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Thoughts on Supporting Sustainable Community Change

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Dr John Snow became a public health hero when he removed the pump handle from the Broad Street public water well in London in 1854, likely ending a local cholera epidemic. The contamination was probably from a cesspool located too near the well. For many years, this mechanistic approach to public health interventions, in which a specific cause of illness was identified and removed or contained, resulted in enormous improvements in population health. Within this type of framework, intervention tactics and their evaluation have clear boundaries that focus on addressing identifiable causes and measuring the resulting impacts on health.

Yet, the historic record is silent relative to the humanistic side of the question: Did public health practitioners of the time engage and learn from the population affected by the health issue? The removal of the pump handle (ie, the mechanistic approach) was a tremendous breakthrough. Would a more humanistic and holistic effort that involved residents and other stakeholders have revealed unseen issues related to the solution that negatively affected the community's health and well-being? Would the local community rather have had the cesspool closed or repaired than having the pump handle removed, because the removal impacted their daily lives and access to safe water?

In recent decades, as the public health community has attempted to reduce the toll of chronic disease and obesity, it has placed greater consideration on both mechanistic strategies and more humanistic approaches to public health problems and interventions. The 1980s and 1990s saw the development of a variety of federal and state governmental public health programs that focused on a particular disease (eg, National Diabetes Prevention Program¹), or risk factor (the American Stop Smoking Intervention Study²), or strategy (Planned Approach to Community Health³). The Robert Wood Johnson Foundation (RWJF) funded such initiatives as the Campaign for Tobacco-Free Kids.⁴ All of these efforts began to consider community engagement, but it was not necessarily a required element of the work.

However, more recently, public health agencies and foundations increasingly acknowledge and support the vital work of supporting community engagement as a key aspect of interventions to improve health.* Examples of programs adopting this kind of framework

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include the new federal intra-agency initiative for Local Foods, Local Places and other programs such as Racial and Ethnic Approaches to Community Health (REACH), Partnerships to Improve Community Health (PICH), and the Program to Reduce Obesity in High-Obesity Areas.⁵

These types of programs mean that from an intervention design and implementation standpoint, there may be less control of how communities work and what communities do and from an evaluation standpoint, a wider lens to observe change and new techniques to measure it is needed. The Institute of Medicine's *Evaluating Obesity Prevention Efforts: A Plan for Measuring Progress* (2013) is consistent with this view.[†]

In particular, RWJF's Healthy Kids, Healthy Communities embraced this more holistic and humanistic approach. Healthy Kids, Healthy Communities focuses on “supporting community action to prevent childhood obesity.” This stated focus had implications for RWJF on how grant opportunities were publicized, how communities were supported through the application process, how the selections for grants were made, how the grantees were involved in shaping the evaluation, and how their work was supported through general and targeted technical assistance.[‡]

Recent articles highlight the shifts in thinking about philanthropy's role in particular and how to use these new approaches of community engagement to influence lasting change. The concepts of “collective impact”⁶ and “strategic philanthropy”⁷ are being discussed at foundation board tables around the country.

This special issue of the *Journal of Public Health Management and Practice* delves into how RWJF's work to reduce childhood obesity through the Healthy Kids, Healthy Communities initiative was different—how it “put the community first” and therefore how it had to develop new approaches to engagement, support, and evaluation.[§] We believe the articles contained in this supplement provide insights and lessons learned on using this community-first approach for all who design, develop, evaluate, and fund efforts to improve the health of communities.

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*See, for instance, the public health department accreditation standards from the Public Health Accreditation Board, which recently were updated to require involvement of community members from populations at risk, to include cultural competency training, and to advance policy changes that alleviate causes of health inequity.

†See also the work of the Center for Evaluation Innovation at <http://www.evaluationinnovation.org>.

‡See “The Healthy Kids, Healthy Communities National Program,” p. S1 and “Collaborating to Support Healthy Kids, Healthy Communities Partnerships,” p. S8.

§See “Paso a Paso: The Role of Civic Engagement and Community Capacity in the Mixed-Methods Evaluation of Healthy Kids, Healthy Communities and Where to go Next,” p. S34 and “Applying a Mixed-Methods Evaluation to Healthy Kids, Healthy Communities,” p. S16.

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