

## **Co-production: Always in Second Place**

John McKnight

Co-Founder, Asset-Based Community Development Institute

Senior Associate, Kettering Foundation

It was the first meeting of a neighborhood organization's Health Committee on Chicago's westside. The six members met in the living room of Gloria Blunt's home. After considerable discussion as to how to begin, Valerie Robinson said, "Why don't we begin by telling what makes us healthy?" The notes of the meeting record six causes of health:

- Having a garden
- Playing games and sports outside
- Going to church
- Having safe drivers through the neighborhood
- Having enough money for a good house and food
- Dancing

Someone then said, "Well, what makes us unhealthy?" The notes indicate these answers:

- Guns
- Smoking
- Being alone with big responsibilities
- Falling
- Overeating
- Being stressed and angry

At the next meeting a young doctor asked to sit in as an observer. Shortly after the meeting began, a Health Committee member asked him a question about her diabetes. This was followed by member-initiated discussions about:

- Children's illnesses
- Helpful drugs and supplements
- Vaccinations
- Sleeplessness
- Flu

The third meeting focused on actions to increase access for medical care for children and vaccinations. In subsequent meetings, the members never returned to planning health actions that were in their own control – as they had during the first meeting.

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There is a common litany of the five “determinants of health” measured by rates of mobility and mortality. They are:

1. Individual behavior
2. Group relationships
3. Physical environment
4. Income
5. Access to medical systems

Most epidemiologists agree that the least important of these determinants is access to medical systems. The first four determinants of being healthy are outside the capacity of medical systems to deal with. However, the first four determinants are within the control of local neighborhoods and communities. Indeed, if they do not act on them, health will decline.

The health issue is often diverted from community action by issues of community relations with medical systems and their resources. This diversion happened with the neighborhood Health Committee. It proceeded to engage in partnership activities with the medical system. These activities were called “co-production.” Embedded in this partnership activity were some hidden assumptions:

- We are not primarily in control of our health.
- We need medical partners and their resources to be healthy
- We will act as partners with the system

This is not to pose as an either/or. It is to suggest an intentional order for analyzing any community concern including health. That order is a three-step process:

1. What can we do with our neighborhood resources to deal with this issue? <sup>1</sup>
2. What can we achieve with our resources and the support of an institution or system – co-production?
3. What can only be achieved by an outside institution with its resources?

It is very clear that “co-production” is sometimes very useful. However, the problem with “co-production” is that it so often diverts or replaces the more important neighborhood capacity to

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<sup>1</sup> For a guide to ensuring that neighborhood knowledge, capacities and resources are fully engaged before co-production is undertaken see [Discovering Community Power](https://resources.depaul.edu/abcd-institute/publications/publications-by-topic/Documents/kelloggabcd.pdf) <https://resources.depaul.edu/abcd-institute/publications/publications-by-topic/Documents/kelloggabcd.pdf>

increase health. This is why healthy communities ensure that “co-production” is second in line when community issues are dealt with. And this is also true for community functions such as security, education, raising the young, economy, environment and food.<sup>2</sup>

Finally, the three step process cannot be achieved if there is no neighborhood vehicle to take on the functions described above. The most significant vehicle is a powerful local neighborhood organization. The precursor of that power is community organizing. So, for those concerned with neighborhood well-being, support of strong community organizing and organizations is the necessary portal to the renewal of a neighborhood’s capacities to be the principle producers of its own future.

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<sup>2</sup> See [Neighborhood Necessities](https://resources.depaul.edu/abcd-institute/publications/Documents/2013_NeighborhoodNecessities.pdf) [https://resources.depaul.edu/abcd-institute/publications/Documents/2013\\_NeighborhoodNecessities.pdf](https://resources.depaul.edu/abcd-institute/publications/Documents/2013_NeighborhoodNecessities.pdf) for a review of neighborhood functions that cannot be replaced by institutions.