



# Coalition for a Healthier Community: Lessons learned and implications for future work



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## ABSTRACT

The Coalition for a Healthier Community (CHC) initiative was implemented to improve the health and well-being of women and girls. Underpinning CHC is a gender-based focus that uses a network of community partners working collaboratively to generate relevant behavior change and improved health outcomes. Ten programs are trying to determine whether gender-focused system approaches are cost-effective ways to address health disparities in women and girls. Programs implemented through coalitions made up of academic institutions, public health departments, community-based organizations, and local, regional, and national organizations, are addressing health issues such as domestic violence, cardiovascular disease prevention, physical activity, and healthy eating. Although these programs are ongoing, they have made significant progress. Key factors contributing to their early success include a comprehensive needs assessment, robust coalitions, the diversity of populations targeted, programs based on findings of the needs assessments, evaluations taking into consideration the effect of gender, and strong academic–community partnerships. A noteworthy impact of these programs has been their ability to shape and impact public, social, and health policies at the state and local levels. However, there have been challenges associated with the implementation of such a complex program. Lessons learned are discussed in this paper.

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## 1. Introduction

The Coalition for a Healthier Community (CHC), a program funded by the Department of Health and Human Services (DHHS) Office on Women's Health (OWH), was implemented in 2010 to improve the health and well-being of women and girls. Its core underpinning is a gender-based focus that uses a network of community partners who work collaboratively to change behavior and improve health outcomes. Changes are occurring at the individual, family, community, and policy levels. The introduction to this special issue highlights unique features of the CHC

programs, which include a gender-based approach; community needs assessments, a strategic incorporation of grassroots organizations into the coalitions, and an assessment of cost-effectiveness and return on investment. These features, along with the creativity encouraged by the CHC initiative, have enabled grantees to make notable progress in implementation of their programs and to improve the services available to the women and girls in their communities. These unique features also set CHC programs apart from other such community-based programs. This concluding article highlights the lessons learned thus far from using a gender-based focus; planning and implementing the CHC programs; developing, maintaining, and strengthening coalitions; and influencing and shaping policies.

### 1.1. Using a gender-based focus

A gender focus was used in all programs funded by the CHC Initiative. "Sex" refers to the biological and physiological

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characteristics that define men and women, whereas “Gender” refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women (WHO, 2014). Sex, in contrast to gender, is a genotypic or chromosomally defined approach. Gender is a phenotypic approach that encompasses sociocultural determinants of health and lived life of girls and women. Ovarian cancer prevalence is a sex-based risk; intimate partner violence is a gender-based risk. The latter occurs due to lived lives of women, not chromosomal characteristics of an individual. Including programming that is gender focused is at the heart of patient centered care for women. The biases and gender roles that individuals assume often occur at a subconscious level. The result of these unexamined beliefs can be unconscious biases that impact program development and outcomes.

Therefore, understanding gender and gender differences is important to program planning. That said, focusing on the influence of gender on behaviors could be challenging and nuanced for investigators and research teams.

Gender-based analysis (GBA) is an analytical tool that systematically integrates a gender perspective into the development of policies, programs and legislation, as well as planning and decision-making processes. It helps to identify and clarify the differences between women and men, boys and girls, and demonstrates how these differences affect health status, access to, and interaction with, the health care system (Health Canada, 2006). Conducting a gender-based analysis is a way to understand gender-specific factors that affect the health of a community and how such factors can be addressed. To analyze gender's role, a framework is important for discussion. CHC grantees reviewed the literature and chose a gender framework appropriate for their program to inform the development and implementation of interventions that address health issues having an adverse impact on the health and well-being of women and girls. The use of a gender-based framework in the CHC initiative facilitated an in-depth examination of the role of gender and its influence on behavior. Grantees in general agreed that inclusion of a gender-based analysis is an important component of gender informed program development.

#### 1.1.1. Planning and implementing the CHC program

Strong community participation, input from community members, use and/or adaptation of evidence-based practices, and rigorous research makes the CHC initiative unique. The CHC initiative is one of the first programs to consciously incorporate a gender focus, especially norms, roles, and expectations, into all phases of the program – from planning and implementation to program evaluation. The interventions implemented and evaluated by the CHC grantees and OWH, based on the gender-based needs assessment, will contribute greatly to understanding of the role of gender in program development, program success, and behavior change in the United States. However, more research is needed to expand the empirical assessment and comprehensive evaluation of gender and the effect of norms, roles, and expectations on health practices and programs. Several key components in the CHC programs led to the implementation of model gender-specific, evidence-based programs that can be replicated in different communities and populations. These components include: (1) the use of a framework to interpret the data and inform the adaptation and implementation of the evidence-based intervention, (2) the discussion of gender norms, and (3) the role of gender within a variety of specific topics.

Early results of the CHC initiative show that engagement with the community encourages buy-in and contributes to program sustainability. Other key lessons learned, as reported by the grantees and presented in other papers in this issue, include:

- Considering gender norms, roles, and expectations is integral to effective health promotion program planning and evaluation efforts.
- Programs and activities should be designed by or with input from community residents in order to enhance community participation.
- The community's needs must be reflected in the design and implementation of programs and services in order to achieve optimal impact.
- Sustainable system change requires initiation and maintenance of policies and procedures changes.
- Patience, planning, and perseverance are the key to program success.
- Sustaining community engagement is challenging.
- Support is needed for additional research in order to identify best practices for including gender in health promotion programs.
- A broader understanding of how one conceptualizes gender is needed to achieve effective teen outreach.

#### 1.1.2. Developing, maintaining, and strengthening coalitions

Coalitions are usually formed to address a specific issue. Often these issues, such as the myriad needs of women and girls, are too numerous, complex, and inter-related for one agency or organization to address. The CHC coalitions are diverse, dynamic and built upon existing relationships. The CHC coalitions have representatives from nearly every sector of the community and include academic institutions, community-based organizations, and local/county governments. The CHC grantees' success in developing, influencing, and implementing new policies demonstrates the strength of coalitions.

Starting with the [National Centers of Excellence in Women's Health](#), OWH has been gathering evidence to show that a comprehensive, gender-focused public health systems approach is an effective way to deliver quality services to women and girls (Brittle & Bird, 2007; [Centers of Excellence in Women's Health](#), 2009). The CHC initiative continues OWH's efforts to understand and evaluate how coalitions work that use a gender-focused public health systems approach.

Although the literature is replete with information defining coalitions: why, when, and how to start a coalition and who should be a part of a coalition, little is available on the dynamics and interactions of coalition members and how this contributes to or hinders the work of the coalition (Butterfoss, Goodman, & Wandersman, 1993; [Coalitions Work Tools](#), 2007; [Community Health Innovations](#), 2010; [Five Key Steps to Starting a Breastfeeding Coalition in Your Area](#), 2014; [Seven Steps to Starting a Successful Coalition](#), 2014). Much information is also available on coalition building, why it is important, how to build coalitions, and the benefits and disadvantages of coalitions (Community Toolbox, 2014; [The Prevention Institute](#), 2014; [Western Organization of Resource Councils](#), 2014). The work of the CHC grantees will provide a better understanding of the shifts coalitions have to make to fully incorporate organizations with fewer resources (“grassroots organizations”) that provide important services to individuals that larger organizations tend to define as “hard to reach”. “Grassroots” is defined as organizations with an annual operating budget of less than the \$500,000. The CHC grantees have been charged with successfully incorporating at least two “grassroots” organizations into their coalitions as equal partners.

In contrast to partnerships that are forged only upon contract/grant application or after funding initiation, the Coalition partnerships expanded upon pre-existing working relationships. [Table 1](#) presents the key factors identified by the grantees as contributing to the success of their coalitions.

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