

# The State and Local Political Environment of Urban Health

Charles T. Royer

*Cities cannot take on some of the twenty-first century's toughest problems—growth and sprawl, health and safety, the environment—working solely within political boundaries drawn in the eighteenth and nineteenth centuries.*

The state and local political context for addressing urban health problems in the twenty-first century includes issues of federalism, city-state relations, and policy-making processes within cities and the factors that influence them. The underlying assumption — one with which I agree completely — is that government and politics at these levels will play key roles in developing and carrying out such an agenda. My views derive from my professional experience in politics and the press, and, most recently, from helping to develop the Robert Wood Johnson Foundation's Urban Health Initiative, a process that took me to 13 cities around the country.

This article discusses factors that influence public sector capacity and behavior, including changes in the intergovernmental system, politics, and the press, and the divisions of race, class, and culture. It concludes with observations on what might be some essential elements of an urban health agenda.

## The Governmental Milieu

A trend called *devolution*, the systematic delegation by the federal government of more and more flexibility and authority to state and local governments, in recent years has changed the general environment in which government must work. To some in Washington, D.C., devolution means cutting taxes and relinquishing many responsibilities that are perceived to be unpleasant, no-win tasks, such as dealing with poor people and big cities. To others in Washington, devolution is a desirable adjustment of the intergovernmental system that recognizes the good sense of moving some authority and decision making to more appropriate levels of government.

Effectively, however, as seen most clearly in welfare reform, devolution simply means putting the bulk of the responsibility for writing the rules of the game on state government. Most public opinion polling

endorses that approach in almost every area of government's domestic responsibilities except for civil rights enforcement and Medicare. In fact, a 1936 Gallup survey reported that 56% of those surveyed said that they were more comfortable with "a concentration of power" in the federal government than in state government. By 1995, only 26% of those polled by Hart and Teeter felt that way.

Municipal government has even higher levels of public trust than does state government. However, in many cases, city and urban county governments view with some trepidation the devolution of authority to the state, especially those large cities and counties with large minority and immigrant populations that generally do not enjoy the political support of governors and state legislators. Complicating the local governmental environment, at least for health issues, is the sad fact that not all cities are led by people of compassion and vision. Leadership is spotty, and city government often has little to say about the health agenda. In many places, like California, health and human service issues are the province of the county government.

However, there is good news for local governments faced with the added responsibilities that accrue from devolution. Regional economies are booming for the most part, and state and local governments seem to be out from under — at least temporarily — the harsh fiscal restraints of the late 1980s and early 1990s. The booming economy affords some flexibility for venturing into new service areas, although perhaps only until an attempt is made to raise a tax.

## The Political Environment

A powerful perception from the last three or four years of working closely with some distinctly different cities is the poisonous climate that surrounds politics and government. In almost 30 years of

reporting on politics and government, teaching it, and serving in it, I have not seen a tougher, meaner, more cynical, more destructive political climate than the present one. It is the enemy of innovation and positive change in government at all levels. It is the prime killer of good public ideas, and it is poised to snuff out, through bad laws and mean-spirited rhetoric, our capacity and will to make smart investments to improve the health of our communities.

It seems that sometimes reporters are the only people in America who are happy about what is occurring. They often treat politics as if it were a blood sport rather than the very business of freedom. So, the press offers too much cynicism, too much negativity, and too little substantive information for citizens to make informed decisions. The bashing of government and politics is taking a heavy toll on the confidence of citizens that their governments can do anything right in these communities. This trend is coming at a time when governing institutions, especially at the state and local levels, are being asked to stretch and innovate on some difficult issues that in the past were left to the federal government — issues such as most forms of public assistance and health care.

## *Public Attitudes and Perceptions*

What people think about children and society affects the formation of an urban health agenda. While visiting the Urban Health Initiative's initial 13 cities, we talked with a broad range of people about the health and safety of children in their communities. Some of the conversations were unsettling.

When we spoke with people about young children — say, aged six and younger — people expressed real fear for their future. When we spoke with them about older children, such as teenagers, they expressed fear of them. They seemed to be talking about two kinds of children: those who needed to be fixed up, and those who needed to be locked up. Indeed, attitudes that support detention seem to be winning over attitudes that support prevention. People obviously are concerned about the health and safety of their own children. But, does that concern extend to the other children in the neighborhood? Or, for families living in relatively stable suburban communities, does concern for children cross municipal boundaries and extend to children in the central city, to immigrant children, or to the children of welfare mothers?

Recent research on this issue may be surprising. The Advertising Council and the Benton Foundation conducted surveys and focus groups around the country, testing approximately 60 different message ideas in an attempt to discern issues that might mobilize communities around efforts to improve conditions for children and youth. The relative well-being of children versus the rest of society — their health and their safety — has worsened over the past 20 years.

When asked why, in a country with a strong economy and a powerful safety net for older people, the health and safety of children has been allowed to worsen, most find ways

to rationalize, if not accept it. People see children problems as symptomatic of the problems of the parents or of society as a whole; the problems are viewed as being a small part of a large, irreversible pattern of economic and moral decay. People blame parents, who may need support, and then stereotype them as uncaring and irresponsible. They want to believe that, if they were in similar circumstances, they would do better for their children. Ultimately, says the research, the public is unable to separate children from their “bad” parents. They view parents as undeserving, so they do not help the children.

It seems that this nation's stereotyping of people on welfare has taken a substantial toll on our patience and our compassion. Some politicians have taken — and can be expected to continue to take — advantage of these attitudes to frustrate public sector intervention, especially with regard to immigrant and minority populations within inner cities.

## *Influence of the Nonprofit Service Sector*

Any effort at building an urban health agenda will need to consider what I would call the systems environment — the “circuit board” of the public and private nonprofit service delivery system — which today feels totally unloved and unappreciated and seems to be dedicated to continuing to do exactly what it is doing right now, only with annual increases in budget. Most communities simply do not know what they are up against, politically and practically, in trying to make fundamental changes in these systems. These agencies do try to help: myriad nonprofit agencies have made many well-intentioned efforts, but they tend to achieve results that are marginal, more often than not use up an enormous amount of resources, and are unable to move their efforts to scale.

## *Divisions among Populations*

No survey of the policy context for addressing urban health issues can ignore the enormous challenges imposed by the divisions of race, class, culture, and space. As economic and job growth has become, overwhelmingly, a suburban phenomenon, the isolation by race, class, culture, and opportunity in the central city has worsened dramatically.

In Detroit, in a conversation with a business leader who was working hard on these issues with the city's exciting and energetic mayor, Dennis Archer, I asked whether he was optimistic about being able to overcome some of these divisions of race and class.

“No,” he said. “It's too much about race. The race riots (in 1967) have left some very nasty scars. As a community, we can't get past 1967.”

“Well, I said, “I was just in Richmond, where they are having a hard time getting past 1867.”

A hopeful sign is that young people seem to be ahead of their parents and their political leaders in dealing with race. This may be true because they do not know or care about the old wars or, perhaps, because some headway is being made.

Another old war, the one between suburb and central city, continues to impede progress in some regions. The Urban

Health Initiative, which tries to be nonprescriptive regarding local strategies, has told these communities that they must develop regional approaches to improve the health and safety of their children. Cities cannot take on some of the twenty-first century's toughest problems — growth and sprawl, health and safety, the environment — working solely within political boundaries drawn in the eighteenth and nineteenth centuries. In any of these isolated places resources are insufficient — in both leadership and wealth — to try to go it alone. This is one area in which the emergence of state government can make a difference.

## *Suggestions for Developing an Urban Health Agenda*

This overview of some important “climatological” factors suggests some essential elements that must be considered in the development of an urban health strategy. Given those realities, what can be done?

I endorse heartily the lessons and approaches Baltimore Mayor Kurt Schmoke has drawn from his experience: expand the search for new and nontraditional partners; increase outreach to “the community”; acknowledge and work to reverse the “tyranny” of certain environmental factors, especially in poor neighborhoods; and take risks. To those, I would add the following, suggested mostly by our effort so far in the Urban Health Initiative.

First, these communities are unique places, having “grown up” differently and having been subjected to different “old wars.” They will have a difficult time liking or working with national models. Efforts to intervene, therefore, must be linked to local reality. For example, if economic development is the primary facet of a community's agenda and if significant community leadership is working on economic development, then the health agenda has to discern how to be part of the economic development work. If school reform is the issue, then the health agenda needs to learn how to be a helpful part of that work. Work that generally gets done in communities is work that is linked to what is ready to move, to what is politically salient.

Second, whatever the agenda might be and however well it might be linked with other efforts, no agenda will move very far in these communities without a well-developed, sophisticated, and strategic communications efforts aimed at influencing both the community's formal and informal networks of communications.

Third, find excellent leadership, pay well for it, and develop new leaders. Our Urban Health Initiative sets high standards, competitive salaries, and high hopes for developing leadership skills among young people. We are developing a fellows program across the cities served by the initiative and will provide extensive leadership training for those involved at the local level, including youth.

Fourth, help to find a positive role for local government that is consistent with the culture of the community. In some places, government needs to play a leading role; in others, it can happily follow, endorse, and support. Ultimately,

however, a successful effort will, at some point, need a regulation, an ordinance, or a new public institution, and government is still the only entity empowered to do that.

Fifth, set very high goals. Foundations and other funders want measurable outcomes and are quick to let supported agencies know that they have made little difference. I think people are drawn to higher goals. The worldwide sustainable communities movement, which is gaining currency even among those of us who do not fully understand it, does not say, “We will increase the percentage of the waste stream we recycle by 20%.” Rather, it says, “We will eliminate waste.”

It will take sustained effort, over an unfairly long period of time, to overcome the challenges of developing and implementing urban health efforts that will make a difference in the lives of the people who live in our cities.

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## *The Urban Health Initiative*

The Urban Health Initiative (UHI) is working closely with five U.S. cities — Baltimore, Detroit, Oakland, Philadelphia, and Richmond — to help improve the health and safety of children living in these areas. A goal of this 10-year initiative is to document and share with others strategies that make a difference, and lessons from those that prove less fruitful. UHI is jointly sponsored by the University of Washington's Daniel J. Evans School of Public Affairs and School of Public Health and Community Medicine and funded by a grant from the Robert Wood Johnson Foundation. See <http://www.urbanhealth.org>.

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