Building Healthy Communities: Long-Term Lessons from a Statewide Initiative in Colorado (1992-2000)

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Overview

1. Healthy Communities principles and logic
2. Moving to a concrete model with the Colorado Healthy Communities Initiative (CHCI)
3. How and how well did CHCI work?
   - 7 Encouraging results
   - 3 Useful lessons
   - 3 Surprising findings
4. Discussion of implications and future directions

What is Healthy Communities/Cities?

Origins

- Healthy Cities movement spawned by World Health Organization in 1986
- Merges public health with community development

Basic Idea

- Communities take the initiative to develop and implement their own locally relevant plans to improve the health of all residents

Core Principles

- Widespread participation of residents in developing plans (i.e., **inclusive** process)
- Broad definition of health – beyond "absence of disease"
- Recognize inter-dependency of health, economy, environment, arts, etc.
- Include models of "good practice" within the plan
- Monitor how the plans are implemented to ensure effectiveness
- Networking and learning across communities (using a common HC framework)

Logic of HC approach

1. Improving community health in a complex task
   a) A community's health depends on myriad factors
   b) No single actor (e.g., hospital system, public health dept, city council) *acting in isolation* has the resources or influence to make a community "healthy"

   ➔Multi-sectoral collaboration yields more powerful health-improvement strategies

2. Residents have crucial knowledge re: nature of health problems and possible solutions

   ➔ they need to be engaged *in authentic and substantive ways* in planning problem-solving

3. A participatory planning process builds the community's capacity (e.g., skills, leadership, social capital, efficacy), which in turn improves community health

Healthy Communities model is distinct from:

- Expert-driven planning and decision making
- Health department's priority-setting process (with community input)
- Funder-specified strategies for community health promotion

Origins of Colorado Health Communities Initiative

- Healthy Cities was primarily a European initiative through 1980s
  - The idea was slow to take hold in U.S.
- U.S. Office of Disease Prevention and Health Promotion sought to promote uptake of HC in U.S.
  - Contracted with NCL in 1989 to build interest and capacity
- Under John Parr, NCL prepared materials, delivered presentations and reached out to its network of local governments and civic organizations
  - Limiting factor: local leaders found it difficult to know exactly how to "do" Healthy Cities/Communities
- Partnered with The Colorado Trust in 1991 to design a HC approach that would work in Colorado
  - Following up on The Trust's growing interest in community-based health

Colorado Healthy Communities Initiative

- **Joint initiative** of The Colorado Trust and the National Civic League to bring the Healthy Communities movement to Colorado

- **Originally intended** to run from 1992-1998, but extended to 2000.

- **Purpose:** Stimulate community-based coalitions to thoughtfully address their most important *health* issues ("health" defined broadly)
  - Encourage the formation of new coalitions (inclusive and representative) in up to 30 Colorado communities
  - Facilitate the coalitions through a prescribed 15-month planning process
  - Process generates high-leverage action projects, while also building the capacity of participants
  - Funding available to implement key projects

Steps in the CHCI Planning Process

1. Create an initiating committee that then helped to form the stakeholder group and establish some working committees.

2. Hold a project kickoff and (re)define “community health.”

3. Gather and discuss data pertaining to the community’s current realities and trends, through a community health profile, an environmental scan and NCL’s Civic Index.

4. Develop a healthy community vision.

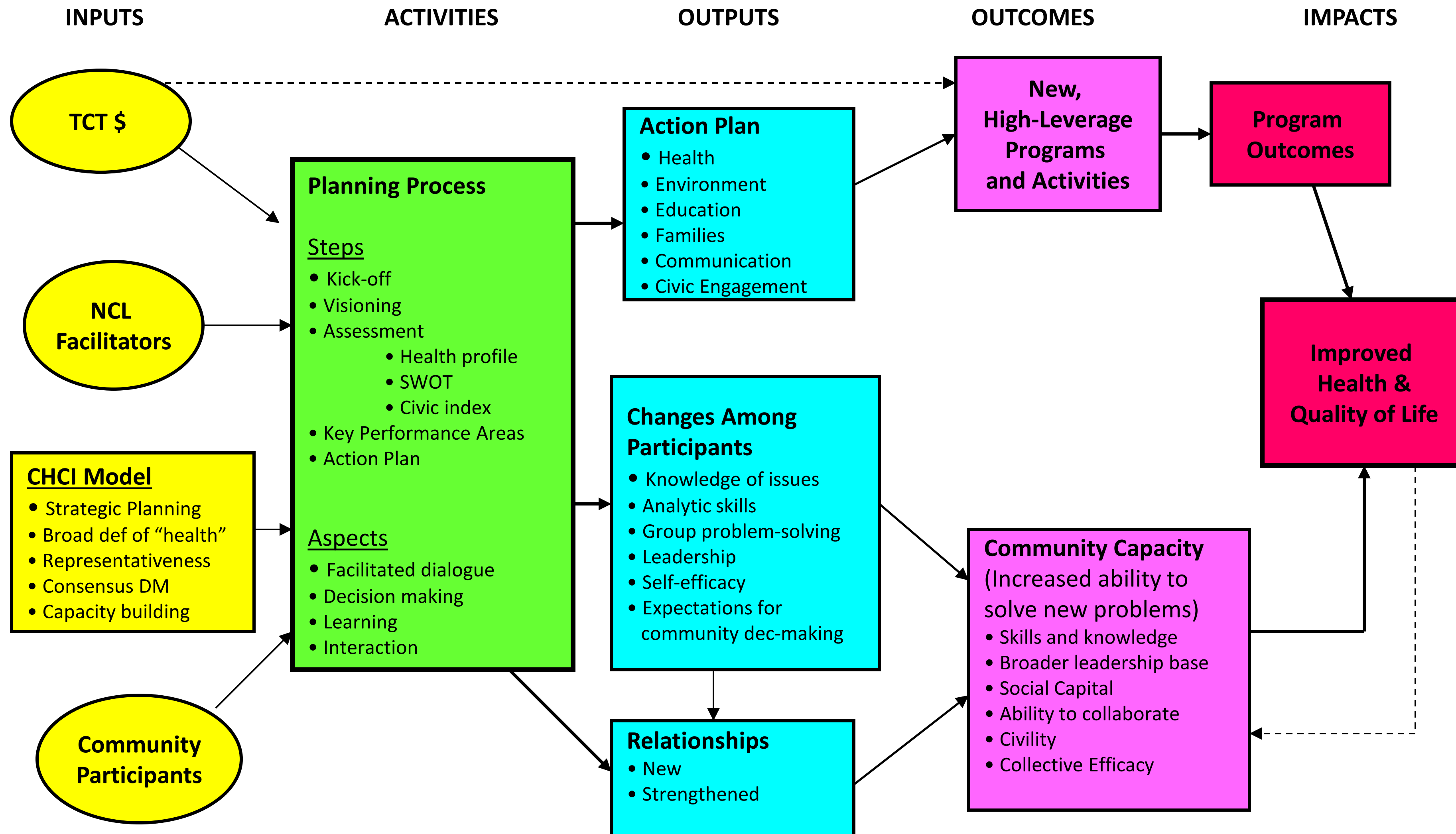
5. Select and evaluate key performance areas.

6. Create an action plan.

Overarching Principles

- Local decision making authority/responsibility
  - Choice of health issues that deserve attention
  - Choice of strategies
  - Definition of “success” (i.e., vision of a healthy community)
  - Geographic boundaries on “community”
- What needs to occur during the planning process
  - Representativeness of participants
  - Broad definition of health
  - Consensus decision making
  - Capacity building

Colorado Healthy Communities Initiative (CHCI) Logic Model (Original)



CHCI Communities (3 cycles)

Map of the CHCI Communities
at the end of the planning phase

COLORADO

Counties
● County Seats

Community participation

- 29 communities were funded for the planning phase and formed Stakeholder Groups
- 28 Stakeholder Groups completed the planning process
  - Carried out each of the prescribed steps (more or less)
  - Prepared an Action Plan and proposal for Implementation Grants
- 28 Implementation Grants were approved
- 27 Communities completed the Implementation Phase

RESULTS

Reported in:

- Conner RF, Tanjasiri SP, Davidson M, Dempsey C & Robles G (1999a). *Citizens making their communities healthier: A description of the Colorado Healthy Communities Initiative.* Denver: Colorado Trust.
- Conner RF, Tanjasiri SP, Davidson M, Dempsey C & Robles G (1999b). *The first steps toward healthier communities: Outcomes from the planning phase of the Colorado Healthy Communities Initiative.* Denver: Colorado Trust.
- Conner RF, Tanjasiri SP, Dempsey C & Robles G (1999). *Working toward healthy communities: Outcomes from the implementation phase of the Colorado Healthy Communities Initiative.* Denver: Colorado Trust.
- Conner RF, Tanjasiri SP & Easterling D (1999). *Communities tracking their quality of life: An overview of the Community Indicators Project of the Colorado Healthy Communities Initiative.* Denver: Colorado Trust.
- Larson C, Christian A, Olson L, Hicks D & and Sweeney C (2002). *Colorado Healthy Communities Initiative: Ten Years Later.* Denver: The Colorado Trust.
- Conner RF, Tanjasiri SP, Dempsey C, Robles G, Davidson M & Easterling D (2003). The Colorado Healthy Communities Initiative: Communities defining and addressing health. In DV Easterling, KM Gallagher & DG Lodwick (eds.*) Promoting health at the community level*. Thousand Oaks, CA: Sage Publications.
- Conner RF, Easterling D, Tanjasiri SP & Adams-Berger J (2003). Using community indicators to track and improve health and quality of life. In DV Easterling, KM Gallagher & DG Lodwick (eds.*) Promoting health at the community level*. Thousand Oaks, CA: Sage Publications.
- Conner R & Easterling D (2009). The Colorado Trust's Healthy Communities Initiative: Results and lessons for comprehensive community initiatives. *Foundation Review*, *1*(1), 24-42.
- Easterling D, Conner R & Larson C (2012). Creating a healthy civic infrastructure: The legacy of the Colorado Healthy Communities Initiative. *National Civic Review*, *101*(1), 35-48.
- Easterling, D (2014). Building healthy communities over the long run: Lessons from the Colorado Healthy Communities Initiative. *National Civic Review*, *103(1),* 18-20.

Result #1: The CHCI planning process attracted and retained local residents

- # Stakeholders who attended $\geq$ 3 meetings
  - Average per site: 49
  - Range: [14-130]
  - Total for all 28 sites: 1,368

- Attendance
  - 55% of Stakeholders reported attending more than half of 15 meetings
  - Range across sites: 37% - 76%

Result #2: CHCI drew out previously unengaged residents

- 47% of stakeholders reported that they were a “new face” to this sort of process
- Range: [38% - 61%]

Result #3: Stakeholders came from many sectors

- Nonprofit: 38%
- Education: 38%
- Business: 34%
- Parent of School-aged child: 27%
- Government
  - Health Service: 27%
  - Other than health: 9%
  - Elected official: 12%
- Environment: 20%
- Religion: 17%
- Agriculture: 16%
- Industry: 9%
- Legal/Criminal Justice: 8%
- Healthcare provider: 7%

Result #4: The majority of participants developed new skills, knowledge and efficacy

Capacity Areas and Response Categories	*Percentage of Stakeholders*
Increase in ability to understand community problems as a result of the planning process (*N* = 593)[b]	
None	8
A little	14
Some	**50**
A great deal	**29**
Increase in ability to collaborate productively with other community members as a result of the planning process (*N* = 594)[b]	
None	6
A little	17
Some	**52**
A great deal	**24**
Increase in ability to develop creative projects to address community problems as a result of the planning process (*N* = 589)[b]	
None	13
A little	19
Some	**50**
A great deal	**17**

Result #4: The majority of participants developed new skills, knowledge and efficacy

Capacity Areas and Response Categories	*Percentage of Stakeholders*
Increase in ability to take a more active leadership role in community affairs as a result of the planning process (*N* = 590)	
None	17
A little	21
Some	46
A great deal	16
Increase in ability to work effectively with key power people in the larger community as a result of the planning process (*N* = 343)	
None	19
A little	20
Some	48
A great deal	14

Result #4: The majority of participants developed new skills, knowledge and efficacy

Capacity Areas and Response Categories	*Percentage of Stakeholders*
Feel more able to personally effect change in community as a result of the year-long planning process (*N* = 1,051)	
Less able	2
No change	36
Somewhat more able	52
Significantly more able	11

Range of Responses across communities:

- Significantly more able: [0% - 42%]
- Significantly or Somewhat more able: [41% - 92%]

Result #5: Stakeholders were able to decide collectively on their priorities and action steps

Effectiveness of the Process

- 61% agreed that their group was “effective” [range of 27% to 90%]

Decision Making by Consensus

The process aimed at consensus in making decisions. This approach means *bringing together many organizations, agencies and individuals to work cooperatively to define issues and problems, create options, develop strategies and implement solutions, with everyone pretty much willing to go along.*

Does this accurately describe how the CHCI process worked in your community?

- 80% agreement overall
- Range of [40% - 96%] across sites

Result #6: Action Plans reflected a broad definition of “health”

Area	Number of Communities (out of 28)
Specific Issues or Target Groups	
Health promotion or health care	13
Education	7
Environment	7
Families	6
Children and youth	5
Housing	4
Recreation	4
Economy	3
Employment	3
Elderly	1
Community Climate/Context	
Citizen participation and leadership	8
Community development	8
Communication and Information	8
Cooperation and coordination	4
Sustain CHCI process	
Develop a CHCI organization or infrastructure	9

Note: Each Action Plan could address more than one issue area.

Result #7: Most CHCI communities carried out successful projects during the implementation phase

- In a follow-up assessment of 26 CHCI communities (Larson et al., 2002)
    - 20 “accomplished the specific objectives of the project”
    - 18 “accomplished more than their original goals”
    - 19 had “a concrete impact on the root problem being targeted”

Useful Lesson #1: NCL Facilitators were generally effective in moving the process forward according to CHCI principles

- Broadly representative group
  - “Forced” the Initiating Committee to invite residents would have preferred to exclude
- Carried out each of the prescribed steps
- Inclusive process
  - Ensured that all stakeholders were able to speak and contribute equally to decision making
- Promoted transparency
  - Helped identify stakeholders with personal interest in proposed projects

Useful Lesson #2: The planning model appealed more to some groups than others

- Gender: 60% of stakeholders were female

- Ethnicity:
  - 86% Anglo
  - 6% Latino/Hispanic
  - 2% African American
  - 2% Native American
  - 4% Other

  (Note: These figures varied considerably across sites)

- Income: 46% had household income > $50,000

- Education: 78% had at least a college degree

Useful Lesson #3: Consensus solutions aren’t always the most creative or strategic

- In some communities, stakeholders regarded their action plans as “least common denominator” solutions
- Some (but certainly not all) action projects were in the works before the planning process began
- Innovative stakeholders weren’t always celebrated

Surprise #1: CHCI triggered long-term planning, community problem-solving and civic infrastructure

- TCT initially envisioned a time-limited planning phase leading to a set of distinct high-leverage action projects (in support of *Healthy People 2000* objectives)

- Most groups had some of these projects in their Action Plan, but …
  - … much more energy around maintaining the new problem-solving infrastructure that CHCI had established
  - 9 groups asked for $ to explicitly establish a new organization to continue the process

- Over time, 20 of 28 CHCI communities established a formal organization to continue the CHCI process.
  - Planning, facilitation, training
  - Community newsletters, information and referral, Welcome packets
  - Academies to build skills around civic engagement and leadership
  - Community indicators projects
  - Grantmaking (challenge grants)

Surprise #2: Most of the projects developed through CHCI focused on the process of community-problem solving and/or civic engagement, not health

PROGRAM STRATEGY		# sites
COMMUNITY PROBLEM SOLVING	**TOTAL**	**23**
	Conducted Forums, Workshops to educate the public on critical issues	13
	Convened Task Forces, Facilitated Planning	15
	Convened Community-wide Planning Process	4
	Community Indicators Project	17
	Conducted Other Assessments (health, education, environmental quality, land use)	8
	Capacity Building for nonprofit organizations (especially neighborhood associations)	6
CIVIC ENGAGEMENT	**TOTAL**	**16**
	Developed Leadership Training Programs	5
	Provided Training on Communication Skills, conflict management, etc.	2
	Provided training or internships to promote voting and engagement in public decision making	3
	Newsletter, column in newspaper, website, or report describing community events and issues	5
	Services and education to orient new residents to the community	3
	Directories, Marketing, Awards and recognition events to promote volunteerism	2

Surprise #2: Most of the projects developed through CHCI focused on the process of community-problem solving and/or civic engagement

PROGRAM STRATEGY		# sites
YOUTH DEVELOPMENT PROGRAMMING	**TOTAL**	**16**
	Early child development programs	3
	After-School/Out-of-School Programs	10
	Youth Leadership Development	5
	Programs to address specific risks (e.g., teen pregnancy, substance abuse)	2
	Larger initiatives to promote positive youth development (e.g., Search Institute model)	5
ENVIRONMENTAL QUALITY	**TOTAL**	**11**
	Environmental Planning	6
	Environmental Education Programs	2
	Beautification Programs	2
	Recycling Programs	2
	Hazardous Waste Pick-up program	1
	Purchased alternative-fuel bus	1
INFORMATION & REFERRAL SERVICES	**TOTAL**	**10**
	Guide to Local Services (print or electronic)	10
	In-person or telephone-based I&R services	2

Surprise #2: Most of the projects developed through CHCI focused on the process of community-problem solving and/or civic engagement

PROGRAM STRATEGY		# sites
HEALTH SERVICES & HEALTH PROMOTION	**TOTAL**	**9**
	Health Planning	4
	Healthcare services	2
	Health Educ Classes and Workshops	6
	Other Health Promotion Programs	2
PERSONAL DEVELOPMENT	**TOTAL**	**7**
	Job Training and GED Programs (including Welfare-to-Work programs)	5
	Life Skills Training	2
	Training on particular skills (e.g., computers, drivers ed)	2
ARTS & CULTURE	**TOTAL**	**7**
	Arts programming for youth	4
	Oral History Project	1
	Organized Events to Promote local art and/or culture	3
FAMILY SUPPORT	**TOTAL**	**6**
	Parent Education and Counseling (some with home visits)	5
	Family Resource Center	2
	Respite care programs	1
RECREATION	**TOTAL**	**4**
	Set up Recreational Programs	3
	Established a new recreational facility	1
	Attempted to create a new recreational facility, but only marginally successful	2

Surprise #3: The highest-impact CHCI projects generally were NOT in the original action plans

- Creation of new health care facilities in Eastern Plains
  - High Plains Health Center (Prowers Co.)
  - Strassburg Clinic (High Plains)

- *Kit Carson County Healthy Communities*
  - created Frontier Health Network to oversee the development of a countywide health insurance program
  - built two assisted living facilities and developed a low-income housing community.

- *Healthy Mountain Communities* convened and facilitated a regional planning effort to explore transportation issues throughout the Aspen-to-Parachute corridor. This process ultimately led to the establishment of the Roaring Fork Transportation Authority, which has second highest level of bus ridership in the state.

- *The Mesa County Healthy Community Civic Forum* also initiated a planning effort on transportation, leading to the creation of Grand Valley Transit which provides transportation to low-income, disabled, and elderly residents.

Legacy of CHCI

- Launched a number of successful projects and organizations
- Infrastructure for ongoing community problem-solving
- Increased capacity among residents who were involved in planning or implementation
- Facilitators who participated in CHCI have gone on to play leadership roles, taking advantage of what they learned
- Created the template for NCL's ongoing work re: Healthy Communities
- Tyler Norris co-founded Coalition for Healthier Cities and Communities which promulgated the CHCI approach
- CHCI was replicated by other foundations across the country
- CHCI has helped the field learn what works and what doesn't re: comprehensive community initiatives and place-based grantmaking

Implications and Future Directions

- How have your experiences compared to the results observed with CHCI?
- What have been your most important results, lessons and surprises?