



Taking it to the Curbside: Engaging Communities to Create Sustainable Change for Health

April 6, 2010 Boston, MA

CASE #1

Occupational Health in Anyplace: Part I

Anyplace is an urban city of 70,000 people with large concentrations of Brazilian, El Salvadorian, and Haitian immigrant populations. Many of these immigrant populations, in particular women, were at increased risk for work-related health problems. In 2003, approximately 7-26% of these women worked as housecleaners in Anyplace, and were exposed to household cleaners linked to poor health outcomes such as respiratory problems. A group of researchers from Anyplace University began working with Lee Sloan from Immigrants Unite (IU), a community partner representing a local advocacy group dedicated to improving immigrant health, and the Brazilian Female Organization (BFO) to recruit and train Brazilian housecleaners to take more control of their work-related health. This included specific trainings on the use and effectiveness of non-toxic cleaning materials and more broadly training on civic engagement, citizenship and health.

In 2006, with the help of federal funding, these partners launched a housecleaners cooperative, the "*Libre*" to more formally address these concerns. The coop provided many services including a range of skill-building classes to its Brazilian members (e.g. leadership development, workplace health and safety) and developed materials educating people about appropriate occupational health precautions and the use of these non-toxic cleaning materials. Coop members and researchers also engaged in numerous co-learning opportunities to better define "*Libre*" as an intervention, particularly in thinking about how to find future grant support for the coop. They were also trained on how to use community organizing tools and on partnership building. This training allowed them to work more effectively together and set the stage to develop an application for funding to sustain the work. Finally, they received training on how to use data to understand the need for and impact of "*Libre*." For example, they gathered data on how many workers suffered adverse health reactions to toxic cleaning products and the experiences of workers who participated in the intervention (e.g. what types of individuals were more likely to be receptive to the intervention).

Members of the partnership developed the intervention with the idea that it would continue to be an ongoing, commercial, successful venture for the Brazilian women's group. They discussed the possibility that, having developed the basic structures and business plans, they might be able to apply a similar process to Haitian taxi cab drivers or El Salvadorian landscape workers in the future. When the coop launched in 2006, it had 10 members who cleaned 5 houses. The coop has grown and currently serves over 50 houses, with 15 members. In addition, many additional grants and research projects have grown out of the partnerships and interactions between the community partners and the investigators that began with this project.



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Questions for Discussion

1. What were this group's goals for sustainability?
 - a. Were these defined explicitly? If yes, how were they defined?
 - b. If not, what might have been some indicators of sustainability in this project?
2. Did any type of capacity building occur in this project?
 - a. If yes, what was done and for whom?
 - b. What were the intentions behind capacity building?
3. As you think on your own projects, what have been your goals for sustainability?
 - a. Have you differentiated between short-term and long-term sustainability?
 - b. What types of indicators of success have you used to determine if your project led to sustainable health interventions?
 - c. What strategies did you use to build capacity for both researchers and community partners in your project?
 - d. How have your capacity building efforts related to your sustainability goals?
4. Based on your discussion, as a group, please identify **two** key indicators for determining if a project leads to sustainable health interventions (i.e., how do we define and measure sustainability) and **two** strategies for building capacity to share with the larger workshop group.



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CASE #1

Occupational Health in Anyplace: Part II

As the group reflected on their experiences, they noted that one of the challenges they encountered in developing a sustainable health intervention was both the access to and understanding of data. Differences between the way degree-holders and non-degree-holders interpreted the collected information made communication between the two groups quite difficult. To help with this issue, the group developed a common language around data interpretation. Through this type of capacity building, the community and researchers were better able to communicate about the data and discuss the accuracy of the data in representing the community. In addition, this process addressed the issue of suspicion and distrust between different groups by giving them a standard language by which to communicate. It also allowed them to develop a shared understanding of the need for and value of data in sustaining their program.

Investing time in partnership development was a challenge but critical to the success of the intervention. While the community partner, Sloan, aimed to build relationships between researchers and community groups, the process was extremely time-consuming. A multi-layer project that intends to build capacity and sustain its presence requires a lot of negotiation. To decrease tensions, increase trust, and maintain the exchange of information, the group members made a commitment to having frequent contact. This ensured that any problems were addressed immediately and also enriched education of the two groups. Sloan noted that having an open channel of communication was not always easy but essential.

The group wanted to promote ownership of the project within the community. They engaged the housekeepers themselves in the project development which enhanced their commitment and investment in their own health. In addition, because these members were invested in the project, they were very useful in recruiting more members for the coop. All of these strategies were helpful in sustaining the occupational health intervention and the partnerships formed.



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1. What were some of the challenges faced in making the health intervention sustainable within the community?
2. What were some of the strategies used to overcome these challenges?
3. Thinking about your own work:
 - a. What are some of the challenges or barriers your group has faced in sustaining health interventions within the community?
 - b. What are some of the strategies you have used to overcome these challenges?
 - c. What are some of the key factors that have enabled you to successfully create sustainable change for health?
 - d. How do you think researchers, community partners, funders, and policy makers can best work together to achieve these goals?
4. Based on your discussions, please come up with **two** strategies to share with the larger group that you see as necessary for creating sustainable change for health.



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CASE #2

Suicide Prevention in Anytown: Part I

Anytown is an urban city of 70,000 people which has been affected by a long-term substance abuse problem. In 2001, a young person took her life and two high school students died of oxycodone overdoses. These deaths spurred a concern about suicide contagion, particularly as the suicides and overdoses continued through 2005. In response, the Anytown Health and School Departments conducted a teen health survey. Results from the survey showed that 21% of the students had seriously considered suicide, and 14% had attempted suicide during the last 12 months.

Amidst this crisis, a grassroots partnership was developed between a local coalition (Prevention Partners; PP) and a research organization (CRI), who led two new taskforces convened by the Anytown Mayor, an individual with a deep interest in addressing this public health crisis. The taskforces also included individuals from schools, the police, the health department, and activists in the wider community. This group also enlisted the help of Dr. S, an expert on suicide. The overall aim of the partnership was to work together using existing data to identify whether there was a suicide contagion, potential causes, and how to end the crisis. In addition, the group wanted to establish a sustainable system that would effectively address the problem of suicide or additional crises in the long-term.

As a first step the partners began to monitor, track, and map data from the fire department and death certificates. Dr. L from the research organization provided training to several members of the coalition and public health department on monitoring and interpreting data, and provided data to the group regularly. Secondly, Dr. S provided training to all involved on how to handle and respond to trauma, and a Trauma Response Network was developed. Community members including parents, mental health professionals, and teachers were trained in posttraumatic stress management. These individuals were then available to investigate traumatic events and their repercussions, attend wakes, funerals, and respond to youth suffering from the impact of these tragedies. A trauma coordinator was hired by the health department to facilitate and expand the network and this position still exists today. More than 100 community members were trained. Numerous other activities were also launched including vigils for the deceased, education efforts for prevention and support services for the survivors

Over time, the situation has changed in Anytown. Today, suicide is less prevalent in the community. Many of the efforts started in 2001 still continue while others have dwindled. Review of the data from the fire department and death certificates continues as a way to monitor activity. The Anytown Health Department has moved towards prevention and started a mental health/suicide awareness campaign. Over the last few years, the Task Force has continued to meet and monitor the situation in Anytown. People trained in this process have helped out in other public health issues in the city.



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 - b. If not, what might have been some indicators of sustainability in this project?
2. Did any type of capacity building occur in this project?
 - a. If yes, what was done and for whom?
 - b. What were the intentions behind capacity building?
3. As you think on your own projects, what have been your goals for sustainability?
 - a. Have you differentiated between short-term and long-term sustainability?
 - b. What types of indicators of success have you used to determine if your project led to sustainable health interventions?
 - c. What strategies did you use to build capacity for both researchers and community partners in your project?
 - d. How have your capacity building efforts related to your sustainability goals?
4. Based on your discussion, as a group, please identify **two** key indicators for determining if a project leads to sustainable health interventions (i.e., how do we define and measure sustainability) and **two** strategies for building capacity to share with the larger workshop group.



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CASE #2

Suicide Prevention in Anytown: Part II

As the partners reflected on their suicide prevention efforts in Anytown, they recalled several situations that influenced their ability to effectively address this issue in a sustainable way. For one, over time, the players in the project changed, with key people leaving or moving from the community. There was turnover within the Task Force. Some of the key community members moved away. A new trauma network leader was hired and there was also turnover in the administration of some of the city departments. It was important to educate each new leader about the history and activities to garner their support going forward. This brought up the question of who should be the driving force behind the initiative—outside professionals, individuals in the community, or institutions within the community. The group addressed this issue by having both individuals and institutions involved and trying to maintain some stability in those involved over time. For example, both the Mayor of Anytown and Dr. L remained constant stakeholders who supported the project and made it a priority to transfer information and history of the situation to those becoming newly involved due to changes within the community. In addition, the group infused interest across more than one sector in the community to address individual people leaving. The group noted that establishing ownership of the situation within the community was key but also difficult to measure.

As the crisis of teen suicide in Anytown subsided, it was difficult to keep the momentum of the prevention efforts sustained. Money allotted to these efforts had run out and interest was waning. As suicides became less prevalent in Anytown, the urgency of the situation changed. Dr. L noted that, “Keeping the project alive and afloat when there is no crisis is a little bit more difficult.” However, Anytown kept the trauma coordinator position filled and used the Task Force to move towards addressing general mental health prevention efforts. The city also continued in their use of data to monitor the situation as a way to provide constant feedback for their public health efforts. The Trauma Response Network was also maintained and actually became actively involved in another recent crisis within the community. These efforts led to a more sustainable health intervention.



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CASE #3

Environmental Justice in Allville: Part I

Envision is an environmental justice organization, founded in 1993, dedicated to building power among low income communities and people of color in Allville. The organization was focused on addressing air pollution and health concerns within this neighborhood. *Envision* accomplished this work by building youth leadership capacity and providing legal and technical assistance to community groups. Around the time that *Envision* was starting up, the Environmental Protection Agency established new standards for clean air. This policy change coincided with the community organizing that *Envision* was already doing with residents and youth around clean air and asthma in their schools and neighborhoods. Motivated by these political changes, *Envision* gathered a coalition of people interested in environmental health (researchers, community groups, youth leaders, health advocates) to develop a monitoring network in Allville to monitor the air quality. They worked closely with key state level stakeholders to identify an appropriate location for an air quality monitor and placed a monitor next to one of the city's largest bus stations.

The air monitor measured indicators developed by the EPA's Clean Air Act. The equipment was intended to monitor air quality, in particular diesel pollution, given its potential link to poor health outcomes such as asthma. *Envision* was motivated in its work by high rates of youth asthma in Allville; in fact a student member of Allville died of an asthma attack during this project. They hoped that the air monitor would allow them to gather more consistent data on air quality in their community and ultimately lead to environmental changes such as a cleaner transit system. However, ultimately they were most interested in using this project to empower the community around health issues in general.

The state then committed to having the site of the first monitor become a "supermonitoring" site where they continued to gather data on all hazardous air pollutants. *Envision* also expanded the project by establishing a phone hotline where people could call in and find out the day's air quality and a "flag system" organized by the *Envision* youth to inform the community about the air quality on a particular day. Many youth received training and leadership development. They began to conduct their own surveys that polled what the community already knew about air quality, how they would like to learn more, and what exactly they wanted to learn. Both the community and many public health consultants began to look to the youth as experts in this area. These youth organizers continue to be a resource for their community today. The community noted that their focus was not on the sustainability of this particular project, but more about the sustainability of their community and environment.



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CASE #3

Environmental Justice in Allville: Part II

As the partners reflected on their environmental justice efforts in Allville, they recalled several situations that influenced their ability to effectively address air quality and health issues in their community. One of the challenges they faced in advancing their mission was that not all partners involved had the same goals. While the main community liaison aimed to empower the community and looked at health outcomes as secondary, some of the investigators were more focused on achieving a successful intervention for monitoring air quality and improving health. In addition, at times, community partners felt they were not seen as equal players in this mission, noting that when scientists worked with them, they often assumed they did not understand the science behind air pollution and clean air. In response, the investigators and community partners arranged a meeting and discussed both the science and the community priorities. This meeting allowed them to create a shared knowledge base from which to move forward.

When the project began, the community liaison had hoped that the data from the air monitor could be used in future environmental advocacy efforts, but this never materialized. As time passed, the same air quality issues were not as important and the community moved on to new changes that they wanted to see. Although work on this specific issue did not continue, the empowerment in the community created by the partnerships and capacity building efforts was considered a sustainable outcome of the project. Through the project, the community liaison also developed partnerships with other groups, such as the state department of environmental protection and other environmental health advocacy groups that were useful in later advocacy. These partnerships served as resources for community members to elicit the changes they wanted to see in their neighborhoods.

A further challenge experienced by the group was how to best measure the outcomes of the project in a way that was attractive to and relevant for funders. Empowerment of the community and development of key partnerships is often difficult to measure and demonstrate as an outcome. Both the researchers and the community partners agreed that sustainability can occur at different levels—at the project level with specific measurable sustainable health outcomes, often the focus for funding agencies, and at a broader level of increasing capacity within the community to address their own health issues as they arise—empowerment of the community. These more far-reaching goals are often not regarded as important but the group noted that they are often more important than the short-term outcomes of one single project. Acknowledgement of this by all partners facilitated discussions about the best ways to capture both the project specific and broader level goals of community empowerment.



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