

# **THEory into ACTion**

A Bulletin of New Developments in Community Psychology Practice

November, 2013

## **Shifting the Rhetoric to Action: A collaboration for community health.**

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Lately, there seems to be a lot of rhetoric on access to health care in the U.S. media and political landscape. Although rhetoric *may* create a sense of awareness about an issue, it does not move communities and larger systems towards change. This is where the guiding principles and strategies of community psychology take front stage, by shifting rhetoric into dialogue and dialogue into research and action.

For the past two years, the University of Kansas Work Group for Community Health and Development has been involved in a collaborative project to address ways to improve community health in Douglas County, Kansas. A team of faculty and graduate students (including Christina Holt, Associate Director for Community Tool Box Services; Dr. Vicki Collie-Akers, Associate Director for Health Promotion Research; and Chuck Sepers, graduate student) have worked in partnership with members from the Lawrence-Douglas Health Department and other local organizations to engage Douglas County stakeholders and residents in understanding the top needs and concerns in Douglas County.

The collaborative was guided by a [collaborative model for community change and improvement](#) and purposely engages stakeholders in understanding barriers to healthy communities and identifying assets to support community change. A university-community

partnership (Dr. Vicki Collie-Akers, Associate Director of Health Promotion Research, worked with Charles Bryan the Community Health Planner from the Lawrence-Douglas County Health Department) led to the development of the initial [community concerns survey](#), completed by more than 1,300 county residents. Five key issues were identified:

- Lack of access to affordable healthy foods
- Insufficient access to health care and other services
- Poverty in association with limited job opportunities/limited access to safe and affordable housing
- Inadequate recognition of mental health issues and access to mental health services
- Lack of physical activity

Working groups comprised of more than 35 community stakeholders from sectors including schools, parks and recreation, business, faith communities, non-profit organizations, universities, and grassroots volunteers were then convened around each issue. For each priority area, stakeholders engaged in “naming” and “framing” the issues, and *developed a series of goals and measurable outcomes* that would serve as important evaluative milestones. The work groups also identified and adapted *evidence-based strategies* for the local community. The project reflects the guiding principles of community psychology by engaging stakeholders across multi-settings and voices of residents (elderly, youth, working class, etc.) to work collaboratively in planning research and action.

A community health plan was developed to disseminate findings and promote a “declaration of commitment” among partners and community stakeholders to achieve project goals. Characteristics of the improvement plan include:

- [Community Health Assessment](#): The use of a preliminary health assessment prior to the planning process served as an important step for addressing issues that mattered to those within the community. Through this process, community members were actively involved in decision making.
- *University-Community Partnership*: There was a relationship between two organizations: The University of Kansas Work Group for Community Health and Development, and the Lawrence-Douglas County Health Department. The partnership, known as an Academic Health Department, is analogous to a “teaching hospital” in the medical context. This formalized partnership enhances bidirectional learning between both organizations through collaboration, training, and resource sharing. The Academic Health Department model aims to strengthen the link between research and practice.
- *Use of Multi-Methods*: The initial community concerns survey was administered and completed by over 1,300 community members (Collie-Akers & Holt, 2012). This was followed by focus groups with key stakeholders across 11 sites and interviews with nearly 30 key informants across Douglas County. A [PhotoVoice](#) project was conducted with Douglas County youth to obtain their perspectives on factors that contribute to or detract from a health community and recommendations.

This collaboration for community health reflects the process of moving dialogue into research and action as diverse community partners work together to move towards a healthier Douglas County.

#### **Works Cited:**

Collie-Akers, V., & Holt, C. (2012). Douglas County Community Health Report. University of Kansas Work Group for Community Health and Development.

For more information about this project, please visit: <http://ldchealth.org/information/about-the-community/community-health-improvement-plan/>

*This is one of a series of bulletins highlighting the use of community psychology in practice. Comments, suggestions, and questions are welcome. Please direct them to Bill Berkowitz at [Bill\\_Berkowitz@uml.edu](mailto:Bill_Berkowitz@uml.edu).*