
CHRISTOPHER FREEMAN ADAMS, MAR

Healthy Communities and Public Policy: Four Success Stories

SYNOPSIS

As Healthy Communities initiatives mature, many of them are discovering that their work in building community consensus for improved health care and other quality-of-life issues can be transformed into public policy. This article shows how Healthy Communities initiatives have had important effects on policy making at both the county and state level in several cities and states.

Mr. Adams is principal investigator for the Healthy Communities Agenda campaign, a project of the Coalition for Healthier Cities and Communities, Chicago, and a Principal with Community Initiatives, Inc., Denver.

Address correspondence to: Mr. Adams, Community Initiatives, 360 S. Ogden, Denver CO 80209; tel. 303-282-9250; fax 305-946-4647; e-mail <chris@chris-adams.com>.

“Imagine...it’s the year 2020 and Lancaster County is a community of neighbors who, though diverse and from many different cultures, have joined together to create a high quality of life for all residents.” These are the opening words of the countywide vision contained in the Lancaster County, Pennsylvania, Comprehensive Plan. “Our county is a well-planned, healthy, and safe community where people are valued for both their civic contributions and their strong family lives,” the vision statement continues. “Education is lifelong, and recreational, arts, and cultural opportunities are plentiful.... We enjoy a high level of physical and mental well-being.”

Just a few years ago, the County Comprehensive Plan was essentially a land-use document, so statements such as these represent a remarkable change. What has brought about this evolution? According to County Commissioner Ron Ford, the major reason is Lancaster Healthy Commu-

nities, the five-year-old effort created in partnership with the county's five hospitals to involve citizens in improving health and quality of life.

"The Healthy Communities movement has made us rethink the Comprehensive Plan," Ford says. "Historically it has been about open space, land use issues, and natural resources. One result of the Healthy Communities movement is that it now includes social issues such as education, housing, and cultural opportunities."

Lancaster County Administrator Timothea Kirchner adds, "What we have done so successfully is to marry the comprehensive plan with the vision that Healthy Communities came up with. For example, now we see that land preservation and strong families are married to each other. The two are together because one depends on the other. There have been major changes as a result of the participation of the Healthy Communities Initiative."

A PARTNERSHIP THAT WORKS: THE LANCASTER STORY

Lancaster County is fortunate to have a combination of forward-thinking hospital leaders and progressive elected officials who have capitalized on the opportunities presented through the Healthy Communities movement. Still, this is not a unique case. As the Healthy Communities movement in this nation matures, one of its most important effects is that local initiatives are starting to influence public policy in meaningful ways. In the process, hospitals that have chosen the Healthy Communities model as a way to serve their community are seeing tremendous dividends.

One of those hospitals is Lancaster General. "The commissioners have worked with our movement to get a finger on the pulse of what people want for the future of Lancaster County," says Alice Yoder, the hospital's director of community health. In this case, the people wanted the commissioners to integrate traditional planning concerns with health and quality of life issues.

The county's Policy Plan reflects this, covering six key focus areas:

- Protecting and preserving our natural and cultural heritage
- Revitalizing our urban communities
- Developing livable communities
- Creating a sustainable economy
- Celebrating, investing in, and mobilizing the talents of our human resources
- Promoting strong leadership, awareness, responsibility, and involvement in community issues.

Among other things, the plan calls for encouraging businesses to permit flex hours and job-sharing in order to support the increasing number of two-earner and single-parent households; providing incentives for carpooling and the use of mass transit; adopting zoning regulations that encourage traditional neighborhood design elements such as shallow building setbacks, front porches, narrow streets, and alleys and sidewalks; and making citizen participation the cornerstone of every planning process.

One of the actions the Policy Plan calls for and has already acted on is to use community indicators (for example, total number of days annually that exceed "Code Red" standards for ground-level ozone, housing affordability index by municipality, proportion of county residents who know their four nearest neighbors) to gauge progress (or lack of progress) toward goals—in this case, a healthy and sustainable community. Lancaster Healthy

Communities played a lead role in developing the indicators and will help monitor them.

Partnerships in Lancaster County among the Healthy Communities initiative, government, businesses, civic organizations, schools, and others have provided a way both to envision the best possible community and to make it a reality. In Kirchner's words, "The partnerships ensure that what the initiative comes up with is more than just a nice group of people who say that they would love for the world to work a certain way. County govern-

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ment is pragmatic—it deals with the toughest problems. In this partnership, we add the practicality and Healthy Communities provides us with the vision.” For more information, contact Yoder at 717-290-5031.

HELPING GOVERNMENT WORK THE WAY IT SHOULD: SUMMIT COUNTY, COLORADO

In Summit County, in the heart of Colorado’s Rocky Mountains, another Healthy Communities initiative is making a major contribution to improving health and the quality of life for residents. Shaping Our Summit (SOS) is one of the initiatives started with a grant from the Colorado Trust, a foundation created from the proceeds of the sale of Presbyterian/St. Luke’s Medical Center in Denver. SOS is committed to creating opportunities for civic involvement.

In a series of meetings held since 1994, residents have identified growth as a key issue for the county. The stunning beauty of the mountains and the great ski conditions are attracting so many people—both as residents and as owners of vacation homes—that the very qualities that bring people to this place threaten its demise.

Realizing that this is a long-term problem that requires long-term solutions, SOS has created the Summit County Citizens Planning Academy, a seven-session course offered in collaboration with Colorado Mountain College. “One of the major problems is that the average citizen wants to become involved in the planning process only after they see a bulldozer headed for their favorite meadow,” says SOS Director Jennifer Pratt Miles. “But that’s too late. If they want to be effective, they have to begin during the master planning.”

The Planning Academy covers issues such as how the planning process works, zoning regulations, the private sector perspective, and how citizens can be effective players in the planning process.

County Commissioner Gary Lindstrom sees the increased citizen participation that SOS helps to bring about as a distinct advantage to an elected official. “I see this as an opportunity to make government work the way it should,” he says.

For more information, contact Jennifer Pratt Miles at 970-668-2766.

MOBILIZING THE PEOPLE: THE BURLINGTON, VERMONT, STORY

Burlington’s Champlain Initiative was created in 1994 when the area’s two major hospitals, a physician group, and the medical school announced the possibility of a merger. Seeking to make this transition a positive experience, the local United Way assembled a diverse group of people from the community and held a series of meetings to discuss the overall health of the community. This group made an important discovery. “We quickly came to

the realization that 90% of what constitutes the health of a community has nothing to do with medical care,” says Martha Maksym, vice president of the United Way of Chittenden County. “Feeling safe on your street, safe in your home, having a healthy economy, these and other non-medical factors make for a healthy community.”

One of the key players in creating and sustaining the Champlain Initiative was Fletcher Allen Healthcare, the newly merged health system, which has offered financial and staff support. The other key player was the United Way, which has lent administrative services. Their shared goal was to enable a broad-based community-wide effort. Rosemary Dale, vice

president of Community Health Improvement at Fletcher Allen Healthcare, says, “There was a need to create partnerships to make a difference in our community.”

One way that the Champlain Initiative has and is continuing to make a difference is by using its network of concerned citizens to make better policy for the state. In the summer of 1999, for example, with only four weeks’ notice, the governor announced a “summit on youth.” In order to ensure a strong and articulate voice for young people at the summit, the Champlain Initiative worked through its Our Children, Our Future task force to get the word out. More than 700 young adults and parents attended; 200 others were turned away due to lack of space.

“This was just remarkable to me,” said Dr. Paula Duncan, a senior aide to the state Secretary of Human Services. “They have created the civic infrastructure for dia-

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logue and communication to happen at unprecedented levels. This is changing the way we do business." This civic infrastructure is one of the most valuable outcomes of a Healthy Communities initiative. It is the basic network of relationships that insures that community voices can communicate effectively with policy makers. In the most effective Healthy Communities, this civic infrastructure is intentionally built; but even when it is not done intentionally, any community that undertakes the process of becoming healthier increases this capacity.

The state Board of Education is actively considering a proposal that came out of the summit to place youth representatives on the board, an action that would itself help extend the civic infrastructure. In addition, a dialogue has been opened between the governor and young people about how to address youth issues, with the commitment that if a good proposal emerges, it will receive favorable consideration.

For more information, contact Maksym at 802-864-7541; e-mail <martha@unitedwaycc.org>.

FROM THE GROUND UP: CALIFORNIA SMOKE-FREE CITIES

Probably the most dramatic example of a Healthy Communities approach influencing policy—and in turn, improving health and quality of life—comes from California Healthy Cities and Communities. In 1990, this organization used funds generated by the tobacco tax to sponsor California Smoke-Free Cities (CSFC), an initiative that used Healthy Communities principles and tools to fight the health hazard of secondhand tobacco smoke.

Relying on the principle of broad-based participation and education as the tool, the project supported cities in passing smoke-free ordinances by providing training and consultation to local officials. In California, as in most states, city officials do not usually deal directly with health issues, so education was crucial. Information offered to them included facts about the health threat posed by secondhand smoke, what other cities had done to fight it, the availability of resources to begin a tobacco control campaign, and what could be expected from an organized opposition. After a few hard-won battles with the tobacco industry at the local level, a pool of local officials emerged as leaders in the effort to educate others in municipal government. The wave of local ordinances that were passed from 1990 to 1993 led to passage, in 1994, of a state law that banned smoking in all workplaces, including bars.

By focusing on policy at the local level, where the tobacco industry has less clout, this citizen-driven

approach to tobacco regulation has been successful, whereas efforts at higher levels of government often have not. The Healthy Communities approach capitalizes on the power of local people taking control of their own health and quality of life. In the words of CSFC Coordinator Anne Klink, "One of the important side effects of this project was the creation of an opportunity for citizens to become involved in fighting for something important, something close to home, and winning."

For more information, contact Klink at 916-646-8694; e-mail <aklink@cwo.com>.

COMMUNITY VOICES, COMMUNITY DREAMS: THE KEY TO EFFECTIVE POLICY-MAKING

Healthy Communities initiatives and approaches often begin with the seemingly simple question, "What would make your community a healthier community?" The answer to this question, actually the ongoing *process* of answering it, has brought many initiatives (and projects such as CSFC) to the point where they are able to articulate in a strong and clear voice what they need and what they want from government. Indeed, to the surprise of many of the participants, they are finding that government is eager to hear what they have to say.

A broad definition of health, broad public participation, consensus-building—these and other Healthy Communities principles are beginning to reshape how public policy is made as well as the eventual policy itself.

At the national level, the Coalition for Healthier Cities and Communities released the Healthy Communities Agenda Action Guide¹ early this year. Based on hundreds of dialogues that included almost 2,000 people, the Action Guide identifies common patterns in a healthy community—such as an ongoing dialogue about improving health and quality of life—and includes policies and actions that will help people incorporate these patterns into the shared life of their own communities..

Building a healthier community is neither quick nor easy. Listen to Timothea Kirchner, the Lancaster County administrator: "This is tough, tough work. You have to devote a whole lot of time to this—even just to get to know each other. But it's worth it." Communities across the country are discovering every day that she's right: it is worth it.

Reference

1. Coalition for Healthier Cities and Communities. The Healthy Communities Agenda campaign [cited 2000 Apr 24]. Available from: URL: <http://www.healthycommunities.org> ■