This article was produced under the sponsorship of Contra Costa Health Services (CCHS). The authors acknowledge the contributions of the CCHS Writers Group and its community and organizational partners. The Writers Group includes the Assistant Director of Health Services, the Director of Public Health and other CCHS staff members, and solicits input from a variety of CCHS programs. Special thanks to Galen El-Askari and Sheryl Walton for their significant contributions to making HNP a reality, and producing earlier drafts of this manual.

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Contra Costa Health Services
How to Use This Guidebook

This Healthy Neighborhoods Project (HNP) Guidebook presents a strategy that health departments and other agencies can use for improving community health. The Guidebook presents the asset-based, community building model of HNP and how it has been implemented in one large California county.

Throughout the guidebook we refer to two additional publications that heavily influenced the development of the program: Organizing for Social Change: A Manual for Activists in the 1990s by Kim Bobo, Jackie Kendall and Steve Max, and Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community’s Assets, by John P. Kretzmann and John L. McKnight (see Appendix I).

This guidebook is not a template to be followed word-for-word. We encourage you to select the elements that fit with your vision, goals, and organizational characteristics and restraints. In our case, the project has evolved significantly over the ten years since its inception, and we adapted it repeatedly based what we learned along the way. We hope you find our experience useful.
# What You’ll Find Here

**Chapter 1: The Healthy Neighborhoods Project** – gives background and an overview of the purpose and philosophy of the Healthy Neighborhoods Project (HNP), including why our county health department adopted this approach and examples of our accomplishments. The Chapter discusses the underlying assumptions of the project, including the capacities and deficiencies of low-income neighborhoods, community empowerment through resident participation and control, and the health benefits of community involvement. 7

**Chapter 2: Tips to Ensure A Successful Program** – outlines the issues that need attention in developing a Healthy Neighborhoods Project: assessing and preparing the organization; planning for sustainability; staffing and cultural competency; achieving community acceptance; and providing resident leaders with individual advocacy and support. 11

**Chapter 3: Project Components** – describes key activities and benchmarks of progress of HNP efforts: selecting neighborhoods; convening neighborhood advisory groups; organizing and training action team members; mapping community assets; holding community forums; and creating and implementing action plans. 17

**Chapter 4: Ongoing Skills Building** – discusses “on-the-job” and formal training that develops the skills of the Community Organizers and Neighborhood Health Advocates. 33

**Chapter 5: Evaluation** – explains the importance of participants being involved in the evaluation process and describes methods and tools for evaluating the project. 45

**Chapter 6: Sustaining Neighborhood Gains** – explores some key issues in maintaining and fostering a fruitful partnership between the neighborhoods and the health department. 51

**Chapter 7: Case Studies** - provides in-depth descriptions of how the Healthy Neighborhoods Project was implemented in two neighborhoods in Contra Costa County, including successes and challenges from the perspectives of project staff and participants. 55

**Appendices** – Support materials, sample handouts, references, and other tools. 67
CHAPTER 1

THE HEALTHY NEIGHBORHOODS PROJECT

The Healthy Neighborhoods Project (HNP) was developed in 1994 by the Public Health Division of Contra Costa Health Services, the health department for Contra Costa County, California. Instead of focusing solely on risk factors, the HNP identifies and draws on the resources present in all neighborhoods, then works in partnership with community-based organizations and residents to improve community health. Residents are trained to work with their neighbors to catalog the perceived strengths of a community and create a “community capacity inventory.” Neighborhood action plans reflecting the priorities of residents are developed and implemented with the help of HNP and other Health Services staff, who provide training and technical assistance, facilitate getting resources to the neighborhood, and evaluate the project, all with resident participation.

A GRASSROOTS APPROACH TO COMMUNITY BUILDING

In the early 1990s, Contra Costa Health Services’ Tobacco Prevention Project tried repeatedly but unsuccessfully to engage low-income residents in a tobacco prevention campaign. The health department learned two lessons from this failed effort: (1) communities confronted with immediately pressing, often life-threatening issues assign low priority to the health risks of smoking; and (2) residents distrusted the health department because funds for past programs were used to hire county staff and expand existing bureaucracies rather than help communities directly.

Health department leaders realized that they needed to address residents’ priority needs first before expecting them to participate in health promotion activities. They decided to use a grassroots approach to community building:

Nothing can dim the light that shines from within.
— Maya Angelo
starting at a neighborhood level, they would try to mobilize local assets to address neighborhood concerns and improve quality of life. With a little funding from their tobacco and nutrition projects, CCHS’ Public Health Division set out to develop a Healthy Neighborhoods Project.

The Healthy Neighborhoods Project was piloted in 1994 in a city public housing development. The project was so successful that the county received one-time only grant funds to replicate it in four more neighborhoods in 1996. The pilot and one expansion project are described in detail in Chapter 7.

PROJECT PRINCIPLES AND PHILOSOPHY

HNP encourages communities to be guided by a broad understanding of health, defining a healthy community as one that advocates and works for a positive physical, social, and economic environment that supports the well-being of its residents. Income levels, employment, environmental issues, educational opportunities, housing, street safety, and transportation all influence health and quality of life for residents. Once tangible improvements have been made in a neighborhood and residents have achieved a level of community organization necessary to continue effecting change, the health department can introduce prevention strategies that mirror the health issues residents have identified.

The project believes that even in communities with a predominance of well-documented problems such as drugs, homelessness and crime, a community’s positive resources can be mobilized to improve the lives of its residents.

The more traditional view of “marginalized” members of a community as simply needing access to services to become functional members of society “clientizes” rather than empowers them. Residents become the problem and services the solution.

In contrast, HNP is based on three assumptions:

- All communities have a vast array of resources and capacities that go unrecognized or untapped. Individual assets include artistic, mechanical, caretaking and other skills; community assets include churches, informal networks, locally owned businesses, parent groups, and neighborhood associations.

- Residents are much more likely to participate in health programs if they have been involved in collective action involving high levels of resident participation and control.

1HNP adapted the Asset-Based Community Development (ABCD) approach developed by John P. Kretzmann and John L. McKnight, as described in their text, Building Communities from the Inside Out (See Appendix 1).
An increased sense of control may have positive health benefits. Being involved in a successful community project is a significant factor in improving a person’s confidence, ability to cope, and satisfaction with life. As communities learn how to engage in collective problem solving, key health and social indicators – such as rates of chronic disease and street violence – also may begin to decline.

The Contra Costa neighborhoods participating in HNP have made the connection between collective community action and improved community health. They have developed strategies that deal with environmental pollutants, chronic disease, and preventing violence and injury for their communities. Neighborhoods have most recently:

- Joined the health department in efforts to prevent childhood lead poisoning
- Mobilized their communities by holding Environmental Justice Town Hall meetings to allow community residents to directly dialogue with policy makers around air pollution and land use issues, the county’s community warning system and refinery flaring
- Formed an Alcohol Policy Working Group to reduce alcohol sales to minors and decrease street violence and drug dealing
- Trained residents about illegal dumping and worked with local government to revitalize vacant lots
- Conducted healthy cooking demonstrations, initiated neighborhood kickboxing classes, and started walking clubs to address chronic disease prevention.
- Convened youth and adult residents, police, and city officials to discuss community tensions and plan long-term prevention strategies after a shooting in one neighborhood

**PROJECT STAFFING**

HNP requires strong institutional support in the form of a coordinator dedicated to the program, resources to fund the effort, and the backing of the whole organization. Once running, the program also employs a Community Organizer for each participating neighborhood, enlists volunteer Neighborhood Health Advocates who work with the Community Organizer as an Action Team, and involves community leaders and neighborhood residents.

The Project Coordinator will spend a great deal of time getting to know the communities and training the Action Teams. As much as possible, the actual project plans are carried out by Action Team residents.
Security is mostly a superstition. It does not exist in nature, nor do children as a whole experience it. Avoiding danger is no safer in the long run than outright exposure. Life is either a daring adventure, or nothing. To keep our faces toward change and behave like free spirits in the presence of fate is strength undefeatable.
— Helen Keller (1940)

CHAPTER 2

TIPS TO ENSURE A SUCCESSFUL PROGRAM

Dedicating resources to developing, empowering and sharing control with community resident leaders may be a formidable challenge for agencies accustomed to providing services and programs to “needy clients.” This chapter suggests ways to maximize success by taking some specific steps in setting up the program:

- Prepare your organization.
- Plan for project sustainability from the start.
- Choose a project coordinator carefully.
- Develop cultural competency.
- Achieve community acceptance.
- Address individual and family support issues.
- Design an evaluation plan with community input (discussed in Chapter 5).

PREPARE YOUR ORGANIZATION

Health departments accustomed to a clinic-based model of categorical services will need to cultivate shared understanding and commitment to the broader philosophy of the Healthy Neighborhoods Project (HNP). Look for allies who are likely to champion the approach. For example, Public Health programs already work in communities using a population-based and
environmental risk factor approach. Discussing the project with key managers in Family, Maternal and Child Health, Substance Abuse and Prevention programs may be an important first step. Presentations can educate staff about the community-building model and provide a venue for brainstorming the challenges and how to make it work within the county system. Expect to encounter turf issues, uneasiness regarding the approach, or lack of understanding about how community-building strategies can enhance or promote service-delivery practices. Once the project is launched, you will need mechanisms to continue to educate and update staff regularly about the project activities.

A critical component is to begin a dialogue about possible roles, responsibilities and expectations for both staff and resident participants in the project. Identify potential resources that could be directed toward the program and be realistic about the level of time and resources that will be required for startup.

If the agency will be providing meeting space, office equipment and other resources, the work environment must be receptive to participants from the community who may not be accustomed to the organizational climate. Agency norms and practices may need to be adjusted. Community building also requires that resident organizers be included in ongoing organizational life, including staff retreats and events.

Commitment from high level leaders is essential to help pave the way. In Contra Costa, for example, the Public Health Director committed to moving the project forward despite resistance and institutional barriers.

**PLAN FOR SUSTAINABILITY**

From the start, we asked ourselves what would happen if HNP funding ended, particularly if it happened before residents experienced a significant, sustainable impact. Over the years, we have developed a variety of strategies for continuing our efforts. Some of these focus on supporting the local health department in developing its own infrastructure and capacity to work with communities, while others focus on securing funding to support the neighborhood-level activities. Create a fund development plan that provides program support from a variety of sources, both internal and external to the agency:

- Target external funding sources interested in supporting the linkage between grassroots community capacity-building and health improvements. Work with programs internally to identify emerging health issues where a community mobilizing strategy could be applied and written in to new grant proposals.

- Explore with other programs ways to braid existing categorical funding streams to provide continuing support to the project. Some
local health departments have tapped Bioterrorism funds or food and nutrition funding from the state, for example.

- Create career ladders for residents who are developing job skills in the project, to increase internal diversity and bring the community voice more directly into the health department.

- Identify a non-profit organization willing to act as an umbrella organization to receive grant funds for the neighborhood projects that cannot be funded through the health department. Be prepared to assist neighborhood teams in writing grant proposals or even becoming incorporated with their own tax-exempt, 501(c)(3) status.

- Identify local businesses, community organizations, faith groups and schools that may wish to sponsor neighborhood activities or provide ongoing support to the teams.

- Identify resources in your own organization that could be harnessed for long-term support. This might include providing access to meeting space, office equipment and supplies, or making staff time available for partnership building, technical assistance and training.

- Integrate current public health programs into the neighborhoods in a manner that promotes community leadership and public health advocacy.

Several chapters in Building Communities From the Inside Out discuss how to tap the resources of local associations and institutions (see Appendix I).

**HIRE THE RIGHT PROJECT COORDINATOR**

The project’s success hinges on having the right person at the helm. The Project Coordinator will be responsible for obtaining buy-in from neighborhood gatekeepers and gaining the trust of residents. To do this, the Project Coordinator needs to be extremely dedicated to the community and demonstrate that s/he will support rather than direct residents, leaving decision-making to them. (See Chapter 3 for more details on the Project Coordinator’s role.)

The Project Coordinator must be skilled in working with many cultures, while also possessing the savvy necessary to effectively promote internal organizational changes. In Contra Costa, Project Coordinators have held Community Forums that were as much cultural and family events as planning meetings; healed old rifts between community-based
organizations and the health department; helped the health department consider the community’s perspective in program development; and highlighted where the organization needed to develop cultural competency.

The Project Coordinator must have strong community-organizing skills, be flexible, have a passion for identifying and building on community strengths, and be able to balance and link community interests to those of the institution.

DEVELOP CULTURAL COMPETENCY

The level of your organization’s cultural competency will greatly influence your ability to succeed. Because cultural competency is an important and highly complex issue, we suggest a few guiding principles from the Contra Costa County experience:

- Make a strong effort to acknowledge cultural biases in your organization and in yourself. Recognize that everyone has a unique frame of reference. Explore different assumptions, styles and preferences with respect.

- Assess the literacy and language needs of community participants. Make resources available for oral and written translation.

- Recognize that developing cultural competency is ongoing, not a one-time activity.

- Identify any historical or current power relationships in the institution or with the community, among individuals or groups of various class or cultural backgrounds. This recognition builds respect and promotes authenticity in relationships between staff and community members.

- Acknowledge that the dominant work style in your organization may not be most conducive to building community capacity. Your organization’s meeting style, for example, may be to have agendas prepared in advance, a flip chart for recording ideas and a process that gives everyone a chance to contribute their thoughts. In some neighborhoods, residents may prefer more informal discussion. Use good facilitation skills to adapt to the culture and style of the participants.

- Anticipate cultural competency issues that may arise among participants and plan for them in trainings. Pay attention not only to racial and ethnic diversity and intergenerational relationships, but also to differences in sexual orientation and attitudes about gender roles.
ACHIEVE COMMUNITY ACCEPTANCE

Community acceptance and the support of local leadership are obviously essential to the success of the project (these elements are discussed further in Chapter 4). Efforts can easily be undermined by turf issues unless you get early buy-in, particularly from community-based organizations or existing neighborhood leaders.

The Project Coordinator (PC) will need to learn the history and dynamics of the community to assess if there is enough support at the resident and/or community levels to implement the project. Meeting with the key gatekeepers – such as directors of community-based organizations, neighborhood activists, presidents of local associations and faith leaders – will help the PC begin to build relationships with individual residents, establish ties with community resources and learn about community priorities.

Another part of building trust with community leadership is to emphasize the long-term commitment of the project. Many communities’ experience is that grant-funded programs raise community expectations, only to exit a year or two later. HNP activities can continue to provide a consistent base of support, training and assistance in the neighborhood as priorities shift and residents become empowered to take the lead on issues of concern.

ADDRESS INDIVIDUAL AND FAMILY SUPPORT ISSUES

Residents in most HNP neighborhoods are likely to have limited resources and multiple stressors. There may be economic crises, loss of housing, substance abuse, domestic violence or other challenges among participants or within their families. Consider having designated and trained staff or
resources in the community to act as “Advocate” or “Resource Specialist,” counseling residents in crisis and pointing them toward resources.

Basic information and referral may be all that is needed to help the person in crisis navigate the services and support that are available to them. But if a key member of the Neighborhood Action Team is in crisis, the organizer and/or PC may need to consider some challenging issues. These include the project’s obligation to staff, the team, and the community and how to balance the priorities of the person’s well-being with the program objectives, the integrity of the team, and the perception in the community. If the affected person is a paid staff member, the PC will need to figure out how to support the person if his or her job performance is affected by long-term personal issues or stresses while working within organizational procedures.

HNP teams are urged to adopt guiding principles for addressing sensitive situations as they occur. Here are some sample values to discuss in the teams early on:

- We care about each other.
- We listen carefully to each other.
- We are aware that all of us have personal problems with our families, our health, or other people at sometime or another.
- We don’t participate in gossip. If we hear a rumor about a problem someone else may be having, we check it out with the person directly, in a caring and respectful manner.
- We offer and accept support.
- We use the terms “we,” “us,” “our” to represent the project.

We encourage you to acknowledge at the very beginning that these issues will exist. Providing support for participants in crisis is a crucial element in building trust and achieving a successful Healthy Neighborhoods Project.

**DESIGN AN EVALUATION PLAN WITH THE COMMUNITY**

Chapter 5 details how to develop your plan so that it addresses community goals.
ESTABLISHING THE PROJECT

This chapter describes the key actions and benchmark activities of a Healthy Neighborhoods Project over a typical two-year project period:

- **Identify regions and neighborhoods**
  - Develop criteria for selecting neighborhoods
  - Hold neighborhood selection meetings

- **Develop the action teams**
  - Convene neighborhood advisory groups
  - Organize action team members
  - Conduct training

- **Guide action teams in their first steps**
  - Map community assets
  - Hold community forums

- **Work with the teams to create change**
  - Support implementation of the action plan

IDENTIFY NEIGHBORHOODS

It may be clear which neighborhood will be the focus of an HNP effort. A neighborhood may have been identified by grant funding or some other focused activity; or residents in a particular neighborhood who have already organized may want to apply aspects of HNP. If your neighborhood site is already defined, skip to Step Three: Convene Neighborhood Advisory Groups, on page 21.

If you have not chosen a neighborhood, doing so is a two-step process. First, develop criteria for selecting neighborhoods that will guide staff in creating a “short list” of potential sites. Second, hold neighborhood selection meetings in each geographic areas where there are neighborhoods being considered.

Figure 1 (next page) is a two-year timeline, tracking the implementation of a HNP in a typical neighborhood. It includes key benchmarks of the project and suggests points when the Project Coordinator may wish to provide additional training to the COs or the entire Action Teams to prepare them for the next phase of the project.
The Healthy Neighborhoods Project

Contra Costa Health Services

Project Timeline

YEAR ONE

Skill Building Sessions

Month

Key Elements

1
Community Buy-In

2
Site Selection

3
Recruit Community Organizers

4
Recruit Neighborhood Health Advocates

5
Orientation Training

6
Mapping

7
Develop Action Plans

8
Regular Program Reports

9
Complete Final Reports

10
Develop Evaluation Plan

11
Agree Upon Final Evaluation Plan

12
Implement Actions

YEAR TWO

Skill Building Sessions

Month

Key Elements

1
What is Health?

2
Facilitating Meetings (2 sessions)

3
Forums

4
Develop Action Plans

5
Media Advocacy (2 sessions)

6
Develop Evaluation Plan

7
Influencing Local Policy

8
Agree Upon Final Evaluation Plan

9
Implement Actions

10
Regular Program Reports

11
Complete Final Reports

12
Figure 1
Step 1: Develop Criteria for Selecting Neighborhoods

Develop criteria that will make clear how neighborhood sites are chosen; this will help avoid confusion or conflict in the community as you proceed. Draft criteria can be developed internally, but will be formalized in a community-wide planning process.

Contra Costa County used the following criteria to choose five low-income neighborhoods for HNP. The planning groups that developed these criteria included health department representatives, service providers, policymakers and resident activists. The first four criteria are essential to any HNP effort being carried out by a local health department. You may choose from the other two based on your project’s goals, or you may create additional criteria. Each criteria is discussed more fully below.

<table>
<thead>
<tr>
<th>ESSENTIAL CRITERIA FOR SELECTING NEIGHBORHOODS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community can identify recognized natural leaders.</td>
</tr>
<tr>
<td>• Neighborhood has a recognized identity.</td>
</tr>
<tr>
<td>• Neighborhood is traditionally underserved.</td>
</tr>
<tr>
<td>• Health indicators, where available, reflect significant needs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDITIONAL CRITERIA FOR SELECTING NEIGHBORHOODS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Neighborhood has previously come together to solve a problem.</td>
</tr>
<tr>
<td>• Neighborhood is a defined catchment area for service delivery.</td>
</tr>
</tbody>
</table>

Community Has Recognized Natural Leaders

Before the program can select specific neighborhoods, the Project Coordinator has to get to know the larger community and gain the trust of local residents. S/he should attend community meetings and events organized by resident councils and community-based, homeowner, cultural, faith-based and educational organizations. Try to identify who appear to be the gatekeepers and natural leaders in the community. Ask other programs in your agency that are already active in the community to identify natural community leaders and key stakeholders.

The Project Coordinator may spend a couple of months making personal visits and group presentations about the project before identifying specific neighborhoods to put on the list. The presentations have several purposes: 1) introduce the HNP concept and goals; 2) meet with the many
culturally specific communities; 3) gain understanding of the missions, perspectives and politics of key community agencies; 4) participate in and support existing collaborative efforts; and 5) establish trusting, committed relationships with resident leaders and community-based organizations.

From these contacts, staff can create a mailing list of residents and community leaders who then receive invitations, flyers and literature regarding HNP and the neighborhood selection meetings (see Step Two).

Neighborhood Has a Recognized Identity
Residents may define their neighborhood boundaries differently than does the local government. Some neighborhood borders are defined by the streets, railroad tracks, or parks that intersect it; others, by public housing developments, trailer parks, or the boundaries of the local elementary school. To help maintain and build on the neighborhood’s character and the project’s grassroots quality, the HNP neighborhood should be no larger than the area residents identify as their immediate community. Ask resident leadership, such as neighborhood councils, coalitions, municipal advisory councils, church leaders and interfaith coalitions to verify any assumptions about neighborhood borders.

Neighborhood Is Traditionally Underserved
Service providers, community-based organizations and grassroots groups may have information that will help identify underserved neighborhoods. It is important to supplement their information with input from the specific communities. Neighborhoods considered are likely to be low income and ethnically diverse areas with inadequately funded schools, limited service programs and high concentrations of environmental hazards. Rapid change and population growth may also characterize these communities.

Health Indicators Reflect Significant Needs
The health indicators examined may include incidence of chronic diseases, alcohol-related deaths, HIV/AIDS cases, hospitalization injuries for children, and overall mortality rates. In Contra Costa, we also considered the presence of environmental contamination – such as from refineries or toxic waste dumps – housing with pre-1950 lead-based paints, intersections with high incidences of car crashes and pedestrian injuries, the presence of firearms dealers and billboards advertising alcohol.

Neighborhood Has Previously Come Together to Solve a Problem
Ideally, a neighborhood selected for HNP is one where the community has already worked together. Having established networks and systems of communication, as well as prior success with collective action, will make the Organizer’s job easier.
Neighborhood Is a Catchment Area for Service Delivery

Local health departments often give special attention to specific geographic areas and population groups, either because of higher risk or funding requirements. If the agency has already determined to work in a specific community or area, you may wish to add this criterion.

For example, when HNP was piloted, CCHS was in the process of securing funds to build a community health center in Western Contra Costa. The center was intended to serve a catchment area defined by community leaders and county staff. To take advantage of this opportunity to build on existing efforts, we confined our selection of specific neighborhoods to the boundaries of the catchment area. The HNP activities became part of a larger, resident-driven process for designing the Center.

A SAMPLE MEETING AGENDA MIGHT INCLUDE THE FOLLOWING:

- Overview of the Healthy Neighborhoods Project concept
- Review of the process and criteria used to identify the neighborhoods on the list
- Description of the activities to establish the project in a new neighborhood
- A brief discussion of your commitment to recruit residents for key positions – Community Organizer (CO) and Neighborhood Health Advocates (NHA) – and how those positions are supported.

Step 2: Hold Neighborhood Selection Meetings

Once you have narrowed your search to a short list, hold neighborhood selection meetings in each of the geographic regions containing the neighborhoods you are considering. Invite residents, gatekeepers and natural leaders of the community to the meetings. Natural leaders can be found by asking, “Who do people go to if they have a problem?”

Ask the community leaders to confirm or revise their neighborhood boundaries. To facilitate this, try the following small group activity:

1) Ask the large group to discuss and confirm the site selection criteria used to develop the short list of potential HNP neighborhoods.

2) Make clear whether the group is deciding which neighborhood (s) you will work with, or making recommendations that will be taken
elsewhere for the decision. Whenever possible and realistic, let the group decide. If not possible, let the group know who will make the decision.

3) Review the list of potential neighborhoods and add to it.

4) Reach consensus that each of the neighborhoods on the list meets the criteria you have chosen. Reconfirm the boundaries of each neighborhood, using a large street map if possible. If everyone is not familiar with each neighborhood, ask that advocates make a “pitch” for their recommendation as a way of increasing familiarity among the group.

5) If there are many neighborhoods under consideration, break into small groups that each evaluate one or two neighborhoods against the criteria you have defined (see sample worksheet in Appendix Ila).

6) Back in the large group, rank the neighborhoods based on the evaluation done in the previous step.

7) Ensure there is consensus about the ranking. If this is not a final determination, reiterate how the final decision will be made and how the decision will be communicated.

This process does not always go as planned. In one Contra Costa County region, after the ranking was completed, a soft-spoken resident of a small, primarily Spanish-speaking neighborhood felt compelled to share her personal vision for improving her neighborhood. Although this neighborhood did not meet the criteria as well as some others, the group was sufficiently moved by her words to put her neighborhood at the top of the list.

If neighborhoods that are not among the selected sites request support, consider helping them to find a funding partner to enable them to participate, or providing them with training on community building (asset mapping and action planning) and leadership skill-building. Offering technical assistance may be the in-kind resource that will assist that neighborhood in launching a Healthy Neighborhoods Project on its own.

**DEVELOP THE ACTION TEAMS**

**Step 3: Convene Neighborhood Advisory Groups**

In each selected neighborhood, the Project Coordinator forms a neighborhood advisory group to help guide the project. The advisory group will identify nominees and assist in selection for the Community Organizer (CO) position, help develop outreach materials, and continue to meet at key project milestones. Since this group will often consist of the same people
who helped with site selection, its members will also help to confirm legitimacy for the project in the community. To convene your Neighborhood Advisory Group, conduct the following activities:

- Invite the formal and informal community leaders identified in Step One to join.

- Hold a meeting to orient the community leaders to the project (See sample agenda in Appendix IIb). Explain the philosophy and goals of HNP and the roles and responsibilities of residents who will be trained to work as Community Organizers (CO) and Neighborhood Health Advocates (NHA). Work with the group to develop appropriate outreach materials, including project descriptions and job announcements. If you have multilingual capacity, consider producing multilingual materials. (See samples in Appendix IIc-f.)

- Ask for nominations for the CO position.

- Involve the group in interviewing and selecting the CO.

**SOME DO’S AND DON’T’S FOR FINDING THE RIGHT COMMUNITY ORGANIZER:**

**DO**
choose applicants who are creative problem solvers, have a passion for making change in the community, are dependable, love working with people, and can connect with diverse communities in an authentic way.

**DON’T**
overlook applicants simply because they lack a well-written resume or polished speaking style.

**Step 4: Organize Neighborhood Action Team Members**

The Community Organizer (CO) is the key leader in the project. His or her first task is to recruit six to ten Neighborhood Health Advocates (NHAs). Together, these individuals make up the core of the Neighborhood Action Team.

Careful advance consideration of compensation issues for community participants is important for several reasons. There may be resentment from local residents who have historically not been employed to carry out the
The Healthy Neighborhoods Project

COMMUNITY ORGANIZER
RESPONSIBILITIES:

- Recruit resident NHAs who represent the diversity of the neighborhood.
- Establish links among neighborhood leaders, individual residents, resident associations and institutions.
- Oversee the neighborhood asset mapping process (described below).
- Facilitate neighborhood forums to get feedback on asset mapping.

NEIGHBORHOOD HEALTH ADVOCATE
RESPONSIBILITIES:

- Canvass neighborhoods to create inventories of assets and solicit participation in the project.
- Record results of interviews.
- Work with COs to create asset maps for the neighborhoods.
- Help residents create action plans.

How your organization compensates COs will depend on the organization’s structures and policies; you may need to experiment with different options over time. In Contra Costa County, we first hired them as part-time contract or temporary employees, but this afforded them no health benefits and jeopardized their government subsidies. Later, we subcontracted with them through an independent non-profit organization that could provide benefits. Ultimately, we created a community health worker classification and they became civil service employees.

The Neighborhood Health Advocates (NHAs), on the other hand, are essentially volunteers. Nonetheless, it is important to recognize the value of their work and compensate them in some way for their contributions. If you decide to offer stipends, it will be important to clearly define the tasks that NHAs need to complete in order to receive their stipends.

Once the organizers have recruited their team members, give all participants a comprehensive orientation to the project and a basic introduction to public health. We recommend a two-day training (detailed in the next section).
After this training, the COs begin holding Action Team meetings once or twice a month, more often if they are close to a scheduled event or action. The Project Coordinator (PC) should attend the first few meetings to observe and assist the COs as they build organizing and group facilitation skills and as the group develops its action plans. Once COs are comfortable with their role, the PC can simply be kept informed on the team’s progress. It is essential for the CO to consult with the Coordinator on any proposed neighborhood activities that would require health department staffing, resources or sponsorship. In some cases, health department staff may be limited in their ability to participate if the effort involves lobbying or other activities clearly prohibited for a government agency. Outside agencies and individuals will need to be consulted as their expertise, support or resources are needed to address resident concerns.

The Project Coordinator’s role is primarily to serve as supervisor, trainer and coach to the CO, usually through at least monthly meetings. At these meetings, COs give Action Team updates and receive skill-building training (see Chapter IV). COs can also fill out monthly evaluation reporting forms as a group (see Appendix Vd). If there are multiple teams, the Project Coordinator may convene all the Action Teams periodically for skill-building activities.

**Step 5: Conduct Training**

Training the Community Organizers and Neighborhood Health Advocates is one of the most important aspects of the project. Increasing their expertise as organizers is the main ingredient to empower them to become effective leaders.

Contra Costa Action Team members complete 16 to 24 hours of orientation training and up to 30 hours of additional skill-building activities. These trainings should incorporate interactive role plays, case studies, and hands-on tools that provide structured opportunities for Community Organizers and Neighborhood Health Advocates to learn and practice new skills.

**The Orientation Training**

*The 16- to 24-hour Orientation Training covers the following topics:*

**An introduction to the health department (or other sponsoring agency):**

- Includes the role of the Community Organizers and Neighborhood Health Advocates, and how to navigate the workplace

- An overview of the elements of carrying out a Healthy Neighborhoods Project
Mapping community assets:
- Creating an inventory list of their neighborhood’s assets by conducting a walk-through of the neighborhood to identify assets and issues or concerns
- Using this information to create a community map

Community organizing:
- Covers the purpose of community organizing, mapping issues, and the ten steps of community organizing (see Appendix IIg)

Action planning:
- Choosing goals, developing strategies, and determining tactics
- Recruiting and involving participants

Team building:
- What makes a good leader and how to work as a team

Group facilitation:
- Planning effective meetings and facilitating a group process

Interviewing:
- How to conduct door-to-door interviews in diverse communities, with an emphasis on cross-cultural communication

Ongoing Skill Building
Additional skill building could come in the form of quarterly training sessions that each focus on a single skill area and include a practical application in the field. For example, a community organizing training could include an actual assignment to conduct a door-knocking campaign to inform or mobilize residents. On-the-job experiences – such as attending a City Council meeting or meeting with a city official to advocate for community concerns – are also highly effective.

The following topics are recommended for skills training (See Chapter 4):
- Team Building
- Navigating the Workplace
- Public Speaking
- Facilitating Meetings
- Media Advocacy
- Developing Advocacy Skills and Influencing Local Policy
- Specific health topics such as Asthma, Diabetes Prevention and Environmental Justice

Informal training engages participants in a more dynamic question-and-answer process, allowing information and ideas to pass more freely.
Structuring training in staggered, topical sessions enhances visibility, credibility and dependability of the project in the community. By being accessible at a number of sessions, staff can actively listen to residents and present prevention strategies that match resident ideas and needs.

**GUIDE ACTION TEAMS IN THEIR FIRST STEPS**

**Step 6: Map Community Assets**

The process of mapping community assets will highlight the specific strengths and capacities of a local neighborhood. Two mapping tools that help identify assets are the Community Questionnaire and the Community Walk-Through. Assets may include the following:

- **Individual assets:** Specific residents’ skills and interests, informal leadership, willingness and ability to serve as a volunteer
- **Cultural assets:** Cultural networks, values and traditions that support health and community involvement
- **Group assets:** Extended families, civic and neighborhood associations, business groups and community organizations
- **Institutional assets:** Resources of churches, businesses operating in the area, local government programs and schools
- **Physical assets:** Parks, open space and community facilities
- **Service assets:** Government and community service providers

**Community Questionnaire**

The first step in mapping community assets is to create an inventory that includes both individual assets and neighborhood resources. NHAs work with the Project Coordinator and key evaluation staff (see Chapter 5) to develop a community questionnaire to:

- Identify the resources, assets and strengths of the neighborhood and generate interest and involvement in the project
- Provide baseline data for evaluating the impact of the project

Questions might include:

- What do you like about our neighborhood?
- What groups, organizations or activities are you involved in?
- What are your talents and skills?
• What do people in your family or community come to you for help with?
• Whom do you go to in your neighborhood when you need help with something?

The survey should be tailored to the specific needs of each neighborhood. It may need to be translated into multiple languages and adapted to different literacy levels. You may wish to enlist and train community residents to collect the information. A community survey can benefit greatly from the involvement of community residents who are familiar with the layout and composition of their neighborhood. With training that includes how to conduct a survey, how to ask follow-up questions and how to maintain confidentiality, conducting surveys can be an important role for resident. It has the added benefit of providing them with a concrete skill that can enhance their employability.

With the questionnaires in hand, NHAs conduct door-to-door interviews. In the process, they provide information about the Healthy Neighborhoods Project and how residents can get more involved (see Appendix Va).

**Community Walk-Through**

Once the Neighborhood Questions surveys (Appendix Vb) are completed and analyzed (see Chapter 5), the organizers can add to this information and create a community asset map. The Action Team and other residents walk together through the neighborhood to identify other community assets and areas of concern. These can be plotted on street maps. Potential assets may include a local park, a group of women who organize neighborhood parties or residents who have knowledge about particular health issues or hazards in their neighborhood.

After the walk-through, the Action Team transfers their findings to a larger wall map. Using separate colors will help to visually differentiate assets from concerns. This process often raises community awareness of environmental factors that can influence the health-related choices residents make. It also helps the community to identify gaps in resources needed to improve the quality of life in the neighborhood.

**Step 7: Hold Community Forums**

With the completed map in hand, the CO and Action Team can plan a Community Forum to present the results. Community Forums are the heart of the project. They are an effective way to mobilize large numbers of residents and garner local and regional resources for carrying out the Action Plans.

The Community Forums have three main purposes:

- Bring large numbers of residents together with key local agencies and officials
Articulate resident-identified goals that would improve quality of life in the neighborhood

Develop strategies, tactics, timelines and specific assignments for each goal

The Action Team spends several weeks promoting the Community Forums through phone calls, home visits and distribution of flyers translated into several languages. In addition to residents, invitees may include city and county officials, members of community groups, police officers, school representatives and others who have a stake in the neighborhood. COs from other neighborhoods may also be invited to attend for support and observation. The CO works closely with the Project Coordinator to develop the agenda and practice facilitation skills.

Action Team members facilitate, take meeting notes, keep time and carry out all the other tasks of the forum, with the Project Coordinator on hand to support them. The following sample annotated agenda details how each topic can be facilitated:

1) **Post and read the agenda at the beginning of the meeting.**

Let participants know that what they are getting ready to do is *hard work!* Let them also know it may take more than one session to finish the agenda and, if needed, a second session will be scheduled before the end of the meeting. Explain that when the process is completed, residents will have created a detailed road map for how to make significant changes in their neighborhood. Encourage everyone to participate and to lend their skills and abilities to implementing the actions. Inform attendees that they will each receive a copy of the meeting minutes for their review.

**SUGGESTED AGENDA:**

- Review asset mapping findings
- Review criteria for voting on issues to be considered for projects
- Ask for additional input from residents
- Discuss and vote on priorities
- Lay groundwork for the Action Plan
- Schedule follow-up meetings as needed
- Eat and socialize!
2) **Review asset mapping findings.**

Post the lists of neighborhood assets and issues or concerns that were identified by the Capacity Inventory Survey and the Community Walk-through. Ask neighborhood residents to add any items that are missing. Point out that all the assets listed are potential resources and that these can help the group decide which concerns to take action on.

3) **Discuss and vote on priorities.**

We advise that only neighborhood residents vote at this stage, to choose which issues to tackle. In preparation for the voting, consider grouping issue areas that logically fall into larger categories (such as violence prevention), so participants can begin to see the relationships among the issues.

In the first round of voting, residents may vote for any and all issues they feel strongly about and would like to work on. After the first vote, identify no more than the top ten vote-getting issues.

Discuss each of these briefly, including what it would take to achieve the outcome people want, what difference it would make to the neighborhood and what resources are available to support it. Agencies or institutions that are present may be able to talk about any support or resources they could bring to the issues.

Take a second vote to narrow the list to a maximum of three issues. Explain that before people leave, they will develop goals and a detailed action plan for each issue chosen.

4) **Lay groundwork for the action plan.**

For each chosen issue, work with the group to define goals for what they would like to accomplish. Make clear that the goals must be achievable within a reasonable timeframe. If there is funding for the project that has an end date, the group needs to know this. This will help keep the goals realistic and attainable.

Help the group list specific steps necessary to achieve the goal. Determine who might get involved by asking the following questions:

- Who will commit to working on this? What will you do?
- Who else needs to be involved (whether present or not)?
- What are the existing resources or assets inside and outside the neighborhood that can support the action plan? How and when do we get them involved?
When will those working on the activity meet? Where?

What is the first activity we need to accomplish? By when?

You will see in Chapter 5 on Evaluation that once the action plans are developed, the project evaluator will meet with the CO to refine the plans so that achievements can be measured and reported at the end of the project.

Selected priorities should have short-term wins (steps that can be accomplished in 2-3 months) and longer-term goals (up to one year). Frequent, small successes are key to engage residents’ interest, recruit new members and maintain project momentum.

5) Schedule follow-up meetings, as needed.
   If there isn’t time to complete the details of the Action Plan before the meeting ends, schedule another meeting for a time that most people can attend. Identify any additional information the group needs or contacts that Team members can make before the next meeting.

6) Eat! Provide lots of food and time for socializing.
   Remind everyone that the results of this meeting and the Action Plan, when complete, will be written up and sent to each participant.

WORK WITH TEAMS TO CREATE CHANGE

Support Implementation of the Action Plan
   By the end of the Community Forum and planning process, the neighborhood will develop an Action Plan—a list of detailed steps to complete a specific goal, using resources within and outside of the community. The Project Coordinator provides guidance to each neighborhood team throughout the implementation process, including providing examples of successful strategies from other communities.

   In Contra Costa, for example, a housing development community chose as its top priority having speed bumps installed in the neighborhood. The Project Coordinator arranged for the Action Team to visit two similar communities in the region to learn how they successfully lobbied for speed bumps. These field trips inspired many of the participants, some of whom had never been outside of their city.
OTHER KINDS OF GUIDANCE THE PROJECT COORDINATOR CAN OFFER:

- Provide educational and skill-development sessions on topics such as how to engage the media to publicize activities and promote project goals (see Chapter 4 for other topics).

- Expand the team’s understanding of how to influence local government and other responsible institutions. (Project staff and residents should decide how much time they will devote to policy advocacy depending on what they want to accomplish.)

- Help the team focus on small victories and celebrate each accomplishment along the way.
ONGOING SKILLS BUILDING AND COACHING

The Project Coordinator should hold regular meetings with Community Organizers (COs). Agendas will include project and neighborhood updates, brainstorming and problem-solving discussions and specific skill-building activities. About half of each meeting should be devoted to the skill development trainings described here, which each take about 1½ hours. If more than one Healthy Neighborhoods Project is taking place, the meetings should involve all the COs.

The Project Coordinator should continually model how effective meetings are planned and facilitated. While one training session covers this skill, COs should be familiar with successful meeting structure before that time. (See Chapter 12, Planning and Facilitating Meetings, in Organizing for Social Change, referenced in Appendix I.)

Contra Costa’s HNP has found a number of skills to be essential for resident organizers to be successful. The topics and purpose of each training session is presented below, along with recommended reading, guidelines, key points and sample activities.

“Go in search of your people; love them; learn from them; plan with them; serve them; begin with what they have; build on what they know. But of the best leaders, when their task is accomplished and their work is done, the people all remark: we have done it ourselves.”

— Ancient Chinese verse
You may wish to provide reading lists to participants before some of the sessions. However, if materials are not appropriate for the literacy level or language of your participants, consider having them re-written or translated, or allow extra time during the session to describe their contents.

The following skill-building training sessions are recommended for new COs. The Influencing Local Policy and Media Advocacy sessions may also be appropriate for the entire Action Team.

- Recruiting and Building a Team (One session)
- Navigating the Workplace (One session)
- Public Speaking (Three sessions)
- Facilitating Meetings (Two sessions)
- Media Advocacy (Two sessions)
- Influencing Local Policy (One session)
- Roundtable Health Topics (Sessions vary)

**RECRUITING AND BUILDING A TEAM (One session)**

**Purpose:** Provide guidelines and strategies for recruiting and retaining Action Team members and gaining community participation in the project. (See also the PUBLIC SPEAKING TRAINING below.)

**Guidelines for Discussion:** The following questions will draw out key issues related to recruitment and team building:

*How do recruitment and team building support one another?*

**Key Points:** Recruitment is not only about getting people to join, but keeping them involved. Feeling like a contributing part of a team is a strong motivation for members to stay with the project. Clear expectations, communication, training and support are key to people feeling good about participating. Strong team members also attract new recruits.

*Community Organizers reside in the neighborhoods they are hired to organize. Why is their behavior both on and off the job important?*

**Key Point:** Community Organizers are role models in their neighborhoods and also represent the organization sponsoring the project, whether they are on the job or not.
How do you recruit team members and attract large numbers of people to HNP events and activities?

**Key Points:** Recruitment is more than sending out fliers. It involves visiting people in their homes, making personal phone calls and following up, and participating in the social life of the neighborhood. It is an ongoing process to keep people actively engaged.

**Specific instructions to give COs in this session include:**

- When you have identified a new team member, have them fill out and sign a Memorandum of Understanding (MOU) that outlines their responsibilities and what they can expect to receive from the project. (See sample MOU in Appendix IIIa.)

- If stipends are being offered, make sure they understand what tasks or deliverables are expected of them to receive the stipend. Otherwise, stress any other benefits they will receive from participating, such as on-the-job training, work experience for future employment, references and so on.

- Hold at least monthly Action Team meetings. Call people in advance. Arrange or coordinate transportation, translation and childcare if needed. These supportive activities enhance team building in a way that honors families and diversity.

- Rotate roles and responsibilities, such as facilitating meetings, developing agendas, distributing sign-in sheets, taking notes and writing on flip charts. Provide support by assisting those with less experience in their roles. For example, ask someone who is experienced in creating agendas to help a person with little or no experience in that area.

**NAVIGATING THE WORKPLACE**

*(One session)*

**Purpose:**

This training session has two primary purposes:

- To review the employing organization's policies and procedures, including COs' responsibilities to their jobs and to the larger organization

- To help COs understand the organization's culture, values, mission, funding issues, and the role HNP can have in influencing and supporting the organization
Discussion Topics/Guidelines:
Provide an overview of the health department (or other employing agency), including its mission, core values and main program areas.

Talk about internal organizational dynamics and the institutional climate and norms, including the following:

- How community capacity-building fits with the organization’s mission and philosophy
- Organizational leadership and chain of command
- Funding constraints and expectations of project and staff
- Working effectively with supervisors
- Conflict resolution resources and strategies
- Review specific administrative procedures and requirements for staff, such as written progress reports, timesheets and requests for reimbursement.

Note: For Contra Costa Health Services, it has been important to acknowledge that COs may be concerned about maintaining their neighborhood credibility when they join your organization’s payroll, depending on the perception and reputation of the local health department in that community. Paid residents who are accountable both to their neighbors and to the Project administrators may sometimes feel conflicted about their loyalties, particularly if the community wants to pursue an issue that the health department cannot support directly. Open dialogue about these issues from the beginning can be very helpful.

PUBLIC SPEAKING
(Three sessions)

Purpose:
The Public Speaking training is offered early on in the project, usually in two or three sessions so residents can digest the information most easily. These sessions will help to:

- Familiarize the COs with the HNP concept and model
- Develop their skills to make HNP presentations to the community, both to recruit Neighborhood Health Advocates and to inform the neighborhood and local organizations about the project
Give them a chance to practice speaking in groups and with individuals with ease and authenticity

Enhance their supportive listening skills—an essential skill for all community organizers

**Recommended Readings:**
Two readings provide frameworks for learning to write and deliver motivating presentations and for becoming more authentic, real speakers and listeners (see Appendix I). Make copies to give to the COs at the end of the first session:
- Chapter 1, “From Agony to Ecstasy: Tapping Into Your Own Natural Power,” in *Be Heard Now! Tap Into Your Inner Speaker and Communicate with Ease*
- Chapter 13, “Being a Great Public Speaker,” in *Organizing for Social Change*

**Session 1: Authentic Speaking and Listening**
Since these skills are developed over time, consider starting off some or all meetings with opportunities to practice speaking and active listening. Details of the exercise can be found in *Be Heard Now!,* pp. 59-60.

**Agenda Topics/Guidelines:**
Set the stage for the activity that follows, by talking about the following key principles:

- What it means to be authentic, or real, with others—both one-on-one and in front of a large group
- The importance of a supportive environment for practicing these skills
- The definition of a supportive environment as one in which listeners are attentive and non-critical

Conduct the Speaker-Listener Pairs Exercise (See exercise in Appendix IIIb).

**Note:** This exercise requires extended eye contact as a way to cultivate listening skills and to support the speaker. If there are either visual impairments or cultural values among group members that may make eye contact difficult or inappropriate, ask the group to identify other ways to practice supportive listening.

Facilitate a group discussion after the exercise and help recap their experience of speaking and listening to each other. Explain that in the next session everyone will have the opportunity to be a listener and a speaker in the large group.
Summarize the following qualities of authentic public speaking (from Be Heard Now!):

- Public speaking at its best is a relationship event, not a performance event. The audience will relate best to your true self, not a mask.

- The way to move through stage fright is to dissolve it rather than merely mask it. To do so one stands before a supportive group and lets themselves feel the fear. We may even want to talk about it. When a group beams appreciative attention on someone with stage fright, the fear usually melts away.

- People flourish when they receive positive feedback. There is no need to be shamed in front of other people in order to learn what needs to be corrected.

- Give an overview of the next session, when everyone will practice speaking about the Healthy Neighborhoods Project to the group.

- Distribute HNP materials for review and study.

- Identify key speaking points that you want them to learn.

- Hand out copies of the chapters to be read prior to the next session.

**Session 2: Practice Speaking**

*Agenda Topic/Guidelines:* Review key points from the first session and discuss the reading.

Repeat the speaker-listener pairs exercise. Ask participants to use the supportive listening skills they learned as they listen to each other.

Ask each CO to give a five-minute presentation on HNP as they would in a community meeting.

- After everyone has spoken and received support, provide generalized feedback on the content of the presentations, correcting any important inaccuracies or omissions. For example, one challenge for residents may be to shift focus from their neighborhood’s problems to building on existing strengths and assets. This may require them to shed what may be lifelong beliefs about themselves and where they live.

- If it was possible to videotape the people speaking, review the tapes together. Again, encourage positive and constructive feedback. Give the assignment to make a presentation publicly perhaps at their place of worship, or to a few friends or family members. They should do this prior to the next session and come prepared to share their experience.
**Session 3: Continue to Practice and Share Experiences**

*Agenda Topics/Guidelines:*
- Repeat the speaker-listener pairs exercise for one cycle. Ask COs to share their experiences making presentations at home or in the community.

  Depending on the needs of the group, choose from the following activities:

  - Facilitate additional discussion on the readings
  - Provide further review of the HNP model and what COs can expect in their neighborhoods
  - Offer an opportunity for COs to practice their presentations again
  - Suggest that COs make a five-minute speech on another topic, such as a fund-raising pitch, announcing an upcoming event, or a description of the assets in their neighborhood

**FACILITATING MEETINGS**  
(Two sessions)

*Purpose:*
- This training is held shortly before the Community Forums, to help COs:
  - Develop skills in planning effective meetings
  - Practice meeting facilitation skills
  - Plan and prepare for the upcoming Forum

*Session 1: Elements of Effective Meeting Planning*

*Recommended Advance Reading:*
- Chapter 12, “Planning and Facilitating Meetings,” in *Organizing for Social Change* (see Appendix I.)

*Session Guidelines/Topics:*
- Discuss the Readings. Review the key points of the reading material. Have participants identify the key elements for meeting preparation, the typical roles in meetings, and qualities of good meeting facilitation.

  Reflect on team experiences. Discuss their experience with planning and
facilitating meetings. Use the reading as a guide for discussion. Questions to include are: Are COs following planned agendas? Are the meetings starting on time? What seems to help make meetings more effective? Are roles being filled effectively? Are volunteers committing to participate in actions?

Begin planning for the Community Forums. Discuss the forum goals (see Chapter 3) and how to create an agenda that will help accomplish them.

Determine what preparation needs to take place for the upcoming Community Forum. Identify any needed materials or resources and develop a budget. COs should leave this session with specific tasks to complete before the next session. Tasks will include meeting with their Action Teams to develop an agenda, identifying team members who can commit to specific roles in their Forum, and finding an appropriate site for the meeting.

**Session 2: Planning and Practicing for the Forum**

**Agenda Topics/Guidelines:**

Finalize the plans for the Community Forums. Ask the COs to report on their progress in preparing for the Forums. Provide assistance in finalizing each Forum agenda.

Role-play the Forums. The Project Coordinator can model the delivery of key parts of the agenda, then ask each CO to practice once or twice, as time allows. Solicit feedback.

**MEDIA ADVOCACY**

*(Two sessions- See Appendix IV for curriculum)*

**Purpose:**

Learn how to develop a media advocacy campaign to support neighborhood action plans.

**Session 1: Develop a Media Campaign**

Recommended Advanced Reading: Chapter 14, “Using the Media,” in Organizing for Social Change.

**Agenda Topics/Guidelines:**

Discussion: Review key points in the reading. Ask participants to identify why and when to use the media, how to access it, and different ways to use it. (See “Getting the Message Out: A Workshop on Using the Media to Educate Communities,” in Appendix IV.)

Develop a Mock Campaign: Present the group with a scenario or issue
where they could advance their cause by using media. Ask them to work together to develop a media campaign. Emphasize that the focus is not only on publicizing an event, but on gaining public support for project goals.

**Session 2: Tips for Effective Media Advocacy**

If possible, invite a local media spokesperson or your department’s Public Information Officer to present the following types of information:

- How to get the media’s attention to cover community activities and issues
- Examples of effective use of the media
- Tips and practice for effective interviewing with the media
- As time permits, get constructive feedback on a media effort the group is working on

**INFLUENCING LOCAL POLICY**

*(One to two sessions)*

**Purpose:**

Help Action Team members:

- Become more effective advocates for improved community health
- Set clear parameters for the CO’s role in advocacy, based on the constraints and mission of the employing organization

**Session 1: Understanding local policy and decision-making structures**

**Agenda Topics/Guidelines:**

This session should be tailored to each neighborhood’s specific action plans and strategies. If the sought-for improvement requires a change in local policy or resources, residents will need to understand the process and mechanisms for advocating for that change. COs may wish to invite representatives from groups or organizations with experience in the policy area in order to increase their understanding of potential policymakers. Likely topics for education include:

- what are local ordinances, conditional use permits, or zoning laws and how do they relate to health
The Healthy Neighborhoods Project

how and when to effectively advocate for policy changes with city or county governments around funding and redistribution of resources

how to work with other public agencies such as transit and housing authorities, social services, and school districts to improve services

Potential Agenda/Activities (depending on the Team’s issues):

Familiarize the teams with their local government structure and who their city and county representatives are. Review a typical council or board meeting process. Have them identify a decision-making group that might be able to support their action. Ask them to observe a meeting of that group before the next session, and to come prepared to discuss the experience.

Review the steps in enacting local laws. Discuss strategies to influence policymakers, including identifying allies and building coalitions, using media to build awareness and support, and participating in the hearing process. (See Appendix 1 for references about community advocacy to prevent sales of tobacco to minors, restrict alcohol outlets, and institute crime prevention measures.)

Session 2: Build skills in specific policy advocacy areas

Agenda Topics/Guidelines:

Have members report back on their experience attending the meeting of a policy body.

Orient the teams to the leadership and organizational structures of specific public agencies they have identified to help them meet their goals. Brainstorm strategies for influencing relevant policies.

Identify next steps in working with these policy-makers, such as inviting them to a Team Meeting, or scheduling a separate meeting.

ROUNDTABLE HEALTH TOPICS
(Sessions vary depending on interest of members)

Purpose:

Introduce the HNP’s broad, environmental perspective of community health and show how it relates to improving neighborhoods’ quality of life.
■ Learn how the public health department or other sponsoring agency can help residents see the health effects of their identified priorities.

■ Develop a critical consciousness about root causes of unhealthy communities and reframe issues in terms of environmental rather than individual behavior change.

■ Provide education on specific health topics of interest to the team and community.

**Agenda Topic/Guidelines**

The original HNP training offered an intensive one-day session on health, and a follow-up day on chronic disease, violence and injury prevention. Residents, particularly those receiving the training in Spanish, were overwhelmed by the amount of information and had difficulty seeing the relevance to their daily lives. We adapted our strategy and began offering more informal, community roundtable sessions on discreet topics linked directly to resident concerns. Topics have included environmental justice, diabetes prevention, healthy eating and cooking, women’s health and common myths, and gang violence prevention.
EVALUATION

INTRODUCTION

Program evaluation seeks to document changes that occurred as a result of the program and to discover whether it achieved its goals. Because Healthy Neighborhoods Project (HNP) involves neighborhood residents in every aspect of the project, their participation in planning and carrying out the evaluation is essential. This chapter discusses what participatory evaluation is and how it is conducted in Contra Costa’s HNP. The chapter also suggests when and how to involve evaluators and their role in neighborhood action plans.

Participatory evaluation gives project participants a role in defining, creating and interpreting the results of the evaluation. It builds on the strength of the HNP philosophy—empowering residents through participating to create change in their neighborhoods. HNP evaluators will need to train agency staff, Action Team members and residents in basic evaluation issues and involve these groups in each step of the evaluation process.
**Practical Issues to Consider**

**In-house or outside evaluator:** If available, an in-house evaluator may have an easier time incorporating community participation into the process. An evaluator hired from outside the agency, however, may be more objective. In either case, it’s important to screen all evaluators for experience with participatory evaluation.

**Timing:** The evaluator should be involved as soon as the group begins working on the project or neighborhood objectives. S/he can help the groups clarify their goals and develop measurable outcomes.

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**THE EVALUATION PROCESS CONSISTS OF FOUR STEPS:**

- Determine the overall evaluation strategy, goals and questions to be addressed
- Develop the instruments
- Collect information
- Analyze and present the results

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**STEPS IN THE PARTICIPATORY EVALUATION PROCESS**

**Step 1: Determine the evaluation strategy, goals and questions**

The project evaluation questions are determined at two points: 1) at the start-up of the project; and 2) while developing the work plans. The evaluator begins this process by meeting with key stakeholders to identify the most important questions to answer about the project. At project start-up, this group should include neighborhood residents, HNP team members, health agency manager and field staff, and the funding agency.

The purpose of the discussion is to develop the evaluation plan and evaluation questions. Questions to pose include:

- What would success look like for each of the stakeholders?
- What information would we need to have to know if we are successful?
How do we collect that information?

Who else needs to be involved in the evaluation-planning decisions?

When Contra Costa initiated our HNP pilot, our stakeholders were interested in documenting whether resident training was effective, which skills were gained through training, and how neighborhood change occurred. Here are some examples of evaluation questions you might come up with, if your group is interested in similar outcomes:

- At the end of the training, did Action Team members know how to conduct community mapping and a community walk-through? Were they able to work with the community to create an asset map?

- Did the residents who became community organizers and advocates increase their skill and experience as organizers over time? What activities or experiences demonstrated that they applied the skills and concepts from the trainings?

- What changes occurred in the neighborhood during the project that seemed to be the result of project activities? How do you know?

There are two important challenges in participatory evaluation approaches. One is the time required to convene key stakeholders and allow them to provide honest and substantive input. This requires starting early, keeping good notes and communicating back to the discussion group. The evaluator, the residents, the staff and the funder should reach a common and clear understanding of how success will be defined and measured. The second challenge is coming to a common understanding about terms to be used in the evaluation, particularly those specific to the HNP approach, such as what constitutes the neighborhood and who is on the HNP Team.

**Step 2: Develop Instruments**

The next step is to create instruments that are easy to use. The day-to-day work of HNP is difficult enough without the added burden of complicated or time-consuming evaluation forms. However, because it is harder to capture the changes and struggles of community organizing after the fact, developing and using instruments that honor the community work and obtain timely information to provide a complete picture of community change is well worth the effort.

Ways to seek information include periodic surveys, interviews and focus groups, as well as more routine methods such as monthly reports or journal-keeping. Contra Costa’s HNP developed the following instruments to measure the outcomes of interest to its stakeholders: (see appendix 6c)
The Community Questionnaire

This community questionnaire (described in Chapter 3) helps the Action Teams collect general information about neighborhood issues and assets. It also can serve as an organizing tool by providing points of discussion with residents. Evaluation staff should take part in developing the questionnaire so that open-ended questions will trigger dialogue and lead to identification of key community themes (See Appendix Va).

Neighborhood Questions

Using a series of multiple-choice questions derived from the information collected in the Community Questionnaire, surveys may be developed to capture a more quantitative and specific assessment of neighborhood assets, interests and issues. The information collected can provide baseline and, later, post-project data on how the community views its ability to make neighborhood improvements (See Appendix Vb).

Community Organizer Interviews

Interviews are useful to learn how the COs feel the project is affecting their neighborhood and to encourage them to think critically about the progress being made. They can be asked what is working in the action plans and what is needed for them to be more successful. Interviews can also include discussions of the social, political and economic environment in which the action plans are being carried out, and can help the residents analyze and adapt their strategies as needed (See Appendix Vc).

Monthly Evaluation Reports

These reports provide a format for COs to document their activities. The COs are trained to use the tools shortly after the Orientation Training. Regular documentation of activities can help organizers identify and avoid repeating early mistakes and make it possible to trace the steps leading to positive or negative outcomes (See Appendix Vd).

Step 3: Collecting the data

The program philosophy of respecting community ownership must also be applied to the data collection, analysis and dissemination of results. The process needs to allow the community to own the data in the same way they own the priorities they have set. Chapter 3 suggests topics for training residents to conduct surveys themselves.

Step 4: Analyzing and presenting the results

The data analysis process includes compiling and interpreting the information from the various instruments; organizing it into text, tables and charts; identifying key themes; and distributing the results. The evaluator and the COs should work together to determine how and what information should be provided to the residents and other key stakeholders. The COs take the lead in providing all the participants with timely and understandable feedback to guide future activities and measure success.
**Neighborhood Action Plan Evaluation**

In addition to working on the overall project evaluation, the evaluator works with each neighborhood’s CO around the neighborhood action plan developed in the community forums (see Chapter 3).

The evaluator and COs discuss measures to monitor the action plan’s implementation. The COs take these ideas back to the residents and stakeholders to complete the neighborhood Action Plan. This process often includes a series of meetings between the evaluator and the COs before arriving at the final plan.

As with much of the evaluation process, assisting in the development of neighborhood action plans is time-consuming work. It is important that the evaluator plan sufficient time for initial development, discussions and consultations.

**Conclusion**

A participatory HNP evaluation approach involves residents and the evaluator jointly designing the data collection process and evaluating the results. Throughout the process the evaluator engages the HNP team and neighborhood residents to determine the evaluation questions and develop measures of success. In our experience, this process is of mutual benefit. The organizers and Action Teams become familiar with the methods and value of data collection and evaluation, and the evaluator learns how various residents view their community’s issues and what communities consider to be evidence of change.
CHAPTER 6

Creating, yet not possessing, working, yet not taking credit. Work is done, then forgotten. Therefore, it lasts forever. - I Ching

SUSTAINING THE PROJECT

In Contra Costa’s experience, once the HNP teams become involved, many of the participants begin to look toward more long-term, sustainable solutions to improve their neighborhoods. When neighborhood streets are well-lit, relationships with law enforcement are improved, garbage is being collected and other immediate goals are being met, HNP participants may wish to explore ways to take on additional community concerns. At the same time, the health department will want to periodically examine the accomplishments of the project and determine how to sustain the partnerships with the neighborhoods.

SUSTAINING NEIGHBORHOODS GAINS, MAINTAINING RESIDENT INVOLVEMENT

Providing Referrals for Services

Sustaining success and setting higher goals require addressing neighborhood realities – that is, issues that directly affect the neighborhood’s long-term ability to engage in HNP activities – and cultivating an open, productive, and creative relationship with the parent agency. People living in
neighborhoods chosen for HNP often have extremely limited personal resources to handle multiple stressors such as unemployment, loss of housing, substance abuse and increased rates of crime. Because of the complexity of the issues residents face, the project needs to incorporate strategies to link residents to relevant services that can address their personal and family issues.

**Creating a Supportive Workplace**

An HNP approach also necessitates creating a work environment that supports resident NHAs and COs both personally and professionally. Flexibility is needed to accommodate staff who may need to take time off to deal with personal or family crises. Layers of leadership must be built within the Neighborhood Action Teams to accommodate transitions and maintain a consistent presence. NHAs should be coached to take on increasing leadership roles and new challenges. With new skills in areas such as environmental justice, chronic disease prevention and community organizing, HNP can assist them to find employment in other organizations.

**More Advanced Training Needs**

As residents become empowered to take on more complex issues, they will need additional, specialized training and technical assistance (e.g., around environmental justice and environmental regulation, alcohol and drug abuse prevention and licensing procedures). Grant writing and cross-cultural communication skills are likely to become essential in order for residents to obtain their own grants and to learn to work effectively across cultures.

**SUSTAINING THE APPROACH IN THE LOCAL HEALTH DEPARTMENT**

**Commitment of leadership in Health Department**

Sustaining an HNP approach will require committed organizational and institutional leadership, and creative identification and sharing of resources to support the work. Health department staff will need to strike a delicate balance between genuinely supporting a resident-driven community building process, carrying out public health mandates, and maintaining cooperative relationships with other county departments, city governments and local elected officials. It will be important to identify which strategies and issues the Department can contribute to and how. In Contra Costa’s experience, the health department was not always the appropriate lead to address an issue, but acted as a convenor or facilitator to bring the right players to the table. Sometimes, staff needed to provide technical assistance and training to help residents understand and gain access to other systems they wished to influence and change.
A Typical Project Evolution

To survive, a Healthy Neighborhoods Project approach will need to evolve and adapt as it enters new communities and as the social, political and economic climates change. Our experience has shown that the project develops in three phases.

Phase I: Initiation of the program focuses on broad community organizing based on issues identified by residents. This phase should lead to tangible improvements to the participating neighborhoods, increased resident feelings of control over their environment, and establishment of trusting relationships with the health department. It takes one to two years to achieve these outcomes.

Phase II: Efforts continue to further develop, expand and sustain community health leadership. During this three to five year period, a neighborhood’s health improvement goals continue to be identified and addressed, often by tackling more complex and sophisticated problems such as environmental justice. Health department staff are likely able to introduce public health issues to the neighborhood and to more easily link neighborhood concerns to public health.

Phase III: Institutionalization of the approach throughout the health department is the goal. Training of program managers and health department leaders is likely to occur. If successful, resident partners will be seen as valuable resources and involved in multiple programs. These leaders will be influencing and changing how the health department responds to community issues.

Adaptation of the Project

We recommend that the local health department conduct a periodic inventory and assessment of the project in order to refine its long-term vision for HNP. This may involve using a structured, facilitated process to bring together the neighborhood organizers, project managers and top health department leadership, to reflect on the accomplishments and challenges of the program. Questions we recommend discussing include:

■ What have been the key accomplishments of the program over time?

■ What is HNP’s unique contribution to the health department? Are there things it provides that no other program offers?

■ What infrastructures are needed for it to be able to succeed, e.g., what policies, procedures, resources and support?

■ What new opportunities exist for partnering internally or externally?

■ What new skills or knowledge do staff need to be successful?
It is essential to devote time to identifying and proactively pursuing opportunities to collaborate, both internally and with external partners. Partnerships with city government, schools, housing authorities and others may be increasingly important.

**Ongoing Challenges**

An HNP approach reflects a broadening view of health that includes socioeconomic status as a risk factor for poor health, and community capacity-building as a viable strategy for improving the health of communities. Increasing numbers of health agencies are engaging in community-building strategies, allowing the relationship between local community development and health to become part of the public health practice vernacular. Local health departments must learn how to link community concerns to health outcomes and demonstrate the impact of strategies such as HNP on public health.

When HNP is part of a health agency, there will always be a need to justify using health department resources to build community capacity in the broadest sense and to advocate for policy and systems change. This becomes increasingly important in times of shrinking resources. Questions are also likely to be raised about the health department’s role in community development and in promoting public policy, and how to handle situations where resident concerns are in conflict with public health mandates or the priorities of local elected officials. Awareness of this issue and open discussion about problems that may arise is essential. In our experience, the outcomes are worth the effort.
CASE STUDY OF CONTRA COSTA’S EXPERIENCE

Contra Costa County, located on the eastern shore of the San Francisco Bay in northern California, features considerable geographic, sociological and economic diversity. The county is growing rapidly and becoming increasingly heterogeneous, both ethnically and culturally. Declining agricultural production and expanding industrial and residential development have resulted in a more diversified economic base, transforming Contra Costa from a primarily suburban into a more complex and varied urban area. As in many counties, most of Contra Costa County’s urban areas have pockets of extreme poverty. These communities are also rich in resources, skills and commitments just waiting to be tapped.

This case study details the Healthy Neighborhoods Project (HNP) from its pilot phase in a city housing project called El Pueblo, through early replication in an unincorporated area. Healthy Neighborhoods Project continues to evolve organically and to adapt its approach to the concerns and interests of new neighborhoods and changing political, social and economic climate.

If I'm not for myself, who will be for me? Yet, if I'm only for myself, what am I? And if not now, when?

- Hillel
Significant changes in the program have occurred over the years as we have learned what works and what doesn’t.

THE EL PUEBLO COMMUNITY

El Pueblo is a 176-unit public housing development in Pittsburg, a city in eastern Contra Costa County. Fifty percent of households are African American, 34 percent are Latino, and the remaining 16 percent are of European, American Indian or Asian descent.

As the HNP’s pilot effort, El Pueblo received very little funding for its activities. Available resources were in-kind staffing from the county’s Tobacco Prevention, Nutrition, and Substance Abuse Prevention programs and a small mini-grant for stipends and child care. The county’s community-driven Public and Environmental Health Advisory Board oversaw the project until the Neighborhood Advisory Group was formed.

One of the first activities of HNP was to convene key neighborhood stakeholders including two members of the Resident Council, a key community organization located in the El Pueblo neighborhood, and a local religious leader. These community leaders delineated neighborhood boundaries and recruited eleven Neighborhood Health Advocates (NHAs) from the community. There were no funds available to hire a resident Community Organizer (CO) for the pilot project so the county’s HNP Coordinator served as ad hoc CO with support from a couple of strong NHAs.

The NHAs received 24 hours of training, in both English and Spanish. The training covered health content areas such as tobacco, alcohol and nutrition. Popular education methods were used to help the group identify root causes of these neighborhood problems and upstream environmental influences. Discussion of factors such as the targeted marketing and distribution practices of the alcohol, tobacco, and fast food industries expanded the NHAs’ definitions of health problems from individual choices to include environmental influences.

Most of the training was devoted to redefining community-building from identifying problems to identifying strengths and capacities. In one early exercise, participants were asked to sign their names on sheets of butcher paper if they had experience in the areas listed. These areas included organizing a large event, such as a wedding or family reunion; preparing food for a large group of people; preventing neighborhood crime; providing child care; creating art; sitting on city commissions; public speaking; non-English-language capabilities; and so on. The participants were able to see the tremendous pool of resources they had in their collective individual capabilities. They were told these resources would be tapped later to improve the quality of life in their neighborhood.
Initial training also included skill-building sessions in community organizing, including door-to-door interviewing, community asset mapping and cross-cultural communication. Follow-up training activities included sessions on media and policy advocacy skills.

Early HNP activities concentrated on mapping the assets and capacities of the neighborhood. With the help of health department staff, the NHAs developed a survey to inventory resident skills and assess their perceptions of their community. The survey helped identify local resources (including skills of individual residents and informal networks) and residents’ concerns.

NHAs interviewed 80 residents and discovered that the collective talents, skills and resources of the neighborhood were varied and vast. For example, there were far more people with experience in local politics than they expected. Similarly, many of their neighbors had done some community building, such as fundraising and event organizing. Others had tangible skills and resources, such as computer skills and access to sound equipment.

The resident interviews sparked a desire to become involved. NHAs reported that being interviewed by their neighbors about the positive aspects of the neighborhood lifted people’s spirits and raised hopes.

To map the neighborhood’s physical and institutional features, health department staff, NHAs and other residents organized a community mapping day. Staff provided training in advance on the mapping approach. Trained adult and youth volunteers then walked together and identified both positive and negative aspects in the neighborhood such as churches, parks, and outlets for nutritious foods or for tobacco and alcohol. The group then gathered together and marked the findings on a big map, using different colors for positive and negative elements.

This process raised residents’ awareness of environmental factors in the community that influence people’s health-related choices and helped them identify resources that could be mobilized to improve quality of life in the neighborhood. For example, they identified a vacant apartment unit that they would later seek to use as a community center. They identified a bus stop that was in a drug-dealing location, making it unsafe for children. They identified a church which, though mostly attended by people from outside the neighborhood, could be mobilized to help improve the neighborhood, and a park that, if cleaned up and regularly patrolled by the police, could be made safe for their children.

Shortly after the mapping, the NHAs convened a community forum and developed a plan of action. The forum was well attended and included many residents who never attended Residents Council meetings. Residents reviewed the mapping data and came up with a prioritized list of ten potential actions to improve the neighborhood; they then chose the top
three to address in the following year. In addition to these, the group decided that a community mural should be painted to reflect the residents’ vision for their community, with images culled from the door-to-door interviews.

The community later contracted with a local artist to supervise the activity. Forty children were involved in painting the mural. Images in the mural included faces of people of various ages and ethnic backgrounds coming together in unity; the name of their community; slogans about being free of drugs and tobacco; and representations of higher education, healthy foods and active living.

The neighborhood action plan goals included installing speed bumps, increasing the police patrol and installing better street lighting. Residents felt that increasing public safety and reducing the ability for drug transactions to occur were crucial first steps in improving the neighborhood.

El Pueblo residents began researching the costs and barriers for addressing their top priority: installing speed bumps to reduce speeding and drug dealing. They contacted officials in other cities, talked with the Pittsburg Police Chief and the City Council (who they believed would have to approve the request), involved the media and began speaking at public meetings.

When they discovered that the County Housing Authority actually owned the land and would have to decide whether or not to approve speed bumps, they provided information packets to the County’s Housing Commission and Director of Housing. The police chief and beat cops, now firmly integrated into the life of El Pueblo, came out in support of the speed-bump plan. Residents organized demonstrations, spoke to reporters, and gathered support within the housing development. By the time the issue came before the Housing Commission, residents knew the subject thoroughly and had convinced the commissioners that the entire community supported the proposal. Approximately one year after the launch of the Healthy
The Healthy Neighborhoods Project, the Housing Advisory Commission voted 7-0 to approve speed bumps in El Pueblo.

El Pueblo residents also achieved two other goals in their action plan: installing better street lighting and increasing local police patrols. A resident Neighborhood Health Advocate who spearheaded HNP efforts also reported a significant change in the overall atmosphere of the neighborhood after HNP began implementation. African Americans and Latino neighbors began working together for the first time. Some African-American residents even began to take Spanish classes to allow them to communicate better with their Latino neighbors. More children came outside to play and seniors began walking around the neighborhood and visiting their neighbors. The neighborhood just became much more open, he said. People started to talk to each other.

Increased resident participation in preventive health activities occurred even before the project ended. Health Services staff were surprised to learn that while the project was being implemented a number of El Pueblo residents had quietly accomplished some health promotion activities on their own. After discovering in their training and asset mapping activity how tobacco marketers target low-income communities, a group of Latinas became offended by a tobacco billboard. They worked with HNP to have it removed. Another group of residents approached a community-based organization to request cooking classes that would show them more healthy ways to prepare their traditional dishes.

The HNP organizing effort had impact far beyond the initial project activities. The Residents Council, which had been largely inactive and unrepresentative, reorganized and began to reach out to the community, attracting residents who never attended monthly council meetings before. Members visited similar councils in the Bay Area to share experiences. Inspired by the accomplishments of their peers, the El Pueblo Residents Council, with advice and technical assistance from HNP staff, wrote and received funding to establish computer classes, job skills and training classes, and job search workshops. They also successfully applied for a drug elimination grant, and the Housing Authority, taking notice of El Pueblo’s initiative and accomplishments, took the lead in writing a third proposal for a resident-implemented youth sports grant. Funding from the third proposal enabled the neighborhood to establish a children’s soccer team, which was enthusiastically received by both children and adults.

Perhaps the most remarkable accomplishment of the Healthy Neighborhoods Project in El Pueblo is that residents have been able to navigate various transitions over the years, and HNP continues to maintain a presence in the community. The Residents Council lapsed in membership several years ago, and the HNP team was instrumental in advocating successfully with the Housing Authority for it to be reactivated. Healthy
The Healthy Neighborhoods Project and community leaders continue to help bridge the gap between residents and the Housing Authority to address housing and recreation issues. Neighborhood leaders remain in contact with Health Services staff, who continue to provide advice and technical assistance and are viewed as a valuable resource. In turn, the health department has tapped into this partnership to address specific public health goals, including chronic disease prevention.

**NORTH RICHMOND**

Prior to expanding HNP into new neighborhoods, Contra Costa Health Services (CCHS) conducted a widespread search for a full-time Project Coordinator. A panel of community residents interviewed three finalists and chose the candidate who showed the greatest familiarity with the culture and language of the neighborhood. When asked what qualities made a good community organizer, she answered, “It’s a spiritual thing. To gain the people’s trust, you have to be authentic. They know when you are or are not being real.” With a coordinator on board, North Richmond was selected as one of four neighborhoods to introduce HNP in West Contra Costa.

North Richmond is a geographically isolated community, divided by railroad tracks and served by an extremely poor infrastructure of streets and roads. Geographic boundaries encompass overlapping jurisdictions: the City of Richmond, unincorporated Contra Costa County, and a school district. This patchwork of authority historically created a tense political climate, fragmented attempts at problem-solving, and divisions among residents and organizations.

When HNP was introduced, North Richmond was composed of African Americans (70%), Latinos (15%), and Asian/Pacific Islander (13%). It is the poorest census tract in the county, with 51% of the population living below poverty level, 65% on public assistance and an unemployment rate of 29%. It has been plagued with gang violence, high rates of substance abuse and virtually no local commerce. Despite these difficulties, North Richmond is known for its ability to rally around resident concerns.

The Project Coordinator’s first activity was to engage key residents in identifying which section of the broader North Richmond community would most benefit from the project. An initial meeting with more than 20 residents included two members of the Municipal Advisory Council (MAC), representing the unincorporated county jurisdiction; three members of the Residents Council, representing the area within Richmond city boundaries; and resident representatives from Neighborhood House, a 40-year-old community-based organization. Residents recalled past attempts to improve North Richmond and debated among themselves before deciding to target the unincorporated portion. The group compiled a mailing list and identified potential candidates for the resident Community Organizer (CO) and Neighborhood Health Advocate (NHA) positions.
The interview panel for these positions included the HNP Coordinator, a MAC member, and employees of Neighborhood House. The last candidate interviewed was a Vietnam veteran who had lived in the neighborhood for more than 40 years and claimed he had been a severe alcoholic for many years before being in recovery for six years. Although he had not worked for a number of years, had no résumé, was not familiar with many of the organizations in North Richmond and had not even heard of the MAC, the panelists were impressed by his genuineness and passion for wanting change in the neighborhood. They hired him on the spot.

The Project Coordinator worked with the new CO to identify his innate gifts and develop his community-building skills. She told him he could be a great team leader, a forecast that came true. Energetic, consistent and dependable, the CO recruited a diverse team of NHAs and met with them weekly at his kitchen table, sharing what he learned from meetings with the coordinator and motivating his team to make neighborhood change.

Along with the three other newly formed neighborhood teams in West County, the North Richmond team completed 16 hours of training. They received concrete skills in community organizing, asset mapping, group facilitation, and identifying and accessing resources. They were also trained to advocate for social change by examining the root causes of the problems they faced as low-income people and as people of color. The training provided a safe environment in which participants could openly discuss racism, oppression and power dynamics. Since the project’s ultimate goal is to use collective, community-driven action to improve health, the training developed residents’ leadership and problem-solving skills.

Since NHA teams came from four different neighborhoods, old turf issues were discussed and strategies developed to address them. For example, resident youth from one neighborhood claimed that they would never be able to do any organizing with another HNP neighborhood because of rival...
gangs. By openly acknowledging the tensions and helping to facilitate a process of working together to overcome these attitudes, the Project coordinator achieved a successful collaboration between the neighborhoods.

The first effort for the West County neighborhood teams was to advocate for a community health center in North Richmond. After a toxic chemical release occurred in North Richmond in 1994, the offending chemical company agreed to provide funds for health care in the community. Approximately $600,000 of this funding was to go either to an existing city clinic, or to build a new Center in unincorporated North Richmond. HNP neighborhoods felt the second option would clearly enhance the quality of health care for their residents. With help from Neighborhood House and the HNP Coordinator and CO, more than 100 residents and youth from the five affected communities worked with the Richmond City Council, which was to decide the allocation.

The resident activists attended early-morning and late-night meetings with the City Council and convinced them to allocate the funding to build a new center. Because of their activism, the North Richmond CO and his team were asked to assist with the design and program planning for the new Center, providing valuable resident input. This represented the first time CCHS had worked jointly with a community to design and determine services for one of its health centers. A new Center for Health—responsive to the needs of the residents it serves—was built in North Richmond. Heartened by this success, residents realized that they had what it took to improve their neighborhood and began to identify other issues and concerns to work on.
The CO and his team began to assess residents’ perceptions of their neighborhood and to identify resident capacities. While interviewing residents door-to-door, they found that it took more than the expected fifteen minutes to complete each questionnaire, because many residents wanted to catch up on local news. Apparently, crime and other factors kept residents locked in their homes. Completing the questionnaires gave residents an opportunity to reconnect to their neighborhood and allowed the team to share the HNP model of community building. More than 150 questionnaires were completed.

Neighborhood walk-throughs drew more curious residents to the effort. The small action team of nine people soon grew to more than 30 walking residents. Together, they recorded both assets and targets for change. More than once, observations generated heated discussion. For example, empty lots were seen as assets by some, who pointed out that they provided space for children to play. Others viewed the lots as trash-collecting, rat-infested eyesores. When the group finished mapping the neighborhood, the CO’s mother provided a meal for the walkers.

Many positive attributes were identified in North Richmond. Many families owned property and some had resided in the community for generations. North Richmond was once a bustling, viable community, providing a sense of hope and possibility. Because of its small geographic area, it seemed that everyone knew each other.

Based on their asset mapping, the team chose as its first two priorities jobs for youth and improved public transportation. To address the first issue, the team organized a job fair that included large employers, such as a statewide bank and a mail delivery service. The job fair resulted in five full-time jobs and twelve summer employment positions being filled by residents.

Public transportation was targeted because it was severely deficient in North Richmond. Bus service ran only from 8 a.m. to 6 p.m., making it nearly impossible for residents to get to or from work, or for children to get to school on time. HNP invited the local transit authority to a community forum at which 75 residents expressed their dissatisfaction and suggested solutions. A few months later, a new bus line began providing evening service in North Richmond and Parchester Village. The San Francisco Chronicle noted that it was the first time that the community, in conjunction with public agencies, had designed a bus route specifically to connect neighborhoods with major retail, commercial, employment and educational centers.

Buoyed by its ability to influence public policy, the North Richmond team went on to participate in Welfare to Work Initiatives, School District meetings, City Council meetings, and discussions with other local planning bodies. The Action Team was in great demand by other local organizations and initiatives wishing to tap the power of resident involvement and activism.
Team activities have included organizing around environmental justice issues, tackling illegal dumping in the neighborhood, advocating for stronger policies for local alcohol outlets, and working on increasing access to nutritious foods. The team has continued to assist other health department programs and local organizations with advocacy and outreach efforts. In some cases, their work has led to paying jobs for the residents.

The successes also extended to the North Richmond’s team’s personal lives. The CO was so energized by his experience that he applied to and served on the board of the transit authority and became a member of the North Richmond MAC as well. An outspoken youth who routinely disrupted early team meetings became the HNP Youth Organizer. He successfully balanced his community activism with schoolwork, and was selected for a summer program at the University of California at Berkeley, which he completed with A grades. With a group of young NHAs, he wrote a play about youth and HIV/AIDS to educate other teens in the North Richmond community.

THE EVOLUTION OF HNP

Strategic Planning

The Contra Costa County HNP program staff has conducted two needs assessments to confirm and revise its long-term vision for HNP. This has involved bringing together neighborhood organizers, project managers and top health department leadership to reflect on the accomplishments and challenges of the program, and to adapt to changing health department and community needs.

After five years, County staff and HNP organizers met to review the history of HNP and review recent neighborhood activities, current funding goals and objectives, and existing internal and external partnerships. The enormous strides and confidence generated by the project were reflected in numerous comments from the COs including, “There is no problem we can’t solve.” The meeting reaffirmed the commitment to continue the project.

In 2003, HNP staff again participated in a series of facilitated strategy sessions to determine future directions for HNP, this time with participation from top health department leadership. Questions discussed included:

- What has HNP accomplished over the last five years, and how do these accomplishments contribute to the agency’s mission?
- What is its unique contribution, i.e., what does it provide that no other program offers?
- How must it change or adapt based on the current social, political and economic climate and realities?
What infrastructures are needed for it to be able to succeed, e.g., what policies, procedures, resources and support?

These meetings once again reaffirmed the value and contribution that the HNP strategy adds to achieving healthy communities. The discussions crystalized its important role in helping CCHS identify emerging and cross-categorical health concerns, particularly in underserved communities that traditionally lack a voice. As a result of the process, HNP was merged with the Partnership for the Public’s Health initiative to become the Public Health Division’s Public Health Outreach, Education and Collaboration unit (PHOEC). The merger capitalizes on the overlapping goals, approaches and community partnership shared by the two programs. It consolidates effort in so staff can more easily share their unique expertise and strengthen capacity to engage communities effectively throughout CCHS by providing training, technical assistance and consultation to other programs.

HNP Today

The Healthy Neighborhoods Project in Contra Costa County continues to evolve as it enters new communities and as the social, political and economic climates change. Tangible improvements have been made to the participating neighborhoods, leading to increased resident feelings of control over their environment, and establishment of trusting relationships with the health department. Efforts continue to further develop and sustain community health leadership, and identify new neighborhood health improvement goals, often by tackling more complex and sophisticated problems such as environmental justice. Staff are also focusing on efforts to institutionalize the HNP approach. Sustaining success and setting higher goals require addressing neighborhood realities—that is, issues that directly affect the neighborhood’s long-term ability to engage in HNP activities—and cultivating an open, productive, and creative relationship with the parent agency. People living in neighborhoods chosen for HNP often have extremely limited personal resources to handle multiple stressors such as unemployment, loss of housing, substance abuse, and increased rates of crime. Because of the complexity of the issues residents face, the project needs to incorporate strategies to link residents to relevant services that can address their personal and family issues, such as, through training for neighborhood organizers.
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APPENDIX I: RELATED REFERENCES AND RESOURCES

Note: This Appendix only lists some of the books, articles and websites that were used directly in the development and support of the Healthy Neighborhoods Project. It is quite limited and does not include many important publications that make up the body of knowledge and experience related to the topic categories listed below.

COMMUNITY ORGANIZING

Books:


Articles:


Websites:
Asset-Based Community Development Institute: www.mwu.edu/IPR/abcd.html
Community Tool Box: http://ctb.lsi.ukans.edu
National Civic League: www.ncl.org/ncl/index.htm

POLICY ADVOCACY

Books:

**Articles:**


**Websites:**

Advocacy Institute: www.advocacy.org

Official California Legislative Information (Legislative Counsel of California): www.leginfo.ca.gov
APPENDIX IIa:  
NEIGHBORHOOD SELECTION  

SAMPLE GROUP ACTIVITY  

Neighborhood Selection __________________________________________

**Directions:** Write neighborhood choice on selection line above. Evaluate the neighborhood against each criteria below, with the following ranking system:

3 = Strongly meets criteria, 2 = Adequately meets criteria, 1 = Minimally meets criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Neighborhood is within the desired catchment area (if one was defined in advance)</td>
<td></td>
</tr>
<tr>
<td>2. Existence of recognized “natural” leaders (based on community input)</td>
<td></td>
</tr>
<tr>
<td>3. Neighborhood has a recognized identity</td>
<td></td>
</tr>
<tr>
<td>4. Neighborhood has a large Medi-Cal population</td>
<td></td>
</tr>
<tr>
<td>5. Neighborhood has been traditionally underserved</td>
<td></td>
</tr>
<tr>
<td>6. Health indicators, where available, reflect significant needs</td>
<td></td>
</tr>
<tr>
<td>7. Other criteria identified by group (fill in):</td>
<td></td>
</tr>
</tbody>
</table>

**Total Score**

__________
APPENDIX IIb:

SAMPLE AGENDA
First Neighborhood Advisory Group Meeting

A. Neighborhood Selection Process

B. HNP Description

C. Community Organizer Project Responsibilities

D. Neighborhood Health Advocate
   - Project Responsibilities
   - Memorandum of Understanding

E. HNP Job Opportunity Announcement
What is it?
The Healthy Neighborhoods Project (HNP) in Contra Costa County aims to improve the health of communities by encouraging residents to work together and use their own talents and resources to advocate for positive change in their neighborhoods. The project takes place in several neighborhoods throughout Contra Costa.

An Innovative Approach to Promoting Health
HNP focuses on neighborhoods where problems such as drugs, homelessness and crime have been well documented. What has not been done in these neighborhoods is to focus on the strengths and untapped resources available to residents.

HNP operates on the principle that all neighborhoods have a unique combination of strengths and challenges, and that poor neighborhoods in particular contain within them a tremendous resiliency to survive the difficulties that confront the communities. HNP helps communities to identify the strengths of the neighborhood and its communities, and to build on these strengths to make the neighborhood a healthier place to live. Individual gifts include things that people already do such as cooking for their children, fixing things in their homes, art projects or organizing people for a social or political event. Neighborhood strengths include churches, resident organizations, local clubs and playgrounds.

Qualities of a Healthy Neighborhood
Healthy neighborhoods often share certain characteristics:

- Individuals of a neighborhood express and share their gifts, skills, capacities and abilities with friends, neighbors and fellow residents.
- Neighbors are involved in community organizations.
- Successful projects are carried out that involve high levels of community participation and control.

Neighborhoods that show these healthy qualities often have residents that work together in solving the big issues that affect their community. These residents also tend to adopt healthy lifestyles and actively seek health care for themselves and their families.
HOW HNP WORKS

Community Organizers and Neighborhood Health Advocates are selected from the community and trained to work with residents to identify the strengths of the neighborhood and of those who live there, as well as the needs of the neighborhood. The Project Coordinator provides assistance, suggestions and training. Each neighborhood decides on its most pressing health needs, and develops and implements a Plan of Action.

Residents organize around issues such as the environment, health and safety, violence prevention, economic development and local services that respond to their needs. Residents make a commitment to act based on a shared understanding of the issues, individual and community assets, opportunities and workable solutions. They involve and educate their neighbors, help shape opinion and mobilize people to act.

Activities and achievements of HNP Neighborhoods

Iron Triangle, Richmond – Had “School Safety Zone” signs and speed bumps installed on busy streets near a school.

North Richmond – Successfully advocated for a new four-way stop, mailbox and bus stop shelter in the neighborhood.

Parchester Village, Richmond – Advocated for a new mailbox, sound wall and community center for activities for girls.

West San Pablo – Brought together local youth service agencies and surveyed more than 200 youth to find out how youth needs could be best met.

El Pueblo, Pittsburg – Held two well-attended community celebrations, surveyed more than 100 residents about their needs and organized a “Double Dutch” jump-roping team and a walking group.

West Boulevard, Pittsburg – Held successful community cleanup, getting rid of 22 tons of garbage, and had two new police officers assigned to the neighborhood.

For more information on HNP
Call the Healthy Neighborhoods Project Manager,
Roxanne Carrillo, at (925) 313-6810
COMMUNITY ORGANIZER
Project Responsibilities

Reporting to the Project Coordinator, a Community Organizer of the Healthy Neighborhoods Project (HNP) is expected to:

- Establish linkages and relationships with the neighborhoods’ leaders, gatekeepers, individual residents, resident association, and other public and private institutions.

- Recruit residents representing all ethnic groups from his/her neighborhood to serve as Neighborhood Health Advocates (NHAs).

- Supervise and provide direction to Neighborhood Team, including holding monthly meetings.

- Assist with planning and participate in all HNP trainings.

- Oversee and coordinate the neighborhood asset-mapping process.

- Plan and facilities neighborhood forums and the development and implementation of neighborhood-based action plan(s).

- Assist the NHAs with identification of goal statement and action plan process.

- Serve as a go-between for the project Coordinator and the NHAs.

- Prepare monthly progress reports.

- Organize neighborhood-based activities and other duties as assigned by the Project Coordinator.
APPENDIX IIe:
ADVOCATE PROJECT RESPONSIBILITIES

NEIGHBORHOOD HEALTH ADVOCATE
Project Responsibilities

The Neighborhood Health Advocate (NHA) of the Healthy Neighborhood Project (HNP) is responsible for the following duties:

- Report to the HNP Community Organizer (CO) in my neighborhood.
- Participate in training(s) in the general areas of leadership, community organizing, team building and asset mapping.
- Participate in one or more health-specific training in areas such as chronic disease, injury and violence prevention, health program development, and others as a need is identified.
- Canvass neighborhoods to reach out to residents to ensure their full participation in various HNP projects.
- With the assistance of the Coordinator and Community Organizer, I will plan and conduct action plan meetings and community forums to develop and implement the action plan(s) with residents.
- Select and participate in one or more HNP activities such as chronic disease prevention, injury prevention, and health program development.
- Participate in three or more meetings, trainings and/or other HNP activities per quarter.

Position requires a minimal number of working days throughout the year and will pay a stipend.
APPENDIX II:
HNP JOB ANNOUNCEMENT

JOB OPPORTUNITY

HEALTHY NEIGHBORHOODS PROJECT
WEST BOULEVARD, PITTSBURG, CA

The Healthy Neighborhoods Project is working to make our community a healthier and safer place to live by identifying the strengths, assets and resources of residents and to advocate for health improvements in our neighborhood.

The Project is seeking a resident to become the Community Organizer for the West Boulevard neighborhood. The Community Organizer (CO) will work with the existing group of Neighborhood Health Advocates (NHA) to talk with people in the neighborhood to assess their talents and skills and get information about neighborhood issues. The CO will also recruit additional NHAs as needed to complete the project. The Community Organizer must be able to meet the minimum qualifications listed below.

About the position

- Hours vary, average 20 hours per week
- Compensation: salary with benefits
- Training provided in leadership, community organizing and interviewing

Minimum Qualifications

- Live in the West Boulevard neighborhood
- Ability to work well with people
- Ability to hold/conduct meetings with the HNP West Boulevard Team
- Ability to organize a community forum
- Available to attend Healthy Neighborhoods training
- Available to attend community meetings
- Ability to recruit and select NHAs that represent all the ethnicities and age groups in the neighborhood
- Available/have transportation for weekly office hours at the Martinez office
- Ability to keep records of project activity, keep a journal and fill out time sheets
- Concern about making the neighborhood a better place to live
- Commitment to stay in the project at least one year

To apply or for more information please contact Roxanne Carrillo at (925) 313-6810 before May 28, 1999.
APPENDIX I1g:
KEY ELEMENTS OF COMMUNITY ORGANIZING: A CHECKLIST

☐ Get people together
   1:1 interviews
   Finding people who care and can take action
   Building relationships

☐ Assess our assets
   Gifts and talents
   Skills and abilities
   Resources

☐ Pick an issue to work on
   People care about it a lot
   We can win
   It will build our community in the process

☐ Develop goals and strategies
   What do we want to change?
   How will we change it?
   Targets and allies

☐ Build an action plan
   Tactics
   Who, what, when

☐ Build an effective team
   Recruitment
   Involvement
   Teamwork
   Leader

☐ Hold effective meetings
   Make decisions
   Plan action
   Build our organization

☐ Communicate to have an impact
   Get our message across
   Hold actions?
   Use media advocacy
   Work in coalitions

☐ Evaluate our effectiveness
   Did we do what we said we would do?
   Did we reach our goals?
   Was this the right thing to do?

☐ Sustain our efforts and ourselves
   Personal support and growth
   Organizational strength
   and community power
APPENDIX IIIa: ADVOCATE MOU

NEIGHBORHOOD HEALTH ADVOCATE
Memorandum of Understanding

The Healthy Neighborhoods Project (HNP) is participating in many community initiatives to make our neighborhoods healthier and safer places to live. We do this by identifying the strengths, assets and resources of residents and advocating for improvements in our neighborhoods.

As a Neighborhood Health Advocate for the Healthy Neighborhoods Project, I agree to:

• Attend quarterly Advocate training sessions that will take place in February, May, August and November
• Recruit residents to actively participate in monthly action plan meetings in their neighborhood
• Actively participate in the implementation of an action plan
• Select and participate in related program meetings and community activities and provide input and support to the health programs
• Commit to staying with the project for at least two years

Minimum participation:
Active participation is determined by the neighborhood Community Organizer and Coordinator and is tracked by attendance and completion of tasks related to Team activities. Residents must participate in at least 50% of the activities listed below:

• Attend and participate regular action team meeting
• Attend and participate in Project training(s)
• Completion of Project assignments, e.g., flier distribution, circulating a petition of issues and concerns, and collecting general feedback from residents in his/her immediate neighborhood
• Attend city council meetings to advocate for resources and/or assistance
• Attend community forum and/or events organized by HNP

If I have any questions, I will talk to the HNP Community Organizer for my neighborhood.
Community Organizer’s Name __________________________________________________________
Phone # _________________________________________________________________________

The Healthy Neighborhoods Project will:
• Provide me with a Certificate of Completion once I have completed the HNP basic training on leadership, community organizing, team building, and chronic disease and injury prevention.
• Provide childcare during trainings and meetings if necessary.
• Provide incentives to support my participation.

I have read the MOU and agree to serve as a Neighborhood Health Advocate to improve the health and better the quality of life for my neighborhood.
Signature _______________________________ SS# _______ - _______ - _______
Name (printed) ___________________________________________________________________
Address __________________________________________________________________________
Phone # (day) ________________________ (evening) _____________________ Date __________
APPENDIX IIIb:
SPEAKER –LISTENER PAIRS EXERCISE

Have each CO pair up with another person. Set up chairs so each pair is facing each other. Space pairs out or have them in separate rooms if that is possible. One person is the listener and timer, and the other is the “speaker.” Have the listener set a timer, one that doesn’t tick loudly, for two minutes, or use a clock or watch they can glance at easily without getting distracted. The listener says softly, “Okay, you’re on” and starts timing.

Instructions to listener: Aside from keeping track of the time, keep soft, supportive, receptive eyes on the speaker for the full two minutes except for glances at the time, if you’re using a clock. Your eyes are not staring. You do not nod encouragingly or smile a lot. You are open, pleasant, still, available. You see the highest good in the speaker and expect nothing. You let any judgments pass.

Instructions to speaker: Don’t speak for at least one deep breath, and for the time it takes to fully notice and appreciate the listening. You may stay silent for the whole two minutes. Avoid making off-hand comments out of nervousness. Rather, feel the nervousness. Feel whatever you feel. Think whatever you think. But stay softly available to the soft eyes listening to you. Speak only if you are moved to speak. When there is a sense of any effort, or pressure to do something, remember that the only guideline is to put a priority on receiving the listening and support of being exactly who you are.

The listener signals with a gently raised finger at the two-minute mark (or the timer goes off). The speaker finishes within roughly fifteen seconds, and acknowledges being done. The listener takes a deep breath and says, “Thank you.” Switch roles with no conversation about what just happened.

Once each person has been a speaker and listener, then they can talk about how this experience felt, rather than about the content that may have come up. Allow five to ten minutes for this.

Repeat this exercise with different pairs of COs one or two more times.
APPENDIX IV: MEDIA WORKSHOP

HEALTHY NEIGHBORHOODS PROJECT

“GETTING THE MESSAGE OUT”

WORKSHOP ON USING THE MEDIA TO EDUCATE COMMUNITIES

CONTRA COSTA HEALTH SERVICES

597 Center Avenue
Martinez, CA 94553
Media Advocacy Training

Session Length: 2 ½ hours

Objectives:

At the end of this session participants will:

- Describe various media markets that could be targets for information
- Give examples of messages the media can help focus on
- Identify a number of avenues for getting information to the community through the media
- Feel comfortable about talking to a reporter

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Process Points</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Agenda</td>
<td>Explain agenda</td>
<td>Flip chart</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Explain objectives</td>
<td></td>
</tr>
<tr>
<td>15 minutes</td>
<td>What is the Media</td>
<td>Ask for ideas</td>
<td>Post</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(print, radio, TV)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(newsletters, computer)</td>
<td></td>
</tr>
<tr>
<td>5 minutes</td>
<td>Media Advocacy</td>
<td>The message</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The news hook</td>
<td></td>
</tr>
<tr>
<td>20 minutes</td>
<td>Creating the Message</td>
<td>Familiar messages</td>
<td>Post</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brainstorming messages</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Remember chronic disease</td>
<td></td>
</tr>
<tr>
<td>20 minutes</td>
<td>Getting the Message Out</td>
<td>Play Video</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accessing the Media</td>
<td>Debrief</td>
<td></td>
</tr>
<tr>
<td>10 minutes</td>
<td>Objectives of a Campaign</td>
<td>Review objectives</td>
<td>Flip chart</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Different Approaches</td>
<td>Discuss approaches</td>
<td>Flip chart</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Samples</td>
<td>Press releases</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Tips/Concepts</td>
<td>Review tips</td>
<td>Flip chart</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Story Ideas</td>
<td>Brainstorm</td>
<td>Post</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Practice</td>
<td>Role Play</td>
<td>Tip sheet</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Wrap Up</td>
<td>How this felt</td>
<td>Round-robin</td>
</tr>
</tbody>
</table>
INTRODUCTION

Say: Healthy Neighborhoods has begun an exciting part of its project: working with the community to get their ideas and develop a plan of action. It may be important now – and especially when you are ready to make that plan of action come to life – to find ways to let the community and elected officials know about what you are doing and what you want.

The media can be a big help in getting the message out. It might seem impossible for a project like ours to get reporters to be interested in what we’re saying. Yet programs and people just like us have had remarkable success in using the media as an ally in reaching our objectives. Today we’re going to look at ways to up the odds of having that happening and some ways in which we can improve the likelihood that it will.

Here is what we’re planning to cover.

Display on Flip Chart:

Agenda
What is the Media?
What’s the Message
Objectives of A Media Program
Different Approaches
General Concepts
Practicing Talking to the Media

Display on Flip Chart:

Objectives

At the conclusion of the workshop, participants should be able to:

1. Describe various media markets that could be targets for information.
2. Give examples of messages the media can help focus on.
3. Identify a number of avenues for getting information to the community through the media.
4. Feel comfortable about talking to a reporter.

WHAT IS THE MEDIA?

Say: Before we take a look at the techniques for getting information out, let’s just take a minute to talk about what the word “media” is all about.

Ask: What is “The media?”
Bring Out and Post: “What is the media” list

- Daily papers
- Weekly papers (Sometimes those are more valuable in framing your message than the dailies because they’ll use your press releases as you submit them instead of writing their own stories)
- Radio
- Major TV network
- Cable TV
- Public access TV
- Magazines
- Neighborhood and organization newsletters
- Even computer networks like Internet!

Ask: In East County, where do you think people get most of their news? Which media outlets are most popular? What about in West County?

The Message

Media Advocacy

Say: Reporters play an important role in gathering and communicating information about issues and events. The reporter’s story could shape the public and policy makers’ opinions and even force action. But the reporter isn’t the only one who has an opportunity to put a “spin” on a story. We activists have an important role in that equation. We do not just give the media objective, factual information about health issues. We “frame” the issues in a way that opens the eyes of the public and policy makers.

This concept, which has come to be called media advocacy, involves putting a “spin” on the issue that will help the public see the problem in their terms. We describe the problem in a way that makes people want to act. And when we describe the issue and answer questions, we explain what action we want the public to take.

An example of that is a technique used in the tobacco control area to communicate just how pervasive a problem smoking is. Instead of saying 434,000 people die each year from tobacco related deaths, media advocacy experts say the death rate from tobacco is equivalent to two fully loaded jumbo jets crashing every day with no survivors. Instead of telling people that the tobacco industry spends more than $6 billion a year to market its products, make the figure come alive by saying they spend $100 every second. If you don’t like a recent proposal the tobacco industry is promoting, liken their involvement to “the fox guarding the hen house.” We’ll talk more about how to frame issues and deliver messages in a minute.
**Framing for Access**

**Say:** It’s all very well to have a message, but we also have to have some kind of news “hook” that makes a reporter want to write a story, interview you and give you a chance to deliver your message. We’ll talk more about this later, but as activists trying to get news coverage for your issues, you want to always be alert for related story ideas.

**Creating the Message**

**Say:** No matter which medium we choose to work with, in order to do media advocacy, we have to decide what our overall message is. Let’s look at some familiar ones.

**Ask:** What did people concerned about drinking and driving develop as their message?

**Bring Out:** “Friends Don’t Let Friends Drive Drunk.”

**Say:** Look at the tobacco prevention program as an example. Since the voters approved Prop. 99 in 1989, the media has played a critical role in changing people’s attitude about tobacco. What kinds of messages do you think tobacco prevention programs have developed?

**Bring Out:**

- Second hand smoke is dangerous.
- Tobacco advertising is seducing our children.
- Local communities can achieve clean indoor air.

**Ask:** Can you think of some others?

**Say:** No matter what event we use as the center of our story, we are always conscious of trying to communicate these important messages which can change the attitudes and behavior of communities and groups.

**Ask:** For kinds of messages would your program be likely to use the media.

**Allow** a few minutes for brainstorming.

**Post:** Ideas on a flip chart

**Say:** So once you have an overall message, how do you communicate it and the activities of your program to the community? To show you how one group of activists did it, let’s look at this video.
Play: “Accessing the Media” (About the Henry Horner Housing Project in Chicago)

Ask: What did you think?

Bring Out:

- It isn’t as complicated and mysterious as we thought.
- Anyone with a story can gain access to the media.
- There are specific tips/strategies that work.

OBJECTIVES OF A MEDIA PROGRAM

Say:  Let’s take a look at some concrete objectives for a media program. Before you begin your efforts, you should have a clear idea of why you are doing media work. Let me tell you this story about why that’s important. When I first began working for the county, I was asked to help promote an event for a community-based program, which was a subcontractor to a county program. I wrote a very interesting press release, which I was sure would attract attention from the press. But when the program people reviewed it, they realized they didn’t want widespread publicity. They didn’t have enough food or handouts to provide to hundreds of people who might have showed it. Their objective, it turned out, was to promote the program in a very small geographic area, which could be accomplished with handbills and posters.

Here are some examples of what your purpose could be:

Display on Flip Chart:

Purpose of a Media Program

- Provide information to educate the community
- Serve as a call to action
- Create organizational visibility
- Put a “face” on an issue
- Establish an individual as an expert
- Help frame the issue
- Create sympathy and support for a issue
- Build the “files” for future reference
- Use as a mailing piece to other community groups

So now let’s get down to the nitty-gritty. How do you do this?
DIFFERENT APPROACHES

Say: To “open your mind,” take a look first at these two examples of very unusual ways in which tobacco prevention messages have been communicated. (Show crossword puzzle where the theme was about secondhand smoke and Dear Abby, who frequently writes about the dangers of smoking.) There is no end to the ways you can get your message out. Here are some other, more common approaches:

Display on Flip Chart:

Approaches

- Press release/News briefs about a current event (hopefully they will lead to interest by a reporter and an opportunity to get out your message)

- Paid ads

- Public service announcement a very short (30-60 seconds) advertisement (sometimes difficult to get stations to play the spots at a time when anyone would watch or listen)

- Press conference an effective technique if you can enlist the help of “star” or have an important announcement to make or something visual that can be used

- Photo often very useful with a long caption for small papers

- Fact sheet helpful for filler, especially around the time of major events like National Smoke-Out Day, etc. (Try using local data where possible)

- Profile of local person kids and seniors doing good deeds are always good

- Appearance on talk shows many local shows allow for in-depth interviews

- Opinion piece/Editorial difficult to get printed but a good way to get an idea or message across
• Letters to the editor excellent way to get extra mileage out of a story and a good way to keep the issue out there

• Staged events including creating an award; installing the speed hump

Say: Whichever one of these you choose, there are some general concepts you might like to keep in mind:

Display on Flip Chart:

**General Concepts**

• Know what your objective is before you begin.

• The local media is always looking for a local angle on a national, statewide or regional event.

• Timing is everything. Keep on top of breaking stories in and outside your geographic area that you could use as leverage.

• Sometimes when you think your efforts are falling on deaf ears, you may actually be establishing your role as an expert to be consulted in the future. (We sent out a press release several years ago about a tobacco ballot proposition. Nothing happened. But months later, just before the election, the information we sent out was used, word for word, in a feature story in the Contra Costa Times.)

• Never assume your story idea is unimportant. (A recent story about mailing Farmer’s Market coupons to food stamp recipients was picked up by radio, TV and print media.)

• Make sure you have a contact person - AKA spokesperson - for your stories who is well versed in the issue and doesn’t undo your good work.

• Be aware of the “window of opportunity.” Be respectful of the media deadlines. You could miss a good opportunity and make an enemy because the contact person did not respond in time.

• You can’t always control the message the media gets, so take as many precautions as possible and make rational decisions about whether to put a story out.

• Never give a reporter incorrect information. If you don’t know the answer, say so and offer to get it for them.
Ask: Can anyone think of any other rules to remember? Does anyone have any questions?

REAL STORY IDEAS

Say: Let’s take a minute now to think of some real opportunities you might have for getting out your message. What’s coming up? Let’s give you a little help by passing out these two press releases that were drafted about Healthy Neighborhoods Project. Does this give anyone ideas?

Distribute: Speed Humps and Community Walk-Through press releases

Post: Ideas for stories on Flip chart
APPENDIX Va:
COMMUNITY QUESTIONNAIRE

HEALTHY NEIGHBORHOODS PROJECT COMMUNITY
QUESTIONNAIRE (DECEMBER 1997)
PITTSBURG VERSION

Please complete all the following questions by completely filling in the
appropriate circles to the right or blank spaces with a pencil.

1. Do you consider our neighborhood quiet? ......................................................... ○ Yes ○ No
2. In general, do you consider our neighborhood safe for you and your family? ...... ○ Yes ○ No
3. Are there stores close by that you can go to for fresh fruits and vegetables? ....... ○ Yes ○ No
4. Do you have access to food and nutrition information that is helpful to you? ........ ○ Yes ○ No
5. In general, do you like the people in our neighborhood? .................................. ○ Yes ○ No
6. Do you associate with our neighbors? For example, talk with our neighbors,
go to parties, etc .............................................................................................................. ○ Yes ○ No
7. Do you know people who participate in local groups or activities? .................... ○ Yes ○ No
8. Do you participate in local organizations? ......................................................... ○ Yes ○ No
9. If you needed to borrow $20, do you have someone to go to for help in our
   neighborhood? ........................................................................................................... ○ Yes ○ No
10. Do you think there are enough activities for kids in our community? .............. ○ Yes ○ No
11. If you had a personal problem (such as difficulty with one of your children), is there
   someone in our neighborhood with whom you could talk about it? ..................... ○ Yes ○ No
12. If you need to, do you feel comfortable going to the police? ............................. ○ Yes ○ No
13. Do you participate in community activities or events in our neighborhood? ...... ○ Yes ○ No
   14. If yes, which ones?
      ○ Church
      ○ Healthy Neighborhood Project
      ○ Neighborhood Watch
      ○ Other _________________
15. Do you participate in community activities or events in our neighborhood? ...... ○ Yes ○ No
16. Where do you get that information?
   ○ Friends ○ Newspapers
   ○ Neighbors ○ Television
   ○ Family Members ○ Radio
   ○ Posted Fliers ○ Other _________________
17. What talents or skills do you have that you think our neighbors might benefit from?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

18. In general, how do you feel about our neighborhood?  ○ Excellent ○ Good ○ Fair ○ Poor

19. Do you have children in the local public schools? (If no, skip to question 21)

................................................................................................................................................................○Yes ○ No

20. How would you rate the quality of education provided to your
children in the local public schools? ........................................... ○ Excellent ○ Good ○ Fair ○ Poor

21. How would you rate the physical condition of the local public
schools? .......................................................................................... ○ Excellent ○ Good ○ Fair ○ Poor

Here is a list of things that people do. How often do you do these things?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take long walks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work in the garden</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do physical exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take part in active sports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hunt or fish</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you ever exercise long enough to work up a sweat?</td>
<td>○ Yes, at least once a week ○ Yes, but less than once a week ○ No, never</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Think about our neighborhood as a whole. Then, as I read this list, please let me how much of a problem each one of the following is in our neighborhood.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Very serious problem</th>
<th>Somewhat serious problem</th>
<th>Minor problem</th>
<th>Not really a problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Crime in our neighborhood</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>30. Traffic</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>31. Excessive noise</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>32. Trash and litter</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>33. Lack of adequate lighting at night</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
34. Availability of public transportation
35. Drugs
36. People hanging out on the street
37. Gangs
38. Not enough activities for children
39. Not enough programs for older children (11-18 years old)
40. Alcohol abuse
41. Unemployment
42. Gambling in the neighborhood

| 34. Availability of public transportation | ☐ | ☐ | ☐ | ☐ | ☐ |
| 35. Drugs | ☐ | ☐ | ☐ | ☐ | ☐ |
| 36. People hanging out on the street | ☐ | ☐ | ☐ | ☐ | ☐ |
| 37. Gangs | ☐ | ☐ | ☐ | ☐ | ☐ |
| 38. Not enough activities for children | ☐ | ☐ | ☐ | ☐ | ☐ |
| 39. Not enough programs for older children (11-18 years old) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 40. Alcohol abuse | ☐ | ☐ | ☐ | ☐ | ☐ |
| 41. Unemployment | ☐ | ☐ | ☐ | ☐ | ☐ |
| 42. Gambling in the neighborhood | ☐ | ☐ | ☐ | ☐ | ☐ |

43. Where do you get most of your food? (Choose one)
   ☐ Supermarket/Chain Market (like Safeway)
   ☐ Neighborhood Stores
   ☐ Food programs like food pantries, the “brown bag” program or church-sponsored programs
   ☐ Other programs__________________________
   ☐ I don’t purchase household food

44. Which of the following make it difficult for you to get healthy food? (Circle as many as apply)
   ☐ Lack of transportation to lower-cost grocery stores
   ☐ Not enough money
   ☐ Too many opportunities for unhealthy food (like “fast food” restaurants)
   ☐ Too little time to prepare nutritious food
   ☐ Stores near me don’t carry healthy foods

45. If one of the following food and nutrition projects were started in our neighborhood, which one would you be most likely to use? (Choose one)
   ☐ A community garden
   ☐ A transportation service to a supermarket
   ☐ A food-buying cooperative
   ☐ Classes or groups to improve cooking and kitchen skills
   ☐ Classes or groups to improve knowledge about food and nutrition

46. Have you ever heard of the Pittsburg Health Center? .................................... ☐ Yes  ☐ No

47. Where did you first hear about the Pittsburg Health Center?
   ☐ Community meeting
   ☐ Friend/Neighbor
   ☐ Neighborhood outreach worker
   ☐ Newspaper
### Demographic Information

48. How long have you lived in this neighborhood? | Years | Months
--- | --- | ---

49. Do you rent or own your home?
- [ ] Rent
- [ ] Own
- [ ] Other _____________________

50. If you rent your home, how good a job does your landlord do of maintaining the property (for example, repairing the plumbing or doing painting)?
- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor

51. What is your marital status?
- [ ] Married or in a long-term committed relationship
- [ ] Single
- [ ] Divorced
- [ ] Separated
- [ ] Widowed

52. What is your race/ethnicity?
- [ ] African American/Black
- [ ] Asian
- [ ] European American/White
- [ ] Filipino
- [ ] Latina/Latino/Hispanic
- [ ] Native American
- [ ] Pacific Islander
- [ ] Other _____________________

53. What language do you most commonly speak at home?
- [ ] English
- [ ] Spanish
- [ ] Other _____________________

54. Is this your first language?
- [ ] Yes
- [ ] No

55. If no, what is your first language?

56. Are you currently employed?
- [ ] Yes
- [ ] No

57. What do you do? (occupation)

58. May I ask how old you are? __________ Age in years (if no response leave blank)

59. Gender:
- [ ] Male
- [ ] Female

Thanks for helping us to complete this questionnaire.
APPENDIX Vb:
NEIGHBORHOOD QUESTIONS

Proposed Neighborhood Questions (Revised 3/22/00)
The goal of the neighborhood questions is to gather information about what is going on in your neighborhood.

Neighborhood Questions:
1. What area do you consider to be our neighborhood? What are the actual streets?

_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

2. On a scale of 1 to 5, how do you feel about our neighborhood? Circle a number from 1 to 5. (1=being “dislike strongly” and 5=being “like very much”)

1   2   3   4   5

3. What do you like about our neighborhood?

_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

4. Do you associate with (for example, talk to and go to parties with) our neighbors?
   _____Yes   _____No
   Comment:
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

5. Are you aware of community events in your neighborhood?
   _____Yes   _____No

6. Do you participate in community activities of events in your neighborhood? Which ones?
7. Do you participate in local groups and organizations which operate in your neighborhood? Which ones?

8. What would give you the incentive to participate more in the community?

9. What are your talents and skills? What do you think others may benefit from?

10. What do you share with your neighbors? (for example, time, loan of tools, rides to work or to the bus)

11. How can we as adults be good role models for the young people in our community?
12. Who are some of the role models in our neighborhoods and why?
_______________________________________________________________________________________________________

13. Who do you go to in your neighborhood when you need help?
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

14. What are ways you would like to see the neighborhood improve?
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

15. What changes in the neighborhood would promote a healthier environment?
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

16. Would you like to participate in our community organization effort?
______Yes  ______No

Demographic information
1. How long have you been living in this neighborhood?
__________________________________________ (in years and 0 months)

2. Gender: ___Male    ___Female

3. Marital status: ___Married ___Single    ___Divorced    ___Separated
___Widowed    ___Unmarried couple

4. What is your race or ethnicity? ________________________________

5a. What language do you speak at home? ________________________________
5b. Is this your first language? ________________________________
5c. If no, what is your first language? ________________________________

6. What is your current occupation? ________________________________

7. May I ask how old you are? ________ (age in years)
APPENDIX Vc:
INTERVIEW QUESTIONS FOR CO’S

Healthy Neighborhoods Project Interview Questions for Community Organizers

Name of Respondent ________________________________
Date___________________________
Name of Interviewer ________________________________
Neighborhood__________________

Instructions to interviewee: This interview pertains to activities that occurred since December 1, 2001. Please answer each question to the best of your knowledge.

I. CHANGES IN THE NEIGHBORHOOD
ADVOCATES AND RESIDENTS

A. Empowerment
   1. At this point do you think that the neighborhood advocates and residents feel empowered by the Healthy Neighborhoods process?

      Yes       No       Don’t know
      Please explain your response:

   2. At this point do you think the neighborhood advocates and residents feel a sense of control with respect to neighborhood and wider community issues?

      Yes       No       Don’t know
      Please explain your response:

B. Network of Trained Advocates
   3. What trainings have the neighborhood advocates received since December 1, 2001?
4. Have the neighborhood advocates had an opportunity to use skills and knowledge from those trainings? Please describe.

5. What local resources were advocates informed about?

C. Sense of Ownership and Involvement
6. Do the neighborhood advocates and residents demonstrate a sense of ownership?

Yes  No  Don’t know
Please explain your response:

7. Are the neighborhood advocates and residents participating in the HNP process in their neighborhoods?

Yes  No  Don’t know
Please explain your response:

II. PROJECT ACTIVITIES

D. Roles
One of the issues that emerged in the course of developing this evaluation was the complexity of the various roles and expectations of stakeholders in the Healthy Neighborhoods Project. The following questions are about your view of the roles of some of the stakeholders. Please answer each of these questions based on what you believe are the roles of these stakeholders.
8. What would you say is the main role of the health department in the HNP?

9. What would you say is the main role of the organizers in the HNP?

10. What would you say is the main role of the advocates in the HNP?

11. Who would you say has the final say on HNP decisions?

E. Successes and Lessons Learned

12. Can you identify briefly any successes in HNP?

13. Can you identify briefly any lessons learned in HNP?

13a. Can you identify briefly any barriers that you have encountered in HNP during the last 2 years?

F. Action Plan

14. What steps have been used so far to develop the action plans?

G. Asset Mapping

15. Was asset mapping conducted in your neighborhood?

Yes No Don’t know
Please explain your response:
16. How was the asset mapping conducted in your neighborhood?

17. What were the results of the asset mapping?

18. How will the results of the asset mapping be used?

H. Vision

19. Is there a stated vision or overall vision in your neighborhood?
   Yes  No  Don’t know

III. CHANGES IN THE NEIGHBORHOOD

I. Physical Changes

20. We know that you are just starting the work in your neighborhood, but have there been physical changes in the neighborhood that reflect issues identified by the residents?

IV. CHANGES IN THE NEIGHBORHOODS RELATIONSHIP TO SYSTEMS OUTSIDE THE NEIGHBORHOOD

A. Access to Outside Resources

21. Have the neighborhood advocates and residents been involved as representatives of Healthy Neighborhoods in activities other than Healthy Neighborhoods?
B. Influence on Outside Resources

22. If the neighborhood advocates and residents have been involved in other activities other than Healthy Neighborhoods, what was the outcome of that participation? (For example, Advocate A went to the city council meeting and advocated for changes in the local tobacco policy).

V. STAFF CHANGES

23. Please describe any staff changes in your neighborhood that you are aware of since today’s date.

24. Were there any other noteworthy changes or activities in your neighborhood since today’s date?
### Monthly Evaluation Report for Healthy Neighborhoods Project Organizers

**Date:**

**Name:**

**Neighborhood:**

#### Training

What training did your advocates and you receive this month? (please list date of training, training topic, approximate number of advocates who attended, and check appropriate boxes)

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th># of Advocates from your neighborhood attending</th>
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*If more than four trainings this month, please attach an extra copy of this page.*