

Letting the Community Decide What's Good for It: A New Approach in Public Health

A consortium of educators, community agencies, and citizens are turning the traditional public health model on its ear with a new approach: Letting the people decide what's good for them.

Called the Community-Based Public Health Initiative, the idea is to ask people in minority communities what is really bothering them, listen to their answers, and work with the community to try to solve the problems they identify.

So far, the process has produced some interesting results:

- In Orange County, one community wanted relief from drug trafficking.
- Residents of a Lee County housing project wanted the local housing authority to repair natural gas leaks in their apartments.
- A rural Chatham County community wanted improved water and sewer services.
- In Siler City, a neighborhood wanted a healthy place for community play instead of a weed-infested vacant lot where drug users congregated.

These sorts of concerns are being addressed through a \$2.5 million, four-year grant from the W.K. Kellogg Foundation and an innovative leadership structure that brings local resources to bear on community problems. Along the way, communities in four North Carolina counties—Chatham, Lee, Orange, and Wake—are stretching the definition of public health.

"It's health related, but we're looking at more the environmental factors that affect health—economics, the environment, housing, poverty, health care, access to health," says Lechelle Wilson, Community-Based Public Health project manager. "It's a broader approach to public health. That's not to say we're leaving out the health specific things."

Indeed, lay health advisers in three of the four counties are receiving training on everything from adolescent sexuality to preventing prostate cancer in older males. Through their

training, they are exposed to sound preventive health practices. In Wake County, there are regular blood pressure checks, cholesterol screenings, and other traditional health services provided in a clinic staffed by a nurse and a physician's assistant.

A four-county steering committee provides an umbrella organization that links the four counties in a common mission. On that committee are state health officials, educators from the University of North Carolina schools of public health and medicine, representatives of local health agencies, and members of community organizations. Each county has its own local governing coalition as well. These boards are structured to include people who bring concerns to the table, plus people with the resources and expertise to address them.

A Platform for Community Interests

Lee County's 10-member coalition, for example, includes representatives from the Wake Area Health Education Center (affiliated with the UNC School of Medicine), the Sanford Housing Authority, the University of North Carolina School of Public Health, the Orange-Chatham Comprehensive Health centers, a local church called Christian Provision Ministries, and four representatives from local housing projects.

"The coalition serves as a platform," says the Rev. Charles Mellette, a Lee County Coalition board member. "It gets people who haven't had an interest in minority or high-risk communities to get involved. The community people have a chance to interact with people who have a big effect on their lives—people with health agencies, the educational system, and people with the business community. . . . From our perspective, it's healthy. It forces organizations to deal with issues that have been suppressed for a long time."

Mellette's church stands adjacent to the Garden Street Housing Project—one of two

communities in Sanford participating in the Kellogg Foundation project. He ministers to a congregation with needs that extend well beyond the spiritual. Mellette believes the Community-Based Public Health Initiative has an important role to play in helping to meet those broader needs.

"At least you're hearing what other parties have to say," says Mellette. "It's a challenge just to sit at the table and let other people say what they're interested in, and you don't say anything about what you're interested in. You may have differences of opinion, but if people are talking, then improvement is taking place. You have to deal with the fact that, OK, everything is not perfect. . . but you're seeing improvement. . . . People get a chance to have a voice. That means more than anything right away."

Certain goals are common to every county. One of these goals is encouraging more minorities to pursue health careers. But the local communities also develop their own goals. Most counties have two or three target communities. Lee is the only county in which public housing projects are the target communities.

"One of the first things they wanted to do was improve living conditions," says Fiorella Horna-Guerra, a health educator who co-directs the Kellogg Foundation project in Lee County with social worker Johnette Henderson. "We helped them learn how to take up issues with the public housing authority."

More Attention to Good Health

Because the resident council members sat on a committee with a housing authority member and other community leaders, it was easier to call attention to their concerns. "The first year was devoted to housing cleanup and renovation, getting gas leaks repaired and so on," says Henderson. "Now, after the first year, they're willing to listen to health concerns."

And Henderson and Horna-Guerra are giving them an earful. They offer a 10-week curriculum that covers everything from adolescent sexuality to maternal and child health. Graduates of the course are called natural helpers and asked to share what they learn with their peers in public housing.

Most of the curriculum is devoted to mater-

nal and child health issues because of the demographics of the two communities. "The communities are 99 percent female," says Henderson. "The male role models are very fleeting. The typical resident is an 18- to 35-year-old mother with three to four kids."

Henderson also devotes some time in the training sessions to health promotion programs and health resources available to the communities. "Some of the older adults, they don't even know the resources they can access in Lee County," she says. The Lee County Health Department also has taken its Health Wise preventive screenings for heart disease, cancer, and diabetes to the housing projects.

Resident councils have been activated to provide a forum for people's concerns. At Garden Street, Daisy Adams serves as president. A 64-year-old mother of 10, Adams is one of the matriarchs of Garden Street. "I call them my people," she says of the residents. Adams is humble about her role as resident council president. "Somebody's got to come out," she says. "No way I'd go to all these meetings if I didn't care about all these people."

The vice president is Clyde McLeod. He is more outspoken. McLeod complains of gas leaks in the Garden Street apartments, peeling paint, and a long-standing failure to install a promised fence to keep drug dealers from slipping back and forth between the housing project and a wooded area. "We've got to get the housing doing a little better than they're doing," McLeod says. "If they say something, they have got to mean what they say."

Mobilizing the Community

Drug trafficking was the chief concern in the Orange County community of Perry Hills. "The neighborhood at 2 in the morning was like rush hour in Raleigh," says Quinton Baker, who works both Chatham and Orange counties for the Kellogg Foundation project. "There were people racing up and down the street, going in houses, looking for drugs."

Baker borrowed the idea of drug patrols from a Charlotte minister, and community members launched a largely successful campaign to rid their neighborhood of the unwanted activity.

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"We had a clean-up day in which we sort of symbolically took back the neighborhood," says Baker, who is project director in Chatham and a community advocate in Orange. "We had a march, and a rally, and that night we started patrols."

Equipped with walkie-talkies, Perry Hills community members regularly walk the streets and record the license plate numbers of people who can't be identified as residents. The plate

numbers are turned over to the Orange County Sheriff's Department, which runs down the addresses of the owners.

The owners then receive a post-card bearing the following message: "Please be informed that your vehicle was in a known drug area." The card has a space for indicating the date and time of the sighting and notes that the vehicle's license plate number has been turned over to the sheriff's department. The card elaborates on the drug problem in Perry Hills, states that community members hope the owner of the vehicle is not contributing to the problem, and notes that

while not everyone entering the neighborhood does so to buy drugs, many do.

Then comes the clincher. "It would be a shame for your license plate to show up on our list again. You should know, however, that if this does happen, your vehicle registration information, including the owner's name, may be published in your local newspaper and turned over to drug enforcement agencies."

Baker says the effect has been startling. "There were five identified homes," says Baker. "Now there is one, maybe one-



Daisy Adams, president of the Garden Street Resident Council, a group formed by the Lee County Community-Based Public Health Initiative

and-a-half, where drug activity is taking place." How has this improved the community? "It's just basically the quiet that you get. Traffic is far less. People are able to sleep at night. People are not afraid to go out."

The key to success, Baker says, has been the community's involvement in the solution. "Residents can't just stand around and let the police do their jobs," he says. "It has to be a public-private partnership. Drugs exist in communities because people allow them to exist there."

The Cedar Grove community, with the help of the Kellogg Foundation project, has landed a Family Resource Center. The Center will offer health classes like prenatal care, along with parenting courses and practical resources like books, reading hours for children, and a toy lending room. "It will have all kinds of training for the whole family," says Iris Fuller, Orange County project director.

Leaders for the Future

Fuller says the Orange County efforts have been guided by two subgroups—United Voices

Clyde McLeod,
*vice president of the
Garden Street
Resident Council*

of Cedar Grove, and United Voices of Efland-Cheeks, which includes the Perry Hills community. The group names derive from the initial leadership sessions in the communities. Called Community Voices, the training sessions are based on a model developed at North Carolina A&T State University in Greensboro. Community groups in all four counties participated in these leadership development programs.

"It's a shared leadership model," says Fuller. Participants are asked to "develop a vision of what the community looks like now

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and what they want it to look like 10 years from now—in all kinds of areas, from housing to jobs to health care to education and human services and housing.”

Out of this process come goals for the communities. In Efland-Cheeks, those goals included more activities for teens. Participants agreed that teens needed exposure to health promotional topics such as sexually transmitted disease prevention, family planning, and conflict resolution, plus attention to their recreational needs.

As in the other counties, Fuller is fostering public health activities in the communities. Again, a primary vehicle is the training of natural helpers on topics ranging from nutrition to hypertension to diabetes. But Fuller says these efforts bear fruit because the communities are getting their broader needs addressed at the same time.

“The future of public health is in community-based programs,” Fuller says. “We’ve been doing traditional public health programming for so long, but it’s not working. We’re not improving the health of the community. It’s not changing health behaviors.”

The Wake County program serving southeast Raleigh is the most urban of the four Kellogg Foundation initiatives. Called the Southeast Raleigh Center for Community Health and Development, it focuses on four broad areas: health care; economic development; leadership development; and career development. With a receptionist, a nurse, and a physician assistant on site, the center’s public health focus is apparent.

Besides basic health screenings, center staff train lay health advisers in breast and cervical cancer prevention, prostate cancer prevention, and healthy lifestyles. The Center also has conducted leadership development training, and, like the other initiatives, has set about identifying young people interested in pursuing health careers. A fall workshop at a local housing project focused on preventing violence among teens. The center has worked to spread the message about health through churches and local talk radio.

And What About Results?

The outcome of all this activity will be hard to measure, says Preston McClain, Wake County project director. But then, the same is true of efforts in all four counties.

A formal evaluation will examine whether the program has made a difference at three levels: (1) the community; (2) the agencies that serve the community; and (3) the university through the UNC School of Medicine and the School of Public Health, says Edith Parker, a doctoral student in the School of Public Health. Parker is evaluating the project under the direction of Professor Alan Cross in the school’s Center for Health Promotion and Disease Prevention. She says the evaluation will attempt to gauge whether the problem-solving capacity of communities has improved and whether local agencies are collaborating more and becoming more responsive to community needs.

At the institutional level, the evaluation will look at such issues as whether faculty in the School of Public Health are getting more involved in community-based public health programs and how medical students are interacting with minority communities. Data will be gathered to track junior high students who participated in activities intended to encourage them to seek health careers. Parker says the evaluation will not look at hard health data because the project lasts only four years and the communities are too small to extract reliable data.

The ultimate aim of the Community-Based Public Health Initiative is to strengthen the communities and equip citizens to look out for their own interests. Says Fuller, “We want to leave them with the skills and leadership ability to get the resource people coming out to their communities and get the community leadership identifying needs and seeking resources to meet those needs.”

Baker, for one, is skeptical that this can occur over the course of a four-year grant. “The length of the program is unrealistic,” says Baker. “We will not know anything in four years—not if the community is to take the lead role. We will know we are succeeding if people in the community are helping the health departments and health agencies know what needs to be done in their communities. . . .”

—Mike McLaughlin