

# A Process for Community Change

*By Bernice Bennett, MPH, CHES*

AIHA designed its healthy community program to mobilize key stakeholders on the local level. They develop a systematic process that sets health priorities based on community needs to achieve lasting change. The partnership methodology uses a peer-to-peer consultation/technical assistance model that combines workshops and professional exchanges with community-based health care organizations in the United States. The workshops emphasize the process of change and building skills in community organization/community development, community health assessment and planning. The ultimate goal is the creation of a well-trained cadre of community leaders who are empowered to develop solutions to problems which they have identified.

US partners represent both large health care systems and community-based organizations. Any sector of the community can become a lead organization for the healthy community project. However, it must have the ability to mobilize all sectors to examine the issues that impact the health of the community. The project's time commitment is 18 months

AIHA's planning methodology follows the strategies designed by the Voluntary Hospital Association (VHA), along with a combination of other planning models developed in America and Europe.

The planning process includes both activities coordinated by AIHA and ones that focus on partner-initiated work. In addition, while following the six basic planning phases of the project, the US partners may augment each phase with other planning tools that they have at their disposal. For example, one US partner, the Truman Medical Center in Kansas City, Missouri, uses the Community Health Assessment Resource Team (CHART) planning strategies available through a series of manuals developed by the Missouri Health Department and the Missouri Hospital Association.

**Phase I: Mobilizing for Change.** An initial workshop at the CEE/NIS site provides an overview of the healthy communities planning process and identifies the strengths and weaknesses in planning for change in a community. Partners assess training and data needs, and develop a needs assessment tool.

**Phase II: Partnership Building, Planning and Tailoring the Process.** CEE/NIS partners visit model healthy communities projects in the US. They continue training in community health analysis, including identification of key stakeholders, consensus building, use of existing resources and the role of the change agent. This phase also includes consultation with community members and key professionals in community planning, epidemiology and health education. CEE/NIS partners develop a plan of action for further development upon their return to their site.

**Phase III: Community Health Assessment Activities.** After returning to their CEE/NIS communities, leaders organize an initial committee meeting to review available population-based data and identify the community's perception of its priority health needs and problems. This process involves multiple sectors of the community, mobilizing local leaders to establish focus groups and conduct a community survey.

**Phase IV: Establishing Health/Program Priorities.** CEE/NIS community leaders reconvene to present findings from the community survey and focus groups, and to establish consensus among key stakeholders on priorities for intervention.

**Phase V: Development and Implementation of Community Intervention Strategy.** In the US, leaders from the CEE/NIS are exposed to a range of intervention strategies that

address the priority issues identified during earlier phases. CEE/NIS community representatives identify program models with transferable content and program components that are adaptable to their own circumstances. Partners identify the resources required for implementation, develop an implementation plan, and initiate the intervention strategy.

**Phase VI: Monitoring and Evaluation.** It is essential that a systematic evaluation process is established to monitor the quality of the intervention strategy and the impact it has on the community. The monitoring process is jointly planned with input from community stakeholders, while partnership representatives are responsible for monitoring the implementation strategies and gathering outcome data.

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