

What Does a Healthy City Look Like?

Reflections from the Grassroots

Rappaport Public Service Lecture
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Rappaport Institute for Greater Boston
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About the Rappaport Public Service Lecture Series

The Rappaport Public Service Lecture series offers a forum to explore a wide range of issues facing the region. Held at the historic Old South Meeting House, the series is sponsored by the Rappaport Institute for Greater Boston. The third lecture took place on November 25, 2002. Bill Walczak offered his thoughts on “What Does a Healthy City Look Like?” Walczak, who was a leader of the community effort to create the center 20 years ago, offered his unique perspective on the role of health and social services.

Bill Walczak

Bill Walczak is co-founder and Chief Executive Officer of the Codman Square Health Center in Dorchester. Under his direction, the center has played an innovative and critical role in the revival of the neighborhood. Walczak’s leadership provides a powerful model of acting locally to foster change across the city on a wide range of issues.

Rappaport Institute for Greater Boston

The Rappaport Institute for Greater Boston is a non-partisan policy think-tank at Harvard University’s John F. Kennedy School of Government that seeks to improve governance in the Greater Boston area by engaging students in public service, strengthening networks of academics and practitioners involved in public policy work, contributing useful and academically rigorous research to inform policy debates, promoting dialogue on policy matters in forums and on the web, and providing training for municipal officials in the Greater Boston area.

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What Does a Healthy City Look Like?

Reflections from the Grassroots

by **Bill Walczak**

What does a healthy city look like? A healthy community first needs to have a sense of community, and then it needs a plan; then it has a chance to improve its quality of life. Such effort is always borne of struggle, since change is always difficult. Often, foreign visitors come to Codman Square and see our facilities, which have been described as palatial by some, and they shake their heads and say that this is impossible for them, as if our facilities just appeared out of nowhere. Then I tell them the story of the struggle that produced the building and the programs they so admire.

I arrived on the scene in Codman Square in 1972. By 1973, I was a married, college dropout working in a factory and organizing for Caesar Chavez's lettuce boycott. The Codman Square community had gone from a bustling commercial center with a stable residential population to a scary urban neighborhood in just a few years. It had been the center of Dorchester, the location of its Town Hall, the home of Mayor John Fitzgerald and his daughter Rose Kennedy. But if you had come to Codman Square when I did, most of what you would see would be decaying, abandoned, or soon-to-be-abandoned buildings in both the commercial and residential districts. Some streets had more vacant lots than houses. Racial tensions occasionally erupted into violence and gang fights.

Community members formed associations to try to deal with the chaos of the community, but most of the meetings were taken up with trading information on who had gotten mugged or what house became abandoned since the last meeting. The health center was founded by a group that emerged from another civic group in the area. In 1974, several founders of other health centers told us how they set up their health centers, and the civic association decided to start one in Codman Square. I was chosen the chairman despite my young age (I was only 20) because I had a big mouth and it was a convenient way to shut me up. The group that started out to create a health center was not motivated by clinical or medical reasons. Sure, there was a crisis in health care in which thousands of poor newcomers had no access to primary care and had to receive basic care like immunizations at emergency rooms. But in reality the health center was started because the community leaders of the day saw the creation of a health center as a finger in the dike of urban deterioration and a way to give residents a reason to hope that things in the dreadful 1970s would get better.

The 1970s were a terrible time in cities. The opening to that pretty bad Sly Stallone movie "Copland" said it all: "In the 70s, everybody wanted out of the city." A snapshot of Codman Square would show a pathology far deeper and broader than the more obvious

indicators of high infant mortality, a lack of primary care physicians, and children without immunizations. Those health data justified creating a health center to the state and regional planning boards.

In 1975, 350 houses burned in the area west of Codman Square. Escalating violence and crime threatened residents' physical safety, the educational system was in a state of collapse from dramatic shifts in demographics and the desegregation order, and racial tension spawned violence and fear. Consider this sampling of the headlines of the day: "Fleet Teenagers Roam Dorchester Badlands," "Surviving in Codman Square," and "Codman Square: Sudden Death on Disputed Turf."

Founding Ideals

The health center's founders had three motivations: provide health care, do something to bolster the neighborhood, and provide a reason for neighborhood residents to work together. In short, the goal was to improve the community's hope quotient.

I cannot overstate the importance of hope in redeveloping distressed communities. In reality, it is *the* most important thing. Hopeless people give up; hopeful people try to improve things.

The founders of the health center thought they had a strong case to make for their efforts – great service needs and a building in the soon to-be-abandoned Codman Square Library. But it was not to be. The administration of Mayor Kevin White opposed this use of the building, and even the creation of a new health center. Whether it was because we got caught up in the rivalry between Mayor White and Joseph Timilty, his once and future opponent for mayor, or whether there was simply no interest in supporting a health center, we were stonewalled at every turn. After battling with City Hall over the idea of a health center for more than three years and getting nowhere, in 1978 we decided to go for broke. We called a press conference and condemned Mayor White. A young political wannabe suggested to us that we hold the press conference on a Saturday morning, since there is always a news program on Saturday but often there is no news. We batted 1.000. The Mayor sued for peace and we opened our clinic in the basement of the old library, now called the Great Hall. At the dedication, one of our supporters, still resentful that it had taken four years to get the health center open, was wrestled to the ground for holding a sign that said "Better Late than Never."

To be fair to the government, nobody really knew what to do about the chaos in urban neighborhoods in the 1960s and 1970s. In some cases, government seemed to adopt the same theory for urban development as for fighting the Vietnam War – you need to destroy the village to save it. But the people in the communities did not really know what to do either.

It became clear, soon after starting the health center, that access to primary care was only a part of the picture. Developing a healthy community required a lot more. The first patients complained that there were no dental services, so the health center opened a dental

clinic. This was followed by social services, mental health, nutrition, family planning, and other clinical services.

But while the broader categories of clinical care were being covered, the reality was that these services were just nipping at the greater problem that was the source of much of the clinical problems. These problems were related to poverty, behavior, and the larger environment. The community struggled with all of this. The neighborhood started a community development corporation to address housing and commercial development. The YMCA broadened its services for youth. The government continued the demolition of burned-out buildings.

But still we had indicators of pathology. A street near Codman Square had over 30 drug-related arrests in a one-month period, and not a single arrest was related to a call from neighbors. What does it say when drug dealing is rampant and no one cares enough to call the police? *The Boston Globe* published a series about infant mortality in Codman Square called “Births in the Death Zone.” Imagine being in a “Death Zone.” *Where do you live? Oh, I live in the Death Zone.*

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Discovering Basic Truths

By the late 1980s, two pivotal factors came together — a more mature civic leadership that had learned through failures and successes how to change conditions in the community, and an awareness by government of how to assist communities in repairing themselves. What we had was the vaunted public-private partnership.

To develop an understanding of how to take our efforts to the next level, we undertook a planning effort.

This happened quite accidentally and its story is important to tell. In 1988, our medical director received a grant to organize around an important health issue. The grant came as the infant mortality rate skyrocketed in the black community, with lots of attention in the media. It seemed obvious that infant mortality should be the goal of the organizing effort; after all, the *Globe* said it was important, right? To take the pulse of the community and to find people willing to work on the problem, we conducted a survey. We offered cash prizes, raffle style, just before Christmas to encourage people to fill out the questionnaire. Anyone who mentioned infant mortality as a problem would get a call to help organize the effort.

But it did not work out the way we expected. We discovered that infant mortality was way down on the list of perceived community problems. Instead, people gave priority to violence, substance abuse, and youth (which still come up in the top five in surveys today). After considering these results, we decided to bring the community together and ask people what they wanted to do. For the first time, all the community non-profits had assembled into a Grand Coalition, working on the same ideas.

The community process that followed was remarkable both in terms of its level of community involvement and in its product – a 40-page “what to do” manual that guided Codman Square and its non-profits for years following its publication. Mostly made up of an analysis of the problems and hundreds of suggestions on what could be done, our Action Agenda sparked a number of new youth programs, a new merchants association, the creation of crime watches, block clubs and civic associations, and a unity of leadership that most communities can only dream of. Amazingly, the plan was built without money. Later, I calculated that the planning effort leveraged about \$40 million in investment. You see, the Action Agenda, the resultant unity of community and vision for the future, and the sense that Codman Square was a community that was moving forward fast were the major factors

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in decisions by government and private foundations to invest. Here was a community that knew where it was going. There were headlines like “Codman Square Miracle Workers,” “Residents Spark Revival of Codman Square,” “Rebirth of Codman Square – An Inner City Success Story.”

These and other positive stories led to more and more investment. Codman Square went from being the Boston blight story of the 1980s to the miracle story of the 1990s. City Hall adopted the Action Agenda process as its blueprint for other community building efforts and called it Healthy Boston, which became Mayor Raymond Flynn’s campaign platform in 1991.

The next logical step for Codman Square’s Grand Coalition was already defined: link all the youth programs and create a large youth activities program for the whole community. The coalition of non-profits would apply to the Healthy Boston Initiative for funding of this effort. Partly because of government funding restrictions and partly because of the desire of the Healthy Boston leaders to establish scientific proof of the programs’ efficacy, the community’s proposal was rejected.

But because Codman Square was the blueprint for Healthy Boston, we were allowed to submit something else that fit more with what the Healthy Boston managers wanted.

The program we got funded, called “Positive People,” was a double disaster. Not only did it produce something that the non-profits were unprepared for, it diverted them from the plan that was sanctioned by the community. It was doomed. We tried to take youth with three strikes against them – a record, a child, and no diploma – and make them into productive, trained citizens. We tried very hard and burned ourselves out. The failure derailed the grand coalition, which has not been able to be re-assembled since.

But the next few years saw no halt in the development of Codman Square. Indeed, millions of dollars in new investment took place, but that development did not occur as a result of the coalition. The health center in fact experienced its greatest growth spurt during that period. We built our youth center, our technology center, our Civic Health Institute, our

arts programs, a new primary care wing, and a charter high school.

People who knew Codman Square in the bad old days marvel at the accomplishments of the non-profits. In October, I hosted a reunion of people who had last been in Codman Square in the 1950s. They noticed the dramatic shift in population and in the appearance of the commercial district. They were prepared for horror but found that the Square looked healthy and maybe even better in some ways than the 1950s.

Largely through the efforts of its community leaders, and later through its non-profit organizations in partnership with government, Codman Square has developed into a more vibrant area with a working commercial district, good services, rehabilitated housing, a market for its housing, and an attractive center with historically preserved buildings. It is safer; its health indicators have improved, in some areas dramatically. Youth have access to dozens of after-school programs. There are active churches and many crime watches. Access to primary care has improved from less than 50 percent to over 85 percent. Perhaps most significantly, the residents of nearly every ethnic and racial group imaginable – 50 in all are represented in Codman Square – live in relative peace.

Yes, it's a success story. But the success has been limited. Codman Square children are still victims of violence and get pregnant at high rates. They have few options for education and too many youth are incarcerated or become clients of the Department of Social Services, the Department of Youth Services, the Department of Mental Health, and other crisis-oriented agencies. In fact, the ZIP code of Codman Square has one of the highest rates of multiply involved families in DSS, DYS, and DMH. Its unemployment rate is triple Boston's average.

While some of the issues are intractable and related to being in a transient, poor community, the reality is that many indicators could be made better.

What it all comes down to is this: A healthy community is a community with the values that create the incentives – peer pressure, even – to live healthy lives. You cannot have community values without community. Ultimately, people with good health have good health because they have healthy habits. Healthy habits are inculcated by upbringing and by a conforming force of habit that is wrought from healthy peer pressure and access to the tools that produce opportunities for healthy lifestyles. The behavior of the individual shapes the community, and vice versa.

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Platform for a Healthy City

So if you want to create a healthy community, you need to bring to bear the forces of

neighborhood leadership, government and community, and other institutions to create or enhance a sense of community. You need to build values, give people tools, and provide facilities for all residents.

Simple? Never. But our public, private, and nonprofit efforts need to keep this reality in mind as we incrementally develop our neighborhoods.

Here is my platform.

First, government needs to ensure that all residents have access to needed services. There are no shortcuts to good community development. Government needs to work with communities that have mature and stable leadership and a good and clear vision. When government tries to take a successful model and place it into another community when that community lacks the necessary capacity and vision, you can pretty much guarantee failure. Government works best when it provides money to support good leadership with clear vision.

The same goes for foundations. Typically, foundations give money to good ideas that can be sustained for two or three years, rarely longer. This needs to change. Communities require a generation of investment, not a couple of years. The better foundations look for good leaders and are flexible with their investments. Foundations can play a much bigger role than they have played. Somehow, the forces of community need to be joined in their efforts by the businesses and universities. Why this does not happen more often is an unnecessary mystery to me. It is astonishing that we have huge universities with lots of talent, but virtually no connection between them and communities like Dorchester. Foundations should support university-community ties by investing in non-profit organizations to connect with universities.

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Foundations also need to understand the power of hope and to build the notion of accentuating the positive in addition to

focusing on the problem into grants.

Government needs to bite the bullet and create family- and community-oriented bureaucracies. For more than a decade, the state has struggled to figure out how to get DSS, DYS, and DMH to collaborate on the same families. It took less time to come to a treaty to reduce nuclear arms with the Soviet Union. One of Codman Square's social workers left a number of years ago to work for a social work group whose job was not to counsel individuals or even families. The job of that firm was to counsel other social workers when there were so many involved with a single family that they could not agree with one another on a treatment plan. How absurd is that? It is time to move from function-related services to family and community related services. Like the idea of family medicine, which promotes a single provider for an entire family, we need government agencies to be community focused and staffed by generalists.

Government must also be aware of the unintended consequences of its actions and

programs. With a “silo” mentality, government tackles and evaluates narrowly defined problems without considering what unintended consequence might occur as a result of it. This mentality is most evident in housing policy, where the government’s subsidized housing program has an unintended consequence of promoting speculation in small apartment buildings, resulting in increased numbers of absentee owned apartment buildings and tenants with no support services.

We also need to understand that the non-profit sector is more than the sum of its services. As schools and churches have provided less and less glue to hold communities together, the non-profit sector has taken a much broader role. Non-profits not only provide services. They also provide the entry point to the work world for many. They are largest employers in their communities, the centers of community activity, the responders in times of crisis, the organizers of action, even a type of secular church. Yet all of these other aspects are neglected by the powers that be in society. Consider this: the health centers of Boston are a \$300 million industry with 5,000 employees. When the Boeing Corporation was looking to relocate its corporate headquarters with 400 employees, several cities fell over themselves offering millions in benefits to Boeing. Chicago landed Boeing with about \$50 million in benefits. The health centers provide much greater community stability, but the jobs they provide are not considered when decisions are made about cutting funding. It is argued that you cannot raise taxes on industry without risking job losses, but nobody talks about job losses when millions are cut in grants to the non-profit sector.

Consider this: the Dancing Deer Bakery received awards from government and institutions for opening its bakery in Roxbury and creating jobs. The total number of jobs created in eight years? Fifty. Do not get me wrong, I am sure Dancing Deer is great, but there is quite a gap here. Total jobs created at the Codman Square Health Center: 270, with three quarters residents of Dorchester, Mattapan, Roxbury, Hyde Park, or Jamaica Plain. Between staff and clients, the Codman Square Health Center brings 15,000 people to Codman Square every month, providing great spending power in our commercial district. The health center is the economic engine of the community. You want to support a community? Support its non-profit businesses.

Next: A core of community connectedness is its voluntary youth services organizations – its baseball and soccer leagues, for example. These organizations are usually the first things to fall apart. They need support. I have found that youth baseball leagues in particular are a wonderful tool to organize a community. The parents all show up to the games, which are unbelievably boring. The parents talk and people get to know their neighbors. I would make

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it mandatory that the adult softball leagues work like Little League. Near as I can tell, the adult softball leagues are made up of people who have played together for many years, even if they have moved out of the city. Creating leagues in which adults can sign up without having a team could be a great way to create neighborhood-based teams and integrate newcomers to their neighborhoods – while at the same time promoting healthy lifestyles.

Schools need to be allowed to be innovative and need to promote healthy lifestyles. Codman Square Health Center helped to create the Codman Academy Charter High School last year. The school is built around the concept that a school can be integrated with a human service agency, so that the children can be assured of receiving the services they need, and being integrated into an adult professional world. Codman Academy provides lots of structure – about 12 hours of it per day, six days a week. It promotes healthy eating through buffet-style lunches. Every student participates in sports or exercise, five days a week. Students and teachers walk several miles a week to tennis lessons, swimming, basket-

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ball, the library, the technology center. It has already paid off in a much healthier, less obese student body. The value of charter and pilot schools is their ability to experiment like this. Rather than create rules to prevent innovations, like exemptions from the foolish nutrition requirements, which result in uneaten lunches by school children, the system should be looking for reasons to say yes to well conceived programs that promote healthier eating and living. In short, we need to support the idea of schools integrated into larger community networks.

Real collaboration is something often discussed but rarely done well. It is also, as we have discovered in Codman Square, very fragile. Four years ago, Codman Square Health Center and the Dorchester House Multi-Service Center created a joint venture, called Health Services Partnership. This model merges various functions, mainly management and backroom operations. It saves money and builds better management capacity, while preserving the identities of the non-profits in their communities. Too many forced collaborations and even voluntary mergers end in disaster over money or ego or both. This experiment has avoided this and deserves to be examined by others.

Civics needs to be integrated in everything we do. Too often, service providers see the political process as antithetical to what they do, despite the fact that most community non-profits are completely dependent on the political system for their funding. How difficult would it be to have voter registration at every point of contact in the service delivery system? Why can't we promote participation in local civic associations, send sound trucks out on election day, or have service providers make voter registration part of a check-off list when speaking with clients? Promoting the value of civic participation should be part of the responsibility of all case workers. It is now seen as taboo.

Let me mention a few more ideas; Creating a good bike path system for Boston, protect-

ing and improving local parks and beaches, promoting the arts, instituting a strong local history curriculum to engender pride in students, celebrating integrated communities, promoting adult gathering places like coffee shops ... I could go on. My message is that we know a lot about what it takes to create healthy communities. What we need to do is create a vision of how to get policy and politics to adopt it.

Planting trees

Boston is evolving. Over the next 20 years, we will see a continuing transformation of our city. The older white ethnic neighborhoods will continue to breakdown, while new non-white ethnic neighborhoods take their place. Minorities will continue to emerge as a political force with middle-class needs. City dwellers with alternative lifestyles will increase in number and influence. Downtown neighborhoods will continue to spill into Roxbury and Dorchester. Baby Boomers will retire into urban enclaves.

Change will occur at a more rapid rate than in the past. Our communities are more transient now, which makes it even more important that we devote as much energy as necessary to ensuring the continuation of a sense of community in our neighborhoods. An investment in community will reap rewards far beyond the cost.

We need to create integrated systems that promote community and healthy values. Like all change, such a cultural shift will take a generation or more to accomplish. But I am reminded of the story President John F. Kennedy told of the French leader who asked his gardener to plant a rare tree on his estate. "But the tree won't bloom for 100 years," the gardener said. The response: "In that case, plant it this afternoon."

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