

# Health Departments and Communities Mobilize to Prevent Chronic Disease

## A Case Study from Contra Costa Health Services

### Abstract

Chronic disease has become the leading killer and biggest single threat to quality of life in the United States. Diseases like cancer, heart disease and asthma *disproportionately* affect low income, ethnically diverse communities. After years of failing to engage these populations around chronic disease prevention, Contra Costa Health Services decided to try a new approach. This case study describes how the health department shifted its traditional role and began collaborating with several segments of the community to redefine and address chronic disease in a more community-relevant, comprehensive and coordinated manner. It shares

how the health department undertook the internal change process needed to work in this new way. The case study outlines the steps that were taken to mobilize residents, community-based organizations and health coalitions to help them identify actions they could take together to prevent chronic disease. It describes the Chronic Disease Prevention Organizing Project (CDPOP) successes, challenges and lessons learned, in hopes that other health departments and communities will benefit from Contra Costa's experience.



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## Why is Chronic Disease Prevention a Priority?

Chronic disease is now the leading cause of death and diminished quality of life in the United States. Chronic diseases are responsible for two of every three deaths in the United States each year.

Low-income, ethnically diverse communities suffer disproportionately from the impacts of cancer, heart disease, diabetes, asthma, and stroke. Yet historically, prevention programs had limited success with these groups.

Campaigns to get people to stop smoking and eat more fruits and vegetables had not worked for several reasons. Residents were preoccupied with more urgent problems such as violence, substance abuse, and unemployment. Programs focused on individual behavior failed to address the broad social, environ-

mental and economic context that shaped personal choices. When health professionals presented themselves as experts, they did not truly engage people and they often remained unaware of the community's own concerns and most importantly, potential to address the problems themselves.

In response, the health department shifted its role and began to work with neighborhoods to identify their priorities for community improvement and to build the residents' own capacity to effect change. The department was open to addressing whatever problems a community considered most pressing, laying the groundwork for later efforts to focus on chronic disease. It worked with a range of players, including community organizations, the faith community, the media, and elected officials. ■

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# The Chronic Disease Prevention Organizing Project

Elected officials and other community leaders had worked with Contra Costa Health Services for many years to address issues such as smoking, AIDS, and homelessness. In 1987, the health department and board of supervisors established the Public and Environmental Health Advisory Board (PEHAB), a citizen group that makes recommendations on emerging community health concerns and potential strategies to address them.

PEHAB advocated a broader approach to chronic disease prevention, and in the mid-1990's pursued an ambitious plan for change. The Advisory Board got input from more than 100 health care providers, activists, academics, seniors and youth across the county. The findings, reported in *Chronic Disease Prevention: A Framework for Contra Costa*, formed the basis for the Chronic Disease Prevention Organizing Project (CDPOP).

CDPOP was a more comprehensive approach to preventing chronic disease in underserved communities. It worked with neighborhood residents and a broad range of local organizations to address risk factors common to many chronic diseases: tobacco, poor nutrition, physical inactivity, chronic stress, unhealthy environments, and low socioeconomic status. The three-year initiative was launched in 1999 with a small grant from the California Department of Health Services. It is hoped that CDPOP can serve as a model for health departments and communities around the country. (See "Preventing Chronic Disease: A Guide for Local Health Department's at <http://ccprevention.org>.)<sup>1</sup>

## The Spectrum of Prevention: A Tool Used for Planning

The health department also took advantage of previous work using the Spectrum of Prevention as a framework for planning programs that addressed complex community health problems. (See *The New Spectrum of Prevention: A Model for Public Health Practice* on line at <http://ccprevention.org> for a more detailed description) While many of the *individual* strategies outlined in the Spectrum are used by local health departments, when considered *together* they provide a powerful tool in developing a comprehensive, collaborative approach to addressing the individual, social and environmental factors which influence a community's health.

CDPOP adapted the Spectrum strategies to fit chronic disease prevention, and decided to focus initially on the levels where the department had extensive experience and had some existing resources that could be tapped to:

- **Change organizational practices** within the health department.
- **Mobilize neighborhoods and communities** to work together to reduce environmental and social risk factors for chronic disease.
- **Enlist coalitions and networks** to address a broad range of risk factors.
- **Educate the community** to raise awareness of chronic disease prevention issues.

### Changing Organizational Practices

Before promoting collaboration externally with the community, the health department first looked to analyze its own resources and assets and improve its own internal coordination. The department already had prevention programs for tobacco, breast cancer, lead poisoning, and nutrition and physical activity. Each had its own source of funding and mandated scope of work. With the start of CDPOP, 40 prevention program staff met to learn about the new initiative and each other's projects. Also attending were the department's Healthy Neighborhoods Project (HNP) staff who were experienced in the kind of grassroots organizing CDPOP wanted to pursue.

Participants didn't all share a common vocabulary so acronyms and buzzwords were explained and terms like *collaboration* defined. People shared experiences and raised issues that might otherwise have hindered forward movement. Despite some reservations, staff began to identify areas for potential collaboration.

At a follow-up meeting, they explored specific prevention strategies in more detail and decided to establish an ongoing collaboration committee and monthly health educator networking meetings. To help staff become more familiar with a community organizing approach, HNP led a session providing an overview of its work and introducing key organizing strategies. (For more infor-

<sup>1</sup> The guide outlines in more detail the community-focused approach to partnering with many segments of the community. Each chapter describes a specific strategy for preventing chronic disease, including steps to take and sample tools to use.

mation on the specific steps and stages, see Chapter 1 of the CDPOP Guide.)

With some internal reorganization underway, CDPOP staff turned their attention to working directly with the community, to solicit their help in redefining chronic disease as it was relevant to them, and in determining the solutions that would improve their community's health. The process and outcomes for each step in this effort are described in the sections that follow.

## **Mobilizing Neighborhoods and Communities**

To begin work with residents, health department staff and PEHAB reviewed data to see where the risk for chronic disease was highest. The department decided to pilot CDPOP in two communities in the city of Pittsburg in east county. In both neighborhoods, HNP staff had worked with residents for three years prior to CDPOP, helping them to identify and address their most pressing concerns. The neighborhoods were now ready to work on chronic disease prevention.

CDPOP and HNP staff teamed up to train resident organizers on basic public health principles, environmental risk factors for chronic disease, and strategies for prevention. Residents discussed how their environment influenced people's behavior and choices. They recognized, for example, that it was difficult for their children to be physically active when the streets and neighborhood playground were not safe.

After the training, organizers in one neighborhood conducted more than 100 door-to-door surveys to solicit residents' perceptions about chronic disease risk factors in their community. Both communities took part in a neighborhood "walk-around" to map the physical problems as well as community assets. Organizers held community forums to convey the findings, help people link the issues to chronic disease prevention, and solicit resident input in identifying priorities for action.

With great enthusiasm, one neighborhood chose physical activity as a priority and created a plan to improve opportunities for residents. An empty community room was utilized to hold a weekly aerobics class, with on-site child care. Residents formed a walking club that participated in a breast cancer walkathon. The second neighborhood focused on creating a healthier, safer environment. The health department researched about dumping laws and residents worked with landlords to request additional dumpsters and trash pickups. In addition to organizing community cleanups, residents successfully lobbied the city council to attend to inadequate street lighting. They also sought to develop a posi-

tive police presence and to establish a Neighborhood Watch program. (For more details about the process, steps and sample tools, see Chapter 2 of the CDPOP Guide.)

## **Enlisting Coalitions and Networks**

CDPOP approached this strategy by working in two arenas. It worked to identify and establish a network of community-based organizations that were interested in working together to prevent chronic diseases. It also sought to bring together existing health coalitions to explore the possibility of a broader, more comprehensive and coordinated approach to chronic disease prevention policy and advocacy.

### *Collaborating with Community-Based Organizations*

Recognizing that community-based organizations (CBOs) often have strong relationships with low-income, ethnically diverse communities, CDPOP worked to build a network of organizations in Pittsburg that could support chronic disease prevention. The health department brought together a community clinic serving primarily Latino clients, a Head Start program, and a nonprofit agency that promotes health through training and peer support programs. Through a series of meetings, these agencies identified ways to pool expertise to enhance prevention efforts. For example, the health department offered to develop chronic disease education materials, the clinic to conduct health assessments in Spanish, and the nonprofit to share its training expertise. (See Chapter 4 of the CDPOP Guide for a description of the process)

The organizations decided that improving nutrition and physical activity and reducing long-term stress for preschool families was their top shared priority. They recognized that their staff would need training before they could introduce a multi-risk factor approach to clients. The group wrote a grant to train staff who could then assist families to identify risk factors for chronic disease.

While the grant was not funded, the agencies built on their new ties, joining another regional initiative called the Partnership for the Public's Health. This effort aims to help Contra Costa's health department and residents work together more effectively to improve community health. Two of the agencies also worked with the health department to address asthma, the group's second highest health priority.

### *Linking Coalitions to Influence Policy*

CDPOP also explored how health advocacy coalitions might work collectively to develop a broader approach

to preventing chronic disease. They brought together staff from health department coalitions that worked on chronic diseases and their risk factors. In sharing information about each group's mission and activities, participants discovered a common interest in serving low-income, ethnically diverse families and in working more effectively with the media and local elected officials to advance their policy goals. (See Chapter 3 of the Guide.)

Though interested in networking, the staff were reluctant to collaborate and concerned about losing sight of their primary missions. Although a number of ambitious recommendations were put forth, limited resources and lukewarm staff commitment led to more modest efforts aimed at sharing information. All the coalitions' goals for the coming year were compiled and shared. CDPOP created a resource binder on working with coalitions that included sample materials from each group. The health department led a media advocacy training session attended by members of several of the coalitions.

### **Educating Communities and Individuals**

The project launched an education campaign based on three guiding principles:

- Offer information in a way that is personal and easy to understand.
- Emphasize assets in the community.

- Illustrate successful local community mobilizing efforts.

CDPOP worked with the county cable television station to transform a slide show, which described the local impact and community solutions to chronic disease, into an engaging video. Staff and PEHAB leaders were trained to use the video and given a facilitator's guide to use to trigger discussion during presentations.

The video aired repeatedly on the county's cable station, which serves nearly 300,000 homes. It was also presented to community colleges, neighborhood associations, interfaith networks and a local hospital board, among others. Two of the colleges added a session on chronic disease prevention to their health science course curriculum, incorporating the video as a central element.

CDPOP also used the print media to draw attention to chronic disease, by writing letters to the editor in response to stories about chronic disease. Each letter recast the story, changing the focus from individual behavior to the need for collective action. A number of community leaders contacted the program as a result. (See Chapter 5 for the "how to's" of developing a chronic disease media education campaign.)

## **Challenges and Lessons Learned**

CDPOP faced a number of challenges over the course of the three-year initiative. These experiences are shared as lessons for any collaborative effort in public health.

### *Building and Sustaining Relationships*

- Low-income communities had seen agencies bring their own agenda into their neighborhoods, launch ambitious projects, and then disappear when funding expired. They were suspicious when the health department claimed to want to work together in a new way.
- Inequity of power remained a major stumbling block. Community groups that received funding from the health department feared retribution if they disagreed with or challenged it. The health department also had more resources and greater

access to institutions and policy makers. Local groups and residents were at a disadvantage which fueled mistrust and suspicion.

- Turnover of leadership and staff in local organizations, the community, or even the health department sometimes disrupted collaborative efforts. At times, new leaders had different interests, which forced a revision of plans.
- Health department reliance on funding with pre-determined goals and timeframes hindered their ability to respond to different community priorities and led to lack of confidence in the department's sincerity and commitment.

To confront these obstacles, CDPOP staff talked openly and honestly about the community's experiences, the inequities of power and the natural tension existing among parties. They worked to engender trust by maintaining a visible presence even during times of controversy, and by openly acknowledging the department's limitations, which helped set realistic expectations.

The public health director consistently supported the concepts of community participation and capacity-building. When CDPOP began, he committed to follow through with or without funding, and redirected resources to meet that commitment. The Project received more than half of its funding from the public health division's general budget, helping to sustain projects adopted by the community even when outside funding ran out.

### *Pursuing a Comprehensive Approach to a Complex Problem*

Developing a coordinated and comprehensive approach was challenging when:

- funding streams were tailored to specific diseases and consequently, health department programs were organized along narrow, categorical lines.
- turf battles and competition for funding and staff resources sometimes occurred between department programs and among coalitions.

CDPOP staff had to exercise patience and persistence in helping stakeholders see how chronic disease stems from common factors, and how various organizations and interests might garner strength by uniting. Just as CDPOP was being introduced, for example, the Breast Cancer Partnership found itself pitted against the Tobacco Prevention Coalition as the state legislature debated whether to divert tobacco prevention dollars to breast cancer screening and treatment. Luckily, the groups had some members in common and the two coalitions decided to reinforce one another. Their message to the legislature: both initiatives are critical and both should be adequately funded. Legislators heeded the call.

To deal with the complexity of chronic disease, the health department adapted its approach to training and orienting new community leaders. The one-day training on public health issues was reorganized into a series of sessions offered during HNP's regularly scheduled neighborhood action team meetings. Since new residents joined in along the way, ongoing orientation and training needed to be offered.

### *Getting Buy-In to Focus on Assets and Capacity Building*

A third challenge was helping health and social service agencies to recognize and take the time to engage the tremendous assets of their community clients. Low-income communities felt providers perceived them primarily as suffering from a long list of deficits and problems. They felt the provider focus on changing individual behavior reinforced a "blame the victim" mentality that was counterproductive.

CDPOP worked with service providers to encourage them to shift their thinking to include supporting residents to organize in their communities and advocate for new policies. CDPOP modeled this approach by involving community members in all phases of the project's development, and emphasizing the communities' resources and its successes.

The CDPOP effort also spotlighted the importance of providing ongoing support and technical assistance to community organizations around resource development, data collection and analysis, and program planning and evaluation. The health department found it had a role to play in helping these groups gain access to and win credibility with foundations and other institutions. It also came to appreciate how much department staff could learn from the community about how to work more effectively with diverse populations.

### *Sustaining the Collaborative Approach*

Finally, there was the challenge of sustaining the collaborative effort. CDPOP learned that most funders support pilots for a short time period, expecting a level of achievement, integration and sustainability that was impossible to achieve in 2-3 years time.

The Project successfully incorporated its approach into established programs and developing initiatives. Even after CDPOP ended, for example, HNP continued to focus on chronic disease issues through neighborhood health fairs, workshops to reduce parental stress and town hall meetings on environmental health. The department's cross-divisional asthma team was influenced to develop a more community-focused program that incorporated prevention, advocacy and environmental justice concerns as well as the coordination of clinical services. Most recently, a new women's health initiative redefined breast cancer in a broader context; the vision and direction are coming from the community. ■

## Summary

CDPOP gave the health department a unique opportunity to see if low income, ethnically diverse communities will identify chronic disease prevention as a priority, if they are equal partners in defining the issues and solutions, and if their existing strengths and assets are mobilized to respond. The neighborhood-level organizing and establishment of a chronic disease prevention network in Pittsburg demonstrated that communities will rally around preventing chronic disease.

The project demonstrated that the health department needs to undergo its own change process first, for a collaboration with the community to work. Sustaining the effort requires consistent organizational, institutional and community leadership, and creative identification and sharing of resources to support the work.

The health department and community found the Spectrum of Prevention to be a useful tool to develop a more comprehensive chronic disease prevention approach. Community leaders in the network found it provided them with a public health perspective and helped them see how their agency's activities might fit into a broader approach. The participants also eventually recognized that the hoped-for policy and legislative interventions could not be accomplished without first successfully mobilizing the communities, organizations and other constituencies that could advance such measures.

Health departments interested in this approach will likely want to adapt it to their own situation and resources. Contra Costa Health Services is interested in hearing about the experiences of others already doing similar work or who are inspired to pursue the approach as a result of this paper.

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