THEORY

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# Key Components of a Statewide Healthy Communities Effort

**SYNOPSIS**

The Healthy Cities/Healthy Communities movement is in its second decade. Examples of both successful and unsuccessful Healthy Communities efforts can be found in large and small communities across the country. What are the key components of a successful effort? Movement leaders from California, Massachusetts, Pennsylvania, and South Carolina as well as the Centers for Disease Control (CDC) and Prevention have contributed their collective experience to identifying the key components of a statewide Healthy Communities effort. Assessing the degree to which a state has these key components in place can help the state take steps to assure support for Healthy Communities.

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As the Healthy Communities movement continues to grow and evolve in the United States, it is becoming apparent to many in the field that statewide support mechanisms are critical to the sustainability of the movement at the community level. These mechanisms are currently put together in a piecemeal fashion, varying widely from state to state.

State-level organizational involvement in Healthy Communities efforts can be found throughout the nation. Many states have loose confederations or networks of partners formed during the last five to 10 years. Leadership has come either solely from the state public health agency or hospital association or from alliances between these two entities. Some statewide alliances also include municipal associations, the United Way, and/or other organizations or foundations. In some states, major leadership has come from Area Health Education Centers (AHECs), citizen coalitions, or conversion foundations. Each state is different and has a unique model.

Laws, resources, policies, and modeling are just a few of the reasons state-level organizations and agencies can and should be involved, particularly since the devolution of government from the federal level has enhanced their leadership responsibilities. Additionally, the Healthy Communities movement emphasizes that no one sector alone can or should put forward this movement, so what happens at the state level to enhance or support collaborative efforts becomes even more important.

Leaders of Healthy Communities efforts in four states (California, Massachusetts, Pennsylvania, South Carolina) have contributed to the following list of components necessary to sustain a healthy statewide Healthy Communities effort.

**I. Community Vision/Community Mobilization.** Explicit opportunities for individual communities, especially neighborhoods, to come together in forums where they can develop community values and plan for the future must be encouraged and supported. This is key to community mobilization.

In each community with a successful Healthy Communities effort, citizen-driven community engagement is key to assuring broad-based citizen participation. Top-down efforts do not work; bottom-up is where the movement begins.

Opportunities must be provided for people in communities to come together to envision their future, outline community improvements, set priorities, and create the political will to drive the movement forward. Government, organizations, and other entities often become disenchanted with community participation because the process is difficult, slow, and messy. The reason does not lie in lack of interest, but in *how* communities are engaged. It is important to start with listening to the community; forums allow for the stories, good and bad, to be told. For bureaucracies, listening is the first step to rebuilding trust.

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Experience tells us that where community visioning occurs, people are not only ready but more than willing to roll up their sleeves and get to work. In Easley, South Carolina, Pasadena, California, and Easthampton, Massachusetts, communities galvanized around such opportunities. In Ft. Worth, Texas, the city health department redesigned itself. The department now provides no personal health services; instead, public health teams at the neighborhood level are assigned to community policing, shopping centers, and community centers. They focus on the dreams and desires of the people for community improvement and have developed a whole new relationship with the neighborhoods in Ft. Worth.

Community-building must be intentional. It is not a self-initiating, self-sustaining activity in the absence of crisis or problem such as a hurricane.

**II. Training.** Comprehensive training linked to other relevant training programs, easily and quickly accessible to people who want it, must be available at both the state and local levels. At a minimum, this training should provide skill-building in the principles, process, and practice of Healthy Communities/community-building (including best practices); collaborative leadership; working with the media to ensure good community-media relationships; and benchmarking for success.

The Healthy Communities process expects people in agencies, organizations, and communities to work, act, and relate in new ways. It is unrealistic to expect that people already possess the skills to do this. Opportunities to build the necessary skills must be made available.

In his article "Where the Rubber Meets the Road," Dr. Trevor Hancock stresses that community health improvement happens at the local level but that expecting people at the local level to work in new ways without adequate skills is folly.[1] Particular attention must be given to the new skills that are expected of citizen volunteers. Efforts must be developed to sustain local leaders, develop new leadership, build capacity to work effectively with the media to spread the word, identify measurable benchmarks relevant to community interest and priorities, and build capacity to organize and mobilize the grassroots.

Well-constructed state training programs that cover the basics of the Healthy Communities process have led to the formation of many successful Healthy Communities efforts. The California Healthy Cities Project was

based on city and town training efforts. Additionally, the National Civic League's (NCL's) Healthy Communities Action Project helped many local efforts get started. Projects in Massachusetts, South Carolina, Colorado, and hundreds of communities across the country began because of these training opportunities. Massachusetts, Louisiana, and South Carolina have instituted the NCL type of training, while New Mexico, Maine, Missouri, and Pennsylvania have developed similar types of training.

**III. Technical Assistance.** Each of the sectors involved in community health improvement must provide competent technical assistance in community-building at the local level. Community efforts have fertile ground in which to grow, but, as with training, communities need access to experts who can help with their processes. The different state-level organizations involved in Healthy Communities, such as public health agencies, municipal associations, United Ways, hospital associations, and Chambers of Commerce, all need to provide assistance to their local counterparts, enabling them to work more closely with communities.

For example, technical assistance can be provided to help a community develop a data reporting system that allows the use of one common data collection mechanism so that various efforts in the community are not in competition. In other areas, assistance can keep competing "needs assessments" from being conducted. In one community, the hospital spent more than $150,000 to do a needs assessment that virtually duplicated one that the United Way had done a year earlier.

**IV. Funding.** Sufficient state and local funding must be made available to carry out and sustain Healthy Communities activities. The Healthy Communities movement has been a bit of an orphan: everyone likes the concept and agrees that it is important, but the resources to truly support the movement have not been put forward. Healthy Communities is owned by everyone–and by no one.

Basic to the Healthy Communities process is a broad definition of health that recognizes that people are healthy not just because of access to medical services but also because of neighborhood vitality, employment, safety, adequate recreational opportunities, and many other factors. When a Healthy Communities effort attempts to address these broad concerns, it often finds funding for its activities lacking because each sector has its own funding requirements. Community-building or neighborhood development issues such as building a community center are not fundable by health-related foundations and public health agencies that require a focus on a specific health issue such as heart disease, drug abuse, or teen pregnancy prevention. Hospital funds may be available for programs designed to address specific health issues, but then civic entities are unable to contribute to those efforts because of their own funding requirements, which focus on community development.

In many instances, Healthy Communities efforts have been funded by hospital outreach or community benefits funds. In a couple of states, federal Prevention Block Grant funds have been used, but examples of this are very limited. Foundations, such as the W. K. Kellogg Foundation, have helped from time to time, but sustainable funding has been a difficult problem for Healthy Communities efforts.

The Healthy Boston projects initiated in the early 1990s lost their core funding from the city of Boston and now spend much of their time submitting applications for various grants for HIV/AIDS prevention, community policing, safe streets, and so on in order to keep functioning. Their roots in a broad-based community coalition give them an advantage in securing these funds, but they continue to be limited in some ways by the "disease-of-the-month" funding with which they have to patch their efforts together.

The national Healthy Communities movement is the epitome of coalition-building among different sectors, yet the national Coalition for Healthier Cities and Communities itself has been caught up in the funding conundrum. The coalition has partnered with several different entities with limited funding on projects that do not always embrace the overall Healthy Communities strategy. States are in the same position. Funding issues must be addressed to assure core funding support to sustain the movement at both the state and local levels.

**V. Systems Change.** System change must occur at the state and local levels—and in between. One of the biggest challenges for state-level organizations in both the public and private sectors is to re-examine their own policies and procedures that can get in the way of community-building. Efforts are needed to develop new relationships between and among citizens, government, and the private sector.

States play a key role in local efforts. It is a long way from the local to the national level, so people at the local level seek support for their efforts from the state. State policies and procedures, funding mechanisms, and other support mechanisms should be designed to assist community efforts rather than discourage them. For example,

state agency work hours and training programs are generally scheduled to accommodate agency workers rather than citizens/residents, but government workers should be allowed to work on the community's schedule (including weekends and evenings) rather than on the government schedule.

**VI. Coordination/Collaboration at the State Level.** Better coordination and collaboration is needed among the entities, at all levels, involved in Healthy Communities efforts. Collaboration does not happen automatically; efforts must be implemented to ensure systemic coordination and collaboration at the state level. The most complex area, one that has implications for almost all community efforts, is the funding of state programs. Simply mandating collaboration at the local level is not enough; state funding streams need to be modified so as to encourage, support, and reinforce collaboration.

Early in the development of South Carolina's Healthy Communities Initiative, a Healthy Communities Partnership Advisory Board was established. This body meets periodically and identifies areas in which collaboration and cooperation will improve conditions at the community level. Representatives serve on various planning committees of the individual partners to help assure coordination. In Massachusetts, members of a similar advisory board for the Training Institute serve as the selection committee for scholarships to communities and for Investing in Healthy Communities Grants. This type of group decision-making strengthens connections and helps assure that all relevant information is considered in making decisions that affect communities.

The Turning Point initiatives funded by the Kellogg and Robert Wood Johnson foundations have been effective in bringing about closer collaboration among partners in several states and have been closely aligned with Healthy Communities efforts in Maine, South Carolina, and Louisiana.

**VII. Motivation/Celebration.** It is important to recognize, honor, reward, and celebrate exemplary local and regional efforts. State agencies can reinforce local efforts—for example, through conferences that recognize and honor individuals and activities and celebrate progress in various communities. These conferences can also be vehicles for networking among communities and for disseminating best practices. Sharing information can be a source of positive energy for people who may have no idea that what they are doing is truly exemplary.

The state can also institute awards programs for individuals, communities, and projects. These honors go a long way to encourage and sustain local efforts. Awards of Distinction in categories such as community participation, resource development, and program impact are highly sought after by official participants in California Healthy Cities and Communities. For cities and communities not officially participating, Special Achievement Awards recognize innovative local programs that take a broad view of health. Formal presentations of these awards are made locally, often during city council meetings. In Pennsylvania, the Institute for Healthy Communities uses its newsletter to offer recognition and shared learning among local partnerships. For several years, the Healthcare Forum promoted Healthy Communities efforts through its national and international Healthier Communities Awards. In Texas, as in some other states, a Healthy Schools award has done a great deal to reward efforts that truly support children being healthy.

**VIII. Championship.** Keep and spread the vision! At every government level and in every community sector, there needs to be an individual or organization that serves as a champion of the effort, selling the concept and mobilizing citizens and organizations. It is important to identify the people who can fill this role, be it a legislator or other elected official, an organization head, a leader in the medical community, a sports leader, a foundation head, or a civic group.

The Pennsylvania Institute for Healthy Communities specifically targets hospitals and health systems to encourage them to actively support and engage in community health improvement partnerships. The Institute has developed a "Community Health Policy," which explains why community health is an important strategic direction for health care providers, describes community health improvement methodologies, and sets forth the roles and responsibilities of provider organizations. The Institute has also developed a "Health Care Organization Self-Assessment Tool for Commitment to Communities Health Improvement."

Other state organizations provide reports for journals, business and professional association magazines, and local newspapers.

**IX. Evaluation/Documentation.** This is often a difficult area for local community groups. How and where do they identify the resources to collect data on their efforts? A vicious cycle can result: with no data for proof of results or even to measure program improvement, many funders are not interested. Healthy Communities efforts often need help conducting evaluations, and state-level organizations, especially state government and academic

institutions, can supply that help. Healthy Communities Massachusetts, for example, has conducted two simple, but much needed, evaluations with the assistance of experts at the University of Massachusetts.

**X. Data.** Few people in local communities have the skills required to access and interpret data and put the result to use, and planning, targeting, tracking, and documentation—key elements of community health improvement efforts—are often data-dependent. Internet technology has made easier access a possibility, but training in interpreting and using data is vital.

Most states have made significant efforts to assure that communities have access to appropriate data. The Massachusetts Department of Public Health has developed MassCHIP, an Internet-access data system designed to make access to community data as easy as possible. Many states involved in Turning Point Initiatives are improving their data systems to make access to data easier for communities. This includes community-based training, such as efforts under way in South Carolina.

**XI. Research.** Academic study of Healthy Communities beyond evaluation—especially research on the optimal roles of government, urban planning, community and economic development, the faith community, social and human services, education, and architecture—will enhance the movement's credibility, provide information needed to ensure success, and, perhaps, improve local communities' efforts to obtain funding.

The Interfaith Health Program of the Carter Center/Emory University is a particularly useful research effort regarding the role of faith communities in Healthy Communities efforts. Schools of public health are involved in research in several states; Steven Fawcett (University of Kansas), Patricia Sharpe (University of South Carolina), and Nina Wallerstein (University of New Mexico) are among a handful of professors interested in and committed to the study of Healthy Communities efforts. The Centers for Disease Control and Prevention fund urban research prevention centers in Detroit and Seattle. This growing effort will contribute to the movement.

**XII. Learning Communities.** There is a lot to learn, or relearn, about community-building. Inter-community networks can begin to form a learning community through intentional connections and by ensuring a sense of being part of the greater whole. Evaluation data, research data, and community stories all help to build a community learning process. Regional meetings of Healthy Communities efforts are supported and encouraged in many states as a way for communities to share experiences and lessons learned.

## CONCLUSION

This list of key components of a statewide Healthy Communities effort can serve as a checklist for states to use in assessing their support of the Healthy Communities movement. This process can help a state identify its strengths and weaknesses and target areas for improvement. It can also help build the case for multisectoral involvement and define appropriate roles for the different sectors to assure that no one sector dominates. No one sector can or should be responsible for the entire Healthy Communities effort in a state. Each is important; all are necessary for success.

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## Reference

1. Hancock T. Where the rubber meets the road. In: Proceedings of the First National Symposium on Health Promotion. Victoria (BC): British Columbia Ministry of Health; 1989. ■