YOUTH PARTICIPATION IN
NEIGHBORHOOD PLANNING FOR COMMUNITY HEALTH

FINAL REPORT

Participatory Planning with Young People in the
Brightmoor and Rosedale Park Neighborhoods of Detroit

A Partnership of Michigan’s Surgeon General,
Henry Ford Health System,
Michigan Neighborhood Partnership, and
Michigan Youth and Community Program of
The University of Michigan

January 2010
YOUTH PARTICIPATION IN
NEIGHBORHOOD PLANNING FOR COMMUNITY HEALTH

We are pleased to present the report of an initiative to involve young people in neighborhood planning for community health in the Brightmoor and Rosedale Park neighborhoods of Detroit.

The initiative was undertaken by a team of neighborhood residents of high school age, with adult assistance, through a partnership of Michigan’s Surgeon General, Henry Ford Health System, Michigan Neighborhood Partnership, and Michigan Youth and Community Program of the University of Michigan.

The report summarizes methods that were employed to conduct a community assessment, identify priority steps for action, and build support for implementation. It describes ways to make the community a healthier place to live, address disparities in access to community health, and strengthen social justice through neighborhood planning. Special emphasis was placed upon activities for the Westside Health Resource Center owned by Henry Ford Health System.

Young people report that they are ready for a healthier community. They want safer streets, places for exercise, and community education about healthy eating. They are prepared to learn more about health codes, meet with store owners, lobby elected officials, and make public presentations.

They report steps to form a neighborhood health planning group, conduct a large-scale health education and public awareness program, and organize community health dialogues as a way to raise awareness. There is need to tear down vacant lots, organize service projects, and build support among stakeholders. They identified specific activities for the health center, and argued for community meetings for further program planning.

PROJECT LEADERSHIP

Brett Beckerson was project coordinator and played the primary role in planning, implementation, and evaluation of the project.

Youth team members included David Edwards, Régine Jimmerson, and Takeyah Bowers.

The project was co-directed by Barry Checkoway and Dennis Talbert, with coordination by Bridget Christian.

Ryan Neloms served as community youth advisor.

Kimberlydawn Wisdom and Barbara Blum served as project advisers.

The report was prepared by Brett Beckerson and Barry Checkoway.
YOUTH PARTICIPATION IN NEIGHBORHOOD PLANNING FOR COMMUNITY HEALTH

SUMMARY

We are pleased to present the report of an initiative to involve young people in neighborhood planning for community health, in the Brightmoor and Rosedale Park neighborhoods of Detroit. The report summarizes efforts to conduct a community assessment, identify priority steps for action, and build support for implementation. It describes steps that will make the community a healthier place to live, address disparities in access to community health, and strengthen social justice through neighborhood planning.

The initiative was undertaken by a team of neighborhood residents of high school age, with adult assistance, through a partnership of Michigan’s Surgeon General, Henry Ford Health System, Michigan Neighborhood Partnership, and Michigan Youth and Community Program of the University of Michigan.

PURPOSE

The purpose of the partnership is to engage young people in neighborhood planning for community health in the Brightmoor-Rosedale Park area of Detroit. The partnership aims to:

- Engage young people in neighborhood planning for community health;
- Enable youth to gain experience with leadership skills;
- Gather information for program development in a neighborhood facility;
- Build relationships with community collaborators; and
- Establish a program model for adaptation nationwide.

EATING BETTER  MOVING MORE  FEELING SAFER
GENERATION WITH PROMISE

Special emphasis of the partnership is placed on initiatives consistent with Generation With Promise (GWP), a program that makes the community a healthier place to live, addresses disparities in access to community health, and strengthens social justice through neighborhood planning, program implementation, and public policy. Specific themes included Eating Better, Moving More, and Feeling Safer.

Partners discuss ways to involve young people, teachers, and staff members from GWP neighborhoods schools, in addition to other organizational stakeholders. Thus this work provides an innovative example of applying GWP to community health in a specific neighborhood.

GWP middle school student action team members from the Brightmoor - Rosedale Park area participate in the project. University students help facilitate high school and middle school student involvement in the project, offering opportunities for positive youth development at multiple educational levels.

MICHIGAN NEIGHBORHOOD PARTNERSHIP

Michigan Neighborhood Partnership (MNP) assists with recruitment, selection and support of neighborhood youth team members. MNP leadership and staff members provide orientation to the neighborhood, background information on organizations, and liaisons with parents and other adults.

UNIVERSITY OF MICHIGAN

Participants develop leadership skills for team building and program planning through involvement in the University of Michigan’s Michigan Youth and Community Program and its Youth Dialogues on Race and Ethnicity in Metropolitan Detroit. University students supervise community assessment and neighborhood planning activities, and facilitate intergroup dialogues that strengthen their group formation and diversity skills. They also facilitate workshops to prepare youth team members for community assessment and program planning.

METHODOLOGY

Youth participation in neighborhood planning for community health is a three phase project of a partnership of Michigan’s Surgeon General, Henry Ford Health System, Michigan Neighborhood Partnership and the Michigan Youth and Community Program of the University of Michigan. Following is a logic model of the entire project.
<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Participation</th>
<th>Outputs</th>
<th>Impact</th>
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</thead>
<tbody>
<tr>
<td><strong>University of Michigan – School of Social Work</strong></td>
<td><strong>Phase One:</strong> Needs Assessment:</td>
<td><strong>Phase One:</strong> 12 Community Youth</td>
<td><strong>Outcomes – Impact</strong></td>
<td><strong>Long</strong></td>
</tr>
<tr>
<td>• Erin Berry Checkoway</td>
<td>• Winship Field Survey</td>
<td>• 8 weeks sessions with 1 session per week</td>
<td><strong>Short</strong></td>
<td><strong>High</strong></td>
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<tr>
<td>• Kate Richards-Schuster</td>
<td>• Body Mapping</td>
<td></td>
<td><strong>Medium</strong></td>
<td><strong>Medium</strong></td>
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<tr>
<td>• Work Study Students</td>
<td>• Community Surveys</td>
<td></td>
<td><strong>Low</strong></td>
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<tr>
<td>• Brett Eckerson, Intern</td>
<td>• Photo Voice Project</td>
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<tr>
<td><strong>Henry Ford Health Systems</strong></td>
<td><strong>Phase Two:</strong> Planning for Change:</td>
<td><strong>Phase Three:</strong> Building Support:</td>
<td><strong>Outcomes – Impact</strong></td>
<td><strong>Medium</strong></td>
</tr>
<tr>
<td>• Dr. Wisdom, Surgeon General of Michigan</td>
<td>• Community Interview</td>
<td>• &quot;Town Hall&quot; Meeting</td>
<td><strong>Long</strong></td>
<td><strong>Long</strong></td>
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<tr>
<td><strong>Department of Community Health</strong></td>
<td>• Focus Groups</td>
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<td><strong>Short</strong></td>
<td><strong>Short</strong></td>
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<tr>
<td>• Barbara Elm, MSW MPH, advisor</td>
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<td></td>
<td><strong>Medium</strong></td>
<td><strong>Medium</strong></td>
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<tr>
<td><strong>Michigan Neighborhood Partnership</strong></td>
<td><strong>Phase Two:</strong></td>
<td></td>
<td><strong>Low</strong></td>
<td><strong>Low</strong></td>
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<tr>
<td>• Rev. Dennis Talbert</td>
<td>Young people and adults learn about</td>
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<tr>
<td>• Rosedale Park Baptist Church</td>
<td>healthy living and make initial changes</td>
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<tr>
<td>• Community Youth &amp; Community Adult Allies</td>
<td>to their actions to</td>
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<td></td>
<td>better their health.</td>
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<tr>
<td></td>
<td>Community members begin to</td>
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<td></td>
<td>care more about what they eat and</td>
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<td></td>
<td>how much they exercise.</td>
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<td></td>
<td>Initial actions take place to</td>
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<td></td>
<td>better patrol their neighborhoods</td>
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<td></td>
<td>to reduce violence and decrease</td>
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<td></td>
<td>negative activities in their area, such as drug usage.</td>
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<tr>
<td></td>
<td>Community members advocate for better food in their grocery stores, safer and cleaner parks in their neighborhoods and less violence on their streets in the hopes of making incremental change.</td>
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<tr>
<td></td>
<td>Some families involved in the program will change their eating and exercise habits entirely, improving their health and well-being and inspiring their neighbors to follow.</td>
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<tr>
<td></td>
<td>With the assistance of the Surgeon General, legislation will be passed to ensure equitable food distribution in Michigan to ensure all neighborhoods receive fresh, healthy foods.</td>
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<td></td>
<td>Community members maintain connections to other community health and continue to advocate for this issue.</td>
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<td></td>
<td>The community no longer has violence and drug usage as daily safety issues in their neighborhoods.</td>
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</tbody>
</table>
PHASE ONE: ASSESSING COMMUNITY NEEDS

In partnership with community collaborators, we formed a team of neighborhood youth of high school age, prepared them to conduct community-based research, and enabled them to discuss health policies and plans for two Detroit neighborhoods.

The work was consistent with the themes associated with the Surgeon General’s *Generation with Promise* program: Eating Better, Moving More, and Feeling Safer. The last theme included underage smoking, drinking and violence in their communities.

Seven high school aged youth were identified by community members in the Brightmoor and Rosedale Park neighborhoods of Detroit. The young people were selected in consultation with Michigan Neighborhood Partnership, Rosedale Park Baptist Church, and Michigan’s Surgeon General. They were selected for their commitment to neighborhood improvement, willingness to participate in all activities, and ability to operate in a cohesive group.

We conducted research training workshops to provide practical skills and prepare the team. Team members developed skills to ask questions, gather information, and assess findings. The training was led by University of Michigan facilitators, using *Participatory Evaluation with Young People* as a curricular guide.

Team members spent 8 weeks gathering information in the neighborhoods, employing some combination of observations, interviews, focus groups, surveys, and photovoice.

Team members participated in sessions enabling them to assess their community, employing the following techniques:

<table>
<thead>
<tr>
<th>EATING BETTER</th>
<th>MOVING MORE</th>
<th>FEELING SAFER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Groups</td>
<td>Windshield Survey</td>
<td>Community Mapping</td>
</tr>
<tr>
<td>Community Interviews</td>
<td>Youth Survey</td>
<td>Youth Center for Health Design Process</td>
</tr>
<tr>
<td>Store Comparisons</td>
<td>Community Interviews</td>
<td></td>
</tr>
</tbody>
</table>

In addition to research activities, team members participated in additional leadership activities to strengthen skills for public policy, e.g., program planning, organizational development, interpersonal influence, public presentations, community organizing, and coalition building. They also interacted with youth leaders in other communities in metropolitan Detroit.
Team members analyzed their findings and discussed policy recommendations. They collaborated in a written report, and will present their findings and recommendations to key stakeholders and the Surgeon General.

The process enabled young people to increase their knowledge of youth participation, neighborhood planning, and community health. They strengthened skills in community assessment, program planning, and organizational development. They set goals, assessed alternatives, and identified programs and services in a health system facility.

Young people also strengthened their participation at the neighborhood level. They developed substantive knowledge and practical skills to address health problems and policy issues that affect neighborhood residents.

In an area tending toward racial segregation, young people participated in intergroup dialogues with other youth who were different from themselves.

**EATING BETTER**

**Focus Groups**

Team members participated in a focus group emphasizing eating better led by near-peer facilitators in which they discussed the following questions:

**What are healthy and unhealthy foods?**

Team members were asked to brainstorm all of the healthy and unhealthy foods that they could imagine. Following are *their* thoughts about health and unhealthy foods:

- “Unhealthy foods are all processed foods with lots of salt or sugar or fat (grease).”
- “Healthy foods are natural foods like fruits, veggies, and all meats.”
- “Breads may or may not be good for you.”
- “Fast food can be good for you sometimes, but you cannot eat it twice a day.”
- “Red meat may not be good for you all the time, but it is “okay” if it is cooked at home.”

Participants responded that they learn about healthy eating from their families, through television, and in school. Following are some of what they said that they learned from family members:

- “You do not have to exercise if you eat right.”
- “You can eat whatever you want, but you need to exercise.”
- “Red meat is better for you then white meat as long as it is steak”.
- “It is better to cook with butter because it is more natural than margarine.”
What messages do they receive on the way to school?

Team members discussed the billboards for fast food and alcohol that they see on their way to school, about which one young person observed: “They are targeting us because we’re black. They don’t want us to live as long as them. And they want our lives to be unhappy and unhealthy.”

The young person continued that “they” are “the man,” meaning (white) people with power.

When team members later were provided with accurate information about healthy food and healthy physical activity during a special dialogue, they agreed that young people need more accurate information on healthy choices.

Community Interviews

Each team member interviewed five community members – e.g., family members, neighbors – and asked about the five priority places where they shop for their groceries and why.

They were prepared for this by practicing interviews in dyads and in front of the group. Upon completion, they met and mapped their findings on large sheets of paper, as follows:

<table>
<thead>
<tr>
<th>Grocery Stores</th>
<th>Map</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Wal-Mart</strong> 29555 Plymouth, Livonia</td>
<td>![Map Image]</td>
</tr>
<tr>
<td>2. <strong>Sam’s Club</strong> 22500 W 8 Mile, Southfield</td>
<td></td>
</tr>
<tr>
<td>3. <strong>Kroger</strong> 9369 Telegraph Rd, Redford, MI</td>
<td></td>
</tr>
<tr>
<td>4. <strong>Foodland</strong> 18551 Grand River Detroit, MI 48223</td>
<td></td>
</tr>
<tr>
<td>5. <strong>K-Mart</strong> 19990 Telegraph, Detroit,</td>
<td></td>
</tr>
<tr>
<td>6. <strong>Glory Mart</strong> 19150 Telegraph Rd, Detroit</td>
<td></td>
</tr>
</tbody>
</table>
Team members found that community members patronized establishments based primarily on food quality and availability of bulk foods for purchasing at reduced prices. They found that location was less important than quality and price in their shopping choices - the grocery stores that are closest are not those that are visited most.

**Grocery Store Comparison**

Team members visited two grocery stores, one in their neighborhood and one in a nearly suburb not normally visited by neighborhood residents. Young people compared the variety of foods, prices, displays and quality, including expiration dates, color, smell, and texture. They discussed their findings as follows.

<table>
<thead>
<tr>
<th>Urban Store</th>
<th>Suburban Store</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Variety</strong></td>
<td>None.</td>
</tr>
<tr>
<td></td>
<td>Fruits &amp; Vegetables that many had never seen.</td>
</tr>
<tr>
<td><strong>Expiration Dates</strong></td>
<td>Most meats expire that day.</td>
</tr>
<tr>
<td><strong>Color, Smell, Texture</strong></td>
<td>Food smelled. Meat is bloody and some packaging is falling apart.</td>
</tr>
<tr>
<td><strong>Price</strong></td>
<td>Manager’s special is cheapest and expired 8 days ago.</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Refrigeration sections were not very cold. Unhealthy food is mixed healthy food.</td>
</tr>
</tbody>
</table>

Team members reported that they experienced racial profiling at the suburban store. Despite this, they said that they would prefer shopping in the suburban store rather than their local grocery store.

**MOVING MORE**

**Windshield Survey**

Team members and facilitators traveled by large van down Fenkell Road, a major thoroughfare which passes through Rosedale Park, Brightmoor, Redford and Livonia. In small notebooks, they took notes on housing, boundaries, open spaces, small businesses and people. They also completed a windshield survey created by the facilitator.
The length of the area examined was 5.5 miles. The chart below describes what was seen with exact quotes from the young people.

We found that young people and their families had “access” to healthy foods by driving to some suburban neighborhood grocery stores; that people in their community go to the corner stores for everyday produce on a far more regular basis than grocery stores; and that corner stores were places where drug and alcohol use were prevalent as well as other activities that made them feel unsafe.

We conducted a windshield survey for 6 miles down Fenkell Street. Young people found there were more liquor stores, and that they were more heavily clustered, in their area than in the suburb. The map above shows the number of such stores on this street, where our windshield survey took place. Telegraph divides the suburbs and the city. Brightmoor, a community with a high concentration of youth, is located between Telegraph and Southfield, where one can see a high concentration of corner stores as well.
<table>
<thead>
<tr>
<th>Elements</th>
<th>Brightmoor</th>
<th>Rosedale Park</th>
<th>Redford</th>
<th>Livonia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>“Brightmoor Houses” make up for all the burned down ones and vacant lots.</td>
<td>“Everyone takes care of their home and they even have a sign welcoming us here.”</td>
<td>“Lot more apartments and their homes are kind of small, but really nice.”</td>
<td>“New and big houses.” “Really green grass” “Open front doors”</td>
</tr>
<tr>
<td>Open Space</td>
<td>Eliza Park - “I’ve never been in there.” “The grass is taller than me!”</td>
<td>Stopfel Park - “Play ground stuff is rusted and old.”</td>
<td>“Park seems really safe and I feel I could leave my stuff and it would still be here.”</td>
<td>“School has nice stuff and it looks really safe and lots of room to do anything.”</td>
</tr>
<tr>
<td>People</td>
<td>Black. Single moms. Bums. Bored kids. A lot of people waiting for the bus.</td>
<td>All Black. People cutting their grass. Don’t see a lot of people</td>
<td>Both races, more white. Both sexes. All are walking around or working.</td>
<td>Two Black people. Lots of old people. Lots of people running.</td>
</tr>
<tr>
<td>Stores</td>
<td>“Please tear these down.”</td>
<td>More houses than stores.</td>
<td>“Some are vacant, but none are destroyed.”</td>
<td>“They have Starbucks and stuff that we don’t and they’re really nice.”</td>
</tr>
<tr>
<td>Boundaries</td>
<td>Lahser. Lots of graffiti.</td>
<td>Evergreen. Sidewalks get nicer</td>
<td>Telegraph. No sidewalk at times</td>
<td>Middlebelt. A lot more traffic</td>
</tr>
</tbody>
</table>

Three team members said that they have never crossed Telegraph Road into Redford. They said it looked like a nice place in which they might ride bikes. They appreciated the flowers on the street and the clean store fronts. They said that Brightmoor could look like Redford if they tried.

**Community Interviews**

Team members conducted interviews with community members to identify whether or where they have physical exercise, with special emphasis on institutions and parks, with the following findings:
**PLACES FOR EXERCISE**

| **Joe Dumars** | 1120 W State Fair, Highland Park, MI |
| **Bally’s** | 18900 Michigan Ave, Dearborn, MI |
| **Peter Vetal** | 14200 Westwood St, Detroit, M |
| **Rosedale Park Baptist Church** | 14179 Evergreen Detroit, MI 48223 |
| **Renaissance H.S.** | 6565 W Outer Dr Detroit, MI 48235 |
| **Redford H.S.** | 21431 Grand River Detroit, MI 48219 |

They observed that parks are well maintained, that they might or might not go to a park for a holiday or family event, and that parks are primarily places for children in which they themselves would not “hang out.” The most popular parks among young people are Belle Isle, Metro Park, Rouge Park, Stout Park, Stoepel Park, and Peterson Park.

**Youth Survey**

Team members conducted a survey with a series of questions asking community members about their exercise behaviors, safety issues, and what they might like to have in a community health centers. Each young person surveyed 8-10 teens.
Primary reasons why young people do not exercise were:

1. Streets are unsafe
2. Parks are unsafe
3. Youth are too distracted
4. Youth perceive that they cannot physically exercise
5. Young people are lazy.

Primary places where young people currently exercise or would exercise:

1. In their own neighborhood (streets and parks)
2. With a gym membership
3. At their schools
4. With sports
5. With video games

These surveys also founds that fewer than half of Brightmoor and Rosedale Park youth exercise once or twice a month, one third never exercise, one fifth exercise weekly, and only a small fraction of them exercise daily.

Also, most respondents said that young people in their community start smoking at an early age, their community needs healthier stores for groceries, and that eating habits negatively affect their health.

The primary wish that respondents have for their community is less violence, specifically fewer stabbings.

**FEELING SAFER**

**Community Mapping**

Young people drew or mapped their individual communities as they see them, placing special emphasis on places that are “safe havens” for them. Once done, they presented their maps to others in the group and talked about why they feel safe in certain areas and not others.

The primary safe haven for these young people was with their families, either their own family home or that of another family member or close friend. Other safe havens were the mall, the movies, community centers and churches.

They expressed a preference for Somerset Mall because other malls require a chaperone for anyone less than 16 years of age. They reported that they prefer movie theatres outside of Detroit because “those ones are nicer.”
Community centers like the Brightmoor Community Center and the City Mission were also mentioned but young people said that the Brightmoor Community Center does not have any programs that relate to them.

**Youth-Designed Center**

Young people visited the Westside Health Resource Center owned by Henry Ford Health System. After walking around the building, the young people drew what they would like to see both outside and inside, including classes and other activities.

The young people designed a place where they could be themselves while learning about living healthier lives. In their surveys of young people in their neighborhoods, they were asked about specific activities or facilities they would want in a recreation center for health, as illustrated below:
WHAT YOUNG PEOPLE WANT

<table>
<thead>
<tr>
<th>Space or Rooms</th>
<th>Classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>We want:</td>
<td>We want</td>
</tr>
<tr>
<td>1. Gym</td>
<td>1. Sex Education Class</td>
</tr>
<tr>
<td>2. Workout Room</td>
<td>2. Job Training for Health</td>
</tr>
<tr>
<td>3. Room for Dancing</td>
<td>3. Cooking Class</td>
</tr>
<tr>
<td>4. Room for Video Games</td>
<td>4. Dance Class</td>
</tr>
<tr>
<td>We do not want</td>
<td>We do not want</td>
</tr>
<tr>
<td>1. A Community Garden</td>
<td>1. Drug/Alcohol Dependency Class</td>
</tr>
</tbody>
</table>

Young people mentioned that the building is located at the “bad” part of the road. Despite this, they asked if this were a building in which they might get a job.

GENERATION WITH PROMISE MIDDLE SCHOOLERS

We involved Generation with Promise middle schoolers from the same neighborhoods in the project. Specifically, we involved seven middle school young people from Murphy Middle School and Peter Vetal Middle School.

Middle school young people agreed that both schools have “gotten worse” on various measures of community health in recent years, and that Murphy Middle School was worse than Peter Vetal Middle School for various reasons. They reported that:

- Young people smoke on their way home from school.
- Young people start smoking while they are at middle school.
- Walking to Murphy is more dangerous than walking to Peter Vetal.
- Young people walk or ride their bikes on the street because the sidewalk is cracked or there is too much debris or trash.
- School resources have diminished over time.

Middle schoolers between the ages of 11 and 14 years old responded that half of them never exercise; fewer than half of them exercise only once or twice a month, only a small fraction exercise weekly, and none of the respondents exercises daily.
Almost all of them agreed that young people in their community start smoking at an early age, roughly half of them said that their eating habits weaken their health, and that their community needs healthier stores for groceries. One third of them believe that young people exercise enough. Half of the respondents do not believe that they would be healthier if they lived in the suburbs.

Our impression is that middle school young people are less physically active than high schoolers, but our data is not precise enough to judge.

**HEALTHIER IF...**

High school team members were asked to complete the following sentence: “I would be healthier if....” Following are their responses:
IF THERE WERE A LAW.....

During each session, young people were asked: “If there were a law or policy about eating healthier, exercising more, or living safer in your community, what would it be?” Their responses follow:

Eating Better

“Grocery stores need to be more responsible for the food they sell! They should be inspected on a monthly basis and those reports should be posted on their front door.”

“Grocery stores and liquor stores should warn their shoppers about unhealthy food! Food that has either not been refrigerated or expired should not be sold, but if it is, then the shoppers have the right to know it is not good for them.”

“Liquor stores should NOT be allowed to sell perishable food! There are more liquor stores than grocery stores and more young people walk there for their parents because of convenience. Items like milk, bread and eggs are some of the products that should only be at regularly monitored grocery stores.”

“Schools should be required to teach about healthy cooking and eating! Schools should also have posters about how to eat healthier.”

Moving More

“Grass must be cut at all of the parks! Too many young people have stepped on nails or worse because it was not visible.”

“Parks should have lights and paths! Young people walk through parks to go home and play there. They need lights to see and to make the parks more appealing.”

“Vouchers” or Coupons for gym memberships! Community members, including young people, will be more inclined to exercise if they are paying to do so, but current memberships are too expensive.”

Feeling Safer

“Provide lighting on Fenkell from Telegraph to Evergreen! Prostitution and drug use take place in darkened areas on Fenkell.”

“Loitering laws must be better enforced! Homeless and alcohol/drug dependant individuals harass young people as they walk passed or go to stores.”

“Clean up abandoned and burned homes! Especially in neighborhoods with young people, these homes not only keep young people depressed, but keep them from playing outside.”
ASSESSMENT OBSERVATIONS

Based on the assessment phase on this initiative, we make the following observations:

Young people in the Brightmoor and Rosedale Park neighborhoods are ready for a healthier community.

They want safer streets. Overwhelmingly, young people stated that if they were to exercise (run or play a sport), they would expect to do it on a neighborhood street or park. In contrast, they also stated that the main reason why people do not exercise is because the streets and parks are unsafe.

They want community education about healthy eating. They said that they learn most of what they know about health from family members. In our focus group, however, we discovered that a lot of what they perceive to be healthy eating is not healthy.

They want more community cohesion. There are businesses, agencies, and institutions with investment in the community, but too little communication among them on the themes of this project.

They want business to be more accountable. Community members or governmental agencies are needed to monitor food quality and limit the need to travel to the suburbs for their food.

These young people want to create change, and there are others who share their commitment. Other young people would be receptive to the themes and activities in this work. In addition, they could keep journals about healthy eating, make lists of what is and is not in their kitchen cupboards, write about what they eat when they are happy or sad, when they study, or before they leave for school. They could become more conscious of the health factors that affect them.

They also could identify key stakeholders who share their concern, make contact with them, and bring them together to discuss their common cause. Personal health behavior is important, and so too is community organization.

Indeed, they are strategically situated for social and political action. They could learn about the health codes and conduct their own evaluation. They could meet with store owners to learn what prevents them from selling healthier food. They could write newspaper articles, lobby elected officials, and make public presentations. The present project was a start, but its participants are eager to do more.
PHASE TWO:
PLANNING FOR CHANGE

Team members consulted with youth and adult community stakeholders and formulated plans for program development at the neighborhood level. The planning process included community interviews, focus groups, and a large town meeting. Planning built upon the community assessment and included steps to set goals, assess alternatives, identify resources, and propose action steps.

COMMUNITY INTERVIEWS

We conducted interviews with residents people who were identified by the young people through their assessment experience, through their experience in the youth dialogues program, and through consultation with Reverend Dennis Talbert. Reverend Talbert was especially helpful in suggesting stakeholders with whom to speak about Brightmoor. Following are some findings from the interviews:

**What do young people eat?**

- Hot chips, Fritos, junk food from the dollar store
- Kids eat junk food throughout the day and then eat dinner late at night- parents work late: “My mom used to cook the night before or in the morning so we’d have dinner together at a reasonable hour, now the kids eat really late because their parents work late.”
- They don’t think about it, they eat what’s convenient because it’s all that’s available, health is not a priority for them

**How do young people learn about health?**

- There are some nutrition classes in the community, but otherwise kids have no way of learning about food choices or health.
- They don’t. They get most of their food and knowledge about food at the dollar store, gas station, liquor store

**What are some types of exercise by young people?**

- Sometimes they play basketball.
- City Mission runs a flag football league and a volunteer-run basketball camp.
- There used to be a basketball court but it was torn down- the neighborhood drug addicts, bums ripped it down. This was years ago and similar things have happened around the neighborhood to other parks
- Think Detroit Pal operated by the Police Athletic League ran an athletic club over the summer, but since then there has been no programming because they don’t have funding for additional programming.
- There are after-school football and cheerleading programs nearby but they’re really expensive and most families can’t afford them.
Are there unsafe places and, if so, what are some examples?

- Drug houses, people who live in/frequent the drug houses are on the streets
- The entire community because of the lack of police. “If there’s a robbery or any sort of problem in the neighborhood and the police are called, they don’t show up, they have absolutely no presence. The police situation is so bad that people call their church and other community agencies before they call the police.
- Stray dogs in the streets. Several young people and adults have reported being mauled by dogs.
- A lot of areas where youth hang out to watch DVDs, play video games are the same places where drug dealers hang out.
- Also problems with stealing in these same areas, especially people who steal cars to joyride and don’t pay attention to where they are/what they’re doing

What are some examples of neighborhood improvement?

- Periodic neighborhood cleanup days.
- Detroit Community High School- older students at the school are succeeding, also City Year participants are working at Vetal School and making positive changes
- Community members can clean up after themselves, take responsibility- as a community we don’t speak out about schools that don’t pass national standards, also people don’t vote.

FOCUS GROUPS

We conducted a series of intergenerational focus groups with youth and adults, with the following findings:

What are some problems and issues about safety?

- We need to help young people understand why neighborhood safety is so important
- One time Kuddles the Clown came to entertain a group of kids at a neighborhood event and a big fight broke out among the kids- kids don’t understand why fighting is bad/leads to an unsafe community.
- Problem of young kids bringing guns to school (even as young as 3)
- Lots of very angry and upset youth. No specific reasons are known
- Many single parents. Many families with incarcerated father and mothers.
- Early teen pregnancy is another major issue. Adults believe that seeing pregnant youth affects life choices by other youth.
- Lack of role models- if celebrities endorsed fresh foods, safe activities, etc., it could be beneficial.
- Poverty: Parents having too many kids, cant afford to support them financially or physically. With so many kids they get burnt out
- Lacking basic needs for families to survive (example: Electricity)
- Desperation: People turn to quick fixes, drug deals, prostitution, etc. to make money to put food on the table
• Education: Kids do not know its importance; they do not see the links between education and poverty reduction. How do we get kids excited about education?

**How can we get youth to exercise more?**

• Importance of getting kids active early - involvement in sports can help improve eating habits
• Influence of professional athletes.
• Get rappers to advocate healthy living, exercise
• More games that incorporate exercise into video games.
• Incorporate more popular music into active video games
• Encourage outdoor winter activities- sledding, ice skating, outdoor hockey clubs
• Create community skating times with music.

**Would community gardens be a possibility?**

• Yes, because they provide fresh food but also an opportunity for kids to see the fruit of their labor.
• Yes, they offer an opportunity for entrepreneurship if the kids can sell veggies at local farmer's markets, stands
• Yes, kids can feel ownership, pride to protect gardens

**What are other concerns about safety?**

• Problem of lack of police - especially after laws on police residency were passed.
• Youth feel differently, but adults believed police presence is important
• Introduce neighborhood watch type programs to increase community. Many adults were unaware if they existed where they lived
• Debate over whether police presence makes you feel safer or question what sort of negative activity is going on that warrants police presence
• Importance of building people's trust of police, especially youth.

**Are there other issues arising?**

• Food sold at gas stations. Unhealthy meats are sold near gas pumps in what are said to be unsanitary conditions.
• The smell of the grocery stores. Community members stated that grocery stores in their neighborhood smell “like an un-plugged refrigerator” which makes them not want to purchase any produce, especially fruits and vegetables.
• Fruits and vegetables are too expensive in their neighborhood. Given they only go to stores like Sam's Club, Costco, and Wal-Mart for larger purchases, fruits and vegetables are forgotten.
TOWN MEETING

Young people and adult allies gathered for a Town Meeting to which they brought friends and neighbors.

Middle School Students

Middle school students were given pieces of paper and were asked to describe their community. They emphasized problems which they experienced in the community, emphasizing words and pictures of guns, drugs, and party stores.

Young Children 3-8 Years Old

Families brought young children ages 3-8 years old to the Town Meeting. These children were given large sheets of paper and asked to draw their community.

In contrast, young children showed positive views of their community. They drew flowers, sunshine, clean parks and happy families.

MIDDLE SCHOOL STUDENTS' PICTURE
OF THE COMMUNITY
SMALL CHILDREN'S PICTURES OF THE COMMUNITY
What does this mean for youth participation in neighborhood health planning? We wonder if there are development differences between the two groups, and if planning by younger children might be highly beneficial for visualizing the future.

At the meeting, younger children were eager to eat all of the fruits and vegetables. Some were especially interested in the colors of the fruits. They said that they had never had green apples or tangerines before that meeting and they really liked them.

Middle school students were mostly interested in what they called “cool” foods like the chili that was brought and submarine sandwiches with all of their own vegetables and condiments. Does this suggest that younger children will respond to the purposes of this work in different ways?

**PRIORITY STEPS**

Overall, residents identified the following priority steps:

- Form a neighborhood health planning group of young people as a vehicle to address problems and issues.
- Continue to organize community meetings to plan local programs at the Westside Health Center
- Conduct a large-scale health education and public awareness program, including information about unhealthy stores and other neighborhood health problems.
- Promote health through signage at party stores and gas stations, with information about eating healthier.
- Organize community health dialogues as a way to raise awareness.
- Plan and implement a door-to-door survey to document where young people reside.
- Organize neighborhood service projects, such as warm meals or clothes donations.
- Tear down vacant homes as a principal priority. Almost everyone thought that this was paramount.
- Involve groups such as the Brightmoor Alliance and schools and churches.
- Approach large institutions to gain support for neighborhood health planning.
- Emphasize intergenerational work that connects young and old.
PHASE THREE:
BUILDING SUPPORT

Young people discussed ways to build support for program implementation, largely through a town meeting. They brainstormed ways of identifying influential members, reaching out, informing individuals and groups, and raising public awareness.

Who Can Help?

Young people brainstormed names of people whom they thought cared about neighborhood health and who might help in the cause.

CONTACTS AND STAKEHOLDERS

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Preparing for Outreach

Young people discussed ways of presenting their ideas to stakeholders, through the following questions:

- **Head:**
  What does the person already know about?

- **Heart:**
  Why does the person care about it?

- **Hand:**
  What will the person do with information their hand in?
**Influencing Powerholders**

Young people role-played how they would approach a powerful person and enable them to build support. They thought that any high school or middle school student could do this and that they know that it would be more powerful coming from them and not an adult. They said that they were the future of the neighborhood and that they knew they could make a difference. They also talked about how adults can intimidate them and try to discourage them by constantly making them feel like where they live is a place that will never get better.

**Making a Presentation**

A few participants were selected to make their presentations to the entire group with very little time to prepare for them. Each one gave a 3-5 minute speech to engage their audience members in the hopes of their becoming members of the organization and their movement towards social justice.