

Examining the Contributions of a Community Coalition in Addressing
Urban Health Determinants

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This work was supported by a grant from the Ewing Marion Kauffman Foundation to support neighborhood improvement. We thank the former staff of the Kauffman Neighborhood Initiative, especially Gloria Jackson-Leathers. We are grateful to the staff, board, volunteers and partners of the Ivanhoe Neighborhood Council for their ongoing commitment and dedication to transforming their community.

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Submitted for Review on August 7, 2015

Accepted for Publication Submitted on September 24, 2015

To cite this article: Jomella Watson-Thompson, Margaret J. May, Jessie Jefferson, Yolanda Young, Alan Young & Jerry Schultz (2017) Examining the contributions of a community coalition in addressing urban health determinants, *Journal of Prevention & Intervention in the Community*, 46:1, 7-27, DOI: 10.1080/10852352.2018.1385936

To link to this article: <https://doi.org/10.1080/10852352.2018.1385936>

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Abstract

Community coalitions facilitate changes in community outcomes and conditions by addressing issues and determinants of health and well-being. The purpose of the present study is to examine the process of a community coalition, the Ivanhoe Neighborhood Council (INC), in addressing community-prioritized urban health determinants aimed at improving living conditions in a neighborhood in Kansas City, Missouri. Using an empirical case study design, the implementation of the community change framework supported through the Kauffman Neighborhood Initiative is examined. The results suggest that the Ivanhoe Neighborhood Council was effective in implementing 117 community changes; and these changes were associated with modest improvements in targeted outcomes related to housing and crime. A 10-year follow-up probe indicates that the majority of recurring community changes were sustained. The results indicate that the comprehensive community initiative was important in facilitating community change that may have contributed to improvements in addressing urban health determinants.

Keywords: urban health, determinants, coalition, community change, comprehensive community initiative

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Examining the Contributions of a Community Coalition in Addressing Urban Health Determinants

In the United States, the decline of many urban areas has resulted from a confluence of factors (e.g., urban sprawl) and historical policies (e.g., highway renewal) that have contributed to widening disparities in the health and well-being of residents. For example, the Highway Act of 1956 resulted in the development of interstate highways through the acquisition and clearance of property often through eminent domain, which physically separated many inner city communities and displaced residents for the development of interstate highway systems (Gotham, 2002). In many cities, urban decline is the result of inadequate responses to socioeconomic determinants of health, including disparities in income, education, employment, living conditions, access to transportation and services, and social supports (Vlahov et al., 2007). Over the past decade, it has become increasingly recognized that an individual's place of residence (e.g., zip code), in itself, is a health determinant (Ompad, Galea, Caiaffa, & Vlahov, 2007; WHO, 2010). Vlahov et al. (2007) suggested, "while cities are associated with development (and development with positive health outcomes), areas of concentrated disadvantage in cities show worse outcomes irrespective of level of development" (p. 19). There are a plethora of urban health issues that plague many urban communities, including: crime and violence (WHO, 2010), infant mortality (Vlahov et al., 2007), non-communicable and infectious disease (WHO, 2010), food insecurities, and environmental injustices. These issues are symptomatic of deeper urban health inequities, which requires addressing social determinants of health as root causes.

There have been a variety of both government and non-government approaches in the United States aimed at addressing urban health. It has become evident that the complex web of social problems cannot be generically solved, but requires integrated and multi-level responses that support long-term investments of resources in concentrated places most impacted by urban health disparities (Vlahov et al., 2007). Additionally, inequities require assuring conditions that support the meaningful and equitable involvement of the community in the problem-solving process (Kjellstrom, Friel, Mercado, Havemann, & Satterthwaite, 2007). There is increased recognition of the importance of improving residents' collective

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self-efficacy or shared sense of power, influence, and control over the environment (Kjellstrom et al., 2007). The contributions of civic society in influencing health, such as through community-based organizations, neighborhood and tenant associations, and faith-based organizations, is critical in providing an infrastructure of social services and supports that reduce inequities and protect urban residents and communities against harm (Vlahov et al., 2007; Kjellstrom et al., 2007).

Purpose of the Present Study.

Although there are emergent examples of community-based efforts to address and improve urban health determinants and outcomes, there is a need for increased empirical evidence of the effects, particularly in communities of concentrated poverty ((Kjellstrom et al., 2007; Vlahov et al., 2007). The purpose of the present study is to examine the process of a community coalition, the Ivanhoe Neighborhood Council (INC), in addressing community-prioritized urban health determinants aimed at improving living conditions in a neighborhood in Kansas City, Missouri (KC, MO). The study analyzes the implementation of a community change framework, which was used to guide a participatory process of change and improvement in the neighborhood. Through the use of an empirical case study design, the initial development and growth of the coalition is examined to understand the evolutionary process and contributions of the coalition in supporting longer-term improvements in prioritized neighborhood outcomes. The study period is from 1999 to 2002, the period of the Kauffman Neighborhood Initiative, with a 10-year follow-up probe conducted to examine the sustainability of the coalition's efforts.

Supporting Community Capacity Building through Community Coalitions. In recent years, there has been a resurgence of support for community coalitions as a mechanism for improving community conditions and outcomes, particularly in urban areas. Coalitions have been used as a strategy for community change and improvement related to a variety of issues, including: substance abuse, crime and safety, and chronic disease prevention (Roussos & Fawcett, 2000; Wolff, 2001). Coalitions are well positioned to address social determinants of health and well-being through the engagement of multiple community sectors, which create niches of opportunity for residents and entities to work together.

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Over the past several decades, community capacity-building efforts have emerged as an approach for enhancing the collective skills, capabilities and resources of groups to contribute to addressing problems in communities (Watson-Thompson, Keene-Woods, Schober, & Schultz, 2013). Oftentimes, intermediary support organizations, such as academic partners, may assist in coalition efforts to increase organizational and community capacity through the provision of resources and supports, including training and technical assistance (TTA). Based on a community-based participatory research (CBPR) approach, capacity-building efforts support collaboration between intermediary support organizations (e.g., university-based researchers) and community partners, including the active participation of residents from communities affected by the problem (Foster-Fishman et al., 2007; Nowell et al., 2006).

Conceptual Framework for Neighborhood Change and Improvement. Based on principles of community-based participatory research, the Institute of Medicine's (IOM) framework for public health action in communities provides a model to guide change and improvement in communities (Institute of Medicine, 2003; Fawcett, Schultz, Watson-Thompson, Fox, & Bremby, 2010). As shown in Figure 1, assessment and collaborative planning should help determine appropriate forms of community action and guide the implementation of community change; the implementation of community change and the achievement of improvements in more distal outcomes should result in a renewed cycle of collaborative planning. Additionally, the emerging empirical literature suggests a number of processes or factors that may contribute to the facilitation of community change (Roussos & Fawcett, 2000; Zakcos & Edwards, 2006). Figure 1 shows the integration of the IOM framework with 12 key processes that help to operationalize the implementation of the framework in mobilizing communities to change conditions related to targeted outcomes of concern. Emerging empirical evidence suggests that the 12 key processes may be important for enhancing the capacity of local communities to facilitate change and improvement (Roussos & Fawcett, 2000; Watson-Thompson, et al, 2013).

Insert Figure 1 about here

Method

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Neighborhood Setting and Context. Between 1950 and 1970, Ivanhoe, like many other urban core neighborhoods in Kansas City, experienced vast economical changes and population shifts. The viability of the neighborhood was adversely affected by two main factors: relocation of residents to the suburbs and a highway clearance project that displaced residents and businesses as part of the downtown redevelopment plan (Gotham, 2002). The land that was purchased and cleared by the government in preparation for the construction of the highway physically divided the neighborhood. After the clearance of land, the construction of the highway was delayed, and the land remained vacant for over two decades, which introduced the onset of blight in the neighborhood. The stability of the neighborhood greatly diminished as businesses were either displaced, as a part of the highway clearance project, or forced to relocate with shifts in economic demand. In 1997, “Ivanhoe could be classified as one of the poorest, most under-educated and crime-ridden neighborhoods in Kansas City” (Sanchez, 1997).

Population characteristics and neighborhood determinants of health and well-being in Ivanhoe. The Ivanhoe neighborhood has experienced all facets of urban decline, which challenged the overall quality of life for neighborhood residents. Between 1950 and 2000, the area encompassing the Ivanhoe neighborhood experienced nearly a 70% decline in population. Additionally, the population has steadily decreased with a 43.9% change decrease from 2000 to 2010, with 5,258 individuals residing in the neighborhood in 2010 (Kansas City, Missouri Planning and Development Department, 2015).

The Ivanhoe neighborhood has been challenged by a multitude of social determinants of health including: high poverty, low educational attainment, crime, and poor housing. Although there has been a steady increase in the proportion of the adult population with at least a high school diploma between 1990 (59.2%) and 2010 (71.8%), the Ivanhoe Neighborhood still has less adults who have completed high school as compared to KC, MO (87.5%). Additionally, in 2000, the percentage of residents in the Ivanhoe neighborhood (31.5%) experiencing poverty was nearly twice as high as compared to KC, MO (14.0%). The violent crime rate in the Ivanhoe Neighborhood has been persistently more than twice as high as for KC, MO overall.

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Inadequate housing has remained another major concern for Ivanhoe residents. The area has an aging housing stock, with more than half of the housing units in the neighborhood built before 1950 and in need of repair (Kansas City, Missouri Planning and Development Department, 2015). In 2000, the Ivanhoe neighborhood had a higher rate of renter occupied (57%) and vacant units (18%) as compared to the city (Kansas City, Missouri Planning and Development Department, 2015). In examining neighborhood-level characteristics and changes, comparison data at the level of the city was used to permit a deeper examination of urban decline within the local context.

Collaborative Partners

Ivanhoe Neighborhood Council. In 1967, the Ivanhoe Neighborhood Association (later renamed the Ivanhoe Neighborhood Council) was established to represent residents and groups encompassing a 425 block area. However, by the 1990s, the INC was dormant due to transitions in leadership and population shifts. In 1997, the neighborhood association was reinvigorated by a group of concerned residents, as well as through the support of a couple of anchor organizations committed to serving the neighborhood including the Front Porch Alliance, a faith-based initiative, and Project Neighborhood (later renamed Move-Up). The revitalization of Ivanhoe was the result of multiple and simultaneous strategic investments and partnerships concentrated in the neighborhood.

Funding Partner. The Ewing Marion Kauffman Foundation, a Kansas City-based philanthropy, was the major funder and catalyst for the comprehensive effort through the Kauffman Healthy Neighborhood Initiative. In the late 1990s, the Kauffman Foundation had refocused its grantmaking strategy to support a systems or place-based approach to youth development, which focused on a healthy community development model. The mission for the neighborhood initiative was “in collaboration with the Kauffman Foundation and community-identified leaders, build capacity for community change through support, planning, and documentation”. Based on a community-based participatory approach, the initiative supported a collaborative partnership between the funder, the Ivanhoe Neighborhood Council (INC), and a university-based support organization. The foundation provided funding for the INC to develop and implement a strategic plan, as well as resources for staffing and organizational development.

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University-based support organization. The Work Group for Community Health and Development at the University of Kansas (KU Work Group) provided TTA support for the Neighborhood Initiative. The primary function of the KU Work Group was to work collaboratively with neighborhood leaders in supporting the development and implementation of a neighborhood-level strategic plan. The KU Work also provided evaluation support to the collaborative partners. Based on principles of CBPR, both the Kauffman Foundation and the KU Work Group were co-learners with the community coalition and supported a collaborative process of engagement in implementing all of the phases of the model. The collaborative responsibilities and roles of the three parties were agreed upon and formally indicated through a written memorandum of understanding (MOU).

Implementation of the IOM Collaborative Action Framework and Related Processes. Based on the community change framework, the intervention described in this study focused on implementation of 12 key processes for supporting change and improvement in communities.

Phase 1: Assessment and Collaborative Planning. *Analyzing information about the problem or the goal.* In February of 1999, the Ivanhoe neighborhood participated in the FOCUS Neighborhood Assessment, a neighborhood planning process initiated by the City of Kansas City, MO. There were 71 participants involved in the focus group and assessment workshop representing neighborhood residents, businesses, and organizations. Residents identified the following primary concerns: housing development, crime, and youth programs. The focus group served as the initial basis for later planning efforts and engagement of community partners.

Developing a strategic plan. In 2000, the INC began its first strategic planning process, in collaboration with the Kauffman Foundation and the KU Work Group. The strategic planning workshop engaged approximately 85 residents and partners and further expounded on the issues and concerns identified through the FOCUS Assessment. The VMOSA process guided the strategic planning activities and focused on developing a vision, mission, objectives, strategies, and action plans. Through the one-year strategic planning process, the INC developed the first formalized strategic plan for the neighborhood (Watson-Thompson, Fawcett, & Schultz, 2008). During the strategic planning process

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facilitated by the KU Work Group, a clear vision and focused mission for the INC was established. The vision was: “Thriving Neighborhoods in Harmony”. The mission: “Building clean, beautiful, safe, thriving neighborhoods for healthy families and youth through trusting cooperative relationships”. The Ivanhoe neighborhood’s strategic plan identified four main goal areas to guide future work: beautification, housing and economic development, crime and safety, and family and youth development/education. The strategic plan consisted of over 100 specific community changes to be sought related to the prioritized goal areas. Neighborhood residents and partnering organizations formed action committees around each goal area to facilitate ongoing engagement and adjustments.

Phase 2: Facilitating Targeted Action. The INC developed an organizational structure, including neighborhood-based leadership, to support the facilitation of action in the community. Through the Kauffman Initiative, the INC hired staff and acquired office space for the first time. Also, mechanisms for mobilizing the community to implement the strategies identified in the plan were developed. For instance, protocols for frequent communication with the mobilizer and community police officers were provided to residents to make information sharing about activities occurring in the neighborhood easier to communicate and report, without the fear of adverse consequences of being perceived as a snitch.

Developing leadership. The continued development of neighborhood and organizational leadership was necessary to support the facilitation of community action and intervention. Many of the board members and committee chairpersons had very little experience in capacity-building or organizational management. Neighborhood residents were encouraged to serve as board members and committee chairs, which provided opportunities for resident-based leadership. Between 2001 and 2002, the INC formally hired staff members including an executive director and community mobilizer. The mobilizer trained community residents in supporting block-level leadership to engage neighbors in taking action, including through the development of block captain programs.

Defining organizational structure and operating mechanisms. The coalition was governed by the board, which was composed of neighborhood residents until 2003 when the board was expanded to also include organizational partner representatives. The coalition integrated the review of the action plan

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into the regular agenda of the monthly committee meeting to guide the work of the committee and to ensure ongoing updates, feedback, and accountability. Prior to staff hiring, several organizations helped to support the INC and provided an infrastructure for operating the coalition. Move-Up (formerly Project Neighborhood) and Front Porch Alliance assumed a lead partner role and were instrumental in providing resources (e.g., office space) and supports (e.g., training) to the INC during early developmental stages of the coalition. The KU Work Group also assisted the initiative in developing organizational bylaws, a logo, and other organizational materials.

Arranging for community mobilizers. The provision of a paid community mobilizer was critical to the development of the coalition. Between 1999 and 2001, the INC maintained the presence of a mobilizer through either formal or informal arrangements with collaborative organizations. Through engagement with Project Neighborhood/ Move-Up, the INC always had access to a paid mobilizer designated to work in the Ivanhoe neighborhood. In 2002, the INC directly hired a community mobilizer to help support and facilitate the coalition's efforts. The mobilizer hired by INC was the same individual who had worked formerly as the mobilizer for Move-UP; therefore, the mobilizer already had established relationships, history, and experience working in the neighborhood. The mobilizer worked closely with committee chairs to help facilitate actions. The mobilizer, with deep experience in grassroots organizing, also helped to advocate (e.g., file complaints) for the needs of neighborhood and its residents.

Phase 3: Implementing Community and Systems Change. Community changes were facilitated in the neighborhood to address different goal areas through the implementation of various strategies involving multiple sectors of the community. Based on the IOM framework, change in the community is associated with improvements in outcomes when of sufficient: (a) amount by prioritized goal area (e.g., youth development, housing), (b) intensity of behavior change strategy (e.g., emphasizing changing policy and conditions more than providing information), (c) duration (more ongoing than one-time events), and (d) penetration to targets (e.g., youth, senior citizens, elected officials, agency staff, neighborhood residents) through relevant sectors of the community (e.g., businesses, faith-based

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organizations) (Roussos & Fawcett, 2000). Table 1 provides examples of community changes supported by the INC and collaborative partners.

Insert Table 1 about here

Implementing effective interventions. The INC focused on the implementation of over 100 community change strategies identified in the strategic plan. The coalition served as a catalyst for change by prompting and advocating for behaviors to support implementation of the community change strategies. For example, the coalition advocated for, and successfully acquired, new street lights to support improved safety in the community. Additionally, the neighborhood developed a partnership with the City to support the allocation of Community Development Block Grant funds to pay for regular mowing of vacant lots by neighborhood youth, which both provided employment opportunities and enhanced the physical appearance of the neighborhood. The INC also worked closely with law enforcement, including community police officers and the district attorney's office to address issues related to dilapidated and vacant housing.

Assuring technical assistance. Prior to the formal hiring of organizational staff in October 2001, partner organizations, including Move-Up and the Front Porch Alliance, provided technical assistance to the INC to support administrative roles and responsibilities necessary to enhance the functioning of the community coalition. Between 2000 and 2001, the community mobilizer from Move-Up provided direct support to the organization by working with the board to fulfill many of the organizational and staff needs prior to formal staff hiring. Similarly, Front Porch Alliance, a faith-based suburban group, also provided technical assistance to the INC through programmatic (e.g., tutoring), financial, and organizational supports (e.g., assistance filing 501(c)3 application to obtain non-profit tax exempt status). The KU Work Group provided technical assistance to the coalition to help develop and implement the strategic plan.

Documenting progress and using feedback. The INC facilitated many discrete community changes that were systematically recorded in the Online Documentation and Support System (ODSS). The committee chairs and the community mobilizer served as the primary documenters and were

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responsible for monthly recording. The primary unit of measurement was community and system change (i.e., new or modified programs, policies, or practices) facilitated by the group and related to its mission. The KU Work Group evaluator provided monthly feedback to the committee chairs and the community mobilizer on documented activities. The documented data were shared quarterly in the committee or coalition meetings to help guide the group (Watson-Thompson et al., 2008).

Phase 4. Widespread Behavior Change and Improvements in Community-level Outcomes.

The INC implemented a variety of community change interventions aimed at improving community-level outcomes through widespread change in the behaviors of multiple actors (e.g., resident reporting of illegal activities, faith-based organizations providing tutoring).

Making outcomes matter. There were several strategies implemented through the community change effort to ensure that there was attention by the group and key community stakeholders to the prioritized outcomes. First, a MOU was developed by the three interrelated parties (Kauffman Foundation, KUWG, and INC) to provide joint accountability for the outcomes. Second, the allocation of direct funding to the INC by the Foundation was contingent on the completion of the strategic planning process and the development of a strategic plan as the deliverable product. Third, the institutionalization of the strategic plan through regular use of the action plan component in committee meetings also helped to set social contingencies of reinforcement for the implementation of the community change strategies by the committees and coalition (Watson-Thompson et al., 2008). Fourth, through annual recognition activities (e.g., award dinner) neighborhood residents were acknowledged for their contributions to the initiative, which provided positive reinforcement for resident involvement.

Sustaining the work. The achievement of widespread behavior change and more distal outcomes typically requires investment of resources. In 2001, the INC received its first large 3-year grant from the Kauffman Foundation after the completion of the strategic plan. However, the Kauffman Foundation refocused its grantmaking efforts and funding for the Kauffman Neighborhood Initiative subsided. The INC documented community changes in the ODSS until the conclusion of the grant reporting period in 2002. The INC continued to implement community change interventions identified in the strategic plan

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after the conclusion of the Kauffman Initiative. In 2005, and again in 2007, the coalition independently renewed and updated their comprehensive strategic plan to provide future direction for the continued implementation of change in the community.

The INC has continued to informally support the implementation of changes in the community. In 2006, the INC in partnership with James B. Nutter, a local business owner, purchased and renovated a remodeled fire station/ boxing center that now serves as the office for the coalition, which actualized one of the first community change goals established by the coalition in 1999. Since 2005, the coalition has participated in additional comprehensive community change initiatives including with the Bank of America and the Greater Kansas City Local Initiative Support Corporation (LISC). Since the Kauffman Initiative, the INC has developed a subsidiary entity, the Ivanhome Community Development Corporation (CDC).

Measures and Analyses

Community change. Data were collected to measure community change, defined as the implementation of new or modified programs, policies, or practices facilitated by the coalition in the community related to its goals. Table 1 provides illustrative examples of community changes facilitated by coalition partners. Data were collected and scored by both the activity type (e.g., community change) and three additional dimensions, which included strategy type (e.g., providing information, changing consequences), duration (e.g., one time; ongoing), and goal area (e.g., housing, crime and safety).

Trained coalition volunteer and staff representatives documented monthly community change data using the Online Documentation and Support System, a web-based reporting system. A community documenter and a staff person from the KU Work Group scored all documented coalition activities for inter-observer agreement. Inter-observer reliability was calculated by dividing the number of agreements between the two independent scorers by the total number of coalition activities scored. The KU Work Group also reviewed meeting minutes to verify the occurrence of documented activities. The frequency or number and type of community changes implemented were reviewed regularly with coalition representatives.

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Sustainability Survey. In 2012, a representative from the KU Work Group conducted a Community Change Sustainability Survey with seven key representatives of the INC, including two staff and five board members who served as officers with the coalition. The survey was conducted in a small group interview format and the KU Work Group facilitator read a brief description of documented community changes recorded by the INC between 1999 and 2002. Then, survey participants individually rated the continued maintenance and duration of each activity. The survey participants rated each community change activity implemented between 1999 and 2002 by the INC to examine if the program, policy, or practice was still maintained in 2012. The activities that were rated by the majority (57% or more) of the INC representatives as having occurred in the previous year were scored as sustained.

Community-level outcome measures and analyses. Two primary outcome data indicators were used to examine improvements in housing and crime -related determinants. These data were accessed through the KC, MO City Planning Department. First, investigators plotted annual rates of violent crime (per 100 residents) in the target neighborhood. Second, investigators examined housing permit data for alterations and improvements to existing houses in the neighborhood. Descriptive statistics and visual inspection of annual rates of crime and housing data enabled the examination of possible trends pre/post-intervention and during the maintenance phase in 2012.

Results

Between 1999 and 2002, the initiative facilitated 117 documented community changes. Observed agreement between raters in scoring documented changes was 95.4% (Kappa was .8894; standard error of .081). The initiative facilitated a steady increase in the rate of community change over the four-year study period, with a greater distribution (48%) of activities facilitated by the INC in 2002. Table 2 summarizes the implementation of community change activities facilitated by the INC during each of the four years. Tables 2 also indicates the distribution of activities by key elements such as strategy type and goal area.

Insert Table 2 about here

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The efforts of the INC over the study period were broadly distributed across several of the goal areas with a concentrated focus in the areas of beautification (28%), adult development (23%), youth development (19%), and crime and safety (16%). In 1999, over 30% of the small number of facilitated community changes targeted beautification activities. Beautification efforts, which may also have been closely related to housing goals, remained a core component of the neighborhood activities.

Across the study period, the behavior change strategies most utilized by the initiative were providing information and enhancing skills (32%) and enhancing services and supports (35%). The initiative also employed some strategies related to barrier removal and enhancing access and opportunities (20%). Although there was a modest number of community changes implemented during the first year of the study period (n=15), approximately 40% of the activities focused on removing barriers and enhancing opportunities in the neighborhood. Illustrative examples of community change activities related to this strategy are provided in Table 1. For instance, a Tool Lending Library was established by the INC to make it easier for residents with limited resources to access equipment and materials to assist in yard and property maintenance.

Table 2 also summarizes the overall distribution of community changes between 1999 and 2002 by sectors of the community (e.g., community and cultural organizations, faith community, local government) engaged. The most community changes (43%) were facilitated by community and cultural organizations. There was also a high penetration of community changes in both the faith community (22%) and local government (23%). In 1999, during the first year of the study period, the majority of community changes were supported in partnership with local government. As shown in Table 2, the engagement of local government decreased over time as the capacity of the INC was enhanced.

Community change activities were implemented over varying durations. Of the 117 community changes, nearly 50% of the activities were one-time events (i.e., not reoccurring), 37% were ongoing (e.g., regularly scheduled or occurring consecutively), and 14% of the activities were projected to occur more than once (e.g., annual event). Table 2 also indicates that the INC shifted from supporting single

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occurrence activities to more ongoing activities over time. In 2000, the majority (67%) of activities were one-time events compared to 39% of the activities being one-time events by 2002.

Sustainability of Community Change Activities

Between 1999 and 2002, approximately 50% (n=59) of the community changes facilitated by the INC were recurring activities (i.e., indicated to be ongoing or occur more than once). Based on the Community Change Sustainability Survey completed by the INC representatives, approximately 64% of the 59 recurring community change activities were still maintained by the coalition 10 years after the end of the Kauffman Neighborhood Initiative. Nearly, 45% of the activities maintained by the INC were beautification activities, such as the tire pick-up removal program. The activities that were most likely to be maintained used behavior change strategies that had a moderate level of intensity. Community change activities that used strategies to enhance services (42%) or remove barriers and provide opportunities (32%) were more likely to be sustained over time, as compared to weaker types of behavior change strategies focused solely on information provision or skills enhancement (18%). The community changes that were sustained were primarily activities facilitated in collaboration with the local government (26%) or community/cultural organizations (47%).

Improvements in Community-Level Outcomes

Housing and crime related indicators were used to assess potential improvements in prioritized community-level outcomes. Housing permits issued by the City of Kansas City, MO for housing alternations, additions and repairs served as an indicator of investments by property owners in the neighborhood. The average housing permit rate during the four years prior to the study period (i.e., 1995 to 1998) was 7.94 (per 1,000 units) in the Ivanhoe Neighborhood and 6.17 for KC, MO overall. Whereas, the average housing permit rate during the intervention period (1999 to 2002) was 10.78 in the Ivanhoe Neighborhood and 7.63 for KC, MO overall. Figure 2 displays the housing rate for Ivanhoe and KC, MO and provides a trend line for Ivanhoe. There were more permits for housing improvements issued in the neighborhood post-intervention (2003) than pre-intervention (1994). During the maintenance probe, conducted in 2012, there was a substantial increase in the rate of housing permits with a rate of 32 (per

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1,000 units) in Ivanhoe, compared to 4 in KC, MO. Figure 2 provides a visual display of the pattern of housing permits issued in the Ivanhoe Neighborhood compared to KC, MO.

Insert Figures 2 and 3 about here

Figure 3 displays the rate of violent crime in the Ivanhoe neighborhood from 1995 to 2002, as well as a 2012 maintenance probe. Between 1995 and 1998, rates of violent crime were relatively stable during the pre-intervention phase. Between 1995 and 1998, the average violent crime rate was 11.1 (per 100 residents) in the Ivanhoe Neighborhood, which was more than twice as high as the rate for KC, MO (5.3 per 100 residents). During the study period, between 1999 and 2002, the overall rate of violent crime continued to modestly decline from decreases that began pre-intervention. The average violent crime rate during the intervention period was 8.4 in the Ivanhoe Neighborhood and 3.8 in KC, MO. During this time period, nearly a 16% decrease in the average violent crime rate was experienced in the Ivanhoe Neighborhood, which was a more substantial decrease than observed in KC, MO more broadly. During the maintenance probe in 2012, the violent crime rate in the Ivanhoe Neighborhood was stable at 7.5 (per 100) and 2.4 in KC.

Discussion

Implementation of Community Changes in the Ivanhoe Neighborhood

The INC served as a catalyst for change as evidenced by the moderate rate of programs, policies, and practices facilitated by the initiative between 1999 and 2002. The INC was able to sustain the coalition and its' activities after the Kauffman Initiative. Many community changes were maintained in 2012, which was 10 years after the conclusion of the Kauffman Initiative. Additionally, the INC demonstrated capacity to engage in key processes such as strategic planning over time and without the assistance of external technical support providers, which also demonstrates enhanced organizational capacity.

During the early stages of the intervention, the INC had a slower rate of community change that significantly increased by the end of the study period. A slower rate may be expected initially during the

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assessment and collaborative planning phases. Increased rates of community change may have been associated with implementation of the strategic plan (Watson-Thompson et al., 2008), as well as hiring of paid staff.

The distribution of community changes varied among the different goal areas, but beautification remained a high priority throughout the study period. It was important to enhance the physical appearance of the neighborhood, which supported increased residential pride and investment, and also provided visual cues regarding neighborhood conditions and norms (Nowell et al., 2006). Often, it has been noted that physical deterioration contributes to other factors of decline, such as increased crime, poor housing, and decreased property value (Foster-Fishman et al., 2007; Nowell et al., 2006). Neighborhood beautification was a cross-cutting goal area that was interrelated with other goals including: crime and safety, housing, economic development, and youth development.

There was also a notable amount of community change related to crime prevention strategies. Similar to the physical appearance of a neighborhood, the level of crime in a neighborhood often influences resident perception regarding safety and well-being, which influences whether people will choose to live, work and/or spend time in the community. Communities with higher incidences of crime and perceived lack of safety have been found to have poorer physical and mental health outcomes (e.g., Lorenc et al., 2012), as well as lower levels of social connectedness (e.g., Kawachi, Kennedy, Wilkinson, 1999). Residents who live in areas perceived to be unsafe may engage in avoidance behaviors and participate in fewer activities outside of their home when present in the neighborhood (Lorenc et al., 2012). For instance, residents in high crime areas may be less likely to engage in outdoor physical activities, or socially interact with other residents in the neighborhood. The level of crime and perceived safety in a community may be an antecedent factor necessary to address before other outcomes such as housing and economic development. Therefore, it may be somewhat expected that in the four year study period the least amount of change targeted economic development, health, and housing, which may be longer-term outcomes that are also contingent on improvements in other goal areas. Although there were

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a low number of community changes focused on housing, the relative impact of one change related to housing (e.g., development of 14 new housing units) may have a substantial impact in the neighborhood.

The analysis of community change by sector represents the penetration of the coalition's efforts into different areas of the community. Particularly, in the early stages of the coalition, critical relationships were also developed in the faith community (e.g., churches) and local government (e.g., city departments). In 1999, the facilitation of community change was predominantly in the local government, which may suggest the importance of the government sector in supporting systems changes to foster improvements in neighborhood conditions. The INC established important relationships with multiple departments and divisions of the local government including the police department, city planning, code enforcement, parks and recreation, and the office of the mayor.

The various types of strategies implemented over the 4-year study period were often closely associated with pressing identified needs in the community. In 1999, the majority of community changes related to reducing barriers to improve access and opportunities for residents in the community. During this time, a major challenge for the coalition was institutional and structural barriers. Many of the changes made during this period were system changes facilitated by the local government to improve access to city-based resources. For instance, the City, in collaboration with Kansas City Power and Lights, piloted the new street light program for Kansas City in the Ivanhoe neighborhood. Then, in 2001, there was a shift in the focus of the coalition to enhance services and supports. There were few community changes related to modifying policies. However, during the study period, the INC was still a young coalition, which may have influenced its' capacity to implement more intensive strategies.

Improvements in Urban Health Determinants and Prioritized Community Outcomes

Housing and crime measures were used to examine the overall contribution of the coalition in fostering widespread improvement in the community. There were modest improvements in crime and housing outcomes examined in the study. The number of permits for home alterations and repairs increased over time, with a substantial improvement noted during the maintenance probe. Improvements in housing indicators provide direct evidence of the willingness of current residents and homeowners to

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reinvest in their property. Yet, without a stronger experimental design, this study cannot rule out other correlated events, such as government-based home improvement programs. The other indicator used in this study to suggest the contributions of the INC in supporting improved community conditions was violent crime rates. Since the revitalization of the coalition in 1997, the INC worked closely with community police officers and other crime-related units. Additionally, some of the efforts related to housing and beautification may have also been deterrents for criminal acts.

Strengths, Limitations and Opportunities for Future Research

There were several key strengths and limitations of the study, which inform areas for future research. There were limited data available at the neighborhood level and across multiple years of the study. Additionally, measures for goal areas, such as beautification, were difficult to ascertain. Another limitation was the use of self-reported data to collect information on the implementation and sustainability of coalition activities. Although a case study design was appropriate for this study and allowed for deeper exploration, it does not allow for strong attribution of cause and effect regarding the implementation of the community change framework and associated processes with modest improvements in outcomes. Future community-level studies may consider the use of quasi-experimental designs, such as the multiple baseline design across smaller segments (e.g., quadrants) of the community to systematically allow for stronger explanations of observed effects. Lastly, community-based interventions require a significant and sustained investment of time and resources. The study period may have been insufficient in duration to produce large effects. Although the maintenance probe of sustained community changes and improvements in outcomes was helpful, the lack of documentation of coalition activities implemented between 2004 and 2012 limits the interpretation.

The Kauffman Initiative was based on principles of community-based participatory research. The three interrelated parties (funder, researcher, and community) all assumed roles as co-learners in addressing the shared evaluation questions for understanding the process of change and improvement in an urban environment. The researchers ensured that coalition members and residents were fully engaged in all aspects of the initiative, including in developing the MOU, developing and implementing the

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strategic plan, and documenting and evaluating the coalition's efforts. The main role of the academic partner was to build the skills of the resident leaders, as well as the collective capabilities of the coalition to facilitate change and improvement that could be sustained over time. The implementation of the Kauffman Initiative, a comprehensive community initiative, provided an enabling system of support, which aided the coalition in fostering change and improvement in the community through the timely provision of financial resources and TA.

Implications for Future Research and Practice

This empirical case study allowed for an exploratory analysis of the implementation of the community change framework by a community coalition aimed at supporting change and improvement in a declining urban neighborhood. The study enhanced understanding of the facilitation of a comprehensive community intervention using a community change framework as an approach for building coalition capacity to address urban determinants of health. The implementation of the 12 key coalition processes, through the use of the IOM framework, may have assisted in building capacity through the development of transferable knowledge and skills that were collectively used by the coalition to address neighborhood issues, even after the conclusion of the Kauffman Neighborhood Initiative. The shared successes of the coalition in implementing community change to foster neighborhood improvements not only demonstrated, but also enhanced the resiliency of the INC to sustain efforts to address health determinants over time.

For nearly a half decade, many urban neighborhoods have been attempting to rebound from the devastating effects of urban decline. Inadequate responses to addressing the interrelated determinants of health and well-being such as unemployment, education, and housing, have persistently challenged many urban core communities. Community-based efforts that promote the infusion of concentrated resources and supports to simultaneously address interrelated factors of decline may be an effective strategy for improving neighborhood conditions. Comprehensive community efforts that build community capacities to facilitate change and improvement over time may aid in addressing health disparities in our most distressed urban neighborhoods.

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