

Partnering4Health Coalition Building

As part of the Partnering4Health project, the U.S. Centers for Disease Control and Prevention (CDC) selected three national organizations -- [the American Heart Association](#) (AHA), the [American Planning Association](#) (APA), and the [National WIC Association](#) (NWA) -- to work with 96 communities and address one or two priorities for improving their population's health: improved access to healthy foods and beverages, more access to physical activity opportunities, more smoke-free environments, or improved access to clinical preventive services.

There is growing recognition that major public health problems will not be solved solely by individual actions and healthy choices, but by coming together to forge a society where healthy choices can be made more easily. Policy, systems and environmental (PSE) change represents a new way of thinking about how to effectively improve health in a community. PSE approaches seek to go beyond interventions focused on individual behavior to influence the systems that create the structures in which we work, live, and play. By changing laws and shaping physical landscapes, a big impact can be made with little time and resources. By changing policies, systems, and/or the environment, communities can tackle health issues such as obesity, diabetes, cancer, and other chronic diseases.

Policy, systems, and environmental change is a way of modifying the environment to make healthy choices practical and available to all community members.

Policy Change	Systems Change	Environmental Change
<ul style="list-style-type: none"> ▪ Policy change includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules. ▪ Policies greatly influence the choices we make in our lives. Laws that are passed (like workplace policies, school policies) greatly influence the daily decisions we make about our health. ▪ Examples: Adding a tax on unhealthy food, passing a law allowing residents to plant community gardens in vacant lots, schools establishing a policy that prohibits junk food in school fundraising drives. 	<ul style="list-style-type: none"> ▪ System change involves change made to the rules within an organization. Systems change and policy change often work hand-in-hand. ▪ Systems change impacts all elements of an organization. Often systems change focuses on changing infrastructure within a school, park, worksite or health setting. ▪ Examples: Creating a community plan to account for health impacts of new projects, creating a certification system for school bake sales to ensure they are in line with school wellness policy. 	<ul style="list-style-type: none"> ▪ Environmental change is a change made to the physical environment. ▪ Environmental change can be as simple as installing bike signage on already established bike routes or as complex as sidewalk installation and pedestrian friendly intersections to promote walking and biking among its citizens. ▪ Examples: Municipality undertakes a planning process to ensure better pedestrian and bicycle access to main roads and parks; community development includes neighborhood corridors with pedestrian accommodations meeting the needs of seniors (e.g. adequate benches and ramped sidewalks).

Adapted from Cook County Public Health: <http://www.cookcountypublichealth.org/files/cppw/pse%20change.pdf>

Each community developed or enhanced an existing multi-sectoral coalition, seeking one capable of implementing sustainable PSE strategies during and after the project period. Each coalition had a multi-sectoral leadership team that included a representative of either AHA, APA, or NWA. Leadership teams of at least three members guided each coalition's work and represented the coalition at required meetings. Working through coalitions helped ensure that communities had the infrastructure and knowledge both to implement their selected strategies and to sustain them beyond funding. Whether working with an existing coalition and incorporating this project as a new area of focus or building a new coalition, each situation presented opportunities and challenges.

Working with existing coalitions. Coalitions that survive over time evolve to meet changing needs and opportunities. Their scope or focus often changes over time and a frequent result is that they gain and lose partners. Existing coalitions that had a well-established agenda and structure sometimes hesitated to welcome new initiatives, especially ones with fairly short-term funding.

Building new coalitions. Creating a new coalition sometimes required starting with people who were already involved in other initiatives and finding connections within the target population. Building trust was an important first step. Coalition partners with access to the population of interest and those with political capital and/or resources provided value.

Team leaders found that identifying likely participants and meeting with them individually was one approach to starting a new group. Listening was an important aspect of those meetings. Starting small with six to eight representatives often got momentum started. Reaching out and inviting others expanded the coalition's reach and influence. Having coalition members who already had the trust of the community of interest was critical.

"We could only move forward with the project at the speed of trust."
Local coalition leader



Figure 1. Montana Healthy Communities Coalition

Coalition Partners. APA required that its community coalitions included an APA member who was a planner and an APHA member who worked in public health. NWA required that its community coalitions were led by a team including a WIC agency staff member, a WIC client, and a health care provider. Those new relationships provided opportunities for learning, but also sometimes revealed differing use of language and conceptual understandings and perspectives. Getting acquainted and on the same page required time, openness, and patience. Outside facilitation sometimes helped.

People join for a variety of reasons, so discussing expectations and agreeing on common goals that could enhance the work of each participant helped groups function effectively. Some coalitions needed to find creative ways of ensuring that everyone who needed or wanted to participate could. That meant having interpreters, child care, food, access to public

transportation, or flexible meeting times. Keeping the door open to new participants and using traditional and social media to keep the community informed of the coalitions' work increased interest, trust, and participation in the offerings.

All the local community leader teams found that working in coalitions with other types of community-based organizations provided value and expected to continue using this as an approach. As noted by John Peterson of APA's Linn County, Iowa project, "While much planning and design is being done in a manner that provides some healthy choices it seems almost an accidental alignment; however it reinforces the need to bring health professionals to the planning and design table early to strategically address the health needs of a community and not just default to building a trail and calling that a "healthy" project."

"I love our coalition meetings because there is so much trust that we can all disagree and listen to one another's viewpoints and come out with a result that is so much better than we started with! It's energizing.."

Karen Lane, APA's Healthy Communities Coalition of Greater Helena

"Healthy Families of Oceana County (HFOC) has done a fantastic job at mobilizing diverse stakeholders in the community to participate in the coalition. The impact of the HFOC will be greater because of the community's involvement in the project."

Rachel Uganski, Benefit Outreach Coordinator, Mercy Health (member of the Michigan Health District #10 NWA project coalition)

Examples of Coalition Partners*

- Community members, residents, people who showed up to coalition meetings
- Health care providers, physicians' groups, hospitals, clinics, dental clinics, pharmacists
- Planners, planning engineers
- City and county government officials and staff; librarians, urban foresters, housing authority directors, jail and prison wardens
- State Health, Education, and Transportation Departments; State WIC agencies
- Community Foundations
- Schools: Parent Teacher Organizations, teachers (English language learners, math, marketing, computer, health, physical education), wellness coordinators, school nurses, administrators, Student doing community service, student councils, student clubs, Head Start agencies
- Community organizations: YMCA, March of Dimes, Heart Association, agency for special needs children, Rotary, Kiwanis, 4-H, Jaycees, food banks, AAA, Roller derby club, Boys and Girls Club
- Agricultural extension offices within universities; college faculty; college students needing internships (marketing, nursing, medical residents)
- Volunteer advocates, senior centers, elder and family services, Master gardeners, tree advocates
- Existing coalitions: Hunger Free, Breastfeeding, United Way, Safe Route to Schools
- Business owners: Chamber of Commerce; grocery store, corner store, convenience market, bike store owners, farmers, farmer's market leadership, retailers, major employers, health insurers, restaurants, chefs
- Religious and faith-based organizations
- Real estate developers
- IT people, web developers, media representatives

* No one coalition included all of these types of partners