With the semester wrapping up this month, most of us are ready for the start of winter break; we hope everyone will have a safe and restful break and come back to campus ready to begin a new semester. Most importantly, congratulations to everyone who is graduating this semester or getting ready to do their field experience. This is a wonderful opportunity, and we hope you will gain valuable educational and vocational experience.

Since many of the second-year students will begin their field experience come January, we thought it would be appropriate to focus on the topic of COALITIONS and the relationship between the public health worker and the community.

“A Few Quotes for Your Thoughts”

“One man may hit the mark, another blunder; but heed not these distinctions. Only from the alliance of one, working with and through the other, are great things born.”
- Antoine de Saint-Exupery

“There must be, not a balance of power, but a community of power; not organized rivalries, but organized peace.”
- Woodrow T. Wilson

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”
- Margaret Mead
This article is about four community coalitions in Connecticut receiving federal grants to prevent youth substance abuse as part of the Drug Free Communities Program, and how these grants will support the community coalitions in achieving their objectives.

http://www.westhartfordnews.com/articles/2012/08/28/news/doc503d0659d5b5c195479883.txt

This article focuses on the efforts of communities within McDowell County and neighboring Mingo County of West Virginia in decreasing the rate of diabetes and increasing the life expectancy of their population through the creation of gyms, health clinics and educational programs that address these issues.


This article is about how the Economic Development Coalition for Asheville-Buncombe County of North Carolina received an award in economic development in the category of General Purpose Brochure from the International Economic Development Council (IEDC).

As public health workers, most of us will be working with the community and its members in coalitions, collaborative projects, or even community social events. In order to have a successful cooperative relationship with the community, you must remember one key point: you must work with the community representatives and not merely in the community without consideration for its members. If you can apply this concept in your work, you will achieve and maintain a fruitful and rewarding career in public health.
Coalitions: Working With Communities, Not in Them

As a Public Health worker, today, many things are expected of us. But, perhaps, the most important one is our need to be able to work in and with the communities we serve. This newsletter will introduce some of the basic concepts of coalitions and our need to not only work in our communities, but rather, with them to solve public health problems.

Motivational origin for coalition:
- **External Group**—A group outside of the community which identifies a problem to be fixed (positive—resources)
- **Internal Group**—The community identifies a problem to be fixed (positive—higher community ownership & commitment)

Coalition Success depends upon:
- The willingness of a community for the coalition—are the people ready to solve their own problems?
- Well defined mission and vision statements
- Strong structure, leadership and organizational competence which allows community members to take leads
- Volunteers from the community
- Membership must be clearly defined and should involve a broad range of individuals and groups within the community
- Leadership—from officials within the coalition, from stakeholders and from members
- Funding & Resources—though funding does not necessarily guarantee the coalition will achieve its goals, it is an important aspect to consider
- The ability to build trust relationships with all key players
- Fast & reliable technical assistance—communication is key and reliable connections needed

References:
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The 4 C's Critical to Coalition Creation

- **Conditions**— one must be aware of the current economic, political and community environment & how this could affect the coalition
- **Commitment**— of all parties involved to ensure the goals are met & vision and missions statement adhered to
- **Contributions**— the coalition must get what it needs from its members: be it resources, influence or dogma
- **Competence**— the coalition must continue towards its goals, and ultimately, social change

Coalition Characteristics:
- Holistic endeavors
- Reinforce the sense of community
- Adaptable to the problems they represent— since issues are always changing
- Improve engagement of the community in solving their problems
- Promotes community empowerment
- Cultivates diversity

**Why Create a Coalition?**
- Current devolution of agendas from Federal concern to community responsibility
- Funding cutbacks to Federal programs
- Limitations of services being offered by Federal govt.

"Coalitions are relationship building. Even if the issue is a good issue that people are concerned about, you need to build relationships." - Mizrahi & Rosenthal

"Leadership is critical—for the vision and to see the commonalities; to be able to follow through, to get funds and resources for the community, and to demonstrate that you're not in it for yourself." - Mizrahi & Rosenthal

References:
Partnerships and collaborative work within communities are emphasized in many public health management courses and by guest lecturers; however, we recognize that taking the first step to establish a relationship with the community and its members can be a daunting task. Thus, we decided to ask the professors in the Department of Health Services Management and Policy how they would go about creating lasting relationships within their community of interest.

**Answers:** As public health workers, our goal is to improve the health of not just individuals but also the community we serve. Our goal is to use scientific evidence or evidence-based best practices to achieve this goal. As such, we have credibility in the work that we do. To be able to work in any community, you have to be very conversant with the scientific information in your field. Then, you take the initiative of identifying organizations that you would like to work with and contact them via any channel of communication – email, phone call, or walk-in. Thus, my two pieces of advice for students are to be conversant with the scientific knowledge in your field and to take initiative. To give you an example, Yi He, currently a DrPH student, did his MPH field experience with Wellmont CVA Heart Institute, Kingspr. His field presentation was about research on Coronary Artery Calcium screening. He realized that the Heart Institute has the resources that can help students to learn how to conduct research as well as help with my own research. So, I contacted Karen Guidi, Mr. He’s preceptor, who arranged a meeting with Mr. Tim Attebery, Vice President of the Heart Institute, to discuss options for collaborative relations. This meeting became a springboard for us to work together, and since then, three students have either conducted research or completed their field experience with the Heart Institute.
Simply go and introduce yourself in the community you wish to partner with. Identify your interest groups and seek them out. If your interest is in adolescent behavior, go to the YMCA, after-school programs, faith based youth groups, and community centers during youth activities, and offer to volunteer. Get to know those people and let them know you. Most of all, be sincere and transparent. You are there to serve and learn from them, not check them off your to-do list.

A prime example is when as a Public Health Educator, we were asked to launch a citywide BMI (Body Mass Index) project for all youth in the school system. You cannot just go in and begin measuring these youth. You must first form a relationship with them and their parents. We went to PTA meetings, after-school programs, community centers, YMCA, and many other youth-focused groups and organizations. This allowed us to build a relationship, so that when the day to measure these students came, they recognized us and were put at ease. It also helped when we sent letters home to parents to raise their awareness and to put a face with the information they were receiving. If not for those relationships beforehand, we would not have experienced such success with this program. This also allowed us to continue to work in this population as part and not merely observers.

To work in the community requires constant cultivation and attention. It will not be completed overnight. You must truly commit. There is no 50%. That is not an option! Communities are so smart and have so much to give, but if you are there to merely take and not give of yourself, they will see right through you, and that relationship is finished before you even begin. I apologize if this comes across as harsh, but this is the best lesson I ever learned. Community people, especially rural communities, are my passion. You may become PART of a community, but only if you are willing to do your PART.
While I was working at a large non-profit community hospital, I was part of a team that was looking into strategies to decrease the number of non-emergent patient visits to our Emergency Department (ED) by our Medicaid and uninsured population. As a teaching hospital, we offered primary care and specialty care clinics on our campus, and we wanted patients to use these clinics in lieu of the more expensive ED. We also had a problem with no-show rates in our clinics, where appointments were multi-booked in order to assure that one patient would be there for the provider to see.

During this process, we began to ask the question, "What other organizations/agencies touch these patients?" and charted a network of potential collaborators. Several organizations/agencies were identified, including the Department of Health, the Department of Social Services, the downtown Free Clinic, Salvation Army, a faith-based organization that provided school supplies to needy children, and others. We began to meet to determine where services overlapped, where resources were being duplicated or could be used more effectively, and how we might better serve the needs of our common patients/clients. With the help of a Robert Wood Johnson Foundation grant, we formed a non-profit organization called Richland Community Health Partners. One of the first things we did was to organize a referral system, which allowed patients/clients to make appointments with different organizations/agencies on the same day - transportation was a real issue for this population. The project was a success for all of the organizations/agencies involved.

The key to pulling off such an impactful collaborative project was that there were people working on a problem who were willing to think outside the box. Creative thinking allows for non-traditional options to be explored, which may be better than the status quo.
Answers: This is an interesting question, and I think one we all struggle with. Depending on what sector you go into be it government, non-profit, or private sector, this may influence how you initially approach a community and what you are able to do. In some sectors, such as local health departments, it will most likely be easier to form a community connection. However, each place you live in will have a very different “community culture,” and you will have to take different approaches to become engaged. Most Southern communities like to know you as a person first before getting to business. They want to know that you are part of the community and are here for the long haul (or least won’t run off at the slightest sign of trouble).

A good approach to initially get involved may be to attend community-wide social, cultural, or sports functions. If possible, try to get involved with community groups that are of interest to you. For example, if you are interested in diabetes, then getting involved with your local ADA might be a good fit. Be cognoscente that whatever issues that you think should be approached in a community may not align with what they are interested in doing or see as issues. In some states, there are formalized efforts for bridging these gaps through practice-based research networks (public health, medicine, dentistry, substance abuse), where the ideas for research come from the community/practice and not from the researcher.

This whole process is a bit like dating or courting someone... There is a careful dance, you get to know one another first, see what you can do for each other, establish trust, and continually try to attend to the other’s need. The worst mistake you can make is coming on too strong too fast.