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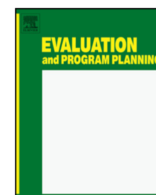

Who's who in the crew? Exploring participant involvement in the Active Living Coalition

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A B S T R A C T

Health coalitions serve as an important "vehicle" to strengthen horizontal and vertical ties between organizations, community groups, and individuals whose intent and purpose is to improve wellness. Having a strong and diverse group of participants is essential for highly effective coalitions to carry out their mission in an organized and participatory manner. However, the extent that individuals become involved in coalition operations and activities remains ambiguous. A grounded theory approach was used to explore expressions of participant involvement of a local health coalition known as the Active Living Coalition (ALC). Open, axial, as well as domain and taxonomic coding were used to analyze transcripts from four focus groups ($n = 37$ participants) in order to develop a participant continuum that captured six network aggregates within the coalition. Findings suggest that participation, for the most part, was heterogeneous and ever-changing given the expectations of the level of partnership that best individuals' personal and professional interests. Differentiating the type of participants in health coalitions can help coalition leaders more successfully "manage" new and existing relationships. Findings imply that health coalitions can maximize coalition capacity by drawing upon the full range of potential human and material resources by further understanding the types of individuals that make up their network.

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1. Background

Health coalitions serve as an important "vehicle" to strengthen horizontal and vertical ties between organizations, community groups, and individuals whose intent and purpose is to improve population health (Butterfoss, 2007; Roussos & Fawcett, 2000). The formation of these coalitions results in organizations and individuals responding to natural and man-made disasters more cooperatively, addressing diminished financial and human resources, and meeting challenges of educational and service delivery in an effort to improve the public's health (Bazzoli et al., 1998; Roussos & Fawcett, 2000; Stoto, Abel, & Dievler, 1996). Health coalitions may develop as a means of sharing information and resources, working together to improve overall coordination of activities, programs or services, or collaborating to address issues that are larger and more complex than a single organization's mission (Himmelman, 2002). Coalitions, whose primary purpose is to share information, are viewed as more informal and low-risk ventures due to limited exchange of human and financial resources; coalitions involved in more collaborative projects that involve the development of new ideas and coordination of human and financial resources are seen as more high-risk due to the level of trust necessary to achieve the mission (Hays, Hays, Deville, & Mulhall, 2000; Himmelman, 1994, 2002; Lasker, Weiss, & Miller, 2001).

Having a strong and diverse group of individuals is essential for highly effective coalitions to carry out their mission in an organized and participatory manner (Foster-Fishman, Berkowitz, Lounsbury, & Allen, 2001). Additional attributes are based on members' ability to work with others, create effective programs, and maintain positive, trusting relationships with one another. All of these elements may impact the overall effectiveness of coalitions to address health issues. As participation in health coalition activities increases, members experience higher levels of

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satisfaction, which, in turn, contribute to the success of coalitions (Butterfoss, Goodman, & Wandersman, 1996; Butterfoss, Goodman, & Wandersman, 2001). Facilitators of participation include responding to needs identified by the community, providing leadership opportunities for members, and promoting respect and cultural competence in working with diverse audiences (Clark, Friedman, & Lachance, 2006). Despite recognition that level of participation is imperative for coalition success, few have distinguished between the varying levels of participation that exist in coalitions. At best, participation has been defined as "not involved", "a little involved", "fairly involved", and "very involved" (Butterfoss et al., 2006). However, the extent of member involvement within each of these categories remains ambiguous. Additionally, many coalitions have stated that although recruiting members was easy, retaining members was much more difficult (Butterfoss et al., 2001; Clark et al., 2006; Kegler, Painter, Twiss, Aronson, & Norton, 2009). Thus, it is important to distinguish the varying types of expressions of participant involvement, especially if a health coalition is interested in shifting from a networking to a collaborative network.

Individuals participate in coalitions for various reasons. In exploring participation as it occurs in health coalitions, a conceptual framework (Fig. 1) developed by Arthur Himmelman illustrates four types of relationships that can exist in collaborative arrangements (Himmelman, 2002). Information sharing allows participants to exchange information. Ideally, such an exchange should be mutually beneficial to all participants in coalitions. Minimal time is required at this level of involvement; these types of relationships do not require a high level of trust since human, physical, and financial resources are not shared. Coordination involves information exchange and individuals determine how activities may be altered. A moderate level of trust is required since minimal exchange of resources may occur. Cooperation includes exchanging information and altering activities. In this type of relationship, resource sharing is a common goal among individuals in the coalition. A significant amount of time and trust is necessary as individuals begin to work on projects that involve some risks and rewards. Last, collaboration, entails exchanging information, altering activities, and sharing resources. Unlike cooperation, individuals plan, implement, and evaluate activities together, which requires an extensive amount of time and trust. These types of relationships may prove helpful in identifying specific characteristics that align with coalition participation.

1.1. Case study: the Active Living Coalition

The Active Living Coalition (ALC) has been in existence since 2004; it began as a small group of 8–10 individuals who were interested in identifying resources to address physical inactivity among residents living in Monroe County, Indiana. The network has slowly evolved over the past 9 years to close to 100 individuals representing over 25 organizations from community sectors of healthcare, education, city and county government, business, and service organizations, as well as community members. In 2012, the mission expanded from focusing only on physical activity to promoting healthy lifestyles of those who live, work, and visit Monroe County through community events, programs, and policies.

Currently, the coalition is facilitated by staff through a local hospital, IU Health Bloomington Community Health. Students and ALC participants volunteer to take meeting minutes as well as assist with other administrative tasks. The ALC has no operational budget, but it functions from in-kind donations of staff and volunteer time, physical space, as well as the sharing of materials and supplies for meeting and event coordination.

Regular monthly meetings provide a forum for participants to network and exchange ideas, present opportunities to collaborate on activities, and coordinate community events and campaigns. The ALC meets on the first Thursday of each month for 1 h at IU Health Bloomington Community Health. Meetings are open to all interested individuals and organizations. The ALC uses a combination of electronic and face-to-face communication to advertise meeting dates as well as activities. Meeting minutes are emailed to all individuals on the distribution roster to ensure they receive current information about coalition activities and events. Discussions related to important topics are discussed at monthly meetings with opportunities to express concerns and suggestions through email. The facilitator uses these suggestions to make decisions about future activities and directions of the coalition.

Besides the monthly meetings, the ALC hosts an annual Health and Wellness Fair in conjunction with the Bloomington Farmer's Market at City Hall and provides over 25 booths of health and wellness related information and screenings, along with exercise demonstrations and access to the B-Line Trail, a local walking path. The ALC has created a local walking guide that maps safe, accessible walking paths on various sides of town, as well as a map of the local parks and recreation trails. Additionally, the ALC has acted as the "working arm" for three years of community health needs assessments with the Action Communities for Health, Innovation & Environmental Change (ACHIEVE), a county-wide initiative funded by the Centers for Disease Control and Prevention aimed to enact policy, systems, and environmental change related to physical activity and nutrition. From this initiative, the ALC was awarded two mini-grants to support local initiatives. The first ACHIEVE initiative focused on working with local restaurants for a *Healthy Restaurant* campaign to assess their nutrition, physical activity, and wellness-related environmental implementations and policies and provide recommendations. A pilot program was performed with three local restaurants to analyze up to 10 menu items to modify recipes and identify and label healthier options for diners. The second ACHIEVE initiative was a policy and systems change workshop for local organizations to create a three-item action plan for their individual organizations, and were challenged to enact at least one of three items by the end of the year. As the ALC has been well-established for many years, gradually the coalition is able to evaluate and position itself for more sustainable initiative involvement.

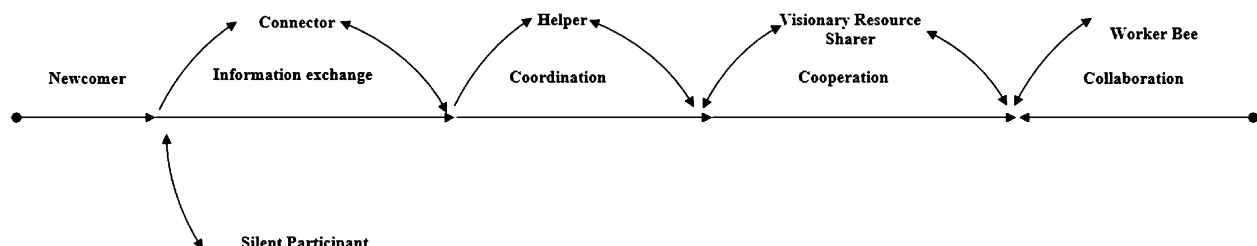

Fig. 1. Active Living Coalition participant continuum.

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