Building Healthy Communities over the Long Run
Lessons from the Colorado Healthy Communities Initiative

BY DOUG EASTERLING

The World Health Organization in 1986 formulated the concept of healthy cities around two key principles: (1) health planning and health promotion should incorporate a broad definition of "health," and (2) community members need to participate fully in determining which health issues are addressed and how they will be addressed. Communities around the world have experimented with various approaches to carrying out these principles. Some of these efforts are incremental augmentations to conventional health planning while others are radical overhauls of community decision-making structures and processes.

In the United States, foundations such as Kellogg, Robert Wood Johnson, California Wellness, California Endowment, the Colorado Trust, and Sierra Health have funded Healthy Communities initiatives in which multiple communities pursue a prescribed model of planning and implementation. Evaluations of these initiatives demonstrate mixed success, with some models being more effective than others and the same model working better in some communities than in others. It turns out to be exceedingly challenging to bring diverse stakeholders together around a common agenda and to generate meaningful action that actually improves health, especially at a communitywide level.

Colorado Healthy Communities Initiative

One of the more successful of these multi-site initiatives was the Colorado Healthy Communities Initiative (CHCI), which was jointly launched by the Colorado Trust and the National Civic League (NCL) in 1992. Originally conceived as a five-year, $4.5 million initiative, CHCI eventually spanned an eight-year period with a total investment of $8.8 million on the part of the trust. A total of twenty-nine urban, rural, and suburban communities throughout Colorado participated in various aspects of the initiative. These communities varied tremendously in terms of geographic size (from 2 square miles to 9,247 square miles) and population (from 2,700 residents to 249,000 residents).

Like most other foundation-sponsored approaches to healthy communities, CHCI required each participating community to convene a broad set of stakeholders to engage in a comprehensive strategic planning process. The CHCI approach to planning was mapped out initially by John Parr, who was then NCL president. Parr hired Tyler Norris to flesh out a more specific process. Norris's model spelled out a step-by-step process of visioning, data collection, deliberation, goal setting, and action planning, all carried out in an inclusive, consensus-oriented manner. Each CHCI community was expected to complete the prescribed planning process over twelve to fifteen months.

Of the twenty-nine stakeholder groups that began the planning process, all but one completed all the specified steps, ending with the creation of an action plan. Most of these planning efforts had high levels of participation from a broad cross section of stakeholders. In the average community, forty-nine stakeholders participated in at least three meetings. The largest stakeholder group had 130 active participants while the smallest group had fourteen.

Each of the twenty-eight stakeholder groups that successfully completed the planning phase received an implementation grant of $100,000 to be expended over two years (although most were extended). These grants were intended to cover key elements of each community's action plan. The Colorado Trust initially restricted the implementation grants to projects that specifically advanced Healthy People 2000 objectives but eased these

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restrictions based on concerns raised by the first round of communities.

The action plans consisted of anywhere between two and ten projects aimed at a broad range of quality-of-life issues, including health, recreation, environmental quality, education, housing, economic development, youth, families, older adults, civic engagement, communication, and leadership. Roughly one-third of the action plans also called for the creation of a new organization that would institutionalize the "healthy communities" process beyond the planning process.

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Outcomes and Impacts

Over the years following the planning process, CHCI communities launched a host of important projects, programs, and initiatives, including health clinics, family resource centers, recreation facilities, a mobile van, leadership training programs, community indicators projects, master plans, civic forums, and even a new community foundation. For instance:

- The High-Five Plains project created the Strasburg Clinic (for urgent care) and established a satellite campus of Morgan Community College in Bennett. Kit Carson County created Frontier Health Network to oversee the development of a countywide health insurance program.
- Piñon Project (Cortez County) opened three Family Resource Centers that provide parent education, literacy training, and life skills and also developed a training program for civic leaders (Montezuma Leadership) that attracted twenty participants per year.
- Pueblo County established within a local school the Eastside Health Center (La Familia Puerta), which provides parenting classes, immunizations, and health resource education.

It is important to note that many of the most impactful projects resulting from CHCI were not included in the original action plans. Instead, they were developed by the local CHCI organizations that emerged following the planning phase. By 1999, a total of twenty-one communities had set up a new organization to implement the CHCI action plan and/or to facilitate ongoing community problem solving. These organizations became vehicles for growing the work and for learning how to do healthy communities over the long run. A statewide organization, the Colorado Healthy Communities Council, was created in 1995 to facilitate networking and peer learning among these local groups. The Colorado Trust supported the operations of CHCC and also provided it with a pool of challenge grant funds that CHCC awarded on a competitive basis to local CHCI organizations.

Beyond developing their own projects and programs, the local CHCI organizations facilitated planning and problem-solving processes that set the stage for system-level strategies to improve community health and well-being. Some of these big-ticket payoffs are listed next.

- Healthy Mountain Communities convened an economic sustainability task force that developed a community-supported agriculture project and also facilitated regional transportation partnerships that set the stage for the Roaring Fork Transportation Authority, which now operates the second largest bus system in Colorado.
- Mesa County Civic Forum engaged in planning efforts that led to the creation of Grand Valley Transit System, which provides bus service to eight hundred low-income, disabled, and elderly citizens.
- Kit Carson County established Healthy Living Systems through the CHCI implementation grant and built twenty units of low-income housing in four sites across the county (Country Roads Housing) as well as two assisted-living facilities (the Beehive and the Legacy).
- Prowers County created High Plains Health Center (HPHC), which opened in Lamar in 1995 through the efforts of Health Resources, Inc., a group of county volunteers who were actively engaged in the CHCI planning process. Over the

next sixteen years, HPHC grew to be one of the dominant health care providers in southeastern Colorado, with eighty-one staff members and an annual budget of $5 million.

In addition to generating high-impact projects and programs, CHCI also benefited the civic infrastructure of the participating communities. For example, Ross Conner's evaluation in 1999 found that over three-fourths of the stakeholders participating in the planning process increased their ability to analyze community problems and to work collaboratively. A majority developed at least some new leadership skills. Beyond building the capacity of stakeholders, the planning process set in motion a shift in how communities go about making decisions and solving problems. Stakeholders came to realize the value of civic engagement, visionary planning, and collaboration, which led to the creation of new organizations to continue the CHCI process. Although many of these organizations were unable to sustain themselves over the long run, their work continues to show a lasting impact on community capacity and civic culture across Colorado.

Implications for Community-Based Health Initiatives

CHCI generated broader and deeper levels of community impact than can be claimed by nearly any other multisite HCC initiative. In many respects, it is a best practice. But it is crucial to qualify that assessment with a recognition of how CHCI actually achieved its impacts. CHCI was initially viewed—at least by the board and staff of the Colorado Trust—as a planning-based approach that would allow local stakeholders to identify and implement high-leverage strategies to improve health. A community would presumably complete its CHCI process in three and a half years. However, the path to impact was not nearly so linear and ordered. Many of the most impressive projects that took shape as a result of CHCI (e.g., the High Plains Health Center, the Strasburg Clinic, the Frontier Health Network, the Roaring Fork Transportation Authority) were not even mentioned in the action plans. Instead, they were formulated through planning processes facilitated by the new organizations that formed in various CHCI communities during the implementation phase.

Looking back at CHCI from a 2013 vantage point, it becomes clear that the planning process was not a mechanism for getting to definitive solutions but rather an initial step in an ongoing journey. Stakeholder groups generated ambitious action plans as part of their planning work, but these turned out to be first approximations of the work that actually occurred over subsequent years. The action plans were valuable not because they were strategic and comprehensive but because they specified an initial round of work that set the stage for more interesting, creative, and powerful projects.

Over time, the actors involved in the work got smarter about the health of their communities, the underlying factors that influence public health, and how to intervene effectively on those factors. They also strengthened their networks and deepened their ability to work together toward shared goals. In other words, they built their collaborative intelligence.

This shift in how communities identify and solve problems is arguably CHCI's most profound and lasting impact. Over the past twenty years, the culture of problem solving in Colorado has come to emphasize civic engagement, collaboration, systems thinking, and inclusive decision making. CHCI was not the only impetus for Coloradans to begin thinking and acting this way, but it was one of the first initiatives to clearly spell out and promote the defining principles. The planning process played an essential role in exposing residents from across the state to a new way of working together and a new way of thinking about the health of their communities. That intelligence ripened and matured over subsequent years as local residents practiced the principles of CHCI and experimented with new processes for collaborative problem solving. Any attempt to replicate CHCI should support participants during all phases of the work.

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