calendars and other products to spread the stories and images of Philadelphia's murals and to help supplement private funding to support program operations. Community art is essential to creating public spaces that residents and passersby can enjoy and has the potential to stimulate activism and engagement. When the value of public art becomes more widely understood, programs like MAP will finally receive their long overdue recognition and public support.

PROGRAM CONTACT

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ENDNOTES

- 1 Golden J, Rice R, Yant Kinney M. Philadelphia Murals and the stories they tell. Temple University Press. Philadelphia 2002.
- 2 Semenza JC. The intersection of urban planning, art and public health: the Sunnyside Piazza. *Am J Public Health*. 2003. Sep; 93(9):1439-41
- 3 Miles MFR. Art in Hospitals: does it work? A survey of evaluation of arts projects in the NHS. *J R Soc Med* 1994;87:161-163
- 4 Clawson HJ and Coolbaugh K. The YouthARTS Development Project. *Juvenile Justice Bulletin*. US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. May 2001
- 5 Safer Schools through environmental design. ERIC Digest No. 144. Accessed 3/14/04 at: www.ericfacility.net/ericdigests/ed449549.html
- 6 Arts in Public Places Programs. Accessed 3/14/04 at: www.artslynx.org/heal/public.htm
- 7 Hamilton C, Hinks S, Petticrew M. Arts for health: still searching for the Holy Grail. *J Epidemiol Community Health* 2003; 57:401-402
- 8 Clawson HJ and Coolbaugh K. The YouthARTS Development Project. *Juvenile Justice Bulletin*. US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. May 2001

This is one in a series of 11 profiles that reveal how improvements to the built environment can positively influence the health of community residents. The examples illustrate how changes to the built environment can be particularly meaningful in communities that have historically lacked important features such as pedestrian infrastructure, services and institutions, or public art. Taken more broadly, the profiles demonstrate how improvements to the built environment have the potential to reduce health disparities.

The profiles were written and produced by Prevention Institute. Funding and guidance were provided by the Centers for Disease Control and Prevention's National Center for Environmental Health. It is our hope that these profiles will stimulate and inspire partnerships between community residents and practitioners from multiple fields and sectors to design solutions and take action to improve the built environment for the health and well-being of all.