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SPECIAL SECTION

HEALTHY COMMUNITIES

The National Civic League's Model for Collaborating to Improve Community Health

BY JULIA H. WEAVER

Managed care is pressuring healthcare providers to devote more resources toward improving their communities' health status. Feeling this pressure, a healthcare leader may begin to fear that his or her organization must not only provide the community with medical care but also be its housing authority, child care provider, and senior center operator. Fortunately, an organization need not take on all these roles to fulfill its responsibility to improve community health. An alternative is to convene a collaborative planning process that involves the whole community in health improvement.

In the National Civic League's (NCL's) "Healthy Communities" model, local healthcare providers, public health officials, not-for-profit agencies, government agencies, and citizens collaborate to meet complex health challenges. In such collaborations, leaders first identify powerful, diverse potential partners in their communities. Then they build strong relationships that can sustain long-term health improvements.

In a traditional needs assessment process, a single institution surveys community organizations to gather information and identify priorities. The project basically belongs to the institution; once the needs have been identified, the institution is responsible for implementing programs to meet them.

But, in the Healthy Communities model, a broad range of stakeholders works to define the problems and create solutions to them. When it is time for implementation, these stakeholders—from, for example, the business community, the housing authority, the senior class of the local high school, and area service clubs—commit themselves to do their part.

Catholic healthcare facilities are already using this model in communities around the country. Examples include Our Lady of Lourdes Medical Center, Camden, NJ; St. Mary's Hospital and Medical Center, Grand Junction, CO; the Daughters of Charity National Health System, St. Louis; and St. Joseph Mishawaka Health Services, Inc., Mishawaka, IN.

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Healthy Communities Model

In 1989 the NCL developed its Healthy Communities model in partnership with the U.S. Public Health Service. The stakeholders in a Healthy Communities project research the area's current health status and identify key indicators to track over time. The community also establishes benchmarks to measure progress and develops a detailed action plan to guide implementation. There are three major "products":

- A vision, or roadmap, that articulates the "common ground" shared by community members
- New and strengthened relationships among community leaders, and a more collaborative way of doing business
- Targeted actions to achieve specific health outcomes

The Healthy Communities model differs from more traditional community needs assessment and strategic planning approaches in that it:

- Emphasizes a broad definition of health
- Seeks greater diversity in community decision making
- Strengthens the civic infrastructure, that is, the community's ability to work collaboratively to solve problems

A Broad Definition of Health

The Healthy Communities approach is based on a broad definition of health—one similar to that used by the World Health Organization—which emphasizes a safe physical environment; a sustainable ecosystem; provision of services to meet basic needs; a high-quality, affordable public health and sick-care system; and a diverse, vibrant economy. NCL also stresses the qualitative aspects of a healthy community—a rich cultural life, recreational opportunities, and a sense of belonging. NCL's concept of community is broad enough to encompass a neighborhood, a city, even a region.

Diversity in Decision Making

In the Healthy Communities process, project organizers recruit partners who represent various parts of the community. Among the partners are traditional figures (e.g., leaders of business, healthcare facilities, government agencies), as well as some persons usually not included (e.g., leaders of neighborhood associations, homemakers). The partners' diversity is, to some extent, determined by the community's social composition. In some communities, organizers may focus their efforts on persons with low incomes, members of ethnic minorities, and persons with disabilities. In other communities, the focus may be on workers in key industries or residents of particular neighborhoods.

Chris Gates, president of the NCL, encourages organizers to recruit "naysayers"—persons who tend to avoid official community activities. Do not limit the recruiting process to people you like, Gates advises. "We need to also include the folks with whom we would most hate to be trapped in an elevator," he says. The project must include the naysayers' perspectives for two reasons: first, because their views are part of the community; and, second, because they could sabotage the work of the majority if they are excluded.

The results of such inclusive decision making can be lively, if not explosive. But the end result is a more open and credible way of making decisions, rendering a more accurate picture of the challenges and opportunities the community is facing.

For example, in 1994 NCL facilitated a planning process for a government agency that wanted to develop an HIV/AIDS prevention policy. Agency officials decided to recruit all interest groups. The entire spectrum sat at the conference table—conservative Christians, HIV-infected homosexual activists, parents, schoolteachers, public health workers. The participants first agreed on a common goal: to stop the spread of HIV. Though they differed on how to achieve that goal, they realized that they had common interests, and that realization kept the various factions talking to each other. In the end, this hard-won foundation of trust and respect enabled the group's members to develop a plan that everyone could support, even during implementation.

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Strong Civic Infrastructure

NCL believes that every community has a civic infrastructure, a complex interaction of people and groups through which decisions are made and problems resolved. The quality of this interaction determines a community's health, both economic and social. The Healthy Communities process can strengthen this civic infrastructure by emphasizing inclusiveness, collaborative decision making, and civic involvement.

NCL has developed a booklet called *The Civic Index,* which organizers of Healthy Community projects can use as a tool to assess their community's civic infrastructure. *The Civic Index*'s 10 components include open and accountable government, broad-based community leadership, active philanthropy, intercommunity cooperation, and information sharing. Groups can use the index to measure their strengths and weaknesses.

A Healthy Community

Most communities address health issues by providing resources that enable individuals to avoid such public health dangers as drug addiction, teenage childbearing, or violence. However, as Marian Wright Edelman, president of the Children's Defense Fund, has admonished us, "Our role is not to help individuals beat the odds, but to work together to change the odds."

Changing the odds is tough. It can be especially tough for healthcare systems, because it is tempting for healthcare leaders to concentrate on those aspects of the system they know best: for example, the cost of new health and human services, the distinctions between public health and clinical services, and the complex relationships between payers and providers. Unfortunately, these aspects do not interest most members of the community. When residents talk about community health, they mean good jobs, stable families, well-maintained parks, a healthy environment, and a high-quality educational system. To obtain these things, communities must work together to create an infrastructure that supports healthy life-style choices. The Healthy Communities model can help Catholic healthcare be a vital part of that process. □

For more information about NCL's Healthy Communities Programs, including copies of its publications (The Healthy Communities Handbook, The Healthy Communities Resource Guide, *and* The Healthy Communities Directory), *call Julia Weaver, 303-571-4343.*