TWO TOOLS FOR WELL-BEING: HEALTH SYSTEMS AND COMMUNITIES *

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We have clearly entered a new era in popular conceptions of health. Where once health was viewed as a commodity produced by medical systems, today there is widespread recognition that health is also a capacity that can be maintained or enhanced by the ordinary citizen. Under the new era's banners of prevention and health promotion, health clubs multiply, health foods proliferate, corporate well-being programs appear and consciousness of health grows among Americans of all ages.

The new pro-health consciousness has created a hidden dilemma for health professions and professionals. That dilemma is most clearly manifested in the evergrowing professional use of the term "community." Under prevention and promotion rubrics, we hear of "community education," "community programs," "community participation," etc. However, the meaning of a "community" focus is less clear. At the very least, "community" usually means "not in a hospital, clinic or doctor's office." "Community" is the great "out thereness" beyond the doors of professional offices and facilities. It is the social space beyond the edges of our professionally run systems.

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The dilemma we face is that while we have great professional skills in managing and working within our systems, our skills are much less developed once we leave the system's space and cross over the frontier into "the community." Indeed, one is impressed by the immediate confusion and frustration experienced by many professionals when they attempt to work in community space, for it often seems very complex, dis-ordered, unstructured and uncontrollable. And many health professionals begin to discover that their powerful tools and techniques seem weaker, less effective and even inappropriate in the community.

It is because of this dilemma that more thoughtful health professionals have begun to think more carefully about this social space called "the community." They have attempted to better understand how their profession can be more effective and which tools are needed for work in community space.

The most obvious finding of these professionals is best summarized by Mark Twain's maxim that, "if your only tool is a hammer, all problems look like nails." If your only tools are based upon medical models and systems, "the community" must be a nail if we are to be effective. However, one can quickly recognize, with even the slightest reflection, that the community is not a nail. "It" is, instead, a tool that is as distinctive and useful as the medical system tool.

In order to understand these distinctive tools called "health system" and the "community," we need to look at the design, capacities and appropriate use of each. Just as we can readily distinguish the different shape and use of a hammer and a saw, it is possible to examine the distinctive shape and usefulness of a medical/health system and a community.

Looking first at the tool we create called a system, its design or shape is best exemplified by the well known organization chart that is a pyramid of boxes connected by lines of authority and responsibility. This pictograph of our medical, prevention and health promotion systems should clarify the nature of the tool professionals use, and of which they are also a part.

This "system tool" is primarily designed to allow a few people to control many other people. It enables a manager or administrator to design and assure a standard output from the work of diverse professionals and workers. Therefore, it is clearly a tool designed to control and to produce standardized practices and outcomes. We can usually understand the nature of this "system tool" most clearly when we think about the production of an automobile. Here a pyramidal system is used to translate from the minds of the designers and administrators to the hands of the technicians and workers a uniformly repetitive commodity called a Chevrolet. The auto company is a system designed to control in order to assure uniform quality. This is also the essential nature of the tool we call a medical or health system.

While systems are tools for creating control and uniform, repetitive quality, they also depend upon a third element of social organization: a consumer or a client. The frequent use of the words consumer and client is a product of modern system development and proliferation. Indeed, it has only been in the last 25 years that a previously unknown label was created by medical systems - the "health consumer." Our grandparents could not imagine such a new being. They thought health was a condition, not a commodity. However, our new powerful systems have both needed and created a class of people called consumers and clients.

Therefore, we can recognize that the tool we use called a system is designed to control people, to produce uniform goods and services of quality and to expand the number of people who act as consumers and clients.

What kind of tool is "the community?" It is obviously not a nail to be hammered by the health and medical systems. However, we must be somewhat arbitrary in our answer because there is no widely accepted definition of the design and shape of the "out thereness" often called community. Nonetheless, there is at least one very useful definition of the community that focuses upon a uniquely American social tool. This tool was first described and analyzed by a brilliant young Frenchman named Alexis de Tocqueville.

In his monumental work titled *Democracy In America* [1], de Tocqueville observed that Americans had created a new social tool. It was a self-generated gathering of common people who assumed the power to decide *what* was a problem, decide how to solve the problem and act to carry out the solution. This powerful new tool he called an "association" and its members were called citizens. De Tocqueville saw that the principal American tool for creating the new society was these self-appointed, self-defining assemblies of citizens. He recognized that they were, in their local aggregate, the new community of the new world - a universe of associated citizens. And through the mutually supportive associations, he saw the creation of citizen power that led to a powerful new form of *Democracy In America*.

If we examine the nature of our current community of associations, we will see that they are tools with a special shape, design and use.

First, associations are structures that depend upon the active consent of people. Unlike a system, the associational structure is not designed for

the control of people. Systems ultimately depend upon people bending their uniqueness to a professional vision in exchange for money and security. Associations depend upon the consent of free individuals to join in equally expressing their creative and common visions.

Second, associations provide a context where care can be expressed. This contrasts with a system where standardized outcomes are the principle expression. Thus, at a gathering of an association of citizens, we see a social form that depends on consent, creativity and care. These elements in their unique combination by citizens create a social tool that is distinct from systems and with capacities different then those possessed by systems.

Thirdly, associations require citizens rather than clients or consumers. Citizen is a political term. It describes the most powerful person in a democracy. An association is a tool to magnify the power of citizens. This contrasts with system tools that create and magnify clients. The Greek root of the word client is "one who is controlled." This is, of course, the opposite of a citizen who is one who holds power.

A community of associations, then, is a social tool that is designed to operate through consent, combining the creative uniqueness of the participants into a more powerful form of expression. Put simply, the unique American community is an assembly of associations that is the vital center of our democracy, our creativity, and our capacity to solve everyday problems.

However, this vital center has been weakened since DeToqueville's observations of American social structure in 1831. Today, the power of American associations in community is less visible and less respected. The reason for the apparent decline of our community of associations is not very

obvious to most of us, even though it has been clearly defined by such brilliant social analysts as Ivan Illich[2], Jacques Ellul[3] and Robert Bellah.[4] Their work demonstrates that the weakening of the tools of community is the direct result of the increasing power of the tools of systems. Indeed, they suggest a paradox - a zero sum game. Their finding is that as the power of system tools grow, the power of community tools declines. As control magnifies, consent fades. As standardization is implemented, creativity disappears. As consumers and clients multiply, citizens lose power.

The implications of this analysis are profound. For if our health promotion tool is a system, we can only achieve a particular and limited set of goals. We cannot perform the necessary functions and achieve the goals of the tools of community. And yet, it is critical to a public health mission of promotion and prevention that most of the work be done in and *by* communities.

Some modern health professionals, recognizing this necessity, have begun to design complex programs said to "inter-face with," "involve" or "use" the community. As noble as their intentions may be, they fail to recognize the historical evidence demonstrating that as systems grow in capacity, influence and power, communities and their associations lose capacity, influence and power.[5] As systems "outreach," communities contract. As systems invade, associations retreat.

As we enter the era that seeks healthy communities, we are faced with four hard realities. First, systems and communities are different tools designed to do different work. Second, systems can never replace the work of communities. Third, system growth and outreach can diminish and erode the power of the community's tools. Fourth, when systems' growth

erodes community associations, then the system itself becomes a major cause of community weakness and disempowerment contributing to the creation of a local environment for ill-health, un-wellness and dis-ease. Put simply, powerful, pervasive health systems can create unhealthy communities by replacing consent with control and active citizens with compliant clients.

In the face of these hard realities, there are no easy tricks or technical gimmicks that health promotion professionals can use to overcome either the limits or the potential counterproductivity of health system tools. There are, however, some hopeful experiments and initiatives in which health professionals and their powers have enhanced the strength of communities and their associations. Our analysis of these cooperative initiatives suggest that they reflect at least four values.

First, the professionals have a deep respect for the wisdom of citizens in association. These professionals do not speak of training or paying citizens or associations to do the system's work. Rather, they seem to recognize that they are fellow citizens with one symbolic vote to cast in association with their fellow citizens. While they are not a part of the community, they walk with the community in its journey. They are neither making the path nor leading the group.

Second, community building professionals often have useful health information for local folks. They share that information in understandable forms. For example, they prepare a map that shows where the neighborhood auto accidents occurred last year. They ask local citizens in their associations why the accidents occurred and what the local citizen's association can do about the problem. They are not the source of analysis or solutions. They are the source of information that is not easily known by

local citizens. They provide information that mobilizes the power of local citizen associations to develop and implement solutions.[6]

Third, they use their capacities, skills, contacts and resources to strengthen the power of local associations. They are listening for opportunities to enhance local leadership, strengthen local associations and magnify community commitments. They are not trying to gain space, influence, credit or resources for their system. Instead, they are asking how the system's resources might enhance the problem-solving capacities of local groups.

Finally, the new community-building professionals are escaping the ideology of the medical model. For all its utility, the medical model always carries with it a hidden negative assumption. That assumption is that what is important about a person is their injury, their disease, their deficiency, their problem, their need, their empty half. The part of a person that is able, gifted, skilled, capable and full is not the focus of the medical model. And yet, communities are built upon the capacities of people - not their deficiencies. Communities are built by one-legged carpenters. Medical systems are built on the missing leg. It is for this reason that community health promotion professionals inevitably find that they must invert the medical model and focus on capacities rather than needs and deficiencies.[7]

Initiatives that enhance healthy associative communities are necessarily built upon the identification and expression of the gifts, skills, capacities and associations of citizens. And so it is that community building professionals are not interested in how many girls are parents too soon. Rather, they are interested in what these same girls can contribute to the community. How are they connected to local associations to express

their gifts? What existing groups will give them a new source of power and identity? What can I, and the resources of my system, do to join the effort to answer these questions without overwhelming or coopting local citizen efforts?

In order to build a healthful society, we need two tools. One is a system. The other is a community. Neither can substitute for the other, but systems can displace communities or enhance them. To enhance community health, we need a new breed of modest health professionals. They will be people with a deep respect for the integrity and wisdom of citizens and their associations. They will understand the kinds of information that will enable citizens to design and solve problems. They will direct some system resources to enhancing associational powers. And above all, they will focus upon magnifying the gifts, capacities and assets of local citizens and their associations.

Health is not an input. Health is not a commodity. Health cannot be consumed.

Health is a condition. Health is the byproduct of strong communities. Health is the unintended side effect of citizens acting powerfully in association. Without that citizen power in associative relationships, we will be reduced to a nation of clients - impotent consumers feeling the unhealthful dis-ease from the manipulation of our lives as they are managed and controlled by hierarchical systems.

Alexis de Tocqueville had it right in 1831. He saw a vital, creative, vigorous, lively, inventive, healthful people. He understood that was because they were neither slaves nor clients, serfs nor consumers. Instead, they were citizens and that fact was the source of their health and their healthful communities.

De Tocqueville thought he was a reporter. But he was also a prophet who understood that the basic source of health is powerful citizens and vigorous associations. The name he gave to that health giving condition was democracy.

REFERENCES

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[6] McKnight, John. 1978. "Politicizing Health Care." *Social Policy,* Volume 9, November-December, pp. 36-39.

[7] McKnight, John & Kretzmann, John. *Mapping Community Capacity.* Center for Urban Affairs and Policy Research Report, Northwestern University: Evanston, IL.

Note: The publications noted here represent a basic reading list for professionals interested in rethinking the relationship between their systematic tools and community well-being. The publications titled Politicizing Health Care ($1.00) and Mapping Community Capacity ($4.00) are available from the Director of Publications, Center for Urban Affairs and Policy Research, Northwestern University, Evanston, IL, 60208.