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Regenerating Community: The Recovery of a Space for Citizens

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The Center for Urban Affairs, now renamed the Institute for Policy Research, was founded in 1968. Because I am the only remaining staff member of the founding group, it seems appropriate at this time to report on the beginnings of the Institute's Community Studies Program because of its unusual, perhaps unique, character.

When the Institute began in the throes of the 60s revolution, the spirit of reform was everywhere and it was especially intense among the young people at universities. The Institute's newly assembled faculty was also imbued with this spirit of reform, deeply committed to research that would change American cities that were then sites of revolt, burning, and uprising.

Our initial focus was upon what we called "institutional change." By that we meant better schools, better medical systems, better social service systems, better government, better criminal justice systems, etc. We also assumed that the key to reforming these systems was adequate funding and the introduction of modern technology, personnel training, and management methods. If these kinds of reforms were accomplished, we believed that cities would become liveable and residents would thrive. Therefore, our research began with a focus on how modern methods could change the well-being of city people—especially those with lower incomes.

Shortly after we began our work we initiated a monthly seminar in which all of the Institute's faculty took part in a discussion with an outside expert. The first of our seminar visitors was a well-known physician who was the medical director of the recently formed national Head Start Program. His name was Dr. Robert Mendelsohn. He joined our seminar and quickly learned of our commitment to health through institutional reform of medical systems and hospitals. He reacted with amazement at our institutional focus and said it was unscientific. The great preponderance of the scientific evidence, he explained, indicated that the critical determinants of health were not medical systems or access to them. Therefore, he said, our primary focus on medical system reform was a misguided effort if we were concerned about the health of neighborhood residents. Indeed, he said, we were caught in the "institutional assumption"—the idea that health was produced by hospitals, doctors, and medical systems.

We quickly checked the epidemiological literature and found near unanimity among health researchers supporting Dr. Mendelsohn's claim. It was clear from this research that the four primary determinants of health were individual behavior, social relationships, the physical environment, and economic status. Access to medical systems was not even in the scientific list of primary health determinants. Nor did medical systems have much potential to affect the basic health determinants. Therefore, we would have to do our analyses and research outside of medical systems if we were to join in serious efforts to change individual behavior, social relationships, and the physical and economic environments that determined health.

This faculty experience led some of us to adopt a new intellectual focus and that group became the Community Studies Program. We agreed that we should <u>not</u> begin with the "institutional assumption" that held that hospitals produced health, schools produced wisdom, legal systems created justice, social service systems produced social well-

being, etc. Instead, we decided to initially focus on the positive conditions of a good life: health, wisdom, justice, community, knowledge, and economic well-being. We decided to examine the scientific evidence regarding the critical determinants of each of these conditions.

Once we began this new exploration of the determinants of well-being, we found that the health example was a "generalizable" model. There was clear evidence that school is not the primary source of wisdom or knowledge; social service systems are not major factors in community social well-being; and clearly, criminal justice systems and lawyers are not the primary determinants of safety or justice. In each area, the evidence

Informed health system administrators increasingly support community health

making power. He saw that, in associations, Americans became producers of well-being rather than recipients of institutional favors—that their essential tool for creating effective communities was their associations.

This new form of associative citizen power was so revolutionary that his book's title attempts to point out that there is a new kind of *Democracy In America*—the associational community where citizens went beyond voting and created a new form of relationships to make power and create a society from their own vision and work.

For these reasons, we decided that viewing the urban neighborhood through its associational life could provide a context for understanding how the basic determinants of well-being are affected, changed, and created. In this way we would not be starting with the institutional assumption. We would be starting with the citizen-centered, rather than the system-client-consumer, map.

Because our colleague Robert Putnam's book, *Bowling Alone*,[5] has become so well known with its dismal analysis of the decline of American associational life, it is reasonable to ask whether a focus on associational life is relevant anymore. Has the citizen centered society atrophied, replaced by institutional systems meeting every need of a supine society of consumers and clients?

The answer is that it depends upon where you look. If you look in newly built tract suburbs, for example, the map of associational life is largely vacant. If you look in older, inner-city neighborhoods, the map is quite different.

Our research has discovered, in city after city, a rich associational framework in these older neighborhoods. In Chicago's mid-south neighborhood of Grand Boulevard, one of its very lowest in income, a neighborhood inventory found 319 voluntary associations.[6] In Chicago's Westside Austin neighborhood, 612 associations were counted.[7] In each case, the research was focused on associations with names and did not include those hundreds of associational groups that gather without the formality of a name.

Having assisted many neighborhood groups in associational inventories, we can identify the common forms of associational life in these neighborhoods. The following typology shows the kinds of groups commonly created by citizens in inner city neighborhoods:

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[5] Robert Putnam, *Bowling Alone* (New York: Simon & Schuster, 2000).
[6] John McKnight, John Kretzmann, and Nicol Turner, *Voluntary Associations in Low-Income Neighborhoods: An Unexplored Community Resource* (IPR Working Paper Series: Program on Community Development, 1996), p. 4.
[7] John McKnight and John Kretzmann, *A Guide to Mapping and Mobilizing the Associations in Local Neighborhoods*, (Chicago: ACTA Publications, 1999) p. 34.

Master List of Associations

1. Addiction Prevention and Recovery Groups
- Drug ministries / Testimonial groups for addicts
- Campaigns for a drug-free neighborhood
- High school substance abuse committees

2. Advisory Community Support Groups (Friends of…)
- Friends of the library
- Neighborhood park advisory councils
- Hospital advisory groups

3. Animal Care Groups
- Cat owners' associations
- Humane Society

4. Anti Crime Groups
- Children's Safe Haven neighborhood groups
- Police Neighborhood Watch
- Senior safety groups

5. Block Clubs
- Condominium owners' associations
- Building councils
- Tenant clubs

6. Business Organization/Support Groups
- Jaycees
- Chamber of commerce (local)
- Economic development councils
- Restaurant associations (local)

7. Charitable Groups and Drives
- Hospital auxiliaries (local)
- United Way (local)
- United Negro College Fund Drive

8. Civic Events Groups
- Parade planning committees (local)
- Arts and crafts fairs
- July 4th carnival committees
- Health fair committees

9. Cultural Groups
- Community choirs
- Drama clubs
- Dance organizations
- High school bands

10. Disability/Special Needs Groups
- Special Olympics planning committees
- American Lung Associations (local)
- Americans with Disabilities Associations (local)
- Muscular Dystrophy Associations (local)

11. Education Groups
- School councils (local)
- Book clubs (local)
- Parent Teacher Associations
- Literacy clubs
- Tutoring groups

12. Elderly Groups
- Hospital seniors' clubs
- Westside seniors' clubs
- Church seniors' clubs
- Senior craft clubs

13. Environmental Groups
- Neighborhood Recycling Club
- Sierra Clubs
- Adopt-a-Stream
- Bike path committees
- Clean air committees
- Pollution councils
- Save-the-park committees

14. Family Support Groups
- Teen-parent organizations
- Foster parents' support groups
- Parent alliance groups

15. Health Advocacy & Fitness Groups
- Weight Watchers
- TOPS
- Neighborhood health councils
- Traffic safety organizations
- Child injury prevention groups
- Yoga clubs
- YMCA / YWCA fitness groups
- Anti-violence groups
- Senior fitness clubs

16. Heritage Groups
- Black empowerment groups
- Norwegian Society
- Neighborhood historical societies
- African-American heritage associations

17. Hobby and Collectors Groups
- Coin collector associations
- Stamp collector associations
- Arts & crafts clubs
- Neighborhood garden clubs
- Sewing clubs
- Antique collectors

18. Men's Groups
- Fraternal orders
- Men's church organizations
- Men's sports organizations
- Fraternities

19. Mentoring Groups
- After-school mentors
- Peer mentoring groups
- Church mentoring groups
- Big Brothers, Big Sisters
- Rights of passage organizations

20. Mutual Support Groups
- La Leche League
- Disease support groups (cancer, etc.)
- Parent-to-parent groups
- Family-to-family groups

21. Neighborhood Improvement Groups
- Neighborhood garden clubs
- Council of block clubs
- Neighborhood anti-crime councils
- Neighborhood clean-up campaigns

22. Political Organizations
- Democratic clubs
- Republican clubs

23. Recreation Groups
- Kite-flying clubs
- Bowling leagues
- Basketball leagues
- Body builders' clubs
- Little leagues
- Motorcycle clubs

24. Religious Groups
- Churches
- Mosques
- Synagogues
- Men's religious groups
- Women's religious groups
- Youth religious groups

25. Service Clubs
- Zonta International
- Optimist Clubs
- Rotary Clubs
- Lions Clubs
- Kiwanis Clubs

26. Social Groups
- Bingo clubs
- Card playing clubs
- Social activity clubs
- Dance clubs

27. Social Cause/Advocacy Issue Groups

- Get out the vote councils
- Peace clubs
- Hunger organizations
- Vigils against violence
- Community action councils
- Social outreach ministries
- Soup kitchen groups

28. Union Groups

- Industrial (UAW)
- Craft unions (plumbing councils)

29. Veteran's Groups

- Veterans of Foreign Wars (VFW)
- Women's veterans organizations

30. Women's Groups

- Townswomen's guilds
- Women's institute groups
- Women's sports groups
- National childbirth trust support groups
- Women stay-at-home groups

31. Youth Groups

- After school groups
- 4-Hs
- Girl and Boy Scouts
- Junior Achievement
- Campfire Girls
- Boys and Girls Clubs
- Explorers' Club
- Teen Leadership Club

While it is obvious by their names that many of these groups provide great community benefit, our research also indicates that these groups engage in many activities that benefit the community even though their names do not suggest the breadth of their community work. For example, a baseball team keeps up the neighborhood park where they play; the church creates an after-school program for all local teens; the motorcycle club's clubhouse is the meeting place for the neighborhood association; the neighborhood association is part of a national lobby to change discriminatory banking practices; four local associations create a new neighborhood economic development group to join the local businesses in reviving the commercial strip; a local women's organization creates a constructive summer initiative for the girls in the neighborhood; a group of local men's associations create a neighborhood watch program in which their members patrol the local community evenings; a senior's club visits homebound seniors, delivers meals and calls each homebound senior every day; an association of block clubs confronts a local employer about its discriminatory employment practices; an association of young people interviews local seniors and writes a neighborhood history; a local association of associations envisions and creates an initiative to rehabilitate neighborhood apartment buildings; a veteran's organization creates a job training program; an association of local churches collaborates with the local school to create a youth reading program; and on and on. The generally undocumented, unsupported, and uncelebrated community benefits of local associations is the untold story of the continuing inventions of inner-city citizen associations and their community-building capacities, even in the 21st century.

Here we must recognize the pernicious effects of racial and ethnic discrimination in the American story. These effects are the rock upon which the American ship has so often floundered. Race has been the means for pervasive economic exploitation of neighborhoods, their people, and their housing. Nonetheless, associational life has been a powerful defense and offense against segregation and discrimination. Historically, churches, temples, and mosques have been bulwarks for neighbors of differing racial and ethnic backgrounds. The great African-American scholars St. Clair Drake and

however, fall largely under the radar of most researchers, marketers, governments, funders, and the media. Nonetheless, citizens are persistently at work creating new ways to meet those human needs resulting from the inherent limits of large institutions and systems.

One other irreplaceable attribute of associational life is care. Many neighborhoods are recipients of institutional services that are mistakenly called care. There are health care, care providers, systems of care, Medicare, "judicare." Each is a system providing a paid service but structurally unable to produce care.

Care is the freely given commitment from the heart of one to another. No system can mandate, manage, produce, or provide this kind of care. A university can manage to provide students a service called education. However, it cannot manage professors so that they will care for their students. Some faculty might care, but no president, provost, dean, or chair can make the university produce care for students.

Most of our institutions compete in creating the illusion that their service is really care. The telephone company advertises that it cares about you, the insurance company will care for you, the government will show it cares for you, and even your undertaker will care for you—if posthumously.

The point is that bureaucratic systems are attempting to graft onto themselves the primary characteristics of voluntary associations. Unlike institutions, associations are structures in which care is central. People voluntarily join together because they care about one another, and they care about some common purpose or cause. This care is from the heart, freely given, a voluntary commitment to the other, and a common vision.

It is one of the quiet tragedies of the 20th century that we have accepted the idea that institutions, rather than families, neighbors, and associations, are the primary sites of care. This mistaken understanding is the cause, rather than the solution, of many of our social problems. Who among us looks forward to old age under the "care" of a nursing home, now called a "care" facility? And what young person surrounded by professional "servicers"—educational, recreational, psychological, correctional—is aware that these professionals are creating a counterfeit community that can never replace the concern, insight, experience, support, and love of a genuine community of care?

The critical reasons, then, for recognizing the place of associations in our local neighborhoods and larger society is that they are our citizen tools for creating power, inventing solutions, and providing care. And these are the three capacities that our great systems cannot produce, however well managed, technologically oriented, or professionally run.

The focus of this lecture is to consider questions of policy. In terms of associational life, there is an obvious paradox. Practically speaking, policy is a word that usually applies to institutions and their intentions rather than associations and their commitments. Policies are adopted by corporations, nonprofit institutions, and governments. And as we have seen, it is their policies that have been major factors in the decline of associational life even though these policies have been understood by the institutions as

being helpful, meeting “needs,” and fulfilling demand. Paradoxically, policies suggesting more of these interventions would obviously be counterproductive.

We are faced with an unusual dilemma. What institutional policy could allow or support the growth of associational space and citizen action?

One approach to this question is the possibility that local institutions could be support structures for associational life. Indeed, their language suggests support rather than control, or even partnership. They often describe themselves as servants—civil servants, public servants, and servants providing health, social, economic, and cultural services. How can they transform themselves from being lords of institutional intervention into servants of citizens and their associations?

It is possible to describe many institutional polices that support associational life, and we have done so in our book *Building Communities from the Inside Out*. It may be more useful, however, to describe the actual policy of one unusual institution that took seriously the question of how it might become a servant of the associational community. This particular example recounts a recent policy change made by the Atlanta Metropolitan United Way.

The United Way has traditionally been an institution supporting increased intervention by human service systems in all aspects of community life. It has been a major contributor to the policy map that defines local neighborhoods and their residents as needy, problem-filled places to be “fixed” by professionally provided services. Therefore, it is startling—and exemplary—to find a local United Way supporting an increased space for citizen, associational, and community creativity, and problem solving.

The following policy proposal—comparing the existing and proposed replacement policies—of the Atlanta United Way was presented to its board:

The New Policy: Community Building

Present Policy	Proposed (New) Policy
· Focus on deficiencies	· Focus on "*assets*"
· Problem response	· Opportunity identification
· Charity orientation	· Investment orientation
· Grants to agencies	· Grants, loans, contracts, investments, leveraging dollars
· More services	· Fewer services
· High emphasis on agencies	· Emphasis on associations, businesses, agencies, churches
· Focus on individuals	· Focus on communities / neighborhoods
· Maintenance	· Development
· See people as *"clients"*	· See people as *"citizens"*
· *"Fix"* people	· Develop potential
· Programs are the answer	· People are the answer

The board of the Atlanta United Way voted 69-0 to implement the new policy.

This policy change implicitly recognizes that the essential institutional policy for regenerating community is to create a space for the citizen center to grow. Henry Moore, the brilliant assistant manager of Savannah, Ga., described his city's uniquely successful neighborhood renewal policy as "leading by stepping back." It is a policy that shifts from prescription to proscription, from "How we will fix them" to "What we won't do to limit them."

I am sure that this idea of policies that focus on institutional limits and "stepping back" is not what most institutional and professional policy leaders are looking for. What a letdown for a policy forum! Americans, however, have a great policy precedent for recognizing institutional limits. It was, after all, the people who instituted our government who invented an institution and then, understanding the importance of limits, created a list of proscriptions on the very institution they newly created. We call those proscriptions our Bill of Rights. And the first of those proscriptions says that the government may not limit freedom of speech and association.

There remains the question of whether the very idea of policy can be focused on associations themselves. Who would have the authority or capacity to prescribe or implement an associational policy for citizens in local neighborhoods? The essence of our freedom in this democracy is the fact that no one can create a policy for citizens in their voluntary associations. Indeed, it is the essence of a totalitarian society that its

It is these “habits” that have persevered and have provided the foundation of our democracy. What a privilege it is to have our powers of association. What a glory to have the power to care. What a responsibility to be a citizen. For we are the dreamers of democracy, we are the architects, the builders, and the residents of the American dream. And that is not so wild a dream.