FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HEALTHIER COMMUNITIES IN URBAN AMERICA

IMPLEMENTING LEADING PRACTICES IN URBAN SETTINGS

YMCA OF THE USA

RECOMMENDED READERS

- PHC and ACHIEVE team members
- YMCA national and local partners
- Community leaders involved in healthy eating and active living efforts

QUICK SUMMARY

- Introduction to the YMCA's Healthier Communities Initiatives
- Descriptions from PHC and ACHIEVE coaches of how PHC leading practices work in urban settings
- Aspects of urban settings that influence the work of Healthier Communities
- Suggestions for further inquiry

CONTENTS

Director of Publishing: Elizabeth Fleck

Managing Editor: Kara Archer

Writers: Chris Paterson and Hank Herrera of Community Initiatives, Inc., and Dennis Shepard of YMCA of the USA.

Copy Editor: Jill Ginsburg

Proofreader: Sunflower Publishing Services, Inc.

This publication is available at www.ymcaexchange.org or by calling 800-872-9622.

ACKNOWLEDGMENTS

YMCA of the USA gratefully acknowledges the contributions of the following people who helped research and develop this report.

YMCA leadership teams that participated in the interviews

Tracy Wiedt and Monica Hobbs Vinluan for supporting the effort and serving as reviewers

SUMMARY

As described in *Pioneering Healthier Communities: Lessons and Leading Practices* (2009)[1], seven leading practices have emerged from the YMCA's Healthier Communities Initiatives. At the Y, we believe that when these practices are adopted and integrated into the fabric of community-change efforts, they make significant contributions to success.

This dedication to continuous improvement leads to important questions: How would the seven leading practices work in urban settings? Would teams need to adjust the practices to increase their effectiveness in American cities? Based on interviews with coaches and leadership team members from six urban communities, this report helps answer those questions.

This report identifies characteristics, opportunities, and challenges unique to urban communities that may affect implementation of the seven practices. The report presents

- a look at factors that could affect the work of Healthier Communities in urban settings;
- a discussion of how the seven leading practices relate to Healthier Communities' efforts in urban communities; and
- concluding observations and suggestions for further inquiry.

[1] This publication is available by calling YMCA of the USA's Government Relations and Policy Office in Washington, D.C., at 800-932-9622.

INTRODUCTION

THE YMCA'S HEALTHIER COMMUNITIES INITIATIVES

The YMCA's Healthier Communities Initiatives empower communities to create lasting change in support of healthy living. These initiatives focus on collaboration with community leaders working to develop and implement policies and make environmental changes that improve health and well-being.

Sustainable, local efforts like these are necessary to address the three main risk factors for obesity and chronic disease: physical inactivity, unhealthy eating, and tobacco use and exposure. These behaviors take a toll on the nation's health and health-care system. More than one-third of U.S. adults are obese, and the percentage of young people who are overweight has tripled over the last 25 years.

Because the three risk factors are tied to lifestyle, a fundamentally new and aggressive social response is required to change policies and environments to encourage healthy behaviors. As part of the YMCA's Healthier Communities Initiatives, community leaders work together to

- develop community-level policy, systems, and environmental-change strategies;
- raise awareness and strengthen the framework for movements that aim to reverse trends in physical inactivity, poor nutrition, and obesity and other chronic conditions;
- strengthen community capacity to initiate and sustain promising practices for healthier communities;
- use mechanisms and strategies to translate Healthier Communities' principles into practice;
- identify cost-effective, practical solutions and tools that teams can use to educate, mobilize, and sustain communities in supporting healthy living; and
- support community, state, and national entities in implementing policy, systems, and environmental-change strategies that increase opportunities for physical activity and healthy eating.

Thus far, communities involved in Healthier Communities Initiatives have enhanced walkability and pedestrian safety, improved access to fresh fruits and vegetables, strengthened physical education requirements in schools, and developed workplace wellness efforts.

The YMCA's Healthier Communities Initiatives include Pioneering Healthier Communities (PHC), Action Communities for Health, Innovation, and EnVironmental changE (ACHIEVE), and Statewide PHC. This report focuses on the work of PHC and ACHIEVE, described below. As of July 2010, 164 community leadership teams have engaged in the YMCA's Healthier Communities Initiatives; these include 102 teams in PHC, 30 in ACHIEVE, and 32 in Statewide PHC.

Pioneering Healthier Communities

Pioneering Healthier Communities (PHC), launched in 2004, empowers communities with strategies and models for creating and sustaining positive change in support of healthy living. Just as important as the program effort is its effect on community leaders, who come to appreciate how changes in policy and environment contribute to the good health of community

residents. PHC is built on the concept that local communities can work together to build a healthier nation; it has been funded through several foundations and the Centers for Disease Control and Prevention.

Action Communities for Health, Innovation, and EnVironmental ChangE
Inspired in part by PHC, the Action Communities for Health, Innovation, and EnVironmental ChangE (ACHIEVE) initiative was launched in 2008. ACHIEVE supports local health departments, parks and recreation departments, health officials, and YMCAs in advancing community leadership as part of national efforts to prevent chronic diseases and reduce related risk factors. ACHIEVE has built on the success of PHC and has helped to formalize the relationships among YMCAs, local and state health departments, parks and recreation departments, and other community-based organizations.

Like PHC, ACHIEVE communities form leadership teams that work together to plan and implement policy, systems, and environmental change strategies that encourage good health and afford opportunities for community residents to become healthier. ACHIEVE focuses on the health risk factors of physical inactivity and poor nutrition, as does PHC, but broadens the effort to address tobacco use and exposure and strategies for preventing or managing the risk factors for heart disease, stroke, diabetes, cancer, obesity, and arthritis.

PHC'S SEVEN LEADING PRACTICES

In 2009, the Y reviewed PHC program practices and documented its findings so that others could learn from PHC efforts across the country. Through conversations with PHC coaches and leadership team members, some of whom had been at this work for as many as six years, there emerged a set of seven leading practices that had contributed to successful outcomes. The leading practices include the following:

1. Start with a shared, compelling vision and a spirit of inquiry
2. Adapt to emerging opportunities
3. Borrow from others and build your own
4. Engage cross-boundary leaders who care
5. Serve in multiple roles
6. Use data to guide, not drive, the effort
7. Develop leadership structures that distribute ownership and action

The seven leading practices are described in *Pioneering Healthier Communities: Lessons and Leading Practices* (2009)[2].

[2] This publication is available by calling YMCA of the USA's Government Relations and Policy Office in Washington, D.C., at 800-932-9622.

KEY QUESTIONS

As part of the development, sharing, and subsequent discussions about the seven leading practices, Y-USA and PHC and ACHIEVE coaches considered how implementation of these practices might differ in large urban communities.

Two key questions arose:

- Are there characteristics, opportunities, and challenges unique to urban communities that may affect implementation of the seven leading practices?
- Is there a fundamental difference between large urban communities and small rural communities doing this work?

ASPECTS OF THE URBAN CONTEXT

In conference sessions[3] and informal conversations about the work of Healthier Communities in urban settings, PHC and ACHIEVE team leaders identified factors that might affect the implementation of the seven leading practices in urban contexts. Factors considered were

- numerous healthy living efforts already in place;
- significant needs and competing priorities;
- areas where community residents feel unsafe;
- size and complexity of urban settings;
- divisions based on factors such as race, economic status, and historical patterns of development.

These aspects of the urban context were used as a guide during the conversations with PHC and ACHIEVE coaches that contributed to this report. For more detail, see pages 4–5.

On pages 8–15, PHC and ACHIEVE coaches describe the seven practices and their implementation in the urban settings in which they work. In the examples and emerging themes provided for each practice, the coaches show how the teams' activities reflect the practice and how the practice fits into its urban context.

[3] Y-USA's Healthier Communities Learning Institute, 2009

ASPECTS OF THE URBAN CONTEXT

In conference sessions and informal conversations about Healthier Communities work in urban settings, PHC/ACHIEVE team leaders anticipated that the following factors might affect the implementation of the seven leading practices in urban contexts.

Numerous healthy living efforts already in place

Many people and organizations in urban communities are already doing work similar to that of PHC and ACHIEVE teams, making collaboration more crucial to understand and negotiate roles, develop trusting relationships, and discover shared interests.

- There may be confusion between the language and frameworks of the existing efforts and that of PHC and ACHIEVE teams. For example, one group might refer to "community-based nutrition promotion initiatives" and another to "community food security projects." This could make it more challenging to identify shared interests.
- Urban communities are full of opportunities. They are rich with assets, knowledge, experience, and capacity for PHC and ACHIEVE teams to build on.
- People working in urban areas may be under intense pressure to achieve positive results quickly. They may feel they lack time to understand and build relationships.

Significant needs and competing priorities

Rallying community members to make long-term investments can seem more challenging in an urban environment.

- Some residents of urban communities face serious economic and social pressures. Meeting immediate needs may take priority over longer-term investments that support physical activity and good nutrition.
- Residents, especially teens, may have lower expectations and may be less hopeful than people living in other environments.
- The most vulnerable community residents are often transient. Some teachers in urban schools see more than half their class change over a school year.

Areas where community residents feel unsafe

Threats to safety, whether real or perceived, appear to have a negative effect on levels of physical activity and access to healthy food.

- Residents who do not feel safe in community parks and open spaces may have lower levels of physical activity.
- If residents must pass through areas where they feel unsafe to go to stores offering healthy food, they may instead choose less healthy foods available in areas where they feel more secure.

Size and complexity of urban settings

- Newly formed coalitions face the challenge of knowing where to start as they seek to balance various needs, opportunities, and demands on their time, such as
  - conducting an early environmental, policy, cultural, and social landscape analysis;
  - capturing the group's interest and motivation at the start and translating it into action; and
  - building relationships and trust with existing efforts in the community.
- In urban environments, efforts are often focused on specific populations (e.g., racial, ethnic, or geographical) rather than on a community-wide culture change. This narrower focus may create challenges to later efforts to spread and sustain initiatives across the larger community.

Divisions based on factors such as race, economic status, and historical patterns of development

- It may be challenging to find the most effective frames for starting conversations. For example, is obesity prevention the right frame to start the conversation, or would social justice have more resonance?
- Divisions along racial, ethnic, and socioeconomic lines may be so deeply entrenched in urban communities that it can be challenging to know where and how to start a conversation that will keep everyone listening and involved.
- Geographical and political configurations can complicate collaborative efforts. For example, multiple municipalities or geopolitical divisions can make working in an urban environment more complex.
- In some areas, suburban sprawl places urban residences far from retail outlets, workplaces, and even schools, creating a dependence on cars and a disadvantage to walking or biking. Sprawl can isolate urban communities so that they lack networks and social capital across boundaries.
- Urban communities are often faced with a scarcity of healthy choices, such as farmers' markets, and an abundance of unhealthy ones, such as liquor and fast food outlets. Groups, neighborhood leaders, and school administrators often feel they need to compete against one another for resources.

LEADING PRACTICES IN URBAN SETTINGS

COMMUNITIES PROFILED

This report is based on interviews with representatives of PHC and ACHIEVE teams working in six American cities. Basic demographic information appears in the table below to aid understanding of the context of each city.

COMMUNITY DEMOGRAPHICS

City Codes[4]	Region	Population	Median Household Income	Healthier Communities Team
City A	West	City: 815,000 MSA[5]: 4,300,000	$72,000	PHC
City B	Northeast	City: 182,000 MSA: 800,000	$45,000	PHC
City C	Southeast	City: 230,000 MSA: 1,100,000	$32,000	PHC
City D	Midwest	City: 372,000 MSA: 600,000	$44,000	ACHIEVE
City E	Northwest	City: 200,000 MSA: 3,400,000	$47,000	ACHIEVE
City F	East	City: 431,000 MSA: 2,000,000	$28,000	PHC

Sources: U.S. Census Bureau, Annual Estimates of the Population of Metropolitan and Micropolitan Statistical Areas: April 1, 2000 to July 1, 2009 (CBSA-EST2009-01), www.census.gov/popest/metro/CBSA-est2009-annual.html; and Annual Estimates of the Resident Population for Incorporated Places over 100,000, Ranked by July 1, 2009 Population: April 1, 2000 to July 1, 2009 (SUB-EST2009-01), wxww.census.gov/popest/metro/CBSA-est2009-annual.html

MOST RELEVANT PRACTICES FOR URBAN COMMUNITIES

In interviews for this report, PHC and ACHIEVE coaches consistently said that all seven leading practices are relevant to large urban communities. Although there may be additional practices to consider or variations in how these are approached within urban settings, interviewees did not suggest that it would be necessary to rethink previous Healthier Communities work for their cities.

[4] To preserve the confidentiality of interviewees and to allow them to speak openly about challenging aspects of their work, code letters are used to replace city names in this report.

[5] The United States Office of Management and Budget (OMB) defines the general concept of a "metropolitan statistical area (MSA)" as "a core area containing a substantial population nucleus, together with adjacent communities having a high degree of economic and social integration with that core." For more information about MSA, see the U.S. Census Bureau Web site: www.census.gov/population/www/metroareas/aboutmetro.html.

When asked to identify which of the seven practices might be most relevant in an urban setting, a majority of the coaches named the following:

- Adapt to emerging opportunities
- Borrow from others and build your own
- Engage cross-boundary leaders who care
- Develop leadership structures that distribute ownership and action

Coaches mentioned all seven practices during discussions, sometimes indirectly. The following pages present their reflections on each of the seven leading practices.

1. START WITH A SHARED, COMPELLING VISION AND SPIRIT OF INQUIRY

Like others involved in collaborative efforts, PHC and ACHIEVE teams have found that identifying shared values and creating a compelling vision form a strong foundation for meeting subsequent opportunities and challenges. In setting a goal that is larger than any single organization or group could achieve on its own, PHC and ACHIEVE teams open a door to new and often unexpected learning and collaboration.

Emerging themes

PHC and ACHIEVE teams do well to frame their initial approach to urban communities with care. From the outset, they can make the effort to start the conversation in ways that transcend narrower interests and appeal to health and well-being in the whole community.

Appealing initially to this broader boundary-crossing vision can attract potential allies and partners. A team member from City C pointed out that PHC work is effective because it works across the whole community.

Team Examples

- The vision and direction we have defined for our PHC/ACHIEVE effort is clear and compelling for our team.
- If asked to state our PHC/ACHIEVE vision, all of our leadership team members would have a compatible response.
- Our team understands that focusing on policy and environmental change is critical for achieving long-term impact.
- We ask the right questions and maintain a spirit of curiosity and open-mindedness.

An apparent asset of the PHC/ACHIEVE model is its focus on policy and system-level change. This focus, along with "leadership team members [who are] good at seeing the big picture," helps teams take a holistic approach to serving the larger community, as opposed to creating a new program that only addresses one specific group or neighborhood. As topics come up, teams "look for ways of addressing [them] within structures and processes already in place" [City D].

Part of what makes cities complex is the large number of local organizations (governmental and nongovernmental) that play a role in healthier community outcomes. On one hand, this fact presents challenges, especially when a city's Healthier Communities groups are part of an infrastructure that addresses issues in addition to healthy eating and active living, as in City C. A team member from City C said, "Our partnership is holistic as an organizing infrastructure that includes groups working for access to health care, mental health, and more. There is a fair amount of wrestling with this issue for us right now because stimulus-funding awards for tobacco use and obesity will dominate the partnership for the next two years" [City C].

On the other hand, the complexity may provide unexpected opportunities. Even though leadership team members often work at the highest levels of their respective organizations, "they recognized that they did not all understand how decisions were made in different parts of the city" [City D]. If the leadership team can create a safe space to ask questions, they may create opportunities for shared learning that can broaden their collective understanding of what can be done and what benefits can be gained.

2. ADAPT TO EMERGING OPPORTUNITIES

Given the speed with which the world changes, a flexible plan produces the best results. Cultivating a shared vision and an opportunity-focused mindset allows PHC and ACHIEVE leaders to adjust their efforts to new or unexpected events.

Emerging themes

Interviewees mentioned repeatedly that urban communities are both fortunate and challenged in having a large number of organizations working in support of healthy lifestyles. The positive aspect of this is that larger communities are often "blessed with people" and organizations "in a dynamic, creative, innovative environment [that] helps to feed a readiness to address significant issues of public policy" [City A].

Team Examples

- Our team has been opportunity focused in its decision making and actions.
- We have made a concerted effort to scan for assets and opportunities and to better understand and take advantage of them (including existing initiatives and programs).
- We had some early successes in attracting additional support and taking advantage of new opportunities and were able to build on them.

When asked about the number of like-minded organizations active in his community, the PHC representative from City B said, "Even within the past few days we've learned about new initiatives. There are lots of people doing work in neighborhood silos."

It is very important that coaches and leaders of PHC and ACHIEVE efforts "scan the city to see what is happening" and not plan on starting from scratch. Instead, "assume there is already someone doing the work" and "build on what is there" [City A]. This approach requires a conscious focus on "building relationships so as not to threaten [existing efforts]. We are always conscious about it and it probably has slowed us down. We don't want to give the impression that we are more than we are. We need to be patient" [City B].

Intentional relationship-building is central to the work of PHC and ACHIEVE across all communities. "It is not respectful to ignore previous work" [City F]. However, it may be of particular importance "in urban communities, where you can alienate people quickly if you don't include them" [City B]. Several coaches agreed with the representative from City A: "We deal with politics and various agendas." Teams need to engage in continuous communication to stay aware of ownership issues and to address and prevent turf wars before they happen. "The city is divided by political districts, and there is often competition across those lines" [City D].

The need to build positive relationships may also influence where urban PHC and ACHIEVE teams target their efforts. A coach from City C told us that focusing new efforts on a specific neighborhood could damage collaboration with other groups, who might question why that neighborhood was selected rather than another. The team in City C was able to counteract this tendency by responding to specific opportunities in a way that would elevate and promote other efforts.

3. BORROW FROM OTHERS AND BUILD YOUR OWN

Hope motivates change. When people believe that a desirable change for their communities is possible, they are more likely to work to create opportunities for the change to happen. Many PHC and ACHIEVE participants are inspired to action when they see what members of another community have done and the results they have achieved.

Emerging themes

Learning—whether from peers on a leadership team or across communities—requires a certain willingness to take risks and make changes. Regardless of the size of a community, an important capacity is being "willing to take a risk—try something new. Others can then observe, learn, and (if it works) adapt it for their place or organization" [City E].

Team Examples

- We collected and learned from stories or examples from other communities, and they have had a demonstrable impact on our team's thinking.
- We have grown our own solutions and adapted solutions from other models.
- We have our own stories to share about both successful efforts and "useful failures," including how we have learned and adapted our efforts.

Given the many actors in a large community, the way a new idea or change is introduced, diffused, and adopted by individuals or groups usually has a significant impact on adoption by the community as a whole. With size comes greater visibility and often higher stakes. "We had a lot of conversation around changes in school lunches. We expected more momentum in our bigger school district, but so far have seen more change at a smaller district. Maybe it was too big a change or risk for the bigger district" [City E].

The largest cities have the attention not only of local leaders but of state, regional, and national leaders as well. "The Y follows the same approach as the Public Health Department—we try to insulate against political vagaries. It can be a liability to be connected to the mayor. We have more than the mayor; we have our senator and our representative in Congress, both strong leaders at the national level, also tracking our efforts" [City A]. While visibility creates substantial opportunities, it may also discourage trying new approaches that seem too risky—too unpredictable to count on for producing results in a short time period.

Some coaches suggest an urban context may make it easier to "borrow from others and build your own." A coach from City B explains that when borrowing from others, "you need to be really intentional" so that the examples and models you have borrowed can fit smoothly into a new setting. Still, as a coach from City C points out, "many ideas you might borrow have grown up as best practices from urban communities." Uncovering those ideas may bring to light tried solutions that work well in other urban areas. Even if the solutions don't seem to fit initially, "the effort required to translate [the solutions] to your own context may be easier with the greater availability of professional expertise and staff in an urban setting" [City C].

4. ENGAGE CROSS-BOUNDARY LEADERS WHO CARE

PHC and ACHIEVE teams have successfully brought together community-based actors and decision-makers from various sectors into teams that are motivated to work for community well-being. PHC and ACHIEVE teams typically include leadership from Ys, schools and academic institutions, government agencies, city management and planning offices, chambers of commerce, hospitals, health insurance companies, public health organizations, businesses, community- and health-focused foundations, faith-based groups, media, and other community sectors, as well as elected officeholders. Each community interviewed for this report has built a diverse leadership team that represents a cross-section of community organizations and includes traditional and nontraditional stakeholders.

Emerging themes

One potential asset for the work of Healthier Communities in large urban centers is local access to professional expertise and staff. As one coach observed, "for smaller towns, it [Healthier Communities] will likely be an extra duty for key leaders, whereas in larger cities our team has people who do this as part of their job. For YMCA staff in a small town, it will always be something in addition to their 40 hours per week" [City C].

Team Examples

- We have been successful in recruiting and retaining diverse leaders from different sectors.
- We have dedicated time to building and improving our performance as a team with positive effects. We feel and perform like an effective team.
- Our leadership team members demonstrate a personal commitment to the goals and overall success of the PHC/ACHIEVE effort. For them, it is more than a professional or organizational obligation.

However, it is clear that the simple availability of local expertise and qualified staff is not enough. Leadership team members need to have an orientation and commitment to community well-being, not just to narrower organizational interests. "We are blessed with the engagement of local organizations like the Department of Health and a community foundation that are not only resourced and organized but also understand their role beyond implementing narrow programs. They see their role as also providing leadership in working for broader goals of community health and well-being" [City C].

Resource scarcity can have a greater impact on PHC work in urban areas than in rural areas. In urban settings, resources tend to be more specialized and sensitive to political shifts than in rural areas. While some of the coaches we spoke with acknowledged that resource issues did come into their PHC and ACHIEVE discussions, none experienced these as barriers to their work. And in some cases, they have provided unexpected opportunities. "In some ways, the economic downturn allowed us to go deeper. The needs in lower-income areas were even more visible. At

the same time, service providers were having their budgets cut. In combination, this provided incentive for more collaboration across organizations" [City E].

Critical to this kind of collaboration are leaders who look beyond their own organizational interests. A coach from City D remarked, "Sometimes it starts with one leader advocating for the whole community. This can lead to other organizational leaders supporting a community response to a community problem (and not putting it back on just one organization)."

5. SERVE IN MULTIPLE ROLES

PHC and ACHIEVE leadership teams have discovered that they take on various roles depending on a community's needs across the action areas. The teams may serve as conveners, promoters, policy advocates, educators, and implementers. Most have found that flexible roles are essential to their work, and they have found it important to be clear about these roles with partners.

Emerging themes

The roles of PHC and ACHIEVE coaches are determined by many factors. Among those already identified in this report are promoting existing efforts, distributing ownership, and building relationships. To be successful, teams need to identify gaps and step in to fill them. In some cases, an individual or a group may be uniquely suited to fill a certain role or address a particular need. A coach from City F said, "What did the Y bring to the table? The funding to convene meetings."

Team Examples

- Leadership team members have sought to understand the most appropriate and useful roles they can play—individually and collectively—to advance the overall effort.
- We are advocating for healthier communities in ways that build trust and understanding across community groups and among multiple decision-makers.
- In our advocacy and education efforts, we have been able to strike a balance between being flexible and insisting on the importance of strategies and outcomes.

Success may come from an understanding of who brings what to the table and whose strengths can accomplish goals most effectively. For example, a coach from City A pointed out that advocacy is a strength PHC teams are especially well-suited to contribute. In other cases, success may depend on recognizing which additional capacities are needed to take the effort to the next level.

PHC and ACHIEVE teams have created spaces and processes through which leaders across the community can engage with one another in ways that build trust and effective working relationships. "Our PHC brings together corporate, nonprofit, and civic leadership—the decision-makers. Now we need to connect with the community's grassroots efforts. That is the bridging I see across social capital—leaders to community and back" [City B]. "Lots of public agencies have credibility problems. They are seen as heavy-handed and intrusive—yet they have immense resources. We are working to build bridges between public agencies and community-based organizations" [City A].

6. USE DATA TO GUIDE, NOT DRIVE, THE EFFORT

PHC and ACHIEVE teams rely on many types of data to realize their goals. At the same time, they recognize that their work is to create change, not collect data. Data collection and analysis are focused on identifying, understanding, and acting on strategic opportunities and studying the relative impact of various actions. Those interviewed indicated that a traditional data-heavy needs assessment might not be especially useful at the beginning of the process. How the data is collected and used depends on what data is available, stakeholders' understanding of the issues at hand, and the scope of the initiative.

Emerging themes

Urban PHC and ACHIEVE teams have greater access to data, as well as to expertise. "We had a wealth of data. As a result, we were able to do some sophisticated analyses that I am not sure a smaller community could do" [City E].

However, it is not always clear that more data is better. "Existing data may not always be the information that is the most useful, that answers your specific questions. With more data, you spend more time sorting. It might have been easier to have less data to start with" and "the ability to focus data collection on what you need" [City E].

It may also be a challenge for stakeholders to arrive at a shared understanding of the role of data and data collection in the process. "We have had to distinguish between using data for improvement as opposed to research. For example, working with the Community Healthy Living Index is about assessing and implementing improvements. The methodologies sometimes stump the researchers in the room when we don't 'live up to' the rigor of scientific inquiry" [City C].

Team Examples

- We have sought out and used information on local assets and examples of effective practices and strategies from other communities.
- We have been deliberate and strategic in considering our data needs (including how we intend to use it), the type of data and information that will be most helpful to us, and when we need to collect it.
- We have been able to use different types of information/data to tell success stories, demonstrate impact, and evaluate our efforts.
- We continually use data internally to adapt our strategies and improve what we are doing.

7. DEVELOP LEADERSHIP STRUCTURES THAT DISTRIBUTE OWNERSHIP AND ACTION

Leading an initiative with ambitious aims, limited staffing, and busy volunteers requires a well-designed structure and effective processes. Both have great influence on how team members use their talents and time—and whether or not they stay engaged. In some cases PHC and ACHIEVE teams are put in place to complement the structure of existing initiatives; in other cases the teams work more independently. There is no single model for organizing a leadership structure, but the more effective ones share some key elements.

Emerging themes
In discussions of this and other practices, urban coaches reflected on how important it is that the Y "doesn't own" the work of PHC and ACHIEVE teams [City A]. With multiple actors at work, distributing ownership and credit early and often is critical for building trust and commitment in the larger community. Success becomes a collective enterprise. "We are almost staff to each other" [City A]. Setting this tone from the beginning helps build the momentum necessary to distribute action even beyond the PHC or ACHIEVE leadership team. "It needs to go beyond PHC. You can't drive it from the top down" [City B].

Team Examples

- Our team has an effective structure with clear roles and expectation of partners and action teams. It has adapted to changing conditions and is sustainable over time.
- Our processes allow us to reach consensus in ways that keep action moving and everyone feeling respected. Our time together is well spent.
- We share the work, distributing responsibility and credit across partners.

"Sharing ownership can mean that I invite you and your organization to do those aspects of the work that are in your wheelhouse and you let me do mine. We work from a 'quilt' approach—we may have worked on separate squares, but we will stitch them together in the end" [City C].

A practical question may arise around developing a local "brand" for PHC and ACHIEVE efforts. If one or two organizations enter the process too early or with too forceful a direction, the remaining partners may be less willing to step forward and share responsibility for the overall effort. "We didn't waste time branding PHC" [City F]. Coaches warn against becoming "so insular or brand-protective that we forget we are responsible to the larger community" [City A] and recommend instead focusing on strategies that allow people to share the wins.

CONCLUDING OBSERVATIONS

Throughout this process, we have sought to understand which aspects of the urban environment have the most significant effect on the implementation of the seven leading practices. The two qualities of urban environments that seemed to have the greatest and most consistent influence on Healthier Communities work were these:

- Numerous healthy living efforts already in place
- Size and complexity of urban settings

Coaches from all six communities recognized the importance of understanding, acknowledging, and even promoting the healthy eating and active living efforts already under way in the community. The diverse landscape provides a platform of expertise and energy on which PHC and ACHIEVE efforts can build, but it also requires that teams go slowly at times. It is necessary to take the time to build healthy relationships and to approach the work in ways that nurture and promote the good of the whole community rather than the interests of a single organization.

To their credit, most coaches were aware of and readily acknowledged the historical and current lines of division affecting their community. Although the dividing lines were different across the six communities, there was a general recognition that in each community, certain sections experienced a disproportionate burden of unhealthy conditions and environments, such as little or no access to healthy food options. Surprisingly, this aspect of the urban context did not seem to influence the ways in which PHC and ACHIEVE teams worked to implement the seven practices, but it did affect the aims set for local Healthier Communities programs.

Most PHC/ACHIEVE communities in this study have adopted a clear focus on health equity as a goal of the effort. As noted by one coach, "the issue of health equity for a YMCA is allowing my branches serving minority communities to be . . . 'out in front' of the issue for our association because this has proved to be such a winning position" [City C]. However, coaches were aware that health inequity is a challenge in all communities, not just urban ones.

SCOPE

The communities interviewed were not randomly selected. Rather, the choices represented

- two to five years' involvement with PHC or ACHIEVE;
- geographical spread across the continental United States; and
- urban areas with a population of at least 50,000.

The interviews support a conclusion that some characteristics of urban settings affect implementation of the seven leading practices. It is important to note that though this conclusion provides encouraging information, it also invites further research since it has not been tested with scientific rigor.

We have not yet held this discussion with coaches in smaller, more rural communities. Doing so could be the next step toward understanding how best to implement the leading practices in both urban and rural communities. Finally, some coaches observed that other differences (for example, regional culture) could have significant impact on how practices are implemented.

SUGGESTIONS FOR FURTHER INQUIRY

These thought-provoking questions emerged from the conference sessions and informal conversations with PHC and ACHIEVE coaches:

- What community characteristics might affect implementation of the seven leading practices in smaller, more rural communities? How do these compare with what is found in urban contexts?
- Can some of the themes and observations identified in this report be further refined and tested with a larger group of urban PHC or ACHIEVE communities? How could this be done?
- Is urban-to-rural the most meaningful or helpful comparison to make? What differences do we see in regard to socioeconomic variations, regional cultures, and other community characteristics? In what ways might those differences have a greater or lesser influence on how PHC or ACHIEVE work is framed and implemented?
- How does the focus on health equity and social justice affect the goals of a PHC or ACHIEVE effort? How does the focus affect how coaches and leaders frame and approach the YMCA's Healthier Communities Initiatives?

The Y is engaged in an ongoing effort to better understand and improve the effectiveness of PHC and ACHIEVE efforts and looks forward to exploring these questions in the future.

This report was supported in part by cooperative agreement 5U58DP001665-02 Revised from the Centers for Disease Control and Prevention (CDC). The content of this report is solely the responsibility of the authors and does not necessarily represent the official views of the CDC.

YMCA OF THE USA
101 N Wacker Drive, Chicago IL 60606
800-872-9622
www.ymca.net
www.ymcaexchange.org