



The People's Practice

ISSUE #04, MAY 2024:

**AMERICA SNEEZED.
WE CAUGHT TWIN PANDEMICS.**

ARTWORK BY BRIAUNA WILLIAMS

WE HAVE TO BREATHE THROUGH THIS ONE. We've all spent the past several years living through a cataclysmic public health crisis that will reshape how we collectively think about ourselves, our families, our communities, and our world for decades to come. A myriad of interconnected systems have been stressed. Economies have been frayed and rewired. Community development practitioners have been simultaneously frontline essential workers and yet chronically missing from the conversation. Health policies have been politicized. People have been lost.

It is easy to understand why we might not want to spend time acknowledging, parsing, healing, or repairing from this time. It was all so much to carry, and as with all crises, the weight carried has been much heavier for communities of color – the twin pandemics of COVID-19 emerging, layered on top of the deep-rooted, persistent pandemic of structural racism.

There's a long-held adage that "when white America catches the cold, Black America ends up with pneumonia." Particularly in the early days of COVID-19, that saying was borne out in the data. People of color experienced disproportionate exposure to COVID-19 in roles as "essential workers", higher rates of hospitalization, and higher fatality rates. You could look at 80-year-old redlining maps and safely predict the home address of pandemic impact.

Of course, the health consequences of segregation, disinvestment, and displacement are not limited to a global pandemic. Those same maps demonstrate the weight communities of color shoulder in everything from hypertension to mental health to asthma to length and quality of life itself. These are not the results of individual life decisions; they stem from localized, structural racism in community-level investment. When communities of color live everyday with more dilapidated buildings and less greenspace, for instance, is it any wonder that those same communities' health outcomes are perennially lagging white counterparts?

In a deeply segregated country, health is entirely entwined with the kinds of neighborhood-level work of community development. A failure to address equitable development is a failure to adequately address social determinants of health. A movement toward anti-racist practice in community development will translate quite literally into more years (and happier and healthier ones) for Americans of color.

SO BREATHE WITH US. In this issue, we're sitting with the diagnosis and developing an after-care plan for bringing the intersection of health equity and equitable development to the forefront. We invite you to review our High-Level Findings report to think through all the implications that community development leadership, policy, and finance have for community health. Where can community development practices support health-related sectors, and where can promising health approaches get woven into community development work? What's the role of collective healing and repair in anti-racist work? What could a future of culturally competent, community-level health investment look like, and what would be the result?

We promise, this conversation is good for what ails us. Onward.

IN THIS ISSUE...

Visions of Anti-Racist Community Development Gabriela Alemán	5
The Lasting Impact of Black Land Ownership and Building Community from Within Andrea Heyward	6
Considerations for Improving Community Health through Community Development Chandler Esslinger	8
The Power of Community Interconnectedness Ruth Thomas-Squance	10
Accessing the Pie Deirdre Shaw	12
Freedom of Cultural Expression as a Social Determinant of Health Karis Tzeng	14
A Development Strategy for Underserved Communities Primus Wheeler, Jr.	16
If You Build It, People Will Come Rawha Ghirmatzion	18
Visions of Anti-Racist Community Development Briauna Williams	20
Posters Health	22
Reading the Chart: What Do I Do Now?	26



ARTIST'S WORK: GABRIELA ALEMÁN



Gabriela Alemán is a multidisciplinary artist and organizer born and raised in San Francisco's Mission District. Her work, published under her artist name Smug Morenita, consists of boldly colored images that range from protest art to reimagined cultural iconography, resonating with the aesthetic of comics, folklore and pop art. Through her art, she has garnered a portfolio that has made it possible to center her community while simultaneously uplifting the food equity work of Mission Meals Coalition, a food justice mutual aid group she founded at the start of the COVID-19 pandemic to ensure direct food access and equity across Northern California.

As a first-generation child of Nicaraguan and Salvadoran immigrants in the U.S, community organizer and Director at a local agency, she has a rooted understanding of the social, political and economic nuances within the Mission District and her community at large. Throughout her practice(s), she has devoted herself to using the rich colors in her communities to bring visibility to the Central American diaspora, the Mission District, and to redefine what it means to be a multidimensional artist, organizer and multidisciplinary Latina in today's digital age.



PERSPECTIVES IN PLACE: THE LASTING IMPACT OF BLACK LAND OWNERSHIP AND BUILDING COMMUNITY FROM WITHIN

ANDREA HEYWARD

I am from a little-known sea island on the South Carolina coast that is a small dot on the map in comparison to the collective sea islands that it joins extending from North Carolina to Florida, known as the [Gullah Geechee Heritage Corridor](#). I currently reside in a more developed area of the state, but I often take the three-hour journey back home. Along the way, the quaint shopping centers and subdivisions soon become mere images in the rearview mirror. The home stretch is a seven-mile state highway that is the only way to enter or exit the sea island that I call home. I am often tempted to stop at the small bridge at the entry of the island that extends over a quiet river, just to take in the beauty of Coosaw Island. The journey continues down a long, winding, paved road. At the very end of this road, the pavement shifts to dirt. Beyond this point, over five generations of my family were and continue to be raised.

The acres of land that I call home represent the experiences of many families where land ownership has been maintained through generations as heirs' property. I was raised on a plot of land given to my mother by my grandmother, as her mother had given to her. By the standards of today's society, my grandmother was not an educated woman, having received her high school diploma the year I was born, at the age of 53. She was a domestic worker by trade, yet within our small community, she was also a respected leader and church mother. She was one of many trusted leaders who had a lasting and sustainable impact. Their collective expertise and shared resources reaped many successes that are often not interpreted as such by the outside world. Mobile homes along dirt roads don't necessarily present as a measure of wealth, and the absence of retail stores, grocery stores, health clinics, or parks are seen as a lack of resources. What's often missed in understanding the value of my community, and other Black and rural communities like it, is a lack of awareness of the long-term investment in its community members. These "investments", whether educational or financial, fostered later generations to become business owners, healthcare providers, educators, engineers, military veterans, civil servants, and public health professionals. Now as professionals in these spaces, we are able to approach our work with a lens of shared understanding of the very communities we seek to serve in our respective careers. Even still, home looks a little different now, as more and more unfamiliar faces obtain acres of land that were once family owned.

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As a public health advocate, the focus of much of my work has centered around communities that share many similarities to the community that I was raised in – rural communities of color. In nearly two decades of working on initiatives to improve community health, there have been times

in my career that I have been guilty of focusing on the disparities that serve as barriers, as opposed to the opportunities that exist within communities that are deemed low-resourced. Now even more, the impact of the massive loss of land ownership and other tools to build generational wealth are critical issues faced by many rural communities and communities of color. As I reflect over the lessons shared by fellow community development practitioners to amplify strategies to advance anti-racism, I can't help but to be reminded of the early life lessons that I learned that impacted my career. The most impactful lessons came from family and community leaders who themselves were never formally trained or held any professional credentials in this space. It is from them that I learned the most valuable lessons about investment and development.

The investment into community goes well beyond the physical infrastructure, and into the very people that make up that community. Tapping into their lived experiences enables collective decision-making informed by the culture and history of the communities themselves. By opening the door for true, authentic engagement and equitable input, the untold stories of once underrepresented voices can become a collective legacy of true collaboration and sustainable change.

Andrea Heyward has nearly 20 years of experience providing training, technical assistance, and consultation to support the advancement of health equity. She holds a Master of Health Science from The Johns Hopkins Bloomberg School of Public Health, and a Bachelor of Arts in Experimental Psychology from the University of South Carolina.

The author is responding to the findings shared in the Anti-Racist Community Development Research Project, produced with support from the Robert Wood Johnson Foundation (RWJF) to increase understanding of structural racism in community development and pathways to racially equitable outcomes that promote health equity. The views expressed in this article do not necessarily reflect the views of RWJF or ThirdSpace Action Lab.

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PERSPECTIVES IN PLACE: CONSIDERATIONS FOR IMPROVING COMMUNITY HEALTH THROUGH COMMUNITY DEVELOPMENT

CHANDLER ESSLINGER

We know that where we live is inextricably linked to our health and wellbeing. Every neighborhood, every zip code, has different levels of access to quality schools, healthcare, jobs, housing, and transportation. The environments in which we live exert unimaginable force on our lives. So how do we approach community development in a way that not only promotes health and wellbeing, but actively promotes health equity and disrupts racism?

I often find myself reflecting on the interconnected nature of social determinants of health, adverse childhood experiences (ACEs), and distribution of opportunity. If we understand the compounding nature of these forces and infuse that knowledge into community development, I believe we can create environments where everyone has the ability to thrive.

Let's contextualize these frameworks and how they relate to one another. The Centers for Disease Control and Prevention defines social determinants of health as the conditions in the environments where people are born, live, work, play, worship, and age that influence our health, wellbeing, and quality of life. They can be grouped into five domains: economic stability, education access/quality, healthcare access/quality, neighborhood and built environment, and social and community context. To understand the role that social determinants play in my life, I ask myself questions like:

- How close is the nearest grocery store to where I live? Can I walk there? Does it have healthy and affordable options?
- Do I feel safe in my neighborhood? Am I free from violence? From discrimination?
- Is safe, affordable, and timely transportation available to get me where I need to go?
- Is the place I live affordable? Do I have to sacrifice quality in other areas of my life to afford it?
- Do I have access to quality job opportunities in the area where I live? Is my income sufficient to keep my family stable?

ACEs refer to the household environment in which children grow up. Childhood experiences that are high in stress and instability due to frequent, repeated exposure to trauma, chronic stress, and neglect can lead to poor health outcomes and the early onset of disease. When talking about ACEs, I like to reference the "Pair of ACEs" framework that demonstrates the relationship between adverse childhood experiences and adverse community environments. The level of resilience to adverse childhood experiences an individual or family may have is rooted in the environment in which they are situated. Due to systemic racism and inequality, many community environments have been intentionally divested, leading to greater challenges in combating the impact of adverse childhood experiences, demonstrating once again the immense force our neighborhoods have.

One way to understand the distribution of opportunity is to consider how circumstances beyond individual control shape access to advancement.

Discrimination, racism, sexism, ableism, homophobia, and transphobia are some of the most influential factors beyond the control of the individual that act as the invisible hand of opportunity. When so much of our wellbeing is beyond our control, and the environments in which we live influence the likelihood of positive outcomes, how do we approach community development in a way that combats the compounding pressure of these forces?

I wish I had the answer, but I do have some suggestions as to how community development professionals can intentionally, proactively consider the impact of these forces when investing in communities and endeavor to combat them:

Center the perspectives of those who experience the greatest number of barriers to health and wellbeing.

This uplifts the voices of those experiencing the greatest number of compounding oppressive forces. When we design systems and communities in a way that decreases these barriers to our most disenfranchised populations, everyone benefits.

Consider all five domains of the social determinants of health when evaluating community development plans.

How are each of the domains uniquely supported? Where are the gaps? What partners are needed to address those gaps?

Understand the causal nature of adverse community environments and the impact they have on adverse childhood experiences.

Resilient community environments with equitable distribution of opportunity generate resilient children and families. This promotes intergenerational health and wellbeing, which improves the health of the entire community.

Chandler Esslinger is a public health professional with a background in anti-poverty programming and community-wide initiatives to improve health and wellbeing. Currently, she works to end homelessness in Fargo, North Dakota, by aligning and enhancing local systems and government through evidence-based best practices, trauma-informed care, and racial equity.

“THE LEVEL OF RESILIENCE TO ADVERSE CHILDHOOD EXPERIENCES AN INDIVIDUAL OR FAMILY MAY HAVE IS ROOTED IN THE ENVIRONMENT IN WHICH THEY ARE SITUATED.”



THE POWER OF COMMUNITY INTERCONNECTEDNESS

AN IN(TE)RVIEW WITH RUTH THOMAS-SQUANCE

We spent time with Ruth Thomas-Squance to explore where public health and community development can meet, where that intersection stands coming out of the pandemic, and the importance of awareness in this kind of work.

How do you connect to your work as a community development partner?

Ruth: My Co-Executive Director Colleen Flynn and I lead the Build Healthy Places Network, working at the intersection of public health, community development, and healthcare to transform the way these sectors work together to create community-centered investments that can advance racial equity, improve the factors that impact people's health, and support wellbeing in all communities. We believe that by applying systems thinking to cross-sector partnerships we can create healthier thriving communities.

In one of our recent projects, Community Innovations for Racial Equity, we've led peer learning cohorts with BIPOC-led community development organizations that were developing health strategies. One component of that project involved interrupting internalized racism because it was a safe space for practitioners to feel validated, to express the difficulties in this work, and to get that shared energy from peer-to-peer learning. We need to build into our systems and operations the opportunity for us to pause and assess where we are disrupting some of these deeply learned ways of working that are embedded in our systems. It can be challenging, individually and institutionally, to accept that you may be doing harm, or there may be collateral damage or unintended consequences of a well-intended policy or program.

What do we do when we realize that we are perpetuating some of the same problems that we are trying to work against? How do we do that in, in practice?

Ruth: You have to have self-awareness and other awareness. The self-awareness to stop and do that interrogation, and other awareness in listening to the organizations we're working with or the communities we're seeking to serve, to understand how your work is impacting others to hear where that's not landing where we intended. Then focus on making and sharing those changes in the spaces around you.

It's not a radical notion to say that every community deserves that agency. Sometimes we get so carried away with feeling good about the work that we're not listening to who we're doing the work for, and how they might be driving that. It's a simple thing to say, but it's an actual systems change in how we operate. It would mean, you're listening more, you're deferring more. This shift involves reassigning value to community-driven data, changing how we're collaborating and how we're working with the community and centering them, and also acknowledging the power of the community.

As we are continuing in the pandemic, or in this era of COVID, and many other illnesses, how do we kind of navigate the current demands of public health while maintaining steadfast to our commitment to anti-racism?

Ruth: I think the key to this is that many of these deeper, persistent problems or multi-system problems, need multi-system solutions, and that it is almost impossible for a single sector to hold all those solutions alone. Collaboration across sectors can unlock new potential for addressing underlying drivers of health inequities. One project that we

have worked on most recently is looking at the role public health can play in multisector partnerships with community development.

Last year, [Frameworks](#) released a report about navigating the terrain of spatial justice. They wrote that “racism is built into places.” That really resonated with me because we know that racism impacts this system, it impacts where people live, and then what resources they live with, and also what resources they live without. We know that we've got historically race-conscious policies and practices that have shaped this landscape resulting in persistently disinvested communities that lack affordable housing, food access, transportation, and quality education. What we know in public health is that all those things are factors that impact health and wellbeing. Our goals in public health are intertwined with the goals of community development in many ways.

I love the opportunity of that, to think of the ways that community development and public health can complement each other.

Ruth: We recently released a resource in partnership with the [National Association of Chronic Disease Directors \(NACDD\)](#). We convened a national thought leader roundtable with the help of Verge Impact Partners and emerging from the recommendations surfaced by that roundtable, we created a [Public Health Primer: Engaging Community Development for Health Equity](#). At the beginning of the primer, there is data from research survey data by the [de Beaumont Foundation](#). It was discovered that 81% of executives in public health agencies and 72% of state and local government public health employees believed addressing racism as a public health crisis should be part of their work, but then only 39% reported being highly engaged in those efforts. I think both BHPN and NACDD see that there's a lot of opportunity in that disconnect. There is potential for public health to be very tangibly redressing some of the impacts of racism on social determinants of health, while also helping community development reach their racial equity goals.

We have tools in the primer, like a [Partner Finder](#) that can connect you to national networks of organizations in these different sectors and a [Jargon Buster](#) to help understand common terms across sectors. As partners in this equity work, these sectors should know each other and be working together. We include reflection questions to encourage generative conversations and readiness for engaging in this work. The primer aims to create a foundation for action and a starting point to support organizations looking to partner with other sectors working alongside them.

What are some of your radical hopes for the future as we move towards community health equity?

Ruth: We witnessed a very explicit demonstration of the links between health and place in the disparities in health outcomes from the COVID-19 pandemic. Because of the historical race-conscious contexts in how places have been and continue to be shaped, the link between place, health, and race saw the disproportionate burden of disease and death carried by certain communities more than others. Ensuring fair opportunities for health and wellbeing for communities is foundational to sustaining health and prosperity for all of us. A more radical hope for the future includes making inclusion-focused, multisector approaches the norm for our work...creating a future that includes working across sectors and directly with the communities we serve, and that this will be resourced by people who are concerned with perpetuating institutional knowledge about other sectors and when and how they may be able to join you, or you them, and add value to our collective equity work.

Ruth Thomas-Squance, PhD, MPH, is Co-Executive Director at the [Build Healthy Places Network](#), a national center positioning cross-sector partnerships from community development, public health, and healthcare sectors to lead and leverage community-centered investments across the country to address the drivers of health and advance racial equity.

PERSPECTIVES IN PLACE: ACCESSING THE PIE

THE STRUGGLE AND TRIUMPH OF AFRICAN AMERICANS IN THE FACE OF SYSTEMIC BARRIERS DEIRDRE SHAW

“... AND SECURE THE BLESSINGS OF LIBERTY TO OURSELVES AND
OUR POSTERITY ...”

**WHEN THESE WORDS WERE FORMED TO CREATE OUR
CONSTITUTION, THE AUTHORS ALMOST CERTAINLY DID NOT HAVE
THEIR ENSLAVED AFRICANS IN MIND. THIS COUNTRY WAS NOT
CREATED TO ESTABLISH JUSTICE OR PROMOTE THE GENERAL
WELFARE FOR ENSLAVED AFRICANS OR THEIR DESCENDANTS.**

Instead, historically, this country created every possible roadblock to disadvantage, marginalize, and otherwise disrupt the upward economic mobility for African Americans. One of the ways in which this is done is through “Divide and Conquer,” a tactic that attempts to exert dominant cultural supremacy by pitting marginalized and neglected communities against each other.

The modern-day manifestation of this is in the form of struggles over the metaphorical “slice of the pie,” which represents the finite resources available within a society. For African Americans, the competition for this slice of pie is not just a struggle against systemic barriers, but it can also be a struggle within the minority community, where anti-Black sentiment is prevalent and often unaddressed. It stems from the fear that gains by one group may come at the expense of another. A recent example is the Supreme Court’s decision against affirmative action in higher education, a lawsuit partially brought about by Asian American students, and the deliberate placement of recent asylum seekers into predominantly low-income African American neighborhoods in Chicago.

How, then, does a community find healing and reconciliation when the very society in which they live is the cause of the hurt? How does healing begin for a community consistently being told to pull itself up by its bootstraps to secure its own constitutional rights while simultaneously having its boots taken away? Especially when it seems as if their boots are being purposely redistributed to another group. How does one move forward when they are pushed and held back? How does one access a larger slice of the pie and the socioeconomic benefits that the pie provides?

I believe healing starts with honesty; we must have an open dialogue amongst competing groups. We must start by undoing the myth that everyone is competing for a single slice of pie when the whole pie is available! Addressing these challenges requires a multifaceted approach that includes policy reform, community engagement, and a commitment to equity and inclusion. By understanding the dynamics of resource competition and working collaboratively, we can move towards a society where the

distribution of resources is not a zero-sum game but a shared endeavor for the collective good.

Deirdre Shaw's career has been in economic development and public health. She received her degrees from the University of Florida and Eastern Michigan University in the fields of Economics and Public Policy. Deirdre has lived and worked in South Korea, Costa Rica, and rural Arctic Alaska. She now resides in Central Florida. She loves vegan cooking and baking, hiking, traveling, and karaoke.

“I BELIEVE HEALING STARTS WITH HONESTY; WE MUST HAVE AN OPEN DIALOGUE AMONGST COMPETING GROUPS. WE MUST START BY UNDOING THE MYTH THAT EVERYONE IS COMPETING FOR A SINGLE SLICE OF PIE WHEN THE WHOLE PIE IS AVAILABLE!”

PERSPECTIVES IN PLACE: FREEDOM OF CULTURAL EXPRESSION AS A SOCIAL DETERMINANT OF HEALTH

KARIS TZENG

“AN ANTI-RACIST COMMUNITY DEVELOPMENT SECTOR REWARDS BOLDER, MORE CREATIVE APPROACHES THAT ARE DEEPLY ROOTED IN COMMUNITY CONTEXT AND BUILT FROM THE PROPERTIES AND SOLUTIONS OF THE PEOPLE THAT LIVE IN THOSE COMMUNITIES, PARTICULARLY RESIDENTS OF COLOR AND RESIDENTS LIVING WITH LOW INCOMES.”

- Toward an Anti-Racist Paradigm in Community Development: High-Level Research Findings

In 2018, a grocery store moved away. Another neighborhood got a beautiful, new grocery store, but this neighborhood lost not only a place to buy eggs and milk, but also a central gathering space, a place where elders would buy cups of coffee for a dollar and walk laps around the store with friends. Elders who then started to take a shuttle to the new grocery store, and then when it was canceled, to walk several miles, or rely on friends or family members for a ride.

This is Cleveland's AsiaTown, which until recently has been overlooked as a neighborhood, despite all of the ingredients of a neighborhood. AsiaTown has residents, a diverse population with Eastern European immigrant past and Eastern Asian immigrant present, Black families, Latin American families, white families of all generations and ages. AsiaTown has businesses, more than 50 of them run by Asian owners. AsiaTown has churches, markets, salons, artist studios. But AsiaTown does not have a park or community center.

In the absence of a grocery store, neighbors started to use the empty parking lot space. Kids rode their bikes and scooters, and women in tracksuits walked laps. Neighbors cut through the space carrying shopping bags or laundry.

So what happens when residents build community ownership over a space?

Neighbors of multiple ethnic and racial backgrounds, countries of origin, and all walks of life gathered together on summer evenings.

A neighbor brought bongo drums and shared rhythm with neighborhood kids.

A Chinese flute player spread joy through music.

Moms planned a Children's Day celebration, a place for neighborhood kids to be kids and celebrate their culture and heritage.

“WHAT CAN HAPPEN WHEN WE LET COMMUNITY MEMBERS SET A VISION FOR THEIR OWN FUTURES? WHAT CAN HAPPEN WHEN COMMUNITIES HAVE THE FREEDOM TO EMBRACE THEIR FULL HUMANITIES?”

One of those moms baked pastries; the Asian market next door hired her to bake for them.

Hundreds of community members gathered to rally for change.

Seniors registered to vote in their native languages.

A woman celebrated moving out of a nearby shelter into a new home.

A dozen Chinese women gathered for a weekly plaza dancing practice, 广场舞, claiming their space and visibility while exercising.

Community members nourished each other through shared home cooked meals.

The library set up a mobile book box with free seeds and books in multiple languages.

A Guatemalan family hosted a birthday party at the tables.

Residents reclaimed this community space to fill their most desired neighborhood needs.

What can happen when we let community members set a vision for their own futures? Can we listen to what they share, on their own terms, outside of a public meeting? What can happen when communities have the freedom to embrace their full humanities?

Karis Tzeng is the Senior Fellow, Content + Research at Third Space Action Lab. She has worked in community development for 10 years, including most recently as Vice President of Planning for MidTown Cleveland, where she led neighborhood planning and place-building efforts in the MidTown and AsiaTown neighborhoods.

PERSPECTIVES IN PLACE: A DEVELOPMENT STRATEGY FOR UNDERSERVED COMMUNITIES

PRIMUS WHEELER, JR.

The Jackson Medical Mall Foundation (JMMF) was created in 1996 by Dr. Aaron Shirley to provide healthcare for the underserved and to promote economic and community development. The initial development began with the acquisition and complete renovation of a 900,000 square-foot, closed shopping mall located in an underserved Jackson, Mississippi community. The center now provides healthcare and related services for more than 200,000 clients per year. The facility houses 83 tenants and is 99% occupied. Known as the *Modern Medical Miracle*, the first of its kind mall serves as a national model for public-private partnerships and the transformation of underutilized places. As we have evolved over the past 25-plus years, our mission and vision statements have changed. Our current mission is to eliminate healthcare disparities holistically through the promotion of creativity and innovation. It is our vision to be a leader in healthcare, economic, artistic, and technological development.

The tenant recruitment and renovations for the main property took almost ten years. During year eleven, JMMF began the economic and community development component portion of its mission. The initial phases included neighborhood and street cleanup, community outreach, and property acquisitions. The second phase of the development process we created a master plan for redevelopment of the surrounding community. With plan in hand and sight control of more than 75 residential and business properties, we began the search for qualified developers who may be interested in some or all the projects identified on the plan. We quickly learned that developers had no appetite for inner-city development projects located within low-income communities. With much disappointment, we had to resort to a riskier plan of *becoming* developers – risky since we had no real experience. To reduce risk and increase success opportunities, we broke the development projects into smaller residential and business developments:

1. In 2007, we used a small Federal Home Loan Bank Grant to build four single-family homes (2007).
2. In 2010, we built a grocery store and a 20,000 square-foot, single-tenant office building adjacent to the main building site. The funding sources were Tax Free Bonds and Gulf Opportunity Zone Bonds. Even with funding in place, the only developer available to us was based in Milwaukee, Wisconsin.
3. In 2011, we assisted a local church with the planning and construction of an 81-unit senior housing development. JMMF assisted with setting up their community development corporation, identifying pre-development funds, construction financing, and a long-term mortgage. This is a 9% low-income housing tax credit development. Developers were from Arizona and Illinois. The development is 100% occupied and has an extensive waiting list.
4. In 2014, 24 townhomes were constructed 2 blocks from the main building site. The residential lots were sold to a local developer for the purpose of

“OUR CURRENT MISSION IS TO ELIMINATE HEALTHCARE DISPARITIES HOLISTICALLY THROUGH THE PROMOTION OF CREATIVITY AND INNOVATION.”

housing development. The project was funded by 9% low-income housing tax credits held by the developer. 9% tax credits are limited and usually go to older, established, majority developers.

5. In 2015, a 10,000 square-foot, multi-tenant building was constructed off site near the grocery store. The Milwaukee, Wisconsin, developer also assisted with this project. This project was unique in that we only utilized women- and minority-owned businesses for all required services. The project finished on time and below budget. The four original tenants signed long-term leases and are still onboard.
6. We then assisted another local church with the planning and construction of a 61-unit senior housing development. This development is equipped with smart apartments and a community health center. JMMF assisted with setting up their community development corporation, identifying pre-development funds, construction financing, and a long-term mortgage. This is a 4% low-income housing tax credit development. The total capital stack of 14 investors are made up of both public and private partners.

In summary, all of these developments delivered huge quality of life improvements for the local communities, as well as an annual economic impact of more than \$350,000,000. Even today, after proving that low-income developments will yield great returns on investment, local developers are still not willing to invest with us. WHY???????????

Primus Wheeler, Jr., serves as Executive Director of the Jackson Medical Mall Foundation in Jackson, Mississippi. He previously worked as Director of Ambulatory Services for the University of Mississippi Medical Center, where he implemented a primary healthcare center that supports more than 100,000 patient visits annually. Primus has a Bachelor's of Science in Biology; an Associate's in Respiratory Care; and a Master's in Education and Administration. He has more than 50 years of combined experience in management, healthcare, and community development.



IF YOU BUILD IT, PEOPLE WILL COME

RAWHA GHIRMATZION

We caught up with Rahwa Ghirmatzion to discuss what it takes to do community organizing around public health and environmental justice; what kinds of things you need to build up to sustain that work; and what all of that contributes to the pursuit of a culture of healing.

Could you tell us more about yourself and some of the breadth of your community development work?

Rahwa: How I came into this work is probably how I came into the world, which was to a beautiful little agricultural village in a small country called Eritrea along the Red Sea. I was born in the middle of a civil war. When I was five years old, we had to flee in the middle of the night for our safety. The experience was not by choice, quite disruptive, and my family felt deeply displaced. Not only did we leave our home, our village, but we also made a harrowing escape into Sudan by walking for 16 nights while hiding out and resting during the day. After living in Khartoum, Sudan, for two years, my family was able to come to the United States with asylee status. My experience is that every country has its issues. My first experience with racism in this country was at the age of nine. I didn't quite have the words for what was happening to me; I didn't have the context. I had only been here maybe a year, but I could feel racism, and it was not a good feeling. All this before the age of ten is the foundation for my purpose or life's work, to build a more socially just and generative world.

I think my work is to build up communities where we all can just be human. I've always worked on the frontlines, either in a volunteer capacity while in high school or my first job out of college at a political activist theater company. This is the place where I got politicized, as the purpose of Ujima Company was to use theater to build the beloved community. They were bold, courageous, and excellent in their pursuit of building a platform for oppressed peoples to have a stage dedicated to their lived experiences, struggles, hopes, and dreams. Ujima is one of the seven principles of Kwanzaa, meaning "collective work and responsibility," and it is from that tenet that all work was devised. We believed in owning the means of production, the right to culture, and owning our stories. From there, I worked in public health where I learned about social determinants of health and community-led policy development that address current and historic root cause issues that create the inequitable conditions that disproportionately impact BIPOC communities. Then I came to PUSH Buffalo, an organization committed to addressing racial, economic, and environmental justice by engaging working class and BIPOC folks. PUSH was intuitively working on a holistic community development model that addressed social determinants of health. PUSH engaged everyday residents upskilled in organizing, did policy research and development, then took the policy wins and turned them into community development projects that changed material conditions for the people on the ground.

What are ways that you would advise folks to organize, especially around public health or environmental justice? And maybe, what are some important tactics or nuances you would consider?

Rahwa: There's a chant our community members came up with, which is, "we know what we want, where we live." This is the approach of how I do my work – we should always trust that communities do know what they want and build on that. There are a lot of problems in the world, and they can get very overwhelming. So where do you start? You should start somewhere and follow it everywhere. Very simply, start asking, what can I do on my own? What can I do with somebody else? And what do I need someone else to do? These are some of the tools we use when we do community planning and community development.

We understand that it's easy to get overwhelmed so shrink the problem to the capacity we have to begin solving for it. We have to meet people where they're at and then from there, you follow it everywhere because new opportunities to deepen the solutions will continue to open up. For real impact, you don't want it to be individualistic because you won't be able to go far as an individual. Collective power is what is needed by growing the member base. That's how you build power. The power is on the people. The solutions are in the people, and the knowledge is in the people.

How do you keep people engaged?

Rahwa: By making sure that when organizing people, the community is at the center. The work has to be community-centered, and community-led, all solutions are co-designed with deep community benefits. As organizers, we have to create the space and the conditions for people to come together. For example, if we have a meeting every Saturday at noon, we will have childcare, food, and so forth. We want to deal with whole families and with whole communities. When we create the conditions for people to fully participate, then we can expect deep, enduring engagement.

I appreciate both the simplicity and the complexity of "if you build the space, people will come."

Rahwa: Communities are complex networks. For me, I like to make sure that I am a navigator, and I'm making sure that resources are coming to my community because that's really what's needed. With more resources, we're removing a lot of the barriers that currently exist and building in supports. You have to be holistic in your strategies that lead to transformative and enduring change. I also think it's important that the people who are from those communities are participating in their solutions.

In the spirit of what you said about pursuing more than justice, what do you think is essential to moving towards a culture of healing?

Rahwa: A lot of systems are crumbling, and we need to let some of them just crumble. Everybody's not going to respond that way. Some folks will want to hold on out of fear that they're losing so much. And to that, I say we've already lost a lot. The question should be how do we get back into our humanity? I think it's about understanding there has to be some equity. There has to be a way of acknowledging and repairing some of the harm that's been done. Whether that's land back or reparations we just have to repair. We need to apply that repair to every single policy, no matter what sector, whether it's healthcare, housing, workforce, and employment opportunities, or access to capital.

I think most people will say, you know that we have to have a revolution, but what happens to the people that are on the opposite side of you in war? You shouldn't have war unless you know how you're going to get out of it, and it's not by scorched earth; you get out of it through some kind of reparation and reconciliation. Then we have to forge a new path forward, but you have to do all that and it can't just be in name only. It has to be through the action of actually beginning the repair and reconciliation to create new policies that are co-designed in ways that center our humanity.

Rahwa Ghirmatzion (she/her) is a Policy Fellow at the Just Solutions Collective. She has worked with community-based organizations in Western New York that promote community development, climate justice, public health, and policy. She was previously the executive director at PUSH Buffalo, a grassroots organization revitalizing Buffalo's West Side.

“THERE'S A CHANT OUR COMMUNITY MEMBERS CAME UP WITH, WHICH IS, 'WE KNOW WHAT WE WANT, WHERE WE LIVE.' THE POWER IS ON THE PEOPLE. THE SOLUTIONS ARE IN THE PEOPLE, AND THE KNOWLEDGE IS IN THE PEOPLE.”

ARTIST'S WORK: BRIAUNA WILLIAMS

Briauna Williams is a Minneapolis native also working out of North Dallas. She is a self-taught acrylic artist, muralist, published illustrator and community engagement artist who uses paint to spread joy and inspiration and to tell her and her communities' stories.
#BriiNoir

HOUSE WARMING >

A house warming, because new beginnings are worth celebrating.

Here is the image I generated for you:

The image depicts a vibrant community where anti-racism is embraced, and home ownership is celebrated. The home in the image represent diverse backgrounds and cultures coming together to create a harmonious neighborhood. It symbolizes a community that actively works against racism, promoting equality and inclusion for all residents. At the same time, the image highlights the joy and pride of owning a home, emphasizing the importance of stable and secure housing for everyone.

APPLICATION OF KNOWLEDGE

(Back Cover)

This message is about changing the way of thinking to promote change within our own lives. Knowledge is like a garden. If it is not cultivated, it cannot be harvested. In the context of anti-racist community development, envisioning a future where individuals consistently show up as their best selves is crucial. This future would be characterized by a multitude of opportunities specifically designed to empower and uplift the Black community. These opportunities would encompass increased access to home ownership, the growth and success of Black-owned businesses, and the emergence of new and promising prospects for personal and professional advancement.

OUR BODIES, OUR FIRST HOME

(Front Cover)

A depiction of unity, love, and harmony within a family unit consisting of a man, woman, and child. Despite facing challenges, the couple works together to create a nurturing environment for growth, encompassing the mind, body, and spirit. The image also carries a message that when love serves as the foundation, barriers imposed by societal structures against the thriving of black families can be overcome. By providing equal opportunities to Black families, I envision a world with reduced stress and increased balance, promoting nourishment and stability.



ARTWORK BY BRIAUNA WILLIAMS

HEALTH is integrally connected to race and place. Interviewees share reflections on the impact of racism on public health and what community approaches to health and wellness can achieve.




“We realized that we **CAN’T JUST TALK ABOUT HEALTH EQUITY**, if you’re not **ALSO TALKING ABOUT RACIAL EQUITY** ... I think these things kind of flow one to the next ... Now it’s like, ‘Well, you probably can’t truly achieve racial equity and health equity unless you are **ENGAGING THE COMMUNITY MORE EFFECTIVELY** than we are now’ ... It’s about **BEING INTENTIONAL** about it ... thoughtful about it ... It may or may not change everything that you do, but it may change **SUBTLE, IMPORTANT POINTS** in that process.”

- **ANTI-RACIST COMMUNITY DEVELOPMENT INTERVIEWEE**

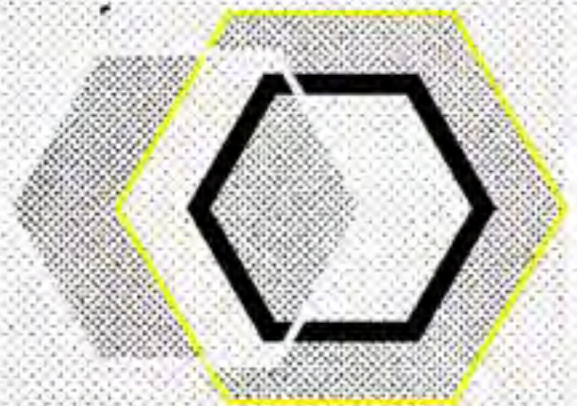
“There are **MANY ISSUES IN TERMS OF HEALTH** ... On a much broader level, what we’re thinking about is ... the **SOCIAL DETERMINANTS OF HEALTH** [and] think about it as an ecosystem of what you need to support ... Because our **COMMUNITIES [OF COLOR] ARE NOT BEING SERVED** by mainstream organizations. So that is the way we’re trying to approach our work ... What is it that a community needs to ... get to health equity? But it is difficult to do from a national level. [What] we could do is **PROVIDE GUIDED SUPPORT**, trying to drive resources locally ... and **LET COMMUNITIES DEFINE WHAT’S NEEDED.**”

- **ANTI-RACIST COMMUNITY DEVELOPMENT INTERVIEWEE**



“The hospitals . . . can be the worst . . . They’re often **BIG, RELATIVELY WELL-FUNDED ORGANIZATIONS**, [the] largest employers, and my concern has often been that my engaging them and saying, ‘Look, you could + should play a bigger role in community health’ is that they’ll just go in + start building stuff . . . because they’re usually just **TRYING TO SOLVE PROBLEMS BY THEMSELVES** . . . Don’t build anything. **TALK TO THOSE WHO ALREADY BUILD THINGS**, who are going to be **MORE TIED TO THE COMMUNITY**.”

- **ANTI-RACIST COMMUNITY DEVELOPMENT INTERVIEWEE**



I think the community development sector is starting to think about **HEALTH HAPPENING OUTSIDE OF MEDICAL OFFICES** ... thinking about what are the things that a neighborhood should have to help support health ... We've been spending a lot of time thinking about ... the places where people can come together to **BUILD SOCIAL CAPITAL** ... We know **LONELINESS IS AS BAD AS SMOKING** ... in terms of the health outcome. So how do we create opportunities for people to **INTERACT IN REALLY MEANINGFUL WAYS?** And how do we design the housing and the way it's situated in a community that **ENCOURAGES THAT KIND OF INTERACTION?**"

- ANTI-RACIST COMMUNITY DEVELOPMENT INTERVIEWEE

"Sadly, in this country where you live, like literally **YOUR ZIP CODE, DETERMINES THE QUALITY OF YOUR HEALTH OUTCOMES** ... They can predict ... when you will die ... on your built environment, access to resources, access to jobs, access to the arts ... quality education, housing ... **EPIDEMIOLOGISTS CAN PREDICT EXCESS DEATH** based on your zip code, and **RACE IS THE BIGGEST CULPRIT** in this country as the marker ... Black people die every single year **BECAUSE OF THE IMPACT OF RACISM** on their lives. That is a **PUBLIC HEALTH CRISIS.**"

- ANTI-RACIST COMMUNITY DEVELOPMENT INTERVIEWEE

READING THE CHART:

WHAT DO I DO NOW?

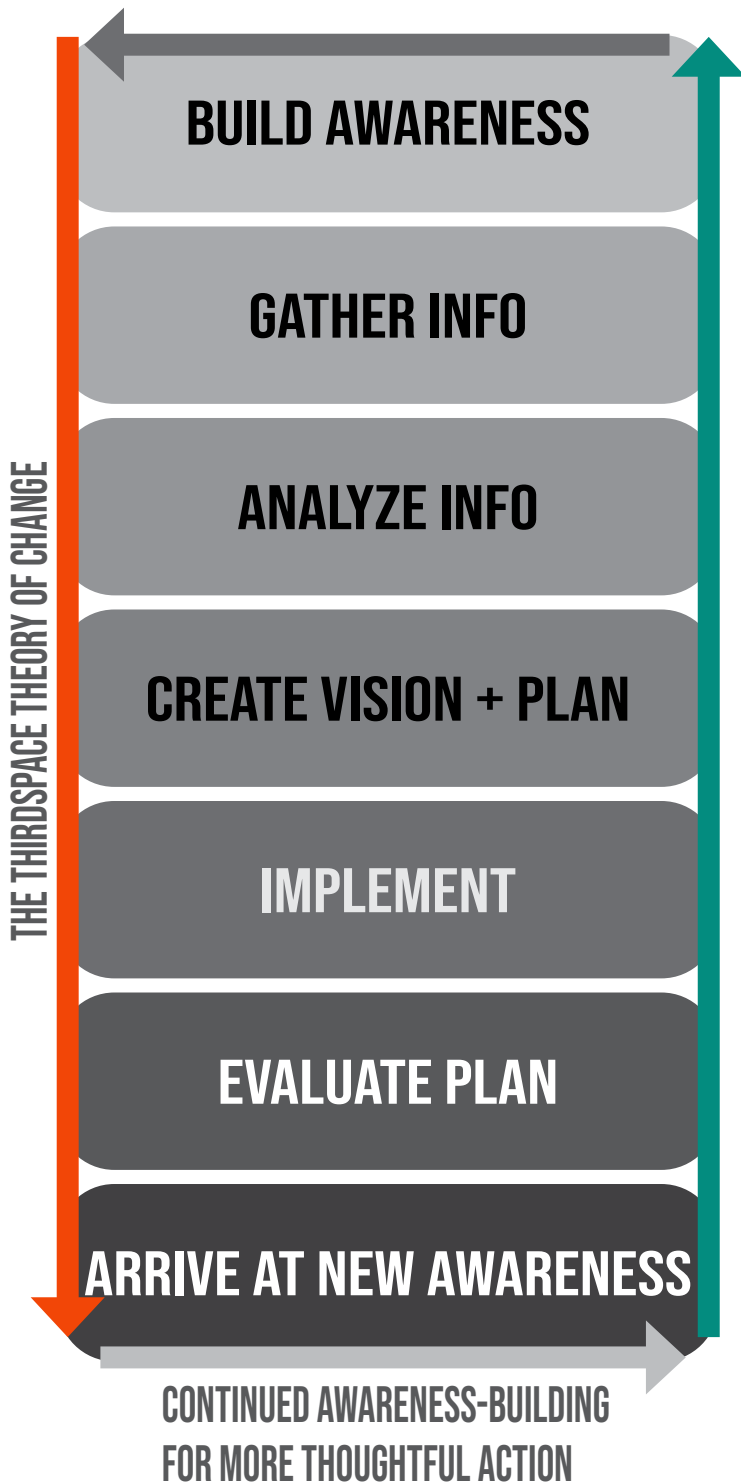
So that's the diagnosis. Our lives have "returned to normal" after the COVID-19 pandemic shut-downs, but we continue to endure the pandemic of structural racism. We've recognized that the conditions of our neighborhoods directly relate to health outcomes. And we're all paying the cost.

But what could collective healing and repair look like? We've offered a few examples from around the country of community care in practice and some steps towards investing in community health. So what do we do now? We exercise our equity muscles.

At ThirdSpace, we believe that structural change requires breaking the cycle of urgency and replacing it with another slower, more deliberate one – one that includes a continual cycle of awareness-building. In our journey towards health and healing, we present this issue as a sample plan to begin to reflect and heal as we move towards a future, anti-racist vision. We offer three prompts for starting this exercise routine.

OFFERING 1: DIAGNOSE THE PROBLEM.

Let's start with choosing one example of a health disparity in a low-income community of color. As Chandler shares in "Considerations for Improving Community Health through Community Development" (p. 9), are we centering the experiences of those who experience the greatest barriers to health and wellbeing? Are we considering all the facets of social determinants of health? Do we consider adverse community environments and their impact on adverse childhood experiences? How can we promote intergenerational health and wellbeing? What dominant narratives impact how we read the charts? What is the full diagnosis?



OFFERING 2: INVESTIGATE ALTERNATIVE HEALING PRACTICES.

Learning to heal requires us to look back to our roots. How did we get here as a sector? Where are the overlaps where policy, leadership, finances, and community development decisions have impacted and continue to impact community health? How can we break down the silos to practice whole-community health? How are we listening to those in our communities who best know their own neighborhoods, needs, and strengths? The contributors to this issue offer examples from around the country of practices that can move us towards healthier and more equitable communities.

OFFERING 3: PRACTICE A CARE PLAN.

As Briauna Williams offered in this issue, in the context of anti-racist community development, envisioning a future where individuals consistently show up as their best selves is crucial. We're rooted together; our fates are deeply intertwined. Sit with the research and reflect on new practices. As we open up the analysis, we open the doors to new pathways for healing. Remember we might not get it all right at once. We continue to center new voices, to approach from new angles, to reflect on the analysis, and to continue to build our awareness. It just takes practice.

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