

Healthy Communities at Twenty-Five Participatory Democracy and the Prospect for American Renewal

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Since the dawn of settled agriculture and the birth of the first cities, such as Ur and Jericho, there has been a yearning to improve the lot of civilization. Enhancing the well-being of people and place is a timeless and perennial quest. Whether examining ancient mosaics that depict the good life in the cradle of civilization or modern community visions drawn with markers on mural paper by residents gathered in today's multisector collaborative partnerships, one can see common patterns in diverse peoples' ideas of what comprises *quality of life*. This recognition can inform ever-better ways to translate personal aspirations for well-being into collective actions for a healthier and more equitably prosperous United States of America.

Over the sweep of history, one can easily spot recurrent themes in the community and civic sphere. These include a quest for human potentiation and the flourishing of mind, body, and spirit; protecting natural systems that perform life-giving services and from which we draw our sustenance; creating vibrant economic systems that leverage comparative advantage, pay living wages, and shape built environments in which we can thrive; and cultivating ever-better systems of governance that can effectively address complex challenges and deliver on the myriad interests of diverse stakeholders.

It is the growing capacity to innovate and successfully solve problems via collaborative action at the local and regional levels—significantly shaped in the past quarter century by the DNA of the Healthy Communities Movement as it spread across America's cities, towns, and regions—that forms the basis for these special issues of the *National Civic Review* (NCR). It is our premise that learning from, and bringing to scale, some of the most effective community-level actions presents the greatest potential for improving the health of people and place and revitalizing participatory democracy in the process.

Twenty-Fifth Anniversary of Healthy Communities: Two Special Issues

With this, the first of two special issues of the NCR, our objective is to celebrate the twenty-five years of Healthy Cities and Communities in the United States by looking at where this widespread movement started, what it has accomplished, how it is expressing itself today as part of a metropolitan and regional revolution, and its unfinished agenda. In great part, our goal is to examine the learning to date and to spark a renewed dialogue that can inform a better path forward for communities, as the font of positive change for the nation.

These special issues are designed like a hologram, providing multiple diverse views into a complementary whole. To do so, we have included a series of feature articles, case studies, and essays on a range of themes, issues, and questions associated with healthy communities in the United States. We have sought a balance between inspiring community stories, lessons learned, and the latest critical thinking about strategy, practice, theory, measurement, and cost-benefit.

The themes presented are at the heart of addressing what we must do—more important, *who we must be and become*—to ensure a strong and vibrant third American century. The challenges addressed are among the most complex and vexing we face. The strategies highlighted are among the most promising for navigating a good path forward. The articles that follow are at once practical and inspirational, realistic and bold. They pull back the veil on the underlying causes of some of our most pressing problems and worrisome trends. They point to promising ways forward in the form of innovative approaches, collaborative strategies, and investments at local and regional levels that are producing positive outcomes. They address lifestyle and behavioral changes to what we eat and drink and how we manage our stress. They address

organizational, governmental, and community practices and policies—particularly related to the natural, built, food, beverage, and cultural environments—in which human behavior is shaped. They are contextualized in the socioeconomic context of increasing wealth gaps, in a nation that, over the next couple decades, will no longer have a racial majority. They address the leadership that is required to see positive change through to beneficial outcomes.

A few of the articles in these special issues of the *NCR* touch on the roots of the Healthy Communities Movement—now over 3,000 communities strong—from its inspiring starts in the late 1980s with Healthy Boston, California Healthy Cities, and the collaboration between the US Department of Health and Human Services and the National Civic League. They trace the spread of the movement in diverse locales from Anchorage to Burlington and from California’s Central Valley to the bayous of Louisiana. There are three local-level case stories from the heartland of Iowa, Nebraska, and Missouri and three state-level case stories from initiatives in Colorado, California, and Massachusetts. A few articles touch on national networks that were founded to deepen learning, connectivity, and impact, including the Coalition for Healthier Cities and Communities, the Convergence Partnership, Advancing the Movement, Partnership for a Healthier America, Every Body Walk!, and Designed to Move. There are articles from some of the key organizations that have helped build the Healthy Communities Movement, such as Change Lab Solutions, Community Initiatives, Institute for Alternative Futures, IP3 and the Community Commons, Kaiser Permanente, National Civic League, Nike, Policy Link, Prevention Institute, Public Health Institute, United Way Worldwide, and the YMCA of the USA. We also feature articles from three leading government agencies and three leading philanthropies.

The articles are written by a diverse mix of leaders, drawn from diverse settings reflective of the locally driven nature of the movement. Among the authors are grassroots local leaders, organizational executives, elected and appointed leaders, philanthropists, evaluators, policy and subject matter specialists, technologists and conveners of regional and national networks, and those with a global view. The

articles address lifestyle and behavior, environments and settings, practices and policies, innovations and investment. They feature promising strategies to get more people walking, to improve downtown vitality, to increase access to healthy affordable regional foods, to stem violence, to tackle obesity, and to create community-centered health homes.

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A Nation at Risk

Nearly two and a half centuries into the grand American experiment, the declining health status of significant cross sections of the US population is reflective of, and a contributor to, a growing fiscal, moral, and governance crisis that places the entire enterprise at risk. Unhealthy lifestyles and environments, continuing overinvestment in illness treatment capacity, and systemic underinvestment in the determinants of health and well-being for all are exacerbated by a national political and economic milieu whose pervasive pattern is to privatize gain, socialize cost, and underestimate long-term risk.

Illustrative of this unsustainable arrangement is the rapid growth over recent decades of the medical care sector, which at an annual national spend approaching \$3 trillion, consumes nearly one dollar in every five. Of course on an individual level, we all want everything we can to help our loved ones when they are sick. And yet underinvestment in disease prevention and health promotion up front creates a societal misallocation in the end. This allocation, while tied to jobs and profits in the sector that treats illness as well as those businesses that contribute to it, is increasingly making all American products and services more expensive, is leading to a reduction in long-term benefits for the employed and retired, and is crowding out investment in the very factors that produce health in the first place. Fully 75 percent of this illness spending is for treatment of preventable chronic and related diseases, whose primary antidotes are eating better, moving more, eliminating tobacco, and moderating alcohol—and by changing the environments and incentives that

perversely encourage unhealthy behaviors. Further, the whole arrangement (access to high-quality care for those who can afford it notwithstanding), delivers to the United States, on balance, third-rate population and community health outcomes as compared to outcomes in the developed nations with which we compete economically. In life expectancy, for example, the United States ranks thirty-fourth globally, after Cuba and Chile.

This configuration is contributing to a general hollowing-out of our economy, undercutting the American dream, and is failing to position us for a vibrant third century. Over recorded history, scholars note that even the greatest of empires typically begin their demise within 250 years, primarily due to causes of their own making. What will be the legacy that we pass to our children and generations to come? Will our tenure produce results that are worthy of the vision and sacrifice of our founding mothers and fathers? How can we ensure that the needs of our cities and towns and the pragmatic, results-producing work being implemented at the local and regional levels are not ignored or undercut by an increasingly unresponsive and dysfunctional Congress? How do we create *communities of opportunity* that work for everyone?

A Healthy Community Immune Response

At the same time, the past quarter century has featured the emergence of widely distributed, localized phenomena of thousands of independent, community-based, multisector, collaborative partnerships serving as innovation labs, working systematically to improve the health and vitality of people and place. As if they were part of a healthy immune response to the challenges enumerated earlier, these initiatives are rooted in the finest traditions of American participatory democracy, producing increasingly positive impacts on a series of complex community-level factors that underlay long-term population health and equitable prosperity in the settings where we live, work, learn, play, and receive care. These positive impacts include:

- Access to healthy, fresh, affordable foods and beverages
- More active forms of transportation and daily physical activity

- A disproportionate focus on health equity and social inclusion for those groups with the highest disease burden
- Meaningful access to life potentiation and providing a family wage—via education, skill development, and connection to opportunity both in the emerging knowledge economy and traditional manufacturing

Further, these local and regional efforts are characterized by compelling modes of civic engagement and social innovation that builds social capital such as trust and reciprocity and are guided by *boundary-crossing leadership* working skillfully across lines of politics, perspectives, sectors, issues, jurisdictions, and generations. In our metropolitan areas, these approaches have fueled an urban renaissance that is the engine of growth and resilience.

More recently, these efforts are being connected, fortified, and invested in by forward-looking regional, state, and national organizations and agencies as well as by diverse funders and social investors. They are gaining access to robust data engines and social engagement platforms with geographic information system (GIS) mapping capability and crowdsourcing to help tell stories, target interventions, track outcomes, facilitate peer learning, and build constituencies for action. The credibility and power of these community initiatives is to a great extent derived from the collaborative approach of their participants, which typically include these groups and more:

- Neighborhood and faith-based groups
- Engaged community residents
- Hospitals and health systems
- Local and national businesses
- Chambers of commerce and economic development authorities
- Community-based nonprofit organizations
- Health and social service agencies
- Private philanthropy
- The media

In an era when the state of our democracy and the prospects for equitable prosperity are challenged by toxic partisanship and the influence of powerful vested interests, this rekindling of resident-engaged local democracy rooted in civility and asset-based,

results-producing creativity is welcome. Our nation is well served by studying the approaches, lessons, challenges, and breakthroughs of these diverse initiatives and finding ways to bring their promising strategies and solutions to scale for the benefit of more people. Further, given that these community-based initiatives are thriving in “red, blue, and purple” communities and states and that they serve to build trust and reciprocity between leaders and organizations working across the lines that too-often divide, this body of *work for the common good* presents a powerful force capable of delivering the political will to set good priorities, mobilize diverse assets, change practices and policies, and make the investments that are critical for population health and American renewal.

As the fifty state experiments play out in the years ahead, we will likely find that the most powerful long-term lever for ensuring affordable and equitable access to care for all is to invest first and foremost in the drivers of the determinants of health and the factors that reduce health disparities.

The United States must surely prioritize attention to the causes and consequences of significant “external” threats—ranging from terrorism and embroilment in regional conflicts, to climate change and the demise of natural systems, to global economic and social dislocation—all of which can be seen both as discrete and interrelated issues. But perhaps the greatest assault on our national security is an internal threat: the health of people and place, with its roots, and many workable solutions, right here at home. While this situation presents a significant set of risks, it also contains solutions to our greatest challenges, providing monumental opportunity.

Health and Health Care Reform

The Patient Protection and Affordable Care Act (ACA) presents a historic opportunity to increase access to affordable quality medical care services, control costs, and improve population health status. Indeed, as the Institute of Medicine (2013) observes, “Public health practice and health care delivery in the United States share a common goal: longer,

healthier lives for all . . . but the notion of quality in the public health system and more broadly in the multi-sectoral health system—public health, health care, and other partners—has received less attention” (1).

Notwithstanding the debates about the merits of the ACA, having made the choice to address the incentives, finance, and delivery of health care services and to expand coverage for more Americans on the supply side of the equation, we are wise to concurrently address the social, cultural, and economic drivers of our ever-sicker population, which will require more care on the demand side of the equation. These are matters of moral and economic significance for the United States. Indeed, as the fifty state experiments play out in the years ahead, we will likely find that the most powerful long-term lever for ensuring affordable and equitable access to care for all is to invest first and foremost in the drivers of the determinants of health and the factors that reduce health disparities. This lever is likely the ultimate contributor to cost containment. Addressing the issues will require moral courage, changes to practices and policies, and investments that may not be as profitable to some beneficiaries of the current status quo.

Patterns of Progress

As you read the articles in these two special issues, look for these and other common patterns:

- *Boundary-crossing civic leadership.* Despite whatever divides us, that which connects us is greater still. The leaders of the Healthy Communities Movement emerge from diverse backgrounds and are found in every sector. Their most notable commonality is that they tend to be locally focused innovators and boundary crossers who value and engage participation across lines of politics, partisanship, issue, sector, jurisdiction, and generation. The skills and competencies to lead in this manner can be taught and cultivated and are rooted in humility, compassion, and sharing credit. They are antithesis of the polarizing and egoistic partisanship that too often dominates the headlines, divides the nation, and undercuts a sense of civic efficacy. In other words, it is a form of leadership that improves civic engagement and considers it

a worthy pursuit capable of delivering beneficial impacts for the more than the privileged few.

- *Complementary benefits for collective impact.* A good solution solves many problems. The leaders and initiatives with the most widespread and sustainable support and impact over time practice *systems thinking*. They work to coalesce partnerships that align players that may have *divergent* interests and missions around *convergent* strategies (e.g., practices, policies, and investments). As an example, initiatives to get more people walking and to create more walkable communities appeal to very diverse groups, given their potential to prevent disease, promote health, and reduce costs; improve workforce productivity; drive community economic development and local tax revenues; stimulate youth brain development and improve test scores; improve community safety and security; reduce carbon footprint and use of nonrenewable resources; and improve equity of opportunity by providing greater access for all. Solve for walkability, and you solve for many other issues. A walkable city is a resilient city.
- *A blend of art and science.* Ensuring access to accurate and granular data on current realities, trends, and outcomes over time—combined with effective processes for community meaning making, discernment and implementation—must go hand in hand. The use of GIS data engines and mapping tools that power robust community assessments, linked to an ever-expanding evidence base on what works—can realize their full potential only when applied in locales with enough *civic infrastructure* (collaborative skills, effective decision-making processes, and trust relationships) to drive informed action. Strategies that are inadequately informed by data or are forged outside of meaningful civic engagement may provide short-term fixes but can perversely generate a new set of problems to be solved. Further, delivering positive impact at scale over time requires the community will and accountability to act with a “dose-sufficient” approach of reach (population), intensity (strength), and duration (time).

A Good Way Forward

As you read the articles that follow in these special issues of NCR, I encourage you to join the authors in follow-up dialogue with the National Civic League,

and on the Community Commons—exploring how vibrant, healthy, resilient communities provide more equitable access to the determinants of health and meaningful opportunity for all and, in turn, contribute to a more vibrant and resilient United States of America.

Even as the increasing burden of preventable disease driven to a great extent by community-level factors leads to greater human suffering and financial strain, collaborative work to reverse these ills presents the greatest potential to increase social inclusion, provide equitable access to opportunity, and result in healthier, more joyous lives.

Together, we are capable of taking a longer-term, generational view, just as a family does when raising children. We can apply whole-systems methodologies to understanding and act creatively on the complex array of interrelated, multicausal issues we face. We can examine the prospective impact of proposed policies and investment on the underlying determinants of health and wealth and move beyond short-term fixes that, at best, merely address symptoms of deeper, underlying issues, leaving the core drivers of the problems intact.

The widely distributed Healthy Communities Movement is a rich resource and national treasure. The nature and outcomes of this movement can be learned from and further mobilized to help shape innovative policy and investment approaches while building the transpartisan, transissue, transregional, and transgenerational constituencies that are requisite to their implementation and continuous improvement.

By improving the health status of all Americans, we have an unprecedented opportunity to take the moral high ground, set the stage for a more robust economic future, and revitalize the processes of civic engagement necessary for a healthy democracy. In so doing, we can invest in a health-producing society where people are not treated as mere consumers of services but rather are engaged as coproducers of health, serving as leaders for a healthier culture and healthier environments. At a time when the public debate seeks consensus on strategies for budget cutting and investments that will build the future, the stories and strategies of this movement

and the local-level strategies they have helped generate point to solutions that are creating measurable results and are appealing to persons across political and other lines. This approach increases resilience, reduces long-term risk, and lays the foundation for a vibrant third American century.

At the founding of the National Civic League in 1894, Theodore Roosevelt, a cofounder and future president of the United States, suggested that for our democracy to thrive we must be actors, not merely critics. The Healthy Communities Movement gives all of us, whatever our perspective or walk of life, a way to do so.

Reference

Institute of Medicine of the National Academies. 2013. "Toward Quality Measures for Population Health and the Leading Health Indicators." *Report Brief* (July 9). <http://www.iom.edu/Reports/2013/Toward-Quality-Measures-for-Population-Health-and-the-Leading-Health-Indicators/Report-Brief.aspx>.

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