

How Lussier Community Education Center Defines Organizing & Power

Organizing and Power

ORGANIZING = putting people into relationship so they can do more together than they can by themselves. POWER is the ability to act.

If people learn how to build and use their power together, they will solve problems and make the community a better place to live.



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What the Research Says: Why Organizing & Power Improves Public Health

Organizing is the hub of social change: it not only collates the power of individuals into a collective--thereby making such power greater than the sum of its whole to do more for everyone with everyone--it increases the community's ability to exert influence that challenges the interests of elites and systems that are often oriented against the wider public. When these individuals act collectively, whether through a neighborhood, or similar organization, there are at least three primary pathways by which people participating in social change are empowered--gaining greater control over their affairs--and have greater positive outcomes in their mental and physical health: (1) through the participants themselves, (2) through the social and physical environments in which participants of social change live in, and (3) through the structure society is organized by that dictates the distribution of power and resources.

The positive changes in participants of social change are numerous. For obvious benefits, engaging in collective action builds a sense of community and belonging among participants which is directly linked to lower anxiety and depression (4,7,8,11,14,15,19,21,25,32,34,36,37,38,39) as well as a sense of purpose and life satisfaction (22,23,26,28,32) which are linked to lower susceptibility to illness and lower severity of illness when sick and other indirect factors contributing to health like sleep quality and physical activity (1,6,10,16,32,35). Moreover, participants in community organizing efforts begin to have self-mastery (12,13,18,19,21,22,25,29,31,38), or perceptions of control over their own life, which reduces stress both at home and at work (4,5,19,34,35,36)--which itself lowers the morbidity and mortality of disease (4,20,23,27,30,32)--allowing such individuals to more efficaciously utilize the resources at their disposal, like healthcare services, in a proactive way (34). Self-mastery is incredibly important for healthy development of adolescents (13,21,27,29,30,38) to be resilient and have positive attitudes and behaviors about their health and relationships. Beyond the empowerment of the individuals to feel, and be, healthier and more powerful when organizing as a community, participants also develop critical awareness in individuals to engage with the world and change their environments in both a social and physical way.

Individuals are not islands and experiences do not happen in a vacuum. The settings and environments in which we live our daily lives--neighborhoods, schools, homes, workplaces--exert influences on our health to a degree that is often underestimated. Chronic neighborhood stressors, such as concentrated poverty, crime, violence, and lack of necessary resources inhibit human flourishing and promote depression, anxiety, and poor mental and physical health (4,5,8,10,16,17,18,19,21,25,29,33,34,35,37); these setting-level stressors account for much of the long-term inequities in outcomes such as educational attainment and employment (9,19,21,24,29) which themselves lead to poorer overall health at a neighborhood level (4,5,18,21). When organizing as a community--to exert influence and control over their own affairs--residents are able to build relationships and strengthen social networks in a democratic way as all who participate are making meaningful contributions which leads to greater sociopolitical

control of the individual (4,7,13,15,16,21,24,25,31). Having neighborhood-level social support and engagement, combined with individual feelings of control over their own life, is shown to reduce domestic violence, increase the likelihood that people will reach out when help is needed as well as having the community proactively intervene in abuse, thus reducing the prevalence of adverse childhood experiences (9,11,25). Resources that communities can bring by acting collectively to influence decision-makers are parks and greater green space as such green spaces indirectly promote health by encouraging social support, cohesion, physical exercise while also directly lowering the rates of depression and anxiety in and of themselves so long as they have recreational uses and are not adding vegetation for the sake of it (2,4,16,35,37). Neighborhoods can also bring in health services, grocery stores, and other kinds of resources that improve the quality and begin to untangle the compounding deprivations that many neighborhoods face which cause so many deleterious effects of both an individual's and neighborhood's physical and mental well-being.

By empowering individuals to act collectively, who then prosocially influence their social and environmental settings, participants are contributing to the health and well-being of their fellow community members simply by bringing about more equitable power structures. As research shows that discrimination mediates the relationship between poverty and health (17,30) as well as influencing outcomes that moderate long-term physical and psychological health, such as educational attainment, homelessness, and belonging (10,17,29,30). Creating more equitable structures of power within communities also empowers individuals to become more participatory when solving problems collectively and helps to build resilience, social support, engagement, and belonging (7,8,9,10,11,14,18,25,29,38). Combatting inequalities along race, class, gender, and other social demarcations, to replace with more egalitarian power structures, must be contested as it is likely to enhance health and well-being, especially for marginalized populations.

Citations

1. Adam, E. K., Hawkley, L. C., Kudielka, B. M., & Cacioppo J. T. (2006). Day-to-day dynamics of experience-cortisol associations in a population-based sample of older adults. *PNAS* 103(45), 17058-17063. doi:10.1073/pnas.0605053103
 - a. Cortisol, the stress hormone can be chronically high when faced with chronic stressors in everyday life.. Negative emotions, such as anger, can accumulate across a given day that results in higher cortisol levels at night, not only reducing the quality of sleep an individual has, but reducing the rate that cortisol levels are reduced. Other negative emotions, such as loneliness, sadness, and feeling overwhelmed carried over to the next day resulting in increased cortisol levels the following day. Chronically high cortisol levels are associated with poor health indicators such as high blood pressure and inflammatory conditions such as chronic fatigue, fibromyalgia, and rheumatoid arthritis.
2. Alcock, I., White, M. P., Wheeler, B. W., Fleming, L. E., & Depledge, M. H. (2014). Longitudinal Effects on Mental Health of Moving to Greener and Less Green Urban Areas. *Environmental Scientific Technology* 48, 1247-1255. doi:10.1021/es103688w
 - a. Over a five year period, over one-thousand individuals were surveyed about their mental health during which some moved to greener and less green urban areas and found that those who moved to greener spaces had significantly better mental health than years previous and that those who moved to less green areas showed significantly worse mental health compared to previous years, but did eventually return to their premove levels in subsequent years. However, the study showed association with sustained improvements to mental health for individuals moving to greener urban areas, suggesting that environmental policies to increase urban green space have sustainable public health benefits.
3. Barnes, L. L., Mendes de Leon, C. F., Wilson, R. S., Bienias, J. L., & Evans, D. A. (2004). Social resources and cognitive decline in a population of older African Americans and whites. *Neurology*, 63, 2322-2326.
 - a. Using data from the Chicago Health and Aging Project, a study of risk factors for Alzheimer's and other common conditions of older adults that included interviews and cognitive function tests, this study sought to understand the relation of social resources (network size and engagement) and cognitive decline in such groups. The study found that more people in an older adult's social network, as well as high engagement within that network, were correlated with slower rates of cognitive decline; those with the largest networks reduced the rate of decline by 39% and those with high social engagement by 91%, remaining after

controlling for socioeconomic status, physical activity, depressive symptoms, and chronic medical conditions.

4. Beyer, K. M., Kaltenbach, A., Szabo, A., Bogar, S., Nieto, F. J., Malecki, K. M. (2014). Exposure to Neighborhood Green Space and Mental Health: Evidence from the Survey of the Health of Wisconsin. *International Journal of Environmental Research and Public Health* 11, 3453-3472. doi:10.3390/ijerph110303453
 - a. Looking at data from the population-based Survey of the Health of Wisconsin, the study looked at the relationship between neighborhood-level mental health and green spaces in urban, suburban, and rural communities. Previous studies link green spaces to health benefits like recovery from mental fatigue, stress reduction, neighborhood cohesion, reductions in crime, violence and aggression, reduced morbidity in multiple diseases, and better self-reported health, especially in lower SES neighborhoods. Indirect, underlying reasons for this are reduced pollution, promotion of health behaviors like exercise, increased social support, cohesion, and community. This study showed that green spaces lowered rates and severity of anxiety and depression, especially among poor populations, older adults, and youth, suggesting that greener spaces promote better mental health.
5. Browning, C. R., Cagney, K. A., Wen, M. (2003). Explaining variation in health status across space and time: implications for racial and ethnic disparities in self-rated health. *Social Science & Medicine* 57, 1221-1235.
 - a. Looking at data collected from the Metropolitan Community Information Center-Metro Survey, which provided a serial cross section of adults residing in Chicago between 1991 and 1999, this study looked at how self-rated health changed over time and place and found that self-rated health is mediated by neighborhood affluence, but not poverty--indicating that are able to adapt to their surroundings when dealing with chronic stressors. The study also found that poor self-rated health is correlated with health-compromising attitudes and behaviors such as poor diet, lack of exercise, substance abuse, etc. Having resources within a neighborhood, or even easy access to another neighborhood's resources--high quality health services, recreational opportunities, etc.--and affluence acted as a protective effect on resident health over time. Bringing in resources and money to a deprived neighborhood will increase a neighborhood's affluence and increase an individual's health behaviors which will improve neighborhood-level health over time.
6. Cacioppo, J. T., Hawkley, L. C., Crawford, L. E., Ernst, J. M., Burlestone, M. H., Kowalewski, R. B., ... Berntson, G. G. (2002). Loneliness and Health: Potential Mechanisms. *Psychosomatic Medicine*, 64, 407-417.
 - a. In a multi-stage study looking at undergraduate students and older adults who had placed in the top or bottom quintile in feelings of loneliness from pretesting, the scholars assessed various indicators such as blood pressure, cortisol levels, sleep quality, and health behaviors that may have deleterious effects on health. Results showed strong correlation between loneliness, high heart rates, and poor sleep quality that lead to lower quality health. Other indicators were not strong correlations, but still may prove to be with further study.
7. Cacioppo, J. T., Hawkley, L. C., Thisted, R. A. (2010). Perceived Social Isolation Makes Me Sad: 5-Year Cross-Lagged Analyses of Loneliness and Depressive Symptomatology in the Chicago Health, Aging, and Social Relations Study. *Psychology and Aging* 25(2) 453-463. doi:10.1037/a0017216
 - a. Looking for associations between loneliness and depressive symptoms in an ethnically-diverse sample of older adults, the study controlled for the possible effects of gender, ethnicity, education, able-bodiedness, social network size and support, stressful life events, etc. and found that loneliness predicted worsening depressive symptoms--not depression predicting loneliness--independent of demographics, disposition, stress, or social support. Greater attention to the role of loneliness, as it predicts depression, may be important to maximize the likelihood people remain healthy and functional across the lifespan and needs to go beyond simple social support.
8. Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C., Thisted, R. A. (2006). Loneliness as a Specific Risk Factor for Depressive Symptoms: Cross-Sectional and Longitudinal Analyses. *Psychology and Aging* 21(1), 140-151. doi: 10.1037/0882-7974.21.1.140
 - a. Over the course of two studies, correlation was shown between older adults (aged 54 and older) who feel lonely and exhibited depressive symptoms regardless of social support, chronic stressors, and demographic variables. What was most interesting is that depression and loneliness were found to be synergistic, that being lonely not only made a person depressed, but the depression a person experiences from loneliness will cause them intentionally isolate themselves, increasing their loneliness and depression. Other health problems discovered by the study, from prolonged loneliness, include alcoholism and elevated blood pressure.

Proposed remedies for lonely older adults include strong neighborhood support and engagement with the local community.

9. Cambron, C., Gringeri, C., & Vogel-Ferguson, M. B. (2014). Physical and Mental Health Correlates of Adverse Childhood Experiences among Low-Income Women. *Health & Social Work Advance Access*. Doi: 10.1093/hsw/hlu029
 - a. There is a significant association between low-income single mothers and high self-reported physical, emotional, and sexual abuse during childhood and current PTSD, bipolar, and physical and mental health issues/illnesses. By providing services, such as social workers, families can receive the support they need from trained health professionals to help survivors of trauma to better manage and cope with long-term ramifications; providers are likewise needed to have a better understanding between childhood abuse and physical and mental health issues which are among the top barriers to securing and maintaining employment (and should also mean alleviating requirements to work as barriers for cash assistance and similar programs for those who score high on ACE screenings). Communities who are able to exert influence can help bring about these policy changes and bring these vital social resources to their residents.
10. Castro, D. C., Samuels, M., & Harman, A. E. (2013). Growing Healthy Kids: A Community Garden-Based Obesity Prevention Program. *American Journal of Preventive Medicine*, 44(3S3), S193-S199. doi:10.1016/j.amepre.2012.11.024
 - a. Childhood obesity has grown dramatically in the past few decades, especially in low-income neighborhoods, and there have been numerous community intervention programs aimed at reducing its prevalence. One such program, Growing Healthy Kids, is a community gardening program designed to not only teach kids about food, but increased their physical activity and the availability and consumption of fruits and vegetables in family's diets. At the end of one year, a fifth of overweight children improved their BMIs to a normal classification. The program also increased community network, engagement, and support between families as it was a community response to a community problem.
11. Chapman, D. P., et al. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders* 82, 217-225. doi:10.1016/j.jad.2003.12.013
 - a. Adverse childhood experiences (ACEs) are highly associated with depression, with individuals who experienced emotional abuse as children being two-and-a-half times more likely to develop depression over their lifetime and was compounded further by the presence of a mentally ill household member when growing up. Emotional abuse had the strongest influence of depressive symptoms in men and women, but that may be because emotional abuse is often combined with other forms of abuse, making its effects worse than they might otherwise be; ACEs must be considered in a holistic, interrelated fashion. Because ACEs influence long-lasting, deleterious of mental health, intervention and social change are two main ways that ACEs can be prevented at an early age.
12. Christens, B. D., Peterson, N. A., & Speer, P. W. (2011). Community Participation and Psychological Empowerment: Testing Reciprocal Causality Using a Cross-Lagged Panel Design and Latent Constructs. *Health Education & Behavior*, 38(4), 339-347. doi:10.1177/10901981/10372880
 - a. Empowerment theory, the mechanisms through which individuals, organizations, and communities gain greater control over their lives and issues of concern to them, states that individuals who participate in community organizing will go through psychological empowerment--feelings of control and mastery over their own lives. Utilizing two waves of survey data with nearly 500 participants, this study showed that participating in community organizing causes greater psychological empowerment, but not the reverse. Empowerment, then, is a social process that takes place in community and organizational contexts rather than being a characteristic of individuals or a precursor to action; organizations that wish to increase psychological empowerment must be intentional about cultivating processes that increase participation of community members in a meaningful way.
13. Christens, B. D., & Peterson, N. A. (2012). The Role of Empowerment in Youth Development: A Study of Sociopolitical Control as Mediator of Ecological Systems' Influence on Developmental Outcomes. *Journal of Youth Adolescence* 41, 623-635. doi:10.1007/s10964-011-9724-9
 - a. Looking at the perception of sociopolitical control (the ability to influence social situations and political systems) as a factor of psychological empowerment and mediator between support systems and youth developmental outcomes, this study found that social support and cohesion in family, peer, and school settings positively predict self-esteem and perceived school importance and also have protective effects against violent behaviors and substance abuse. Youth have the capacity and competence to have agency and act self-efficaciously, but often lack the necessary skills, perspectives, and confidence to act in larger social

and political settings; having the social support needed to develop the skills, perspectives, and confidence to act self-efficaciously is crucial for self-efficacy and sociopolitical control to be realized. To help youth realize their potential, current environmental supports must be improved and adolescents themselves must be involved in the improvement processes so that development of sociopolitical control, which will develop skills and confidence needed, can start.

14. Costello, E. J., Compton, S. N., Keeler, G., & Angold, A. (2003). Relationships Between Poverty and Psychopathology. *Journal of the American Medical Association* 290(15), 2023-2029.
 - a. This 8-year longitudinal study looked at 1420 rural children, between the ages of 9-13, their psychiatric conditions and symptoms, and their socioeconomic status; nearly two-thirds were at or below the poverty line while the remaining third were never poor. Halfway through a casino opened on an Indigenous reservation which brought Indigenous families out of poverty. From the study, the authors were able to show support for social causation theory, which states that genetic-predisposition to mental illness is triggered by stressors--such as poverty--experienced in an individual's life, as many children who moved out of poverty over the 8-year study had similar rates of mental health issues as children of never-poor families while children whose families remained poor had consistently high rates of mental health issues, especially for conduct and oppositional disorders. Depression and anxiety rates in the children studied were seemingly unaffected by poverty
15. Creaven, A., Healy, A., & Howard, S. (2018). Social connectedness and depression: Is there added value in volunteering? *Journal of Social and Personal Relationships*, 35(10), 1400-1417. doi:10.1177/0265407517716786
 - a. Previous studies which showed that volunteering and positive health outcomes have primarily focused on social connectedness factors like social contact, group membership, and social support. However, utilizing large-scale cross-sectional survey data from the European Social Survey, this article focused on the connection between volunteering and depression, modeling with and without sociodemographic variables. This confirms not only the connection between greater volunteering and lower depression, but reinforces social connectedness through sociodemographic variables. This means that while social connectedness factors are more important than volunteering itself to improve both mental and physical health outcomes, volunteering creates space for social connectedness to occur.
16. Fan, Y., Das, K. V., Chen, Q. (2011). Neighborhood green, social support, physical activity, and stress: Assessing the cumulative impact. *Health & Place* 17, 1202-1211. doi:10.1016/j.healthplace.2011.08.008
 - a. Utilizing data from the Sinai Improving Community Health Survey conducted between September 2002 and April 2003 in Chicago (a cross-sectional study of six of Chicago's 77 community areas), this study investigated whether neighborhood green spaces mitigates stress directly and indirectly through physical activity and/or social support. They found that certain components of green spaces, such as acreage, have greater effects, and that spaces that incorporate public recreational and socialization opportunities have greater positive impacts on public health and well-being than simply increasing vegetation around the neighborhood. Those who are interested in promoting community health need to not only place emphasis on providing publicly accessible, multifunctional green spaces to residents than simple green space conservation, but increasing the number of parks in close proximity of residents in general.
17. Fuller-Rowell, T. E., Evans, G. W., Ong, A. D. (2012). Poverty and Health: The Mediating Role of Perceived Discrimination. *Psychological Science* 23(7), 734-739. doi:10.1177/0956797612439720
 - a. Class-based discrimination is an unfortunately common feature of many societies in the world and this study sought to empirically understand the impact such discrimination as an explanatory variable between SES and health. Utilizing physiological measures that indicate extreme wear-and-tear in the face of harsh physical and social stressors, the scholars were able to parse out that 13% of the effects of poverty on the extreme wear-and-tear of the body from chronic stress due to poverty; this means that discrimination, real and perceived, is a significant social-environmental stressor that has very real health consequences. These deleterious effects are especially harmful in children who grow up in impoverished families and lead to other signs of poor health, such as obesity, which compound the effects of every other social-environmental stressor in an individual's life.
18. Glistler, M. E. (2012). Comparing Neighborhood-Focused Activism and Volunteerism: Psychological Well-Being and Social Connectedness. *Journal of Community Psychology*, 40(7), 769-784.
 - a. Many studies look at community engagement as primarily through the lens of volunteerism--providing a service to a community without need of compensation--but other forms of community engagement, such as neighborhood activism, provide different levels and kinds of benefits to participants. Looking at survey data

from a neighborhood-based sample of over 3000 Chicago residents, the study's findings suggest that those who engage in neighborhood activism, instead of volunteerism, have higher neighborhood and personal mastery (a sense of control about what happens within their neighborhood collectively and in their own lives personally) than those who only volunteer, though the effects of being both are cumulative. This is partly because activism creates stronger and closer bonds between participating community members, with decision-making officials, and that activism works toward social change whereas volunteerism helps only the individual; working for the collective good is more closely associated with feelings of control in one's life and one's social context.

19. Gilster, M. E. (2016). Racial and Ethnic Differences in the Neighborhood Context of Mastery. *Journal of Community Psychology* 44(1), 38-50. doi:10.1002/jcop.21741
 - a. Residents of disadvantaged neighborhoods experience chronic neighborhood stressors like crime and violence, but can start to overcome them with high self-mastery--the extent to which individuals perceive that they influence their life chances--as such individuals appraise these stressors as less detrimental and are better able to cope, thus rendering them less harmful. Failure to cope with chronic stressors at a neighborhood level, something outside of an individual's immediate control, leads to feelings of helplessness, depression, and anxiety. Further, these chronic neighborhood stressors are comorbid with other kinds of neighborhood disadvantage, low education and income, and that the compounding effects are multiplicative rather than cumulative. Life experiences and position in the social hierarchy shape an individual's sense of mastery; thus living in a disadvantaged neighborhood inhibits the mastery needed to cope with and overcome stressors. Previous research shows that chronic neighborhood stressors are disproportionately found in Black neighborhoods while residents of these neighborhoods also have fewer opportunities to extricate themselves from them.
20. Hermes, G. L., et al. (2009). Social isolation dysregulates endocrine and behavioral stress while increasing malignant burden of spontaneous mammary tumors. *PNAS* 106(52), 22393-22398. doi:10.1073/pnas.0910753106
 - a. Looking at the association between stress and other psychosocial variables such as low social support, and chronic social isolation to cancer risk, progression, and mortality. The study took a group of Norway rats (who are gregarious, spend significant time in physical contact, form social relationships, and rear offspring cooperatively) who developed mammary cancer and kept some in contact with other rats and kept others isolated to draw associations between isolation and cancer progression in humans. Results of the study showed that those living in social isolation were more vulnerable to acute stress by developing a heightened and prolonged stress response and, with the genetic risk factors, increased the size (8,391%), number (135%), distribution, and malignancy (3.3x) of mammary tumors. While this is an animal study, parallels can be seen between the already-existing literature between social isolation and loneliness and the likelihood and severity of disease.
21. Hurd, N. M., Stoddard, S. A., Zimmerman, M. A. (2013). Neighborhoods, Social Support, and African American Adolescents' Mental Health Outcomes: A Multilevel Path Analysis. *Child Development* 84(3), 858-874. doi:10.1111/cdev.12018
 - a. Chronic neighborhood-level stressors, such as concentrated poverty and unemployment, negatively influences psychological well-being leading to feelings of low self-efficacy (self-mastery, sociopolitical control), helplessness, and hopelessness which lower personal resources for social support and contribute to symptoms of anxiety and depression of residents younger and older. High neighborhood poverty and unemployment rates also breakdown perception of neighborhood cohesion as social relationships are not as strong as a direct result and offer less social support to residents; adults may feel less able to support their own children due to their limited support in the community and adolescents may feel less able to seek out and receive support from others in their life. Low social support leads to greater anxiety and depressive symptoms. Reducing poverty and engendering greater social support, through organizing and social change, will necessarily lead to better mental health for all.
22. Kim, E. S., & Konrath, S. H. (2016). Volunteering is prospectively associated with health care use among older adults. *Social Science & Medicine*, 149, 122-129. doi:10.1016/j.socscimed.2015.11.043
 - a. Volunteering has been shown to better mental and physical health, health behaviors, and a sense of purpose, this study, utilizing data from the 2006 Health and Retirement Study of more than 7000 adults over the age of 51, found that those who volunteered regularly were much more likely to engage in preventive care (receive the flu shot, undergo cholesterol screenings, mammograms and xrays, and prostate exams) spend significantly fewer nights in the hospital even when adjusting for potential confounding and explanatory

variables. Volunteering, beyond what the study found, could also have indirect benefits not captured, such as increasing one's resiliency, self-regulation, and control over life, but cannot entirely account for the findings. Engaging people in community organizing and development efforts will help them better utilize resources to take control of their life.

23. Klar, M., & Kasser, T. (2009). Some Benefits of Being an Activist: Measuring Activism and Its Role in Psychological Well-Being. *Political Psychology, 30*(5), 755-777. doi:10.1111/j.1467-9221.2009.00724.x
 - a. Over the course of three studies, totalling over 1200 individuals studied, activism was associated with increased hedonic (short-term satisfaction), eudaimonic (long-term, purpose), and social well-being compared to those who do not engage in any kind of activism. It also showed causality between activism toward all three studied kinds of well-being as activism not only changes the participants' social context (policies, neighborhoods, etc. which improve the residents' health), but also shift self-conceptions from shame and loneliness to pride and solidarity.
24. Kuper, H., Singh-Manoux, A., Siegrist, J., & Marmot, M. (2002). When reciprocity fails: effort-reward imbalance in relation to coronary heart disease and health functioning within the Whitehall II study. *Occupational & Environmental Medicine 59*, 777-784.
 - a. Utilizing data recorded during the Whitehall II study, scholars looked at how the amount of effort needed to produce at work, with the reward not commensurate to the effort, affected coronary heart disease rates as well as general physical and mental health states. Utilizing the effort-reward imbalance (ERI) model, which states that reciprocity of effort and reward must be of equal perceived value and divergence from this causes stress, the authors found that those with the lowest-ranked jobs at Whitehall had the highest perceived rates of efforts, but lowest perceived rewards which lead to much higher rates of coronary heart disease and poorer general physical and mental health than those at the top of the hierarchy. Authors suggest social support at work, as well as higher employment grades, may buffer against adverse health effects of effort-reward imbalance.
25. Madigan, S., Wade, M., Plamondon, A., Jenkins, J. M. (2016). Neighborhood Collective Efficacy Moderates the Association between Maternal Adverse Childhood Experiences and Marital Conflict. *American Journal of Community Psychology 57*, 437-447. doi: 10.1002/ajcp.12053
 - a. Marital conflict--verbal and physical altercations--around issues like finances, relatives, household division of labor, and parenting often resulting in deleterious outcomes such as depression, alcoholism, divorce, parenting problems, and domestic violence; exposure to marital conflict by children increases rates of developing adjustment problems and even their own later marital quality. Marital conflicts can be precipitated by maternal ACEs, but can be influenced in a positive way by neighborhood collective efficacy, such as strong social support and engaged social networks of trust and cohesion which can underlie an individual's perception of control over their own life and resilience. Higher collective efficacy creates safe environments for women to disclose abusive situations and facilitates support-seeking behaviors to effectively manage marital conflict and/or their history of abuse. Creating safe and supportive neighborhoods will help prevent ACEs in children and families.
26. Marchesano, K., Musella, M. (2019). Does volunteer work affect life satisfaction of participants with chronic functional limitations? An empirical investigation. *Socio-Economic Planning Sciences*. doi: 10.1016/j.seps.2019.04.005
 - a. Just as important as material needs for people with a chronic disability, psychosocial needs that create purpose and life satisfaction must be part of welfare programs seeking to support their clients. Those with a chronic disability are at risk of social and exclusion, and have poor self-rated physical and mental health from poverty, low social participation, and low interpersonal trust; these, especially social isolation, have compounding deleterious health effects such as smoking and lack of exercise. Volunteering, defined in the study as unpaid work for prosocial purposes, significantly increased life satisfaction by raising the sense of agency and self-sufficiency, psychological empowerment, and well-being; volunteering can also act as a coping strategy to reduce deleterious effects of chronic disability. However, volunteerism is low with low-income individuals as unpaid labor may break a household's budget. Social change should include all kinds of bodies as participation increases life satisfaction and mitigates the chronic effects of disability, but must account for the barriers that disabled individuals faced when wanting to engage in social change.
27. Marmot, M. G. (1994). Social Differentials in Health within and between Populations. *Daedalus 123*(4),197-216.
 - a. This article looks at the reasons why the increase of life expectancy between 1965 and 1990 increased at unequal rates between and within OECD countries. Finding that socioeconomic status played just as significant role as health behaviors and medical care, the author looked at why social differentials in health,

spread across the whole of society, affect life expectancy and mortality. In more developed countries like the United Kingdom and the United States, the author found that stark differences between resource distribution, autonomy, and respect (both at and outside of work) significantly increased risk of death from diseases like cancer, a variety of cardiovascular, respiratory, and gastrointestinal diseases, and even violence. Beyond better health behaviors and medical care, there are psychological and social determinants of health which greatly influence health outcomes.

28. Maton, K. I. (1990). Meaningful Involvement in Instrumental Activity and Well-Being: Studies of Older Adolescents and At Risk Urban Teen-Agers. *American Journal of Community Psychology* 18(2), 297-320. doi:0091-0562/90/0400-0297\$06.00/0
 - a. Individual who feels as though they made a difference, that a task they completed was meaningful--especially when such tasks contribute to their own personal aspirations, contributes to another's well-being, or to groups which have a larger purpose than the self--are likelier to experience greater life satisfaction and psychological well-being and that the more involved one is, the greater the satisfaction. Organizing and social change has been documented in past studies in that it puts participants in roles that are necessary and meaningful to its success, and that it contributes to the well-being of others as well as having a purpose that transcends personal goals.
29. Maurizi, L. K., Ceballo, R., Epstein-Ngo, Q., Cortina, K. S. (2013). Does Neighborhood Belonging Matter? Examining School and Neighborhood Belonging as Protective Factors for Latino Adolescents. *American Journal of Orthopsychiatry* 83(2), 323-334. doi:10.1111/ajop.12017
 - a. An adolescent's sense of belonging at school has been linked to several positive outcomes including academic success and psychological well-being, but this study adds in the factor of a sense of belonging to their neighborhood. The study found that teacher and peer support, both inside and outside the school, are strong predictors of not only a sense of belonging to the school and the neighborhood, but also academic success (grades, aspirations, effort, and expectations) and general psychological well-being. Perhaps paradoxically, sense of belonging to a low-income neighborhood was found to be moderately negative to academic success which was explained as possibly due to role models lacking educational attainment or possibly chronic environmental stressors that constrain perceived choice away from education. However, the effect of neighborhood belonging, in tandem with belonging at school, far outweigh any possible negative as the improved psychological well-being improves sociopolitical control and resilience.
30. Perkins, K. L., & Sampson, R. J. (2015). Compounded Deprivation in the Transition to Adulthood: The Intersection of Racial and Economic Inequality Among Chicagoans, 1995-2013). *The Russell Sage Foundation Journal of the Social Sciences* 1(1), 35-54. doi:10.7758/RSF.2015.1.1.03
 - a. Poverty coincides with mutually reinforcing phenomena like joblessness, housing insecurity, and family instability, each of which are chronic stressors that increase morbidity of mental and physical illness. All of this compounding poverty and discrimination, referred to as deprivation, are systemic and outside of an individual's control though individual choice may appear to result in individual hardship as the study found discrepancy between black participants, who had greater deprivations, and white and Latino participants in ways that could not be explained in any way besides race that shape adolescents into adulthood. Taken together, this study shows that poverty must be looked at in a holistic manner and, to avoid individualistic solutions that do not remedy the root of generational poverty and deprived neighborhoods, alter the function of social-organizational structure of neighborhoods so that individuals have more control.
31. Peterson, N. A., & Reid, R. J. (2003). Paths to Psychological Empowerment in an Urban Community: Sense of Community and Citizen Participation in Substance Abuse Prevention Activities. *Journal of Community Psychology*, 31(1), 25-38. doi: 10.1002/jcop.10034
 - a. Empowerment is the collection of processes which create both feelings and reality of control and understanding over a person's life and the systems surrounding through strong community relationships. When using this framework to reduce substance abuse in a community for this study, residents came together to solve issues collectively, but did not develop stronger bonds between one another (awareness of substance abuse actually eroded communal ties) as residents saw themselves as individuals rather than as a community. Engendering community among social change participants, to more efficaciously solve problems through collective action, can be done through structured participation such as shared leadership, strong opportunity role structures, and peer-based social supports to improve community health. By creating more community feelings, not only will peer-developed programming be more effective, but those who need help will be more likely and willing to seek out treatment if they also perceive a semblance of communality.

32. Salt, E., Crofford, L., & Segerstrom, S. (2017, August). The Mediating and Moderating Effect of Volunteering on Pain and Depression, Life Purpose, Well-Being, and Physical Activity. *Pain Management Nursing*, 18(4), 243-249. doi:10.1016/j.pmn.2017.04.004
 - a. In a study of 200 women over the age of fifty, scholars found that chronic pain is comorbid with depression and feel as though they did not have purpose or well-being. The women who engaged in volunteering had a moderate reduction in pain and depression, compared to those who did not. This is partly because the volunteers engage in more physical activity, have greater life satisfaction and connectedness thus leading to a sense of purpose through their role. Improved sense of purpose is associated with greater longevity, thus making volunteerism, as it relates to improving the community, an effective tool to increase public health.
33. Sampson, R. J., Raudenbush, S. W., Earls, F. (1997). Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy. *Science* 277(5328), 918-924. doi:10.1126/science.277.5328.918
 - a. Collective efficacy, defined as social cohesion among neighbors combined with willingness to intervene on behalf of the common good, is linked to reduced violence, but collective efficacy is itself reduced when neighborhoods have concentrations of disadvantage (low SES). In a study of nearly 9000 Chicago residents in approximately 350 neighborhoods, variations of collective efficacy was found to be significantly influenced by concentrated disadvantage, immigration concentration, and residential stability, but still strongly mediated violence where present. However, residents engaging in neighborhood self-help only tell part of the story as inequalities at the neighborhood level significantly influence the variations of violence and collective efficacy.
34. Santiago, C. D., Wadsworth, M. E., Stump, J. (2011). Socioeconomic status, neighborhood disadvantage, and poverty-related stress: Prospective effects on psychological syndromes among diverse low-income families. *Journal of Economic Psychology* 32, 218-230. doi:10.1016/j.joep.2009.10.008
 - a. By examining SES, income, neighborhood disadvantage, and poverty-related stress as predictors of a plethora of health issues such as anxiety, depression, aggression, and even physical pain, this study concluded that living with persistent poverty is toxic for an individual's health. Chronic stress related to poverty is directly related to anxious and depressive symptoms as well as exacerbating existing symptoms. Living in poverty not only affects the health of the adults in a disadvantaged neighborhood, but also on children and adolescents, dramatically increasing their chance to develop mental illness.
35. Thompson, C. W., Roe, J., Aspinall, P., Mitchell, R., Clow, A., Miller, D. (2012). More green space is linked to less stress in deprived communities: Evidence from salivary cortisol patterns. *Landscape and Urban Planning* 105, 221-229. doi:10.1016/j.landurbplan.2011.12.015
 - a. While previous studies relied on longitudinal, self-reported, and surveyed data on the effects of green spaces in deprived communities, this study sought to link cortisol, as a biological indicator, to these areas and mental health. Results of the study showed significant relationships between green spaces, cortisol levels, self-reported stress, and sleep quality; the larger and higher quality the green space, the more significant buffering effects against deleterious implications of chronically high cortisol levels, showing that the hormone is a good indicator of daily stressors, both real and perceived. These indicators go beyond explanation of indirect benefits, such as healthy behaviors like exercising in the green spaces thus making access to adequate green spaces in deprived neighborhoods crucial in increasing public health.
36. Virtanen, M., et al. (2011). Long working hours and symptoms of anxiety and depression: a 5-year follow-up of the Whitehall II study. *Psychological Medicine* 41, 2485-2494. doi:10.1017/S0033291711000171
 - a. Long work hours (>40 hours/week) is becoming the new normal for a majority of workers and, in past studies, has been associated with poor mental health, such as anxiety and depression, and poor physical health symptoms, like chronic fatigue. Utilizing data from the Whitehall II study, scholars found that every 10 hours worked beyond 40 hours increased rates of severe anxiety and depression by approximately 20%. Underlying factors may be behavioral as workers may turn to excessive alcohol consumption or smoking to reduce stress, but the rates of poor mental health cannot be explained by behavioral factors alone especially as previous studies have shown an association between overwork, loss of control over work, and depression and anxiety including occupational burnout.
37. Wood, L., Hooper, P., Foster, S., Bull, F. (2017). Public green spaces and positive mental health - investigating the relationship between access, quantity and types of parks and mental wellbeing. *Health & Place* 48, 63-71. doi:10.1016/j.healthplace.2017.09.002
 - a. Taking a different approach, this study looks at the relationship between the presence, amount, and attributes of public green spaces and mental illness of local residents. Results of the study showed a close and

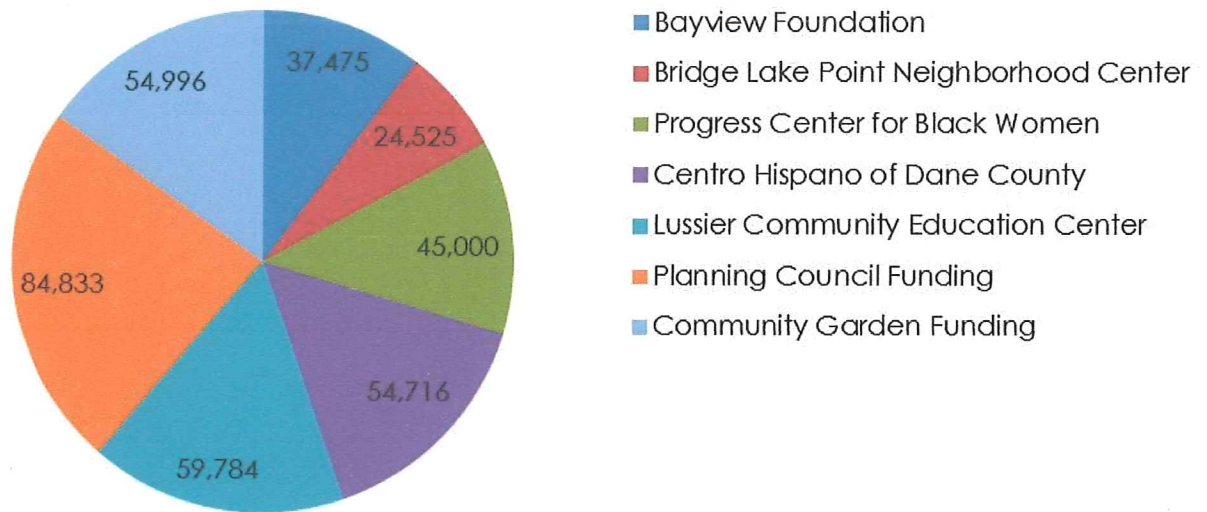
significant relationship between number and acreage of public green spaces and greater mental well-being. Specifically, improved mental well-being were associated with public green spaces that had an emphasis on nature that residents could hike through as well as public green spaces characterized by recreational activities. This study demonstrates that the adequate provision of public green spaces in local neighborhoods, within walking distance, is important for positive mental health.

38. Zimmerman, M. A., Ramirez-Valles, J., Maton, K. I. (1999). Resilience Among Urban African American Male Adolescents: A Study of the Protective Effects of Sociopolitical Control on Their Mental Health. *American Journal of Community Psychology* 27(6), 733-751
 - a. Resilience, defined as the ability to succeed in spite of adversity, was correlated to the amount of sociopolitical control that an individual feels they have. Sociopolitical control, the belief that one is able to influence social and political systems, directly mitigates not only feelings of helplessness, but the consequences of it too, such as anxiety and depression. As being involved in organizations that engage community organizing have been associated with greater sociopolitical control, youth--especially marginalized youth--benefit greatly through gaining sociopolitical control, lower depression and anxiety, and greater resilience to deal with adversity.

Community Building & Engagement Funding 2019 & 2020

During this budget process CDD has added planning council and community gardens into the category called Community Building & Engagement. The chart below shows the 2019 city investments in these programs (the five programs previously categorized as CB&E plus planning councils and community gardens).

**2019 Community Building & Engagement Funds
(new configuration with planning councils and community gardens
added in - \$361,329)**



Community Building & Engagement Funds available to invest through 2020 RFP

Current budget:
\$315,000

If amendments 1a or 1c pass:
\$200,000

THIS IS A CUT!

Relative Investment & Growth

It has been asserted that CDD is the fastest growing department. This can be deceptive if the percent growth is applied to a smaller starting number. This shows the relative investment and increases for CDD, Fire and Police.

It also shows the amount currently invested in supporting people to build leadership and skills to address problems in their own communities (Community Building & Engagement).



2019 Budget
\$21,139,643



2020 Increase
approx. \$400,000



2020 Community Building
& Engagement
\$315,000

(The portion of the CDD budget invested in supporting people to build leadership and skills to address problems in their own communities)



2019 Budget
\$54,642,628



2020 Increase
approx. \$4,000,000



2019 Budget
\$79,068,390



2020 Increase
approx. \$5,000,000





November 12, 2019

Dear Mayor and Alders:

Many of your budget priorities are based on concerns for social equity. One glaring omission, though, is the most basic of all social equity issues, public safety. The MPD crime map (bit.ly/MSNcrimes) shows that much of the violence, violation and fear is inflicted on Madisonians in lower- and middle-income neighborhoods, such as Orchard Ridge and Meadowood. Our latest surveys (bit.ly/ORNAsurvey) show that 67% of respondents are concerned about walking after dark, and over 75% blamed fear of being assaulted or runover by speeding vehicles. An overwhelming majority (94%) support adding funding for at least 19 police officers to address the threats to our safety in our homes and on our streets.

Please remember that public safety secures our use of buses, parks, malls, and everything else. We urge you not to ignore us, as the mayor seems to suggest during the wheel tax debate (bit.ly/ignorethem). We should all be able to feel safe whether we live on Raymond Road or Lake Mendota Drive.

Orchard Ridge Neighborhood Association Board

Mike Thomsen, President
Brian Hanneman, MBA
Theresa Drinka, MSSW, PhD
Colin Conn

Roger Avery, PhD (Treasurer)
Tom McKenna
Bradley Carl, PhD
Dawn Feneht, RN

Bill Bremer (Past President)
William W Sayles, CFA
Maureen Bradley

Written Statement on 2020 Madison City Budget
Provided to all Madison Alders and the Mayor
Presented by Dave Glomp, 1705 Redwood Lane, Madison,, Wi 53711

More MPD Police Officers Are Needed!

Madison continues to see an on-going significant increase in crime, challenging professional law enforcement to stop it. Crimes threaten the very fabric of our, quality of life, and our personal safety.

Several amendments may be offered to this 2020 City Operating Budget that could add 3-6 new Madison police officers. These proposals are admirable, but are only a start to what is truly needed. I am presenting this data for information only.

Madison continues to grow. Annexation of the Town of Madison continues. Madison is the fastest growing city in Dane County, as well as the state of Wisconsin. More police are needed to address both the growth and crime that has continued to explode. Numerous communities in both Wisconsin and nationally with the same or similar demographics have been analyzed and compared to Madison. Some have a ratio of at least 2 officers per one thousand in population, while the vast majority have greater than two officers per/1,000. Madison is well below that ratio. Those comparable cities with greater police manpower have increased their public safety significantly. For Madison to reach the 2 officers per thousand in population ratio threshold, 37 more officers should be added to those years budget.

Below are some reasons to consider why more officers are needed:

- + Violence Begets Violence, stemming it is critical
- + Shots Fired Incidents Need to be halted, before innocents are killed
- + Narcotic Drugs Ruin Lives and kill people
- + Armed-Gangs are a Root Cause of many crimes and must be stopped

(OVER)

- + Grand Thefts are growing, from burglaries, break- ins, to car thefts
- + Although Madison isn't a Big City, it is dealing with Big City problems
- + Citizens Have the Right to a Safe Peaceful Life whoever and wherever they are

About 10 years ago, two shooting deaths in Madison prompted 800+ citizens to the St. Maria Goretti Church School demanding more officers to increase public safety in a Madison. As a result, 30 new police officers were added citywide in a single budget cycle. Adding sufficient police now to meet today's growing needs will require sacrifice and reprioritization within the budget.

Public Safety must be our #1 priority. Let's hope it won't take another crisis or more deaths to become pro-active and add sufficient officers to address crime and insure public safety in advance.

Thank you for your consideration of this input to the discussion of the need for more police in a Madison.

David Glomp
1705 Redwood Lane
Madison WI. 53711

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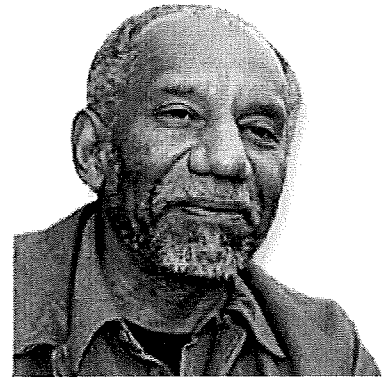
January 6, 2004

SCIENTIST AT WORK

On Crime as Science (a Neighbor at a Time)

By DAN HURLEY

BOSTON — Dr. Felton Earls was on the street, looking for something at ground level that would help explain his theories about the roots of crime. He found it across from a South Side housing project, in a community garden of frost-wilted kale and tomatoes.



"That couldn't be more perfect," said Dr. Earls, a 61-year-old professor of human behavior and development at the Harvard School of Public Health. Gazing at a homemade sign for the garden at the corner of East Brookline Street and Harrison Avenue, he pointed out four little words: "Please respect our efforts."

"We've been besieged to better explain our findings," he said. For over 10 years, Dr. Earls has run one of the largest, longest and most expensive studies in the history of criminology. "We always say, It's all about taking action, making an effort."

Dr. Earls and his colleagues argue that the most important influence on a neighborhood's crime rate is neighbors' willingness to act, when needed, for one another's benefit, and particularly for the benefit of one another's children. And they present compelling evidence to back up their argument.

Will a group of local teenagers hanging out on the corner be allowed to intimidate passers-by, or will they be dispersed and their parents called? Will a vacant lot become a breeding ground for rats and drug dealers, or will it be transformed into a community garden?

Such decisions, Dr. Earls has shown, exert a power over a neighborhood's crime rate strong enough to overcome the far better known influences of race, income, family and individual temperament.

"It is far and away the most important research insight in the last decade," said Jeremy Travis, director of the National Institute of Justice from 1994 to 2000. "I think it will shape policy for the next generation."

Francis T. Cullen, immediate past president of the American Society of Criminology, said of Dr. Earls's research, "It is perhaps the most important research undertaking ever embarked upon in the study of the development of criminal behavior."

The National Institute of Justice has so far spent over \$18 million on Dr. Earls's study — more than it has ever financed for any other project. The MacArthur Foundation has spent another \$23.6 million on the study, likewise the most it has spent, and money from other government agencies has brought the cost of the project to over \$51 million so far.

Dr. Earls came to his current work by a circuitous route that included one great leap. Born to working-class parents in New Orleans, he graduated from Howard University's College of Medicine and pursued a postdoctoral fellowship in neurophysiology at the University of Wisconsin.

It was there that he met Dr. Mary Carlson, a neurophysiologist. They have been married for 31 years and are now collaborating on a project in Tanzania to promote the well-being of children who have lost their parents to AIDS.

When they met, they were both aiming for a white-jacket career in the laboratory. In fact, back in April 1968, Dr. Earls spent 36 hours straight, alone for much of the time, in a soundproof room, mapping the responses of a cat's brain to various high- or low-frequency sounds.

When he emerged from his laboratory on the evening of April 5, the Wisconsin campus was in an uproar. Only then did he learn that Martin Luther King Jr. had been killed the day before. Having participated in rallies led by Dr. King, Dr. Earls says he reacted instantly.

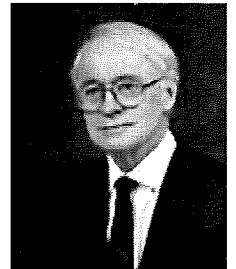
"I realized that I couldn't have a career in neurophysiology. I couldn't remain in a laboratory," he said. "King's death made me see that I had to work for society. My laboratory had to be the community, and I had to work with children because they represent our best hope."

Six months later, he left Wisconsin and went to East Harlem to train as a pediatrician, then to Massachusetts General Hospital to train as a child psychiatrist, and finally to the London School of Hygiene for a degree in public health.

His research is, in essence, about the health of communities, not just about crime. "I am concerned about crime," he said, "but my background is in public health. We look at kids growing up in neighborhoods across a much wider range than just crime: drug use, school performance, birth weights, asthma, sexual behavior."

His study, based in Chicago, has challenged an immensely popular competing theory about the roots of crime. **"Broken windows," as it is known, holds that physical and social disorder in a neighborhood lead to increased crime, that if one broken window or aggressive squeegee man is allowed to remain in a neighborhood, bigger acts of disorderly behavior will follow.**

This theory has been one of the most important in criminology. It was first proposed in an article published 20 years ago in *The Atlantic Monthly*, written by Dr. James Q. Wilson and George L. Kelling. The theory provided the intellectual foundation for a crackdown on "quality of life" crimes in New York City under Mayor Rudolph W. Giuliani.



Today, "broken windows" policing is endorsed by police chiefs across the country, its proponents sought out for lectures and consulting around the world. But **from the beginning, Dr. Wilson concedes, the theory lacked substantive scientific evidence that it worked.**



"I still to this day do not know if improving order will or will not reduce crime," Dr. Wilson, now a professor emeritus at the University of California, Los Angeles, recently said in a telephone interview. "People have not understood that this was a speculation."

Testing "broken windows" was not the point of the Project on Human Development in Chicago Neighborhoods, the study planned and conducted by Dr. Earls and colleagues to unravel the social, familial, educational and personal threads that weave together into lives of crime and violence.

Nonetheless **the data gathered for it, with a precision rarely seen in social science, directly contradicted Dr. Wilson's notions.** From June to October 1995, trained observers drove a sport utility vehicle at 5 miles per hour down every street in 196 carefully selected Chicago neighborhoods.

As they drove, a pair of video recorders, one on each side of the S.U.V., recorded social activities and physical features: litter, graffiti, drug deals, public drinking, everything within the camera's view. When the researchers were done, 11,408 blocks had been observed and videotaped. Then the police records on

homicide, robbery and burglary were pulled for each of these 196 neighborhoods, along with in-person surveys of 8,782 residents.

In a landmark 1997 paper that he wrote with colleagues in the journal *Science*, and in a subsequent study in *The American Journal of Sociology*, **Dr. Earls reported that most major crimes were linked not to "broken windows" but to two other neighborhood variables: concentrated poverty and what he calls, with an unfortunate instinct for the dry and off-putting language of social science, *collective efficacy*.**

"If you got a crew to clean up the mess," Dr. Earls said, "it would last for two weeks and go back to where it was. The point of intervention is not to clean up the neighborhood, but to work on its collective efficacy. If you organized a community meeting in a local church or school, it's a chance for people to meet and solve problems.

"If one of the ideas that comes out of the meeting is for them to clean up the graffiti in the neighborhood, the benefit will be much longer lasting, and will probably impact the development of kids in that area. But it would be based on this community action — not on a work crew coming in from the outside."

Boston's experience in the 1990's, he believes, demonstrates his point. "Right now there are about 35 homicides per year in Boston, down from 151 in 1991," he said. "It plummeted between 1996 and 1998. Many people attributed it to the Ten-Point Coalition, a group of black ministers who took to the streets to engage kids and work with other adults to develop after-school programs.

"At the same time, they were also asking the kids to help them target the ringleaders who were going down to Maryland to buy weapons. And they were coordinating their activities with policemen. So through these ministers, there was an activation of large groups of adults and kids."

Driving back from the community garden in the South End of Boston, Dr. Earls emphasized that the analysis of the findings of the Chicago study had only begun. The entire neighborhood study was repeated between 2000 and 2002, and a second study tracking the behavioral and medical development of some 7,000 children in those same neighborhoods from birth to age 25, was finished in December 2001.

Dr. Robert J. Sampson of Harvard, Dr. Steven Raudenbush of the University of Michigan, Dr. Jeanne Brooks-Gunn of Columbia and Dr. Earls are now working together on papers that they expect to see published this year.

"If we are to show that where you grow up is more important than your temperament or your I.Q. or your family, or even equally important, that is a major contribution to science," Dr. Earls said. "We're saying that community is important at a moment in science when many of the most dramatic findings are in genetics. If genetics plays a role, it's got to be a minor role, because the community effects are very robust."

As important as the study's findings, Dr. Earls said, are the measurement tools developed to uncover them. "Newton's discovery of gravity was important because he was able to measure it and quantify it," he says. "What we are discovering around collective efficacy was not terribly obvious before we started to measure it with some precision."

As for policy implications, Dr. Earls said that rather than focusing on arresting squeegee men and graffiti scrawlers, local governments should support the development of cooperative efforts in low-income neighborhoods by encouraging neighbors to meet and work together. Indeed, cities that sow community gardens, he said, may reap a harvest of not only kale and tomatoes, but safer neighborhoods and healthier children.

Robert Sampson, Stephen Raudenbush, Systematic Social Observation of Public Spaces: A New Look at Disorder in Urban Neighborhoods, American Journal of Sociology, Volume 105 Number 3 (November 1999): 603–51. Mirrored at Rutgers.