

COMMUNITY: The Fourth Dimension in Public Health

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In a previous article about the World Health Report 2000 ("With Liberty and Justice for All?" Health Planning TODAY, 3rd Quarter 2000, pp. 3-5; accessible at <www.ahpanet.org/policy.html>), I suggested that the report is a great advance in the art of health planning on a global scale and that it directs us to promote social justice by nurturing a shared sense of the intrinsic value we all have as members of one community. In fact, one may see that as the mission and vision of public health in the 21st century.

If so, our nation should be using its moral, political and economic power as a model for the world in the promotion of that vision and the achievement of that mission. Tragically, we are failing to do so, and among the many issues involved in our failure is that of the relation between public health and community. This question is strongly contested in the public health policy community, but it demands some resolution before the promotion of population health is undertaken.

Public Health and Health Promotion

In America, health promotion (or any other kind of promotion) begins with the rights of individuals, but it must not end there. Our concept of the value of human life tells us that human lives should have dignity, integrity, autonomy and responsibility, where responsibility includes self-discipline and compassion. These are the prerequisites for our well-being, for without them we will lack the good judgment necessary in realizing and valuing the meaning of our lives.

The most important human values - wellness, quality of life, happiness - are realized through the mediation of our judgment about our life. Clearly then, we are the subjects, not the objects, of these judgments, for we ourselves produce them through our own thinking. We must be asked, not told, about these values.

Respect for these human values requires respect for the right of self-determination on the part of each and every one of us. In practice, that means enabling people to participate in treatment decisions, to engage in public debate and have one's voice heard on issues, to learn about the health care system and professional practice within it, and in countless other ways to find their own meanings in their own circumstances. With this as our aim, our efforts will be directed toward improving the process of their lives and will recognize the community as a vital resource in providing that process.

The National Health Planning and Resource Development Act of 1974 (PL.93-641), that launched modern community health planning, embodied the sort of community process that could develop consensus for public health programs. It was the failure to appreciate the need for public consensus that, among other factors, doomed the Clinton Health Plan to failure. Reform of so monumental a subject, human value, and industry as health must be undertaken through the cultivation of public opinion in which understandings are reached and values shared. We must be

offered the opportunity to come to terms with issues of value that may separate us in order to reach common judgments and a consensus on how to proceed. Ultimately, we need to develop a new understanding of how we perceive health. (Is it a right?) Instead, the Clintons offered us a Black Box, and with it, the call to trust them, a call which was antithetical to the only means by which their aims might have been achieved. The quality of governance has great bearing on the social capital of communities, and the political-social interaction works both ways. Poor governance elicits the community's distrust of government.

The lesson for public health is that some public health strategies have the unintended negative consequence of pre-empting debate, and through it, the formation of public opinion and the growth of social capital. Community health educators should promote public process in the interest of empowering communities to better see themselves, exercise better judgment about what really matters to them and seek harmony in the values that matter. Community health education through dialogue should be seen as the heart of health promotion, and the responsibility of any health plan that countenances a mission of building healthier communities.

The new National Public Health Performance Standards call upon public health to institutionalize a commitment to community processes that evaluate quality of life, prioritize problems and solutions and do so in consonance with community themes, all in the interest of expanding the social capital of communities. Done properly, community empowerment will replace short-term community engagement, and accountability will replace paternalism.

Public Health and Social Capital

The aim of public health is not to make people healthy, but to assure the conditions in which people can be healthy. The well-being of a population is the collective judgment of its members about their quality of life. Their quality of life is largely determined by the quality of their political, social, economic and other institutions. There is growing evidence through recent studies that social capital is to communities as wellness is to individuals. And social capital cannot be given to a community like a vaccination. It must be grown from within.

What I am suggesting by the title of this article is that public health must acknowledge communities to be the primary subjects of its practice. The three dimensions of public health - the familiar triad of agent, host, environment - represent a dynamic that exists within the fourth dimension of community. Community determines the effects, quantitatively and qualitatively, of that dynamic. And people are themselves agents in the cause of pursuing their own wellness and not to be manipulated as mere hosts.

This is what I see to be health planning's signal contribution to public health: Giving voice to community as a means toward improving not only health care, but all the other upstream conditions for our quality of life. Our aim as health planners should be to elicit a stronger sense of community, and through it, a stronger sense of belonging, cohesiveness and trust among community members. Then we can see the social solidarity of a community as its immune system and see that we all have the same vital interest in supporting it for our common benefit.