

ADAPTIVE GOVERNANCE FOR HEALTH AND SOCIAL EQUITY:
A CASE STUDY OF HANGZHOU'S XIAOYING ALLEY

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Introduction

By 2050, 68% of the world's population will be living in cities (United Nations, 2019). The sprawl of cities has raised concerns about environmental pollution, health inequalities, and many other health issues (Burriss et al., 2007; Corburn, 2009). Governance is generally considered as the interaction and decision-making process in which government, market, and civil society work together to deal with public affairs (Rhodes, 1997; Healey, 2006), and identified to be an important approach in health promotion and health inequality issues (Kickbusch & Buckett, 2010). To address various health challenges, there has been an increasing number of studies in recent years that focus on how urban governance can be adapted in the health domain.

Existing research is mainly rooted in Western countries, with less discussion on China's system and focuses mainly on the macro level, with a lack of attention to grassroots communities. This paper explores the adaptive governance process of a Chinese community in the health domain to bridge the gap. Adaptive governance originated in the field of environmental governance field as a strategy for regulating the social conflict in the management of complex ecosystems and aims to examine how different agents respond to highly complex and rapidly changing governance contexts (Chaffin et al., 2014; Folke et al., 2005). This paper conducts a case study based on the Xiaoying Alley community in Hangzhou. In 1958, Chairman Mao Zedong inspected the Patriotic Health Campaign in Xiaoying Alley, and since then the community has been famous for its health promotion work in China for a long time and was approved as a healthy community by the World Health Organization in 2013. The poor built environment and aging population bring many challenges to the community's health governance, and there are more health inequities than in other communities. The case study helps us understand how grassroots communities in the Chinese context mobilize a variety of actors to govern from a relatively poor conditions to promote health and reduce health inequities. This paper employs a policy arrangement framework to examine the

characteristics of its health governance mode and its shifts in different phases and summarizes the main findings of this paper.

A typology approach from the Institutionalism perspective

A typology approach of governance could help us describe, compare, and evaluate governance activities by conceptualizing an ideal governance mode that includes multiple dimensions of governance characteristics (Bednar & Henstra, 2018; Pierre, 1999). Types of governance modes are generally distinguished by the role of government (Pierre & Peters, 2000). Each type of governance mode consists of a set of governance characteristics to examine the degree of cooperation from different dimensions, and the specific governance characteristics need to be determined according to the research purpose and theoretical perspective (Treib et al., 2007). This paper distinguishes governance modes from the institutionalism perspective. The institution is understood as a collection of norms, rules, and practices that constitute actions in a social context (Harvey, 1989; Powell & DiMaggio, 1993). The institutionalism approach focuses on the institutional environment and the shifts in actor configuration and is adopted by the adaptive governance literature in different fields, providing an appropriate perspective for this paper (Aligica, 2006; Huntjens et al., 2012; Janssen, 2006). Giddens (1986) proposed a structure-agent framework to explain the institutional change, arguing that structure and the behavior of different actors influence each other through the flow of resources, authority, and ideas, and the mode of urban governance will be defined by the above activities (Giddens, 1986), Healey (2006) built on it by considering the insights of Hajer (1995) and Dyrberg (1997) and argues that the interaction between structure and agency could be considered as "institutionalization" at different levels (Hajer, 1995; Dyrberg, 1997). Based on these contributions, Leroy and Arts (2006) defined a theoretical framework called Policy Arrangement (PA) which refers to "the temporary stabilization of the content and organization of a particular policy domain" (Leroy & Arts, 2006). The framework specifically includes four dimensions: actors, power, rules, and policy. Arnouts (2012) developed an analytical framework and proposes four modes of governance: hierarchical governance, closed co-governance, open co-governance, and self-governance, and defines the institutional characteristics of each mode based on the aforementioned concept of Policy Arrangement. The authors do not consider the characteristics of the policy dimension, considering that policies are more focused on specific content than on governance itself (Table 1). This paper employs this framework to analyze the adaptive governance process in Xiaoying Alley, summarizes the governance modes of the Xiaoying Alley community for health and social equity in different phases, and analyzes its adaptation process.

Table1

Comprehensive overview of the four ideal-typical governance arrangements

Source: Leroy and Arts (200

Ideal-typical governance arrangements				
	Hierarchical	Closed co-	Open co	Self
Actors	Mainly governmental actors	Select mixed group of actor	Large mixed group of actor	Mainly non-governmental actor
Power	With government	Pooled	Diffused	With non-government
Rules	Governmental coercion	Restricted cooperation	Flexible collaboration	Non-governmental forerunning

Methodology

This paper conducts a case study of Xiaoying Alley. The data were collected through desk work, interviews, stakeholder workshops, and participatory and non-participatory observations: firstly, policy documents related to healthy city construction in Hangzhou were collected through the internet; secondly, this research team visited Hangzhou twice in November 2020 and October 2021 to conduct in-depth interviews with relevant leaders from Hangzhou Healthy City Construction Guidance Center and other departments to understand the macro-level implementation. Finally, we held discussions with government officials⁵² and some resident representatives from the Xiaoying Alley community. The two main types of government departments are the subdistrict office and residents' committee, which have no counterpart form in the West, with the level of the subdistrict office being higher than the residents' committee.

Results

This paper divides the process of adaptive governance in the Xiaoying Alley community into three phases and summarizes the characteristics of the corresponding policy arrangements, and then identifies three governance modes based on their differences.

Hierarchical (before 2003)

The goal of governance in this phase was relatively simple, mainly to improve sanitary conditions (e.g., eliminating rats), so there were limited types of actors, namely, Patriotic Health Campaign Offices (PHCO) at all levels, subdistrict offices, and community residents, with PHCO at all levels setting the goals at the respective level, and the community residents fulfilling the tasks arranged by the subdistrict offices. Power is concentrated in government departments at all levels, and after the PHCO sets the overall plan and empowers the subdistrict office to set goals and specific plans and organize residents to carry out governance activities. Residents are not empowered by formal institutions but can make suggestions to the government in an informal form. The rules are mainly top-down, the higher-level governments issued relevant orders, and the lower-level streets and communities implemented them by setting specific goals and organizing the public to accomplish the tasks.

In general, the main participants in this phase are mainly the governments, power is mainly held by the government, and the rules are mainly in the form top-down, and therefore the governance mode could be identified as the hierarchical mode.

Closed Co-governance within the inner community (2003-2015)

After the SARS outbreak in 2003, Hangzhou realized that it was difficult to cope with the increasingly complex health issues through a patriotic health campaign, so it studied the experience of Healthy City Movements in Europe and explored the possibility of establishing a healthy city. The governance mode shifted in Xiaoying Alley accordingly.

In terms of actors, participants mainly come from within the community, including two types of participants, one is government participants, including the subdistrict office and the residents' committee; the other is residents and various organizations within the community; in addition, some market actors are also involved, but to a lesser extent, only

according to the relevant needs within the community. This phase of adaptation shift stems from the consensus within the community, with less involvement of the higher-level government and the community as the leading role in organizing other residents and organizations to carry out governance activities, for example, in 2008, the community organized residents to prepare a healthy recipe with doctors from the Zhejiang Medical Second Hospital and looked for corporate sponsorship to purchase electronic screens to promote it throughout the community. In addition, the community has also formed co-management organizations with some residents' representatives, such as the establishment of a sanitation sub-committee in the community, where community staff and residents have their roles to manage the sanitation situation in the community.

Power is mainly held jointly by the residents' committee and resident representatives. Within the government, the practice of the previous phase was continued, with the top-down distribution of power by the PHCO at all levels, and the residents' committee organizing residents and corresponding actors and resources for implementation. In addition, residents were given some decision-making power. A variety of deliberation organizations were established in the community, and residents were able to negotiate with the government on their demands.

In terms of rules, the community has established various mechanisms for negotiation with residents on various community affairs, including health. The social system in China determines that the residents' committee becomes a key actor in grassroots governance. The orders from the higher level need to be implemented by the residents' committee, and the voice of the residents also needs the residents' committee to feedback upwards, so the cooperation and communication in this phase mainly took place between the community and the residents, and other social organizations gradually participated in the negotiation process at this stage, and are involved in the implementation of governance according to the actual needs. On the other hand, the state's requirement for maintaining stability makes communities pay more attention to grassroots opinions, for example, in 2000, Xiaoying Alley set up a communication station for NPC delegates, where community residents can express their opinions on various community affairs and the staff of the station organize relevant resources to deal with them; in 2013, Hangzhou started to fully implement the system of community affairs supervisory committee, which gives residents the institution rights to participate in the community decision-making process.

In general, the actors in this phase are mainly residents' committees, community residents, and various organizations in the community, and the three types of actors formed a coalition to jointly carry out governance to be implemented, and the power is mainly held by the government and residents together, and there was a bottom-up route in terms of rules, and the governance mode could be identified as a closed co-governance mode.

Open and Shared Governance (2016-present)

The social trend has changed during this period. The national health strategy "Health China 2030" which is published in 2016 represented an increase in the importance of public health at the national level, and the "Thirteen Five-Year Plan for Building a Healthy Hangzhou" promulgated in 2016 put forward the requirement of "health in all policies" and the "Healthy Hangzhou 2030" strategy was promulgated in 2017 in further response to the national requirements. Influenced by the trends mentioned above, Hangzhou has increased its efforts to build a healthy city and included the results in the annual government performance assessment, forming a "growth tournament". The governance mode in Xiaoying Alley was also adapted.

In terms of actors, this phase is more diverse in participating stakeholders. The governments at the district and subdistrict levels became more involved in the health governance process in this phase and established alliances with communities and residents to jointly improve the health level of Xiaoying Alley. For example, considering that the residents in the community are aging more severely and are weaker than the general community in terms of health opportunities, the upper-level government-organized resources to create a national model district for elderly services, and set standards for healthy communities, etc. On the other hand, the governments also organized hospitals and other Party organizational units to provide quality and affordable public health services. The participation of social organizations is more active, and the health industry has become one of the development priorities in this phase, with more than 300 senior care-related enterprises introduced in the community by 2017. In addition to this, research institutions are also involved, for example, the Healthy Community Assessment Index for Xiaoying Alley was written by a team from the Zhejiang University of Finance and Economics in January 2018. Some organizations in the community actively participated in the governance process and provided about 4,000 square meters of available public space, which mainly includes elderly care, escort, and daily convenience facilities.

In terms of power, the participation of the higher-level government allows this alliance to have access to more resources, and power is mainly shared among the different actors under the arrangement of the government. To better utilize the capacity of the participants, the Xiaoying Alley community has formed the "Red Wall Gate" Integrated Party Committee as the leading organization, introducing the higher-level district propaganda department, representatives of important units in the community, and representatives of property companies as members. The integrated party committee leads the residents in handling important community health affairs, and also brings in other external organizations and professionals to provide health services. On the other hand, residents have the right to supervise in different ways such as through self-

governing organizations and individual feedback. The community has set up several organizations to solicit residents' opinions on various community health affairs, and the integrated party committee collects the opinions and makes improvements accordingly; in terms of decision-making on important affairs, the practice of the previous phase is continued, and residents can participate in the decision-making process and express their opinions through different routes online and offline.

The rules in this phase are more flexible. In important health issues, such as the prevention and control of the Covid-19, the top-down hierarchy mode is adopted, with the community taking the lead; while in other matters related to the residents' interests, the rules of interaction are more flexible and collaborative, with different levels and categories of actors cooperating. On the residents' side, residents set up diverse autonomous organizations under the guidance of the community's comprehensive party committee, and established a five-step method to solve major problems in the community, including health issues; in addition, the community also focuses on collecting bottom-up feedback, with residents seeking feedback through new media channels such as WeChat. In 2016, a comprehensive community service platform "Red Alley Life Square" was established to provide a place for offline communication between different actors.

In general, the number of participating actors in this phase has increased, and different actors have formed various coalitions for governance; power is more decentralized, and all of the actors can participate in decision-making in different ways; the rules of interaction are also more flexible, and the government has set various systems and facilities to provide a route to feedback for other actors, and the governance mode could be identified as an open co-governance mode.

Conclusion

This paper distinguishes the health governance adaptation process in the Xiaoying Alley community based on an institutionalism perspective. In general, the long-term development process of health adaptive governance in Xiaoying Alley was led by the government, the subdistrict office, the residents' committee, and other actors in the community gradually allied to cooperate; the city government, with more complex governance responsibilities, was less involved in grassroots governance. In terms of participating actors, the number of participants gradually increases and they possessed different responsibilities according to the government's arrangement; in terms of power, the government arranges for different actors to share it. In important affairs the government still holds all the power, while in non-urgent matters the power is shared among various actors through different systems; in terms of rules, there are multiple paths of communication, mainly top-down within the governmental system, and between the governmental and non-governmental entities, bottom-up paths are increasingly being built. However, this paper notes that the government's leading role also makes the governance process problematic in several ways, the most important of which are in the areas of regulation and

facilitating cooperation. In terms of regulation, it lacks the ability to supervise the government. The only regulation comes from the government-led resident organization, which is an informal system. There is no restriction measure when the government chooses to ignore its opinions. On the other hand, the frequency and scope of multi-organizational cooperation need to be improved. The existing cooperation is mainly concentrated between the residents' committee and the residents, and due to the aging degree, the participating residents are mainly the elderly with free time, and the participation of young people with more knowledge and ability is not active, while other organizations participating in governance in the community are limited to enterprises and institutions with a government background, and the willingness of other organizations to participate is limited, which needs further governance adaptation and adjustment in the future.

This case reveals the adaptive governance process of the grassroots community in China to pursue health promotion and reduce health inequalities, and the results confirm the important influence of governments during the adaptation. The findings also raise two questions for further research, the first being whether this characteristic could be discovered in Hangzhou and other cities in China, and the other being which factors contribute to these shifts and under what circumstances the adaptation takes place.

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