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Community Involvement in Program Planning

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Developing partnerships is essential to the holistic approach that defines healthy homes programs. In addition to the importance of collaborating with multiple organizational partners, engaging the community most affected by health and housing problems is particularly crucial to long-term success and sustainability.

Involving community members and organizations not only enhances understanding of and by the target population, it is fundamental to identifying the best way to meet the community's needs.

Healthy homes programs may be located in housing departments, health departments, community-based agencies or non-governmental organizations. Regardless of where they are based, program designers can benefit from the insights provided by public health planning models on how to develop partnerships, create a community vision, and establish priorities for action.[1, 2, 3, 4, 5]

Model programs have several features in common including:

- Identification and engagement of stakeholders;
- Investment in coalition building and maintenance;
- Analysis of and sharing relevant data; and
- Building consensus on program priorities.

Key Messages

- Efforts to develop partnerships are important since healthy homes programs encompass activities that cross traditional organizational boundaries that separate health and housing service systems, resources, and policies.
- Involvement of multiple agencies and disciplines is important to the success and sustainability of healthy homes programs.
- Partnership development should be viewed as an ongoing activity beginning at the program design stage and continuing throughout implementation and evaluation.
- Engagement of the community most affected by health and housing problems is particularly important to program effectiveness and long-term success.

Identify and Engage Stakeholders

Healthy homes programs require the collaboration of housing agencies and policies. Successful programs require knowledge of behavioral change, structural conditions of housing, and social and economic conditions. To ensure this capacity, healthy homes programs require multiple partners. Many communities accomplish needed collaboration through coalitions in which trusting relationships are developed and decisions are made by consensus.

An Evaluation of HUD's Healthy Homes Initiative: Current Findings and Outcomes (FFY 1999–2004) reported the involvement of multiple partners in healthy homes program activities based on community assets and program goals and objectives.[6] Health departments, housing departments, academic institutions, and community-based organizations were most likely to form partnerships, while advocacy, faith-based organizations, schools, and hospitals/health centers were also involved, but to a lesser extent.

If strong community partnerships already exist or healthy homes program and policy assets are readily identifiable, partnership development and asset mapping do not have to become exhaustive processes. Sometimes an opportunity presents itself—stakeholder interest, political will, funding—that can be capitalized upon while at the same time assuring community participation.

Community Asset Mapping

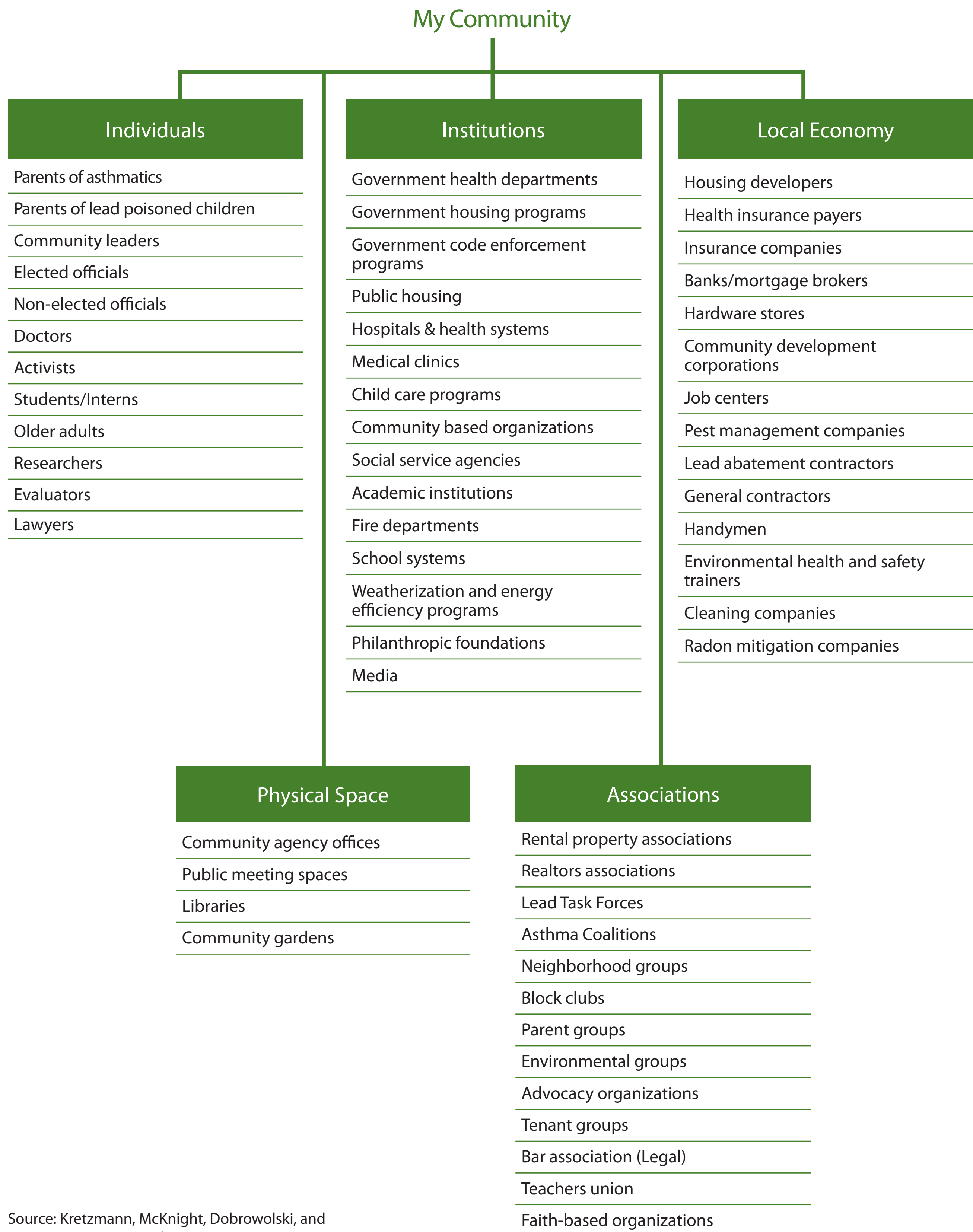
When establishing or modifying a program to incorporate healthy homes issues, a comprehensive inventory of community interests and resources can provide important insights, especially if members of the vulnerable and underserved populations are engaged. Community-asset mapping defines an "asset" as anything that improves the community's quality of life.[7] All sectors of community life—both individuals and organizations—have resources that can be leveraged:

- Human resources: an organization's staff, board of directors, programs, membership, and target population including individual expertise, talent, and training skills;
- Physical resources: a geographic location that is accessible to the target population and provides public space and meeting rooms;
- Informational resources: formal and informal networks of communication and participation in formal and informal associations;
- Political resources: constituencies of elected officials and public/private institutions that advocate for resources and policy changes; and,
- Existing intervention resources: lead hazard control programs, home visiting services, building and/or housing code service systems can be leveraged or integrated into a healthy homes program.

Encouraging groups to identify their common self-interest and examine their members' strengths enables programs to broaden community participation outside their normal comfort zones, and identify where resources do or do not exist to advance health and housing within a target area. Appendix 2.1 identifies potential healthy homes stakeholders and their assets.

To start the process, program planners can conduct focus groups or stakeholder interviews to assess the knowledge, hear the concerns, and learn from key individuals who are either active in the neighborhood, affected by the problems associated with hazardous housing, or will have a role in addressing problems. These can be conducted as a part of the needs assessment before convening formal partnership meetings. When discussions focus on assets, program planning can emphasize

Figure 2.1 Sample Inventories of Community Assets



Source: Kretzmann, McKnight, Dobrowolski, and Puntenney, 2005, p. 15.[8]

strengths rather than limitations.

Advocates of community-asset mapping recognize the benefits of a map of a geographic area with resources clearly identified as a tool to build consensus. A map provides all planning participants with a visual depiction of assets and can facilitate communication with the media, residents of the target area, and public officials.

Asset mapping starts with an inventory of categories of assets—associations, institutions, the local economy, public spaces and individuals—in the community. Once inventoried, the type of activities in which organizations are engaged can be identified and the links that can be built or increased explored. Seek assistance from community leaders to serve as conduits to resources inside and outside the target community. Engage the community in visioning and planning how assets can be mobilized to address community needs.

Coalition-Building and Maintenance

While identifying program partners and stakeholders is an important step in building a successful health-related community coalition, effective coalition building and maintenance require several other activities (Figure 2.2). Based on the experience of the seven coalitions in the Allies Against Asthma initiative funded by the Robert Wood Johnson Foundation, Clark et al defined a successful coalition as one that:

> …(a) serves a defined community (usually having a common location or experience) recognized by those within it as a community, (b) is purposeful and its duration is time specific, (c) exists to serve the broader community, (d) is viewed by community residents as representing and serving them, (e) reflects the diversity evident in the community, (f) addresses

Figure 2.2 Critical Factors in Coalition Building

- A general climate of public support for the coalition or the issue it seeks to address.
- A respected community leader—either a person or agency—to convene the meetings.
- An existing coalition that can be expanded to address new issues/members.
- Positive past collaborative experiences among members.
- Initial consensus on a mission/vision. Refining a coalition's mission is a normal part of coalition growth but failure to achieve a common view indicates a fundamental problem with coalition dynamics.
- Decision styles and operating procedures that can be developed quickly enough to initiate program activities and achieve some initial successes. Public and private institutions may have different decision-making styles and methods of achieving success, but their procedures—regardless of differences—should be understood by all participants.
- In-house leadership capacity that is developed over time.
- Shared responsibility for such daily activities as staff, communications, and service delivery.
- Flexibility in the level of member involvement needed to achieve goals. However, there must be some continuity of participants over time and a core group who can activate engagement by others when needed.
- A mechanism that records coalition decisions (such as meeting minutes or a policy and procedure manual) to avoid revisiting and reanalyzing past decisions.
- Members' perceived return on their investment in time, monetary commitment, and compatibility with their organization's goals.
- A transparent and representative decision-making process that avoids the appearance of bias.

Sources: Butterfoss, 2009; Center for Managing Chronic Disease, 2007; Durch et al., 1997; EPA, 2008; Sofaer, 2004

the problem(s) systematically and comprehensively and (g) builds community independence and capacity.[9]

Awareness of the self-interest of your program partners is central to establishing and maintaining collaborations. Maintaining partnerships depends on fulfilling individual or agency needs, and demonstrating that the partnership and program are beneficial to them. Simply put, there needs to be a return on member investments of time and resources expended in healthy homes program activities.

Analyze and Share Relevant Data

Identifying the target population and priority geographic area are important components of program planning. This process also promotes community understanding, engagement, and ownership fundamental to program design. Begin with a review of the easily accessible national, state, or local data, and broaden information gathering as needed to learn specific health and housing indicators including residents' priorities. This comprehensive approach takes advantage of each participant's unique expertise. The data can be qualitative and quantitative (Figure 2.3).

Appendix 2.2 provides examples of where to obtain these data at the federal, state, local, and neighborhood levels, as well as resources for best practices and model programs.

Data to review during the planning process include:

- Socioeconomic and demographic characteristics of potential target populations. These data are generally available from the U.S. Census by zip code or census tract and include ethnicity, age, income, educational attainment, and unemployment rates. The number and proportion of individuals, children and seniors living in poverty, single parent and female head of household families, and those without health

Figure 2.3 Philadelphia's Healthy Homes for Child Care

Family or home-based child care providers are responsible for a large portion of the child care in low-income neighborhoods. However, the providers themselves often have the same problems with deferred home maintenance as the rest of their neighbors. Since they serve a large number of young children, the risk of children's exposure to poor indoor air quality or deteriorated lead-based paint is high, and many of these exposures are not assessed through the licensing process.

Coalition-building and data collection for the Philadelphia Healthy Homes for Child Care Demonstration grant began more than one year before the grant application was submitted. Discussions began in March 2004, building on the National Center for Healthy Housing's 2003–2005 Lead Elimination Action Program (LEAP) model Home-Based Child Care Lead and Safety Program and the City of Philadelphia's prior Healthy Homes grant collaborations with the National Nursing Consortium. Representatives from these programs, child care licensing and referral agencies, private funders such as the Nonprofit Finance Fund, advocacy organizations such as the Philadelphia Citizens for Children and Youth, and others began to meet quarterly to convene working groups on education, outreach and fund development. Throughout 2004 and into 2005, staff from the Philadelphia Department of Health served as the resource managers, assembling community profiles that included maps of lead poisoning cases, asthma and injury rates for high-risk neighborhoods, and the numbers of licensed home-based child care providers in these communities. As planning began to solidify, organizations working directly with the child care community collaborated with child care providers to identify additional educational service needs. The funding working group also prioritized needs for additional funding, such as what might be needed in a relocation unit if it was to serve as a child care site during the period of intervention. Prior to applying for the Healthy Homes Grant, the program began to secure commitments from private funders and the YMCA for Philadelphia and Vicinity. By the time the Healthy Homes NOFA was announced, the advisory group had many of the design and funding commitments already in place.

insurance are commonly used to describe a target population. The Census also provides general data on the number and proportion of groups that may have difficulty gaining access to community services (e.g., migrants, homeless, and non-English speakers). Program planners are encouraged to consult with local organizations serving the target population to identify specific needs. These data can be compared by neighborhood to the city at large, similar size cities, the state, and the nation.

- Health status. For healthy homes programs, data include the prevalence and severity of childhood asthma, childhood lead poisoning, and age-adjusted injury rates. Local fire departments can provide information on fire incidence and location, and hospitals can provide information on injuries such as falls, carbon monoxide poisoning and other poisonings. Common sources of data include CDC's National Environmental Health Public Tracking Network and the Behavioral Risk Factor Surveillance Survey, state-level Healthy People 2010 reports, reportable conditions registries, the National Association of Counties Healthy Counties database, and EPA's Toxic Release Inventory. Other health data include asthma hospitalization and death rates, infant mortality rates, data on chronic health conditions such as obesity, immunization status, tobacco use rates, and identification of geographic areas that do not meet state or federal air and water quality standards.

  The Health Insurance Portability and Accountability Act (HIPAA) should not impede the ability to obtain important health data. The Privacy Rule (45 CFR §164.512 (b)) permits disclosure without patient authorization "to prevent or lessen a serious and imminent threat to the health or safety of a person or the public." This authority should only be used as a last resort. The Alliance for Healthy Homes has produced a guidance document, titled "Overcoming Barriers to Data Sharing Related to the HIPAA Privacy Rule"(www.cehrc.org/aboutus/pubs/HIPAA_CLPPP_June_2004.pdf).

- Health care consumption. Expenditure data include per capita Medicare and Medicaid spending for asthma and injury and the number and/or rate per 100,000 for emergency department visits, hospitalizations, and urgent care visits for asthma, injuries, and poisonings. This data is available at the state level from the Agency for Health Care Research and Quality, as well as from state regulatory and insurance agencies. Some local hospitals, health systems and insurance companies can also provide this information.

- Self-Reports of Functional Status and Quality of Life.[10] This includes such issues as special health care needs, mental health status, and caregiver stress. America's Children: Key National Indicators of Wellbeing, available through www.childstats.gov, provides this information at a national level, while the Annie E. Casey's Kids Count report provides this information on state, county, and local levels.

- Characteristics of Housing Stock. A description of housing stock includes information on age, vacancies, and ownership status (rental versus owner-occupied) and is available through the Census on a zip code and census tract basis. The American Housing Survey documents housing defects in owner-occupied and rental units for over 40 communities and may serve as a basis for a more local assessment. Foreclosure rate data are available on the HUD website and through local tax assessor databases where information on assessed housing value is also available.

  The EPA Map of Radon Zones can be used to assess the radon potential for jurisdictions (www.epa.gov/radon/zonemap.html). Regional and local Consolidated Plans for the use of federal rehabilitation funds provide data on at-risk neighborhoods and efforts to serve them.

Figure 2.4 Multnomah County Health Department, Oregon

Multnomah County used the PACE-EH program to assure a comprehensive and community-driven planning and needs assessment process rooted in a vision of environmental justice and targeting health and housing disparities. One of the results of the planning process was the establishment of OPAL (Organizing People—Activating Leader) a new nonprofit 501(c)3 organization dedicated to working for environmental justice in Portland.

Program planners can also conduct windshield surveys or access governmental building inspection/code enforcement data to identify common housing defects.

State, county, or city lead elimination plans may contain valuable information on health status and housing characteristics.

- Neighborhood characteristics. These data include information on transportation, access to employment, parks, schools, emergency, other public services, and public safety. This information may be available from local planning departments as part of a community comprehensive plan.

Protocols for Assessing Community Excellence in Environmental Health (PACE-EH)

If data are not readily available, a number of resources are available to help plan a program. CDC and the National Association of County and City Health Officers (NACCHO) have developed Protocols for Assessing Community Excellence in Environmental Health (PACE-EH) that include model surveys, visual assessments, and other tools easily adapted to local conditions. PACE-EH's approach emphasizes that all community assessments pair data collection with efforts to engage the community.[11]

Build Consensus on Program Priorities

Community involvement in program planning requires additional time and activities. In the long run, failure to address community priorities may jeopardize the success of the project since programs need to be valued by the affected community to ensure they are meaningful and sustainable. Program planners should have experience in partnership and coalition development. Skill in dispute mediation, especially when groups have competing self-interests or a history of feeling ignored, may be needed if consensus cannot be reached in a reasonable amount of time. Methods for setting priorities range from visioning exercises, focus groups, stakeholder interviews, brainstorming followed by ranking, and iterative formal ratings systems such as Delphi techniques (an approach

to group problem solving). Strategic planning takes time; it is important that program planners and participants value the process.

Environmental Justice

EPA defines environmental justice as "the fair treatment and meaningful involvement of all people regardless of race, color, national origin, culture, education, or income with respect to the development, implementation and enforcement of environmental laws, regulations and policies."

Many vulnerable populations such as low-income, minority, elderly and disabled communities live in areas with an increased prevalence of environmental hazards as a result of cultural, social, and economic conditions. Environmental justice asserts that no group bear a disproportionate burden of harmful environmental hazards. Environmental injustice occurs when environmental hazards disproportionately affect a segment of the population and/or when those communities are not a part of the decision-making process. Commitment to environmental justice identifies and addresses environmental inequalities to reduce the effects of harmful exposure.

The EPA definition of environmental justice includes the concept of meaningful involvement of all communities to participate in partnership with government in the environmental decision-making process. Collaborative partnerships and engaging community members in all phases of the research, planning, design, implementation, enforcement, and evaluation process includes:

- Identifying the environmental justice community;
- Creating meaningful involvement and empowering the community by involving residents early in the process;
- Collaborating with the community to create awareness;
- Educating, training, and prioritizing actions and policy needs;
- Measuring health impacts in order to develop and implement necessary actions;
- Creating official partnership agreements; and
- Establishing organizational responsibility in the pursuit of environmental justice goals.

Resources and support for proactive involvement are essential for disproportionately affected communities to fulfill an active role in healthy homes initiatives and environmental justice.

Community-Based Participatory Research: One way to involve the community most affected is by adopting the principles of community-based participatory research (CBPR), which seeks to create a project design that is "of the community," rather than imposed from the outside. CBPR tenets can be applied to program planning, management, and evaluation without conducting formal research. The key is to engage community members in all phases of an initiative—from identification of problems through program design, implementation, and evaluation. CDC's Preventative Research Center (PRC) describes CBPR's key steps as:

1. Engaging community members;
2. Employing local knowledge in the understanding of health problems and the design of interventions;
3. Investing community members in the processes and products of research or programming; and
4. Investing resources in the dissemination and use of research findings to improve community health and reduce health disparities.[12]

The Community's Long-Term Role

A program's vision statement serves as a basis for evaluating the merit of future activities and speaks to the conditions that will be changed if the project achieves its objectives. Community participation in program planning in general and development of the vision statement specifically sets the stage for sustainability, and is often part of a strategic planning process. Healthy homes program planners and leaders are encouraged to establish a strategic planning process with broad and meaningful community involvement. Whatever process is used, partners should reevaluate vision and mission statements periodically to be certain that project activities continue to be consistent with long-term goals.

The University of Kansas' Community Tool Box recommends that vision statements be understood, shared, broad enough to include diverse perspectives, inspiring and uplifting, and easy to communicate. Mission statements, on the other hand, generally speak to a project's specific purpose, how it is accomplished, key populations served, and the values underlying the services provided. Mission statements should be concise and outcome-oriented.[13]

HUD's Healthy Homes Strategic Plan illustrates the difference between a vision and a mission statement:

> Vision: To lead the nation to a future where homes are both affordable and designed, constructed, rehabilitated, and maintained in a manner that supports the health and safety of occupants.
>
> Mission: To reduce health and safety hazards in housing in a comprehensive and cost effective manner, with a particular focus on protecting the health of children and other sensitive populations in low-income households.[14]

After the program is designed and throughout the implementation and evaluation process, community stakeholders and community members most affected by the problem should be included in decision making and reviewing program outcomes. This can be achieved by holding regularly scheduled meetings, documenting and reviewing meeting activities through minutes, assessing program progress in the context of the work plan and timeline, identifying problems and successes, and involving program partners in developing solutions and celebrating successes. The partnership infrastructure is important to program sustainability and can be self-generating in addressing more comprehensive health and housing concerns. One example of the impact coalitions can have in improving community health and housing appears in Figure 2.5.

Figure 2.5 The Power of a Coalition, Baltimore, Maryland

The Coalition to End Childhood Lead Poisoning has altered the landscape of lead poisoning in Maryland by providing technical assistance to community-based organizations and government agencies. Their success has been accomplished through:

- Identifying and working with community assets.
- Listening to clients, and recognizing that their feedback is the best form of quality control.
- Hiring people from the community and providing competitive wages, benefits, and training.
- Tracking specific outcomes and sharing them with staff as tangible proof that their efforts are meaningful.
- Working with families as partners.
- Encouraging government agencies to open themselves up to the community and listen to feedback.
- Conducting follow up with families within the context of a relationship. Nothing can replace in-person services and a genuinely caring connection.
- Teaching advocacy skills.
- Understanding that government agencies are not usually set up to do community work effectively. Build community capacity through contracts and financial assistance to community based organizations.

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*Websites were verified during the drafting of this document but may have changed.

Notes