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Healthy Communities and Civil Discourse: A Leadership Opportunity for Public Health Professionals

SYNOPSIS

The author argues that the Healthy Communities movement provides public health professionals with an opportunity to become not just community leaders but also agents of change in a broad political sense. Extending the work of Kohlberg and other developmental psychologists, the author describes five levels of civil discourse. Professionals who practice the inclusive, consensus-oriented level of discourse, which is consistent with the philosophy of Healthy Communities, can help reinvigorate civil society and democracy as a part of making their communities healthier.

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The Healthy Communities movement rests on the assumption that completing a project or even a series of projects is not enough. The movement instead emphasizes the institutionalization of a grassroots process, a way of addressing issues, making decisions, and setting policy involving the entire community, through which the health and vibrancy of the community can literally be transformed over time. This amounts to a higher level of civil and healthy democracy, which yields higher quality decisions and policies.

By the nature of their role, public health professionals are well qualified to become leaders in the Healthy Communities movement. Politics and discourse in the public square in America are often dominated by expressions of power and assertions of interest, which are not necessarily compatible with flourishing personal and community health. Through the Healthy Communities process, the public health professional can help community stakeholders appreciate that higher levels of health-conscious,

inclusive civil discourse enable all concerned to maximize their shared vision and realization of health, community, and social justice.

In the Institute of Medicine report *The Future of Public Health*, this role is defined as follows:

> Agencies should seek stronger relationships and common cause with other professional and citizen groups, pursuing interests with health implications including voluntary health organizations, groups concerned with improving social services or the environment, and groups concerned with economic development.[1]

More recently, the US Department of Health and Human Services recognized, in its Healthy People 2010 project, that "the health of the individual is almost inseparable from the health of every community."[2]

These statements imply that the public health professional should have a broad view of health and its connection to many other aspects of personal and community vitality. To be successful in synergistically connecting with others in this regard, public health professionals must not only develop "managerial and leadership skills," as also recommended in *The Future of Public Health*; they must also learn to communicate inclusively and collaboratively across the many sectors of society.

This article (*a*) discusses levels of civil discourse and identifies those levels that are most compatible and conducive to Healthy Communities work, (*b*) highlights an example of a healthy outcome brought about by higher levels of discourse, and (*c*) raises special considerations for those trying to foster inclusive discourse.

Levels of Civil Discourse

Developmental psychologists have identified a hierarchy of moral growth in individuals, with the self-centered young child representing the lowest level of moral development and the mature, other-directed, empathic person representing the highest.[3,4] I have drawn on this research to describe a hierarchy of civil discourse. Like the young child, those individuals and institutions who exert their influence and power without regard for others engage in civil discourse at the lowest level. Those who practice inclusive, consensus-oriented discourse operate at the highest level.

Public health professionals should hold people's wellness and well-being as their primary concern. A tendency to care about others reflects a high level of cognitive and moral maturity. When public health professionals use the highest level of civil discourse as they go about their work, they are using skills to match their moral awareness and are modeling skills that can raise the quality of discussion in the civic realm. Inclusive civil discourse in the context of a broad and connected sense of health is the

foundation of the Healthy Communities movement.

The Healthy Communities movement could be summarized as a movement that reflects both grassroots democratic renewal and personal and community wellness. When people get together to converse about the theme "What could make our lives and our community healthier?" they are essentially addressing core political issues and taking responsibility as citizens to do something about the quality of life in the community. Public health professionals, then, who move to the cutting edge of public health through involvement in Healthy Communities partnerships should be aware that they are becoming important change agents in a broad political sense, including helping to reinvigorate civil society and democracy in America.

Level 1. At the lowest level of civil discourse, there are individuals, institutions, and interest groups that influence, and sometimes even control, societal decisions and allocations of resources primarily due to the exercise of their influence rather than through elevated or inclusive discourse. Their only claim to what might be called Level 1 civil discourse and civility is if they abide by established laws, regulations, and rules, which is not always the case.

These people and institutions do not necessarily have bad intentions. They are simply used to getting what they want because of their money, power, and influence. However, power politics is typically grounded more in private and group gratification than in health. Although public health professionals need to learn to be effective in whatever communication and political environment exists, they should work in appropriate ways to increase the inclusiveness and quality of health-related discourse and decision- and policy-making, which would limit the ability of the forces of money and power to be inappropriately influential. Engaging in Healthy Communities initiatives is always a step in this direction.

Level 2. The next higher level of civil discourse takes a leap forward in functioning more fully within the parameters of the American civic framework by recognizing that we must each take responsibility for respecting each other's rights if we are to enjoy our own. Much modern American political theory—both liberal and conservative—and dispute resolution theory are tied to this Level 2 civil discourse, in which people and groups seek after their own interests in the context of the ethic of basic reciprocity. Nevertheless, this model often ends up being confrontational, grounded in what has been called "rights talk." Even if one gets beyond asserting self-centered rights, this level of discourse typically gets no further than balancing and accommodating interests. Through its theme of pursuing self-centered interests, Level 2 discourse naturally reflects the ethic of consumption, which has become a dominant theme in America. This is also an ethic and a set of discourse dynamics, then, which do not necessarily lead to maximizing either personal or community health.

Level 3. Level 3 civil discourse requires higher cognitive and moral awareness and a deeper sense of empathy than the lower levels. Most adults can easily function on this level, but it must be reinforced by an expansion of their radius of trust, which is achieved through the experience of ongoing inclusive discourse with other stakeholders. Level 3 civil discourse works particularly well for reasonably homogenous ethnic and socioeconomic groups where there is a high level of cultural convergence in terms of values and world view. In its higher manifestations, it includes an expansion of trust among "nested communities," that is, the compatible overlapping of values and world views of sub-communities co-existing next to and among one another in a larger community. This might be called the communitarian model of civil discourse, which exhibits a greater emphasis on responsibility, in contrast with the dominant theme of rights at Level 2.

When people are willing to come together with a sense of community and to converse about what can make their lives and community healthier, pursued on a consensus-oriented basis, the results of such discourse will be strikingly different from those of lower levels of discourse. Level 3 discourse leads people to set priorities, make decisions, establish policies, collaborate, and pursue actions that are much more consistent with their higher values and conducive to personal and community flourishing. Hence, on this level of discourse, the idea of health tends to become a more compatible model to pursue than on Level 1 or 2. This is the level at which a great deal of productive Healthy Communities work is done. By participating in this process, people become more willing to take ownership personally, as well as collectively, of the implications of their shared vision of community and higher values, and begin to work together to make changes in this direction.

This inclusive, consensus-oriented discourse on which the Healthy Communities movement is based is significantly different from the more dominant Levels 1 and 2 political and discourse models in America, and echoes the longstanding tradition of the town meeting as well as our enduring, albeit weakening, civil heritage. It is natural for public health professionals to communicate in

a mode where both the private and public realms of health and flourishing are front and center, while many people need to be guided a bit to reach such a level of awareness, discourse, and behavior. That is why public health professionals have the capacity, and ultimately the duty, to step forward to lead in American society.

Level 4. As positive as it is to rise to Level 3 civil discourse, it is often not sufficient. Sometimes it is too easy to be satisfied with establishing shared priorities and concerns among the stakeholders taking part in Healthy Communities dialogues, which may not take into account the entire community or the impact on others outside the local community. The very dynamics of Level 4 civil discourse encourage thinking about principles of fairness and universal respect, public policy, and social justice. For instance, it is only when such considerations arise that a proper balance of rights and responsibilities within a community are likely to be worked out.

The public health professional, trained to be particularly aware of community and health in its broadest and most principled sense, can often help Healthy Communities groups raise their sight and their sites to look beyond the issues and solutions that may arise naturally in a community dialogue. Seeking out principled commonalities can also help bridge deep cultural differences in highly diverse communities. Because of the nature of the inclusive and collaborative process, issues of social justice can often be raised in a relatively non-politicized environment. It is in this manner that local conversations can yield policy implications that are much broader than just the scope of the community in which they take place.

Level 5. The successful public health professional must also realize that there is an even higher level of discourse that extends to a concern for each individual in her or his own unique circumstances, without giving up the Level 4 principles of fairness and social justice. It is fairly easy to talk about justice for all; it is much more challenging to seriously attempt to achieve justice and fairness for each person. Doing this reflects the highest level of reciprocity, the Golden Rule, where we each become more concerned about treating others and their uniqueness as we would like to be treated, and beyond that, pure and simple nonjudgmental compassion. It is the nature of the public health profession, and one of the primary mandates of public health agencies, to be concerned for each individual, particularly those who are falling through the interstices of societal health safety nets. In this sense, the public health professional represents, and has the opportunity to promote, the highest tradition of a caring and nurturing society.

AN EXAMPLE

The Healthy Communities grassroots dialogue process often achieves results that are different from those any primarily "top-down" program might introduce without such a process. When the dialogue includes voices not usually heard, the community can better clarify its real needs and establish appropriate priorities. Part of leadership in the context of the Healthy Communities process is to have the patience to provide opportunities for community members to give input and help establish priorities.

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Outcomes of inclusive discourse. When a neighborhood in Salt Lake City employed a Healthy Communities dialogue process to ascertain the priorities of community members, the outcome was one that would probably have surprised most experts. That community, which is involved in a Healthy Communities partnership with the Salt Lake County Health Department and the University of Utah Hospitals and Clinics, has a large percentage of low-income seniors. Workers went door to door to invite seniors to a meeting in order to include them in a discussion of their needs and concerns. As they and other stakeholders in the community convened, a particular concern of many of these seniors percolated to the surface. Many have pets, which provide them with a great deal of emotional comfort and well-being, but many of them have no viable means of transportation to take their pets to a veterinarian when the need arises. The result was that the local community helped develop a network of veterinarians who were willing to make house calls. Several local grocery stores were also willing to donate pet food for the pets of the elderly poor. Would such a need appear on the

radar screen of the normal "top-down" model of health assessment and support? Not likely.

Public health professionals as community leaders. Patricia Pavey, Deputy Director of the Salt Lake County (Utah) Health Department, is a good example of a public health professional who has not hesitated to become a societal leader through deep personal commitment to, and involvement in, the Healthy Communities movement. In addition to spearheading the establishment of Healthy Communities initiatives throughout Salt Lake County, she has willingly assisted health departments and communities in adjoining counties in establishing Healthy Communities partnerships. The state health department views Pavey as a key resource in this arena statewide, and she has been deeply involved in the establishment of the Utah Healthy Communities Coalition.

Another admirable role model, who collaborates with Pavey and has been instrumental in initiating Healthy Communities partnerships in a three-state area, is Delia Rochon, Healthy Communities Services Director of Intermountain Health Care (IHC), a hospital system headquartered in Salt Lake City. IHC has participated in initiating a Healthy Communities partnership in every community with a hospital facility, including many rural locations. With Rochon's leadership, IHS is sponsoring training for leaders in every Healthy Communities partnership in Utah, and, further, in cooperation with the Utah Healthy Communities Coalition, Rochon is traveling the state speaking to communities about the community-wide benefits of Healthy Communities initiatives.

A Broader Vision

It may be a stretch for some public health professionals to begin to move beyond core physical health issues, but for many years the vision of public health in America has encompassed broader aspects of community, environment, and ecology and related public policy considerations. The public health professional should be particularly aware of environmental aspects of human health and should always encourage the involvement of those who have environmental concerns relating to both human and natural ecologies. It is in support of this broadest sense of health that the Healthy Communities movement was initiated and for which the public health professional is uniquely qualified.

There are numerous other community-based movements doing similar things that may sometimes perceive themselves being in competition with a Healthy Communities partnership. These include, but are not limited to, groups dedicated to sustainable communities, caring communities, inclusive civil discourse, development of civil society and citizen empowerment as dimensions of democratic reform, community building, and so forth. Healthy Communities initiatives should not compete with such groups or movements. The idea is to have everyone with similar concerns and methods of inclusive civil discourse, who are committed to personal and community flourishing and sustainability, come together to jointly sponsor with all stakeholders in any given community such inclusive, healthy civil discourse and action. So, part of the role of leadership of the public health professional is to be a leader of convergence and inclusion. Facilitation and low key-guidance, by serving as a resource, can often yield more significant influence and leadership than holding the gavel, so to speak. Many, if not most, public health agencies wisely elect to play primarily a facilitative role in Healthy Communities partnerships.

It is a challenge, but most definitely an opportunity, for the public health professional to meet the injunction of *The Future of Public Health* to take community leadership seriously and to fulfill the stewardship that is inherent in his profession. Involvement in the Healthy Communities movement provides a perfect opportunity to fulfill this calling.

References

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