

# Ownership of Change: Addressing health disparities through authentic resident engagement

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**Background** || Monument Community Partnership (MCP) has been an exceptionally successful public/private community collaborative that focuses on increasing the opportunities and well-being of children and families who live along Monument Boulevard, a low-income, high-density, diversely-populated community in California. MCP has long utilized authentic resident engagement as a means to addressing community issues; in early 1991, MCP enlisted the participation of TEAMS to begin a process of resident engagement leveraging the residents' skills, creativity and commitment. To mobilize the community, place-based Neighborhood Action Teams (NATs) were organized.

As leadership changes occurred within MCP, the model for community engagement shifted slightly from the place-based NAT model to content-specific NATs, which employed trained resident leaders—Community Listeners—to provide education and training to fellow residents about the importance of nutritious eating and physical activity, and how the built environment impacts one's ability to make healthy decisions. In return, the listeners learned from their neighbors about the concerns and issues in the community.

While the structure for resident leadership and capacity building evolved, the Healthy Eating-Active Living (HEAL) Initiative became the strongest vehicle for community engagement in the Monument. The HEAL Initiative was a two-year, multi-component approach to engage residents in the decision-making and planning processes through which a more healthful physical environment can be built.

**Findings** || In previous work within the Monument, See Change, TEAMS and the MCP Executive Director, among others, created a Theory of Change that illustrates the community engagement model that is at work in the Monument neighborhood. The Theory of Change is cyclical; residents progress through eight stages of advancing individual and community capacity for civic engagement, gaining a sense of ownership and pride in the community, which allows them to successfully advocate for resident-

identified and culturally appropriate solutions to resident-identified health disparities in the neighborhood. When thoughtfully applied and used with intention the cycle continually renews itself as additional residents become engaged and new issues are addressed.

The HEAL Initiative aimed to address some of the health inequities that currently exist in the Monument Community, such as limited transportation, abundance of fast food restaurants and unhealthy food options, and little opportunities or safe spaces for physical activity. The initiative successfully engaged community residents in advocating for improved transportation and land use planning policies that in turn promote healthy eating and physical activity in the community.

Additionally, there have been some very notable policy wins at the city level as a result of the HEAL Initiative. Monument residents successfully mobilized and advocated for community-identified change to the city's plan for redevelopment of the Monument. They also provide education and support to neighbors working to change eating habits and physical activity.

**Conclusion** || The HEAL Initiative has been an opportunity for community members to continue to have a voice in the development of a healthy community. Certainly, as a result of the various resident engagement efforts of the Partnership, the community voice that has been quiet—or even ignored—for so long is finally being heard. But that communal voice has not just gotten louder, it is more assertive, more confident, more sure of its ability to make change in the community.

A resident-driven Theory of Change, embedded in the community ethos, allows for a continual and sustainable infrastructure for engagement of traditionally underrepresented populations as full participants in civic processes. Residents of the Monument truly see themselves as active stakeholders in building a healthy community. Addressing structural health disparities is a long-term endeavor, and it is best done from the inside out.

