

“The [Coalition] wanted to be a player at the table...in order to ensure that the community voice was part of any discourse on issues that would impact the community. I think they have accomplished that.” —Academic Partner

**For Further Reading:**

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**Case Study #8:**

**Making the Healthy Choice  
the Easy Choice:  
A Healthy Communities CBPR  
Partnership in New Castle, Indiana**



Best known for many years as a center of automobile parts manufacturing, New Castle, Indiana, is a rural community that experienced economic hardships with the declines in the American automobile industry. However, New Castle also “has a history of helping itself and using the resources available” (1). This attitude is reflected in its formation, 25 years ago, of a Healthy Cities Committee (HCC). Part of a statewide Healthy Cities initiative, the HCC was designed to promote the health of the town through multisectoral collaboration. With representatives from health and social services, government, business, the arts, environmental concerns, the media, and transportation, as well as ordinary citizens, the HCC attempted to build on local assets to address shared health problems in ways that were tailored to the local community.

**The Partnership:** In the mid-1990s, funded through an initial grant from the W. K. Kellogg Foundation, the HCC began a community-based participatory research collaboration with four faculty members at

**“We wanted to get health on the agenda of city council meetings, school board meetings, etc., so in meetings, they always ask, “What’s the health impact?” —Academic Partner**

the Indiana University School of Nursing. Their goal was to craft a study and follow-up action agenda that would help “make the healthy choice the easy choice,” in part by getting the town’s decision makers and the general public to think about the potential health impacts of any policies or programs being considered. Rather than crafting specific policy goals, the partnership hoped to undertake research and action that would help catalyze a host of “small p” policy changes that didn’t necessarily require legislative change but would still broadly and cumulatively improve the health of the community.

**Research Methods:** The academic partner conducted secondary analysis of Census data to compare New Castle’s morbidity and mortality rates and other health indicators to national figures. A door-to-door survey then was distributed to 1,000 households identified through non-probability quota sampling. HCC members helped with the wording of survey questions, data collection, and interpretation and use of findings. The partners presented findings at town hall meetings and sought community input on the meaning and significance of the survey and Census data analyses. A follow-up survey two years later used many of the same questions, and an additional survey of sixth and 11<sup>th</sup> graders was undertaken to involve young people in the process. To help build capacity as well as broadly disseminate study findings, focus groups and a statewide workshop were held with sessions on data interpretation, priority setting, and policy-structured actions (1, 2).

**Findings:** The survey of close to 500 residents revealed a troubling portrait of health problems and unhealthy behaviors in New Castle, including high rates of smoking (32.2 percent—twice the National Health Promotion Objective of below 15 percent)—and unhealthy dietary choices. While study participants scored well in a few areas (e.g., 36.6 percent reported regular and vigorous exercise), considerable room for improvement was apparent. Almost 27 percent of study participants reported getting no regular exercise, close to 40 percent failed to seek medical care when needed because of the cost, and many people reported depressive symptoms. Finally, Census data analysis

showed New Castle’s rates of cancer, heart disease, and stroke to be above the national average. After the survey and public discussion of its findings, the academic partner commented that “the community had different ownership of health. They no longer saw it as the domain of doctors and nurses. They had the feeling they could do more about health.”

**Getting to Action:** Based on their discussion of the findings and insider knowledge of other health issues of importance to the community, HCC took the lead in identifying five priority health issues for action (1). To reduce smoking rates, it led a successful effort to get an ordinance banning indoor smoking in public buildings. To promote children’s exercise in a safe environment, HCC mobilized 1,200 residents who, with support from the Department of Parks and Recreation, worked for seven eight-hour days to replace a deteriorating play structure and build a beautiful new park. The community partner (later renamed Healthy Communities of Henry County, or HCHC) also played a major role in a comprehensive land use planning effort, including an ambitious plan, supported in part by a new food and beverage tax, to build a “web of trails” crisscrossing the county (3) to encourage walking and biking.

In each of these efforts, the partners did their homework. With respect to the anti-smoking ordinance, for example, they moved incrementally, considering “what would work in our idiosyncratic community.” And before mounting the web of trails initiative, HCHC members studied a similar effort in Ohio to learn from that experience.

**Policy Change Outcomes:** In addition to successfully advocating for the indoor smoking ban, the partnership raised \$950,000 from the state Department of Transportation and other government grants, totaling more than \$1.3 million in support of the trails initiative. Under the leadership of the HCHC, town residents have planted more than 5,000 trees along the trails and other locations to help improve air quality and promote outdoor activity (2, 3).

**“Getting teenage boys to a city council meeting; to care what mayor got elected this year; to care what was happening at the city council...that was engaging citizens. I think it is so much a part of healthy communities.” —Community Partner**

**Barriers and Success Factors:** The difficulties inherent in getting change in environments like New Castle were well summarized by one partner who remarked, “In Indiana, you can’t tell people what to do. That’s why we have no motorcycle helmet law.” Geographic factors also proved challenging, with the academic partner taking a job at a considerable distance from New Castle soon after the research project had been completed. The community partner operated on a very small budget, with no paid staff for most of the time this work took place. Finally, and inevitably, not all of the action efforts succeeded, causing some discouragement among people who had worked hard on these issues. An attempt to get a new skate park in an area favored by local teenage boys failed to pass the city council despite a large turnout and the active engagement of a number of the town’s youth.

On the positive side, a strong sense of community and the fact that much work “happens informally” in a town this size were major contributors to project success. Strong awareness and appreciation of the community partner and its work also were evident, with elected officials, the media, and others pointing to the role of the HCHC, and its early community-academic partnership, in catalyzing health-promoting legislation and action that may lead to improved health outcomes down the line. Perhaps as important, these efforts have led to a more engaged citizenry. In recounting the effort to get approval for the skate park, for example, a community leader commented:

“The city council chambers were packed. Sixty percent of the people there were teenage boys. Getting teenage boys to a city council meeting; to care what mayor got elected this year; to care about what was happening at City

Council...that is just engaging citizens. I think it is so much a part of healthy communities.”

**Summary Reflections:** The New Castle case study offers a fascinating example of the kind of sustainable change that can take place long after an official community-academic partnership has completed its work. Although most of the action outcomes described fall under the heading of “small p” policy changes, the HCHC has clearly been effective in working with other community members and to get government entities to make or support changes conducive to health. More than a decade after the original community-academic partnership completed its formal work, the action component of this effort continues to thrive.

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