

**BUILDING HEALTHY CITIES:
THE ROLE OF CORE VISIONARY(IES) IN A COMMUNITY
VISIONING PROCESS- THE BRAZOS 2020 VISION INITIATIVE**

A Dissertation

by

MARVIN LEE NILES

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

August 2006

Major Subject: Urban and Regional Science

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Approved by:

Chair of Committee,
Committee Members,

Donald A. Sweeney
James W. Craig
Leon H. Russell
Leslie H. Feigenbaum
Forster Ndubisi

Head of Department,

August 2006

Major Subject: Urban and Regional Science

ABSTRACT

Building Healthy Cities: The Role of Core Visionary(ies) in a Community
Visioning Process - the Brazos 2020 Vision Initiative. (August 2006)

Marvin Lee Niles, B.S., Jacksonville State University;

M.S.L.D., Texas A&M University

Chair of Advisory Committee: Dr. Donald A. Sweeney

The purpose of this study is to explore the role of social entrepreneurs or core visionaries in generating conceptual, financial, and community support and acceptance for a Healthy City/Community initiative in the Bryan/College Station area. This initiative affords all community members the opportunity to participate in long-term regional goals. Crucial questions were: what criteria were seen as beneficial to the community that would garner support to proceed with a Healthy City initiative, what would be desirable and more feasible - to enter into an agreement with an existing entity, an existing medical health provider, related entity or subsidiary, or to set up a new, independent entity to oversee the initiative, where would funding come from, what was the time commitment, and who would evaluate the initiative's success? Another purpose of this study is to explore how a Healthy City's process was adapted and developed for use in the Brazos Valley and how the initial community leaders or initiative "champions" went about initiating and organizing the movement, including identifying manpower needs, whether through the use of volunteers or the hiring of professionals, consultants, or full time staff to coordinate the various activities. Also of interest were the criteria that the initiative's leaders would use to divide their Healthy City's agenda or potential goals into topical components to be studied and analyzed by community representatives for inclusion (or not) into the final, formal Vision Statement for the community for succeeding by 2020.

This was a qualitative study; interviews and observations of meetings were the information gathering methods used. According to the results, most participants found their involvement meaningful and enjoyable, but they also feared that no actions would come from the goals set by the community. Areas for further research or investigation might include: subsequent phases enacted by the Brazos 2020 Vision, changes made in dealing with future options after the Final Report was completed or distributed, resulting funding opportunities and movement of key leaders after the Brazos Valley initiative had entered subsequent phases. Another focus might be to continue to research or investigate the timeline for Brazos 2020 Vision up to the year 2020.

DEDICATION

It is with heartfelt thanks that I dedicate this publication and my life's journey to my mother, Mrs. Leila Mae Busby Niles, my foremost teacher and ardent supporter, for her wonderful leadership of our many adventures as I grew and developed, and without whom I would have never achieved those blessed activities that I have tackled thus far. Thank you for your devotion and love, God Bless Mom.

To my most immediate family members, my lovely wife Sandy and our first two children, Lee Jr. and Rorry, who were directly impacted by the loss of my time to studies, teaching, and I'll admit it, playing a little hoops at the rec-center, and in large part to our paltry income, wow, how did we travel so much on nothing? I've always been proud of you and always will be - do great things and enjoy. And thanks to Sandy for giving us that centergy, that fantastic home life and support; you made it all special and made it work somehow... And to our last bundle of joy Kaleigh; we were so blessed to have join our family; you're a most precious addition. And to my older kids who were stepping into the world on their own and to whom I am so blessed and proud to see that you have developed into upstanding individuals with wonderful families of your own. Jodi, my first born, you've captured my heart from the day you entered my life and have been such a part of it and shared so much of yours, I am grateful and happy you've given me so much; thanks, honey. And Kelly, man, what can a Dad say about his oldest son, the first to graduate from college (yes my program, but what grades-how'd you get so smart??), thanks for all the good times we've had. I love you both, thanks for staying close to me and the rest of the family. I love you.

And there were so many others, from my minister to my neighbors, to my first wife - thanks for it all...

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To my extended family, my cousins and Aunt and Uncle from Flint and my classmates from Brighton High School in Michigan, for without you folks and your constant influences, I would not be anywhere near where I am today or who I am, especially my closest friends John, Gary, Phil, Billy (OK, Bill now) and Ruth Ellen and her fabulous family who had so much to do with my early growth, maturing and spirit of adventure, thanks for all the dinners, the meaningful conversations and helping me to formulate hard-to-achieve goals, Yes I made it to graduate school... thanks again, words are not enough, I love you all.

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the love and freedom to excel - I'm still writing. And to Coach (and Principal) Scranton, wow who can ever forget your size 13 shoe and your size 1000 heart... I'm indebted for many reasons, one- that you never used that shoe, but that you did use your heart. I've never forgotten coming off the field and throwing my helmet after a dump play, and you took my helmet away and I had to borrow one for the next series... another lesson and all the ones during years of baseball... you are a giant of a man; thanks for all the good you passed me and others along the way.

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CHAPTER I

INTRODUCTION

History and Background

Interest in improving the quality of human life in cities has existed for as long as there have been cities. Public and private efforts have occasionally coalesced at the neighborhood, district, city, and even regional or national levels, attempting to find ways to cope with the complex, interwoven problems associated with urban environments. Today, communities in the U.S. and indeed around the world still face a deliberating array of complex, interconnected problems: overcrowding, famine, waste disposal, polluted water, vermin, infectious diseases, inadequate housing, unsanitary conditions, inadequate health and social services, incessant poverty, homelessness, drug abuse, gangs, increasing rates of violent crime, riots, spiraling cost for and fragmentation of health and human services, environmental degradation, evidence of deepening malaise, embattled educational systems, decaying infrastructure, racial and ethnic tensions, wars and outbreaks of fighting, and a myriad of other crises that come all too often with regularity. The issues are interwoven and complex and call for solution approaches, which are systemic. Many cities around the world are simply unhealthy, and too often attempts to address the issues fall short because they are too narrow, short term, symptom-focused, under funded, understaffed, and are quick fixes to calm the public and back-off the press.

The public health movement of 19th century England was one effort that attempted to combat these problems. Inspired by the Health of Towns Association formed in 1844 in Exeter, England, the movement was led by a

This dissertation follows the style of Environmental Health Perspectives.

visionary, Edwin Chadwick, whose work set the stage for others to follow. One of those followers, Sir Benjamin Ward Richardson, served as editor of a publication called "The Sanitation." In a speech to mark the passage of the Public Health Act of 1875 entitled "Hygeia: A City of Health," Richardson described a healthy city that would be relevant today (Hancock 1993a). His work influenced the direction of the "Garden City" movement in England in the 1890s, which caught on later in North America as the "City Beautiful" movement. Shortly after Canadian Charles Hodgetts' visit to the Chicago Exposition where he was introduced to the tenets of City Beautiful, he remarked that "... it is not so much the City beautiful as the City healthy that we want to..." (Hancock 1993a).

A more recent movement aimed at improving health cities is spreading across the globe. The "Healthy Cities" movement, initiated by the World Health Organization (WHO) as an experimental program in Europe in 1986, now involves thousands of communities worldwide. It is based on a growing realization that health does not so much depend on medical care as on ready access to the basic prerequisites for life: food, shelter, work, education, income, a stable ecosystem, sustainable resources, social justice, and equity (Haby 1993; Hancock 1993a). The project was seen as a way to help all people attain better levels of health, which would allow them to lead socially and economically productive lives, which would be consistent with the WHO's long-range goal of "Health for All." Since then the endeavor has spread across the globe, with now more than 400 participating cities, some underway in the U.S. (Haby 1993).

The Healthy Cities movement attempts to create supportive environments that enhance health, broadly defined. The goals are much more than simply not manifesting symptoms of illness; instead, it is better expressed as one becoming all he or she can become, that is, expressing his or her full potential physically, mentally, emotionally, spiritually, culturally, economically and more. The

problematic issues facing communities have not so much to do with “illness” as with the complex and interwoven root causes of the illness. The Healthy Cities movement recognizes that what is needed is not so much public health policy as “healthy public policy.” From this viewpoint, all segments of the community have the potential to contribute to the development of positive environments, which can produce and nurture “healthy” individuals, families, and organizations. This becomes a real value to the community as a whole.

In an article of the Health Education Quarterly, Dr. Beverly Flynn and colleagues describe the Healthy Cities movement as being based on a fundamental reformulation of what public health is about. Leaders of the Healthy Cities movement recognize that the WHO’s concept for primary health care, designated as “Health for All by Year 2000” (which is one of their stated primary programs), was being confused by many professionals in industrialized countries with the concept of primary medical care. “Health for All” was a goal that encompassed achieving a high quality of life for young and old so that each person could live a socially and economically productive life. About this same time the Healthy Cities movement began gaining momentum, especially as the Europeans and Canadians re-conceptualized primary health care as health promotion, which is based on the realization that if one wants to change what people do, one needs to change the environment within which people live. This is labeled “The New Public Health.” Health promotion is redefined as the “process on enabling people to increase control over and improve their health.” *The Ottawa Charter for Health Promotion*, formulated at a WHO meeting in Ottawa Ontario in 1986, delineated action strategies of health promotion, including building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services. The goals for the healthy cities movement are seen as these action strategies.

The movement has become so popular that there have been many conferences about it. In 1992, Healthcare Forum's theme for their annual publication focused on "Creating Healthier Communities," which was also the title of a conference they sponsored. Healthcare Forum is a large interdisciplinary national organization based in California that monitors health issues at the national level. The theme for the American Public Health Association's annual meeting was: "Uniting for Healthy Communities." A couple other significant, recent national and international conferences were also based on various aspects of a Healthy Cities movement, and include:

- Europe-America Health Cities, Healthy Towns Seville, Spain
- Health and Housing in the Americas, World Health Organization
- International Symposium for the Formation and Development of a Research Base for Healthy Cities, Promotion Committee for Healthy Cities Tokyo Committee, Tokyo, Japan
- Research for Healthy Cities Seminar, Maastricht, The Netherlands

In addition, Healthcare Forum's annual meeting in 1993 again focused on creating Healthy Communities by focusing on the role in which health care providers and institutions could play in such endeavors. An international conference on Healthy Cities was held in San Francisco California in December 1993 that attracted a large number of U.S. and international proponents.

It is obvious from all the global interest that this movement is revolutionary. Dr. Duhl states,

This is a revolution in our thinking, and a paradigm shift that says unless we think systematically, ecologically, multi-disciplinary, and multi-sectorily, we are not dealing with the core questions. But that's not 'the way things are done.' Not only is planning done segmentally, so is the research and education. This is reflected in the research literature, the

training in university -- and [we] wonder why nobody can get along together. We have to figure out how all these fragments fit together holistically. That is what Healthy Cities is all about... (Flower 1993)

There is data that demonstrates how this revolutionary idea works. The information shows that improvements in the health of people around the world come from a rising standard of living and education, both of which are parts of a Healthy City initiative (Flower 1993).

Duhl explains how the Healthy City movement became pertinent and how cities can be major vehicles for healthy change:

First, communication has increased tremendously, and so everyone knows what is happening... Second, communication is complemented by transportation, and at the moment there are no real boundaries that exist anywhere in the world. There has been a revolution in this country... everybody speaks up to the point where we all consider ourselves victims. We are all complaining. We are all saying that we have to get into the act. We all want to participate. We are all rejecting the "top-down" model of control... The most powerful institutions emerging around the world are cities. At the same time, the rural world is breaking up -- everybody is moving into the city. I include suburbs as part of city; it's an urbanization process. (Flower 1993)

This observation is especially important when a city is considering adopting a Healthy City initiative. Cities encompass the majority of the population; therefore it is not only appropriate but necessary that cities lead the movement advocating healthier living for their citizens.

Over 1,000 initiatives had begun by 1993 in Europe and other places; the movement was well underway (Haby 1993). Finally countries like Australia, New Zealand, and the United States began picking it up (Duhl 1993). Pilot programs were established in many U.S. communities around this time. Some began working on their own special circumstances or an existing program or goal, while others started early phases of a new project or initiative. Funding and sponsorship were major obstacles in several cases observed by Dr. Duhl (1993).

He also states

... now we have a program in California. A group of nurses began a Healthy City in Indiana and got money from the Kellogg foundation. Shortly after that, Boston took off... and another example that had nothing to do with a healthy cities program, continued to gain support. In Atlanta, Jimmy Carter (the former President of the United States of America) was trying to improve the quality of life in the city. He didn't call it health, he called it 'habitat.' Other programs such as Headstart and New Enterprise Banking are more in line with Healthy City-type programs. It is happening not only in health, but in field after field. (Flower 1993)

So far there are statewide healthy community/cities programs in Indiana (the nation's first) and California, with New Mexico, Colorado, Oregon, and others actively developing programs. Several individual cities have initiated healthy cities/communities programs, including Boston, Buffalo, Atlantic City, and Iowa City. The National Civic League has secured 20 cities to participate in a subsequent year of its Healthy Communities Action Project. Citynet, the Healthy Cities program administered by the Institute of Action Research for Community Health at Indiana University, is actively recruiting communities across the nation to participate in its development process for initiating healthy cities programs. In addition, the American Public Health Association is developing community standards for healthy communities.

"If you go out and look at those cities where positive changes are happening, you'll always find one person making it work. I call these people 'social entrepreneurs,'" identifies Duhl (1993). He adds,

The first thing that happens when the Healthy Cities program develops in a new place is that some persons assume the responsibility... people with all kinds of expertise get involved in what WHO likes to call 'multi-sectorality' and 'multi-disciplinarity.'... You have different languages. The languages of medicine and psychiatry are different from the languages of education and economics... The various participants define the program... Some cities start on the environment, on pollution, on smoking, seat belts, and the quality of life index... success is our process: getting people to

talk to each other about what it is they are doing... new ways of dealing with others have to be created... The healthcare industry has to be a partner in the process -- but not in charge... There are plenty of examples of institutions and corporations, like Coca-Cola and Johnson and Johnson, saying, 'In order to survive, I better do something about my neighborhood.'... The Healthy Cities concept is universally applicable, but the way it is applied depends on the local scene... In Los Angeles, Peter Ueberroth is trying to put to the post-riot area of Los Angeles together the way he put together the L.A. Olympics... One example of the way healthcare can get involved is the City of Hope hospital... (California) not in bold up to their neck because they realized, 'This is our town, and health care is a big business in town.' The hospital, as part of the larger process, becomes involved in and learns things about its own town," explains Duhl. (Flower 1993)

Effective Healthy Cities programs are broad-based with virtually every major segment of the city represented in order to ensure commitment. After selection of a "Healthy City Committee," the first task is generally to produce a meaningful description of the city and those aspects of the city deemed problematic (un "healthy"). Subsequently, a shared vision of what the "healthy" city would look like is developed along with strategies and specific action plans to implement the vision. An appropriate emphasis is placed on the database and information generated about the city's inhabitants, which guides policy formulation. Other components of Healthy Cities programs include community leadership development in support of health promotion and the development of methods to monitor and evaluate the overall process.

A handful of Healthy Cities projects began in Texas during the early '90s, endorsed and sponsored by a variety of organizations. Some programs were sponsored by primary health care providers (hospitals, related entities or subsidiaries). Many such projects place emphasis on medical-oriented issues, such as access to medical treatment for segments of their populations (especially low income or minority groups), providing suitable medical services,

cost curtailment or reduction, or preventative or wellness issues. Medical community project examples have occurred in Dallas, Fort Worth, San Antonio, and Temple (among others) in Texas. Other initiatives have been sponsored by governmental entities, such as one started in the greater Houston area (Sweeney 1993). Some others were jointly developed by two or more cosponsoring entities within a particular community or region. Some became a mere program within a division of the sponsoring entity, while most of the others were set up as separate entities. Nearly all of these were formed as nonprofit corporations for the express purpose of sponsoring or creating a Healthy City initiative for their community or area. One such nonprofit corporation was formed in late 1993 in Brazos County, and was named Brazos 2020 Vision, Inc. It was created to sponsor an initiative for Brazos County, which includes the cities of Bryan and College Station (Griffin 1993).

A local politician, Ms. Nancy Crouch, brought the concept to the attention of many community leaders in the Brazos Valley and is credited as being the social entrepreneur or core visionary for the Brazos initiative. She became familiar with the Healthy Cities process during visits to Tennessee and South Carolina. On these visits she met representatives from these areas that had started Healthy Cities projects. They offered invaluable advice and lessons for those who would consider investigating a similar undertaking. Soon after her return from those visits and her introduction of the concepts to community leaders of what might constitute a Healthy Cities process in the Brazos Valley, she began promoting the possibility of establishing a local initiative. She found some allies locally who knew something about the Healthy Cities concept. Some were local healthcare professionals and another was a professor from Texas A&M University, who was very knowledgeable and taught courses on Healthy Cities. Ms. Crouch recognized that the fundamental principles for creating a Healthy City initiative were sound and desirable, both from a city government's perspective, but also

from a humanitarian's perspective. She determined with its focus on health promotion for citizens, for the health and well-being of the greater community, and its concerns for the environment and natural setting, that a wide-based, general-population-supported initiative could enhance her community standing, bring improvement to the entire region, and add significant value and benefits to the lives of residents and businesses (Griffin 1993).

Ms. Crouch sought assistance and support from community leaders from the outset, as well as interested individuals, medical providers, service groups and organizations, and local municipal and government entities in her attempt to gain favorable public support for a Healthy Cities undertaking that would be specific to the Brazos Valley. Her first significant break-through came when representatives from the local Chamber of Commerce found that certain aspects of a Healthy Cities project paralleled local plans they already had underway. Specifically, one of their promotional agenda items was called "Shots Across the Brazos." It was an initiative directed at improving an individual's health through a pilot program they had introduced, which was in the process of going statewide to administer shots to residents that didn't have access to them before. The Chamber also recognized the inherent benefits in promoting many of the other attributes associated with a Healthy City initiative; it fit nicely with their mission. With the Chamber serving as a neutral host, they convened a meeting with representatives from numerous local entities to determine if there was sufficient interest to pursue such an undertaking.

Over the next several months, the meetings continued until they finally agreed to fund a two-year initiative by contributing \$20,000 each to support the effort. Nine local entities agreed to sponsor the undertaking. The next order of business was to form a Steering Committee with representatives coming in the form of one voting member from each of the nine entities that had agreed to sponsor the

initiative. Several other items of business that needed to be resolved included creating a legal entity, formulating an agenda, advising the community about the Healthy City initiative, and hiring a Program Director to take on these and all the other important tasks that lay ahead. The members of the Steering Committee would become the initial Board of Directors for the nonprofit corporation Brazos 2020 Vision, Inc. (or 2020). The name came from two distinct aspects of the initiative: one was looking into the future, and the second was for the community to create a vision of what they would like to see after the 25 years had elapsed in the Brazos Valley, with emphasis on making the community a desirable place to reside, play, work, and raise a family.

Ms. Crouch, the social entrepreneur or core visionary, remained very active during the initial stages of setting up the initiative and served as the representative from the City of College Station on the Steering Committee and then on the Board of Directors. She and a handful of others, in essence, became the behind-the-scenes champions moving the initiative forward. This Healthy City process utilized a holistic approach to collaborative problem solving at the community level, involving citizens, citizens groups and organizations, businesses, medical health providers and related entities, religious affiliations, and numerous divisions or affiliates of local or regional government units. Citizens, residents, or workers in the community, basically anyone who would have a stake in the outcome of a Healthy City initiative, were invited and became identified as stakeholders. The methodology to gain consensus on various issues that were suggested for inclusion in the initiative follow facilitating techniques. Several professional facilitators were brought in to work with the Board and key community leaders, and later to work with stakeholders before and after they broke into theme groups. Even arriving at the number and classification for theme groups involved the facilitating process. It was finally agreed to set up six theme groups for inclusion of topics to be identified in the

final Vision Statement for the community. Committees and subcommittees comprised of stakeholders worked for months on issues to be included in a particular theme group's base. A community's Vision Statement is similar to a long-term plan and typically has subcategories of goals and objectives, along with strategies and time frames associated with each goal or objective. It's like a road map for near-term issues and the further the time frame, the less structured the strategy or the timetable for completion, because so many other, non-anticipated events may occur to change or alter the initial goal or objective. The Vision Statement is constantly undergoing revision or changes and can be viewed as a living process for the community (Griffin 1993). It may undergo revisions even after its original publication, and it should if it's to remain a current "roadmap" for the community into the future.

Shortly after getting started, the Brazos Board of Directors hired Dr. Florita Bell-Griffin who had worked in the Planning Department for the City of Bryan. She received a Ph.D. in Urban Planning from Texas A&M University before joining the City's planning staff. She took on the management of the day-to-day activities. One of the first tasks she tackled was to set up 2020's offices in the Chamber of Commerce headquarters suite. She then started to develop a detailed monthly agenda, timelines, and a plan to attract stakeholders for both immediate and long-term needs. She created a preliminary Vision Statement in conjunction with the Board of Directors to stimulate interest or rally support for the initiative at the community level. She recruited everywhere she went and to everyone she met. She assembled a broad-base of citizen participants, i.e. stakeholders, from many sectors of the community and kept asking for more. She drafted press releases for print media and made numerous TV and radio interviews, stressing the impending initiative and its potential effect on the area and its inhabitants. As the recruiting process continued, a series of "Get Acquainted with Brazos 2020" meetings were scheduled at strategic locations

throughout the area, and a “Kickoff Celebration” in a centrally located vacant Wal-Mart building in Bryan was scheduled to officially begin the two-year visioning initiative. Several activities were planned and dozens of volunteers/stakeholders were to be on hand to welcome local attendees, direct them to the various activities, let children know about the activities appropriate for their age group, and answer questions about Brazos 2020 Vision and visioning process.

As mentioned above, Dr. Griffin and the Board of Directors had agreed to divide the vision into six distinct topics or theme groups. The six theme groups were: Economic, Enterprise, Entertainment, Environmental/Beautification, Infrastructure, and Education and Service. A chairperson for each theme group was selected, and after a formal jump-off meeting held at the Brazos Center in Bryan, a calendar was created to schedule meetings for each theme group. All of the information, ideas, written thoughts, drawings, maps, etc. that had been received on what might be included in the Vision Statement for the community were divided among the theme groups for consideration. Community volunteers/stakeholders were invited to join the theme group committees and to contribute their ideas or visions for the duration of the process. In setting the schedule Dr. Griffin and the Board had allocated 12 months for the theme group committees to meet and arrive at a set of goals and objectives, complete with strategies and time tables for achieving them. After the initial year was up, a series of joint meetings would take place to present the findings of the theme group committees and to revise any overlap or duplication that might be found. From there the final Vision Statement for the community will be compiled, presented to the Board of Directors for review, and if acceptable publicized to the stakeholders and the greater community at large.

As Dr. Hancock (1993b) observed, “The range of topics to be addressed in a

Healthy City project is vast... As can be seen, the subject includes social, political, environmental, economic and cultural factors, urban planning, human services, heritage, community empowerment and participation.” He further indicated that the projects are “... just getting underway and that it is premature to arrive at any final conclusion...” Dr. Duhl added, “... it is being done every way...” (Flower 1993).

Statement of the Problem

The role of social entrepreneur in getting local projects underway is vital and may be divided into several components. An initial function for social entrepreneurs is to engage community leaders (initiating the project) in the concept. Another is to assist intersectoral stakeholders to create a functional agenda for the project. Social entrepreneurs may remain active and assist in the implementation of objectives and in sustaining the initiative.

However, even with a talented leader each situation will differ, making it difficult to draw upon other research and projects. The National Civic League (NCL) Handbook points out that what works in a particular community may not work in another, even when there are similarities (population, ethnic composition, climate, state or country, etc.). Norris and Pittman (2000) cited examples of “... creative and successful local initiatives... from many approaches...” He concluded that successes can occur when “... the various sectors and individuals have taken front-line responsibility for their own health.” This process can take many forms or directions in a particular community setting, but it is very important that the community be involved.

Another problem is measurement. As Peter Flynn points out,

A fundamental issue, particularly in relation to health promotion activities such as Healthy Cities Projects, is lack of a conceptual framework for the studies... Definitions of health, which began to focus on positive concepts,

include 'an absence of illness, disease, and disability', and 'a state of complete, physical, mental, and social well-being'. These are essentially static measures and in the latter case are hard to imagine, far less operationalize. (Ashton 1993)

Negative health status measures abound on which to measure the health status of individuals, but are for the most part measurements of degrees of acute or chronic illness or disability that range to the most immediate measurement, mortality. As discussed earlier, these measurements do not relate to all the aspects of a Healthy City project, as they do not measure mental, emotional, social, economic, or cultural health.

Hancock (1993b) recommends that it takes time to measure the impact of the projects (referencing early European pilot projects started in 1986), "... perhaps 2 to 4 (years) to change the structures and processes, 3 to 6 to develop healthy public policies, 4 to 8 to create healthier settings, and 5 to 10 to see this reflected in health gains... It is thus premature to expect concrete results..."

Research is needed to determine common elements within particular undertakings that participating communities are engaged in (initiating, visioning, implementing, reassessing, revisioning, etc.) so as to characterize definitions and catalog processes unique to a particular understanding or phase. Case studies describing successful and unsuccessful methods, approaches, and processes could assist other communities in practicing effective methods and avoiding pitfalls.

Additional research needs to be conducted on the role of social entrepreneurs in getting local projects underway and on Healthy City projects' processes to obtain greater insight into commonalities and variances from one project to another (Ashton 1993).

Purpose Statement

The primary purpose of this inquiry is to explore the role of the social entrepreneur or core visionary(ies) in accumulating conceptual, financial, and community support and acceptance as the community delineates the process, organizational structure, resource requirements, and timetable for initiating a local Healthy City project undertaking. A secondary purpose is to explore how the Healthy City project process adapted for use in the Brazos 2020 Vision initiative went about initiating and organizing itself, including the extensive use of volunteers throughout the program and in developing its Vision Statement.

Significance of the Study

To achieve a substantial improvement in the health of its citizens, the U.S. must shift its current focus on health care services. Haby (1993) proposed that the focus of health care must be redirected from curative or treatment-oriented actions to emphasize preventative practices (promote wellness), changes in individual behavior patterns (lifestyle), reclaiming responsibility for individual health solutions (self awareness and self assertiveness), investing in health support mechanisms at local or regional levels (local initiative), and re-involvement of the family (responsibility and pride). Effort and funding should be channeled to create a system that delivers health, not limitless treatment (Hancock 1993a). Results of the study will be significant in light of the health-care industry's efforts to refocus on innovative ways to reduce direct health-care expenditures and promote well-being. Others beyond the medical field would like to redirect emphasis toward preventative methods and promote changes in lifestyle and attitudes to return responsibility to the individual, the family, and the community.

Norris and Pittman (2000) reports the estimated cost for health care services in the U.S. at over \$800 billion in 1992, a year in which 37 million Americans had

no health insurance whatsoever. The United States provided more health care services at higher cost than any other nation in the world, utilizing nearly twice the number of physicians per capita with minimal incremental improvements in health status for recipients. Health-care cost soared to more than 14 percent of the country's gross national product at the end of 1992, while the health of certain segments of the U.S. society continued to decline. Citing recent HHS reports, Norris and Pittman (2000) add that the health status of African Americans, Hispanics, Native Americans and low-income Americans continues to fall in most key health indicators. It appears that even though more money was spent on healthcare, little improved.

Healthy City programs focus not only on physical health, but on an entire person's and community's health: physical, mental and social. This program could be the answer to some of the nation's physical health and health-care problems, but there is unfortunately very little available research. While there is related research on Healthy Cities, there is very little information on them specifically. According to Dr. de Leeuw (1993), "Healthy Cities research is scarce, and scattered over a range of disciplines, much case-oriented and without conceptual consistency." She adds, "Analyzing the content of Health Promotion International (HPI) since its beginning in 1986... out of 328 papers published... 39 are related to health promotion at the local or municipal level, 8 of which had no explicit link to Healthy Cities. Out of a 31 papers left, the vast majority is composed either of general papers about the European project for the international movement... not always clearly related to Healthy Cities as one would expect" (de Leeuw and Goumans 1993).

The Netherlands Society for Public Health and Science convened an international conference in 1989, "Research for Healthy Cities," after which some 300 scientists presented papers. Most papers were generally unrelated to

healthy cities. This has been the experience for most such conferences, since the papers presented have tended to be on specific issues that may or may not be linked to Healthy Cities. In addition, at another expert meeting for Healthy Cities research held at the University of Limburg, Maastricht, in the Netherlands in November, 1992, a similar situation existed. From that meeting came a list of suggestions and a revised Healthy Cities research agenda, which was developed to make future Healthy Cities research more relevant (de Leeuw and Goumans 1993). For the few case studies that do exist, measurement is another issue. Flynn relates that, "Effective measurement and evaluation are... neglected activities... Measures do not exist which cover the range of factors identified as being necessary to evaluate progress towards achieving healthy city objectives" (Ashton 1993). Hopefully this study will add to the growing bank of data on this topic by investigating the social entrepreneur and the measurement used by those entrepreneurs.

Researchers identified that the size of population within a Healthy Cities Project community had a direct bearing on the intersectorial collaborativeness of stakeholders. In larger cities, it is more difficult to motivate vast numbers of volunteers to support broad-based, city-wide collaborative projects. Larger cities compensate for this manpower shortfall by increasing the amount of cash contributions and other resources to the project. They may hire or train staff to perform the functions usually performed by stakeholder/volunteers in the planning or visioning process through advanced phases. The city gets its Vision Statement, but may not achieve the same degree of stakeholder satisfaction, neither in relationship to its ownership nor in accountability for implementation of the plan or vision at subsequent phases. This dilemma may perpetuate the top-down model already prevalent in most large cities and may diminish the capability to bring about desirable changes included in the vision. Stakeholders may avoid or reject the changes since they have no ownership in them. Early

entrants in the WHO's Healthy Cities Project were European cities with large populations (500,000 or greater), with a single exception, and it had a population of over 100,000 (Hancock 1993a).

Hancock (1993a) cautions, "Healthy Cities... is itself not a social movement because it is too much with the government and the bureaucracy, and... does not have a clear and well-defined research agenda." Studied as a whole the unique blend of interconnectedness as found in the Brazos 2020 initiative could strengthen the understanding of the relationships between governmental units, different sectors, and the diversity of local stakeholders engaged in the process. The initiative offers a series of unique opportunities to add to the understanding between attributes such as: the size of its cumulative region and population; its diversity of population mix between urban verse rural, etc.; its feature of dual, elected political and educational organizational representatives of approximately equal size; the strategic location within its boundaries of a major university; that other economically-engaged organizations are also well-entrenched in the community, including several other governmental units or subdivisions, adding to the interconnectedness of the region.

Researchers have identified stages, phases, or divisions within the healthy city process. The position of a project in relation to subsequent phases and its overall objectives is important. This is fundamental to the concept in regards to the dynamics of continuous reassessment and realignment of the process and revised vision objectives. The Brazos 2020 Vision initiative's visioning phase (phase one) was complete by the end of 1995 and the Vision Statement was published in a report to the community. Subsequent phases may impact those that have come before, especially if modifications or changes to the initial Vision Statement are deemed appropriate or necessary at some date in the future (reassessment and revision).

Assumptions

I assume there are particular criteria, skills and knowledge that can be identified and categorized from the social entrepreneur or core visionary(ies) that initially took the lead to delineate the process and timetable for initiating a local Healthy City's undertaking in the Brazos Valley. I also assume that community theme group leaders and community stakeholder/volunteers were able to identify and articulate individual and collectively acquired understandings, experiences, and roles in their dealings with the visionary planning process (phase one) that culminated with the completion of the community's Vision Statement.

Limitations

This study was conducted to gain insight into the development and learning process that started with the social entrepreneur or core visionary(ies) and grew to the early community leaders who backed the initiative, and finally to its greatest evolution between those volunteer/stakeholders who subsequently joined forces to create a Healthy City initiative in the Brazos Valley. The process studied was time-specific and only involved those activities that were engaged in the creation of the community's Vision Statement. No subsequent phases were studied by the researcher.

Because this study examines a particular aspect of an initiative in the Brazos Valley over a specified time frame with its particular community composition, leadership, location, and general setting, the results may not be generalized to other communities or initiatives that are attempting to create a Healthy City/Community undertaking in their area, even if one or more of the attributes are similar.

Definitions

The New Public Health -- primary health care that focuses on a balance between the prevention of illness and the promotion of health programs (Haby 1993).

Healthy City/Community -- a community which is continually creating and improving the physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and develop to their maximum potential (Hancock 1993a).

Visionary Planning -- utilizes a community planning process, which starts by developing the described end product of the process. There is no standard procedure that applies to all communities or organizations. It is an effort to unite the community via its multiple organizations and interest groups in an organized mobilization of collective dreams, insights and talents to find possible, desirable futures for the community in a small number of agreed upon theme areas (Brazos 2020 Vision 1995).

Social Entrepreneur (Core Visionary) -- one or more stakeholders that identify, suggest, sponsor, or champion an initiative or movement within a community. Also referred to as a risk-taker or core visionary(ies), and in some cases are involved in a leadership position or an elected office (Flower 1993).

Community Stakeholders -- intended to be a broad definition of the entire community. It could include interested individuals, but probably will encompass the leadership of all the diverse organizations into which the community self-organizes, and they may overlap. The spectrum goes from the well-organized groups, such as churches, to the underrepresented (Brazos 2020 Vision 1995).

Theme -- a method to organize and divide community efforts for future

scenarios. A theme can be used to define a limited number of general topics around which work can be concentrated. They should reflect relevant concerns and expectations of the community, such as “educational” or “quality of life” issues, mostly broad topics with much latitude for focusing as community feedback is factored in (Brazos 2020 Vision 1995).

Theme Group -- an organizational unit charged to accomplish research, analysis and recommendations for a particular theme. Each would consist of a leadership group and any number of subgroups to work on specific projects conducted by volunteers or other resources marshaled by the leadership group. Theme groups are expected to produce visions and implementation strategies to bring vision elements into existence within the community framework (Brazos 2020 Vision 1995).

CHAPTER II

REVIEW OF THE LITERATURE

Individuals have been interested in improving quality of life issues for humanity for centuries. Most efforts were confined to a community, region, country or segment of the population, depending on the objective or wide-range ramification of the effort. Some issues took on major importance as the urban population shifted in Western Europe, and urban centers drew large segments of the masses away from the land and agriculture-based livelihood many people had participated in over the generations. City officials attempted to identify links between an individual's health and mortality and their living conditions. They tried innumerable measures to control manifestations associated with overcrowded conditions in urban settings and the reoccurrence of communicable diseases that were viewed as intolerable and extremely dangerous to the public's welfare. Public and private efforts coalesced to become movements as neighborhoods, districts and entire cities tried to cope with the overwhelming magnitude and force of these reoccurring outbreaks. Local officials had to deal with wave after wave of crisis, death, and continually deteriorating conditions. Others approaches were commissioned as collective efforts to cross traditional jurisdictions; these hoped to slow or irradiate common threats like fathom, polluted water, and the infectious diseases that swept across Europe during that era, killing millions and millions of inhabitants (Haby 1993). Their plight might be described in today's terms as the lack of basic services or the necessities of life- food, clothing, shelter, safety, sanitation, personal health, wages (a respectful livelihood or job) and ultimately, the inability to sustain those necessities for an individual or family unit.

The arrival of the 19th century public health movement was created by the Health of Towns Association formed in 1844 in Exeter, England (Hancock 1993a). Their leader, an early visionary, was Edwin Chadwick and his work set the stage for later contributors. Sir Benjamin Ward Richardson is an example; he served as editor of a publication called *The Sanitation*. In 1875 he presented a speech to the Social Science Association to mark the passage of the “Great” Public Health Act of 1875. His speech was entitled “Hygeia: A City of Health,” and his description of a healthy city is relevant today (Hancock 1993a). He is also given credit for the direction of the Garden City movement in England in the 1890s. It caught on later in North America as “city beautiful,” causing Canadian Charles Hodgetts to remark following his visit to the Chicago Exposition where he was introduced to its virtues, “...it is not so much the city beautiful as the city healthy that we want...” (Hancock 1993a).

“Health does not exist in isolation. It is influenced by a complex of environment, social and economic factors ultimately related to each other... Action undertaken outside the health sector can have health effects much greater than those obtained within it,” explained Halfdan Mahler, Administrator for Health for All by 2000 (Sweeney 1993). “Many would be surprised to learn that the greatest contribution to the health of the nation (England) over the past 150 years was made, not by doctors or hospitals, but by local government. Our lack of appreciation of the role of our cities in establishing the health of the nation is largely due to the fact that so little has been written about it...” advised Jessie Parfitt, author of “A History of Health in Oxford, 1770-1974” (Hancock 1993b).

At the turn of the nineteenth century urbanization flourished as large numbers of people were either forced from the land or left rural communities seeking better jobs, lifestyles, or both. Public health’s focuses shifted as changes were

necessitated by a rapid redistribution of segments of the population, and traditional commercial and industrial centers were forged into larger urban hubs. Entire families were forced into living in poverty and substandard housing. Public officials and physicians increasingly became involved as conditions deteriorated and diseases spread and amplified through the cities' masses.

A historical sketch of public health in Europe and North America during this era is characterized by three distinct phases. The first phase came in response to the high mortality and morbidity rates within the working-class in the industrialized cities of Northern Europe. In Liverpool, England, a local physician, Dr. Duncan, was appointed as the first medical officer for his community. Shortly after his appointment he conducted a housing survey and concluded that one-third of the population was living in cellars of back-to-back houses with earth floors, no ventilation or sanitary outlets, and as many as 16 persons to a room (Ashton and Seymour 1990; Haby 1993). During the decades that followed, public health was synonymous with city planning. Epidemiological studies linked death and disease to unsanitary conditions. Public health became a police power and compelled city officials to rectify health problems to ensure the continued survival of the city (Haby 1993).

Epidemic "crowd" diseases swept across Europe in succession, each "plague" taking millions of lives with every new episode. Poverty, crowded conditions, deplorable housing, poor nutrition, and a lack of sanitary conditions were identified as the primary contributors to this situation (Haby 1993). Legislative measures oriented toward public health reform were passed with universal endorsement and enacted in an effort to curb the epidemics and contagious disease outbreaks. Significant progress was accomplished in a relatively short span of time. It became known as the Public Health Movement. It ended in the

late 19th-century as conditions steadily improved. The “sanitary idea” left many successful propositions behind (Haby 1993). It also left an approach and a menu of measures that had changed the environment of the working-class in the large European urban centers. Some of the measures were:

- *the legitimacy of working locally
- *resourcefulness and pragmatism
- *humanitarianism and a strong moral tone
- *the recognition of the need for special skills and qualifications
- *appropriate research and inquiry
- *the need to focus on positive health
- *the value of producing reports on the state of health of the population
- *populism
- *health advocacy
- *the need for persistence and working with trends
- *the need for organization
- *the recognition that public health needed to be the responsibility of a democratically accountable body (Ashton 1993).

The Public Health Movement’s influence continued until it was replaced by the development of the germ theory of disease. Its shifted emphasis from environmental issues to individual and social issues (Ashton and Seymour 1990; Haby 1993). It was the dawn of the Therapeutic Era, which brought an array of possibilities presented by immunization and vaccination as incidences of infectious disease declined. It was marked by the state becoming increasingly involved in the provision of medical and social welfare services. The era lasted

into the 1970s when escalating health costs and increased demands for medical services became intolerable for governmental agencies and the private sector. The demand for more and better medical services was fueled by advances in medical technological fields and associated medical treatments that prolonged life and created more users with greater health care requirements than before these breakthroughs, but at substantial costs in many cases (Ashton 1993; Haby 1993).

Public policy on health had been driven by treatment and cure criteria from the 1930s until the early 1970s, with an implicit assumption that magic bullets could be provided by the pharmaceutical industry for virtually all conditions (Ashton 1993). Opponents argued against these public policies. They claimed they were not accomplishing their intended objectives nor reaching the targeted recipients. They theorized that preventive health measures should replace the treatment and cure philosophy that carried with it a high cost to the public domain.

A leading health researcher working in England and Wales concluded that the major contributions to improvements in health, in order of importance, were: limitation of family size (a behavioral change); increase in food supplies and a healthier physical environment (environmental influences); and specific preventative and therapeutic measures (Ashton and Seymour 1990; Haby 1993; Ashton 1993). McKeown's research focused on a public policy where individual behavior, lifestyle, and ecological content were viewed as important components to a holistic, healthy approach. This approach became known as the New Public Health. It drew crucially on the environment, personal prevention, and the Therapeutic Era, and sought a synthesis among them (Ashton 1993).

As measures were advanced for the common good of communities and their inhabitants, an organization was formed to focus on health and related issues on a larger scale than a single country or region. It became known as the World Health Organization (WHO). It was reasoned that health and medical professionals could share knowledge and resources through this organization and assist with the growing issues confronted by local public health officials. It was jointly funded by several member nations as a collective entity to deal with these and other common issues. WHO established branch operations around the world and has grown in stature over time. WHO's mission is to promote health, including individual well-being and living conditions, throughout the world.

Another important event was the 1974 publishing of the Lalonde report in Canada. It was entitled *A New Perspective on the Health of Canadians*. It became indispensable in the promotion of the New Public Health approach. Essentially, the report was a restatement of the initial measures associated with the Public Health Movement fostered in England 150 years earlier. Momentum for this fundamental concept continued to attract attention and grew into a series of initiatives sponsored by the World Health Organization (WHO). The concept had originally surfaced at a conference in Toronto, Canada, entitled *Beyond Health Care*, which coincided with and celebrated the 10th anniversary of the Lalonde initiative (Ashton 1990; Hancock 1993a). Health promotion was being redefined as the "process of enabling people to increase control over and to improve their health" (Flynn 1991). It was the result of a conscious effort to unite many diverse endeavors engaged in health promotion.

Members of WHO have always been interested in health related issues that held broad social and economic implications. One WHO official from the Regional Office for Europe, Dr. Ilona Kickbusch, attended a 1984 conference/workshop in

Canada, called Healthy Toronto 2000 (Hancock 1993a). While there she became acquainted with a concept and process that addressed WHO's core concerns. Dr. Leonard Duhl, a Californian psychiatrist, presented his research related to individual health at the conference (Duhl 1993). His research identified that health is not dependent on medical care or health education alone, but on access to the basic prerequisites for human health: food, shelter, work, education, income, a stable ecosystem, sustainable resources, social justice, and equity (Duhl 1993). Dr. Duhl (1993) concluded that no city, community, or region could strive to be deemed a healthy living environment or to develop healthy inhabitants until it addressed these basic issues.

Dr. Trevor Hancock, a Canadian physician and lifelong associate of Duhl's, was the sponsor/host for the conference. Dr. Hancock held a similar agenda and directed the development of a Healthy City model for implementation in the City of Toronto in the upcoming months (Norris and NCL staff 1993). Dr. Hancock (1993b) determined the focus of health promotion activities was neither confined to a single nor several specific health problems, but should bring health consideration into the decision-making process of local government, community organizations and businesses. The process is to develop a broad range of strategies to address diverse social, environmental, and economic determinates of health, and ultimately to change corporate and community cultures by incorporating health as a mainstay in the decision process. Dr. Hancock (1993b) suggests two fundamentals he had derived from the Ottawa (Canada) Charter strategies. First, there is an implicit hierarchy moving from public policy, which creates environments for health through strengthening the community, to personal action. Second, the emphasis is on process; it is a process definition (Hancock 1993b).

Dr. Kickbusch recognized merit in this research and saw similarities between Toronto and many European cities, and she decided to pursue the concept. Her starting point was to gain greater insight into what had been presented at the Healthy Toronto 2000 conference (Hancock 1993a). She asked several leading health advocates to respond to health issues beyond the traditional role of curing disease. They deemed these issues to be wellness issues. By 1986 wellness issues were identified as those that dealt with an individual's lifestyle, life choices, and living environments (Flower 1993).

Then in January, 1986, she summoned Dr. Hancock (1993b) and Dr. Duhl (1993) to Copenhagen to share their vision with a small group of officials at WHO's European Regional Office. Dr. Duhl (1993) responded by categorizing the issues contained in two papers: "Healthy Cities" and "The Eleven Parameters of a Healthy City." These issues focused on ways "...to look at health promotion and the prevention of illness" (Flower 1993). During the meeting Dr. Duhl and Dr. Hancock provided an initial definition for a Healthy City. It stated that "A Healthy City is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential," and concluded with the conditions necessary to achieve and sustain a Healthy City as an on-going process (Norris and Pitman 2000). Later that year WHO created the Healthy Cities Project and the movement became international with a reputable sponsor (Duhl 1993).

The Healthy Cities concept is firmly rooted in an understanding of the historical importance of local governments establishing the conditions for health and the leading role they must play in health promotion. Secondly, the concept is health

promotion. “Health promotion was redefined as the ‘process of enabling people to increase control over and improve their health,’” identified Flynn (1991), in reference to the description of the re-formulation of public health. He added that the objectives of the WHO’s Healthy Cities Project in relationship to the New Public Health are “... delineated action strategies of health promotion, including building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services. The goals for the Healthy Cities movement are the same as these action strategies” (Flynn 1991).

Momentum was slow, admitted Ashton (1990), during the years between the Alma Ata Declaration in 1977, adoption of the Health for All Strategy by WHO in 1981, and getting the message out through the use of wide-spread distribution of its publications, in 1983. The Alma Ata Declaration was an important initial step, noted Ashton (1990), since it “... reaffirms that health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, [and it] is a fundamental human right...” (WHO 1978).

While changes were being made on the theoretical front, the medical and health care industries were in various stages of reform, and new approaches were being explored as private and public institutions sought viable solutions, many in an attempt to stay in business (Haby 1993). The problems encompass the full spectrum of human endeavor, lifecycle, and life choices in many cases, not simply the delivery of medical or health care services. Leading figures in several fields believe the shift in social roles to foster health-related behavioral choices is illustrative of a new paradigm emerging in health care, especially when viewed with managed competition, the continuum of care, rural incentives, and other adaptations in the health sector. As this redefinition of health crossed traditional

boundaries into other professions, the health field continued to expand with additional professions as they related to the well-being of the individual, the family, the social and workplace environments (Haby 1993).

Several models that represent the complexity of the health care delivery system have evolved as different circumstances from a particular local setting influenced the viewpoint of the author. One example is Blum's "Environment of Health" model that is included herein. Another is Lalonde's "The Health Field Concept" model, which exemplifies a holistic approach to health (also included). Another model that developed was Travis's "The Wellness" model (also included) and another is Sweeney's "The Health Continuum: Wellness to Illness" model, which depicts preventive medicine and individual awareness as contributing factors in the process, both included herein (Haby 1993). These models and many others show the interdisciplinary nature and approaches that are beginning to view health from their profession's perspective and not simply from a traditional perspective or that of the medical field.

On observing the paradigm shift, Norris and Pitman (2000) note that individual health improvement should consider the relationship between wellness and key components of living, lifestyle, and the workplace environment. Attributes such as quality of education, adequacy of housing, access to training and retraining for job skills, availability of meaningful and fulfilling occupational undertakings, access to safe and efficient public transportation, availability of recreational opportunities, healthy, clean, and safe physical environments, and access to health education and preventative services, are all necessary. The condition of a Healthy City is an on-going process to achieve and sustain (Hancock 1993a; Norris and Pitman 2000).

As soon as the Healthy Cities movement was adopted by WHO in 1986, it spread to cities, states and countries around the world in a variety of adaptations in the span of just a few years. No single approach for getting a project underway was successful, and the same was true for sustaining an initiative once it had been started. However, several characteristics associated with the three predominate models in wide use during this timeframe were cited by the NCL as "...helpful models to consider when thinking about what a healthy community might look like. The first is from Dr. Leonard Duhl... The second is from the WHO's Healthy Cities Project...which had grown to include 35 participating cities in Europe and 17 national networks at the time. The third model was developed by the City Of Toronto..." (Norris and NCL staff 1993). The NCL developed its own adaptation in conjunction with the U.S. Department of Health and Human Services (HHS) for use in communities that were contemplating or in the process of establishing an initiative in the U.S. The WHO's Healthy Cities Project was compatible with the HHS's major initiative, Healthy People 2000. Healthy People 2000 was a decade long program relating to national health promotion in the U.S. The two organizations formed a three-year alliance to work with communities that sought assistance, and they became recognized as national cosponsors for the Healthy Cities Project in the U.S. Each of these models characterized a process that allowed adaptability for inclusion of what a community deemed important and appropriate, and each also recognized a link or relationship between specific elements within the model and the community's assessment of its objectives or purpose for becoming involved in the Healthy Cities process. Another important characteristic was that the products from a model were subject to revision or modification as stakeholders made revisions throughout the process and even afterwards. The NCL's model was widely introduced in the U.S. as a guide for initiating Healthy Cities projects. An overview of the NCL model's process was covered in the NCL handbook that was made available to prospective communities that

considering starting an initiative, and included the following minimum activities: initiating, visioning, organizing, implementing, reviewing, and assessing. “A key element of the Healthy Communities concept is the use of a collaborative problem-solving process that allows a broad spectrum of community stakeholders to create a vision of health and implement a plan to turn its vision into reality” (Norris and NCL staff 1993).

The NCL Handbook (1993) points out that what works in a particular community may not work in another community, even when there are similarities (population, ethnic composition, climate, country or state, etc.). Norris and Pitman (2000) offered examples of “... creative and successful local initiatives... from many such approaches...” and concludes that successes can occur when “... the various sectors and individuals have taken front-line responsibility for their own health.” It is this process that can take many shapes, forms, or directions in a particular community settings, reaching “... all sectors of the community... in the process” (Griffin 1993).

John B. McKinlay (1993) of the New England Research Institute (NERI) and the Center for Health and Advanced Policy Studies (CHAPS) identified the challenge facing public health workers, health educators, and sociomedical researchers in the near future as two-fold. He continued, “How, when and where to intervene to prevent, reduce or to beneficially alter modifiable risk behaviors; and how to assess, or measure, the effectiveness, cost-efficiency and sociocultural acceptability of public health interventions -- both those that are planned and those unintended” (1993).

Ashton (1993) indicated part of the shift from “... blaming the victim to social responsibility...” occurred in the late 1970s with the realization that equitable

distribution of medical services and preventative measures in large part had added to the gap between healthy citizens and those without. The climate that created the situation needs to be replaced. Dr. Hancock (1993b) pointed out an important strategy: "Understanding the political process and the policy with making process in your own municipal government. Get a clear idea of which public policies could best impact the health status of the community, and develop expertise in providing health input..." As the government assumed more and more responsibility for individual lives and their well-being, the associated cost rose to place social welfare within the public spotlight. Engaging in responsive methods to assist citizens in a multitude of problems encountered in their daily lives has taken a heavy toll on many communities in the United States and other countries throughout the world. The top-down model of government doling out medical services has not achieved the desired results for many segments in America, nor have medical services been received by the targeted recipients.

Henry Cisneros, a member of President William J. Clinton's Cabinet and former Texas politician, lamented health services: "... these are both the best of times and the worst of times... breathtaking, new technological and product breakthroughs... We see all around us physical changes in our environment -- new awareness of the fragility of our environment and its impact on public health, has led to the increased interest in public policies to protect both" (Cisneros 1991). There appears, however, to be a real difficulty in achieving the delicate balance needed between public policies, citizens' needs, and business needs. Rapid changes in the health sector, a changing population mix in terms of ethnic composition, age, family size, and distribution between location, disparity in educational and employment opportunities, differences in income, economic uncertainty, and more have not helped the situation.

A community undertaking a Healthy Cities project can enter the process at whatever transitional stage makes sense to them at that juncture or that attracts immediate support or recognition within the community. Some initiatives have built-in opportunities to adopt or merge with an existing program, while others have some form of natural transition to attract funding or take over existing funding so the effort can get started right away. Dr. Duhl points out some examples of how communities have gotten started: "... some cities start on the environment, on pollution, on smoking, seat belts, and the quality of life index... It is being done every way" (Flower 1993). He adds that early in the process, as WHO calls it, the "multi-sectoriality" and "multi-disciplinary" time is a chaotic time that emerges when different sectors get to know one another, and it gets confusing (Flower 1993). An important aspect is to get someone to assume responsibility early to mobilize the various sectors and provide the movement with some momentum. This person or entity has many identities and more research is needed to define this role.

By 1993 over 1,000 initiatives had been started and the movement was underway around the world (Haby 1993). "Australia, New Zealand, and finally the United States, picked it up" Duhl (1993) agreed. Several pilot programs were established in the U.S. during this period. Some began working through their own special circumstances, while others started the early phases of their own project. Funding and sponsorship became major issues or obstacles in several cases (Duhl 1993). "... [N]ow we have a program in California. A group of nurses began a Healthy City in Indiana and got money from the Kellogg Foundation. More recently, Boston took off... The most recent example has nothing to do with the Health Cities program. In Atlanta, Jimmy Carter has been trying to improve the quality of life of the city. He doesn't call it health, he calls it 'habitat.' Other programs such as Headstart and New Enterprise Banking are Healthy City-type programs. It is happening not only in health, but in field after

field,” proclaimed Duhl (Flower 1993). And it needs to continue and grow to meet the needs of inhabitants around the world.

CHAPTER III

METHODOLOGY

The qualitative research paradigm was chosen based on the research agenda, which included exploring the social entrepreneur or core visionary's initial contact with the community to gain support for the Healthy Communities project. This also included exploring the initiative's process from its conceptual beginning until the community's Vision Statement was developed and published. The qualitative research method is particularly well-suited for studying multidisciplinary endeavors like an evolving Healthy Community initiative. Bogdan and Bilken identified qualitative research as descriptive and concerned with process rather than outcomes or output, and as dealing with meaning as its essential concern (Wolcott 1990). This study focuses on how they organized and recruited community stakeholders for volunteer service and how this diverse group collaborated to create the community's vision. This study also addresses the stakeholders' perspectives for volunteering to work in the visionary planning process, not the perspective of the researcher. To ensure discipline and rigor, accepted qualitative protocols were followed.

The research is reported in a case study format. "As a form of research, case study is defined by interest in individual cases, not by the methods of inquiry used," asserts Stake (1994). He adds,

Case researchers seek out both what is common and what is particular about the case, but the end results regularly present something unique (Stouffer 1941). Uniqueness is likely to be pervasive, extending to 1. The nature of the case, 2. Its historical background, 3. The physical setting, 4. Other content, including economic, political, legal, and aesthetic, 5. Other cases through which this case is recognized, 6. Those informants through whom the case can be known.

Another researcher comments that "In naturalistic paradigm, the presentation format is a case study-- a comprehensive description--that depicts the emergent

concepts and theories; chronicles the documentation of the inquiry process; communicates the emic view, and recounts the local understanding” (Guba and Lincoln 1984). The case study is intended to be informative, meaningful and useful to the scientific community. Case studies are of interest to the non-scientific community because they “make sense” and are written in clear and vigorous prose in an active voice.

Another aspect of case studies is the paradigm; “Generally, what the [investigator] sees in the social world is what is objectively out there, as interpreted by the paradigm’s axiom (accepted truths), assumptions (presuppositions), values (concepts of desirable and undesirable), and biases (mental learning’s)” states Lien (1985). These same principles hold true in this study.

The Brazos 2020 initiative provided a long-term event with both common and unique aspects that were especially suited for case study methodology. Stake (1994) notes, “Lawrence Stenhouse (1984) advocates calling the product a ‘case record,’... but the practice of calling the final report a ‘case study’ is widely established.” Bogdan and Bilken (1992) outline several reasons for using the qualitative research paradigm as: *1. Qualitative research is descriptive, 2. Qualitative research is concerned with process rather than simply the outcomes and products, 3. “Meaning” is the essential concern.*

Another advantage of using the qualitative research paradigm is when the researcher is trying to determine participant knowledge. Since the initiative deals with people and since knowledge is a consequence of human activity (Guba 1990), if I as a researcher want to study what is going on in the minds of participants, I must participate and observe activities where they are engaged in their natural setting, as within the initiative’s setting in the Brazos Valley. It’s the

process of interaction between the participants and researcher that produces the findings; this process is accomplished with the aim of producing constructions where there is an essential consensus between the participants (Guba 1990).

Moreover, according to Guba and Lincoln (1982) “In the naturalistic paradigm, there is not a priori theory determining a research design to obtain data that accords with a theory.” Instead, the theory is generated from the collected data and the design unfolds as the inquiry proceeds (Lincoln and Guba 1985). Guba and Lincoln (1984) succinctly depict the development of theory and the unfolding of design:

The naturalistic [investigator] seeks continuously to refine and extend the design of the study-- to help it unfold. As each sample element is selected, each datum recorded, and each element of theory devised, the design can itself become more specific and more focused ... data analysis, theory development, and design development are terminated when the incoming data yield only tiny increments in informational units, and/or redundancy is sensed. (Guba and Lincoln 1984)

The report is ready to be written when the criterion of coherence has been met-- the investigator and the participants hold fast to their agreement that the reconstruction of the processed data is internally consistent and harmonizes with the multiple realities of the social context (Guba and Lincoln 1984)” adds Lien (1985). In addition,

In the naturalistic paradigm, methodological decision making, like the research design of which it is a part- must be emergent rather than preordinate: because the meaning is determined by context to such a great extent; because the existence of multiple realities constrains the development of the design based on only one (the investigator’s) construction; because what will be learned at a site is always dependent on the interaction between investigator and context, and the interaction is also not fully predictable; and because the nature of mutual shapings cannot be known until they are witnessed. All these factors underscore the interdependency under which the naturalistic inquirer [investigator] functions; the design must therefore be “played by ear”; it must unfold, cascade, roll, emerge. (Lincoln and Guba 1985)

In the naturalistic paradigm, decisions about methodology include: determining where and from whom data will be collected; preparing instrumentation, implementing data collection and analysis procedures; marking out the nature and scope of successive phases of the inquiry; planning for trustworthiness, and outlining logistics (Lincoln and Guba 1985). The goal is to designate broad plans relating to certain contingencies that will probably arise, and propose some provisional course of action that is responsive to them (Lincoln and Guba, 1985). Lien (1985) says the investigator is reminded “the focus of the naturalist should forever be on adaptation and accommodation. Review, recycling, and change must be central postures (Lincoln and Guba 1985).” All of these ideas were pertinent and important to this study.

The Brazos 2020 initiative developed its structure and protocols over a three-year period in the Vision stage, while participants, including informants, began to embrace the cultural boundaries and protocols that evolved as they became acclimated within the initiative and interacted with other participants and outsiders. Some participants remained active for the duration of the initiative’s first stage and into subsequent stages, while others came and went as they chose or shifted their efforts or divided their time from one to another theme group. It was in this environment that the use of participant observation and the ethnographic interview became invaluable tools to delve into the social composition and culture that emerged as the initiative expanded and grew. Some participants only engaged for a short duration, but may have left their mark as the culture continued to be defined and refined. Many of the involved organizations would send large numbers of representatives during strategic opportunities to ensure that their position on a specific topic would receive favorable positioning in the community visioning effort. They also wanted a single point-person to remain active in the particular theme group to ensure that revisions didn’t alter or modify their position later on.

At the outset of the Brazos 2020 initiative, neither the social entrepreneur or core visionary had any knowledge of a Healthy City culture, much less the protocol or language, nor were the early discussions with community leaders grounded in much more than the premise of creating and engaging the community to work toward positive changes. There were no insiders or persons “in the know;” no one person knew specifically how to start the process. College Station City Councilwoman Nancy Crouch, deemed the social entrepreneur or core visionary, began to ask questions, she brought community leaders together, and she asked if this was a worthwhile endeavor. Shortly thereafter the City of College Station brought in representatives from other communities in the U.S. already engaged in a Healthy Cities process and the culture, language and protocol began. A few months after those early meeting, a financing mechanism appeared to be in place to fund a Healthy Cities process in the Brazos Valley. The process was named Brazos 2020 Vision and the organizational stage began in earnest.

It was about this time in the process that I became interested in the initiative and began following the advances that led up to the kickoff celebration and the formal introduction of the Brazos 2020 initiative. James Spradley (1980) summed up the ethnographic research experience very clearly by saying, “Traditionally... the ethnographer arrived in some strange community where people spoke an alien language. The goal was clear: to discover the cultural patterns that made life meaningful to these people. The field techniques were also clear: interviewing and participant observation.” Young (1994) added, “Qualitative research is best suited to meet these commands because it focuses on the preservation of local meaning systems. Naturalistic inquiry involves the recognizing and with understanding the social construction of meaning among a social system (Anderson 1987).”

Spradley (1980) agrees:

The essential core of ethnography is this concern with the meaning of actions and events to the people we seek to understand. Some of these meanings are directly expressed in language; many are taken for granted and communicated only indirectly through word and action. But in every society people make constant use of these complex meaning systems to organize their behavior, to understand themselves and others, and to make sense out of the world in which they live. These systems of meaning constitute their culture; ethnography always implies a theory of culture.

When ethnographers study other cultures, they must deal with three fundamental aspects of human experience: what people do, what people know, and the things people make and use. When each of these are learned and shared by members of some group, we speak of them as cultural behavior, cultural knowledge, and cultural artifacts. Whenever you do ethnographic fieldwork, you will want to distinguish among these three, although in most situations they are usually mixed together.

Spradley (1979) also refers to an idea of Marvin Harris': "the culture concept comes down to behavior patterns associated with particular groups of people, that is to 'customs,' or to a people's 'way of life,' (1968)... although this definition is helpful for some purposes, it obscures the critical distinction between the outsiders and insider's points of view... in ethnography is 'to grasp the native's point of view' (Malinowski 1922)." Again, this literature played an important role in the methodology of this study.

From the earliest beginnings of the Brazos 2020 initiative, representatives of other initiatives from communities in the U.S. were brought in to answer questions and to assist with creating an appropriate framework for the Brazos Valley initiative. The social entrepreneur or core visionary and those early community leaders that studied the benefits of whether to proceed with an initiative during this period were exposed to those visitors' cultural behavior, patterns, and language, which evolved from their initiative experiences. These

early champions also became the early “insiders,” and not only sent signals to others that joined the initiative later, but provided leads in meetings, group settings, and through the media, as to what the local cultural behavior, patterns, and language would be. Each subsequent level of volunteers joining the initiative had to play catch-up to understand these attributes.

Since the regional culture plays an important part in the initiative and this study, the literature on culture is significant. Spradley (1979) describes culture, “... to the acquired knowledge that people used to interpret experience and generate social behavior.” He adds,

This concept of culture (as a system of meaningful symbols) has much in common with symbolic interactionism, a theory which seeks to explain human behavior in terms of meanings... that ‘human beings act toward things on the basis of meaning that the things have for them’ (1969)... The second premise underlying symbolic interactionism is that the ‘meaning of such things is derived from, or arises out of, the social interaction that one has with one’s fellows (Blumer 1969)... The third premise of symbolic interactionism is that meanings are handled in, and modified through, an interpretive process used by the person dealing with the things he encounters. (Spradley 1979)

This interactionism is quite apparent in the Brazos 2020 initiative, as the participants adopted the project based on the meaning it had and would have for the area, and they would have to interact with each other to accomplish goals and find meaning in the project.

Just as the participants gathered momentum in creating the Brazos 2020 initiative, so did their shared knowledge and experiences in the initiative. In the early stage substantial time was spent in trying to get the word out to as many stakeholders as possible. Public meetings were held throughout the area and newspaper accounts were released almost on a daily basis. Particular attention was paid to involving the under-represented and those that may not have been affiliated with an organization. As the initiative grew and more participants took

part, one could observe the greater degree of interaction between them by observing the cultural behavior and language.

Observing these interactions was only part of the study; interpretation was paramount, and qualitative research methods were employed. Gaston (1994) notes that “According to Merriam (1988), qualitative research ‘uses those that there are multiple realities- that the world is not an objective thing out there but a function of personal interactions and perception.’” He adds, “Qualitative research offers answers to the research questions by comparing the realities described by participants and analyzing their areas of convergence and divergence.”

To accurately observe participant behavior it is necessary to be mindful of the data collection. Bogdan and Bilken (1992) describe five characteristic features of qualitative research that create more accurate data. They note the use of “... participant observation and in-depth interviews tend to be exemplary,” and the five characteristics are as follows: first, the research data were gathered in the participant’s natural setting; second, that qualitative research is descriptive. For example, “The data in close interview transcripts, field notes, photographs, videotapes, personal documents, memos, and other official records...” (Bogdan and Bilken 1992). The third is that qualitative research is progress oriented; beliefs rather than facts form the basis of perception (Bogdan and Bilken 1992 quoting Merriam 1991). The analysis of data in qualitative research is inductive, according to the fourth; the study is qualitative research, building a theory by discovering themes emerging from the data, by finding consensus within the multiple realities of the participants, and by analyzing the “... many disparate pieces of collected evidence that are interconnected” (Bogdan and Bilken 1992). The fifth explains that qualitative research focuses on meaning; “the meaning made by the participants and interpreted by the researcher” (Bogdan and Bilken 1992).

Norman Denzin (1994) provides this insight regarding observing participants: “Interpretation is an art: it is not formulaic or mechanical. It can be learned, like any form of storytelling, only through doing... an interpretative... text would emphasize socially constructed realities, local generalizations, interpretative resources, stocks of knowledge, intersubjectivity, practical reasons, and ordinary talk (Holstein and Gubrium 1994)”. Researchers must keep all of these factors in mind when collecting data.

During discussions and debates in theme group meetings once the initiative had gotten underway, many options were advanced as stakeholders tried to arrive at which topical areas should be included in the vision statement for the community. During the months that meetings continued, many different realities were uncovered, discussed, analyzed and included, merged into another, or discarded. Many opinions and many objections were heard, but in the end only those with a consensus were included in the vision statement for the community. “Ethnographic methods stress ‘... thick description’ (Geertz 1993)” asserts Young (1994); he adds “... thick description of the healthy communities process captures fleeting process, revealing the culture at work in particular cities so we may use understandings developed in these cities in other projects.” In addition he states that “Rather than the ‘objective’ posture of the functional researcher, interpretive practitioners are ‘strongly encouraged to be part of the action to be analyzed’ (Anderson 1987). Qualitative methods provide a means of ‘understanding the subjective meaning of actions through re-living and re-enacting social and cultural experiences’ (Putnam 1983).”

In order to understand how healthy community participants construct and understand their movement, I interacted and participated with the members rather than separating myself from them. Interactive methods allowed me to be

more sensitive to multiple, shifting realities of meaning and values at the research site (Lincoln and Guba 1985). This is important because it “provides a more accurate representation of the subject of the study, reflecting reality as it is experienced by subjects, rather than a superficial understanding of the research site which imposes the researcher’s views upon subjects” Young (1994).

In summary, the Brazos initiative began with early lessons identified by the social entrepreneur/core visionary and community leaders (champions), who joined forces to support creating an initiative from nearly the outset and followed the evolutionary process that went into creating the community’s Vision Statement. Many stakeholder/informants viewpoints were examined and select viewpoints were cited, however, only those issues that were deemed relevant from the perspective of the stakeholder/informant were reported in this study.

Sample Selection

The purposive sample for this study consisted of a minimum of 10 adult community stakeholders to be interviewed one or more times. Each had been actively engaged in some aspect of the Brazos Valley theme group development that led to topical issues considered for inclusion in the final Vision Statement (community vision). One or more may have received some form of compensation to have served as volunteer/stakeholder with the others receiving nothing. Each participant had to meet the following criteria:

- a). A capacity towards getting the initiative underway, organizing and entertaining a group of 18 or more, assisting with the formation of the visionary plan and/or any other similar capacity or function. In essence, they must have held a position of responsibility in the process of moving the initiative forward;
- b). Recruited to participate in the initiative’s effort and put forth effort for one or more of the areas described in A. above; to have collaborated with others in the process, or to have participated in the recruitment and retention of volunteer/

stakeholders;

c). Consented to participate in this study.

Data Collection

Data for this study was collected by using three data collection methods: semi structured interview, participant and non-participant observation techniques, and document analysis. Participants or stakeholders who agreed to be interviewed in person or by telephone became informants. The selection of the semi-structured interview method allowed for the issues to develop and flow from the informant's perspective. Many relevant issues were not known at the outset of this study and each informant may have brought a unique perspective on any given issue. These needed to be identified and brought into perspective as they related to the initiative and the Vision Statement. The number of interviews and the time allotted for each was determined by the availability and access to informants who agreed to participate.

Field notes served as the primary source for data gathering and supplement other documents that might have been available or collected. Field notes were taken during an interview in short form by the researcher, and later expanded to form the database. The expanded version of a set of field notes was completed as quickly after an interview as practical under the circumstances. A log of interviews was maintained throughout the process. Identities of all informants will remain anonymous.

Depending on the particular situation, I employed participant and non-participant observation techniques in varying degrees. As I became more and more of an "insider," I attained, as Spradley's (1980) taxonomy for participant observation identifies, "... the highest level of involvement for ethnographers... in which they are already ordinary participants... a complete participant." I was active in

preplanning meetings with community leaders and citizens, meeting with Healthy City professionals brought in to facilitate conceptualization and other issues on the local scene, and in gaining acceptance and support for the initiative by the general, local population. I also recruited volunteers. I played these and other roles throughout the three-year process until the vision statement was complete, published and presented to the Board for acceptance. I did not actively participate in subsequent phases.

I was the sole research instrument used in this study. Lincoln and Guba (1985) list seven advantages for using a sole human researcher: to respond to multiple cues; to adapt to both the environment and the source of information immediately; to comprehend an entity in its entirety; to incorporate expanding knowledge into the research base; to immediately process information; to obtain a clarification and summarization; and to pursue atypical or idiosyncratic responses. The final two were especially valuable when dealing with an ever-changing landscape as the Brazos initiative gained momentum and the volunteer/stakeholder pool was broken into theme groups. They continued to be an important source for data used in this study from conversations, discussions, reports, committee findings, and joint meetings with theme groups in regards to working towards finalizing the vision statement.

Data Analysis

Data was analyzed using the constant comparative methods. Data from each interview, participant and non-participant observation, or document was coded to yield descriptive, analytical, and interpretive categories that were compared with data subsequently collected and used in this study. The examination process used to organize the data for this study follows the three primary categories of corrected change developed by George Foster (1969): "... target group, an invading organization, and interaction setting (Wolcott 1990)." Data from each

interview, participant and non-participant observation, or document was compared, unitized and sorted until categories emerged and were revised until their attributes and the relationship among them was identified. The sorting or unitizing process continued throughout the study and was carried on even after fieldwork was completed (Lincoln and Guba 1985).

Bogdan and Bilken (1992) describe the constant comparative method as a pulsating process. They write “the emerging theme is dying data collection, but formal analysis and the redevelopment do not occur until after the data collection is near completion.” Data collection and data analysis occur in iterations. The process is “recursive and dynamic,” notes Merriam (1988), becoming “more intensive once all the data in, even though analysis has been an ongoing activity.” Gaston (1994) adds “Data analysis using the constant comparative method allows the researcher to categorize and sort units of data until patterns form and sense can be made of the data set.”

After the study’s data was collected and a tentative draft of the study was written, a copy of the draft was delivered to each informant to afford them an opportunity to review the draft and their contributions for accuracy. This is also deemed a member-check. Modifications or deletions were made to the draft as warranted. Informants and their contributions will remain anonymous in the final study.

Limitations

This study was conducted to gain insight into the development and learning process that started with the social entrepreneur or core visionary and grew with the early community leaders who backed the initiative, and finally to its greatest evolution between those volunteer/stakeholders who subsequently joined forces to create a Healthy City initiative in the Brazos Valley. The process studied was

time-specific and only involved those activities that were engaged in the creation of the community's Vision Statement. No subsequent phases were studied by the researcher.

Because this study examines a particular aspect of an initiative in the Brazos Valley, Texas, over a specified time frame with its particular community composition, leadership, location, and general setting, the results may not be generalized to other communities or initiatives that are attempting to create a healthy city/community undertaking in their area, even if one or more of the attributes are similar.

CHAPTER IV

FINDINGS

The primary purpose of this inquiry is to explore the role of the social entrepreneur or core visionary(ies) in accumulating conceptual, financial, and community support and acceptance as the community delineated the process, organizational structure, resource requirements, and timetable for initiating a local Healthy City undertaking. A secondary purpose is to explore how the Healthy City process (adapted for use in the Brazos 2020 Vision initiative) went about initiating and organizing itself, including the extensive use of volunteers throughout the process and in the development of its Vision Statement.

The findings reported in this chapter are based on participant and non-participant observation, ethnographic interviews, and document analysis. Spradley, 1980, distinguishes between various types of participant observation and particularly identifies active participation by reciting what Richard Nelson wrote about active participation:

... observation of a special nature. This is not 'participant observation' in the sense that most anthropologists have used the term. It involves much more than living in a community and participating in its daily life only to the extent that one is always there to watch what is going on. This kind of observation without actual becoming involved as a part of the activity or interaction might be termed passive participation ... I prefer ... 'active' or 'full' participation. That means in order to document techniques... the ethnographer attempts to learn and master them himself -- to participate in them to the fullest possible extent. When full participation is used to document a technique... the ethnographer must learn to do it himself with at least the minimum proficiency necessary for success. In a sense, then, he observes others and learn from them, but he learns by observing himself as well. (1969)

I base much of the findings for this study on "active" participation in relation to initiating and organizing the Brazos 2020 Vision activities and events.

Ethnographic interviews and document analysis are interwoven throughout the

findings to create the storyline for select initiative milestones that are deemed important achievements for the Brazos 2020 initiative in moving towards completion of its first phase goal: to produce the community's Vision Statement.

The Brazos 2020 Vision's Mission Statement, published in the Final Report dated October 10, 1995, states: "The mission of Brazos 2020 is to design and facilitate a process which allows residents of Brazos County, either as individuals or as members of organizations or businesses, to participate in identifying, analyzing, and proposing desirable improvements to the community over the next twenty-five years."

Neither the Mission Statement nor the nearly one-hundred-page Final Report could have been created without substantial community leadership, wisdom, courage, dedication, and vision. A list of attributes necessary to start an initiative could go on and on, and it certainly takes many diverse persons to accomplish those goals, but in reality, the Brazos undertaking describes one person who got the community discussing the Healthy Cities concept. She had been a long-term resident in the Brazos Valley and watched many changes and growth over the years. She was a local business owner, a former member of the faculty at Texas A&M University, and her and her husband were both longtime area residents. She had been active in many community projects, serving on committees and promoting the area time and again. She was a dedicated community leader serving on the City Council for the City of College Station at the time she discovered the Healthy Cities movement. She was also, by her own admission, a somewhat frustrated politician who had thought of quitting the City Council because the first Mayor she worked with on the Council had little or no visioning skills in her opinion, and the second Mayor did not want to consider any goals that were further than five years from their beginning. This person was Ms. Nancy Crouch.

Ms. Crouch was mentioned by name as the driving force behind the Healthy Cities initiative for the Brazos Valley, and she has been classified or identified as the core visionary or social entrepreneur in this study, and in the majority of interviews I conducted with local informants. Most informants described her as the local advocate or champion that spearheaded the process to look at the greater community over a long-term period for improvement, or at the very least as the person who introduced the community to a Healthy Cities movement. Looking for community improvement was what led her towards a Healthy Cities process once she had been exposed to its principles and underlying concepts.

The situation in the Brazos Valley prior to the initiative was one with potential problems and on-going issues, but generally speaking the economy was strong and the outlook was reasonably favorable. The twin communities of Bryan and College Station competed for new economic growth, with the majority of new enterprise and activity going to College Station because Texas A&M was located there, and substantial new growth was occurring in virtually every direction. Compared to Austin, San Antonio, and other large Metro areas within the state, the Brazos Valley was not as competitive on a regional or national scale as it would like to have been. This had been one of several issues pointed out by a national consultant in an earlier report prepared for Brazos Valley officials on attracting regional or national scale manufacturing entities or other new businesses. Their individual city competition was not seen as healthy for the area as a whole. With combined demographics, however, the area might compete against other larger areas throughout the country that were often considered as relocation options, but the Brazos cities could hardly compete as individual communities. This general topical item posed eminent difficulty from a local community leader's or politician's viewpoint. In addition, none of the communities wished to give up autonomy, but under present conditions both

entities were unable to portray solidarity and the unity necessary to attract desirable-sized manufacturing opportunities or other growth businesses that continued to relocate in nearby areas. This was another link in why the Twin Cities were creating an atmosphere where long-term planning just didn't seem practical or necessary for the area as a whole. Status quo for the Valley meant that life was still good and on the upswing, so most residents generally agreed with that type of assessment.

The twin communities are situated in a favorable geographic setting in the east-central portion of Texas, somewhat centered between Houston, San Antonio, Austin, and the Dallas Metropolis. Two major north-south freeways run on each side of the twin communities, approximately 40 minutes to the east and around a one hour away to the west. Each community has its own municipal airport with the larger of the two being in College Station, which has facilities that may accommodate large jet aircraft and offer scheduled passenger service by several national carriers to cities throughout Texas and elsewhere. There are regular departures throughout the day to carrier hubs in Dallas, Houston, and Austin. The Little Brazos River runs nearby and several tributaries run through different parts of the communities. The railroad runs through the communities and new freeway access is being added for a faster connection to the existing freeway system and major population centers. To the west the I-45 corridor has been designated as the NAFTA highway system linking Canada to Mexico.

Bryan is the county seat for Brazos County. The area serves as the medical community hub for a nine-county region that provides the Brazos Valley with many specialty physicians and medical practices located adjacent to one of the several hospitals in the area. A regional shopping mall is located in College Station along with many other retail and dining/entertainment establishments scattered throughout the area. Unemployment figures for the state of Texas

consistently show the twin communities as having one of the lowest unemployment rates in the state and in the nation.

The necessity for local leaders and politicians to prepare a long-term plan has not been viewed with any urgency for quite some time. Locally, as one might expect, the previous attributes are considered significant stabilizers leaning towards the positive side of the economic indicators; however, when coupled with continued growth on the main campus of Texas A&M University in College Station with an annual student enrollment in excess of 43,000 students and an additional faculty and staff totaling nearly 10,000, maybe the issue of long-term planning should become more ingrained in those legal entities that could be effected. Another recent addition to the area was the construction of a campus in Bryan for Blinn College. Two additional phases are planned for future growth of the campus. Blinn College's enrollment is nearing 10,000 students in Bryan and could double or triple in the next several years. The major reason for this anticipated growth is the fact that Texas A&M's administration would be pleased to shift as many undergraduate courses to Blinn as possible in order to free up their resources for upper-class courses, graduate studies, and research. Texas A&M ranks nationally in the top 10 for research dollars in any given year. This is where they view their ultimate role as a leading university. This type of growth merits a long-term plan.

A new presidential library was built on the West campus of Texas A&M University commemorating President George H. W. Bush, his years of public service and his term as President of the United States of America. It was opened for the general public in addition to many historians and researchers who would use the facilities to search the archives and records for data. An educational facility was built adjacent to the library, which serves as both offices and a residence for the President. It was opened at the same time as the library. An

entire international political academic program was created for the educational facility; the President and other dignitaries often engage in class discussions there. The projections for visitors attracted to other Presidential libraries after they had just opened ranged between 250,000 to 500,000 persons annually. Again, this could be an important factor in long-term planning.

Ms. Crouch indicated that with this community setting it was very difficult to realistically set parameters for a strategic plan for the city, much less long-term plans for the area as a whole. Traditionally, most local leaders and politicians simply reacted to the lead set by Texas A&M or others contemplating doing something in the area. Many of these undertakings were often based on securing funding for the contemplated project, and they could not be started until the funding had been secured, finalized and received. As circumstances changed over time, funding for such projects were either inadequate when received or did not materialize at all. Like many states during this time period, Texas has experienced financial shortfalls from the Federal coffers and even top priority projects for the area have been delayed, tabled, or terminated altogether.

Ms. Crouch indicated that she ran for public office knowing full well how this existing system produced mixed results and did not always produce top priority items for the community. Much depended on decisions made away from the county. It was with this scenario in mind that Ms. Crouch established three goals to concentrate on and to illustrate her campaign theme. The first goal was to gain some form of consensus between the twin communities towards long-term cooperation or planning so they could look forward towards continuing growth in the area. The second goal was to create user-friendly services at all levels of the city. The third goal was to find the lifestyle enhancers for both residents and visitors who had come to experience the area.

Ms. Crouch understood the concept behind long-term planning or establishing a strategic plan before she undertook her political platform. She indicated, however, that she did not have any formal training in this area, especially long-term planning. As a business owner she had been confronted with planning and learned that it was essential to her survival and success. The same had been true when she served as a member of the faculty at Texas A&M University. She taught freshman English composition for many semesters. Each class period had to be planned in advance to ensure coverage of all course materials. These activities had helped her realize the value of long-term planning.

It wasn't until she attended a conference in San Antonio, Texas, on behalf of the City Council, that she heard Henry Cisneros speak on the role that visions play for City Council members. The conference featured John Carver's message for board members, City Council members, or others in a position where long-range thinking should take place. His message was simple and to the point- strategic thinkers verses those staff and management personnel who are assigned responsibility to accomplish long-range goals by the means provided to them. The conference further defined the concept of visioning verses doing, and it reinforced the message about the levels of planners or Board members or City Council members who delegate the duties and responsibilities via management's line authority. Management is instructed in long-range goals or the strategic mission and can assign sufficient resources from the entity (a private company or a city government) to fulfill this inherit obligation. Management is judged as successful in degrees or on successful in degrees by the way they manage the resources provided to accomplish this inherit obligation. Visioning was described at the conference as even broader and possibly longer-term than either long-range planning or setting the strategic mission. Visioning is looking at the horizon over time. Visioning maybe aligned with time parameters or with benchmarks established at intervals by the

visioning body. The vision could take many forms, but should not get lost in the details for achieving its over-arching target.

Ms. Crouch realized that during the time she had served on the City Council a great deal of debate and Council time had been spent grappling with details of numerous City Council endeavors. Many hard feelings were the result of these debates, and oftentimes staff members were forced to modify the details specified by the Council due to the logistics or legality of the issue. At one point Ms. Crouch had thought about not running for the City Council again. She was extremely frustrated with the process and did not necessarily agree with the outcome. After a retreat of the City Council members and the Mayor, where an attempt to grasp the necessity for long-term planning was the topic, the best the mayor would allow was to look out to a five-year point in time. Certainly Ms. Crouch believed this was the start, but after hearing Henry Cisneros and others at the earlier conference she knew there was more. Also at the retreat each member had undergone a sensitivity test towards long-term planning or visioning. While she tested in a moderate range, it was with great interest to many on the Council that the mayor had tested with virtually no visioning skills. A committee was formed, however, on which she and two of her colleagues were charged with coming up with a vision for College Station. They came up with a vision, but decided it was not very useful and she would deem the effort as moderately successful at best. She knew it was a start and that was the value she took away from the endeavor. She was determined to find out more about long-range thinking and planning.

Shortly after the retreat she signed up to attend another conference, this one called "Making Cities Livable" in Charleston, SC. One of the options during the conference was to tour a community named Rock Hill, which was located just before the border of North Carolina. It was considered one of a series of ring

communities that were linked to Charlotte, North Carolina, by the area freeway system's outer loop that went around the metro region. Charlotte was growing in all directions and there was always pressure to expand. Several other ring communities had been absorbed into greater Charlotte by virtue of their location. In essence they had lost their community's identity and independence. The group was hosted by Rock Hill's Economic Development Director, and he explained how the economic base had all but collapsed. Literally a dozen textile mills that had been in operation for decades had shut down operations in the community, which cost the area thousands of good paying jobs and tax revenues. The textile industry had been the largest single source for employment for community residents for decades. On the tour Ms. Crouch was exposed to the stark reality faced by community leaders and politicians that included a very bleak outlook. The city was experiencing 17 percent for unemployment with no significant growth factors or employment opportunities on the horizon. Families were moving out of the area even though many had lived in the community for generations. The town was being heralded as the next "tin" city by land speculators and developers in the Charlotte area, as land prices tumbled and trailer park after trailer park settled in. Charlotte is a mere 25-mile commute up the freeway.

She learned much of their community was in decay with several downtown buildings vacant and in disrepair and of course, the many textile mill facilities sitting idle. As reported by Brent Zwerneman in a newspaper account, according to Rock Hill Mayor, Ms. Betty Jo Rhea, "We had to see what we could do to save our city." She adds, "Rock Hill began 'Empowering the Vision' in 1988 after the city hit rock bottom in the early to mid 1980s and was 17 percent unemployment. Now, its unemployment rate is near 3-4 percent and many say it is due to the visioning..." When the Rock Hill visioning started, Rhea said the original planners identified six themes to describe the City as it went into the 21st

Century: the Business City, Cultural City, Education City, Functional City, Garden City and Historic City. Rhea said the City couldn't have done the visioning without the City Council's help: "Our whole Council adopted this plan... the private sector became involved in beautifying and livening the city. Our churches got involved in the process."

Ms. Crouch videotaped her trip and after editing it she showed it to select leaders and other politicians in the Brazos Valley to introduce them to the visioning process. Bryan and College Station's City Managers had already been looking into long-term planning, but it had not gotten very far. After several meetings where she showed the videotape and discussed the underlying concept, she acknowledged that they finally got it. Her trip to Rock Hill had been in March, she had prepared the video presentation and showed it for the first time on June 5th, and by July 10th she had an agreement in place for some funding to get started.

The first thing she did was to hire Bert Nancus to advise the community on conducting a visioning exercise. The differences and similarities between Rock Hill and the Brazos Valley were surprising. The counties populations were similar. Rock Hill had started as a railroad community in 1852, and had prospered until its employment crisis. They identified early in their visioning process that in order to survive they were going to have to invest substantial public funds into restoring and building new schools, create new business parks to attract additional businesses to the town, improve the airport, build business and educational coalitions, and offer better access from the two freeways that ran by the city (an example was to install a synchronized traffic-light system throughout the community for better access). They went well beyond these challenges by planting more than 500 trees throughout the community, promoting the development of low to moderate income housing to attract new

residents, adding statues and sculptures throughout the community to make it more aesthetically pleasing and to create neighborhood themes, and forming a Board of Historic Review to protect and assist with saving the many spacious and architecturally rich, historic homes that were scattered throughout the community, but in a mixture of repair status. And they did more. It became an interwoven process to give the community an identity and to save the community overall.

In Brent Zwerneman's article, he quoted Rock Hill's City Manager, Mr. Russell Allen as saying, "We certainly have had to extend ourselves with debt to invest in the future... We've pushed the envelope as far as government involvement in many areas, but the city is better for it." The Mayor adds, "It was a close vote on the bond referendum, but now people can't help but be proud of what we've done..." Rock Hill is an extraordinary city because they do things better than they have to, for instance, the city's Cherry Park is richly landscaped and features a statue called "Mighty Casey," which is one of only three in the nation. "We tried to make the park better than we had to, and it became controversial, but now... it is the favorite recreational spot for Rock Hill residents and a model for parks nationwide."

Ms. Crouch also learned that Rock Hill's business parks had to compete against Charlotte's and other nearby communities', so they made theirs upscale with themes. With quality educational facilities in place, beautification of the community, and restoration of the downtown area and older homes underway, they were able to attract small high-tech firms that employed from 50 to 250 employees. It provided the community with diversity and high paying jobs. The Brazos Valley has to compete for businesses from all the major population centers surrounding it in central Texas, much like Rock Hill.

From this initial experience Ms. Crouch sought other professionals to assist her in gaining an in-depth understanding of the visioning process and how it relates to a Healthy City initiative. She met with representatives from Chattanooga, TN, and they provided additional insight into how an initiative could be created and sustained. They shared with her the results of their initiative and its on-going effects. They believed it was a very beneficial process and well worth the effort. She also contacted Dr. Trevor Hancock during this period for additional information and direction, as he is credited as one of the founders of the current Healthy Cities movement. A few months later he arrived in College Station from Toronto, Canada, and made several presentations in the Brazos Valley to citizens at meetings, to university students who were studying the Healthy Cities movement, and in limited question-and-answer sessions with city leaders, officials, and politicians. His revival and messages were written up in the local newspapers describing the benefits for undertaking a Healthy City initiative and other insights on related subject matter.

In a meeting held on August 4, 1993, staff participants from nine community leadership organizations that had agreed in principle during summer meetings to support a visionary planning process for the Brazos Valley met to clarify various points. They agreed to reproduce both the Background document for the Brazos 2020 Vision and a Glossary of Terms, so that common usage of terms might begin throughout the community. The final action of the meeting was to agree to seek an actual funding commitment by the end of August of \$10,000 per year for two years from each of the nine participating organizations. The nine entities engaged in these formative efforts were: the Brazos County, the Brazos Valley Development Council, the Bryan Independent School District (ISD), the City of Bryan, the Bryan-College Station Chamber of Commerce, the City of College Station, the College Station ISD, the Economic Development Corp., and Texas A&M University. The Brazos 2020 Vision Steering Committee would formally

adopt these two important documents later in the year at its October 7th start-up meeting.

Another important document that was produced as the initiative was just getting underway was the Vision Model Process, which was used as a guide for the initiative; it was introduced on December 16, 1993 with working draft notes. This document delineated the following four items: Mission Statement, Theme Areas, Underlying Principles, and Goals. These items were used as controlling forces when defined, to keep the process on track, in focus, moving towards completion and to provide oversight for erroneous or incorrectly label data or direction. Theme Area members were to identify major components therein and organize smaller achievable, manageable parts. Each Theme Area would be further subdivided into smaller target groups that comprise, support, or contribute towards the Theme Area main components. From there target groups would be linked to solution traits or the way solutions could be structured. Another item was a draft of an organizational chart. Many facets of this guide document were modified or replaced as practical applications or insights changed during the process after it got underway.

Two of the informants were involved in these early stages of gaining public support for a visionary planning process for the Brazos Valley, and both indicated that the timing for such an undertaking was apparently very good, as it did not take a great deal of persuasion to get the nine community leadership organizations to agree to this undertaking. Funding was a slightly different situation, but it did not take a great deal of persuasion either to gain consensus, as initial support was reasonably favorable. Mr. EF thought it was a relatively "easy sale". Mr. ST thought the early meetings were key to gaining acceptance and the story about Rock Hill South Carolina was critical in swaying local leaders to think of prevention before economic indicators or a crisis became a real issue.

None of the informants had any prior experience with visioning per se, however, a couple of them had been involved in a somewhat similar process with a substantially shorter duration and very limited goals. Another informant, Mr. OP, had been involved in similar undertakings, but they were shorter and none had as wide-spread participation as 2020. Most would look into the future for periods of up to five years and in rare cases up to 10 years, and these were always based on a practical approach or on improving what was in place or existing, not starting from ground zero. Looking 25 years into the future with concepts not grounded in reality or tied to something that was already there fascinated him. Most projects he had been involved with lasted for only a few months.

Mr. OP also commented about his personal belief that a visioning process or broad community-oriented effort might never be conducted again where groups, organizations or common folks got together to lay out or project an unrestricted map for the future simply using their ideas, dreams, goals, ideals, or wishes. It was his personal impression there was lots of community involvement, thousands of volunteers, and thousands of man-hours devoted to the 2020 visioning process. While he was the only informant who verbalized his belief that he did not think such an undertaking would ever take place again “in his lifetime” for the Valley, he did indicate that he thought several positive results aside from publicity were being felt within the communities starting right after the Vision Statement had been published with some of the goals identified. In his opinion, the real benefit to the Brazos Valley was the knocking down of barriers that had existed for years in some cases. Having two nearly equal size cities with different traits has made working together difficult. College Station was experiencing tremendous growth and new opportunities and Bryan did not having as favorable an outlook; the two independent school districts had similar and yet very dissimilar situations and student populations and needs. Then, add

Texas A&M University to the mix with its very special requirements, opportunities, and circumstances many times impacted by its very location and lack of easy access to major metropolitan areas in the state, which has in the past added to the area's friction. He concluded that he thought what might have assisted in gaining valuable support for the initiative were "the many new players" in prominent positions around the area, such as Dr. Ray Bowen at TAMU, new mayors for both cities, significant changes or new faces in both City Councils, and a new Judge at the County level. They collectively brought a new attitude and encouraged "fresh blood" to get involved in this and other community activities as well.

Another informant, Mr. CD, indicated he had been involved in short-term strategic planning at regular intervals over the years, typically with goals established for the end of the fourth year. They called it planning, and he thought that several plans spliced together over time might be turned into a vision. He indicated that he had not been active in a visioning process, but he knew Dr. Donald Sweeney of Texas A&M, who taught courses that encompassed both planning and visioning concepts. He confided that in the early stages after he became involved, he felt somewhat "timid and nervous" about what his role should be, but over time as he became more familiar and understood the process, he became more confident and felt that both he and the process were on track. He also shared his insight that the video presentation on visioning and the Healthy Cities process helped get the message across to Bryan, College Station and county leaders, and members of the community. He was impressed with the hundreds of volunteers who came out to participate in the Brazos 2020 Vision. He also thought the video was very significant because it drove the point home that good times could be followed quickly with bad times.

Mr. GH believed St. Joseph's Hospital had looked into community action planning and he also believed Dr. Donald Sweeney had been contacted by Ms. Nancy Crouch to assist with getting a community-oriented visioning process underway, and it took on all the characteristics of a Healthy Communities initiative. He knew that St. Joseph's had been looking for cheaper methods to provide managed health-care services, and had been engaged in a substantial focus on preventative measures as they related to medical issues and to an individual's health. He thought they would be really supportive in such an undertaking because of these and other on-going measures they were looking into.

He thought that using Rock Hill's inspiring story, which was becoming a national model showcasing how a "sparkplug" of a leader was a great vehicle to unite leaders and residents to move forward with a Healthy City initiative. Brazos Valley was not in the midst of a crisis like Rock Hill had found itself, but things could be better. He agreed with many advocates that an initiative was a way to avoid a crisis before happened, so this was a real opportunity for the area. He felt the Brazos Valley was fortunate to have Ms. Crouch to push the initiative, as she became the "driving force" during its early stages. He and many of his colleagues believed that it would be more acceptable to hire a professional to serve as the sparkplug for the local initiative in order to ignite the communities' interest and to set the stage in order to create and perpetuate the initiative as a grass-roots community effort.

Mr. IJ had actual formal training in the military in dealing with long-term planning techniques. The training bordered on strategic planning and it had always interested him. When he heard about the community visioning initiative, he became interested and decided to volunteer. He was also interested in volunteerism in America, which was much different than in many older

civilizations and countries around the world. He wondered if many volunteers in the Brazos Valley would be waiting for authority from the top-down model before they would do something. It had been his experience that many times volunteers would not do something without permission. He was perplexed with the grass-roots orientation that was being promoted in regards to joining forces with other community members to look out 15, 20, or 25 years into the future to see what the community might look like at that time interval. His personal agenda was to be active with other, like-minded community representatives. He was thrilled when he had the opportunity to help write the final community Vision Statement.

Mr. MN had worked for 10 years as Executive Director for a public entity that used goal-orientation programs, so he believed he had a good feel for the system being used. He also had worked as a consultant involved short-term and long-term projects at the municipal level. He became interested in the Brazos Valley initiative when he heard Ms. Crouch speaking locally at a brown bag lunch series on the merits of an initiative. Some other members of the City of College Station were at that luncheon and reinforced several benefits that might be attributed to long-term planning or a visioning exercise for the greater area. He attended other public meetings on the slideshow that was presented on Rock Hill's turnaround, and the representatives from Chattanooga, TN, addressed the organizational setup and how in Chattanooga a Healthy Cities initiative was a real necessity verses the situation as it exists in the Brazos Valley. He thought the representatives from Chattanooga discussed the process in a very adequate way that encouraged many concerned residents to get involved. He believed the driving forces that were very essential to moving the process forward for the Brazos Valley were Ms. Crouch and the College Station City Manager. He had also heard Dr. Sweeney speak on the benefits of completing an initiative, not just the Visioning phase, but the Implementation phase and subsequent reevaluation, implementation, reevaluation loop that kept the process fresh and

reviewed the needs of the community. Dr. Sweeney had suggested that health is not just the health of the individual, but the family, the community, and even the region. If any of these are seriously impacted or overwhelmed because preventative measures were not reviewed or implemented in a timely fashion, it affects the entire community. He added that he was impressed with the stories from three or four other communities where work turnarounds had been achieved and these places had been featured on national TV. He felt he was hooked and ready to join in with his neighbors to address many issues that had been on his mind. He knew some of his colleagues were going to be involved and he was glad to have the opportunity to work with them to be able to make recommendations to city representatives on these important long-term issues.

Ms. QR had some training with long-term agendas and long-range tactical and strategic planning and used some of that training in her current employment. She felt there was no better way to become involved in targeting long-range improvements for the community as a whole than by becoming involved in the visioning process. She hoped she could make use of her training and assist in developing long-range improvements that would be worthwhile in the future. She was concerned there might be some volunteers who would bring a personal agenda, and she thought she might be able to offset some of those types of folks or correlate their agenda into positive forces that would benefit the entire community. For example, a linear greenbelt from the Bush Library around town is not such a bad idea even if the real estate industry or specific representatives that might hold an interest in targeted properties advance it. Another example might be to reroute the railroad tracks that run through the TAMU campus in College Station and through Bryan to a more appropriate location; but whether it was promoted by one group or another, it would still be a substantial benefit to the community if it were to ever occur.

Mr. AB had similar ideas, but his focus was more in the realm of bicycling and cyclist access to major streets running both North/South and East/West. For instance, cyclists had been outlawed from using Texas Avenue since there were neither bicycle lanes nor sidewalks. Being a newcomer to the area, he didn't know much about the politics nor the leadership in the community and became involved when he heard about the initiative during the summer months just before the Kickoff celebration. He just showed up and got involved. He hadn't heard about Ms. Crouch until he met her at a meeting and she expressed interest in a dual community that encouraged alternative transportation modes, including bicycles verses a typical automobile orientation. She encouraged him to become involved and they discussed various kinds of improved mass transit systems as well.

Ms. Crouch elected to serve on the initial Steering Committee in addition to serving on the Board of Directors for the Brazos 2020 Vision, Inc.; she represented the City of College Station in both entities. She served as the Secretary for the Board, and was generally considered the spokesperson to raise community awareness and support for the local initiative in the early stages and until a permanent Executive Director could be hired. Although she did not have a planning background, she had become familiar with long-term planning and visioning from conferences and seminars she had attended as part of her duties on behalf of the City Council. As mentioned early, the conference where Henry Cisneros spoke was especially motivating for her. She related to his comments and it was obvious by the transition San Antonio had underwent in a few years that a visioning process could work with committed leadership and community support. San Antonio had started with what in essence amounted to nothing more than a drainage canal and built an entire community theme and identity for the city around it. The community banded together, believed in its vision, supported its leaders and made the vision into their community's reality.

The theme they conceived is today renowned as The Riverwalk both nationally and internationally. It improved San Antonio forever.

The Steering Committee had been set up to oversee the day-to-day activities and was more of a working arm representing the Board of Directors. In a document called The Planning Process the Board of Directors' role was defined. Its stated, "The Board of Directors' responsibilities are to set the direction for the planning process and to serve in an advisory capacity to their respective boards as they consider the final Brazos 2020 Vision Action Plan" (pg. 2, Draft 8-25-94). In the same document key dates were listed to guide the process. The dates listed were: December 1993- Brazos 2020 Vision formed; February 1994 -- Informational Meeting at the Brazos Center; May 1994 -- Kick-Off; May -- September 1994 Visioning Forums; September 1994 -- June 1995 Theme Groups Work to Produce Action Plans; July -- August 1995 Advisory Council and Theme Group Chairpersons to Review Action Plans; September -- October 1995 Community Input -- Consolidation, Revision, Outreach, Negotiations; November 1995 -- Final Report. Two other important issues were defined by this document. The first was the role of the Advisory Council Representative: [this person] will serve as the communication link between the Board of Directors and the citizens, will review and revise drafted theme areas. The second was to define the Theme Groups: The focus of the planning process is to determine how our community can take advantage of its strengths and overcome its weaknesses thereby assuring quality development. Six Theme Groups have been identified and include enterprise, arts and entertainment, environment, education, service, and infrastructure. The task of each Theme Group is to study these areas, identifying issues, and propose Action Plans for effectively addressing these issues. Interested citizens/volunteers will comprise each Theme Group. Further definitions of items were made in the document. Some of these target dates and definitions were modified as the initiative evolved.

Other initiative items were announced to the general public through radio, TV, and print media, and these included the dates, times, and locations for the visioning forums to recruit interested citizens to become active in Theme Groups and other capacities. Initial Theme Group meeting dates and locations were also spelled out in these announcements. Several brochures and publications were created to attract public attention in order to have the broadest, most diverse representation of citizens working towards the community's vision. The Steering Committee recruited and hired an Executive Director to run day-to-day operations and to serve as the catalyst for the movement. Dr. Florita Bell Griffin, a Ph.D. graduate from Texas A&M University and former City of Bryan Planning Department employee, was selected to serve in this capacity. By this point in time the initiative had generated a mailing list of interested citizens and used mail-out flyers as another means of communication. Interested citizens or volunteers are in reality stakeholders in the process.

Ms. Crouch and Dr. Griffin became close allies representing Brazos 2020 and many times were featured as guest speakers on the same program promoting Brazos 2020 and encouraging interested citizens in participating. They worked together on the Informational Meeting that was held at the Brazos Center in a dreadful thunderstorm and still drew hundreds of interested citizens. They worked together on the Kick-Off celebration that took place on April 29th and 30th, 1994, in the old Wal-Mart buildings at the intersection of Texas Avenue and Villa Maria. The official ribbon-cutting ceremony took place as the opening event, officially kicking off the Brazos 2020 Vision effort. Former President George Bush sent a congratulatory welcome speech via network conferencing. Numerous other activities were planned over the two-day event, including presentations by Mr. Gordon Melancamp from Chattanooga, TN, and Mr. Russell Allen from Rock Hill, South Carolina, highlighting their respective

community's visioning experiences. Hundreds of interested citizens turned out for this event.

The next item shifted attention towards Theme Group development and an entire new set of issues or problems were discovered. Meetings were scheduled on a regular basis (approximately a month apart) and many subcommittees were formed to investigate various agenda items. Six interns were hired to interface with the Executive Director and other staff/volunteers, and each one was assigned to a Theme Group so there would be some continuity provided. The interns could also gather information, contact potential speakers and arrange for them to speak before the groups, copy materials for distribution, and other assorted assistance necessary for smooth progression.

Mr. CD thought the process was useful for the community to look far into the future. It could make the community a better place to work or reside, however, some of the goals were more pragmatic and in his view had a greater chance for being implemented. An example might be flood control because it affected cities, the county and the university. Plus, there might be funding opportunities for those goals that could demonstrate real achievement and substantive value. An integrated park along Carter Creek might stimulate other benefits to residents besides additional green space. Both of these issues, for instance, were in the Final Report. He observed that a few of the volunteers took the lead in many ways, which is typical in many volunteer organizations. He did think that it was a real effort by citizens groups and citizens, and overall it will make a real difference. He believed the time frame for generating the Vision Statement might have been a bit long, however, he thought the effort had moderate diversity, but it was a very good process overall. He would like to see a structure in place to continue progress toward more of the goals that had been established.

Mr. KL was attracted to the movement after attending one of the Forum meetings and learning that many areas of his expertise would be looked into. They asked for both knowledgeable citizens and those who just had an interest to participate. He chose to work in two Theme Groups, although the subcommittees that he worked on were interrelated. He noted that several volunteer/stakeholders that participated had agendas and this open forum provided them with a platform with which to speak. Educators and environmentalist were two areas that he identified this to be the case. He added that some volunteers were emotionally connected to their projects. He thought the visioning process was fun, but the process to create the document was where some difficulty arose. The Theme Group meetings apparently did not always have a facilitator available to help member reach a consensus. He thought it was easy to identify issues but not necessarily the resources to fully investigate solutions. He realized that it was difficult to identify or generate technical data that was relevant to specific topics without the aid of professionals. An issue such as floodplain management or storm water drainage involves natural drainage corridors that can have serious impacts on ecological and environmental indicators, and these might have governmental entities monitoring changes over a 10, 15 or 20-year span of time. It would be very difficult for a few interested citizens to step in and come up with realistic solutions in a few short months and half-dozen meetings. He thought generating the issues was a good idea, but that in most cases the solution was beyond the scope of most volunteers. He didn't have a problem with the timetable, but believed the citizens themselves shouldn't just turn over the results to the cities or the county without continued involvement. He also understood and realized that funding might be a problem after the initial initiative had expired.

Ms. QR indicated that she thought the process might have been longer for evaluating the goals and the tactical and strategic plans for implementing those goals. She felt it was difficult in the brief amount of time, with only monthly meetings of the Theme Group members, to gain direction and reinforcement for multifaceted issues like overarching transportation issues including mass transit, bike paths, the new route for the railroad tracks, street alignment, an even traffic signal coordination on major thoroughfares by Texas Avenue. She further indicated that breaking into subcommittees was beneficial because these were small numbers of volunteers who would meet more often, and their mix of expertise made it difficult to get into technical areas. Another issue was trying to obtain technical information from state agencies or other governmental entities, especially those at the federal level. Overall she enjoyed her time spent working within the process and with the Executive Director, staff members, and other volunteers/stakeholders. She was concerned that the effort might fade away after the Final Report was published. In addition, if there were no champion or leader, she thought the project would probably die.

Brazos 2020 started publishing a quarterly newsletter called The Vision and distributed it to those on the mailing list, whether they were active or not, to keep citizens up-to-date. Additional notices of upcoming theme group meetings and other special events were distributed through media sources. A group of volunteers/stakeholders was sent to personally visit with dignitaries from Rock Hill, South Carolina, on a two-day event. Meetings with the Mayor, the City Manager, and others were included on the itinerary. Many reports and presentations were generated from this trip, and any information gleaned directly by volunteers/stakeholders was put into a video presentation, for which I narrated and essentially laid out the contents.

Theme Group and subcommittee meetings continued with drafts identifying various issues complete with an objective statement, values, measurable goals, and obstacles. Different Theme Groups and subcommittees used similar, but not necessarily identical, formats. This series of events continued until a formal presentation was made by each of the Theme Groups to the Board of Directors and other guests in late February 1995. This was a shakeout opportunity for fine-tuning issues before the final results were turned in that would become part of the Final Report. The media continued to play a significant role in broadcasting the initiative's progress to the community at large. Interviews, live TV coverage, and updates were a weekly occurrence.

A three-page Executive Summary was prepared and distributed for comment. By the end of April 1995, each Theme Group Chairperson was submitting revised drafts for scrutiny. A Board meeting was scheduled for April 25, 1995, where committee and subcommittee Chairpersons would make their final presentations for items to be included in the final report. They would have an opportunity to answer questions about the validity for inclusion if any unlikely questions were raised. The final format had been agreed upon for common usage to include Goals, Strategies with Time Lines, and the Value to Community categories. A final timetable had been published, indicating May 4, 1995, as the Final Advisory Council workshop, with May 10th scheduled for unveiling the Preliminary Report Draft (I). A revised Preliminary Report Draft (II) was to be presented at a meeting scheduled for June 30th, and the Final Report was to be completed by Nov. 30th, after a series of workshops, retreats, and meetings allowed the Board time to digest all of the materials.

Mr. MN generally thought favorably on his experience with Brazos 2020. He thought there might have been too many "blue sky" goals, and that maybe if the initiative had concentrated on a few select achievable goals they could sustain

the initiative. He thought there might have been several ways to find a way to sustain the initiative if the politicians had elected to move forward. One idea was to have them to add on a hotel/motel revenue tax to fund the next phases of the initiative. He was somewhat disappointed by a lack of a crescendo or major conclusion for a 2-year long event; he would like to have seen a scoreboard to track the accomplishments that had started with Brazos 2020. In addition, he thought it may take a new set of community leaders to build on the Final Report and move forward with many of the goals outlined therein. Although he believed he was in the minority on the issue of consolidating the twin communities, it might have been fun to have a national contest to name the new community. He asked the question of what tangible results came from the effort, referring to the “fizzle” at the end because of the division of power between the twin cities, the county, and Texas A&M. He thought the process was good and enjoyed the trip to Rock Hill. He thought that The Brazos Valley “needs someone to drag the city forward into the future.” He became involved in the process because he could choose the areas he wished to work in and committee assignments. Another issue he felt passionately about was to educating the young citizens about breaking the gridlock in city organizations, because if it is not broken the same confusion may reign for generations to come.

Mr. IJ said that he did have some expectations before he joined as a volunteer with the Brazos Valley initiative and they did become a part of the Final Report. For that he was pleased; however, he would have liked to have seen more young people involved in the process and thought that they would have been able to learn a great deal about planning and visioning. He thought the core group of volunteers/stakeholders was present for nearly every scheduled meeting for the Theme Groups and subcommittee meetings. He had started out meeting with the Environmental Theme Group, later became involved in Education, and also attended some meetings of Infrastructure, and he found that

all were covering several topics. Examples were greenbelts or greenways, storm water management, and other infrastructure issues such as streets and transportation issues. He also reported that his trip to Rock Hill and related meetings with governmental officials was invaluable. They not only shared their views on the visioning process, but they described how they achieved success and what happened when they failed on a particular goal. They also discussed ongoing projects, which are typically longer in term and thereby more difficult to start because of cost factors involved. He was also pleased with the leadership.

Mr. GH liked the concept of giving the citizens a blank piece of paper and asking them what they wanted for their future or what was on their mind. He admitted that he misunderstood how long the process might take. Another idea he suggested was that it might take an even longer period of time to attain institutional buy-in. Although the end of the process was nearing, he believed they missed the mark. He was a bit surprised at how many citizens viewed the community as a single entity, yet they all knew there were two cities, two school districts, the county, and two college campuses (Texas A&M and Blinn College). It was a unique blend. He felt the process required more time and longer commitment. Near the end it was very difficult for the Board to end the process and to finalize the report. There was still so much that could have been included and so much more that could have been looked into. He thought that the process should never end, but instead have periodic revisions for various goals, to ascertain what funding sources might be available for specific goals as circumstances changed. Another thought he presented was that each Theme Group should have presented one issue that they wanted to see moved forward immediately. That issue should have been prioritized and the nine founding entities should have started implementation measures on those six issues at once. This would have let the community know how valuable their service in the initiative had been as perceived by community, civic, and political leaders. A

phrase he heard quite often was: managing expectations. He hadn't realized until later in the process how valuable that phrase was or what it meant to community volunteer/stakeholders. This was their set of ideas, their opportunity for a voice in moving the community into the future. It was timely as new leaders were emerging, but the difficulty was to pass on the ideas and dreams packaged in the vision to leaders who were not a part of the process. This was his real concern.

Mr. OP believed community leaders and governmental officials were already exploring several of the issues that were brought up as part of the visioning process. He cited several examples of joint meetings that looked into the issues of targeting new water resources for the area, investigating methods to acquire property for a linear park along Carter Creek, managing storm drainage, seeking ways to capitalize on tourism potentials for the area (especially in view of the new presidential library), and of course, assessing access and transportation needs, which had been under study for the past several years. These and other issues need concentrated effort to boost the economy and focus for the community as a whole. He noted two flaws that he observed in the process; the first was that several groups or organizations had members who attended committee meetings to ensure that their "turf" wasn't infringed upon. He cited at least three examples: one was Education Theme Group, where teachers monitored and engaged in each discussion that involved the educational system; another was in the area of environmental concerns, where a number of engineers, developers, and environmentalists always seemed to be involved in discussions focused on environmental issues; and the third focused around realty issues which, brought out a number of development types, real estate brokers, and even lenders. They may have brought with them their own agenda or may have tried to capitalize on the opportunity to promote or publicize issues they had opinions on. Either way, they may have outlasted, or in some cases

out-shouted, the general populace. The second flaw, which might prove to be fatal for the process in his opinion, was the lack of current interaction or communication between the process and the elected officials who were intended to take this vision forward. It might have been better if they had been brought in on a regular basis to participate and gain a first-hand understanding of the particular issues. It might have provided officials with the sense of urgency felt by many volunteer/stakeholders to advance specific goals for the community.

Mr. ST thought the process went very well and was very impressed with the large numbers of volunteer/stakeholders that came out to support the process. Although he had played pivotal roles in similar organizational drives, none were of the duration or magnitude of this initiative. He was very impressed to see many city officials coming to meetings regularly and appearing to have a commitment towards the goals. His opinion was that the difficulty may occur with implementation efforts, since funding had not been identified with certainty for any of the issues laid out as goals or in strategic planning methods. If the nine entities remained committed he thought there might be a chance for real progress over the next few years to realize selected goals. If not, unfortunately, this would just be another effort that would end in good ideas but no tangible results.

Mr. EF believed the potential was there to create a very substantive document, but without the 50 most powerful leaders in the community on board early in the process, it might not go very far towards reality or achievement. The “bottoms up” certainly brought forth a lot of new ideas and generated some really brilliant approaches to issues that were complex, long-term, and extremely expensive to solve. The process moved very quickly after it started and might have been longer, but funding was an obstacle and this may have been the first time in this community’s history that funding of this sort was asked for and received. The

commitment should have been for five years, and key players should have agreed to continue working in the process until it was completed. The process in his opinion was designed to work in conjunction with the various governmental entities and it gave elected officials a real opportunity to hear what the “common folk” wanted for the future from the government. He was particularly in awe of the caliber of volunteers/ stakeholders who committed many hours of their personal time to get involved and stayed committed until the process was complete. He did not think a good job could have been done in any shorter time frame.

Mr. AB had been attracted originally by the promotional literature, but really liked the fact that he could self-select which Theme Group he wished to work with and the amount of time he would be required to commitment. They encourage him to attend regularly, but to come even if it were only occasionally. They wanted his voice and his opinions. He also learned several new topics and was impressed that much of his subcommittee work had been incorporated into the final set of goals and listed in the final report. He thought the process was fine until the very end. He was disappointed and remains so that after 12 to 18 months of volunteer effort by hundreds of citizens/stakeholders, there was no follow-up, no annual review, and no apparent real buy-in by the politicians. Over the following couple of years he only heard about the Visioning process once or twice, and he, like others, never knew if any of the goals were actually implemented. He would have thought that the process would have been a continuous one. He commented that he thought the Final Report was much like the Ark discovered in the movie “The Raiders of the Lost Ark,” when they take the coveted Ark and store in a large warehouse, essentially burying it forever.

CHAPTER V

SUMMARY AND CONCLUSIONS

Summary

Once the first phase was completed (resulting in The Final Report) and the Visioning effort faded away, what happened to the core visionary and the stakeholders that put in so many hours and shared their hopes and dreams for a better living environment for their community? Ms. Crouch ran for Mayor of College Station on essentially the same platform as she had run for City Council member and lost. Whether the race was close or not does not matter, but with her voice lost, the initiative carried on for a while, mostly with community leaders seeking funding alternatives for specific projects listed in the Final Report. For the most part, the Report was consulted from time to time, but did not receive additional funding for the Implementation stage or beyond. The Executive Director worked on a scaled-back budget, but also faded into other arenas over time. Some entities picked up on the potential benefits, and as with Texas A&M University, conducted a Visioning initiative of their own. The Bryan City Council used the Report from time to time and had a copy at meetings to refer to, but it did not alter the underlying thinking or the way business was conducted. The other entities used the Report in various ways and some positive results were seen as a direct benefit from the initiative. Health and health care issues have not improved significantly in the Brazos Valley, but the Brazos 2020 Vision effort is certainly a benchmark for future generations to take stock from and maybe they can work on some of the concerns raised in it.

The various stakeholders who were interviewed and provided opinions and experiences about the process had many different viewpoints, but generally agreed that the initiative was worthwhile. They agreed that they learned about the Healthy City process and visioning as developed within the Brazos Valley.

Most of them agreed they learned many facts about the area they were unaware of before the exercise and they enjoyed the opportunity to interrelate with other resident/stakeholders. Most would have like to have seen some of the items detailed in the Final Report taken beyond mere discussion, and more follow up by the nine entities that supported the effort.

One thing is certain: to achieve a substantial improvement in the health of its citizens, the Twin Cities and other participating entities need to shift current focus on health care services towards improvements that will compliment health in individuals, the family unit, the community unit, and maybe the region or state. Haby (1993) proposes that another effort is needed to focus health care from curative, or treatment-oriented actions, towards an emphasis on: preventative practices (promote wellness); changes in individual behavior patterns (lifestyle); reclaiming responsibility for individual health solutions (self awareness and self assertiveness); investing in health support mechanisms at local or regional levels (local initiative); and reinvolvement of the family (responsibility and pride). Effort and funding should be channeled to create a system that delivers health, not limitless treatment (Hancock 1993a). Results of the study will be significant in light of the health-care industry's efforts to refocus from treatment proposed herein towards innovative ways to reduce direct health-care expenditures to instead promote well-being. Others beyond the medical field would like to redirect emphasis toward preventative methods and promoting changes in lifestyle and attitudes to return responsibility to the individual, the family, and the community.

As mentioned earlier, these ideas and goals have relevance right now. Americans are suffering from poor health physically and emotionally, and these are not wounds that the medicine can completely heal. Health care is not enough; a healthy living environment can help make people whole, and Healthy

City initiatives can help make this possible. The research and case studies are not plentiful, but hopefully as time goes on more research will be conducted. The value of community involvement in such a project is invaluable.

Hancock (1993b) cautions, “Healthy Cities... is itself not a social movement because it is too much with the government and the bureaucracy, and... does not have a clear and well-defined research agenda.” Studied as a whole the unique blend of interconnectedness as found in the Brazos 2020 initiative could strengthen the understanding of the relationships between governmental units, different sectors, and the diversity of local stakeholders engaged in the process. The initiative offers a series of unique opportunities to add to the comprehension between attributes such as: the size of its cumulative region and population; its diversity of population mix between urban verse rural, etc.; its feature of dual, elected political and educational organizational representatives of approximately equal size; the strategic location within its boundaries of a major university; that other economically-engaged organizations are also well-entrenched in the community including several other governmental units or subdivisions, adding to the interconnectedness of the region.

Researchers have identified stages, phases, or divisions within the healthy city process. The position of a project in relation to subsequent phases and its overall objectives is important. This is fundamental to the concept in regards to the dynamics of continuous reassessment and realignment of the process and revised vision objectives. The Brazos 2020 Vision initiative’s visioning phase (phase one) was complete by the end of 1995 and the Vision Statement was published in a report to the community. Subsequent phases may impact those that have come before, especially if modifications or changes to the initial Vision Statement are deemed appropriate or necessary at some date in the future (reassessment and revision).

Research and Practice Recommendation

Areas for further research or investigation might include: subsequent phases enacted by Brazos 2020 Vision, Inc.; to study each of the nine founding entities to identify how each entity used the Vision Statement or individual components that were applicable to their particular situation, if any or how each entity used subsequent phases or individual components of subsequent phases that were applicable to their particular situation; to study how changes, if any, were made in dealing with future options after the Final Report was completed or distributed, was there any structural transition in the way a particular entity dealt with interrelated issues (policy change); to study the funding opportunities that resulted in trying to work on goals identified in the Final Report (implementation); and to study the movement of key leaders including the core visionary after the Brazos Valley initiative had entered subsequent phases. Another focus might be to continue to research or investigate the timeline for Brazos 2020 Vision up to the year 2020 to identify and include those changes that occurred for the greater community that had their origin in Vision Statement or revisions made during the subsequent twenty-five year intervention. Did this visioning process generate any changes for the Brazos Valley? That is the lingering question.

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VITA

Marvin Lee Niles
 205 Fair Oaks
 Bryant, AR 72022
 lniles1482@comcast.net

EDUCATION

- Ph.D.
 Urban and Regional Science with emphasis areas in
 Urban/Site Planning/Development & Construction Management
 Texas A&M University, College Station, Texas
- MSLD (Master of Science in Land Development)
 Urban and Regional Planning with emphasis in Mixed-use Commercial and
 Residential Construction/Planning/Site Development, 1992
 Texas A&M University, College Station, Texas
- BSBA (Bachelor of Science in Business Administration)
 Emphasis areas in Accounting, Economics, & General
 Business/Management
 (Graduated Upper 10% with Honors in Accounting), 1972
 Jacksonville State University, Alabama

SELECTED HIGHLIGHTS

- National recipient- W.A. Klinger Construction Education Award 2002/2003 for
 "...outstanding dedication and service to construction education..."
 Presented by the American Institute of Constructors (AIC).
- Directed UALR's initial re-accreditation, receiving full six-year accreditation
 from American Council for Construction Education (ACCE).
- Coordinated Program's multi-year fund-raising initiative, creating several new
 student scholarships and program discretionary support from multi-year
 commitments by local and regional construction & related firms/individuals.
- Solicited and directed State Legislative funding initiative: *Small Contractors
 Mentoring Pilot Program*, requesting one million dollars to create a process to
 assist minority/women-owned businesses to become more competitive in
 mainstream construction through instruction and training in use and
 application of technology, business procedures and professionalism with
 industry leaders/faculty teaching current topics and practical applications
 (funding request for next two years is in place to renew/expand program).
- Established an integrated 3 hr course for select students to prepare for
 student estimating competitions with teams earning first, second and third
 place in National, Regional, and Local competitions (ABC, AGC/ASC, etc.).
- CNMG Program unanimously nominated twice by CyberCollege to represent
 College in prestigious University's annual *Department of Excellence Award*.