The Legacy of Partnership:
Enduring Practices and Sustainable Models from the Partnership for the Public’s Health Initiative

Prepared by the
Center for Community Health and Evaluation

January 2009

For
The California Endowment
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The Center for Community Health and Evaluation (CCHE) designs and provides evaluation services for health-related programs and initiatives throughout the United States. CCHE is part of the Group Health Center for Health Studies. This report was funded by The California Endowment.
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In 1999, The California Endowment allocated $40 million to create the Partnership for the Public’s Health Initiative (PPH). This initiative was an effort to build the capacity of local health departments and communities to work together to improve health. Administered through the Public Health Institute, PPH was designed to create fundamental changes in the way public health is understood and practiced. The intent was to shift the emphasis of public health toward collaborative approaches to address health disparities and the social determinants of health.

The Legacy of Partnership describes an evaluation of the legacy of PPH, conducted four years after the conclusion of the initiative. It illuminates what is possible when health departments and communities are able to work successfully together over a long period of time. This evaluation does not reflect the entire legacy of the PPH Initiative, but instead focuses on those partnerships most likely to offer best practices for sustainability.

The evaluation focused on a sample of 11 of the original 39 PPH partnerships. (Figure 1 shows the counties where the 39 partnerships were located; see Appendix A, page 37, for a complete list.) The 11 legacy partnerships were selected based on demonstration of high levels of progress during the PPH Initiative, geographic distribution, size of community and health department, and ethnic composition of the community. An additional partnership between a health department and a community group that had not participated in PPH was included to provide a comparison and to offer additional insights about factors supporting successful partnerships that endure.

The legacy evaluation was conducted by the Center for Community Health and Evaluation (CCHIE), which has extensive experience in assessing and documenting community-based health improvement efforts. Data were collected using a variety of methods, including document review, interviews, and site visits with each of the partnerships.

Figure 1: Location of PPH partnerships

Legacy is defined as the individual, organizational, or community outcomes to which the PPH Initiative contributed.
Findings

This evaluation revealed important legacies from the PPH Initiative among the partnerships sampled and more broadly across the state of California.

Legacy for Grantees

Because the health departments and community groups that participated in the PPH initiative were funded separately— with different capacity building goals and organizational needs—the legacies for PPH grantees have been divided into two areas: legacy for community groups and legacy for health departments.

Legacy for Community Groups

- Increased organizational capacity
  - Assessment and strategic planning
  - Leadership
  - Advocacy
  - Physical infrastructure
  - Reputation and recognition
- New partnerships

Legacy for Health Departments

- Increased organizational capacity
  - Workforce development
  - Data analysis and reporting
  - Community engagement
  - Reallocation of resources
- Culture change
- New programs
- New partnerships

Legacy for Partnerships

- Positive relationships among partners
- Sustained collaboration
- New funding opportunities
Many of the partnerships have been sustained. Figure 2 illustrates two measures of sustainability; the bar on the left shows the number of partnerships that were still active when data for the legacy evaluation were collected. The bar on the right is the number of partnerships that have continued with funding from other sources to conduct partnership-related projects.

**Figure 2**
Most partnerships remain active and have additional funding

**Partnership status**

<table>
<thead>
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<th>Partnership status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active with formal partnership meetings</td>
<td>6</td>
</tr>
<tr>
<td>Not active, but strong relationship</td>
<td>3</td>
</tr>
<tr>
<td>Active with no formal meetings</td>
<td>1</td>
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<tr>
<td>Not active</td>
<td>1</td>
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</tbody>
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**Additional partnership funding**

<table>
<thead>
<tr>
<th>Additional partnership funding</th>
<th>Number</th>
</tr>
</thead>
<tbody>
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<td>HEAC</td>
<td>3</td>
</tr>
<tr>
<td>Other significant funding</td>
<td>3</td>
</tr>
<tr>
<td>HEAL</td>
<td>1</td>
</tr>
<tr>
<td>No shared funding</td>
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Another measure of sustainability is the extent to which work begun under PPH was continued. The legacy evaluation found that the majority (90%) of activities started under PPH have been sustained (Figure 3). Qualitatively, several of the partnerships described changes in their relationships, notably the building of trust.

**Figure 3**
Activities begun under PPH were sustained by partnerships

- **Sustained at same level**: 49%
- **Increased activity**: 22%
- **Sustained at reduced level of activity**: 19%
- **No activity/one-time event with no related activity**: 10%

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4  *The Legacy of Partnership*  

**Executive Summary**
Legacy for Communities

- Empowerment of community members
- Healthier environments (safety & HEAL)
- Access to services
- Increased focus on health by local governments
- Health education resources

Empowerment of community members was a strong legacy, with almost all partnerships reporting that PPH contributed to changes in this area. Key indicators of empowerment were increased ability to advocate for communities’ needs and increased education.

Legacy for California

- Validation of community-public health partnerships
- Facilitation of the shift to chronic disease prevention
- Promotion of advocacy and organizing on a statewide level
- Definition of key policy issues

While there was talk of community-based public health approaches prior to PPH, few examples existed of what it looked like in practice, and even fewer examples existed that documented the benefits of promoting community-based public health. Several key informants stated that, in retrospect, PPH provided a valuable model for the collaborative, multi-sector work now occurring in public health.
Factors Associated with Success

One of the most important aspects of the PPH Initiative is its ability to teach about the ways in which partnerships between health departments and communities can succeed and thrive. Our data revealed a number of factors associated with success. We divided these factors into two clusters: organizational capacities (the capacities that can be cultivated within organizations) and relationship building—the different types of relationships that must be built to create productive, effective partnerships.

Organizational Capacities
- Leadership
- Creativity and adaptability
- Complementary skills and knowledge
- Flexible and continued funding

We have flexibility with the department to work outside of our grants and our departments and to see where else services can be used.

Relationship Building
- Engagement of grassroots community
- Political support
- Relationship building outside the partnership
- Time to build partnership

Focus on Place

One of the key features of PPH was its focus on place-based strategies. While place-based approaches have gained increased attention and acceptance in community health improvement over the last 5-10 years, when PPH began there was still controversy around using a geographic place rather than a health issue to organize health improvement activities. The evaluation found that all the community group respondents reacted positively to the place-based design, and reported a number of advantages. Health department participants had more reservations about the approach, with only a couple of the health department respondents reporting an overall positive assessment of the place-based approach. These differences in perspective highlight the challenges of using a place-based approach and the need for continued support and dialogue if health departments and communities are to successfully implement community-based health improvement strategies.

Challenges

Though this report highlights successes and best practices associated with the Partnership for the Public’s Health, it is important to recognize the many challenges inherent in forging these collaborative relationships. The 12 partnerships that participated in this legacy evaluation—11 PPH partnerships and one non-PPH partnership—were asked specifically about the challenges of sustaining this type of work. Respondents overwhelmingly reported that funding was the key challenge. While health departments can find ways to do pieces of this work through grant funding and the creative use of categorical funds, what is needed to fully implement a community based approach is long term funding to support the key factors mentioned above.
organizational change that supports collaborative approaches to public health, and relationship building. Without this unique funding, it is difficult to build partnerships that can be sustained.

Other challenges that were identified include a lack of awareness on the part of the health department of the power differential that exists between communities and health departments, limited technical assistance after the initiative ended, maintaining trust and balance, lack of local-level data, steep learning curves within the health department, being geographically dispersed across a large state, short time frames, and social issues like drugs and violence that overwhelm local resources.

Conclusion
As public health departments face the challenges of the 21st century, it is essential that they shift their philosophical approaches and practices. In order to address our society’s most pressing health threats—chronic disease, health inequity and the public health implications of global climate change—health departments can no longer focus primarily on disease categories and services. They must work in collaboration with communities and across sectors to provide a wide range of programs that effect the social determinants of health. The Partnership for the Public’s Health (PPH) Initiative, funded by The California Endowment and created by the Public Health Institute, gave public health departments and communities a unique opportunity to learn to work together in new ways. It is imperative that the models cultivated under PPH are spread and improved upon, if public health is to remain effective and relevant.

Although the legacies highlighted in this report are important for the examples and evidence they provide, the most important legacies of PPH may be the extent to which these lessons can contribute to the success of future collaborative partnerships and support of a paradigm shift in public health. We have pulled out the key lessons learned in a practical reference guide (see page 8). Ultimately, the legacy of PPH is healthier communities because of capacities and innovations that emerged through the hard work of PPH grantees and initiative staff and through the vision of The California Endowment.
Key lessons about sustaining community-based public health

1. It is important to focus early on one or two “people’s victories”—changes that are visible and meaningful to community residents—rather than concentrating only on priorities of the funder or intended outcomes.

2. Health departments and communities are sustaining partnerships through shared focus on policy advocacy for improving physical and social environments.

3. Leadership training and capacity building programs for community residents provide critical skills that empower residents to become agents of change.

4. Training staff and changing internal policies at public health departments are necessary steps toward supporting community-based work and shifting organizational culture.

5. Health departments and communities that collaborate in strategic planning processes, MAPP in particular, create sustainable partnerships and transform perceptions of public health.

6. Having diverse partners encourages innovation and expands the resources available to both public health departments and communities.

7. Recognizing and addressing inequities in power dynamics between public health departments and community groups is essential to development of strong a relationship.

8. Collaborative partnerships often increase access to grant funding as well as provide political support for public health funding.

9. Relationship building is a long-term process that evolves over time.

10. Close physical proximity—in the same building or compound—increases partners’ opportunities for communication and collaboration.

11. A resident-driven partnership with resourceful leadership has the power to create significant individual and community-level health improvements.

12. A broad, systems-level approach to health encourages multi-sector collaboration and creates new opportunities to address the most challenging issues of the 21st century, including chronic disease and injury prevention, health inequities, and climate change.
Introduction

In 1999, The California Endowment, a relatively new conversion foundation, allocated $40 million to fund the Partnership for the Public’s Health (PPH). This initiative represented an ambitious and innovative effort to build the capacity of local health departments and communities to work together to improve health. Administered through the Public Health Institute, PPH was designed to create fundamental changes in the way public health is understood and practiced. A key feature was shifting the emphasis of public health toward collaborative approaches to address health disparities and the social determinants of health. While the traditional public health focus on communicable diseases and provision of selected health care services is important, it does not address many of the leading causes of illness and death in the 21st century.

With the emergence of chronic disease as a major public health issue was an increased recognition of health disparities and the need to address the environmental and social determinants of health. However, the 9/11 attacks and subsequent bioterrorism threats forced public health agencies to focus significant resources on emergency preparedness, leaving other priorities temporarily sidelined.

More recently, there has been a shift back toward chronic disease prevention, in part because of the alarming increases in rates of overweight and obesity, especially in low-income communities. Several foundations and the federal government have allocated significant resources toward efforts to prevent obesity and related chronic diseases, including diabetes and cardiac disease. An important strategy for both public and private funders is forging community partnerships to address the social determinants of health.

This report is the result of an evaluation of the legacy of PPH, conducted four years after the conclusion of the initiative. It illuminates what is possible when health departments and communities are able to work successfully together. These findings are presented through summaries of data collected as well as narrative case studies that detail the experiences of, and lessons learned by, the participants.

These case studies are intended to provide a real-life, practical understanding of the strengths and successes these communities and health departments realized through their participation in PPH. Many of the partnerships achieved success because of their commitment to work through the challenges, and these experiences are described as well. Hopefully, other organizations and health departments can use the best practices and lessons learned as they implement similar programs.

Both the original and the legacy evaluations of the PPH Initiative were conducted by the Center for Community Health and Evaluation (CCHE), which has extensive experience assessing and documenting community-based health improvement projects.

The PPH Initiative

The Partnership for the Public’s Health (PPH) Initiative funded partnerships between 14 local health departments and 39 community groups in California between 1999 and 2004. (Figure 1, page 11, shows the counties where partnerships were located; the PPH partnerships are listed in Appendix A, page 37.)

The goals of the PPH partnership were to:

- Strengthen the capacity of communities to engage residents to act on their own and in partnership with health departments and other institutions to protect and improve the community’s health and well-being.
- Enhance the capacity of health departments to respond to community-based and community-driven priorities.
- Create sustainable partnerships between communities and health departments that promote and define mutual responsibility for improving community health.
- Develop state and local policies that support and sustain local capacity to improve community health.

The PPH Office was established at the Public Health Institute to administer the initiative and to develop, implement, test, and disseminate model community-based public health approaches in California. PPH’s innovations included funding local health departments and community groups separately (rather than channeling the money through the health department partners as had been most commonly done), providing customized technical assistance to grantees during the first year of the initiative, and having an evaluation team comprising both local evaluators and an overall evaluation team that coordinated the work of local evaluators and provided an initiative-wide perspective.

**Evaluation Methods**

**Evaluation Design**

The California Endowment’s interest in a legacy evaluation reflects growing appreciation among funders of the importance of long-term impact. To address TCE’s questions about legacy, CCHE built upon earlier legacy evaluations completed for organizations such as The California Wellness Foundation, the Robert Wood Johnson Foundation, the Northwest Health Foundation, and the W.K. Kellogg Foundation.

The PPH legacy evaluation differed from the previous legacy evaluations that CCHE has conducted in that its primary focus was to examine the enduring models and sustained practices that emerged from the initiative. TCE viewed these enduring models as the most critical lessons to understand and disseminate. This evaluation does not reflect the entire legacy of the PPH Initiative but instead focuses on those partnerships most likely to offer best practices for sustainability. This perspective is strongly reflected in the sampling of partnerships to participate in the evaluation. The evaluation also had a strong mandate to explore the contextual factors influencing successful partnerships during and after the initiative.

Fostering an environment of collaboration between health departments and communities was an important intermediate outcome of the PPH Initiative. Such an outcome is best assessed by exploring the impact of the grants after the funding has ended and the partnerships no longer have external support and accountability. To this end, CCHE examined the sustainability of activities supported under PPH to determine the initiative’s overall legacy.

In the context of this evaluation, sustainability is defined as the continuation of specific grantee accomplishments that were part of PPH funding. This includes continued support of policy and systems changes that were made during the initiative and the extent to which these changes remain intact or have evolved.

While sustainability is clearly important, CCHE designed the legacy evaluation to encompass the broader results of the initiative as well. The PPH Initiative contributed to other individual, organizational, and community outcomes, including continued relationships among grantee partners as well as community capacities and associated skills acquired by individual and organizational members of these communities. The legacy of such an initiative also can be reflected in improved quality of life in grantee communities, empowerment of community members, healthier environments, and increased access to services.

**Data Collection & Analysis**

The legacy evaluation focused on a sample of 11 of the original 39 PPH partnerships. (Figure 1 shows the counties where the 39 partnerships were located; see Appendix A, page 37, for a complete list.) The legacy partnerships were selected based on several considerations, including demonstration of
high levels of progress during the PPH Initiative, geographic distribution, size of community and health department, and ethnic composition of the community. An additional partnership between a health department and a community group that had not participated in PPH was included to provide a comparison and to offer additional insights about factors supporting successful partnerships.

The data for the legacy evaluation were collected using multiple methods, including document review, interviews, and site visits with each of the partnerships. The majority of the data collected were qualitative and analyzed using established qualitative analytic methodologies. A detailed description of the methods can be found in Appendix B, page 38.

Data on the sustainability of partnership activities were analyzed by compiling qualitative descriptions of the current status of each activity in an Excel spreadsheet and assigning each activity a sustainability code (1=not sustained; 2=sustained at a lower level; 3=sustained at same level; 4=sustained with increased activity). Two team members independently assigned codes and then met to compare and reconcile them.

**Limitations**

All data on which this report is based were obtained via self report of PPH participants and key informants. The sampling parameters also introduced a limitation as these data do not reflect findings that can be generalized to all the PPH participants. Sampling was intentionally aimed at partnerships that showed more progress during PPH, in order to capture best practices and understand the factors relating to success and sustainability. Additionally, there have been a number of initiatives implemented in California that involve a strong community focus for public health and address chronic disease prevention and health equity. Therefore, PPH likely contributed to capacity and readiness to take on this new work, but accomplishments may also be attributed to support from other sources.
Findings

This evaluation revealed important legacies from the PPH Initiative among the partnerships sampled and more broadly across the state of California.

Legacy for Grantees

Because the health departments and community groups that participated in the PPH initiative were funded separately—with different capacity-building goals and organizational needs—the legacies for PPH grantees have been divided into two areas:

Legacy for Community Groups

The legacies mentioned most frequently for community groups were increased organizational capacity—including assessment, leadership, advocacy, physical infrastructure, and reputation and recognition—and the creation of new partnerships.

Organizational capacity: All the PPH community groups interviewed reported the building of organizational capacity as a legacy. Some of this was articulated in very general terms:

It helped us grow as an organization.

We are more than a neighborhood association now.

There was a lot of growth and change because of the PPH grant.

Community respondents also discussed a number of specific capacities that were built under PPH. One of these was the ability to assess community needs by collecting information from the community and using other available data sources. This increased assessment capacity went hand in hand with improved strategic planning, as community groups were better able to meet the needs of the communities they served. As one group stated, “PPH taught us to stop, slow down, listen and have grace.”

Organizational leadership capacity also increased as a result of the PPH experience. Original PPH grantee leaders were still actively participating in all of the community groups at the time of the interviews.

All participating community groups reported that advocacy capacity was built during PPH. Several of the PPH community groups indicated that they had not considered advocacy and policy change prior to the PPH initiative, but had shifted to make this a major focus of their work after recognizing the potential for long-lasting and widespread impact. One community group reported that they had “strong community members positioned and trained to advocate for community policy preferences.” Another group reported, “We learned that advocating and fighting are not the same thing.”

Specific examples included advocating for incorporation of a public health perspective into city planning language, for continued services for homeless populations, and for changes in the built environment to improve access to healthy foods and opportunities for physical activity.

Eight of the 11 PPH community groups reported that organizational capacity also was bolstered by increased recognition and reputation as a result of participating in the PPH initiative. As one respondent described, “Even though funding is never totally stable, the organization itself has strengthened because we have been here, done things, and been successful. People know what you are talking about when you say [our name].” Another stated, “The organization has reached another level in terms of recognition.”

New partnerships: Over half of participating community groups reported they established new partnerships. City government and schools were most frequently identified as new partners; others included the prison system, other community groups, and health care providers.
Other community legacies: Other legacies for community groups that were identified but were less prevalent included developing skills and knowledge in specialized areas such as environmental justice or criminal justice, additional funding for the organizations activities, adoption of healthy behaviors by community members, broader definition and/or increased knowledge of health by staff and community members, and improved physical infrastructure.

### Legacy for Community Groups
- Increased organizational capacity
  - Assessment and strategic planning
  - Leadership
  - Advocacy
  - Physical infrastructure
  - Reputation and recognition
- New partnerships

Internally I think PPH really helped define what [our community group] wanted to do … just the professionalization of how things are run and organized. The facilities, everything is so organized. The volunteers are more organized. The staff have more training, more access to resources in the city.
San Diego Health and Human Services Agency—South Bay Partnership: From service to advocacy

Formed in 1997, the South Bay Partnership (SBP) was originally created as a regional response to substance abuse and violence. SBP applied for and received a five-year grant from San Diego County Alcohol and Drug Services to coordinate community groups, most of which were service-oriented organizations, to collaboratively develop responses to underage drinking and the availability of alcohol and other drugs.

Bringing together these organizations to work on community-based issues and environmental changes required a major shift in approach, away from traditional service provision. Gradually, this shift led to important organizational and policy victories aimed at improving quality of life for local residents. Efficiency improved as the staff in each organization were better able to link resources and infrastructure to respond to community needs. They were able to engage community residents and help them advocate for substance abuse prevention and public safety. SBP also was able to bring about meaningful policy changes to ordinances that regulated alcohol consumption and smoking in public parks and commercial patios, and to policies restricting alcohol availability through regulation of commercial access to alcohol and through the passage of "social host" policies that made those who supplied alcohol to minors liable.

These early years were critical in building capacity within SBP, and in introducing a new way of thinking about health improvement to the leadership and organizations participating in SBP. SBP representatives reported that The California Endowment's PPH initiative was responsible for taking their community advocacy to a new level. PPH allowed SBP to intensify its community mobilization work and legitimized the group in the eyes of the community members with whom they worked. Key to this was what SBP Director Dana Richardson calls a "people's victory."

For SBP, that victory was mandating simultaneous translations of city council meetings into Spanish in National City and Chula Vista to allow for broader community participation that better reflected the ethnic and cultural make-up of the community. This policy remains in place in National City, and Chula Vista continues to provide Spanish translation upon request. Another important mobilization effort successfully prevented a smoke shop from opening that would have been located between a teen recovery center and a popular ice cream parlor. With PPH support, SBP also was able to learn how to better engage other governmental agencies through collaboration with the health department.

In 2004 and 2005, SBP survived a brief delay in funding support, and transitioned from the PPH Initiative to TCE’s Healthy Eating, Active Communities (HEAC) Initiative. The HEAC Initiative is based on the premise that people have a much better chance of adopting and maintaining healthy behaviors if the environments that surround them—social, cultural, and physical—support them in these efforts. For example, children are more likely to be active if their neighborhood parks are safe, accessible, and inviting. Likewise, children and adults will make healthier food choices if cafeterias and vending machines give them more nutritious options to choose from.

Richardson and his team quickly got to work researching municipal ordinances to support the healthy eating and physical activity changes sought by the HEAC initiative. They began visiting elected officials and writing letters to key individuals responsible for the city’s General Plan Update, outlining best practices and developing a clear argument that these changes would be a win-win proposition for all. Adopting these ordinances would fulfill HEAC’s key goals by making Chula Vista a healthier environment for its residents and improving the overall quality of life in the community. It also would serve to increase the responsiveness of city government to citizens, which was a key goal of local elected officials. Soon, SBP was viewed by community members, policy makers and government officials as the “go to” group to provide input on revitalizing the west side of Chula Vista. Because of the hard work and good timing of SBP and its allies, the City of Chula Vista’s General Plan now recognizes the profound influence that land use and transportation decisions have on overall health and safety.

San Diego County Health and Human Services Agency: http://www2.sdcounty.ca.gov/hhsa/
Community Health Improvement Partners: www.sdchip.org
Chula Vista Community Collaborative: www.chulavistacc.org
Los Angeles County Department of Public Health Service Planning Area 8—Community Health Academy/Lennox Coordinating Council: Building capacity through leadership training and advocacy

The Lennox Coordinating Council (LCC), has been a thriving grassroots organization since it was founded in the 1950s. However, PPH gave this organization the opportunity to invest in the human capital in its neighborhood in ways that are not possible for most neighborhood groups. In addition to a partnership with the local health department, PPH also established a partnership between LCC and Community Health Councils, Inc, the fiscal agent for the PPH grant. With the combined resources of these organizations, the partnership was able to develop and implement a training program that they called the Neighborhood College.

The Neighborhood College was implemented in three waves or “tiers.” The first tier focused on developing the capacity of a core group of LCC members. This was realized through addressing the following six topics: Individual Leadership Development, Grassroots Organizing, Strategic Planning, Diversity Training, Advocacy, and Coalition Building. The LCC also offered evaluation and sustainability trainings to community participants. Tier 2 involved Tier 1 graduates in training new volunteers. These new volunteers were inexperienced, and the Tier 2 sessions were designed to give them both the personal skills to become better leaders and the knowledge to understand the various aspects of program planning and implementation at the grassroots level.

Tier 2 consisted of 11 sessions:
- Understanding Culture
- Determinants of Health
- Understanding and Using Data
- Advocacy (including media advocacy)
- Asset Mapping/Identifying and Using Resources in the Community
- Program Planning
- Public Speaking
- Life Skills
- Conflict Resolution
- Neighborhood College Project Planning

Tier 2 training also required participants to design a community improvement project, which they presented, along with its implementation plan. The 15 community members that graduated from Tier 2 chose to address the issue of commercial sex workers (CSW) in their community. This project provided graduates with skills to mobilize in their communities around concerns about CSWs. Tier 3 was a series of public community forums on the theme of “Living Healthy” that targeted the broader community and aimed at engaging a broad spectrum of community members in conversation about community health improvement.

The legacies of the capacity building provided by the Neighborhood College endure. A significant legacy was the establishment of a garbage disposal district in Lennox. Because Lennox is an incorporated area of LA County, the community had difficulty getting garbage collection services. The Neighborhood College trained residents to advocate for policy change and they successfully worked with the Board of Supervisors and the Department of Public Works to put this policy change to the voters. Eighty-five percent of those responding voted in favor of establishing the garbage disposal district—a testament to the effective advocacy of community members. Furthermore, the partnership helped LA County develop a blueprint for the formation of future garbage disposal districts in other underserved communities.

The community continues to organize CSW prevention activities, and Neighborhood College graduates, through their involvement with Lennox Coordinating Council, continue to contribute skills learned during PPH to the community. Notable examples include the experiences and dedication of people like Sergio Paz and Maria Cerdas, local residents and members of LCC. Sergio Paz started a program called Positive Alternatives for Youth that he administers entirely through his own volunteer time, drawing on the skills he acquired through Neighborhood College. This program is supported by the donation of space from the parks and recreation department, and offers after-school activities to youth three days per week. Maria Cerdas, an active community advocate, now serves as a deputy to the LA County Supervisor Yvonne Burke. She credits the Neighborhood College with improving skills that allow her to be successful in her job, “The training I received gave me a lot of confidence. It allowed me to work better with people, to understand my colleagues better ... it helped us to get to know each other and respect each other.”
**Legacy for Health Departments**
The legacies mentioned most frequently for health departments were increased organizational capacity—including workforce development, data analysis and reporting, community engagement, and reallocation of resources—as well as culture change, development of new programs, and new partnerships.

**Organizational Capacity:** The organizational capacities reported by health departments differed significantly from those reported by community groups. Training and reshaping the public health workforce was an important legacy for many health departments, and PPH provided opportunities to change policies and to train staff to support community-based work.

Health departments also learned about providing data that are of use to the community, and several health departments continue to improve upon this capacity. This not only includes incorporating new technologies, like GIS, but also developing mechanisms to allow community members access to data through web-based interfaces and community-friendly reporting.

Health departments reported that the experience of working with communities through PPH provided a unique opportunity to focus on developing community engagement skills. Staff were expected—and given the necessary time—to engage meaningfully with communities.

**Culture Change:** Health departments also reported overall changes in the organizational culture, which was linked to increased organization capacities but was more intangible. These changes involved executive leadership, even at higher levels of government, and many site visit respondents described a change in the mission and/or philosophy of the health department. One public health department, which is nested within a larger county health services agency, described this:

There has been some cultural change that PPH contributed to as a whole in the department. We are a comprehensive public health care agency—public health is only about 10 percent of that. We took senior leadership out to engage in the community around the clinic. Engaging communities around the increased delivery of health services is important to us, not a huge theme but something we support. Senior leadership had a variety of thoughts about going out into the communities but these activities contributed to a theme within the department around the importance of engaging communities.

Others described it as a department-wide shift in thinking:

There were enough converted public health people to influence the agency’s mission statement and gain a section in the strategic plan. I’m not sure that would have happened without the PPH experience. People learned about it and became advocates for it. My hope is that becomes a long legacy on how the agency works.

**New Programs:** Examples of new programs that PPH contributed to are innovative health education programs targeted to specific communities and ethnic groups, new approaches to improving children’s health, chronic disease prevention, and emergency preparedness approaches that engage the community.

**New Partners:** Health departments also realized that to address the overall health of the communities they serve, they needed a wide variety of partners. Many of the PPH partnerships developed larger networks that included other community groups, with ongoing, jointly implemented activities. One health department developed a network of 17 community groups with which it has ongoing contact. Health departments also reported establishing new partnerships with other governmental agencies including law enforcement, city government, and the Environmental Protection Agency.

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**Legacy for Health Departments**
- Increased organizational capacity
  - Workforce development
  - Data analysis and reporting
  - Community engagement
  - Reallocation of resources
- Culture change
- New programs
- New partnerships
Alameda County Public Health Department (ACPHD): Paving the way for a paradigm shift in public health

In the area of community collaboration, Alameda County Public Health Department had begun playing a leadership role for health departments in California, and even nationally, long before PPH. ACPHD participated in several initiatives that had begun building their capacity to work in collaboration with communities. However, the flexibility of PPH funding gave them a unique opportunity to experiment with new ideas and experience first-hand the successes and challenges of letting the community take the lead.

Like many other counties with large urban centers, Alameda County has census tracts with concentrations of lower life expectancy and higher rates of poverty—inequities that have remained constant or even worsened over decades, despite efforts to target these neighborhoods with health and other social services. The same census tracts require a large portion of services that relate broadly to health, including health care services, social services, mental health services, and law enforcement. Despite the investment of significant resources in such services, those neighborhoods continue to have worse health outcomes than more affluent neighborhoods.

These are difficult issues to tackle and ones that require multifaceted approaches. ACPHD’s director, Anthony Iton, MD, JD, MPH wonders, “Are health disparities due to something wrong within low-income minority neighborhoods? Or are they due to something wrong with American society that concentrates health disparities in certain neighborhoods?” The answer, he contends, is not one or the other but rather some of both. This means that eliminating health disparities in Alameda County and elsewhere requires public health interventions that work on many levels at once: on the internal dynamics within neighborhoods, as well as the entrenched and discriminatory external political, economic, and social policies that hinder change.

Blending visionary thinking with a willingness to innovate and experiment, ACPHD has developed a comprehensive approach to addressing health inequities. An important piece of this approach is increasing community capacity and empowerment. One new model they are developing for building community capacity is the City-County Neighborhood Initiative (CCNI).

The rationale underlying the CCNI is that the root causes of health inequities must be addressed in a specific way: by building up the power of neighborhood residents so that they can advocate, with the help of ACPHD staff, for a more equitable distribution of resources. “When we made power explicit,” says Dr. Iton, “it really changed how we approached this work.”

One important change in the health department’s approach was to borrow extensively from the field of community organizing, including hiring community organizers to help the health department do this work. It was the community organizers who reminded health department staff to focus on the people living in the community, and not just on improving clinics and parks. “If you’re not focused on the people in the community,” says Dr. Iton, “then you’re going to fail and you’re going to keep failing until you learn that lesson.” Indeed, CCNI was developed based on insights and lessons learned from previous attempts to empower and work more collaboratively with communities.

The CCNI has six core components that are led by ACPHD staff but are adapted to the needs of the community. These are:

- **Community surveys and needs/strengths assessments**, which are repeated at regular intervals and are organized with the input from neighborhood residents.
- **Resident Action Councils (RAC)**, where neighborhood residents bring their ideas and suggestions and develop specific action plans.
- **Leadership training** for community members. The training follows a curriculum developed by ACPHD that covers community organizing skills such as conflict mediation, recruiting techniques, identifying and prioritizing issues, public speaking and meeting facilitation, as well as more specific problem-solving skills including community assessment and asset mapping, using data, policy and advocacy, and grant writing/fundraising skills.
- **Mini-grants** ranging from $250 to $1,000 to fellow residents who have ideas about community improvement projects.
- **Time banking**, a mechanism for neighborhood residents to share their skills and talents by exchanging services through a system that values everyone’s time and skills equally.
- **Youth employment and career development**, working with youth to increase their skills and support their career interests.

Alameda County Public Health Department—Building Social and Health Equity: [www.acphd.org/healthequity](http://www.acphd.org/healthequity)
Focus on Enduring Legacy #4

Pasadena City Public Health Department: Using MAPP to collaborate with communities

PPH provided the resources, capacities and commitment for the City of Pasadena Health Department to engage their communities broadly using the Mobilizing for Action through Planning and Partnerships (MAPP) process. Created by the National Organization of City and County Health Officers (NACCHO), MAPP uses a framework that prioritizes community involvement with a focus on the public health system, rather than only the public health department. As a result of MAPP, Pasadena Public Health Department has involved over 100 community partners in health improvement.

As a part of the four MAPP assessments, the health department talked to over 1,400 residents. These conversations resulted in the identification of four strategic issues: 1) access to services; 2) community wellness and healthy lifestyles; 3) public health and health care workforce development; and 4) community, family and youth engagement.

Workgroups led by community participants and supported by health department staff were formed to develop actions plans to tackle these issues collaboratively. Achievements include:

- **Access to services**: Promotion of services, such as a new 24-hour nurse advice and referral line and increasing the use of promotoras to provide health education and counseling to community members.

- **Community wellness and healthy lifestyles**: Provision of health screenings at local grocery stores, coordinating connections between programs designed to promote healthy eating and physical activity, and applying for additional grant funds to develop wellness centers.

- **Public health and health care workforce development**: A partnership with the Pasadena Unified School District to increase awareness regarding public health and health care careers. This program includes youth-produced Radio 626 and Healthy Ambitions—a summer internship and education program involving youth from the school district’s health academy and one of their PPH partners, NATHA (Neighbors Acting Together Helping All).

- **Community, family, and youth engagement**: Activities to date have focused largely on youth engagement. Drawing on a developmental assets model, this group is working to provide venues for youth to have a voice in their community. This has been done in part through youth events such as a Teen Rally and a Youth Summit. This workgroup also has made connections with city council and law enforcement members who are concerned about increases in youth violence in the city.

City of Pasadena Public Health Department—MAP Campaign:
www.ci.pasadena.ca.us/publichealth/pphd_home/map_campaign/map_home.asp
Legacy for Partnerships

The successful partnerships (as distinct from the separate partnering organizations) also came away with important capacities and legacies that included relationships between the partners, continuation of the partnership beyond the PPH Initiative, and new funding opportunities.

Relationships and lasting partnerships: There are multiple methods to measure and describe the partnership-level legacy of relationships fostered by PPH, including looking at both the extent to which partnerships continued to work together actively at the time of the evaluation and the extent to which they have been able to sustain the work they began under PPH.

Figure 2 shows the number of partnerships that were still active at the time of this evaluation (top) and the number of partnerships that have continued with funding from other sources (bottom).

Another measure of sustainability is the extent to which the work started under PPH has continued. The evaluation found that the majority (90 percent) of activities have been sustained (Figure 3).

Figure 2
Most partnerships remain active, and have additional funding

Figure 3
Activities begun under PPH were sustained by partnerships
Qualitatively, several of the partnerships described changes in their relationships, notably the building of trust.

The good news is, going way back to when PPH started there was a flat-out adversarial conversation. We didn’t trust each other. … We didn’t notice during the five years that we were making progress. Then we figured out that this PPH thing really worked. The fundamental animosity was gone. There is some trust where there was zero trust before. Now working on [our new] grant is very different from working on PPH.

For most, it was a process of increasing the connections and knowledge between partners. Another community respondent stated:

There were some health department staff that didn’t know us and now they seek us out and we partner with different venues. It is more intentional now. We see them as a resource and they see us as a resource.

**New funding opportunities:** Almost half the partnerships reported that PPH afforded them new funding opportunities. These opportunities were the result of combining the strengths of the health department and the community group, making it possible to assume new projects that were not feasible prior to PPH due to the lack of certain skills or knowledge not held by either of the partners separately. Similarly, partners were able to help each other identify new funding opportunities and, as one respondent reported, they “…all watch out for each other in ways of funding.”

Other legacies reported were increased community participation and engagement, new partnerships with other organizations, and additional resources to support the partnership’s work (including monetary resources).

### Legacy for Partnerships

- Positive relationships among partners
- Sustainable collaboration
- New funding opportunities
Focus on Enduring Legacy #5

Stanislaus County Health Services Agency—West Modesto King Kennedy Neighborhood Collaborative: Expanding partnerships beyond PPH

Stanislaus County Health Services Agency (SCHSA) began its PPH work with an ambitious vision. They saw their partnerships not just as isolated relationships between the agency and a single community, but as a way to connect communities together and integrate community perspectives into much of the agency’s work.

During PPH, the partnerships in Stanislaus County formed a jurisdiction-wide team—Team PPH—that met regularly, allowing participating community groups to support one another and share lessons learned. These meetings also afforded the health department the opportunity to look for connections and continuities between communities, as well as understand their unique needs. As PPH progressed, SCHSA formed the Neighborhood Network and sent health department liaisons to 17 different communities. This, in turn, led to an expansion of Team PPH to 10 communities that had more active collaborative relationships.

One key outcome linked to these expanded partners was a successful application for Proposition 10 funding to reduce infant mortality through intensive case management from public health and community support from SCHSA’s partners. SCHSA also received funding through Kaiser Permanente’s Healthy Eating, Active Living (HEAL) initiative that involves intensive partnership with multiple sectors, including communities, schools, and businesses. Esmeralda Gonzalez, the HEAL coordinator, enthusiastically outlined the progress made through HEAL grants: “The momentum is so strong I can’t even keep up. It is a true collaboration. It is not us going out there and doing all the work. And I think that is really what PPH also helped instill. It is really about empowering people to take ownership and do things for themselves.”

Like Pasadena, SCHSA also used the MAPP process to collaborate with communities and organize the public health system in Stanislaus County. During their assessment process, they trained over 100 community members to administer surveys door to door. All the community participants were included in the development of the survey, allowing them to ask questions that were important to their needs. In Stanislaus County, the strategic issues that emerged were chronic diseases, safety, and behavioral health. Identifying and prioritizing these health issues at the community level allowed health departments to better design and implement programs appropriate to specific communities.

Cleopathia Moore, the Public Health Director, underscored this point by emphasizing that while SCHSA may have initiated and provided ongoing support for MAPP, the impetus for the work comes from the community. “So often, it is ‘what can the health department do?’... this is not about the health department; it is about the health system.” The workgroups are proving to be important vehicles for collaboration between many governmental agencies and community and helping disseminate best practices.

Stanislaus County Health Services Agency—Coalitions and Partnerships: www.schsa.org/PublicHealth/mainpages/coalitionPartnerships/index.html
Shasta County Public Health—Anderson Partnership for Healthy Children: A lasting partnership and a healthier community

PPH played a critical role in strengthening an existing partnership between Anderson Partnership for Healthy Children (APHC) and Shasta County Public Health (SCPH), and ensuring that it lasted beyond PPH. Continued collaboration between SCPH and the APHC was achieved through a number of different mechanisms, including co-location in a new building. Through their partnership, they were able to work with the city to negotiate construction of a building, half of which the city leases to the APHC for their teen center, and the other half of which is leased by the SCPH for a regional office.

Their co-location facilitated the transition from the PPH Initiative to participation in the Health Eating Active Communities (HEAC) program, also funded by The California Endowment. Through HEAC, APHC and SCPH are partnering with other sectors, including schools, to promote healthy eating and physical activity. Again, the partnership is able to draw on the relationships built during PPH to implement HEAC activities, and mini-grants to local schools and organizations have paved the way for more involved collaboration.

HEAC activities are now resulting in changes in local policies and the built environment. Building on HEAC, SCPH invested $250,000 in equipment and staff training for schools to participate in the Sports, Play and Active Recreation of Kids (SPARK) physical fitness program, showing school districts that the health department was willing to invest in the program at a significant level, and do so in ways that directly benefited the schools. As a result, the program reached over 90 percent of the county's elementary school students.

As one health department representative explained, “We were trying to provide a service to them, rather than an expectation or just cajoling them into it.” Many local schools have since eliminated soda and other unhealthy foods from their campuses, and youth have used Photovoice to assess the local built environment. They also have begun working with local businesses to position healthy food choices near the check out counters. Furthermore, the county has begun designing and planning a new park.

The partnership between SCPH and APHC is also part of a larger network of partnerships that make up a constituency of active citizens who have advocated for the department on numerous occasions. In 2004, when Governor Schwarzenegger repealed a tax that supported public health funding, the health department was on the verge of having to close the Regional Community Health Improvement Division and its newly established regional offices. However, community support and advocacy led the County’s Board of Supervisors to provide temporary funding to keep the regional division and offices in place.

The SCPH-APHC partnership is one partnership in a web of many but it is especially notable in its length and intensity. The relationships are solid and have endured. This partnership provides a model for both health departments and communities of the potential benefits of investing in partnership.

Shasta County Public Health: www.co.shasta.ca.us/html/Public_Health/ph_index.htm
Legacy for Communities

Improvements in the health of the community were the intended long-term outcomes of PPH. We found several areas where we were able to descriptively document changes in intermediate indicators of the overall health of the community. These include empowerment of community members, healthier environments, improved access to services, increased focus on health by local governments, and better health education resources.

**Empowerment of community members:** This was a strong legacy, with almost all partnerships reporting that PPH contributed to resident empowerment. Key aspects of empowerment were increased ability to advocate for communities’ needs and increased education. In the words of those we talked with:

- "Our grassroots community has become a pretty sophisticated ... PPH contributed to that. We have become pretty powerful. We make stuff happen."

- "Improved knowledge of community members is an important legacy. This gives us power. We can advocate for ourselves."

- "We’ve had some real community leaders developed through the PPH process. Participation in the partnership opened up doors for them."

**Healthier environments:** Healthier neighborhood environments in two key areas were discussed by 10 of 11 PPH partnerships. The first was safety, and included neighborhood beautification and clean up, partnerships with law enforcement to decrease criminal activity, improvements to streets and crosswalks, and prevention of street crimes such as prostitution. The second—healthy eating and active living—encompassed an increase in the availability of healthy food and the creation of parks and recreational facilities.

**Access to services:** Most PPH partnerships also reported increased access to health-related services. This included increasing Medicaid enrollment, opening community health clinics, providing dental services in underserved communities, increasing hours for mental health clinics, and providing mental health care in multiple languages. It also included health education services such as parenting classes, and health fairs.

**Increased focus on health by local governments:** A number of partnerships stated that their local governments—primarily city government—had an increased recognition of the need for government to focus on the importance of health in their own work. Through their PPH-funded work, they were able to demonstrate the ways that health is interwoven with other city government projects and activities and create opportunities for integrating a health perspective into local policy making.

People are starting to tie in the issues in a much different way than I’ve ever seen. Even our city manager was saying the other day, “You know a couple of years ago at a conference somebody told me that I was going to have to worry about obesity as a city manager and I went ‘ugh ... I can’t control what people do.’” And it has clicked for him how what the city does, does have an impact.
**Long Beach Department of Health and Human Services—Community Partners Council: Leadership training empowers community**

PPH partnerships were particularly effective in positively changing communities through empowering residents. One common empowerment strategy was providing leadership trainings for residents. Long Beach City Department of Health and Human Services and their community partners developed an exemplary curriculum that is now available to the public.

The program started by recruiting community members primarily from the areas served by Community Partners Council and Long Beach Community Health Council (the other PPH partner in Long Beach); however, it was open to anyone residing in the City of Long Beach. The leadership training consisted of a series of eight educational workshops, an open forum, a community projects workshop, a retreat that included a poster presentation on their project, and graduation ceremonies. Trainings were conducted primarily in English but Spanish interpretation and materials were provided for and utilized by many participants.

The first class graduated 30 residents, all from the neighborhoods served by the PPH community organizations. The second class graduated 31 residents representing a wider variety of Long Beach neighborhoods. By the time the third class was offered, word had gotten out and interest was strong. Approximately 70 residents submitted applications, 40 were accepted, and 25 were graduated. The third class had more men, youth, and Asian community members than past classes. The reach of the classes was even broader since other residents participated but may not have attended enough classes to graduate. At times there were as many as 50 residents attending a particular class.

As a requirement for graduation, class participants formed small groups and identified community projects on which they would like to work. Projects included conducting research on a topic and then organizing community activities such as workshops, outreach, or community events. Implemented projects included a number of neighborhood clean-up efforts, a “Rally for Safety” to raise awareness about traffic safety, two asthma health fairs (one of which took place in the Cambodian Community), and the distribution of refrigerator magnets listing important numbers to call within the city for environmental and health services.

Longer-term impacts on the community included the development of an Asthma Coalition and the increased reputation and scope of the Community Partners Council.

But the real legacy to the community is the people who were trained and empowered under this program. One example is Maria Madrid. A mother of five, Maria was a monolingual Spanish speaker. Her participation in the training provided her with the skills and confidence to begin working with the health department as a community outreach worker and she has since moved to The Children’s Clinic, where she is a diabetes educator. At a recent conference organized to learn from the PPH experience, Maria told the crowd, “Yo quiero decirles, ‘si se puede’ siempre cuando tengamos las ganas y las fuerzas.” (“I want to say, ‘yes, we can,’ always, when we have the desire and the strength.”)

City of Long Beach Department of Health and Human Services–Health Leadership Training:
www.ci.long-beach.ca.us/health/bureau/preventive/default.asp
The Children’s Clinic: www.thechildrensclinic.org/accomplishments.htm
San Mateo Public Health Services Agency—Coastside Health Committee: Building a reputation in a diverse community

The partnership between San Mateo County Public Health Services Agency and Coastside Health Committee (CHC) had its share of challenges to overcome. To begin with, the community CHC represented was a relatively small portion of the county’s population and was geographically isolated from the health department and other health services. Also, rather than working with one neighborhood, the community group represented a larger area that included a very diverse population. Finally, CHC was an all-volunteer committee at the time and had no other funding. Despite these challenges, the partnership was able to accomplish a great deal in just a few years, and left a number of community legacies that continued beyond PPH.

The establishment of the Sonrisas Community Dental Clinic, while not solely attributable to PPH, was an important aspect of the partnership’s work. During the first year of PPH, a major portion of the project director’s time was allocated to starting this dental clinic. Since opening in July 2001, Sonrisas has served thousands of patients, with children accounting for over 50 percent of all patients. The clinic, a key provider of dental services to low income residents, has expanded the number of its operatories and has increased provider days from four to seven per week. Sonrisas also provides dental screenings in all the area schools. Although the clinic serves low-income patients, it provides the entire community with dental education through health fairs and community education activities. The county pays the clinic’s rent and supports its work through the county dental coalition.

The work of the partnership reaches much farther than the dental clinic. Their leadership training has evolved into an ongoing promotora program, which includes a community college program that offers a certificate in Family Development and is taught in Spanish. All of the 20 participants completed the program. Many of the graduates are now working toward associate degrees, a goal only two of the 20 had before entering the program. Most are now in leadership roles in their communities. Maureen Perron, the PPH coordinator and Executive Director of CHC reported, “This leadership program was able to change the whole culture of the community in terms of having a standard for nonprofits to include Latinos because there are people you can call. You can find somebody for your board, and they have taken that very seriously.”

Work also continues in the several key areas around which the partnership had organized task forces. These areas included food security, teen pregnancy prevention and support for teen mothers, substance abuse, cardiovascular health, and housing. Methods of measuring food security were adopted by the school district using the program developed by the partnership. The teen pregnancy task force continues to operate and has applied for additional funding for prevention outreach. The substance abuse work was shifted to a nonprofit organization with federal and state funding. The city is tackling issues of housing and CHC has a member that attends all the City Council meetings. A major victory was achieved during PPH when the trailer park that was the focus of much of the partnership’s advocacy work was eventually purchased by the residents and remained resident-owned at the time of the legacy evaluation.

The work of this partnership also continues on in many other projects, including the development of a community clinic which is a joint effort between the county health department, Sonrisas and the local nonprofit community clinic. A group called the Consortium for Coastside Health, in which CHC leadership plays a vital role, guides this work. The Consortium brings together a variety of partners including the medical director at the county’s clinic and other county staff. The development of the community clinic and the Consortium are recognized by participants as a direct legacy of PPH.

CHC leadership has been resourceful and has accomplished a great deal with support from the health department, other grants, and volunteer resources. The legacy of PPH is spread throughout the community but it is challenged by the need to find another source of funding to provide them with the long-term support and flexibility to meet the needs of the community.

County of San Mateo Health Department—Health Policy and Planning:
www.co.sanmateo.ca.us/smc/department/home/0,2151,1954_539700217,00.html
Legacy for California

Statewide, the PPH legacy is a bit harder to trace but participants and key informants identified a number of statewide legacies, including validation of community-public health partnerships, a shift in the focus of public health to include chronic disease prevention, the social determinants of health, health inequities and collaboration for public policy.

Validation of a community-based approach to public health: While there was talk of community-based public health approaches prior to PPH, few examples existed in practice. Even fewer examples documented the benefits of promoting community-based public health. Since PPH began, much has changed, including an increased recognition of the importance of social and environmental determinants of health and an increased interest and focus on community-based approaches. A number of key informants said that, looking back, they recognized the value of PPH as a model for future work.

PPH brought more visibility to the power and potential for strong collaboration.

There were people in health departments and communities doing this kind of work but nobody was presenting that in some organized fashion as a concept that ought be at the center of what public health does, particularly in that period post-2001 where bio-terrorism essentially took over for a matter of a few years. If nothing else, PPH carried the torch.

I think the legacy was that PPH was a demonstration; it was able to build evidence about why there should be attention (paid) to that particular area of work. So, by not only saying that it should happen but by having funded these community partnerships across the state, there are case studies about what worked, as well as lessons learned about what didn’t work. So it could offer guidance to new areas trying to do this kind of work. I think, to me, that is the biggest legacy—that there is a history here where we’ve taken chances and things have evolved.

Facilitation of a shift to chronic disease prevention: The shift to chronic disease prevention that has taken place over the last five years is interwoven the validation of a community-based approach to public health. The focus on chronic disease makes it difficult to ignore the importance of the social and physical environment in regard to health. As this shift has occurred both in California and nationally, some PPH grantees have been on the cutting edge of this transition. Our respondents, whose partnerships included work on chronic disease prevention, attribute their success and effectiveness to the skills and lessons they learned under PPH.

The South Bay Partnership in San Diego and the Shasta County Public Health collaboration with the Anderson Partnership for Healthy Children are excellent examples of how PPH prepared partnerships to address the promotion of healthy eating and active living. For these communities, CCHE prepared case studies that demonstrate ways these partnerships built on their PPH experience to address chronic disease prevention. The case of the South Bay Partnership highlights a shift from a service orientation to a policy orientation. In Shasta County, the case study focuses on the health department and the changes they implemented to work with communities around chronic disease prevention.

It is noteworthy that almost all the partnerships visited for this evaluation, even those without continued shared funding, now focus significantly on chronic disease prevention. Key informants reported that lessons learned from PPH have influenced approaches to chronic disease prevention by The California Endowment and other funders.

Mobilization for statewide and local policy advocacy: The PPH office did a substantial amount of work during PPH to train and connect community advocates across the state. Due to the strong policy component of the initiative, notable progress was made by the partnerships in learning advocacy skills. The PPH also created a statewide network among partners, the culmination of which was evident at the final PPH conference for grantees in 2004, where community members practiced their advocacy skills in several venues and had the opportunity to talk with state legislators.
It organized the state, because all the people who were there were taking the PPH training in other areas. It started a statewide dialogue to see that this community is not the only community dealing with the issues that are presented to us.

Definition of key policy issues: The PPH Initiative helped both community members and public health departments target key policy issues. According to one of the health department respondents,

There are issues that were put to the forefront that are important to the communities. One death from West Nile virus doesn’t beat a Saturday night in [one of our partner communities]. But we don’t have categorical funding for chronic disease like we do with something like West Nile virus. We are seeing a consensus across the county health departments statewide. There is a need for chronic disease funding and policy change.

A community group respondent observed a similar outcome for their work:

By providing the space and means to identify and articulate key issues around which to develop advocacy for policy change, the PPH initiative was able to build a legacy of knowledgeable and skilled communities and leaders that have improved local health conditions.

Legacy for California
- Validation of community-public health partnerships
- Facilitation of the shift to chronic disease prevention
- Promotion of advocacy and organizing on a statewide level
- Definition of key policy issues

Focus on Enduring Legacy #9

Contra Costa Health Services, Public Health Division—Neighborhood House of North Richmond: Building capacity for collaboration through dissemination of lessons and tools

At a recent conference, Dr. Wendel Brunner, the Director of Public Health for Contra Costa Health Services, and Barbara Becnel, Executive Director for Neighborhood House of North Richmond, engaged in a frank discussion about the challenges and benefits of their partnership.

Becnel related the following story of their partnership: “We had no idea how hard it was going to be… At the end of that five-year PPH grant we were so happy that that grant was over because we just fought and fought and fought. For five years we fought. Guess what? That collaboration that we were happy had ostensibly ended hasn’t ended. We now are collaborators with the HEAL grant. We have a great relationship and are just really working well.”

Dr. Brunner agreed and added, “And I think one of the lessons for us on the PPH is—and it’s a lesson for a lot of the work we do—is that a lot of the time, when you are doing things, you have no idea what the impact might be some time later … You think you are talking to the wind and the things that you are doing are unnoticed… but often they have implications and impact that come out later on. We have a pretty effective relationship between the health department and North Richmond Neighborhood House and a number of other community organizations in North Richmond and Richmond that I think would have been impossible had it not been for the experience and some of the difficulties we went through in the PPH.”

Despite these challenges, this PPH partnership produced a number of community-level legacies including the education and empowerment of community members through town hall meetings. These meetings led to local advocacy that increased the clinical, dental and mental health services at the Center for Health—the county clinic that serves North Richmond. The partnership also had important victories in environmental justice by successfully advocating for policies that protect air quality in the neighborhood that is affected by the local port and a petroleum refining plant.

The experiences and insights of this partnership reflect a larger statewide shift occurring across California, namely the realization that despite its challenges, community-public health collaboration has important benefits. Dr. Brunner and his staff have played an important role in disseminating these lessons through presentations, articles, and reports that provide practice-based information about how to work effectively within the community. Using the Ladder of Community Participation model, they have provided technical assistance to other health departments through in-person trainings and tools on their website.

Contra Costa Health Services—Public Health Outreach, Education and Collaborations: www.cchealth.org/groups/phoec/
Neighborhood House of North Richmond: www.nhnr.org
Focus on Enduring Legacy #10

Los Angeles County Department of Public Health Service Planning Area 3—Baldwin Park People on the Move: A statewide trend of collaborating with city government

In California, one of the most prominent efforts for preventing childhood obesity is the Healthy Eating, Active Communities (HEAC) program. The California Endowment funded HEAC as the next phase in promoting place-based partnerships to improve health. The HEAC program includes several PPH and a few non-PPH partnerships that work in multi-sector settings to prevent obesity and chronic disease. The City of Baldwin Park, while not a partnership that participated in PPH, has been particularly effective under HEAC and provides a number of best practices that are shared with successful PPH sites.

Best practices include a focus on geographic jurisdictions that are meaningful for policymakers. Particularly important is ensuring the buy-in of municipal governments. Though few city governments have their own public health departments, they are able to support community-based health improvement work in key ways, including parks and recreation programs, economic development planning, traffic and infrastructure planning, and regulation of local businesses.

Building long-term relationships is critical to success. Organizations taking part in Baldwin Park have worked together for over a decade and have maintained their relationships even when funding was scarce. This relationship building includes providing venues for community members to communicate their needs. The California Center for Public Health Advocacy, a key partner, organized community youth to discuss ways to improve their physical fitness scores. As a result, the city built a community teen center designed in a way to encourage physical activity.

Finally, it is important to understand community-level data and long-term trends. The Baldwin Park partnership has tracked a number of indicators over time and successfully anticipated health disparities, including childhood obesity and juvenile Type II diabetes rates.

Resident involvement is essential to ensuring the success of place-based, community-driven health improvement. The Baldwin Park HEAC partnership includes a Resident Advisory Committee that provides key input as well as ensuring community participation. Rosa Soto, the HEAC coordinator for Baldwin Park and a long-time health advocate, provides a description of how they engage residents,

“So, in HEAC, our resident participation is the Resident Advisory Committee. And we have the leads from the RAC come quarterly. It may not always be as exciting for them to be at a meeting about how the health department needs to communicate with the school district. So we make it real and when we bring it together, it is really about them. It isn’t about what our needs are … We want our residents to lead and to steer and to give us direction … when they are at the table it is all about them. What do you want? You tell us what we aren’t doing and how we can do it better, where the opportunities are. That is has been the model for our teens and our residents.”

PPH’s legacy continues in the HEAC initiative and the successes in Baldwin Park highlight important commonalities between successful partnerships.

Los Angeles Department of Public Health/SPA 3: www.lapublichealth.org/spa3/nut/nut_heac.htm
Baldwin Park People on the Move: www.publichealthadvocacy.org/heacb.html
Factors Associated with Sustainability

One of the most important aspects of the PPH Initiative was its ability to demonstrate how partnerships between health departments and communities can be sustained and thrive. Our data revealed a number of factors associated with sustainability in two areas: the capacities that can be cultivated within organizations, and the relationships that must be built to create productive, effective partnerships.

Organizational capacity-related factors included leadership, creativity and adaptability, complementary skills and knowledge, and long-term, flexible funding.

Leadership: Perhaps unsurprisingly, leadership and the presence of a strong advocate for change topped the list of critical capacities needed for sustainability. This seemed especially true when respondents were asked specifically about the factors that facilitated changing the culture and practices of the health department.

Creativity and adaptability: The ability to be creative in adapting strategies to the specific needs of the community was frequently mentioned both by community groups and by health departments. For community groups, adaptability generally meant the ability to be flexible in creating solutions to problems and strategies for the community. As one respondent explained, PPH allowed them to learn ways to “meet the community where their needs are.” For health departments, this capacity was intertwined with the flexibility and unpredictability of funding. Responses included:

- PPH allowed us to ‘think outside the box’ rather than just categorical funding.
- We have flexibility with the department to work outside of our grants and our departments and to see where else services can be used.
- We are willing to look and learn from other places and adapt.

Complementary skills and knowledge: Another theme that emerged was the importance of recognizing and learning from others. As one respondent stated, “The community knows what the needs are and what needs to be done. By pairing the knowledgeable community person with the knowledgeable health department person, community residents could better advocate for resources.”

Flexible and continued funding: The flexible funding that PPH provided was relatively rare and allowed partnerships a level of freedom that some respondents felt was critical to success. Flexible funding allowed communities to adapt strategies and change approaches; it also gave grantees the ability to be responsive to their internal needs and build capacities to implement organizational improvements.

PPH provided four years of funding to its participants, which was significantly longer than that the average one to two-year grant cycles of many funders. This longer-term funding allowed the time needed for relationship building. Many partnerships that subsequently received HEAC or HEAL funding commented on the importance of that long-term funding for establishing their working relationships and effectiveness as a partnership. At the time of the legacy site visits, some of the most successful partnerships had worked together for more than a decade.

Other factors linked to relationship building included engagement at the grass roots level, political support, and building relationships outside the partnership.

Engagement of grassroots community: A key benefit of health department-community partnering is the knowledge and expertise of community residents. Successful partnerships were able to engage residents in ways they found meaningful and empowering. The best practice case studies featured throughout this report highlight a number of ways that partnerships can engage residents. Important components were listening to residents’ requests and empowering them through training and other forms of capacity building.
Political Support: Political support from local officials was also a crucial factor reported by many partnerships. The ability to engage representatives to support partnerships’ activities made a significant difference in the success of those activities.

Cultivating relationships outside the partnership: Another set of relationships that were important to build were those with other allies and stakeholders. Partnerships that understood their work as fitting into a broader health system were able to take lessons learned in relationship building to other community stakeholders, thereby increasing their social and political connections.

Finally, it simply takes time to build the trust and understanding needed to create lasting partnerships. As one respondent stated, “We have seen each others’ children grow up”—illustrating how connections went beyond professional relationships to encompass trust and understanding on a more personal and meaningful level.

Place-Based Design: One of the key features of PPH was its focus on place-based strategies. While place-based approaches have gained increased attention and acceptance in community health improvement over the last 5-10 years, when PPH began there was still controversy around using a geographic place rather than a health issue to organize health improvement activities.

Respondents were specifically asked to comment on how the place-based design affected PPH’s legacy. All the community group respondents reacted positively to the place-based focus.

Advantages they identified include:
- Actively engaging the community
- Meeting the unique needs of specific communities
- Providing visible and tangible changes
- Highlighting the connection between community issues and policy change
- Making the most of local assets

Health department participants had more reservations about the approach, with only a couple of the health department respondents reporting an overall positive assessment on the place-based approach. Health departments identified a number of challenges, which included:
- Difficulty defining place and community
- Challenges documenting clear, measurable improvements in outcomes
- Lack of sustainability

These differences in perspective highlight the challenges of using a place-based approach and demonstrate the need for continued support and dialogue if health departments and communities are to successfully implement community-based health improvement strategies.

Factors associated with success:
- Relationship building
  - Engagement of grassroots community
  - Political support
  - Relationship building outside the partnership
  - Time to build the partnership
- Organizational capacity
  - Leadership
  - Creativity and adaptability
  - Complementary skills and knowledge
  - Flexible and continued funding
Mendocino County Public Health—Willits Action Group: Learning the true meaning of partnership by reaching out to many partners and leveraging complementary skills

In fall 2007, three years after the end of PPH, Willits Action Group (WAG) collaborated with several community groups to bring local and regional experts on building healthy communities together to share their knowledge and experiences. The conference explored ways in which the built environment affects health and how elected officials, health professionals, and planners can improve the health of communities. The conference reflected a growing awareness in Willits that many of the community’s issues are based in interconnected systems. As WAG Community Coordinator Cyndee Logan said, “People here are looking more at creating systems that work for this area; rather than addressing an acute problem, they are trying to get into the core.” The conference also helped city officials understand of how their work affects people’s health. City officials plan to work with WAG to find ways to incorporate public health perspectives into city planning.

This recent success was a direct result of PPH’s efforts to establish relationships with a broad range of partners and increase WAG’s influence in the community. The WAG leadership, which includes a representative of the health department, has seen the organization’s reputation grow over the last decade. WAG also has established a strong partnership with the North Coast Opportunities’ Community Action Program.

WAG has a long list of accomplishments, including helping advocate for the Willits Integrated Service Center, running a successful youth program with participants that received state level awards, establishing a community garden, promoting physical activity by creating a walking trail and organizing events that promote walking, and helping bring a medical clinic to the city to provide uninsured residents with medical and dental care.

WAG also promoted healthy eating by supporting local farmers and the consumption of fresh produce by partnering with several different organizations. Working with Mendocino’s Alcohol and Other Drugs Program (AODP), it offers healthy cooking classes for teens and provides opportunities for AODP youth to work in the WAG community garden. Currently, WAG is working with local schools to institute policies that would require fresh, local produce in cafeterias and the establishment of a school farm. WAG has also partnered with farmers markets in Willits and Ukiah to provide low income residents who volunteer in the community garden with stipends that can be used at the farmer’s markets, and helped organize winter farmer’s markets. Finally, they have partnered with the Willits Grange to get funding for a community commercial kitchen that will allow farmers to process their produce to increase marketability.

Another post-PPH project includes a diabetes education class for Spanish-speaking residents, a joint effort of WAG, the health department, and the local clinic, with contributions from a local grocery store and the Youth Project. Classes are taught in Spanish, feature culturally appropriate foods, and include the entire family. This project is an example of making the most of the combined knowledge and strengths of all the partners to bring a valuable resource to the community.

Ultimately, the focus on WAG is not on making a name for itself but on improving the health of the community. Cyndee Logan explains, “I think that is the whole PPH legacy, when someone wants to do a project, instead of saying it has to be ours we ask how can we get it done for the community ... how do we make things work for the community.”

Mendocino County Public Health Branch:  www.co.mendocino.ca.us/ph/
Willits Action Group:  www.willitshealth.com/WAG.html
The Legacy of Partnership

Contra Costa Health Services, Public Health Division—Monument Corridor Partnership: Making a
difference through creativity, adaptability, and a focus on the community

When the Monument Corridor Partnership (MCP) began working with the health department through the PPH Initiative, the focus was on building a community center. However, after receiving residents' input, the partnership's goals changed dramatically. When residents were asked about their priorities, it turned out they wanted greater access to health services. As one MCP member said,

“The first thing that came in was the mobile health clinic and that was a partnership with John Muir Health, the county and MCP. Then there was a concern that people didn't feel safe on the street looking for jobs and out of that came the Monument Futures... an economic development and job training center... The other thing that came out was transportation. There was a huge study by the transportation and land use commission and they found that Monument folks could not get on public transportation to get to health providers... we all got together and... we were able to get a new bus route for us that got us to health services.”

Engaging the community and being creative about solutions made the partnership a robust organization that represents the community's needs.

Neighborhood Action Teams, or NATs, are another key community engagement strategy MCP used to engage community residents. NATs are based on a model developed by the nonprofit organization TEAMS (Transforming through Education and Mutual Support) and members were trained during the PPH Initiative. MCP currently works with the five original NATs and has started 10 new NATs. The continuation and expansion of the NATs is funded by Kaiser Permanente's Community Health Initiative. MCP leadership credits PPH for giving the space and flexibility to really listen to the residents.

As a result of PPH and the partnership, the Monument Neighborhood is now a healthier place. In addition to mobile clinics, the job training and economic development center, and the improvements to the transportation infrastructure mentioned above, the community now has more resources to offer its citizens. These include a welcome packet in both English and Spanish that is delivered to new residents by a trained community volunteer (over 1,000 visits have been made), resource centers located in apartment complexes and other easy-access locations, the story reader and community libraries project where senior volunteers read to children and teach day laborers to read, an annual health fair that provides health screens for over a thousand residents each year, and numerous community social events and celebrations. With the expansion of the NATs, MCP plans to address other community issues such as establishing community gardens and promoting physical activity.

MCP is also connecting residents with local policy makers, ensuring that residents have a voice in city planning and economic development through the city's economic redevelopment plan. This involvement comes with new opportunities and challenges.

“We have to be really careful because now that we are part of the redevelopment plan, the city is telling people that if they want to do anything in the Monument they have to go through us. We have to be careful of people coming and thinking they are coming in to tell us what to do... there is a negotiation that must happen to help them understand our community values... anybody who wants to be in the community needs to understand the community driven values system.”

While the future is promising, MCP is cognizant of these challenges, and will draw upon the lessons learned from the PPH in creating future programs.

Contra Costa Health Services—Public Health Outreach, Education and Collaborations: [www.cchealth.org/groups/phoec/](http://www.cchealth.org/groups/phoec/)

Monument Community Partnership: [www.monumentcommunity.org](http://www.monumentcommunity.org)
Challenges

Although this report highlights sustainable practices and models associated with the Partnership for the Public’s Health, it is important to recognize the many challenges inherent in forging these collaborative relationships. There were an additional 28 PPH partnerships that struggled to establish the kind of relationships outlined in this report. Not all were unsuccessful; however, their legacies most likely were not as compelling. As discussed earlier, this report sampled PPH partners that modeled best practices and were able to sustain effective collaborative partnerships between communities and public health departments years after PPH funding ended.

Closer examination of these partnerships may have revealed some unexpected lessons. As the case study of the Contra Costa Public Health–West Richmond Neighborhood House partnership demonstrated, relationships that initially seem difficult can change for the better over time.

Identifying the challenges and the measures taken to overcome them through real-life examples offers lessons for potential partnerships. In one such example, the challenge of working with a central office of a large health department was overcome by developing a relationship with the regional office that served the area. In another case, the health department had not yet figured out how to support the community in ways that were mutually beneficial, leading to some missed opportunities.

Even one of the most stable partnerships, the Shasta County Public Health–Anderson Partnership for Healthy Children, had initial speed bumps in the development of their relationship and continued to recognize the ongoing challenges inherent in their partnership. The APHC executive director used the following analogy with her staff to highlight the power differential between the two organizations: “We laid down next to an elephant and if the elephant rolls over and we get pinched it is not because the elephant is bad, the elephant is just being an elephant. We have to put our part into learning to anticipate and deal with that, so we don’t get squished.”

An additional challenge was the lack of support for public health in general and community-based public health in particular from state government. PPH and other local community-public health department partnerships in California generally did not have the benefit of leadership or technical assistance from the State. However, since PPH funding ended, a new California Department of Public Health was established. Efforts are under way to strengthen state and local public health capacity for community-collaborative efforts to prevent obesity and chronic diseases, with a focus on health inequities.

The 12 partnerships that participated in this legacy evaluation—11 PPH partnerships and one non-PPH partnership—were asked specifically about the challenges of sustaining this type of work. Respondents overwhelmingly reported that funding was the key challenge. For many of the community groups, finding money to support operating expenses and capacity building was the biggest barrier. Many of these groups have been unable to find similar types of funds, and, as a result, cannot fine tune their organizational capacity.
Community groups often expressed concern about accepting grant funding that does not directly address community needs and which could not be sustained after the initial funding period. Several of the community groups felt that a longer PPH funding period would have given them time to solidify their relationships with the health departments and increased overall partnership sustainability.

Health departments also were concerned about the lack of grants and the competition for those scarce resources. In addition, they struggled with the current categorical funding streams supporting public health that leave little flexibility to work with communities around community-driven issues. Health departments also were dealing with budget cuts due to the declining economy, a situation that is likely to get worse as the economy continues to deteriorate and tax revenues decrease.

While funding concerns were paramount, a handful of other challenges were expressed. Several of the community groups felt that the health departments they were working with lacked awareness of the power differential that exists between communities and health departments. To extend the APHC analogy, the elephant needs to realize it has the ability to squish its community partners, and therefore needs to provide extra attention and support to ensure that this does not occur.

Another challenge to sustainability was limited technical assistance that met their specific needs, especially after the initiative ended. A representative from one community group pointed out that increased assistance with best practices and support provided after the end of the PPH funding would have significantly affected long-term sustainability.

Finally, multiple respondents indicated that maintaining trust and balance in these collaborative relationships was particularly challenging. Other challenges included lack of local-level data, steep learning curves within the health departments, being geographically dispersed across a large state, short time frames, and social issues such as drugs and violence that overwhelm local resources.
Conclusion

As public health departments face the challenges of the 21st century, it is essential that they shift their philosophical approach and practices. In order to address our society’s most pressing health threats—chronic disease, health inequities, and the public health implications of global climate change—health departments can no longer focus primarily on disease categories and services. They must work in collaboration with communities and across sectors to provide a wide range of programs that affect the social determinants of health. The Partnership for the Public’s Health (PPH) Initiative, funded by The California Endowment and created by the Public Health Institute, gave public health departments and communities a unique opportunity to learn to work together in new ways. It is imperative that the models cultivated under PPH are improved and disseminated if public health is to remain effective and relevant.

By fostering collaborative and mutually beneficial partnerships between 14 city and county public health departments and 39 local community groups throughout California, PPH also was able to contribute to fundamental shifts in public health practice. This paradigm shift was partially a response to a movement to broaden the focus of public health from a biomedical/communicable disease treatment and control model to a community-centric/primary prevention model. However, much of this change in understanding and practice can be attributed to a growing understanding of the needs and benefits of this collaborative work, which PPH played an important role in promoting in California.

Through the experiences of PPH, collaborative partnerships between public health and community groups empowered communities to take ownership of their health and well-being. As shown in the case studies presented in this report, partners (both health departments and community groups) increased their own capacity to respond to and work with community-driven health priorities. This report highlights the lessons learned that are most likely to provide guidance for other programs or initiatives. We have pulled out the key lessons learned from the text and case studies in a practical reference guide (see page 36).

Although the legacies highlighted in this report are important for the examples and evidence they provide for collaborative partnerships, the most important legacies of PPH may be the extent to which these lessons can contribute to the success of future collaborative partnerships and support a paradigm shift in public health. Ultimately, the legacy of PPH is healthier communities because of capacities and innovations that emerged through the hard work of PPH grantees and initiative staff and through the vision of The California Endowment.
**Key lessons about sustaining community-based public health**

*Numbers refer to individual “Focus on Sustainability” stories*

1. It is important to focus early on one or two “people’s victories”—changes that are visible and meaningful to community residents—rather than concentrating only on priorities of the funder or intended outcomes. [1, 2, 12]

2. Health departments and communities are sustaining partnerships through shared focus on policy advocacy for improving physical and social environments. [1, 10, 11]

3. Leadership training and capacity building programs for community residents provide critical skills that empower residents to become agents of change. [2, 3, 8, 12]

4. Training staff and changing internal policies at public health departments are necessary steps toward supporting community-based work and shifting organizational culture. [6]

5. Health departments and communities that collaborate in strategic planning processes, MAPP in particular, create sustainable partnerships and transform perceptions of public health. [4]

6. Having diverse partners encourages innovation and expands the resources available to both public health departments and communities. [1, 5, 11]

7. Recognizing and addressing inequities in power dynamics between public health departments and community groups is essential to development of strong a relationship. [6]

8. Collaborative partnerships often increase access to grant funding as well as provide political support for public health funding. [1, 6, 9, 12]

9. Relationship building is a long-term process that evolves over time. [6, 10, 12]

10. Close physical proximity—in the same building or compound—increases partners’ opportunities for communication and collaboration. [6, 11]

11. A resident-driven partnership with resourceful leadership has the power to create significant individual and community-level health improvements. [2, 12]

12. A broad, systems-level approach to health encourages multi-sector collaboration and creates new opportunities to address the most challenging issues of the 21st century, including chronic disease and injury prevention, health inequities, and climate change. [1, 10, 11, 12]
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<thead>
<tr>
<th>Jurisdiction</th>
<th>Health Department</th>
<th>Community Organization</th>
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<tbody>
<tr>
<td>1</td>
<td>Alameda County Public Health Department</td>
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<td>Capesinos Unidos/Clinicas de Salud del Pueblo, Inc.</td>
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<td></td>
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<td>Healthcare Advisory Council</td>
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<td>4</td>
<td>Los Angeles County Public Health (LACDPH) SPA-1</td>
<td>Antelope Valley Partners for Health</td>
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<td></td>
<td>LACDPH SPA-2</td>
<td>Valleys United for Health/Environmental Health Collaborative</td>
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<td>LACDPH SPA-4</td>
<td>People's Wellness Village Community Council</td>
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<td>Community Partners Council</td>
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<td>6</td>
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<td>Laytonville's Healthy Start</td>
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<td>7</td>
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<td>Neighbors Acting Together Helping All</td>
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<td>La Pintoresca Summit Partnership</td>
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<td>8</td>
<td>Santa Clara County Public Health Dept.</td>
<td>Mountain View/Los Altos Healthy Venture</td>
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<td>Wellness Village</td>
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<td>9</td>
<td>San Diego County Health and Human Services Agency</td>
<td>Linda Vista Collaborative</td>
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<td>Mid City for Youth</td>
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<td>South Bay Partnership</td>
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<td>10</td>
<td>Shasta County Department of Public Health</td>
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<td>Shingletown Activities Council</td>
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<td>Oceano Community Center, Inc.</td>
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<td>Paso Robles/San Miguel Health Collaborative</td>
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<td>13</td>
<td>San Mateo County Health Services Agency</td>
<td>Coastside Health Committee</td>
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<td>South San Francisco Community Partnership</td>
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<td>Stanislaus County Health Services Agency</td>
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<td>Ceres Partnership for Healthy Children</td>
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<td>West Modesto King Kennedy Neighborhood Collaborative</td>
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The legacy evaluation focused on a sample of 11 of the original 39 PPH partnerships. These 11 partnerships were selected based on several considerations, including demonstration of high levels of progress during the PPH Initiative, geographic distribution, size of community and health department, and ethnic composition of the community. An additional partnership between a health department and a community group that had not participated in PPH was included to provide a comparison and to offer additional insights about factors supporting successful partnerships.

Data were collected using a variety of methods, including document review, interviews, and site visits with each of the partnerships. The site visits included separate meetings with representatives from the health department and the community group and, when possible, observation of meetings between the partners. At these meetings, CCHE evaluators solicited input about the partnership from the members who were present.

Interviews with health department and community group representatives were conducted using a semi-structured interview guide. In most cases, interviews were documented by both a note-taker and an audio recording. When a note-taker was not able to be present, the audio recording was used to compile detailed notes. These nearly verbatim notes were reviewed by at least two CCHE team members who had either been present at the interview or had listened to the audio recording. Partnership meetings were also documented using notes taken during the meeting and/or audio recordings.

Before conducting site visits, the CCHE team completed a detailed review of documents from the original PPH evaluation and extracted key information about partnership accomplishments. Interviewers reviewed each accomplishment with respondents and asked for comments on the current status of that activity. The number of accomplishments ranged from 22-36 per partnership.

The evaluation team also completed a series of key informant interviews with health experts and public health leaders in the state of California. These interviews were aimed at understanding the larger context for collaborative community-based public health in California and to assess the influence of the PPH initiative.

Analysis

The majority of the data were qualitative. Immersion/Crystallization analytical methods were used to identify themes and to code and categorize the data. Immersion/Crystallization emphasizes an in-depth exposure to the data in order to create awareness of themes, patterns, and connections. The data were coded by two team members and these codes were compared and reconciled to ensure thoroughness of the codes and agreement regarding definitions of codes. This process was aided by the use of Atlas.ti, a software package designed for analysis of qualitative information.

Data on the sustainability of partnership activities were analyzed by compiling qualitative descriptions of the current status of each activity in an Excel spreadsheet and assigning each activity a sustainability code (1=not sustained; 2=sustained at a lower level; 3=sustained at same level; 4=sustained with increased activity). Two team members independently assigned codes and then met to compare and reconcile differences.
Limitations

All data on which this report is based were obtained via self-report of PPH participants and key informants. Self-reported data are known to contain bias of various kinds, including positive response bias, differences in recall, and interactions between the program and the individual. Additionally, there have been a number of initiatives implemented in California that involve a strong community focus for public health and addressing chronic disease and health equity; it is difficult to attribute legacies to PPH funding alone when participants are and were involved in a number of other efforts with related goals.

The sampling parameters also introduce a limitation, as these data do not reflect findings that can be generalized to all the PPH participants. Sampling was intentionally aimed at partnerships that showed significant progress during PPH in order to capture best practices and understand the factors relating to success.

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Appendix C: Related Publications

The Partnership for the Public’s Health: Findings for the Evaluation—Executive Summary (September 2005)
www.calendow.org/uploadedFiles/PPH_Exec_Summ_2.pdf

The Partnership for the Public’s Health: Implications for Public Health Practice (September 2005)

Chronic Disease Prevention in Shasta County: Implications for Public Health Practice (Summer 2008)

South Bay Partnership: Advocating for Healthier Cities in the South Region of San Diego County (Summer 2008)
http://cche.org/conference/2008/publications/SBP_Case_Study_FINAL_06-11-08.pdf

Alameda County Public Health Department: Pioneering Equity in Public Health Practice (Fall 2008)
http://cche.org/conference/2008/publications/cche-publication_Alameda_Case_Study.pdf

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