

Selected Findings from the Project on Human Development in Chicago Neighborhoods

How do large social and historical forces help shape individual developmental pathways?

That was the question posed more than a decade ago by the leaders of the Project on Human Development in Chicago Neighborhoods. They had long believed that neighborhoods, and the processes that influence them, must play a significant role in shaping individual development. But without substantive evidence, it remained a topic of contention among experts.

Providing the evidence would require a program of broad scope. It would demand not only breadth and depth of expertise but innovative research techniques, along with new tools and instruments. Ultimately, the Project comprised eight years of field research. Dozens of trained research assistants collected information at multiple levels, covering hundreds of neighborhoods and thousands of individuals over large spans of time. Unraveling this interconnected web of influences and outcomes has in turn demanded the creation of new, more powerful methods of analysis.

But the Project was much more than an academic undertaking. From the beginning, the work was intended to serve as a foundation for discussion and action by policy makers and practitioners, by government officials and civic leaders, by advocates, scholars, and visionary funders. Above all, the researchers sought knowledge that could be put to practical use—to promote healthy communities and to help individuals lead better lives.

In the ten years since it was established, the Project has produced a growing record of findings—evidence that neighborhoods *do* matter, and suggestions of the mechanisms underlying their effects. This paper describes the Project’s work and some of its most important findings and theoretical advances to date.

WHY AND HOW THE PROJECT CAME TO BE

Despite a century of research into the causes of delinquency, crime, and violence, society has made little progress in preventing antisocial behavior, or in treating and rehabilitating young people once they become involved in it. Different disciplines have studied different aspects of the problem and offered different, sometimes competing theories—with very different policy implications. Efforts to deal with the problems mirrored the fragmented knowledge base and lack of coordination among health and social services, schools, and the justice system. Aligning these efforts with community and economic development activities was, at best, an afterthought.

Against this background, in 1994 the Foundation and the National Institute of Justice launched the Project on Human Development in Chicago Neighborhoods, under the direction of Dr. Felton Earls of Harvard University. The aim of the Project was to understand how neighborhoods shape the development of the young people who grow up in them: Why do some neighborhoods experience high rates of juvenile delinquency and crime, violence, and substance abuse while other, apparently similar neighborhoods are relatively peaceful and law-abiding? Why do some young people, across a wide range of communities, become “career criminals,” while their peers may experience trouble yet ultimately become productive citizens? And most important, what can families, communities, and government do—and where and when should they do it—to promote positive social development?

Chicago was selected as the Project site for several reasons. Its neighborhoods have been studied by historians for over a century; there was a wealth of data available, a large pool of potential research collaborators and field workers, and widespread support from local leaders and organizations, as well as government agencies. Compared to many large cities, Chicago’s neighborhoods were relatively well-defined and stable in their composition. And the city offered a large and diverse population, with each major ethnic group—African-American, white, and Latino (both Mexican and Puerto Rican)—encompassing a broad spectrum of socioeconomic classes.

NEIGHBORHOOD MATTERS

During the course of data collection—which ran from 1995 to 2003—the city experienced several events, unplanned and unexpected by the Project, that nevertheless enhanced its value and relevance. Chicago school reform, which began in 1989, dramatically changed the city’s approach to public education. The “Plan for Transformation”—the dismantling of Chicago’s public housing projects and the relocation of their residents—began during data collection and continues today. Nationwide, these years also saw major changes in the welfare system, an economic boom and bust, and a steadily dropping crime rate. (Although the rate of violent crime did not plummet in Chicago as it did in several other cities, rates in Chicago remain much lower than they were in the early 1990s.) These events became “natural social experiments,” offering opportunities to further test some of the Project’s hypotheses. They also highlight the connections among three areas—housing, schools, and community—that the Foundation is exploring as vehicles for improving opportunities for individuals and families.

AN INNOVATIVE DESIGN

From the beginning, the Project’s sponsors and investigators sought a more comprehensive and nuanced understanding of antisocial behaviors than previous studies had offered. They wanted to explore the intricate developmental pathways followed by children, adolescents, and young adults as they moved in and out of trouble, and the social dynamics that contributed to their successes as well as their failures. They wanted to look not only at individual differences, but at the influence of the social structures in which individuals operate and the neighborhoods in which they live. And they wanted to examine not only *characteristics* of people and neighborhoods, but *processes* and *change*.

To accomplish their objectives, the researchers had to design a study that could examine the interactions of multiple factors, and multiple levels, across a wide range of children and families, at all stages of development, over an extended period of time. They took an interdisciplinary approach, with experts from psychiatry, developmental and clinical psychology, sociology, criminology, public health and medicine, education, human behavior, and statistics working together at every stage.

NEIGHBORHOOD MATTERS

The Project was unprecedented in size and scope, combining two approaches into a single, comprehensive design. The first was an intensive study of Chicago's 343 neighborhoods. Through community surveys, systematic social observation, and interviews with key community residents, the researchers gathered information on the social, economic, organizational, political, and cultural structures of the neighborhoods and the changes they experienced over a span of eight years. The second approach was a series of coordinated longitudinal studies of some 6,000 children, adolescents, and young adults, looking at the changing circumstances of their lives and the personal characteristics that may lead them toward or away from a variety of antisocial behaviors.

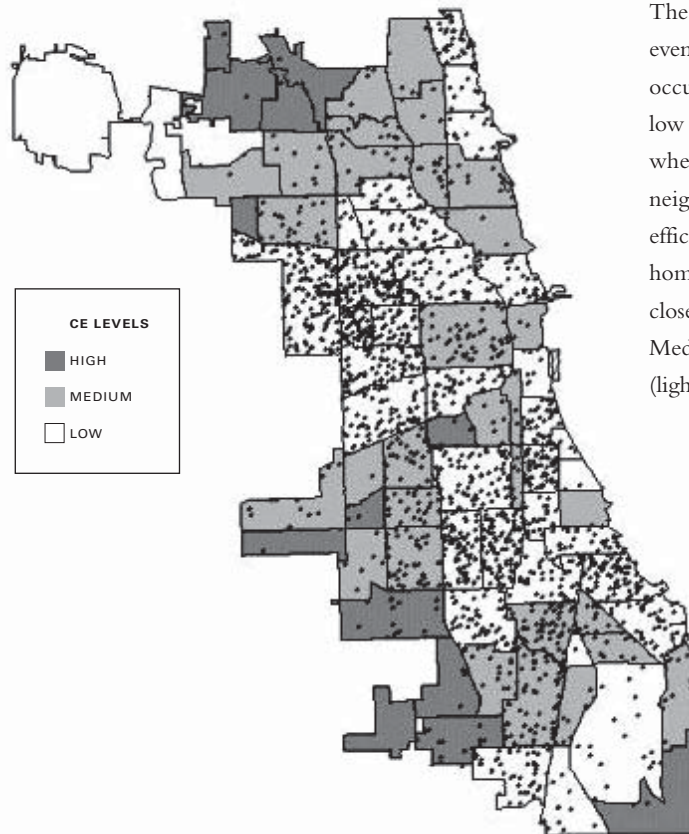
By looking simultaneously at individuals *and* their communities, and at individuals *in* their communities, the study allows researchers to unravel influences at many different levels. They can look at neighborhood characteristics and processes, and at the different spheres of influence nested within the neighborhood: school and peer groups, family relationships, and the individual's own health and temperament. And they can follow these factors independently while also examining the interaction and feedback among them.

The ambitious Project has grown even broader in scope and impact. While it began as a study of the origins of antisocial behavior, it eventually tapped into many other domains, shedding new light on outcomes from school success to physical and mental health. Its innovative design has changed the field of social research: requests for proposals issued by Federal research agencies now call for measures on neighborhood contexts as well as individual effects. And in making its data widely available to scholars and researchers, the Project is supporting analyses that will inform research, policy, and practice for years to come.

BEYOND DEMOGRAPHICS: THE CONCEPT OF COLLECTIVE EFFICACY

The Project's first major paper was published in *Science* in 1997. The researchers found that while "concentrated disadvantage"—a high level of poverty and racial segregation—is generally associated with poor outcomes such as delinquency, crime, and violence, these outcomes are ameliorated in neighborhoods characterized by what they called "collective efficacy."

Collective Efficacy and Homicide



The preponderance of homicide events in 2000 to 2002 (black dots) occurred in neighborhoods that had low levels of collective efficacy (white) when measured in 1995. By contrast, neighborhoods high in collective efficacy (dark gray) had far fewer homicides—even when they were close to more violent neighborhoods. Medium levels of collective efficacy (light gray) fall in the middle.

Collective efficacy is different from the traditional concepts of social capital, social ties, or networks. It is a measure of social cohesion and shared norms—a reflection of social processes and relationships, the willingness of people to work together to make things happen. Neighborhoods are high in collective efficacy when the residents trust each other, share common values, and are willing to intervene on behalf of the common good—for example, in supervising children and protecting public order.

The concept makes a new and important point: knowing a neighborhood’s structural or demographic features—its race and poverty levels, the number of single-parent households, or even more complex elements like social networks—is not sufficient to explain its rates of delinquency and crime. Indeed, social networks can be put to antisocial as well as positive uses, and strong social ties can sometimes isolate people from outside resources. Collective efficacy, on the other hand, can be achieved even with weak social ties: the key is a willingness to activate those networks to achieve a

NEIGHBORHOOD MATTERS

shared result. To that end, policies that link local social networks to institutions and larger systems, both inside and outside the neighborhood, might support a neighborhood's collective efficacy and help residents achieve their common goals.

It is possible for less advantaged neighborhoods to have high levels of collective efficacy. In general, though, collective efficacy is higher in neighborhoods with residential stability and high rates of home ownership, and lower in areas of concentrated poverty and disadvantage, where people feel alienated and powerless. In this context, the transformation of public housing in Chicago—the complete dismantling of major pockets of concentrated disadvantage—presents an historic opportunity to discover how housing policy can transform both neighborhoods and individual lives.

LOCATION MATTERS: SPATIAL VULNERABILITY VS. SPATIAL ADVANTAGE

Neighborhoods, like individuals, do not exist in a vacuum. The Project has shown that to understand the violence and other social processes in any given neighborhood, you have to look at the characteristics of the surrounding neighborhoods—their levels of poverty, affluence, and residential stability. Specifically, the researchers found that even a neighborhood with a high level of collective efficacy will be at risk—its rates of crime and violence will be higher, its child-monitoring less effective—if it is located near other neighborhoods with poor social environments. Conversely, neighborhoods with less favorable social processes are to some degree protected when they're surrounded by more favorable environments.

Much of this can be thought of as “spillover” effect: neighborhood boundaries are permeable, and social networks, interactions, and processes are not neatly contained in geographic boundaries. For example, criminals tend to commit crimes in their own and surrounding neighborhoods. By the same token, pro-social organizations draw their participants from their own neighborhoods and those nearby. In any case, it is clear that neighborhood problems cannot be addressed one neighborhood at a time, but must take into account the adjoining neighborhoods and, ultimately, the entire metropolitan region.

It's important to note, also, that spatial vulnerability is strongly affected by racial segregation and isolation. In Chicago, relatively successful low- and middle-income African-Americans, living in neighborhoods with high collective efficacy, are often surrounded by less successful neighborhoods. As a result, middle-class African-

NEIGHBORHOOD MATTERS

Americans experience more crime and violence than whites of the same socioeconomic status. By contrast, low-income white neighborhoods are usually surrounded by more advantaged neighborhoods with higher levels of collective efficacy, less crime, and better social resources.

These findings can inform a wide range of current policy issues, from residential stability to the suburbanization of the poor, from housing vouchers to broad-based regional planning. Understanding the effects of spatial vulnerability and spatial advantage can help policy makers weigh the potential problems and benefits of economic, racial, and ethnic diversification, as well as the importance of factors such as access to transportation and employment, to good schools and social services, to cultural resources and shopping.

INDIVIDUALS MATTER: OPPORTUNITIES TO REDIRECT THE PATH

One of the early questions the Project set out to address was the issue of “career criminals.” Are some children born to be troublesome, then delinquent, and finally lifelong criminals? If not, where do antisocial behaviors begin, and what causes them to persist, intensify, or end? Are there key points at which interventions could set a child on a more socially productive path?

The Project is finding no evidence of irredeemably “bad kids.” Rather, they have found that the emotional health and behavior problems of every child and youth are contingent not just on individual and family characteristics but on neighborhood, school, and many other factors—including social processes like collective efficacy. The researchers have tentatively identified several key “inflection points” (actually extended periods of time) when children and youth may turn onto a bad pathway or a better one, depending on the resources and opportunities in the contexts that surround them.

The first such point is early childhood—a period long recognized as critical to a child’s future health and development. The Project provides important data on two neighborhood factors that influence development during a child’s first five years: the parents’ access to prenatal care and quality child care. Both of these are less available in disadvantaged areas. But both also offer opportunities for improvement through interventions at the neighborhood and individual or family level. Data

NEIGHBORHOOD MATTERS

from the project can help policy makers address the issues of access and quality, and provide information on the impact of different kinds of child care and early childhood education.

A second inflection point is early adolescence, around ages 10 to 15. This is the age at which children are moving from elementary to high school, expanding their world from the local neighborhood to a considerably larger area where they may encounter new levels of violence, gangs, and other risk factors. As children's social worlds get larger, the ability of parents to protect them shrinks. At this stage, children in spatially vulnerable neighborhoods are at especially high risk—and improvements in schools and neighborhood safety could make a significant difference in their lives. Further analysis could shed light on other questions of interest to policy makers: What is the role and impact of adult involvement in children's lives? Can after-school programs make a difference in the lives of young adolescents? If so, what sorts of programs work best, for which individuals, at what ages, and in which neighborhoods?

The transition out of adolescence, when young adults enter the work force and begin to establish their own families, is a third inflection point. Though the data on this point are not yet fully analyzed, there are suggestions emerging that an individual's risk is not simply cumulative: even if the pathway has been rocky to this point, it is possible that good job training, opportunities to make a living wage, and a good marriage choice can offer a fresh start. Data from the Project can further the current discussion of policies that promote marriage and two-parent families, as well as policies that address job training, economic development, and workplace benefits.

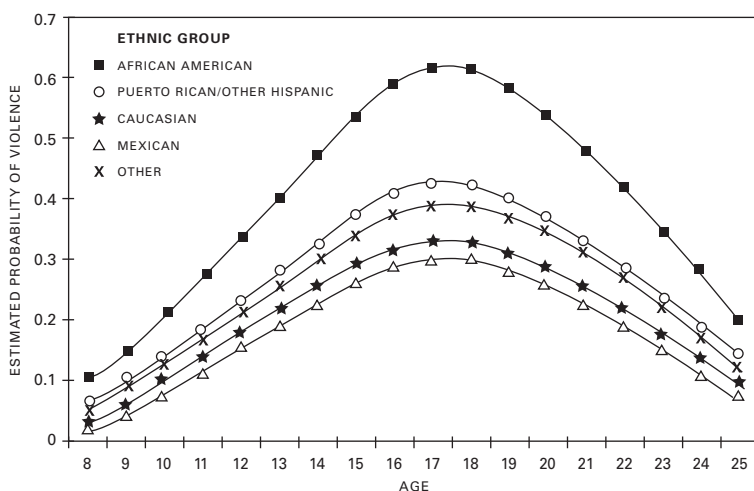
EXPLAINING THE VIOLENCE GAP: NEIGHBORHOOD MATTERS

The public health of the United States has long been compromised by inequality in the burden of personal violence. African-Americans are six times more likely than whites to be murdered, a crime that is overwhelmingly intra-racial. They are also more likely to be involved in serious violence. Latinos, on the other hand, while generally poorer than whites, experience slightly lower rates of violence.

Previous studies have shown that violence is most prevalent in disadvantaged, racially segregated neighborhoods. The question is, *why*? Is it the self-selection of certain people into a neighborhood that makes it violent? Or do neighborhoods differ in their own right?

The Project is beginning to demonstrate that it is possible to disentangle individual and neighborhood influences—and to offer possibilities for change. The researchers found similar trajectories of violence across all the races and ethnic groups studied: boys and young men seem to begin, intensify, and then desist from violent activity at the same ages; when those activities are graphed, they follow the same curve. Why, then, is the curve higher for African-American youth, and lower for Latinos?

Trajectories of Violence



While levels of violent activity may differ, males across all races and ethnicities in the study followed a similar pathway: the probability of violence peaked at age 17-18, then fell back almost to the starting point by age 25.

The researchers found that while individual- and family-level factors play an important role in the risk of violence, it is neighborhood context that most strongly explains the disparities. Neighborhood characteristics and processes affect all races and ethnic groups the same way. But because African-Americans are highly segregated by neighborhood and disproportionately exposed to harmful neighborhood factors, they are more likely to be involved in violence than are whites or Latinos.

These results give new impetus to housing reforms. They indicate that neighborhoods *do* matter in determining the level of violence—that good people, in bad neighborhoods, are at increased risk for doing bad things. If that’s the case, then interventions to improve the neighborhood conditions in which people live—measures such as housing vouchers that help people move into safer neighborhoods, the replacement of public housing projects with mixed-income housing, and policies that support home ownership and increase neighborhood stability—may be effective in bringing down the longstanding racial disparities in violence.

NEIGHBORHOOD MATTERS

At the same time, neighborhood is not the *only* significant factor: family social conditions matter as well. For example, the Project's data show that marriage of parents is an important factor in the black-white violence gap, and suggest that it is worthwhile to explore economic and social policies that support stable marriages among the poor. The comparatively low rate of violence among Mexican-Americans appears to be related to both individual immigrant status and the concentration of immigrants living in a neighborhood—but the processes involved in that relationship await further analysis.

Beyond the issue of the violence gap, the Project's data can be useful to federal, state, and local policy makers seeking ways to prevent violence and ameliorate its outcomes. During the course of the study, as noted earlier, neighborhoods across the country were in fact becoming safer. The Project can be useful in exploring factors that supported this change and in discussions of policies that might further it: innovative approaches to law enforcement, methods of dealing with gang membership, policies aimed at making schools safe and secure, or services for juveniles released from detention and adults released from jails and prisons.

PUBLIC EFFECTS ON PRIVATE ACTS: NEIGHBORHOOD MATTERS IN ADOLESCENT SEX

While the researchers were not surprised to find neighborhood factors influencing crime and violence, they did not expect to find a similar influence on sexual behavior—an activity that generally takes place in private rather than public space. Yet they found that both structural factors (such as concentrated poverty) and social processes (collective efficacy) have powerful effects on the timing of first intercourse.

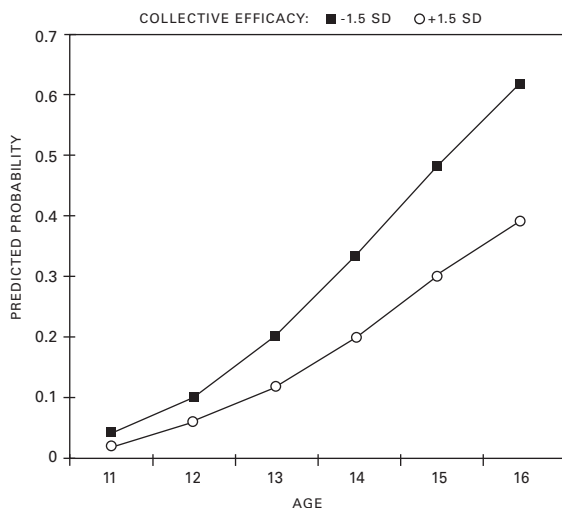
Early sexual activity is a significant public health problem: it often means more partners at an early age, and it puts young people at increased risk for forced sexual experience, early or unwanted pregnancy, and sexually transmitted disease. Like violence, delinquency, and other problem behaviors, early sexual activity occurs disproportionately among African-American youth, underlining the need to understand the source of racial differences.

Prior research had focused on family characteristics such as family socioeconomic status, parental absence, and larger households. The Project confirmed the influence of some (but not all) of these factors on early sexual activity; still, a large measure of the racial disparities remained unexplained. Only when the researchers considered

NEIGHBORHOOD MATTERS

two neighborhood-level factors—concentrated poverty and collective efficacy—did the racial differences disappear. In other words, *neighborhood matters* in determining the age at which adolescents begin to have sex. A high level of collective efficacy in a neighborhood delays the age at which teens in that neighborhood have their first sexual intercourse: in neighborhoods with low levels of collective efficacy, more than 60 percent of adolescents are sexually active by age 16, compared with just 38 percent in neighborhoods high in collective efficacy. And to the extent that it delays sex, collective efficacy delays as well the problem behaviors and outcomes associated with early sexual initiation.

Teenage Sexual Activity: Neighborhood Matters



At any age between 11 and 16, adolescents in neighborhoods with low collective efficacy (squares) are significantly more likely to have become sexually active than their age-mates in neighborhoods with higher collective efficacy (circles).

While the protective effect of collective efficacy is very strong for boys, for girls the story is more complex, involving an interaction of neighborhood context and parental monitoring. With girls, family controls are far more influential; the effect of collective efficacy emerges only for girls who have low levels of parental supervision.

Interestingly—and contrary to expectations—residential stability did not appear to delay sexual onset. The researchers believe that residential stability may be a “contingent factor,” offering some beneficial effects in more advantaged neighborhoods, but reinforcing negative behaviors in highly disadvantaged contexts.

The findings on adolescent sex are representative of a much larger body of data on health issues that deeply affect young people, from mental health to substance abuse.

NEIGHBORHOOD MATTERS

The data can help clarify how factors such as lack of safety and exposure to violence contribute to these problems, and the role of neighborhoods and families, as well as service agencies, in preventing and treating them.

NEIGHBORHOOD PROCESSES AND HEALTH: WHO BENEFITS, AND WHY

Physical health is fundamental to the quality of life, both for the individual and for his or her family. Social scientists have long looked at birth weight as a general indicator of health in a community. Low birth weight is associated not only with current risks to the infant, but with future risks to its health and development. Birth weight also provides a reading of the mother's health during pregnancy.

The infants of African-American women have, on average, lower birth weights than those of white women. Prior research had looked at structural features of neighborhoods that might explain this difference, but the Project was the first to look at social processes.

What they found was surprising: While higher levels of neighborhood social support were associated with higher birth weights for white mothers, they had no similar positive effect for African-American mothers. Even when African-American mothers live in neighborhoods that are generally seen as supportive, their babies do not benefit from that support. The researchers suggest that in these more advantaged neighborhoods, African-American mothers may experience real or perceived discrimination that distances them from the supportive climate.

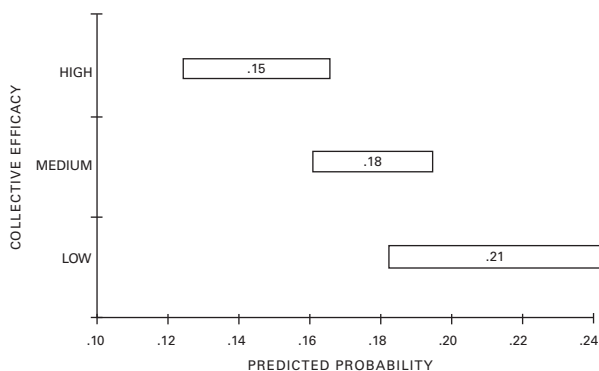
Many studies have shown that low birth weight is associated with economically disadvantaged, racially segregated neighborhoods. The Project provided the opportunity to explore, at the neighborhood level, *how* that happens. The researchers looked at two mechanisms: social conditions that foster stress, and the informal resources generated by social relationships and social engagement among neighbors. They found that the two strongest predictors of birth weight are violent crime and collective efficacy; these appear to be the mechanisms through which structural factors, such as poverty and residential stability, affect the health of mother and infant. Fear of violent crime, the researchers suggest, may induce stress among neighborhood residents, while lack of collective efficacy cuts them off from resources that might provide a means of adapting to the stress.

This study also looked at the larger environment in which a neighborhood was embedded and found that, for birth weight just as for violence, *location matters*. For example, women in neighborhoods that are relatively low in collective efficacy nevertheless receive some health benefits if they are surrounded by neighborhoods with higher levels of collective efficacy. So both the immediate and the broader social context are important influences on infant and maternal health.

Birth weight, of course, is not the only important indicator of health—and Project researchers have found significant neighborhood effects on other health issues of national concern. Asthma, for example, is a rapidly rising cause of disability and death in the U.S., with a disproportionate affect on low-income and minority urban populations. What is it about disadvantaged neighborhoods that contributes to the prevalence of asthma? The researchers found that collective efficacy—or its absence—plays a significant role. They suggest that collective efficacy may offer some protection by enhancing access to health care, eliminating environmental triggers, and promoting the sharing of information about asthma prevention and treatment.

At a time when declining state revenues have narrowed the focus of many public health, mental health, and social services, the Project’s data can be especially useful. They can shed light not only on the individual- and neighborhood-level factors that contribute to health and disease, but on the mechanisms through which they work. In doing so, they can help policy makers understand what services people really depend on, who can benefit from them, and the circumstances under which they are most effective.

Collective Efficacy and Respiratory Disease



Predicted probability of asthma/breathing problems at selected levels of collective efficacy. People living in neighborhoods with low collective efficacy are far more likely to develop asthma and other breathing problems than are those in neighborhoods with medium or high levels of collective efficacy.

LEARNING: SCHOOLS AND NEIGHBORHOODS MATTER

Why do poor children have comparatively low levels of achievement in school? Many factors have been shown to play a role, but the Project was the first to differentiate the independent roles of neighborhood poverty and school poverty. School poverty is the percent of low-income children in a school—which may be different from the level of poverty in the neighborhood.

Linking the Project's data to data from the Consortium on Chicago School Research, the investigators found that school poverty—when considered apart from the children's individual characteristics and the poverty of their families and neighborhoods—has negative effects on both math and reading skills in the early school years. On its own, then, school poverty adds to the impact of family and neighborhood poverty.

What this says is that it is not enough to work to change a neighborhood; it is necessary also to change its schools. There are two possible approaches to doing that. One is to develop policies that will reduce social-class segregation in schools. The other is to consider interventions that focus on improving math and reading instruction in the early years. The burst of activity in Chicago on both fronts—school reform and the creation of mixed-income developments—will put that theory to the test.

In addition, joint efforts between the Project and the Consortium provide an opportunity to explore many other research and policy questions linking schools, neighborhoods, families, and individuals. For example: How can academic learning contribute to healthy development? Should schools be involved in children's emotional and social development? In the civic life of the community? What are the costs and gains? How does school mobility affect safety, or children's academic and social success? What are—or what should be—the links between education, job training, and employment in a community?

IMMIGRATION MATTERS—AT BOTH THE INDIVIDUAL AND THE NEIGHBORHOOD LEVEL

We noted above that living in a neighborhood with a high concentration of immigrants—as well as being an immigrant oneself—appears to lower the risk of violent and criminal behavior. The researchers also found evidence that adolescents in neighborhoods composed primarily of immigrant populations begin sexual activity later and are less likely to engage in risky behaviors like smoking and substance abuse.

NEIGHBORHOOD MATTERS

While the protective effects of immigrant concentration apply across the entire population of a neighborhood, the benefits of individual immigrant status are more limited. One of the more disheartening findings of the study is the extent to which successive generations of immigrants to the U.S. develop increasingly higher rates of problem behaviors and health outcomes. For example, first-generation Hispanic women bear children whose birth weights are similar to those of children born to upper-middle-class white women; in second- and third-generation families, however, birth weights drop precipitously. The researchers have begun looking for that pattern across a wider range of outcomes, from educational achievement to substance abuse and mental health, and are examining the pattern in light of neighborhood differences.

What they learn could answer important questions regarding acculturation, community services, and social supports: What changes in family life, or in government or workplace benefits, might make a difference through multiple generations? Can health care, maternal-child care, and social services be better tailored to specific populations? For all the talk about “cultural competence” in service provision, do we really understand what it means? And do we know whether it makes a difference, either in process or in outcomes?

The Project may also shed light on the influence of immigrants within neighborhoods, and the role of homogeneity or heterogeneity in these neighborhoods. In doing so, it could help inform policy regarding housing location and community supports. And in exposing the costs and benefits of bilingualism/biculturalism for healthy human development, the data could be useful in discussions of the educational and social needs of children and adults in immigrant communities.

LESSONS LEARNED. . . AND ANSWERS STILL TO COME

While new findings continue to emerge from the Project on Human Development in Chicago Neighborhoods, there is much more to be learned. How exactly does collective efficacy produce its effects? What can be done to support and encourage it? Through what mechanisms does one neighborhood influence others nearby? Might some neighborhoods have so few assets that no reasonable investment there is likely to show results?

Still, if there is one overriding lesson to be drawn from the findings so far, it is this: *neighborhoods matter*. It is not only the people in a given neighborhood that influence outcomes such as health and crime and youth development. . . it is the neighborhoods themselves: their schools and social institutions, their housing stock and civic organizations, their social processes and relationships, and their location among other neighborhoods.

How, then, can we make neighborhoods more supportive of good outcomes for people? Do changes in a neighborhood's population and structural components change its level of collective efficacy. . . and the lives of its residents? Do interventions make a real difference? Can we make things better for individuals by working to change their neighborhoods—for example, lowering the concentration of poverty by dismantling public housing projects? The Project is just beginning to explore the issue of neighborhood change, but the preliminary data give reason for optimism.

The MacArthur Foundation, meanwhile, is taking action with the Project's findings in mind. Through the New Communities Program, for example, the Foundation is supporting activities that cross the three signal areas mentioned at the beginning of this paper: housing, schools, and community. Focusing on 16 Chicago neighborhoods, the New Communities Program is helping residents strengthen collective efficacy and improve the quality of life through community-building activities, affordable housing and economic development, local school improvement, community safety initiatives, and connecting residents to jobs.

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