Healthy Communities: One Vision of Civic Democracy
by Tom Wolff

Healthy community initiatives are emerging across the landscape as a unique form of coalition building. The Healthy Communities movement holds great promise as a unifying force to pull together coalition building efforts across the country and world.

The formal definition and understanding of the concept of healthy communities was developed by the World Health Organization in 1984. Healthy communities as a movement focuses on both the process and the product of communities creating mechanisms for its residents to work together, improving local health. Distinctly, the definition of health is broad. It includes a full range of quality of life concerns. The Ottawa Charter, part of the World Health Organization Healthy Communities Initiative, identified these prerequisites for health: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. What this broad definition of health suggests is that for a community to be healthy all residents and sectors must look at all aspects of community life.

To produce a healthy community, in addition to re-defining the way we look at health, we must also look at new mechanisms for community problem-solving, mechanisms with collaborative, multi-sectoral approaches that promote citizen leadership, while building on local strengths and empowering local residents as a group.

We understand that the major problems facing American communities, those problems that stand in the way of creating healthy communities, cannot be solved without reinvigorating a sense of public life among the citizens. The complexity of the problems that we are facing as a nation and as communities cannot be solved without more people in the community becoming actively involved in the problem-solving process. A healthy communities initiative then offers a new definition of outcome (a broader sense of a community’s health) and a new definition of process (citizen participation and true collaboration). This combination offers our communities new hope.

Core Principles

1. Collaborative Problem Solving

At the heart of Healthy Communities is the concept of collaborative problem-solving. There is much talk about collaboration, networking, coordination, and coalition building. True collaboration for a healthy community, however, goes beyond the exchange of information that characterizes networking and beyond the mutual activities involved in coordination and cooperation. In addition, true collaboration stresses the creation of an alliance of various organizations and individuals to enhance each other’s capacity to achieve a common purpose. This is indeed a new way for the various sectors in communities to operate. Here organizations are asked to move towards a much greater interdependency sharing risks, resources, rewards and responsibilities. This is something that is often difficult even within families, let alone whole communities. It is, however, a basic principle for creating a healthy community.

2. Multi-Sectoral Approach

In talking about multi-sectoral approaches, we not only envision the obvious sectors of the community (business, government, religious groups, service organizations, and human service agencies) but also acknowledge as strongly the informal strengths of the community — neighborhood organizations, associations, and informal neighborhood leaders. To be truly effective, healthy communities must move beyond involving “the usual suspects” — government, human services and business — and reach out to all in the community.
3. Citizen Driven

As the Boston Foundation states in “Guiding Principles for a New Social Contract,” residents need to be able to define the issues, help generate the solutions, design the interventions and be part of their implementation and evaluation. It means that those in government and services must move from “doing for” people to “doing with” them.

4. An Assets-based Approach

John McKnight has suggested that the approach of government and human services to citizens and their problems has been to emphasize the deficits of both individuals and communities. This is opposed to identifying the community’s strengths and building upon them. He further suggests that our traditional service-oriented approach to problems “pushes out the problem-solving knowledge and action of friends, neighbors, citizens and associations.” Too often creating needs assessments results in accumulating a massive list of a community’s deficits: teen pregnancy, child abuse, and substance abuse, without acknowledging the community’s assets: youth groups, scout clubs, service organizations, strong local neighborhoods and faith-based groups.

The healthy communities approach uses an asset-based approach to the problem-solving process. There must be a basic belief that community capacity can be increased to solve community problems. This does not imply that federal and state governments do not have a significant obligation to support these problem-solving efforts. Rather by starting with existing community strengths and augmenting them, then nurturing funding, lasting solutions to existing problems will be created.

Model Characteristics of a Healthy Community

The healthy community should strive to provide the following:

♦ A clean, safe physical environment of high quality including housing quality
♦ An eco-system that is stable now and sustainable in the long term
♦ A strong, mutually supportive, and non-exploitative community
♦ A high degree of participation and control by the public over the decisions affecting their lives, health, and well-being
♦ The meeting of basic needs (for food, water, shelter, income, safety, and work) for all the city’s people
♦ Access to a wide variety of experiences and resources with the chance for a wide variety of contact, interaction and communication
♦ A diverse, vital and innovative city economy
♦ The encouragement of connectedness with the past and the cultural and biological heritage of city dwellers and with other groups and individuals
♦ A forum that is compatible with and enhances the preceeding characteristics
♦ An optimal level of appropriate public health and sick care services accessible to all
♦ High status health (high levels of positive health and low levels of disease)

(From Promoting Health In the Urban Context of the World Health Organization 1986.)

Resources


AHEC/Community Partners
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One in a series of coalition building tips.