Healthy Cities:
A Model for Community Improvement

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Local government managers and councils increasingly face pressures to address issues not traditionally assigned to localities. Citizens want education improved, child care made available, gangs eliminated, homelessness abated, drug and alcohol abuse reduced, and air and water quality made safe. Local residents no longer tolerate the "passing the buck" answer, that these issues are the responsibilities of some other jurisdiction. When this kind of response is given, it simply reinforces citizens' alienation and distrust: "There they go again! Unwilling to find an answer. Bureaucratic runaround."

When we skirt responsibility for the overall quality of life in our communities and ignore our roles in prevention, frequently the results are simplistic solutions: enforce truancy laws, adopt daytime curfews, arrest gang members, move the homeless on to the next city, implement more sobriety checkpoints, take public inebriates to the county drunk tank.

In isolation, some of these programs may be effective, but most are labor-intensive and simply add to the growing cost of law enforcement. If current trends continue, many communities will find their budgets consumed by public safety expenditures. Besides the high costs they generate, many of these solutions are simply "aspirins" that do not cure the ailment but only mask the symptoms. We might feel better if

more police are hired, but public officials are realizing that a police officer on every corner will not solve all the problems in our communities. When the effects of the aspirin wear off, we still are left with the migraine.

Adding to the complexity of the issues is a host of challenges that have been thrown at communities and their managers. At the same time that citizens want more solutions to quality-of-life issues, state and federal support systems are being abandoned or severely curtailed. Congress "solved" the welfare problem. It passed a law, and the consequences landed on the doorstep of city hall. Congress "solved" the issue of equal access for the disabled. It passed a law, and the costs landed on the doorstep of city hall.

Problems and solutions are being pushed down to the local level, most often without an award of the corresponding resources. Rules, regulations, and procedures are handed down in abundance from state and federal governments. Funds and support are an entirely different matter. With few exceptions, local governments are facing other budget constraints at the very time that state and federal resources are becoming extinct. These financial woes, coupled with rising citizen expectations, often have resulted in frustrations' being expressed through taxpayer revolts, defeats of bond measures, and initiatives to require expanded voter review of local spending. The vicious cycle continues.

Issues are becoming increasingly complex. Solutions require multijurisdictional and cross-sector (voluntary, private, government) solutions. Can we, or should we, attempt to solve gang and juvenile delinquency issues without involving schools, families, the faith community, the chamber of commerce, local nonprofits, county agencies, or surrounding communities? Complex issues are requiring new skills, new models, and new forums for solutions. Working outside the traditional environment is not only becoming an increasingly common mode but a professional necessity.

Figure 1: Traditional vs. Healthy City Continuum

	Traditional	Healthy City
City Relationship to Neighborhood/ Community/Citizen	Consumer ◄——►	Client/Partner
City View of Role	Provide Services ◄——►	Stimulate/Link/Convene Coordinate/Organize
Strategies to Improve the Relationship/Role	Customer Service, Surveys, Town Hall Meetings, Hearings, Focus Groups ◄——►	Attendance at Existing Meetings, Study Circles, Convening, Stimulating
City View of Primary Responsibility	Police, Fire, Public Works, Recreation ◄——►	Broad Community Health/ Well Being/Prevention
Staff View of Its Role	Expert ◄——►	Consultant
Interaction Between Community and City	Citizen Participation in Government ◄——►	Government Participation in Citizen Issues/Initiatives
City View of Resources	Owner/Dispenser ◄——►	Trustee/Steward
Problem-solving Approach	Identify Needs ◄——►	Identify Community Resources or Organizations Already Engaged in the Issue
Values	Efficiency, Equity, Order, Accountability, Rights ◄——►	Participation, Trust, Responsibility, Relationships
Politician/City Manager Role	Leader, Exclusive ◄——►	Facilitator, Inclusive
Approach to Community	Standardized, Formal, One Size Fits All ◄——►	Informal, Diverse, Situational
Predictability and Control	High ◄——►	Low to None

Opportunities

During the ascendancy of state and federal systems, we in local government lamented the lack of local control. These distant bureaucracies did not understand our local needs, unique circumstances, local history, and culture. Their "one size fits all" solutions were wrong for localities. Laws were written for a central city and did not apply to a suburban jurisdiction. Water quality provisions were modeled after the shallow Atlantic Ocean shelf but not the deep Pacific Ocean model. We yearned for the good old days of local control. Echoing the old adage of being careful what you wish for, we now find ourselves with more local control than some of us may have wanted.

Rather than giving up, we should see these trends as opportunities to assert more influence over programs, solutions, and outcomes in our jurisdictions. We have the ability to tailor solutions to local circumstances, and more experimentation is possible.

The greatest opportunity presented by these trends is a chance to use the increase of local control and the reduction of resources to foster a return to "barn-raising" concepts, civic responsibility, participation, and the transition of local government to governance models. Emphasizing customer service models has left some cities believing they have merely reinforced citizens as passive consumers of services rather than as active partners in the community. Many residents, businesses, and other groups have come to expect that local government will fix everything. Nordstrom may do an excellent job of selling shoes with outstanding customer service, but cities need to go beyond this "legendary service" by also involving the citizen in designing, making, and marketing the shoes.

The future of communities will be-

long to those who can tap these resources, shift citizens from a consumption to a civic responsibility model, walk comfortably between (and among) sectors, and convene and facilitate solutions that become citizen-based rather than government-provided.

The Healthy Cities Model

The Healthy Cities movement has provided a model for meeting the challenges and taking advantage of the opportunities facing local governments and their managers. Healthy Cities emerged with leadership from the World Health Organization in the mid-1980s. What started as a modest project in a few European cities, however, quickly mushroomed into a worldwide effort with participants on every continent.

The underlying premise is that broad, holistic community health can best be achieved through a partnership of public, private, and voluntary efforts. Programs in different countries and communities have taken on a variety of locally based initiatives, but the basic principles are less concerned about specific projects and more centered on basic democracy, citizen involvement, and bringing together different sectors.

People often fall into the trap of describing everything in terms of either/or dichotomies. You either have a conservative or a liberal approach, a Republican or a Democratic bias, a business or a government solution model. The Healthy Cities approach recognizes the importance of a third force in community problem solving—the voluntary sector, consisting of nonprofits, the religious community, neighborhood organizations, hospitals, community clinics, or, in general, what some have called civil society.

In many respects, this is simply an old idea reborn. In the early 19th century, Alexis de Tocqueville, with his admiration for the American spirit, described citizens forming associations to solve all kinds of local problems without government or business involvement. The barn-raising approach used in de Tocqueville's American society of the 1830s has a chance for revival under the Healthy Cities model.

Within the traditional compartmentalized approach to public administration, one difficulty that the Healthy Cities movement has encountered may be traced back to the name itself. Some administrators initially think of Healthy Cities as a health care delivery or disease treatment model. Although medical concerns can be targeted in a Healthy Cities effort, the movement presents a far more inclusive model, broadly covering a community's social, physical, and economic environments. The health of a community is defined locally, enabling the model to adapt to local circumstances. The community defines challenges and assets and undertakes specific actions to address local issues. The act of bringing the community together on a specific issue begins to develop relationships within, between, and among the private, public, and voluntary sectors. New models for community-based solutions evolve.

One way to describe the Healthy City nexus of health and economics is to relate the story of a country physician. He was honored by the state medical society as doctor of the year. When he was being introduced at the awards ceremony, the emcee mentioned that the physician also was mayor of his city and a member of the regional economic development board. When asked later why he undertook these political activities, the doctor stated that the biggest threat to the community's health was the loss of young people to distant cities where there were better job opportunities. If he wanted the health and quality of life of his city to improve, he realized the need to be involved in economic development. This physician understood Healthy Cities concepts.

So do public health officials who approach violence as a major public health issue; communities that provide sobering services rather than drunk tanks with revolving doors; nonprofits, health care organizations, and foundations that partner with localities on screening and brief intervention programs for substance abuse; and communities that engage youth in planning and implementing community initiatives. Performance-based budgets, economic sustainability, and broad-based indicators projects are other expressions of the concepts. The Healthy Cities model allows us to think beyond our professional boundaries, to partner with other sectors to improve quality of life, and to employ prevention approaches rather than remaining on the never-ending treadmill of increased spending for public safety.

Plans, Policies, and Programs

Healthy community efforts have focused attention on both communities and community-based organizations as the entry points for community-based change. Until recently, the Healthy Cities effort in California has concentrated on municipalities as the launching pads. In South Carolina, Colorado, and Massachusetts, community-based organizations, nonprofits, hospitals, and school districts have served as the bases for launching healthy community-building efforts.

For the purposes of this article, the term "Healthy Cities" has been taken as emphasizing the role of the local government and in particular of the local government manager in this work. No matter where the effort begins, though, the model looks at general and master plans, policies, and programs that affect community health and the quality of life.

In contrast, the rational planning model first looks at developing a broad planning effort, then moves toward developing policies, ordinances, or laws, and finally culminates in specific programs for implementation. But the Healthy Cities approach frequently does not follow this linear model. For those communities whose past experiences

have bogged down in circular "planning to plan" efforts, direct action in the form of an early win-win solution for multiple parties can be the first step. In fact, this approach may be the best strategy when trying to interest other sectors (public, private, and/or voluntary) in coming together for community *action.* Developing trust and patterns of cooperation among sectors can be talked about in theory and made part of a broad planning effort, but experience in the Healthy Cities model demonstrates that direct action may be the best approach toward raising the comfort level for all parties working in partnership.

An example of the direct-action approach is the experience of the city of Escondido, California with child care issues. City officials had grown tired of the annual competition for child care dollars from the Community Development Block Grant program. The city called together child care providers, advocates, and the schools to solve this issue. A child care program funded from block grant dollars was developed that gave low- and moderate-income residents the chance to use a voucher at any licensed provider.

The group formed to solve this issue remained intact and has gone on to get involved in broader planning issues related to child care, family-friendly benefits, and other forms of advocacy for children. Escondido played the role of facilitator and convener but no longer plays a major role with the Child Care Advocacy Council. Community-based solutions are being developed without direct cost to or leadership by the city.

Transition from a Traditional to the Healthy Cities Model

The more experience a community gains with the Healthy Cities approach, the more the community's capacity for dealing with a variety of issues is enhanced. Sustainability of improvement efforts can be increased because community-based systems can become less dependent on political, economic, and official leadership changes.

This transition to a Healthy Cities model, however, is neither easy nor quick. As the model is implemented, the organization changes as it experiments with new ways of approaching issues. The council, manager, and staff need to be ready for the changes and open to new ways of viewing the locality's role, responsibilities, resources, strategies, values, and problem-solving methods. The continuum described in this article (see Figure 1) attempts to identify the characteristics that will change—that in fact *need to change*—for a Healthy Cities model to flourish.

A traditional locality views citizens as consumers of services provided by the jurisdiction. To improve these services, the community conducts surveys, works on improved customer service, and holds public hearings and town hall meetings. A Healthy City has a different view of the citizen; it sees him or her as a partner with the community, emphasizing the locality's role as a facilitator, a convener.

The Healthy City stimulates discussion and ideas and then links existing organizations and citizens through attendance at meetings and participation with existing organizations. The city or county views its role very broadly: it has responsibility for the total quality of life in the community.

Traditional localities are always lamenting the lack of participation. Residents will not travel to city hall or take part in community-organized meetings. A Healthy City works to increase participation in resident- and community-based initiatives, rather than setting up new systems for citizens to work with government. Why develop new systems, meeting schedules, and staff bureaucracy when busy people simply do not have time for even one more meeting? Why not participate with school-based groups, existing nonprofits, service clubs, ministerial associations, and hospital advisory boards? Healthy Cities are also more focused on identifying community resources rather than on dwelling on community needs.

One of the most difficult transitions for a Healthy City is to shift each staff member from the role of expert to that of community consultant. Most employees are more comfortable sitting in city hall and making decisions on what is best for the community. Staff and councils also are used to viewing city resources as things owned and dispensed by the city instead of thinking of the city as primarily a trustee or steward of those resources.

Council and manager roles in a Healthy City model shift from traditional command-and-control leadership to facilitation and convening. Learning to back off and let community systems assume leadership of an issue can be difficult both for the elected officials and the staff. To be comfortable with the model, one must be tolerant of ambiguity and comfortable with chaos. Predictability and control are rare to nonexistent. Working with the community and the model requires different skills, less ego, more patience, and a greater tolerance for a slower pace of progress.

The benefits, however, are numerous. Engaging the community in the process can rebuild trust. People "own" solutions that they have identified and implemented. It is difficult to tear down

FYI

For more information on becoming involved with Healthy Cities in your area, visit this Web site: www.healthycommunities.org.

In California, contact the Center for Civic Partnerships, 1851 Heritage Lane, Suite 250, Sacramento, California 95815; e-mail, chcc@cwo. com.

For information on the Coalition for Healthier Cities and Communities, call 312/422-2635.

what you have helped to build up. Identifying important community issues, creating a vision, and bringing together various sectors to partner with the locality can build lasting relationships that outlive political turmoil, leadership changes, and economic hard times. Efficiency can be achieved by bringing city resources to the table where existing systems are already in place and leveraging public, private, and voluntary funding.

The Healthy Cities philosophy, however, will fail if it is approached as the latest flavor of the month. It takes time, effort, cultural change, constancy of purpose from the manager and a shift of values both by the council and by the municipal organization.

Conclusions

Community-oriented policing is closely linked to the philosophy of Healthy Cities. Many police departments have realized that they alone cannot solve crime problems. Partnering with neighborhoods, residents, and local organizations has become the norm for many police officers who are interested in solving problems and not just in boosting their arrest statistics. In many respects, Healthy Cities takes this concept one step further, toward the ideal of community-oriented government.

Localities that realize they alone cannot solve community problems are candidates for the Healthy Cities model. Those that are tired of doing more or trying harder with methods that have failed are candidates for the model. Councils that understand the links between community issues, prevention models, and public safety expenditures are prime candidates. Managers who understand the importance of partnering with private and voluntary resources in the community also are good prospects.

The Healthy Cities approach may not fit every community. Healthy Cities does, however, present a powerful model for community improvement and quality-of-life enhancement for those individuals and organizations willing to think beyond the traditional local government management models and responsibilities. PM

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