

Building Community Capacity to Advocate for Policy Change: An Outcome Evaluation of the Neighborhoods Working in Partnership Project in Detroit.

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“And what it takes is a group of people that’s got power. And that’s the people. And that’s when they stand together as a whole group”-Neighborhoods Working in Partnership Participant

Introduction

There is considerable research evidence that inequities in health by socioeconomic status, race, and ethnicity exist in the United States (Braveman, Cubbin, Egerter, Williams, & Pamuk, 2010; Williams, Neighbors, & Jackson, 2008; Williams & Collins, 1995). Social and environmental factors may contribute to these health inequities via limited choices that influence health-related behaviors, exposure to unsafe or stressful environmental conditions, and reduced access to essential health care and other services (Schulz & Northridge, 2004; Whitehead, 2000). Increasingly, policy change has been called upon as a strategy for addressing these social and environmental factors to reduce health inequities (Williams & Jackson, 2005; Williams & Rucker, 2000). Effective models and tactics to bring about policy change emphasize the engagement of community residents in policy advocacy campaigns (Ritas, 2003; Freudenberg, Rogers, Ritas, & Nerney, 2005; Themba-Nixon, Minkler & Freudenberg, 2008, Themba, 1999). Previous research has found that knowledge and skills related to policy advocacy are essential in

order to effectively change policies to reduce health inequities (Minkler, 2010; Minkler et al., 2008), and additional training is needed to enhance these skills among community members and health professionals (Israel et al., 2010; Dilley, Reuer, Coman, & Norman, 2009; Spenceley, Reutter, & Allen, 2006). While programs and curricula exist that illustrate policy advocacy best practices (www.policylink.org; www.policypeople.org; Ritas, 2003), there are few published articles detailing evaluations of the outcomes of such training on the policy advocacy activities of community residents.

This paper aims to address this gap by describing the results of the outcome evaluation of Neighborhoods Working in Partnership (NWP), a community-based participatory research (CBPR) project of the Detroit Community-Academic Urban Research Center (Detroit URC), designed to enhance the policy advocacy skills and increase engagement in the policy arena of community residents of Detroit through intensive experiential training, followed by ongoing tailored support (Israel et al., 2010). The outcome evaluation for NWP presented here was designed to determine the extent to which participants in the NWP training used the skills learned during the training to engage in policy advocacy campaigns to improve health of youth and families in Detroit.

Community engagement in policy change to reduce health disparities

Policy-level interventions are one strategy for bringing about community- and environmental-level change to improve health (Schulz & Northridge, 2004, Bryant, 2002). Health promotion strategies that change an individual's environment may be more effective in changing health-related behaviors and outcomes than individual-level interventions (Trickett et al., 2011; McKinlay, 1993). When community members are engaged in policy change efforts, their sense of community and their own power increase, their concerns can be translated into

concrete action, and they can bring attention and policy solutions to issues unaddressed or inadequately addressed by current public policy (Themba-Nixon et al., 2008; Ritas, 2003; Themba, 1999; Roe, Minkler, & Saunders, 1995).

In addition to the critical role of community engagement, community capacity and empowerment are important aspects of a policy campaign. Components of community capacity, including participation, leadership, skills, resources, social and inter-organizational networks, and community power, strengthen a policy campaign (Goodman et al., 1998). For example, community capacity to identify and determine appropriate ways to address social issues is essential if policies are to be effective (Casswell, 2001). Additionally, associations between engagement in community work (e.g. policy advocacy) and empowerment have been demonstrated (Schulz, Israel, Zimmerman, & Checkoway, 1995; Zimmerman and Rappaport, 1988). Schulz and colleagues (1995) define empowerment as “the development of, understanding, and influence, over personal, social, economic and political forces impacting life situations” (p. 310). This sense of empowerment is necessary to engage in policy advocacy activities, but also increases through such community engagement (Schulz et al., 1995; Zimmerman and Rappaport, 1988). Community-based participatory research (CBPR) is an effective approach to enhancing community engagement, community capacity and empowerment in policy change efforts because: community partners and academic partners have collective knowledge of the community context, research findings, and evidence-based solutions to health issues; strong relationships exist between academic and community partners and policy makers; and community partners have the ability to mobilize community members for policy advocacy (Israel et al., 2010, Minkler, 2010; Freudenberg et al, 2005). However, within the context of a CBPR approach, there are skills essential to a successful policy advocacy campaign

(Freudenberg et al., 2005; Ritas, 2003) and not having these skills can be a barrier to advocating for policy change (Minkler et al., 2008).

Neighborhoods Working in Partnership –

Building Capacity for Policy Change: Background

The Detroit Community-Academic Urban Research Center (Detroit URC), a long-standing CBPR partnership (Israel et al., 2001), has conducted Neighborhoods Working in Partnership (NWP) from 2007 until the present (Israel et al., 2010). The Detroit URC (www.detroiturc.org) is a collaboration of eight community-based organizations in Detroit, the local health department, an integrated health care system, and an academic institution (see Acknowledgements for a list of partner organizations). The overall mission of the Detroit URC is to promote and conduct CBPR which examines and addresses the social and environmental determinants of health inequities (Israel et al., 2001).

NWP was developed using a CBPR approach and in collaboration with Policy Link (www.policylink.org), a national research and policy action institute. NWP is funded by The University of Michigan and by the Skillman Foundation (www.skillman.org) as part of its Good Neighborhoods Initiative (GNI), which incorporates community planning, readiness, and transformation within six neighborhoods to build neighborhoods where children can be “safe, healthy, educated, and prepared for adulthood” (www.skillman.org/Good-Neighborhoods). The overall goal of NWP is to enhance capacity within Detroit neighborhoods to engage in the policy-making arena and have an impact on policies aimed at creating healthy, safe, and supportive neighborhoods for children and families. The initial NWP program had three components: 1) PolicyLink conducted a train-the-trainers workshop for Detroit URC partners, community leaders, and those selected to be NWP trainers; 2) the team of NWP trainers designed

and conducted a four-session training for youth and adult neighborhood residents of Detroit; and 3) the NWP trainers provided ongoing technical assistance to interested participants to support their subsequent policy advocacy efforts (Israel et al., 2010).

The training used an experiential learning approach and included a combination of didactic presentations and skill-building small group exercises (Johnson & Johnson, 2006). Topics covered included what policy is, distinguishing policies from programs, conducting a power assessment, building coalitions, developing effective policy change strategies, designing a policy advocacy campaign, communicating the policy message, and preparing to talk to policy makers.

Methods

The outcome evaluation of this first phase of implementation is described here. The rationale, detailed description of curriculum, and an assessment of capacity building trainings of NWP are described elsewhere (Israel et al., 2010). The purpose of the outcome evaluation is to examine the program's anticipated effects, including changes in attitudes, behaviors, or policies. It is recognized by the authors that the term "outcome" or "impact" can be used to describe such an evaluation (Crosby, DiClemente & Salazar, 2006; Green & Kreuter, 1999; Windsor, Baranowski, Clark & Cutter, 1994); for the purpose of this paper, we will use the term "outcome evaluation." Since the goals of health education interventions may extend beyond changes in these factors to also focus on changes in, for example, individual and community capacity, social support, control over decision making, and community resources, these factors are also assessed (Israel et al., 1994). Focus group interviews (Patton, 2002) were conducted in the spring of 2009 using a semi-structured interview protocol with open-ended questions and follow up prompts, which asked about the following topics: policy advocacy activities conducted, stories of

successful policy advocacy activities, experience working with others, how what was learned in the training was used, what was helpful in advocating for policy change, what challenges were faced, what support was needed, and what future policy advocacy activities were planned (see Table 1).

--Insert Table 1 here--

A CBPR approach was used to develop the protocol, conduct the focus groups, and analyze and interpret the findings. A core academic team, consisting of two academic trainers and a graduate student, facilitated discussions with the NWP community and academic trainers in order to determine the research questions, sampling strategy, interview protocol and questions, logistics of the focus group interviews, and to discuss preliminary analysis of the findings.

A purposeful sampling strategy was employed in which participants who were expected to provide particularly rich information to elucidate the research questions were selected (Patton, 2002). For the outcome evaluation, the NWP community and academic trainers were specifically interested in the experience of training participants who were actively engaged in policy advocacy efforts. Participants who had attended two or more training sessions and were active in policy advocacy activities were included in the sample. The evaluation team used two strategies in order to identify NWP participants who met the sampling criteria. First, GNI neighborhood staff members were asked to identify those participants who were active in policy advocacy activities after the completion of the NWP training. Second, participants who had answered affirmatively on post-training assessment evaluation forms that they had conducted policy activities during the previous six months were identified. All NWP participants who met the inclusion criteria were invited to participate in the focus group interviews.

A team of graduate students was trained and conducted a total of five focus group interviews—three with youth (a total of 14 participants) and two with adults (a total of 18 participants). Each focus group was conducted in a neighborhood location that was familiar to the participants. Informed consent was ensured through a written form signed at the training and a scripted verbal introduction at the beginning of each focus group. A note-taker was present and each focus group was audio recorded and transcribed. Each focus group lasted between 50 and 90 minutes. Food was served before each interview, and participants received a \$30 gift card for participating.

Due to relatively low participation of youth in the focus group interviews, the research team decided to conduct conversational interviews with two additional youth who met the sampling criteria. One youth who was interviewed had participated in the NWP training and the other youth had participated in a training conducted by an adult youth worker who had participated in the NWP training, who in turn trained participants in a youth program using the NWP training curriculum and materials. This enabled the documentation of the extended impact of NWP by including a youth who was trained by another participant after the training. Detailed notes were taken during these interviews.

Data analysis

The verbatim transcripts for each focus group interview and notes from conversational interviews were analyzed using *in vivo* coding, a method of analysis that breaks down what participants say into conceptually distinct segments (Thomas, 2006). These segments were each assigned a code, which used the language of the participants (see Table 2 for examples). A process of constant comparisons (Strauss & Corbin, 1998) was used in which each coded segment is checked and compared with the rest of the data in order to establish categories or

themes. An initial list of themes, grouped under broad categories of the research questions (e.g. policy advocacy activities, success stories, facilitating factors, challenges) was created based upon the analysis of one focus group interview. Two academic team members reviewed the codes and themes, and any disagreements were discussed until consensus was reached. The remainder of the focus group interviews and the notes from the two individual interviews were analyzed and then added to the list of codes. Additional themes from subsequent interviews were discussed among the academic team and added to the list of themes. Examples of the levels of coding are included in Table 2.

--Insert Table 2 here--

Findings

The findings of the youth and adult focus groups and interviews are presented together in this paper, as their responses were similar. Responses specific to youth or adults only are indicated as such. Findings are categorized and presented according to the headings that reflect the original research questions: policy advocacy activities, policy advocacy success stories, factors facilitating policy advocacy efforts, challenges to policy advocacy efforts, , and assessment of elements used in the training. Where applicable, further subheadings are provided in quotes to reflect different subthemes using the language of the participants themselves.

Policy Advocacy Activities

Participants described being engaged in a variety of policy advocacy activities, including: writing letters and emails to policy makers, attending public meetings, developing relationships with policy makers, holding and attending public protests or rallies, and making presentations in front of policy making boards. These activities were conducted in order to change policies to address neighborhood residents' concerns, including high rates of housing foreclosures, the

proliferation of abandoned houses, school safety, immigration reform, unemployment, and affordable housing. Additionally, many participants were actively involved as part of the Good Neighborhoods Initiative, in the development of governance structure within their neighborhoods which they considered an important step in changing policies.

“Policy makers have really responded”

Community residents were engaged in contacting policy makers. One participant who had written letters and emails to policy makers after the NWP training expressed surprise at the responses that she had received from the policy makers. While pointing to the letters, which she had brought to the focus group, she stated:

...The things that I've been doing since the [policy] advocacy class – and my list [of what I'm doing] is growing - and I just realize that I'm getting emails from President Obama, and I emailed Governor Granholm and Senator Debbie Stabenow, and they really have responded, you know?¹

Other neighborhood residents raised awareness within their community of their policy issue. Participants described planning and/or participating in public rallies that were designed to bring attention to an issue. Others voiced their views or questioned policy makers about an issue at town hall meetings. For some, this was the first time they had spoken at a public meeting.

[At] the [town hall] that I went to, we were only allowed to put your questions on cards. I [had] never done that before in my life, but I did that time because I wanted to know what they think.

Policy Advocacy Success Stories

The focus group participants stated that the NWP training had two important impacts on Detroit residents: they were working together cohesively and they were empowered. One participant described that their policy efforts discredited a belief that the city is not united; in

¹ Within quotations, the text in brackets provides context or replaces pronouns with the position of a person or name of an entity about whom/which the respondent is speaking in order to protect confidentiality.

order to achieve policy goals, “people had to come to meetings, they had to work together as a cohesive group, consensus building and all of that.” The participant describes the many steps that led to community members uniting:

Well, I think when we started the different action teams and different residents and stakeholders got involved in that process and they started organizing and brainstorming some ideas on what policy changes [need] to occur within the community. And then, from that led to several task action force groups. And each one of those groups...devised their vision and mission statements. They set up the goals and some objectives and so forth. And for some task groups, they've already started implementing some of those action steps and so forth...because people had to come to meetings, they had to work together as a cohesive group, consensus building and all of that. So, I consider that as being a success, overall.

“Freedom to speak”

Participants expressed that their sense of empowerment grew as they conducted more policy advocacy activities. The greater sense of empowerment was particularly poignant for members of the Hispanic community, who reported that prior to the NWP training they hesitated to voice their concerns due to fears of deportation.

I have seen that [members of the Hispanic community] have a freedom to speak, you know, lately, your opinions or how they really feel. You know. So, it's like, it's OK to talk. It's OK.

Focus group participants also identified tangible changes in their community that they reported were the result of their policy advocacy activities. Several examples are that a neighborhood police station that had been closed was reopened; several abandoned houses were either torn down or scheduled to be torn down; Immigration and Customs Enforcement officials approached a community-based organization in order to develop a relationship and meet regularly; and a high school principal who was adored and respected by students but whose contract initially had not been renewed was given a promotion after students organized to show their support for her.

Factors Facilitating Policy Advocacy Efforts

“The bigger the group, the stronger you are”

Focus group participants identified several facilitating factors. Participants emphasized that it was beneficial to work with large groups, including groups across the city. As one focus group participant described, “the bigger the group, the stronger you are.” Further, engaging diverse constituents, including neighborhood residents, local organizations, faith-based groups, foundations, and businesses, can bring varied resources to the policy advocacy effort and enhance its impact through their collective influence. Purposeful efforts were made to recruit new participants to policy advocacy campaigns. Technology was a useful tool to recruit people and keep them engaged in a policy campaign. Adult focus group members described staying informed of the policy advocacy campaigns activities through email, including email communication from group leaders.

Now, that’s the reason why I’m sitting here today. Because [leaders were] emailing me, keeping me involved.

Young members relied heavily on social media, such as Facebook, and text messaging for communication. For example, these electronic resources were an integral part of the campaign that was organized on behalf of the high school principal discussed above.

Leadership was viewed to be a key component that facilitated effective policy advocacy because strong leaders recruited new people, kept members engaged, shared knowledge and skills with others, and inspired members to be part of the campaign. Focus group participants recounted how regular contact with leaders, such as email reminders about meetings and events, were often the reason that they remained engaged in a policy advocacy initiative. Some of these leaders were experienced policy change activists who shared their policy advocacy skills with others.

So, the people that are leading the charge have a lot of experience in charge of community activism. We have a lot of community activists in [our neighborhood] - young ones, too -- that really know what they're doing.

Other individuals developed leadership skills through the policy advocacy process. As experienced leaders shared their policy advocacy skills, young people began to take on more leadership responsibility.

I'm encouraged when I see younger people, younger folks... when you see young folks and they're out there - it's kind of like you're passing on the torch, more or less to them, because you're getting older. So, not that you're going to sit back and do nothing, but I think, I'm encouraged when I see the younger ones coming up and initiating and doing things and taking leadership role and so forth like that. I'm encouraged by it, myself.

Focus group participants credited leadership trainings that took place during the period of time after the NWP trainings and prior to the outcome evaluation focus groups with strengthening their group members' leadership skills. They also described that these leadership trainings increased community capacity.

Assessment of Useful Elements of NWP Training

Focus group participants named several elements of the NWP training that they have found helpful while doing policy advocacy activities. Several participants mentioned the usefulness of the training binder which included multiple resources, such as all training materials, a glossary of policy advocacy terms, and contact information for municipal, state, and federal policy makers. Participants stated that they kept the binder in their home or office and referred to it regularly.

Some of the specific materials and activities that were part of the training were identified as being particularly helpful. For example, participants described using the Powermap, which is a worksheet designed to identify power brokers for a policy advocacy campaign, as well as the "talking points" handout, designed to help community residents condense their viewpoint and

policy recommendations to a few short sentences when they present in public meetings or in conversations with policy makers.

Well, the talking points, definitely has come up. ... You get up and speak....So, it's an open meeting for the community and you have microphones. So, before that happened, everyone got talking points to use when you were going to get up and give your two minutes of speaking, so that everybody could just remind the [policy maker] of the issues that were really important.

Throughout the NWP training, participants were divided into smaller groups in order to engage in experiential activities to facilitate learning. Focus group participants found this structure helpful in getting people who do not already know each other to interact with each other and share ideas. They described using similar breakout groups during their meetings to engage participants in planning their policy advocacy campaign.

The fourth training session, which was a city-wide session, brought together residents from the different GNI neighborhoods, providing an opportunity for NWP participants to network with others from these different communities. Focus group participants discussed how this city-wide session laid the groundwork for some of the GNI governance structure work. Thus, some of the plans that were discussed during this session were put into action.

I don't think the governance would be going as good as it is now.... You know, they were there and they talked about what they wanted and what they saw and what they'd like to see happen. But now they're actually able to take those ideas that they had [at the fourth session] about the policies and things that they wanted to change, and now, bring it to the governance piece and actually make it happen, implement those things. And a lot of the things that we talked about during the policy training at [the fourth session], they're actually implementing it into their governance [structure].

One example of this was a discussion that took place at the fourth session about concerns about Detroit Public Schools. Since the fourth session of the NWP training, through the GNI governance structure, participants were relaying their concerns to policy makers at a local high school, the Detroit Public School System, the school board, and the city leadership.

Focus group participants stated that the information learned and resources that were provided during the training were invaluable, and instrumental in developing their policy advocacy activities.

I felt empowered by having some of that knowledge from my training. So, I'm just utilizing all the resources.

Participants also voiced the need for additional training, including repeating this training for neighborhood residents who did not participate in the initial NWP trainings, and a higher level training for NWP participants who would like to further enhance their policy advocacy skills.

Challenges to Policy Advocacy Efforts

"Which piece do you reach for first?"

Focus group participants also described facing challenges in advocating for policy change. One challenge faced by community residents was identifying the policy solution on which they wanted to work, and they often continued to focus on programmatic activities, such as a multicultural celebration, a youth summit, and after-school activities, rather than broader policy change. Community residents also stated that it was difficult to narrow their focus down to one issue on which to devote their policy advocacy efforts.

"Because sometimes it feels like...the problem is so large, which piece do you reach for first?"

"It takes a while to...unite"

Another important challenge participants identified was engaging other community members in policy advocacy activities. One participant described that it was difficult to get others in the neighborhood to feel that they have "a stake in the issue." Some participants suggested that immigrant communities face particular challenges to getting community members engaged due to fears of deportation. As one participant described, "some people are just afraid to come out and get involved because of the immigration issue in our area." The efforts

required for increasing the numbers of community members involved in a policy advocacy campaign were viewed to be very labor intensive. One participant illustrated this point:

So, what happens is I end up going eight blocks [to recruit community members], and by the time I get home, I can hardly walk. And I'm practically too tired to go to the meeting.

Some community members reported feeling “burned out” and disappointed that too few people are involved and that their policy advocacy efforts are not successful.

When large numbers of community members are involved in a policy issue, it can also be challenging to unify the many and various viewpoints that are expressed.

And we come in to organize, and [all the community members] got a way that they think it ought to be. So, we have 40, 50 different ideas. And it takes a while to get them to kind of unite on something. And that was the biggest problem that we have in that area, to get people to unify on something, no matter what it is. Everybody has their own idea....

The challenge of harmonizing the many viewpoints of community members can be particularly difficult when new community members join the campaign and do not agree with decisions that were already made. One participant described the resulting frustration of community members who had been involved throughout the entire policy advocacy campaign.

The thing that I found in working with others is there is some of us that have been involved for a long time. And now you've got a couple people that have come in late to the game, and they're not happy with some of the decisions that were made, and they want it their way or no way. And how do you deal with them? I mean, I just want to say, “look, where were you a year ago?”

Some focus group participants identified challenges for adults working with youth and youth, in turn, working with adults. In the focus group interviews with adults, they described engaging youth in policy advocacy and community events by assigning them tasks such as having them pass out flyers. Youth expressed feeling that working with adults was important; they described feeling that if they wanted to influence policy change, they needed adults, who they believed had more influence, to speak for them.

However, youth sometimes had difficulty getting adult support on the issues important to them. Youth from one neighborhood described an interaction with adults at a community meeting:

Like, we were trying to agree with them, but when we would agree with them, they would, like, change their mind. Like, they didn't want to see eye to eye with us. No matter what we did, even if it was close to what they were saying, they would disagree and, like, switch up the words. Just like, they didn't want to be equal or see eye to eye with us.

“Struggles with access to resources”

Adults also felt that their power was limited by the degree to which policy makers were responsive to their constituents' needs. Focus group participants described feeling that their elected officials often catered to those with financial resources from outside the communities who then benefited from policies or programs that were implemented, excluding neighborhood residents from having access to these resources. One example provided by focus group participants was funding that was made available to developers for new properties, but there was no assistance available for community home-owners who were at risk of foreclosure. This left some constituents feeling that their policy makers did not represent or protect the neighborhoods' interests. One participant described her thoughts when attending a meeting regarding the allocation of resources that she feared would not get to the community residents who needed them most.

And so, it really caused some concern because it allows me to look at our [r]egion, which historically struggles with access, particularly when you look at those who are of a lower economic status, if you will. They struggle to access [resources]. And it appeared once again, we're about to walk into that same challenge where others, if you will, access the resources of what is being made available before the families who it is intended for are really able to gain access to that.

Focus group participants described that, although they helped policy makers get elected, once in office, the policy makers were not held accountable.

You got them elected in. And then, sometimes, they kind of push you aside or something.... So, I think the accountability issue, with the respect level for the citizen is a big thing. And just making them accountable for the role they're supposed to be playing in reference to helping the people in the community.

Discussion

While there have been calls for more engagement of public health professionals and community members in policy advocacy in order to address the social determinants of health inequities, we have not found many examples of published outcome evaluations of policy advocacy trainings that specifically addressed to what degree participants put the skills learned in the training into practice. This study is unique in that it explicitly examined how NWP participants used the information and skills learned during the training to engage in policy advocacy campaigns and to better understand what contextual factors may have impacted residents' implementation of what they learned in the training.

Focus group participants described a sense of empowerment because of the training. This empowerment was exemplified by participants speaking up for the first time at town hall meetings, communicating with policy makers, and taking leadership roles in the policy advocacy efforts. This supports previous literature that demonstrated a positive association between civic participation and psychological empowerment (Schulz et al., 1995; Zimmerman and Rappaport, 1988). NWP participants' policy advocacy work also enhanced components of community capacity (Goodman et al., 1998) including increased participation, inter-organizational networking, and skills. Many community residents were engaged in policy work for the first time. Participants gained skills and an increased sense of competence as a result of the NWP training (Israel et al., 2010). Participants exhibited an increase in another component of

community capacity: leadership. Leadership was viewed by NWP participants as being essential to recruiting and keeping other community residents engaged in a campaign. These campaigns were also seen as a method for developing and nurturing the potential of new leaders within the community. While the NWP initiative did not include a specific leadership development component, leadership training that was offered concurrently through the GNI was thought by participants to enhance the policy advocacy efforts of community residents within the neighborhoods.

NWP was designed to develop the policy advocacy skills of both adults and youth. The capacity of youth to develop and execute policy advocacy campaigns, independent of adults, was demonstrated in the campaign carried out by youth to reinstate the high school principal mentioned above. Some youth in the focus group interviews reported feeling as though they had little true influence over policy decisions. According to Arnstein's (1969) Ladder of Citizen Participation this reflects a low level of participation and not true influence or control over the policy decision-making process. Some youth expressed feeling that because they have little power to change policy, they need adults to advocate for policy change on their behalf. However, in the focus group interviews with adults, they described giving only menial tasks to youth, such as distributing flyers. It is likely that having more ownership and participation in the policy advocacy activities would lead to a greater sense of empowerment among youth as it did among adults.

Participants found the materials included in the binder distributed as part of the training particularly helpful (e.g., power mapping, talking points exercises, and lists of policy makers and their contact information). Participants were given the opportunity during the NWP training to practice using these tools during small group exercises that used examples relevant to their

neighborhood. This experiential approach to training is aligned with theories on adult education that pose that adults are more likely to learn and put new skills into action when they have the opportunity to practice the skills using relevant examples (Johnson & Johnson, 2006). The materials served as a learning tool, but also as a resource to which they referred when community residents worked on policy advocacy campaigns after the training.

This study had several limitations. First, for the focus groups, we specifically sampled participants of the NWP training who had been identified as being engaged in policy advocacy activities. Thus, we did not hear from training participants who were not engaged in policy advocacy activities. It is likely, for example, that the challenges described are not an inclusive list, as we may not have captured challenges that prevent neighborhood residents from advocating for policy change at all. Research to better understand why participants of policy advocacy trainings do not engage in policy advocacy after the training is an interesting area for future outcome evaluations of similar policy advocacy trainings. Second, because this study only looked at policy advocacy activities at one point in time, following the training, causation cannot be determined from this study design. We cannot distinguish participants who were participating in policy advocacy for the first time after the training from those who were already engaged in policy advocacy activities unless they specifically mentioned it, such as the participant who described asking a question at a public meeting for the first time. Lastly, participants demonstrated difficulty in distinguishing between policies and programs, which is requisite for engaging in policy change to address upstream determinants of health. They discussed this as a hurdle to doing policy advocacy, but they also spoke interchangeably about policy and programmatic solutions during the focus group interviews. This made it difficult – and at times impossible – to distinguish when participants were discussing policy advocacy or

community program activities. The participants of the focus groups were community residents who were involved in numerous community activities. Policy advocacy was seen as one tool in their toolbox in their overall work to bring about change in their neighborhoods. Thus, the challenges and facilitating factors are best interpreted as reflecting those of community organizing in general, not only community organizing for policy change.

Implications

The evaluation team and the NWP trainers, in discussing and reflecting upon the findings of this study, identified several advantages to having NWP associated with the larger, multi-year Good Neighborhood Initiative (GNI), in which the training was embedded. First, this affiliation provided NWP participants an opportunity to immediately put skills covered during the training into action, as NWP participants were engaged in various policy advocacy activities connected with the broader GNI initiative after the training. Neighborhood residents involved in the initiative had already identified issues of priority to the neighborhoods, though not necessarily policy solutions to those issues. GNI also had full-time staff who worked as organizers in the community, who assisted with the recruitment of residents into the training program and may have lessened the time other residents spent on recruitment. Finally, the GNI also provided a structure through which neighborhoods could connect to each other and launch a city-wide policy advocacy campaign. At the time that the focus group interviews were conducted, the GNI was involved in developing a governance structure in each neighborhood. It is likely that some focus group participants put more emphasis initially on developing a governance structure within their own neighborhood for this initiative rather than engaging in policy advocacy activities, such as meeting with policy makers. Thus, while this affiliation provided a structure that supported

policy advocacy work, in some instances it may have also delayed the start of actually advocating for policy change.

Based upon the findings of this study, we make the following recommendations for policy advocacy training at the neighborhood level as an approach to enhance capacity for engaging community residents in successful policy change efforts.

- 1) Utilize an active and experiential learning model in which participants are able to practice policy advocacy skills and reflect on their learning through small group activities.
- 2) Incorporate policy advocacy training into a larger, ongoing community organizing initiative.
- 3) Provide practice and ongoing technical support to assist community residents with implementing the knowledge and skills gained in the training(e.g., distinguishing policy from programmatic solutions to community issues).
- 4) Incorporate a number of associated components into policy advocacy training, such as leadership development, basic community organizing practices (e.g., recruiting and keeping others engaged), group process principles (e.g., setting common goals, consensus decision making).
- 5) Provide training to youth and adults on how to effectively work together on a campaign in such a way that leadership, decision making, and responsibilities are shared.
- 6) Provide a resource binder that includes: description of all small group activities; policy advocacy tools (e.g. power mapping, talking points); and updated contact information for local, state, and federal policy makers.

Conclusion

This study examined how NWP participants who were active in policy advocacy activities used the information and skills learned during a policy advocacy training to engage in policy advocacy campaigns to address the social determinants of health inequities, with the ultimate aim to improve the health of families and communities in Detroit. The study further contributed to our understanding of what contextual factors may have impacted residents' implementation of what was learned in the training. Future research to further understand the experience of communities – particularly low-income communities of color – in the policy making process is needed. Specific areas of future research include studies to better understand why some community members who participate in policy advocacy trainings do not engage in policy advocacy activities and what factors may impact the success of community-driven policy advocacy campaigns.

Given the numerous social and environmental determinants of health inequities, most of which are beyond any one individual's ability to influence or control, we continue to promote the value of policy advocacy training to enhance the capacity of youth and adults to engage in policy change strategies. Based on the findings of this study, such training can have a positive impact on participants' advocacy skills, actions and subsequent outcomes. We suggest the recommendations listed above for such training and encourage others to incorporate such strategies aimed at reducing and ultimately eliminating health inequities.

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