

## **WHAT IS A HEALTHY COMMUNITY?**

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As a way of background, my fields of inquiry include overlapping contributions from sociology, social work, life course theory, social epidemiology, and population health.

In my fields, a healthy community is one that provides an economic, social, and physical environment that allows individuals and families the opportunity to achieve their optimal physical health and well-being. A healthy community does not provide barriers to optimal health, and indeed it fosters opportunities for positive growth and development over the life span.

Health is not just the absence of disease, but the presence of social, physical, psychological, and spiritual well-being. But for me, the emphasis of my work is not on measuring health, but on investigating the broad variety of factors that impact health. This involves looking at how various aspects of society can either hinder or foster optimal health. I look at the individual, family, neighborhood, and societal factors that all contribute to health, focusing on neighborhood as a very important context that shapes our health.

In the U.S., when we talk about health, we talk mostly about access to health care and how our own health behaviors are important to health. The media focuses on our personal responsibility for eating right, exercising, and avoiding excessive alcohol. But my research focuses on the many other aspects of life that contribute to our health—how stress, sense of control, social support, access to social services, adequate money, access to quality education all contribute significantly to our health.

In particular, my work focuses on how our neighborhood environments can either constrain or foster our opportunities for optimal health. In terms of constraints, some of us live in neighborhoods that have high crime—inhibiting our ability to walk for exercise, access friends and services, and creating chronic fear and stress—all of which affect our health. Some kids grow up in neighborhoods without safe places to play, and with poor schools and recreational options. We find that these constraints in childhood can set kids on a poor health trajectory that affects their health throughout their whole lives. Tobacco and alcohol advertisements are targeted to poor and minority communities. The presence of bars and liquor stores is higher in poor areas and the presence of supermarkets with fresh fruit and vegetables is lower in poor areas. We know that some neighborhoods do not have adequate transportation systems or access to high quality social services. Moreover, the racial and economic segregation of many of our cities contributes significantly to creating neighborhood environments that provide barriers to optimal health.

Other work on neighborhoods highlights how neighborhoods can provide opportunities for positive growth and development. Even in the most economically challenged neighborhoods, there are aspects of neighborhoods that can provide hope and opportunity. Neighborhoods that come together to improve a neighborhood situation not only can positively affect that one situation, but the coming together itself can create a sense of community, trust, and social connectedness that can benefit the individuals involved. Moreover, the coming together to act provides the capacity for future neighborhood action. And while most research on racial segregation and health demonstrates that racial segregation is generally bad for the health of families who have little choice but to live in very poor areas that are not racially integrated, there are sometimes positive sides to segregation that we have learned from as well. In particular, ethnic enclaves for recent immigrants can be protective of health by supporting aspects of culture that are health protective. For example, we know that the health of Mexican immigrants gets worse the longer they live in the U.S. However, living in ethnic enclaves with other recent immigrants can preserve some of the social support and dietary habits that promote health even in the face of an adverse economic environment.

In sum, in my work, there are two challenges as they relate to healthy communities: 1) identifying aspects of neighborhoods that are barriers to optimal health and finding ways to remove those barriers—either through policy or community action, and 2) identifying aspects of community that can promote health, even in the face of adversity. We refer to this as promoting resilient communities—communities that can thrive even in the face of adversity. In this way, I have learned that a healthy community is one that has the capacity to act on its behalf both to mobilize its own resources to promote health and to garner new resources that will benefit the community.