

Active Member Participation Increases Success of Policy and Systems Changes

A recent study conducted by researchers at the University of Michigan evaluated the efforts of the Allies Against Asthma Program, demonstrating that community coalitions with highly involved partnerships are the most successful in producing policy and systems change. The results offer useful implications for anti-drug coalitions focusing on policy and systems changes to achieve community-level outcomes.

The Robert Wood Johnson Foundation funded the Allies Program to improve the health outcomes of childhood asthma in low-income communities of color. The five-year collaborative effort focused on developing new policy and systems changes through the work of seven community coalitions in diverse regions of the United States. Whether public or organizational, the researchers defined policy change as enacting a new policy, changing existing policy, or changing enforcement of an existing policy. Systems changes occurred when coalitions changed either the structure of a system or the relationship of one or more elements in a particular system (e.g. helping to standardize the practice of vaccinating asthmatics for flu and pneumonia).

The evaluation sought to answer the following questions:

- Did the coalitions produce policy and systems changes within their communities?
- Did health-related outcomes (asthma symptoms among low-income minority children and reported caregiver quality of life) improve in the target groups?
- What level of coalition member involvement was evident when coalitions achieved policy and systems changes?

How did they do it?

The researchers, led by Noreen M. Clark from the University of Michigan's Center for Managing Chronic Disease, tracked policy and systems changes among the coalitions from 2002 to 2006. Data came from a variety of sources including interviews with key stakeholders, coalition staff, members and leaders, annual coalition reports, published articles, and an online tracking system that coalitions used to document their activities. Trained coalition leaders coded each policy and systems change based on the coalition's role in the change (e.g. peripheral, significant contribution, leading the change).

To measure health-related outcomes, the researchers conducted interviews in each region with parents or guardians of children aged zero to seventeen with asthma. Researchers interviewed caregivers before the initiation of coalition activities and one year later, reporting on their quality of life and the asthma symptoms of their children. Families from

communities with limited or no coalition activities served as a comparison group.

Coalition reports and surveys provided information about community member (e.g. schools, hospitals, community-based organizations, government, businesses, etc) involvement in each of the policy and systems changes. In addition, researchers gathered coalition member reports of their level of participation for each policy and systems change through a Coalition Self Assessment survey.

What did they find?

Across the seven regional sites, coalitions successfully implemented 45 policy and 44 systems changes. Children in the Allies Against Asthma Program communities experienced fewer instances of daytime and nighttime symptoms (average of one day) over the past two weeks. Past year nighttime symptoms were also less prevalent among Allies children (average of 26 days).

In addition, children in the Allies communities were two times more likely than children in comparison communities to go from having symptoms at baseline to becoming symptom-free at follow-up. The intervention also positively affected the caregivers. Overall, caregivers felt less angry about their child's asthma and more in control in terms of asthma management.

The information from the coalition member survey revealed the following four levels of member/stakeholder participation in past year coalition activities:

- core partners (very involved)
- ongoing partners (fairly involved)
- intermittent partners (a little involved) and
- peripheral partners (not at all involved outside of general membership meetings).

Core and ongoing partners in this study reported involvement with the coalition for at least one year.

The most successful coalition sites (highest numbers of policy and systems change) had greater numbers of core or ongoing partners. Those with more partners categorized as intermittent or peripheral achieved less policy and systems change. Specifically, at the most successful site, 40% were core or ongoing partners (19% community-based individuals and organizations). Only 17% of the partners at the least successful coalition site were core or ongoing partners (50% community-based individuals and organizations).

What Coalitions Can Do

- ✓ **Increase efforts toward policy and systems change.** Growing evidence demonstrates that coalitions can achieve community-level outcomes by focusing on changing policies and systems to affect key health indicators. Revisit your strategies with coalition members and your community. Develop a plan to increase your policy and systems change work. Remind your coalition members and community that the goal is to reduce substance abuse at the community-level and that the evidence indicates policy and systems changes are the most effective in achieving that goal..
- ✓ **When it comes to partnerships think quality, not quantity.** This research found that coalitions with fewer heavily engaged partners, as opposed to many less engaged partners, contributed to greater changes in policy and systems change. This finding suggests that it may be worthwhile to assess the level of engagement of your partners and strive to achieve active involvement of a core and diverse group. While coalitions may be inclined to get as many partners as possible, this requires time, money and energy that might be better redirected if partnerships are chosen more strategically.
- ✓ **Continue to recruit community-based individuals and groups.** At the coalition sites with the most policy and systems changes, close to one quarter of the most involved partners (core and ongoing) came from community-based organizations and individuals. These parent and advocacy groups, faith-based groups, youth organizations and other community-based organizations appear to play a significant role in the success of the coalition. This may be due to the fact that these individuals are most closely connected with the community and most motivated to create change.

To review the original source, please refer to:

Clark, N.M., Lachance, L., Doctor, L.J., Gilmore, L., Kelly, C., Krieger, J., Lara, M., Meurer, J., Milanovich, A.F., Nicholas, E., Rosenthal, M., Stoll, S.C. & Wilkin, M. (2010) Policy and system change and community coalitions: Outcomes from allies against asthma. *American Journal of Public Health*. Vol.100, No.5.