



Conversation with Alana Boone

Ashley Hopkinson

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Ashley Hopkinson: Can you introduce yourself and tell me a little bit about what you do?

Alana Boone: Yes, my name is Alana Boone and I work as a social policy officer for the city of Bruges. We are a city in Flanders, Belgium with a population of 119,000...What is interesting for us, is that one in three of our citizens is already 60 and above, and that has a big influence on the policies that I'm working on because the areas that I'm working on is preventative health and care and everything that has to do with age-friendly cities. So those are the three big groups that I follow within the framework of social policies in our city.

Ashley Hopkinson: That's really distinctive, the fact that one in three people are over the age of 60, so you have work that's focused on serving that particular population. How do you see the work related to preventative health serving the community?

Alana Boone: We are working at a local level. So we are in between all the policy levels that are above, like the federal government, the European government, the World Health Organization, those are all above us. All the ideas trickle down through us. We are the ones between the policy structures and reaching the citizens. So everything that we do is for all the citizens in Bruges. We have policies for reaching from birth or pre-birth until death and the months after death. So that's the entire scope of citizens that we are trying to reach within our city policies. If you look then to my job, everything that we do is with the citizens, but the partners I work with, it's just the quadruple helix, the social partners, the citizens themselves, and the schools because in Bruges, we have quite a lot of colleges, and the people in the private sector, we are trying to collaborate with them as well.

Ashley Hopkinson: Is there anything, whether it's a policy or a pilot program or an initiative that you can describe that you feel like created some sort of community level impact? Perhaps specific to preventative health or something that you've been a part of or that you know has happened in the city that you think, "Okay, this is a policy that really is making a difference for people?"

Alana Boone: One that I want to highlight is the compassionate cities. Bruges is one of the first in Belgium to become a compassionate city. The compassionate city movement was created because we have the World Health Organization that developed [the healthy city model](#). But they left out the last phase of life. When people are planning for death or reaching that last phase, when people are getting sick and getting into palliative care and the phase after grief, what do we do with those citizens? In Bruges, it's a big topic. We know from research that, around one person that is dying, on average, there's nine people around them. That means that, in Bruges, around 10,000 people per year get confronted with an experience of loss. What do we do with that? How can we make sure that everyone gets the same care?

Ashley Hopkinson: Can you share more about that project, how it worked, how it was developed?

Alana Boone: It's a nice example of how research can change how a city is working because now and then, throughout the policy cycle, we make sure that we have meetings with the universities. Then they come to our local politicians and explain to them what the latest research is that they're working on. One of the projects that they were talking about was compassionate communities and how, in Europe, that is catching on and how we need to start thinking ahead when more citizens lose their partners, more people being alone. There's a bunch of challenges around it. Our local politicians heard about it and told me as a policy worker, "You need to look into this project. Can we go and listen together?"

Two PhD students guided us throughout the development of this project because in our city we want to do projects that have a scientific base. So we were guided through the development of that with the university. The first thing that we did was we went through the neighborhoods where we talked with the people to understand how end-of-life care is going in our city? What is missing? How do you experience it?

Alana Boone : We did surveys that went out to 700 citizens, which was quite a lot for us, our city. So all that research is available in the University of Brussels (and) what came out were the big challenges that we tackled with the compassionate communities.

The first one is that we see that when people are dying, 90 to 95% of the time, they are spending alone with family or with people from their community. It's only the last 5% that they're spending with the professional caregivers. And we think that it's the other way around, so all our policies are guided to that little 5%, while the 95% is something that happens within our city, within the communities. How do we facilitate (change) so that people feel capable enough to help each other in that last phase of life. The second challenge was that the people working in the care sector said that they didn't feel capable enough to have a meaningful conversation about death and dying grief.

The third one, and that's something that I'm very passionate about with our policy is that we see a health inequality in that last phase of life as well. So people that are white middle class, I'm just going to say it like that, I don't know a better way to describe it, the white middle class in Belgium has much more access to healthcare than people that have a low socioeconomic background. People with a migration background and people with a disability use a lot less the end-of-life care planning and palliative care services that are available.

Ashley Hopkinson: So you had the research from the University of Brussels because you wanted to do this through a research lens to understand the challenges and you also did 700 surveys with the community. What was the result of this work? Did it end with a policy initiative around a compassionate city and can you describe that?

Alana Boone : We did the research and then we made that (available) in our city. The second thing is that we made a budget available for our partners in the city to work on the three big themes...so that they can ask for local funding to work on those three themes. We made a framework for that where they can ask for funding if they work together so it had to be a collaboration between two or more partners, social partners or community partners within our city. The third commitment that our city made is that, every two years, we are hosting a city festival on end-of-life care and grief and connection...That's something that our city facilitates as well to reach our citizens in a much broader way so that they get to know what services are available. Policywise this is the framework that we had in mind when we started with the project.

Ashley Hopkinson: What do you think specifically made that policy framework come to life? Is it that you had an example to look at, like there were other cities that were trying to become a compassionate city? What do you think was specifically what actually made it happen? Now there's a framework in place and now there's this commitment to have the festival every two years and things like that.

Alana Boone: The reason why I chose that project is because I think it's very important that if you write a report (you examine) when policies trickle down to implement it in a city, because we looked to the frameworks that worked in America, that worked in Canada, that worked in UK, and that worked in Australia. We couldn't copy them. We tried and we struggled with that. It took us three years to get to this point with a lot of talks and a lot of meetings with our partners, a lot of changes because the organizational structure that this proposed in all the countries that I just mentioned, it just didn't work with the local framework. So you need time to test new projects out. You need time to adapt it to the local needs and the local capabilities of your partners. That's one of the challenges. I think you were asking what the success factors were, right?

Ashley Hopkinson: Yes, I was asking about what was in place that helped it work.

Alana Boone : There's two things to say about that. One is the role of the city that changed, and two is the tremendous energy and motivation of the partners in the network. The role of the city changed from an initiator where we pushed quite a lot to get the framework that we saw in other countries to initiate, which was a struggle. But the longer we went, the more we went to facilitating and working with the bottom-up strategy. What is here in our city? How can we strengthen the local partners? So that is one crucial part. See where the change is already happening or where the knowledge and the motivation is already present in your city.

The second is the most successful and most beautiful results in our city; citizens and partners worked together. They did amazing things in our city, within the neighborhoods and within the communities themselves. When you bring people together, it just happens, people just help each other. If you facilitate bringing them together, the conversations happen. Your framework is interesting and you make things possible, but the actual change happens in community projects.

Ashley Hopkinson: OK so the people on the ground who are doing grassroots work and helping, that partnership is actually what helps to make it gain momentum. What's an example of a partnership that came together based on preventative healthcare policy work? Can you give me an example of what a partner is? Is that a school, library or health center?

Alana Boone: One of the projects that they did was a grief walk within the neighborhood. So they made a walk where, throughout the neighborhood, there were different places where people could visit and do activities and remember the partner or the people that they lost. And the partnerships that were involved were the Bibliotheque, the library, local library, the local church, the two elderly homes were involved, there was a woman-serving organization that was involved, an organization for people with disabilities. ..Citizens themselves, they did things as well. There was a poet involved, the

city was involved, the community center was also involved. All those partners were moving together to create that walk. They did an amazing job.

Ashley Hopkinson: What insight or teachable lesson do you think could be taken from the approach? Not necessarily adopting a framework, because we talked about that, it doesn't always work but what would you say is a lesson that you've taken from the different processes with policy?

Alana Boone: Throughout the years, in Bruges, what we value a lot is to create a participative trajectory towards creating policy, making the policy actually happening in our city and evaluating the policy. By being consistent and working very closely with our partners and what is going on within the different fields within our city, we developed a project, (and) our policy has been refined over the years. One of the big things that I'm super proud of is that we are starting the next cycle with a very holistic view on health and wellbeing. Our four areas are physical health, mental health, meaning making--everything that has to do with meaningful relationships, so taking care of each other and a healthy home, work--and living area. And because we have those four holistic themes that we work on in our welfare policies, it enables us to really realize health in our policies. And that's what the wellbeing economy is all about, it is elaborating and building those bridges to other departments within our city.

The silo thinking was much stronger many years ago. And I think that the dedication of all our people working for the city is to find each other and to find common ground and to talk with each other and exchange (ideas) on how we see that we can evolve with our citizens. Since we changed our health policy to a holistic view, they got to know us because we made a link in their planning. And they invited us from the health department and the wellbeing social department to participate in the strategy that they are developing for city planning. That's the holistic view of a wellbeing economy. That's exactly what we want, to build bridges between teams that on a first glance, don't have that bridge.

Ashley Hopkinson: Wellbeing brings all the interdependency into clear focus and you begin to see where the gaps are as you work to remove silos. But that's not limited to governments, it's in other areas. But do you sense a change? What else helped in the process of working across sectors?

Alana Boone: For me, that is what inspires me, that is changing the debate. Things like wellbeing economy and those networks, if I can send that out to my colleagues and say, "Look, they're talking about your subject and my subject and there's strategies and models that bring that together," I use

the models that European Union is developing, I use the models that the World Health Organization is developing and I'm really trying to translate it and make it into a city level policy that is working for us.

Ashley Hopkinson: What would you say is one of the challenges in doing this work and how do you manage the challenge in being able to do this work more holistically?

Alana Boone: One of the major challenges is that the economic lens of looking to wellbeing is very dominant. A project is deemed valuable if you can bring out the economic value of a project. For us, as a society and as humanity, we're more than just the economic lens. The social impact of projects is as valuable and as impactful on a human life. It's just a challenge to have this on paper... How do you monitor how behavior changes? So it's a very complex topic to define what actually made people change. For me, that's the biggest struggle, to find theories, to find models that (show that). I'm using the theory of change a lot to monitor social change within a neighborhood... But still, when you use those models, although they are recognized as official models and they've been tested by universities, their value towards hard numbers, that's a challenge for us as a society.

Ashley Hopkinson: So I want to go back for a minute to the conversation around the compassionate city because I wanted to ask you, what do you think it takes to demonstrate the value of this work? What does it mean to build a compassionate city, to think more about preventative care and palliative care and all of these things when there's so many other social issues that are battling for people's attention? What do you think it takes to sort of showcase the importance?

Alana Boone: The numbers that I mentioned. The amount of citizens that we have, the amount of citizens research that shows how many people are actually affected by death and grieving, those numbers. Research on end-of-life care is crucial to show that we need to make death a part of life again, it's part of who we are as a human being. And it has an impact on us in the workforce, it has an impact on us as a community. And those numbers, that helps. We also use the theory of change, we used to monitor the method of the most significant change.

Ashley Hopkinson : Can you say more about why the theory of change is used in methodology for the project?

Alana Boone: You can see how the community is changing, how the thinking is changing within a group, and how they are working together on a subject. You'll always start with a very low change theory, and then, by the end of the project, it's full of ideas. It's full of new collaborations. If people know each other, they work together and they change the neighborhood. And if you can show that in a

presentation to your local politicians, "Look, if you do such projects, you stimulate those partners to work together. And partners that work together have a financial benefit." I wish I didn't have to say that last part, but it's a fact.

Ashley Hopkinson : This has come up in other wellbeing economics interviews I've done with "making the economic case" for something, for example childcare. But economics is a part of our world so not that it only creates that result but in addition economic results. Speaking of our world, people can be divided on particular topics. How have you worked to improve collaboration in these polarizing times?

Alana Boone: I'm not saying any highly enlightened ideas here, but you need time and to meet people physically. It's the small, little talks in between meetings that are worth their weight in gold. It's the little talks. I really like to end my meetings 15 minutes early because then, people have 15 minutes, then we can say, "Oh, the agenda is finished," but I know that the agenda will be finished a little bit early because then we can let them talk and have those little conversations with each other. And that's where their planning happens, and that's where they are finding each other, and that's where they're having the conversations that are nourishing for the change that will happen within our city. So that those little informal talks are super, super important.

(Also) I like to bring in some experts. So that's when we work together with universities because then, creating a common language is so important. If you have a common language, if you have a common goal, even if you look for the commonalities, that's one. And the second...theories of solution-focused working, and that is every little step that people and partners are taking. That is validated. That is an added step in the right direction. And you need to see that. You need to highlight that. You need to give that platform in the city because that motivates you to take another step, another step, another step. And it's all those little steps added that helps to facilitate change in our city.

Ashley Hopkinson: Given the right support and by right support, I mean the finances, the people, whatever you need, it's there. What project or initiative or even policy would you like to see come into fruition for your city, for your community?

Alana Boone: What we are working towards is to have the strategies of social prescribing. That's something that we don't have in our city yet so that healthcare workers from the first line of care can refer to volunteers that have a place within the community and that can help their community to guide them towards preventative initiatives. Because what we see, all the beautiful things that we've made with compassion in Bruges, we still see a gap that those people with the most unfortunate or disadvantaged groups are not participating as much as we hoped for. So now we are working on a new

project with wellbeing ambassadors to let them make that bridge and be that ambassador within their community and to guide people towards initiatives like compassionate city or initiatives that promote health or sport initiatives in the community.

That's something that I really dream about, that we can facilitate stuff like that. As a policy worker on preventative health, I think it's madness that I still have to lobby so hard to convince people to invest more in health prevention. It should be a no-brainer that you first invest most of all in health prevention, and then, second and third line care.

But investing in health prevention and investing in people with the most disadvantaged situation is a double win because it's a lot cheaper to invest there than at the moment when they have much more expensive care. So that's what I dream of, that it's not only a scientific insight, but that it's a normal way to redistribute budgets, to prevention, and that projects like that get promoted a lot more and get a lot more budget.

That's one of the big big challenges for the cities is to find budgets to do such projects....That shouldn't be the case. It shouldn't be so hard to find budget to do such basic care. That's where a wellbeing economy can also play a role in that. We can do a more fair distribution of the finances that we have to improve the wellbeing of people throughout their entire lives.

Ashley Hopkinson: What do you think leaders and decision-makers could do to advance progress when it comes to wellbeing economics? Because of course, we are operating as individuals, but you also need the influence of people who are ultimately decision-makers in the space. And what do you think they can do to improve collaboration and to advance wellbeing economics for communities?

Alana Boone: Seeing the benefits of collaborating, if you have a collaborative government that works over the silos, it trickles down. And if you have a World Health Organization that promotes it, if you have a European Union that promotes it, if you have a federal government that promotes it, then it will happen in the cities. But with such big ideas, I can try here in the city, but I need those bigger governments to have that vision and to link those things.

.One thing missing in wellbeing economy reports is a framework that brings all the different frameworks together, showing the link very clearly. What is the link between health communities and the wellbeing economy, compassionate communities and the wellbeing economy, the digital cities and wellbeing economy, greener cities, climate change etc. Those are all different projects that we are running in Bruges and are very successful, but if you could bring that together in an overarching

framework that bring those things together, because now in Bruges, we use the SDG development goals as the overarching framework, and that is how we, as a city, bring all those topics together.

Ashley Hopkinson: Thank you Alana. Is there anything else you would like to add?

Alana Boone: Actually can we go back to the question where you said what do you want from policymakers? When they are writing out projects, because what I do a lot is working with projects from the European Union. The budgets are big and that means that you can make change on a local level together with universities and together with other countries in Europe. But what they do is they make their programs very specific and very narrow. So if you want to do a big project together with France or with the UK or with Germany you get a very narrow siloed project...But if you open it up.. the changemakers, the deciders, they could make a big difference for us because we are very willing to do it (work together) but we need to get the wiggle room to do it. That was what I wanted to add.

Ashley Hopkinson: That's valuable, thank you.

Ashley Hopkinson is an award-winning journalist, newsroom entrepreneur and leader dedicated to excellent storytelling and mission-driven media. She currently manages the Solutions Insights Lab, an initiative of the Solutions Journalism Network. She is based in New Orleans, Louisiana.

** This conversation has been edited and condensed.*