CONCLUDING REMARKS: ANTHROPOLOGY'S ROLE IN BUILDING AND SUSTAINING COMMUNITY COALITIONS

Frances Dunn Butterfoss

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Frances Dunn Butterfoss
Coalitions Work

I have been asked to write this commentary from the joint perspectives of an academic, as well as a practitioner outside the field of anthropology. I have worked in the field of public health and, specifically, with developing, sustaining and evaluating community coalitions and partnerships for health promotion and disease prevention for over two decades. It is my distinct privilege to bring this perspective to bear in these concluding comments for this special issue focusing on coalitions and partnerships from an anthropological point of view.

Public health professionals often lament that they operate in specific program areas or *silos*. Common knowledge tells them that a variety of social, economic, environmental, and other factors affect health. Yet, too often, governmental entities work independently within their own disciplines and the opportunity to bridge resources and efforts to improve health and quality of life is lost. For example, those working in chronic disease prevention and management concern themselves with specific diseases such as diabetes, arthritis, asthma, heart disease, stroke, and cancer. They do not collaborate well with colleagues who focus on other chronic or vaccine-preventable diseases, abuse and neglect, domestic violence, substance abuse, or tobacco control. Fortunately, this situation is improving as federal agencies, like the Centers for Disease Control and Prevention (CDC), have encouraged and funded local and state health departments to integrate systems of practice and participate in comprehensive chronic disease coalitions. Similarly, the federal government and its public health agencies are working toward healthier, sustainable communities that base their efforts on coalitions of community agencies and organizations.

It makes sense for social scientists and public health professionals to share the work of improving health. The social aspects of the community—the networks, political forces, organizations, and community values—perhaps may have the greatest influence on health and well-being. Researchers have demonstrated that low social status and lack of control may have a direct impact on the biological processes that make us more vulnerable to a wide range of different diseases (Syme 2004). Further, for maximum benefit, physical improvements to a community must be accompanied by improvements in the social fabric of the community. Syme and Ritterman provide evidence that "no matter how elegantly wrought a physical solution, no matter how efficiently designed a park, no

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