



# Building Local Community-Based Public Health Systems

*Midpoint* LESSONS LEARNED AND POLICY RECOMMENDATIONS  
FROM THE PARTNERSHIP FOR THE PUBLIC'S HEALTH



**Partnership**

*for the Public's Health*

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# Acknowledgments

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# Table of Contents

<b>Preface</b>	<b>4</b>
<b>Introduction</b>	<b>5</b>
<b>The Partnership for the Public's Health Initiative</b>	<b>6</b>
<b>Midpoint Lessons Learned</b>	<b>8</b>
Bridging the Gap	8
Balancing Power	10
Engaging Residents	12
Creating a Shared Culture	14
Building a Foundation for Change	16
<b>Toward a New Vision for Public Health</b>	<b>18</b>
<b>Recommendations for Policy and Systems Change</b>	<b>20</b>
<b>Conclusion</b>	<b>22</b>

# Preface

Public health departments and communities are increasingly working as allies to improve the health of local residents. Together, they are forming a broad vision of public health that takes into account the social, economic and environmental factors that affect a community's well-being. Residents and local organizations are beginning to better understand the resources and limitations of public health departments and are actively engaging in health improvement. Public health departments, for their part, are assuming new roles—as trainers, resource brokers, collaborative leaders and bridge builders—and blending their traditional mandates with new approaches targeting health disparities and the broader determinants of health. Many public health departments have been doing this important work for years, despite the erosion of public health's infrastructure over the last two decades and its reliance on a shrinking patchwork quilt of resources.

The stakes go beyond the scope of this initiative. The skills and lessons that public health departments and communities are learning have far-reaching implications for their work in other domains. Local groups can use the leadership, organizing and collaborating skills they've gained in other efforts to improve community well-being, in areas ranging from child welfare to criminal justice and education. Public health departments and communities can also benefit, long-term, from the public-private networks and relationships they've formed, and they can apply collaborative approaches to advance their work beyond endeavors that PPH has funded.

TCE, a California-focused health foundation, was formed in 1996 to expand access to affordable,

quality health care and improve the health of underserved individuals and communities. These disadvantaged populations are often exposed to multiple risks, including pollution, crime, joblessness, lack of parks to play in and affordable and nutritious food. As a result, these communities have a higher occurrence of diseases, conditions and poor health outcomes. Through its grantmaking and strategic initiatives, the foundation is exploring these health disparities in the context of places, including the development of community-oriented practices and analyses of the social determinants of health.

PHI is an independent, nonprofit organization dedicated to promoting health, well-being and quality of life for people throughout California, across the nation and around the world. PHI nurtures new programs and initiatives, often in partnership with foundations and other funders. It provides a home for several large national and international centers, institutes and initiatives based in California, including the Partnership for the Public's Health.

The purpose of this document is to present the lessons learned from the PPH initiative at its midpoint. It describes a wide range of strategies that communities and public health departments are using to overcome local challenges. More importantly, it outlines the policy implications of this work. We have only begun to look at many of these issues and expect to learn much more about them in the future. It is our hope that these early lessons will enhance discussions and advance the level of debate regarding the joint role of public health departments and communities in improving

# Introduction

What will it take to improve the health of Californians? Public health departments and communities must actively work together to address wide-ranging risk factors — from housing and employment to environmental pollution and transportation — that directly affect the public’s health.

Unfortunately, California’s public health departments are ill-prepared to address the state’s most pressing health problems. Today, two-thirds of all preventable deaths are caused by tobacco, poor nutrition and lack of physical activity.<sup>1</sup> Still, only 3 percent of local public health department funding and staffing in California is designated for health promotion, and barely 0.2 percent is earmarked for prevention of chronic disease linked to these health risks.<sup>2</sup>

Since 1999, the Partnership for the Public’s Health (PPH) has worked to address these issues by developing dynamic partnerships among California communities and their local public health departments. These alliances form the heart of new, multisectoral public health systems that, according to the Institute of Medicine (IOM), are increasingly essential to improving the health of all Americans.

“Government public health agencies . . . cannot work alone,” the IOM states in a 2002 report. “They must build and maintain partnerships with other organizations and sectors of society, working closely with communities and community-based organizations, the health care delivery system, academia, business, and the media.”<sup>3</sup> These multisectoral collaborations can complement the traditional mandates of public health in areas such as infectious disease and maternal and child health.

The PPH initiative, funded by The California Endowment, has fostered partnerships among 14

county and city public health departments and 39 communities throughout the state. The lessons included in this report reflect what we’ve learned, in the first two and a half years of this initiative, about the capacities, supports, policies and practices that this work demands.

We hope that these “Lessons Learned” and policy recommendations will help practitioners in the field—as well as policy makers, academics, government agencies and local organizations—build a foundation for community-based health improvement in California.

Based on evaluation data and the input of staff members who are working with grantees on a daily basis, this report focuses on key factors that contribute to successful partnerships between communities and their local public health departments.

It takes multiple players, inside and outside the community, to assure conditions in which people can be healthy. These multisectoral partnerships are already starting to emerge. In Shasta County, for example, one PPH partnership has improved traffic safety by combining the efforts of the public health department, community civic and business groups, the Department of Transportation and the California Highway Patrol. The lessons learned by this partnership and others, and the policy

1. McGinnis, JM, Foerge, WH. “Actual Causes of Premature Death,” JAMA, recommendations they inspire, point the way toward achieving the vision of community-based public health in California.

2. Institute of Medicine. *Measuring the Public’s Health in the 21st Century*. The National Academies Press, Washington, DC, 2002.

*Since 1999, the Partnership for the Public’s Health (PPH) has worked to develop dynamic partnerships among California communities and their local public health departments.*

# The Partnership *for the*

In 1999, The California Endowment (TCE) awarded \$40 million to the Public Health Institute (PHI) to plan and implement The Partnership for the Public's Health (PPH). This five-year initiative brings communities and local public health departments together in partnerships focused on a common goal of reducing health disparities and improving community health. PPH is based on the premise that it takes broad strategies and multisectoral alliances to improve the conditions in which people live.

A key step in improving the health of Californians is to build core partnerships between public health departments and local communities. Public health departments have funds, trained experts, the power to make policy changes, mandates to provide services and open communication with policy makers such as boards of supervisors and city councils. Community groups, on the other hand, have the ability to reach and mobilize residents to advocate for change. They can identify key issues that directly impact a community and influence policy makers in ways that are politically beyond the scope of health departments. By working together, they can do much more to enhance health than either could alone. Their strength as partners lies in their diversity of experience, culture, creativity, relationships, resources, knowledge and ability to apply practical and transformative approaches to community health issues.

## THE PPH APPROACH

Drawing on frameworks developed by national health agencies and groundwork laid by past community initiatives, PPH distinguishes itself from other approaches by:

- Creating effective partnerships between local public health departments and communities
- Establishing community health improvement priorities at the local level
- Expanding the local and statewide constituency for public health
- Focusing on policy and systems change at the local and state levels to support the steps that will lead to the creation of a new public health system.

### **The vision of the Partnership for the Public's Health is grounded in three basic assumptions:**

- People who live and work in communities must play an integral role in assuring their community's health
- Communities must have the support of public health departments and other public and private organizations to identify and address health issues
- Public health departments are the only government agencies with the mission and mandate to assure the conditions in which people can be healthy.

# Public's Health Initiative

## PPH OBJECTIVES

The specific goals of the initiative are to:

**Strengthen the capacity of community** residents to act on their own and in partnership with public health departments and other institutions to protect and improve their community's well-being and health.

**Build the capacity of local public health departments** to respond to community-based priorities, partner with other community groups, agencies, organizations and individuals and provide essential functions in a manner consistent with the cultures, values and needs of the community.

**Create sustainable relationships between communities and public health departments** and other key institutions increasing the effectiveness of public health programs and promoting and defining mutual responsibility for community health.

**Develop state and local policies and infrastructure** that support local capacity to improve community health.

Based on the work of the PPH partnerships, we are learning how powerful these collaborations can be in targeting community health issues. We are learning more about what it takes for these partnerships to take root, expand and sustain themselves. In the next sections of this document, we will examine some of the midpoint lessons learned, based on one year of planning and a year and a half of implementation efforts.

*It takes broad strategies and multisectoral alliances to improve the conditions in which people live.*



# Bridging the Gap

**STRONG PARTNERS UNDERSTAND EACH OTHER'S ASSETS, RESOURCES AND LIMITATIONS AND HAVE REALISTIC EXPECTATIONS OF EACH OTHER'S CONTRIBUTIONS**

There is often a lack of understanding between communities and public health departments regarding their respective roles, responsibilities, and resources. Public health department staffs may lack mechanisms for soliciting community feedback and may undervalue the ideas of community members and health approaches. They may also find it challenging to work with local volunteers, whose availability may be limited by job and family responsibilities to non-traditional work hours.

At the same time, communities often lack an understanding of the local public health department's responsibilities and operations. They may find it challenging to work with a government agency that seems inflexible and whose view of

public health may ignore issues of greatest local concern. In many cases, community members do not know what to expect or how to begin asking their local health department for resources or help in addressing key issues that they identify.

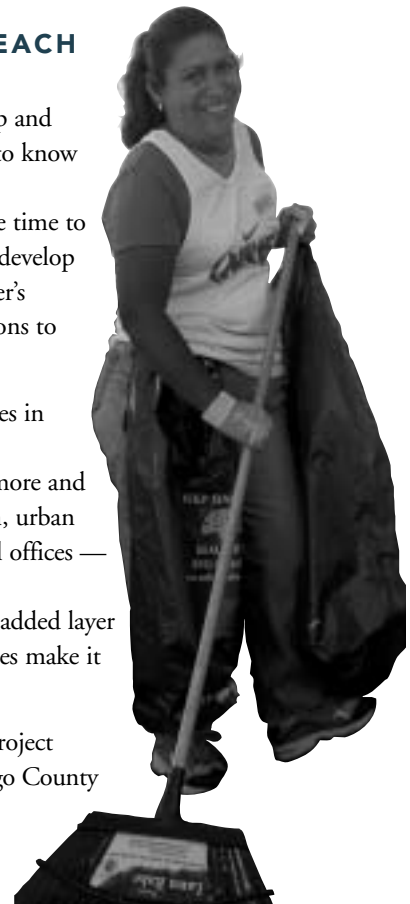
As one health department representative observes, communities and health departments “have different ways of approaching things, different timelines and different resources. Bridging that gap,” he stresses, “is a key skill.”

## GETTING TO KNOW EACH OTHER

A critical step in bridging the gap and creating a partnership is getting to know each other's assets, resources and limitations. Partners that take the time to explore these issues early on can develop realistic expectations of each other's abilities and potential contributions to joint efforts.

This can present special challenges in urban areas, where the health departments may be larger and more and complex institutions. In addition, urban health departments with regional offices — established to build community relationships—may also have an added layer of bureaucracy that can sometimes make it more difficult to bridge the gap.

One public health department project coordinator for PPH in San Diego County



### PARTNERSHIP DEVELOPMENT RESOURCES

- **Center for Civic Partnerships** provides technical support, educational programs, products and services which emphasize participatory governance and a systems approach to healthier communities. <http://www.civicpartnerships.org>
- **Center for Collaborative Planning** provides and cultivates innovative resources and support to build and strengthen communities in their pursuit of health and well-being. <http://www.connectccp.org>
- **The Interaction Institute for Social Change** provides training, consulting, partnership building, coaching, and facilitation services. <http://www.interactioninstitute.org>



notes that, for the first time, “we are trying to coordinate activities together with everyone at the table.” Rather than turning to the county to “fix” every problem, partnership participants are learning to appreciate each other’s strengths and work together to identify who has the necessary resources to address each issue. “The result,” she adds, “is a new way of working that pulls together all of the players to look at the health of the community.”

Through time, trust, the relationship-building process and joint efforts, partners gradually discover one another’s tangible and intangible assets and resources. To start with, residents need to understand how health departments function, make decisions and organize and conduct business. Community groups need to gain an understanding of the structure of the health department, so they know who can best partner with them on activities. Likewise, health departments need to enhance their capacities to understand and respond to community needs, values and priorities, recognizing the assets that communities contribute to the health improvement process.

Efforts to increase understanding can foster positive collaboration. “I came into the relationship with the perception that the county health department people didn’t really want to do any work,” reflects a community leader in San Diego County’s South Bay Partnership. “I eventually came to realize that they are people rich in resources who are ready and willing to help.”

*Rather than turning to the county to “fix” every problem, partnership participants are learning to appreciate each other’s strengths and work together to identify who has the necessary resources to address each issue.*

#### **Strategies for effective partnering**

- Touring the health department and the community.
- Taking time at meetings to share the history and structure of each organization and explain how tasks are accomplished.
- Jointly hosting and participating in trainings, community celebrations and educational forums.
- Creating an environment of open communication and identifying mechanisms for sharing information regularly.
- Finding ways, through social and work-related activities, to build personal relationships between health department staff and community group leaders.

# Balancing Power

IT IS ESSENTIAL FOR PARTNERS TO ADDRESS THEIR POWER DIFFERENTIALS



Community groups and public health departments operate with different sources of power. A community group does not usually have the same access to resources, staffing and decisionmakers as a public health department. At the same time, public health departments usually lack strong connections to the local community's informal leaders. The result is often a power imbalance between the two. In order for partnerships to make progress, these power differences need to be identified, discussed and addressed openly. Establishing a balance of power is only possible when each partner genuinely understands and respects the assets of the other. It helps when residents appreciate their public health department's broad responsibilities and access to information and decisionmakers, and when public health departments recognize the knowledge, social connections and local influence of residents. Public health departments and community groups that find ways to better balance their power can more effectively build trust, equalize the relationship and work more productively together. As one community group leader puts it, "The development of a viable partnership with local institutions is—from the

*Health departments and community groups that find ways to better balance their power can more effectively build trust, equalize the relationship and work more productively together.*

### Differing Sources of Power

#### Public Health Departments

- Funding
- Staff and skills
- Data
- Materials
- Facilities for meetings

#### Community Group

- Influence over policy
- Knowledge of community conditions and culture
- Skills and expertise in different areas
- Influence over public opinion
- Ability to mobilize residents



viewpoint of the grassroots community—not a partnership...of equal leaders, but a partnership of entities that play equally important roles.”

## STRATEGIES FOR BALANCING POWER

Public health departments and community groups are using both formal and informal approaches to balance and share power. PPH partnerships have approached power differentials by:

- **Establishing memoranda of understanding** between the health department and community group in order to formalize their roles and responsibilities as partners.
- **Ensuring regular attendance at meetings** by senior managers of the community groups and health department so that key decisionmakers for both partners are at the table.
- **Appointing community residents** to advisory boards that provide input to public health department planning and decisionmaking.
- **Assigning health department staff**, particularly those with technical skills not available to the community, to serve as resources for partnership activities.
- **Providing training to community leaders** to build skills—including public speaking and media advocacy—that enhance their capacity to influence key decisionmakers.
- **Jointly developing partnership meeting agendas.**
- **Alternating responsibility** for conducting and hosting partnership meetings between the health department and community group.

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### Formally Addressing Power Issues

The Mendocino County Health Department (MCHD) has established an internal Steering Committee as a forum for discussing its work, roles and relationships with various collaboratives and community groups. The public health department also put in writing the policy of having its key leaders attend PPH meetings. These steps confirm and formalize its partnership with local groups and, according to an MCHD staff member, help “level the playing field between the public health department and community partners.”

As one partnership observer reflected, “Sharing power is a dance, and sometimes you step on each others’ toes. You need to agree on who leads and who follows during different stages of the process. Sometimes these roles are interchangeable, but you still need to have agreements.”

### RESOURCES FOR SHARING POWER IN A PARTNERSHIP

- The California Endowment/Partnership for the Public’s Health Annual Evaluation Report, June 3, 2003. <http://www.partnershipph.org/col4/eval/eval.html>
- **Chaordic Commons** is committed to developing, disseminating and implementing new concepts of organization that result in more equitable sharing of power and wealth and improved health. <http://www.chaordic.org/>
- **Public Conversations Project** promotes constructive conversations and relationships among those who have differing values, world views, and positions related to divisive public issues. Consultations and workshops are available. <http://www.publicconversations.org/>

# Engaging Residents

## TO ENGAGE RESIDENTS SUCCESSFULLY, A COMMUNITY-BASED PUBLIC HEALTH EFFORT MUST OFFER MULTIPLE PATHS TO INVOLVEMENT

Neighborhood residents are essential voices in the community health improvement process. They bring first-hand experience, skills and knowledge of community needs, priorities and resources. They are also committed to improving the health of their families and community and can motivate friends and neighbors to participate actively in the process.

“Working at the neighborhood level is the means to do the type of public health we’ve been talking about for a long time,” observes a health department director in San Luis Obispo County. Resident involvement, he adds, “has been a ‘missing ingredient’. It has power... because people care. It’s their neighborhood—it’s personal.”

### FLEXIBLE APPROACHES

Community-based organizations often find it challenging to engage and maintain the participation of a representative group of residents in planning and implementing health improvement efforts. While some PPH partnerships started the initiative with a history of resident engagement,

others have undertaken community outreach for the first time. Their experiences demonstrate that fostering participation is often one of their greatest challenges, but it is made easier when residents have a variety of opportunities for involvement. Only a small group of residents may actively join in the planning process, while a larger group may be interested in more action-oriented implementation projects. Consequently, community member participation may ebb and flow, depending on the stage of the community health improvement process and nature of the tasks.

Partnership experiences have also demonstrated repeatedly that community members are more likely to engage in health improvement efforts that also provide them with the opportunities to learn new skills. Some residents move from their own training to greater involvement in efforts to improve their communities. In addition, addressing multiple community health issues may promote more resident involvement than a narrow focus on one issue. Community groups, however, must balance the advantage of greater resident participation with the potential strain on resources that the focus on multiple issues may produce.

*I’m so proud of what we’re doing in this community. The momentum’s just going to increase. Now people think that there’s nothing that we can’t do.*

—Burney resident who helped a local PPH partnership build a new toddler park

### RESOURCES FOR ENGAGING RESIDENTS

- **Become A Community Organizer**, a HUD Web site, details how to become an effective community organizer and conduct neighborhood meetings. It also has links to other relevant sites. <http://www.hud.gov/organizing/index.cfm>
- **Community Toolbox**: Over 3,000 downloadable pages of specific, skill-building information on over 150 community topics. <http://ctb.ku.edu>

### STRATEGIES FOR INCREASING RESIDENT INVOLVEMENT

In the past three years, PPH partnerships have successfully increased resident participation in community health improvement through a variety of effective strategies:



**Matching resident skills and interests to the process.** Residents are most enthusiastically involved in their areas of interest. One may be especially interested in funding issues and financial sustainability, while another may be actively interested in outreach or youth activities.

**Focusing resident involvement in work groups.** Some partnerships form work groups in several priority areas to carry out health improvement activities. For example, a partnership might have work groups for youth recreation, senior health, drug and alcohol issues, violence, traffic safety and job development, with residents actively participating in specific interventions and activities. Residents tend only to participate in the overall partnership, however, if they serve, in addition, as representatives to an executive or steering committee. By involving residents on both levels, groups can engage them in projects and planning related to their areas of interest.

**Providing intensive leadership training and support.** A number of partnerships provide residents with training in leadership skills and public health practice. Using a variety of formats and approaches, ranging from weekend workshops to eight-week sessions, these leadership training programs develop skills in communication, advocacy, meeting facilitation and public speaking. The San Mateo Partnership, for example, helped recruit eight residents from Coastside to participate in a countywide leadership training that was offered by a nonprofit foundation. Residents involved in the training have demonstrated an enhanced capacity to advocate for their communities.

**Maximizing participation.** Most partnerships find that it is best to meet at night or on weekends, when most residents can participate. They give residents advance notice of the meetings and hold them in familiar, accessible locations such as churches, schools, parks and people's homes. They also encourage participation by creating a welcoming atmosphere with food, childcare, interpretation and translation, youth involvement options and transportation for youth and seniors.

### **Building Leadership and Community Capacity**

The South Bay Partnership has 21 residents involved as community leaders. "We try to provide as many trainings for them as we can," states the group's project coordinator. The partnership trains residents in HIV/AIDS, environmental health, leadership, policy advocacy, media advocacy and facilitation skills.

"We've trained women in the community to deliver classes on breast cancer awareness, depression and difficulties with the acculturation process," she adds. "We've also offered Spanish-language training in public speaking. It's so great to see ladies who were so shy getting up and getting their message across."

Residents have a choice of topics they can work with. "Sometimes residents start with one team, then move into another if their interests change," she says. "Our teams meet monthly, and we always provide a healthy breakfast or lunch. We also provide childcare and interpreters at every meeting. Our residents," she notes, "are accomplishing change in the community, little by little, and they're building the skills to make bigger changes."

# Creating a Shared Culture

**BRIDGING CULTURAL DIFFERENCES AND CREATING A NEW, MUTUALLY SHARED CULTURE CREATES AN ENVIRONMENT IN WHICH SUCCESSFUL PARTNERSHIPS CAN EMERGE**

While working together, health departments, community groups and residents may discover cultural differences based on values, historical experience, heritage, language, socioeconomic background or world views. Successful partnerships often form their own culture as they learn to bridge those differences, solve major problems and adapt to internal and external challenges. They also create an environment of respect that acknowledges the range and validity of diverse perspectives and allows for the meaningful participation of all members.

## **STRATEGIES FOR BRIDGING CULTURAL DIFFERENCES**

PPH partnerships have used a range of approaches to create a shared sense of culture, addressing differences associated with ethnicity, organizational affiliation (e.g. health department vs. not-for-profit culture), age (e.g. youth vs. seniors), acculturation level and socioeconomic background. Each of these strategies is a critical component of the partnership-building process. They include:

**Building cross-cultural understanding through celebrations** as well as events and the sharing of food, music and traditional activities. The coordinator for Stanislaus County's West Modesto King Kennedy Neighborhood Collaborative describes the success of this approach. "The first year," she says, "we had a community picnic.... We expected maybe 200 people. Everyone pitched in to volunteer...[and] we were surprised that over 500 people came. We now have 1,000-plus people every year, and we celebrate for anything."

**Providing oral interpretation** to enable meaningful participation by all community members, not just English-speakers. Effective oral interpretation requires planning and resources. While trained interpreters are essential, equipment has been used to varying degrees. Meeting agendas need to be simplified to cover fewer items, allowing time for each item and longer breaks to encourage members to form personal relationships.





*As one partnership director explained, “We like to take the time to have someone translate orally. Our meetings are always in four languages, so we have to slow things down. Each time someone speaks we all wait for the statement to be translated. When someone tells a joke,” she adds, “we each wait our turn for the translation, so different parts of the group laugh at different times.”*

minutes. In the same way, health departments have adjusted to community group culture by attending meetings scheduled on short notice or adapting to consensus decision making.

**Simplifying language** . Many partnerships strive to reduce the amount of jargon used in meetings, simplify the language in meeting minutes and create written materials at a reading level that is accessible to the greatest number of residents.

Some PPH partnerships have purchased headset equipment for simultaneous interpretation at meetings and trainings. Others arrange for consecutive interpretation. Some rotate the primary language that is spoken at each meeting.

**Becoming more or less formal in work styles**

to bridge organizational differences. In some cases, community groups that were used to working informally found it helpful, when partnering with health departments, to create formal agendas and distribute meeting

In Long Beach, PPH partners created a Health Leadership Training program for Latino, African-American and Cambodian residents of the city’s low-income neighborhoods. “Long Beach is one of the most culturally diverse cities in the United States, but residents from the different ethnic groups don’t always interact,” says a community group project coordinator. “Here, at our Health Leadership Trainings, they bond. They leave empowered, with appreciation for each other’s experiences, and equipped to make changes in their own communities.”

**RESOURCES ON CULTURAL DIVERSITY**

- *Tips and Tools: Working Effectively Across Languages*, published by the Partnership for the Public’s Health. <http://www.partnershipph.org/col4/hand-man/main.html>
- **National Center for Cultural Competence**. This center helps health and mental health programs design implement, and evaluate culturally and linguistically competent service delivery systems. <http://gucchd.georgetown.edu/nccc>
- **Cross Cultural Health Care Program** is a national resource for training in cultural competency issues and the largest trainer of medical interpreters in the US. <http://www.xculture.org>

# Building a Foundation

## A RANGE OF ORGANIZATIONAL CHANGES CAN ENHANCE THE CAPACITY OF LOCAL HEALTH DEPARTMENTS TO ADDRESS COMMUNITY-BASED PUBLIC HEALTH ISSUES

The organization, staffing, leadership, financing and technical capabilities of local public health departments in California do not routinely support their collaboration with communities to achieve local health improvement goals. The 14 public health departments that are participating in PPH have expressed a commitment to working with communities, and PPH has provided support for organizational change, within these agencies, to foster collaboration with communities. Their experience has demonstrated the feasibility of achieving change and revealed strategies for doing so.

Leadership is an important factor. Some public health directors and health officers demonstrate their commitment to local partnerships by participating regularly in community coalitions, despite their heavy workloads. Public health departments have also adopted a variety of approaches that enable them to expand the boundaries of public health work. In combination, their strategies may point the way toward a restructured public health system that better supports and responds to community-based public health.

*Some public health directors and health officers demonstrate their commitment to local partnerships by participating regularly in community coalitions, despite their heavy workloads.*

These organizational change strategies enhance the capacity of local public health departments to work with communities:

### **Adopting a vision of public health that encompasses the broad determinants of health.**

As a first step toward changing organizational values, many public health departments have revised their mission statements to include community partnerships and address issues that go beyond traditional definitions of public health.

### **Dedicating units to implement community-based health activities.**

One predominantly urban public health department created a Community Wellness and Prevention unit. Crafted initially out of disease-focused, categorical funding, it eventually began working with communities to target broader risk factors and social determinants of health.

### **Hiring staff members dedicated to working with the community.**

One rural public health department created a Community Development Division, with new civil service job classifications, to work with communities on broad, population-based health approaches.



# for Change



**Changing policies and organizational culture to make community participation integral to the health department's work.** A rural public health department in a geographically dispersed region, for example, has begun assigning staff to areas where they live, in order to solidify the department's community ties and its commitment to community health.

**Decentralizing programs or administrative functions** to make them more accessible to community residents. A few large, urban counties have maintained centralized administrative functions—such as general oversight, planning and budget—while devolving program administration and responsibility to subcounty regions in order to make programs and services more accessible and accountable to local communities. Some rural public health departments have similarly decentralized program locations in order to minimize the transportation difficulties associated with long, sometimes rugged trips to county seats.

**Implementing organizational assessment and strategic planning tools** (e.g. APEXPH or MAPP) to integrate community-based public health into the department's organizational structure. These evidence-based tools, developed by the federal government, incorporate national standards for public health practice and performance. They help local public health departments and community members develop public health systems to address the broader determinants of health.

**Forming an advisory body that includes departments, agencies, community groups and resident representatives.** In Mendocino County, the public health department organized a Public Health Advisory Board that includes partnership members as well as physicians and representatives from county government.

**Training employees in community outreach and participation.** The Public Health Division of Contra Costa Health Services (CCHS), for example, changed its personnel procedures and enhanced staff training to reinforce its commitment to cultural competency, staff diversity and community.

## RESOURCES FOR ORGANIZATIONAL CHANGE IN PUBLIC HEALTH

- The **Community-Based Public Health Caucus** is guided by the belief that Community lies at the heart of public health and that interventions work best when they are rooted in the values, knowledge, expertise and interests of the community itself. [members.http://www.sph.umich.edu/cbph/caucus/index.html](http://www.sph.umich.edu/cbph/caucus/index.html)
- **The Community Wellness & Prevention Program** of Contra Costa Health Services (CCHS) aims to improve the environmental, social and economic conditions that contribute to poor health, and support a quality of life that promotes the health and well-being of all county residents, with special attention to those underserved. <http://www.cchealth.org/prevention/>
- The mission of the **Alameda County Public Health Department** is to work in partnership with the community to ensure the optimal health and well-being of all people through a dynamic and responsive process respecting the diversity of the community and challenging us to provide for present and future generations. <http://www.co.alameda.ca.us/publichealth/>

# *Toward a New Vision for*

**THROUGH THE PARTNERSHIPS' WORK, PUBLIC HEALTH DEPARTMENTS AND COMMUNITY GROUPS**

The foundations for new, multisectoral public health systems are starting to emerge from PPH partnerships. Partnerships that are making strong progress have been implementing organizational changes, sharing power, engaging residents and bringing key decision makers, from multiple sectors, to the table. Many of these local, cross-sector alliances include law enforcement, city and county officials, school systems, business groups and tribal leaders and address broadly defined issues such as housing, transportation, immigration, economic development, environmental justice and public safety. While it takes time to create true partnerships, we are beginning to see some initial alliances in which health departments and community groups form the core.

## **IMPROVING COMMUNITY SAFETY THROUGH A LOCAL PUBLIC HEALTH SYSTEM**

In Shasta County, the Shingletown Partnership for the Public's Health has worked collaboratively to improve traffic safety on Highway 44, the community's main road. Between 1998 and 2001, 22 Shasta County residents lost their lives on the two-lane, winding road, which passes through residential areas. Speeding and drunk driving were the causes in about half the cases.

The partnership organized a safety team and arranged for the California Department of Transportation (Caltrans) and California Highway Patrol (CHP) representatives to attend its monthly meetings. To help build community awareness, the group developed a crash map identifying all fatal

collisions and their causes over a four-year period, using it at presentations to groups at the local Lion's Club, historical society and medical center. The partnership also surveyed residents about highway safety measures and presented the results to CHP and Caltrans, with requests for additional law enforcement on the highway.

## **COMMUNITY AWARENESS**

The team's efforts have made a major difference. As a result, Shingletown got its first DUI checkpoint, and the partnership received funding for another. The team has also received grants for extra patrols on Highway 44, and partnership leaders are joining a CHP task force that is planning a highway safety campaign.

Local schools have responded, too. An elementary school relocated three of its school bus stops off the highway—just two weeks after the partnership requested the change for traffic safety reasons. "Highway fatalities are zero so far in 2003, compared to 11 in 2001 and 8 in 2002," reports a partnership leader. "Overall, the community is becoming much more aware of highway danger, and that's a great foundation for continued change."

## **CREATING A NETWORK OF HEALTH-FOCUSED ALLIANCES**

In Laytonville—a diverse, unincorporated community in the mountains of Mendocino County—the PPH partnership is fostering a network that includes the public health department, community groups, the media and civic planners and policymakers.

# For Public Health

## COMMUNITY GROUPS ARE BEGINNING TO CREATE BROAD PUBLIC HEALTH SYSTEMS

The partnership is comprised of the Mendocino County Health Department (MCDPH), an advocate for community-based public health, and Laytonville's Healthy Start (LHS), a group that provides information, resources and support to local families. Although LHS and MCDPH have a history of working together on specific projects and programs, the PPH initiative formalized their partnership.

The Laytonville Partnership works with various community and agency groups, including the Mendocino County Public Health Advisory Board and the Mendocino County Tobacco Settlement Advisory Council. The partners have also collaborated with the Laytonville Area Municipal Advisory Council on the Downtown Development Plan, coordinated community service workers for the Sheriff's Office, and participated in the Mendocino Lake Alternative Services and Job Alliance. Through its links with residents, community groups, policymakers and outside agencies, the Laytonville Partnership is creating a far-reaching, collaborative public health system in the community.

### **IMPROVING THE CONDITIONS FOR HEALTH IN AN URBAN COMMUNITY**

In Concord in Contra Costa County, a multisectoral public health system is emerging in the urban, low-income Monument community. Since 1998, local hospitals have collaborated with the county public health department and health, education, housing and economic development agencies to improve the health of this culturally diverse community.

PPH funding has helped increase resident engagement and spurred the development of Neighborhood Action Teams, groups of skilled resident who take leadership of community health projects. The partners are also working with the Monument Business Association and Concord Chamber of Commerce to create a center for employment and skills training as well as financial, tax assistance and microbusiness development services.

*Through its links with residents, community groups, policymakers and outside agencies, the Laytonville Partnership is creating a far-reaching, collaborative public health system in the community.*

# Recommendations for Po

What will it take to foster community-based public health in the long term? Local public health alliances can achieve important policy and systems changes. In Shasta County, for example, a partnership helped persuade the school board to adopt a healthy-foods policy for the district. In an unincorporated area of Los Angeles, another partnership helped build support for a new garbage disposal district.

Sustaining these alliances, however, requires broad changes at the state level. Based on the experience to date, PPH recommends three broad policy and systems changes to improve community health in California:

**1. Local public health systems should support broad prevention strategies for improving the health of communities.** To achieve significant community health improvements, public health departments need organizational structures, financing, staffing, data capabilities and leadership that support collaborative work with communities and public and private organizations. Communities need the social capital, organizational networks (within and outside the community) and financing, staffing and leadership to address a wide range of community health issues over time. Public and private agencies need to understand how their missions overlap with the goals of community health improvement. They need to see public health departments and community residents as partners in sustained collaborations to achieve broad community health improvement goals.

## RECOMMENDATIONS

A. Key statewide public health organizations and partners in the public health system should systematically review the capacity of state and local public health

infrastructure to support activities reflecting a broad view of community health. This comprehensive review should examine the:

- organization of public health at the state, regional and local levels
  - financing of public health
  - skill sets, roles and responsibilities of the public health workforce
  - capacity to produce comprehensive community health profiles
  - leadership development in local public health systems.
- B. Long-term public and private investment should support the development and sustainability of the capacities that communities need to effectively engage in health improvement. Based on the definition of community capacity as “...the interaction of human, organizational, and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain the well-being of a given community,” the essential elements of community capacity include the ability to:
- Build relationships within the community among residents, organizations and agencies and engage in joint action.
  - Engage individuals, agencies and institutions outside the community to increase access to resources and influence decisions that affect community health.
  - Establish effective governance, including mechanisms for assessment, prioritization, decision making and problem resolution.

Strategies that contribute to strengthening these capacities focus on leadership development, community mobilization, organizational development and advocacy training.

# Policy and Systems Change

## **2. Performance standards should be established to support community health improvement.**

Accreditation of local public health departments is receiving national attention as a way to hold agencies accountable and help convince legislators and the public that investments in public health are achieving their intended purpose. Accreditation based on the current function of public health departments, however, may institutionalize a narrow view of public health. Instead, performance standards should be tied to broad goals of community health improvement. Models of accountability should also extend beyond formal public health governance to include community and other agency partners.

### **RECOMMENDATIONS**

Key statewide public health organizations should:

- A. Implement state and local public health capacity assessments, the National Public Health Performance Standards Program (NPHPSP) and Mobilizing for Action through Planning and Partnerships (MAPP) throughout California to foster public health improvement processes based on a broad view of health.
- B. Reexamine public health statutes providing the legal basis for public health responsibilities in order to determine their compatibility with a broad view of community health.
- C. Explore mechanisms for public accountability that go beyond formal governance in order to hold local public health systems accountable

## **3. State-level public health leadership should be strong to achieve major community health improvement goals.**

The constitutional basis for public health in the United States rests primarily with the states. Attempts to broaden the focus of public health at the local level, therefore, depend very much on state support. In California, however, the prospects for collective leadership at the state level are often hampered by tense relationships among key statewide public health organizations, whose different and sometimes conflicting interests make it difficult to develop a common agenda. To significantly improve community health, state health departments and organizations must support broad public health improvement strategies as well as collaborative partnerships that extend beyond the formal boundaries of public health agencies.

### **RECOMMENDATIONS**

Private foundations, key statewide public health organizations, and community groups should:

- A. Review governance structures from other states and propose effective new models of public health governance for California that support a broad view of public health and a commitment to community health improvement.
- B. Review Offices of Community Health in other states and establish a California Office of Community Health that will support local and regional community health improvement processes.
- C. Begin joint planning by public agencies and private foundations to establish shared priorities, based on a common commitment to community health improvement.

# Conclusion

The focus of attention in public health is now almost exclusively on bioterrorism and emergency preparedness. The future health of Californians, however, will depend on community-based efforts to reduce chronic diseases and their associated risk factors. This work is not on the periphery of public health, but at its center, with lasting implications for the health of Californians through this century.

The lessons learned in this report illustrate some of the steps that it will take, on the ground, to build the capacity for community-based public health improvement. Partnering to achieve this goal is a complex process for community groups as well as public health departments, and each has much to learn from the other. Public health agencies stand to benefit from community development approaches; at the same time, public health professionals can help community organizers and advocates better understand the health impacts of the living conditions they are working to improve. PPH has created an opportunity for this collaboration to develop. Working together, agency and community partners can expand the constituency for public health and the effectiveness of health improvement efforts.

Midpoint through the PPH initiative, many partnerships have taken small, but important steps toward building the new public health systems that are needed to improve health in California. As this work progresses, there is a clear need for policy and systems changes at the state and local levels. Continued, long-term investment is also needed to develop the capacities of community groups, health departments and other agencies to engage in the work of community-based public health.

*Working together, agency and community partners can expand the constituency for public health and the effectiveness of health improvement efforts.*



## THE CALIFORNIA ENDOWMENT

The California Endowment, a private, statewide health foundation, was established in 1996 to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians. The Endowment has regional offices in Los Angeles, San Francisco, Sacramento, Fresno and San Diego with program staff working throughout the state. The Endowment awards grants to organizations and institutions that directly benefit the health and well-being of the people of California. Program areas include: Access to Health Services, Health Work Force Diversity, Cultural Competence and Disparities in Health. Special initiatives include mental health and agricultural worker health. For more information, please visit: [www.calendow.org](http://www.calendow.org).

The California Endowment, which initiated the Partnership for the Public's Health and selected the Public Health Institute (PHI) as its partner, provides funding for all aspects of the program. The Endowment's vision is to work in partnership with organizations that invest in strategies that help people live healthy lives, and ensure that access to quality health care is available for all. The partnership with PHI is designed to accelerate the work of strengthening and modernizing systems to protect and improve the public's health through a comprehensive, integrated approach.

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## PUBLIC HEALTH INSTITUTE

The Public Health Institute (PHI) is an independent, nonprofit organization dedicated to promoting health, well-being and quality of life for people throughout California, across the nation and around the world. At the forefront of current issues, PHI is an incubator for innovative community-oriented solutions to emerging public health issues and a vital connector for traditional and non-traditional public health partnerships.

Since its founding in 1964, PHI is one of the largest public health nonprofit organizations in the United States. The Institute nurtures new programs and initiatives, often in partnership with foundations and other funders. PHI has an annual budget of \$73 million and a staff of more than 550. It conducts approximately 250 projects funded by state and federal government and private foundations.

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*a collaboration of* THE CALIFORNIA ENDOWMENT  
*and* THE PUBLIC HEALTH INSTITUTE