

Developing Community Coalitions in Youth Violence Prevention

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ABSTRACT

Youth violence is a public health problem that needs input from physician leaders to support efforts in their communities. By forming and supporting community coalitions, physicians can advocate for both their individual patients and their community in order to prevent youth violence. In this article, we review the definition, structure, and specific issues of community collaborative efforts in the area of youth violence prevention.

CASE

Anthony is a 14-year-old adolescent male who presents to the emergency department with multiple contusions to his face and right hand. He relates that he was “jumped” by a group of boys after getting off the bus from school. His mother reports that he frequently gets into fights and that his school attendance has been poor for the last semester. She is concerned about the safety in her neighborhood; she rarely permits her younger children to play outside. Following a social worker assessment, a Project Ujima staff member sees Anthony in the emergency department. Through Project Ujima, Anthony and his family receive home visits, which provide mental health support, nursing services, and ongoing community-based youth development activities. In the course of the next weeks, Project Ujima staff members assist Anthony and his family with problems at school, anger management, and family relationships.

A community coalition is an important entity in addressing problems such as youth violence that require a multidisciplinary approach. In Milwaukee, we developed a community coalition; 40 representa-

tives from a myriad of community organizations meet monthly. Representative organizations include Homework Help, Impact, In Their Best Interest, Institute to Stop Gun Violence, Boys and Girls Clubs of Milwaukee, Rosalie Manor, a Congressman’s staff member, Children’s Hospital Health Education Center, Milwaukee Public Schools, Wisconsin Emergency Services for Children, WAVE, Ceasefire, and many others. Families, physicians, clergy, and law enforcement officers are individual representatives. Thus far, the group has coordinated their youth development activity efforts, held community awareness days, and discussed evaluation of the success of the coalition. Through the development of a community coalition to address youth violence prevention, community services for youth like Anthony have been identified and utilized efficiently.

COMMUNITY COLLABORATION DEFINED

Collaborative community efforts are constructive responses to creating caring communities and expanding the safety net for children, youth and families.¹ The goal of community collaboration is to bring individuals and members of communities, agencies and organizations together in an atmosphere of support to systematically solve existing and emerging problems that could not be solved by one group alone.

Especially in the urban community, it is not only desirable but also necessary to build community collaborative groups to address public health issues. Poverty and crime in urban communities make it increasingly difficult for individual physicians and single community agencies to impact in a positive way the immediate and long-term health issues facing youth today.² This is especially true of the physical and emotional impact resulting from injuries received by young people as a result of intentional violence.

Also, in an environment with decreasing resources and increasing need for services, collaboration has become crucial. Reducing violent injuries of youth

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requires individual and community interventions that address personal safety, neighborhood crime, family stability, and educational and employment opportunities for both youth and adults. Broad-based coalitions of community stakeholders are better able to develop an effective strategy for the community, and such cooperation among individuals, agencies and organizations brings more resources to the issue, while eliminating the duplication of services. Other advantages to collaboration include ability to attract financial support, better needs assessments, improved communication between community stakeholders and consistency of information delivered.³

STEPS TO BUILDING A COLLABORATIVE

Understanding the Community Context

There is no one intervention or approach to youth violence prevention that fits all communities. It is necessary to understand how and why youth violence happens in a community by collecting information about the problem, defining and analyzing the problem and its root causes, and identifying local needs and resources. Physicians may be able to provide information on areas of the community in which youth are suffering violent injury. Physicians may also know which community-based organizations would be assets to a youth violence prevention initiative. In addition, by identifying and analyzing community strengths and assets, the youth violence collaborative can build its program on a solid foundation.

Planning

Collaborative planning includes developing a vision and mission statement, identifying strategies and tactics for reducing risks for youth violence and enhancing assets, and developing an action plan. To have a truly collaborative plan, planning decisions must be made by consensus of those involved in the collaborative. In addition, collaborative members work together to develop and implement an action plan with clearly defined outcomes and impact measures.

Identifying Leadership and Recruiting Participants

To mobilize a community to collaborate around the issue of youth violence, it is necessary to begin by recruiting concerned citizens, identifying leadership, and involving people who support the common goal.⁴

Typical collaborative members include those individual citizens and citizen groups who have been

Table 1. Important features of youth violence prevention coalitions

- Community-based with decision-making and service design beginning at the family or neighborhood level
- Youth-centered, building on the strengths of youth and existing youth services
- Results-oriented by setting specific goals and measuring the success of achieving those goals
- Participatory with involvement of youth, families, physicians, educators, law enforcement, social workers, and clergy

Table 2. Characteristics of successful coalitions

- Clearly defined outcomes and indicators
- Commitment to improving community conditions in the long run
- Willingness of members to define commitment and role
- Willingness to seek and utilize information, resources, skills
- Supportive of individual members and recognize contributions that support the collaboration
- Open to and accepting of change
- Members share in risk taking
- Openness in discussion multiple ways to solve the problem
- Monitor and evaluate collaboration effectiveness

impacted by youth violence. Organizations targeted for recruitment would include neighborhood businesses and schools, youth and family health care providers (both mental and physical), non-profit organizations, elected officials, media, law enforcement, faith-based organizations, cultural and ethnic groups, parents, youth, court system, youth services, and government agencies. In addition, collaborative membership should be representative of the community or neighborhood to be served. Identifying potential leadership of the collaborative or of collaborative task groups is essential to success. In many communities, physicians can provide this leadership or offer support to other community leaders. Leadership in the collaborative's initial stages would likely come from those individuals most passionate about the issues to be addressed.⁵

COMMUNITY ACTION AND INTERVENTION

One of the most significant indicators for a successful community collaborative is the actual implementation of community interventions. The demise of many community collaborations is a direct result of

its inability to implement interventions that impact youth violence. Collaborations must design specific community interventions, adapting them to the targeted culture or community and develop a plan for community advocacy. Physicians have a unique opportunity to augment these interventions based on issues they see in their daily practice that affect their community.

Another significant indicator is the communication of the collaborative group's action plan and strategy implementation to all stakeholders. Ongoing and consistent communication about collaborative activities must be provided to its members, individuals and groups directly impacted, and the community at large.

EVALUATING COMMUNITY INTERVENTIONS

Youth violence collaborative groups that successfully sustain community interventions over time are only able to do so by developing an evaluation plan. Evaluating the intervention involves measuring success by gathering and using community indicators related to the intervention. Evaluation helps clarify program objectives, improves communication among stakeholders and members, and gathers the feedback needed to improve and be accountable for program effectiveness. In addition, evaluation empowers program participants.⁶

PROMOTING AND SUSTAINING THE COLLABORATION

Successful collaborations rely heavily on community support. The physician's role is to support the coalition by providing clinical information and recommendations from professional societies regarding youth violence, and links to patient support. Strategies for garnering this support include media involvement, community presentations, information distribution, website development, and developing financial stability. A collaboration will only exist as long as it is useful to its members. Critical to sustaining a collaborative is consistent, ongoing communication to members regarding the organization's actions, showing concrete interim results and reinforcements for members, diffusion of the leadership role to buffer potential loss of key leaders, maintaining flexibility to respond to changing conditions, and achievement of main objectives in a reasonable amount of time. Several resources are available to those interested in building and maintaining collaborations.²⁻¹⁰

ONE COMMUNITY COLLABORATIVE GROUP

Several themes arose in discussions with our Milwaukee youth violence coalition as we began planning during our monthly meetings. Some of these themes are likely to be applicable to any collaborative, no matter what the initiative, while others are particular to youth violence.

Need to Act—In discussions, the need to do something was a prevalent theme. Participants emphasized that the group must learn to know each other and each other's agencies. However, the need to choose a small project and to accomplish it as a group was emphasized at each planning meeting. The desire to find and achieve a "quick success" was a priority for most individuals and their community-based organizations.

Media Exposure—To gain community support, individuals emphasized the need to involve the media: community newspapers, radio, television, and the Internet. The positive attributes of our youth in Milwaukee were one theme that most felt should be marketed in the community media. Another was the strong community support of youth, as evidenced by the representatives of a variety of youth-serving agencies who were attending the meetings. Participants wanted to showcase—through the media—the variety of services and supports available to youth; many felt that youth near their agency may be more likely to participate if there was broader community awareness of the services. Finally, participants emphasized the need to heighten awareness of the violence occurring in Milwaukee. They felt that there was a "sense of complacency" that needed to be challenged through increasing media coverage initiated by the group.

Involvement of Youth—Participants emphasized that youth and their families needed to be actively involved as members of the consortium. In particular, as the group began to plan projects, they felt that youth needed to vocalize which issues, services, and community resources would be key to support them in Milwaukee. In addition, input from parents and family members who were struggling with many issues involving their children was also felt to be a priority. Suggestions included inviting youth from each of the representative agencies to meetings, creating a youth advisory board, and convening a "youth summit." The group felt confident that youth in their agencies would be interested in serving. Conversely,

they struggled with the issue of how to involve youth who may not be engaged in activities or school and who may be most at risk for violence.

Structure—Clearly, the individuals emphasized that the group needed to get up and running; members did not want to spend meeting time discussing structure and substructure. Membership was open to any agency that had an interest in youth violence including schools, youth serving agencies, clergy, law enforcement, advocacy groups, and arts groups. They were agreeable to having one of the agencies coordinate the meeting times, places, and communication within the group. Another task was the development of a list of the agencies, their contact information, and the youth services available. The group utilized community rooms and kept a consistent meeting location to maximize attendance.

Financial Needs—The need for financial support was also an important issue. The agencies represented vocalized the need to collaborate in order to seek financial support through community foundations and governmental agencies. Clearly, many agencies were competing with others for financial support to conduct their programs. Participants were clear in their goal to join together to accomplish more; they felt that collaboration would strengthen their funding proposals. Building trust between the participating agencies was an important issue for the collaborative group, particularly in the area of financial support.

SUMMARY

Community collaborative groups need the support of physicians to promote public health initiatives such as youth violence prevention. As we learn more about the structure, function, and availability of these groups in our communities, we may further participate in the health of not just our patients but also our community as a whole.

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