

Contra Costa County tackles chronic disease in the community

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The Public and Environmental Health Advisory Board (PEHAB) in Contra Costa County had a problem.

We weren't really shocked when we heard it," admitted Art Hatchett, a member of the board, which is composed of citizens appointed by the county Board of Supervisors. "We all know people who suffer from chronic diseases, but seeing the facts in print really made it hit home."

Hatchett referred to local health data produced at that time - 1994 - indicating that two of every three deaths in this San Francisco



Bay Area county were residents are dying of chronic diseases such as cancer, heart-and-lung disease and diabetes.

"What was most frustrating was learning that most of these deaths could have been prevented," he said.

Determined to tackle the problem, the members of the advisory board and Contra Costa Health Services (the county health department) looked carefully at the efforts already in place to prevent chronic diseases in Contra Costa and elsewhere. While chronic diseases have replaced infectious diseases as the leading cause of death



Above: Staff from a number of chronic disease projects in Contra Costa met and shared materials to identify areas where they could work together. Increased collaboration between projects and programs is a component of the county's Chronic Disease Prevention Organizing Project.

Left: Residents involved in the Healthy Neighborhoods Project in Pittsburg, CA, took to the streets to do a community asset mapping of the strengths and needs in their neighborhood. The project became part of Contra Costa Health Services' effort to address the social, economic and environmental factors that increase risk of chronic disease.



Left: Several programs in Contra Costa Health Services (the county health department) collaborated on a Walk Your Child to School Day that involved more than 250 residents of one low-income neighborhood. Organizing the campaign created a link in the community between pedestrian safety issues and young people's need for physical activity opportunities.

and diminished quality of life in the United States, there seemed to be a lack of successful efforts to prevent them, particularly among low-income, ethnically diverse communities at great risk.

Early chronic disease prevention efforts

Contra Costa had already begun trying new ways to disseminate its various chronic disease prevention messages. The county Tobacco Prevention Project initiated a neighborhood organizing effort. Called the Healthy Neighborhoods Project, it involved staff working with residents to map their community's assets and challenges, and assisting them with addressing their priorities.

"It wasn't working to go into low-income communities and tell people to stop smoking or start eating fresh fruits and vegetables," said Dr. Wendel Brunner, county director of public health. "These messages failed to capture the interest of communities confronting more urgent and even life-threatening concerns like violence, or having to work multiple jobs to try to hold together a family. We realized we needed to start with the community's concerns and issues and respond to them first,

before bringing in our own public health agenda."

Identifying risk factors for chronic disease

So began Contra Costa's efforts to develop a prevention strategy that addressed the social, economic and environmental factors that increase a community's risk for chronic disease. The advisory board worked in focus groups and community forums to identify key factors that residents felt were placing them at risk for chronic disease.

The six risk factors identified by the community included traditional ones – such as poor nutrition, lack of regular physical activity and exposure to tobacco – as well as ones that addressed the social and economic conditions faced that low-income communities face, such as unhealthy environments, chronic stress and low socioeconomic status.

The group emphasized the importance of developing a strategy that addressed a combination of risk factors, reasoning that this approach would reduce a number of chronic diseases simultaneously.

"You've got to get at the root



Above: Residents of Pittsburg, CA, joined together in community cleanup days to improve their environment and reduce potential risk factors for chronic disease. An unhealthy environment was identified by residents as one of several factors that increase their risk of diseases like cancer, asthma and diabetes.

causes of what's going on in the community if you want to make a real, long-lasting difference," said Hatchett, executive director of an interfaith coalition in Richmond, Calif.

The Chronic Disease Prevention Organizing Project is formed

Over the next two years, the advisory board worked with more than 100 residents, health professionals, service providers and activists to develop a plan subsequently titled "Chronic Disease Prevention: A Framework for Contra Costa County."

The Framework provided a road map for the creation of the Chronic Disease Prevention Organizing Project (CDPOP). Partial funding from the California Department of Health Services enabled the project to be piloted from February 1999 through the end of 2001.

The top priorities of chronic disease prevention organizing project were to 1) pilot-test the Framework in low-income neighborhoods, and 2) strengthen the capacity of the health department to better coordinate and project an integrated message around chronic disease prevention.

To test the approach, CDPOP collaborated with the Healthy Neighborhoods Project in using an innovative strategy to engage residents in long-term organizing and planning to improve the health and quality of life in low-income, high-risk communities.

Collaboration with Healthy Neighborhoods Project

Instead of focusing solely on problems that residents face,



Residents in at-risk neighborhood participate in Walk Your Child to School Day.

Healthy Neighborhoods Project identifies and draws on the innate resources and strengths present in all neighborhoods. Active involvement of residents in defining the issues, setting priorities and determining solutions is the cornerstone of this approach.

Its multi-step process includes: community buy-in and sites election; resident recruitment and training; neighborhood asset mapping; resident-directed community forums to set priorities; and development of local action plans to implement specific neighborhood improvements for the residents.

This initiative has established credibility by helping communities work on their own priorities, with the additional result of residents becoming more receptive to other public health issues.

Two examples of at-risk neighborhoods receiving project assistance

Through this collaboration, Chronic Disease Prevention Organising Project and Healthy Neighborhoods Project trained residents in two neighborhoods to

identify and prioritize chronic disease risk factors in their community. Residents decided to address the unhealthy environment in their neighborhood and the lack of opportunities for physical activity.

Through a series of community forums, residents in one neighborhood established an action plan for a healthier environment.

Focused on working with police to develop a more positive police presence in the neighborhood, organizing community cleanups, and lobbying for increased street lighting.

In another neighborhood, the residents' action plan was to create physical activity opportunities for youth and adults. Within a year, residents formed a walking club that participated in a breast cancer walkathon, established a self-sustaining weekly aerobics class, organized several neighborhood cleanups, and successfully lobbied for more street lighting in the neighborhood. Residents in both neighborhoods then conducted another community asset-mapping to determine new priorities for the coming year.

A collaboration of county chronic disease prevention efforts

Another component of Chronic Disease Organizing Prevention Project focused on having the health department look at ways its categorically-funded chronic disease programs could better work together. Chronic disease projects in the department (such as the Nutrition and Physical Activity Program, Lead Poisoning Prevention Project, Breast Cancer Early Detection Program, and Tobacco Prevention Project) began meeting monthly to identify possible opportunities for collaboration. As a result, the projects jointly trained their staffs about the relationship between their own programs and the broader focus of chronic disease prevention.

For example, the programs collaborated to implement a Walk Your Child to School Day campaign that brought together more than 250 participants to confront issues linking pedestrian safety and physical activity among youth. Additionally, an asthma strategic planning committee within Contra Costa Health Department began meeting monthly to discuss how services could be better coordinated between public health programs, the county hospital, the Environmental Health Division, and the Medi-Cal Managed Care Plan. The committee has developed a plan for a continuum of asthma treatment and prevention services.

In the coming year, Contra Costa Health Services will be providing technical assistance to other county health departments interested in exploring a community-based approach to chronic

disease prevention. Department staff has been developing a Chronic Disease Organizing Guide featuring a case study that details the Contra Costa experience. The Guide describes strategies to:

- Strengthen the local health department's capacity to address chronic disease prevention.
- Develop cross-collaborations between coalitions.
- Mobilize residents to prevent chronic disease in their neighborhoods.
- Strengthen community capacity by working with community-based organizations and networks.
- Develop a media advocacy campaign on chronic disease prevention.

“We realize that local health departments cannot take on every aspect of chronic disease prevention at once. Each agency has its own organizational structure, resources and constraints to consider,” said Dr. Brunner. “This guide was designed to serve as a living document so we can exchange experiences and learn from one another as we attempt similar work. As the Chronic Disease Prevention Organizing Project effort expands here and in other counties, our goal is to continue to document the process and provide additional reflections and tools to help prevent chronic disease in California.”

Contra Costa Health Services is interested in your feedback. Staff is also available to provide additional information and technical assistance. The Chronic Disease Prevention Organizing Project Guide will be

available on the CW&PP web site shortly at <http://ccprevention.org/projects/cdpop>. For more information, please contact the Chronic Disease Prevention Organizing Project, Community Wellness & Prevention Program, 597 Center Ave, Suite 115, Martinez, CA 94553, ph: 925-313-6808, fax: 925-313-6864.

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