

# PH 101 Module 5 Community Capacity-Building (CCB)

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## Agenda



- 8:30 Sign In
- 9:00 Welcome & overview; Ground rules
- 9:10 ***Introductions and Activity 1: Human bingo***
- 9:20 Mapping the assets of this group – an example of community assets mapping
- 9:35 Why CCB? Review of PH 101 and introduction to Module 5
- 9:45 ***Activity 2: Sharing our public health community stories***
- 10:00 Why CCB in ACPHD? What is community capacity building?
- 10:15 **Break**
- 10:30 How do we do CCB in our public health work?
- 10:45 ***Activity 3: Case studies & discussion.*** Small group and large group sharing
- 11:30 Review - CCB activities in Module 5?
- 11:40 Summary: Benefits and challenges. What CCB IS and What it IS NOT
- 11:55 Resources and Evaluation
- 12:00 End on Time!

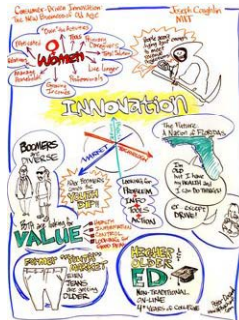
## ACTIVITY 1:

# Human Bingo



## ACTIVITY 1 CONT'D.

# Mapping the Assets of this Group



## **PH 101 Module 5 Learning Objectives**

- Understand the concept of Community Capacity Building, and how it can help reduce health inequities.
- Increase awareness of how Community Capacity Building is done.
- Explore the benefits and challenges of Community Capacity Building.

## **Module V Good to Keep in Mind...**

- Creating a learning community today
- Concept of CCB is not new or unique
  - Long history abroad and in USA
  - Includes a variety of strategies
- You may do CCB in both your work and personal lives

## What is Community Capacity Building (CCB)?

- **Builds upon community assets**
  - People who are already leaders in their communities, or who want to develop their leadership skills
  - Assets that individuals bring
  - Groups that people already trust (churches, schools, CBOs)
- **Maximizes community potential**

## A Sampling of ACPHD CCB Projects

- PH Nursing: Community Health Teams
- Ashland Cherryland Youth Participatory Action Research
- City County Neighborhood Initiative in Sobrante Park & the Hoover Historic District of West Oakland
- Food to Families Project of the Building Blocks Collaborative
- Others?



**Healthy Living  
Champions for  
Change Councils**

## Review: Why Public Health 101?

- Ensure that all ACPHD staff:
  - Understand public health issues
  - Understand the past, present and future of public health
  - Have a common language for discussing public health issues
  - Are prepared to address public health challenges
- Engage all staff in developing strategies to address health inequities
- Continue improving the quality of services provided to Alameda County residents

## Public Health 101

### Module 1:

PH History; Public Health System  
Core Functions & 10 Essential Services

### Module 2:

Cultural Competency and  
Cultural Humility

### Module 3:

Undoing Racism

### Module 4:

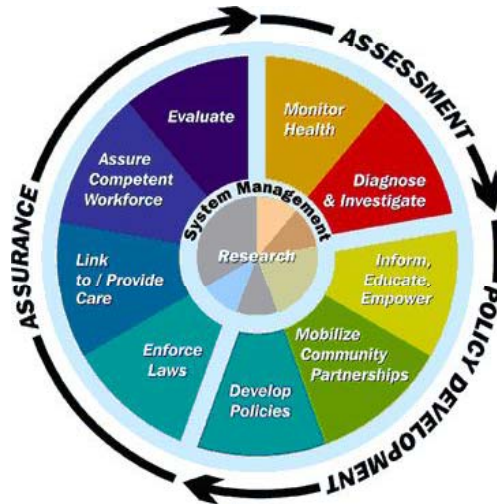
Social and Health Equity

### Module 5:

Community Capacity Building

## Module 1:

PH History; Public Health System  
Core Functions & 10 Essential Services



## Module 2:

Cultural Competency and  
Cultural Humility

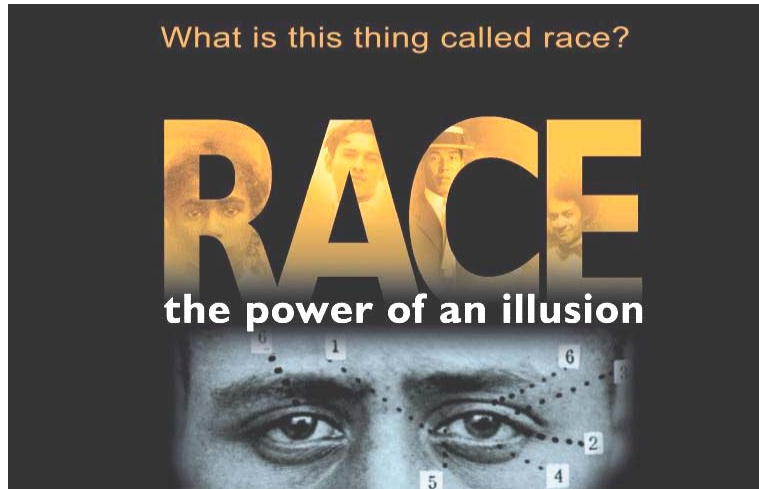
### **Cultural Competency**

can include:

- mandates
- laws
- rules
- policies
- standards
- practices
- attitudes

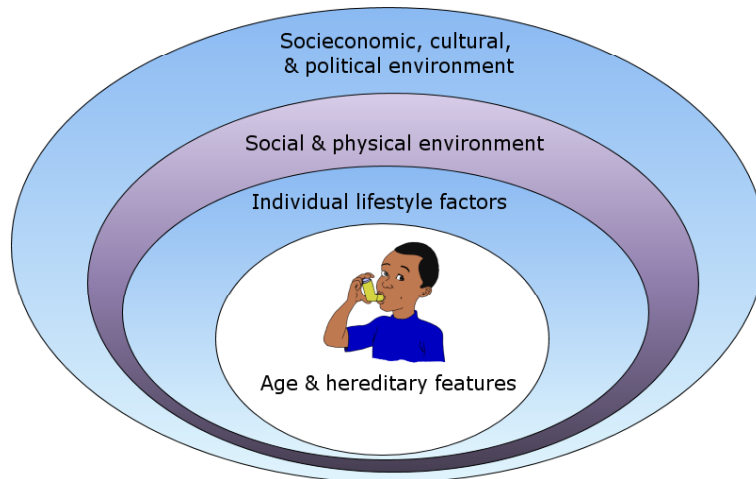
**Cultural Humility** is a process and a lifelong commitment to self-evaluation and critique to improve relationships and outcomes.

**Module 3:**  
Undoing Racism



Courtesy of California Newsreel

**Module 4:**  
Social and Health Equity



## Module 5: Community Capacity Building



## What is “community”?

Consists of Bonds of **place** and **relationships**:

- The **place** is the physical neighborhood, city, county, country, etc. that people occupy together
- **Relationships** may include shared identity, memberships, common values, common needs, and shared history.





## What is “community”? ACPHD Example

### Place

- Countywide
- Downtown Oakland, San Leandro, Hayward
- Others?

### Relationships

- Co-workers
- Acquaintances and Friends
- Maintenance Staff
- Others?



## ACTIVITY 2.

# Sharing our Public Health Community Stories



## **What is your “work community”?**

Small groups share your story about your work life:

- Think about your Public Health community
- What is one thing that you do with your co-workers that creates community?
  - Can be an activity, event or shared time that made you laugh, inspired creativity or insight

## **Relevance of “Community” to our public health work**

- Having a sense of “community” is an essential aspect of life
- ACPHD mission—to work in partnership with communities we serve
- Important to understand what is “community” so that we can be effective in our work in communities/neighborhoods

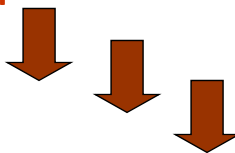
## Why CCB in ACPHD? Our Mission Statement

To work in partnership with the **community** to **ensure the optimal health and well being of ALL people** through a dynamic and responsive process respecting the diversity of the **community** and challenging us to provide for present and future generations.

## Why CCB in ACPHD?

- Data show that health inequities, social inequities, and high rates of crime and violence cluster in certain neighborhoods.
- Research shows that if we improve social inequities, we can improve health disparities.

**Social Inequities**



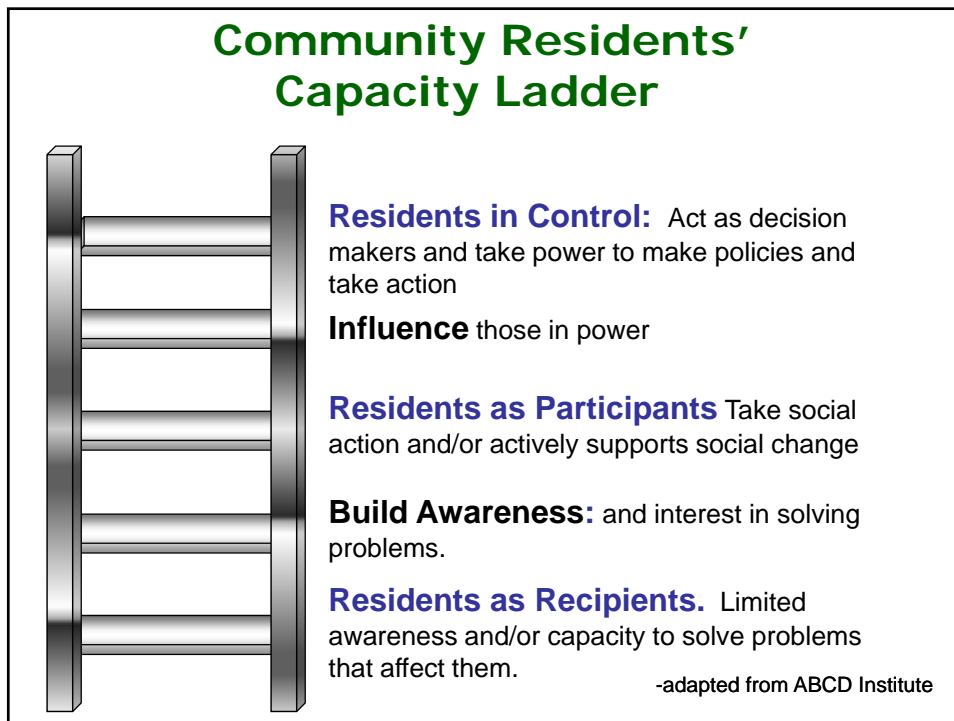
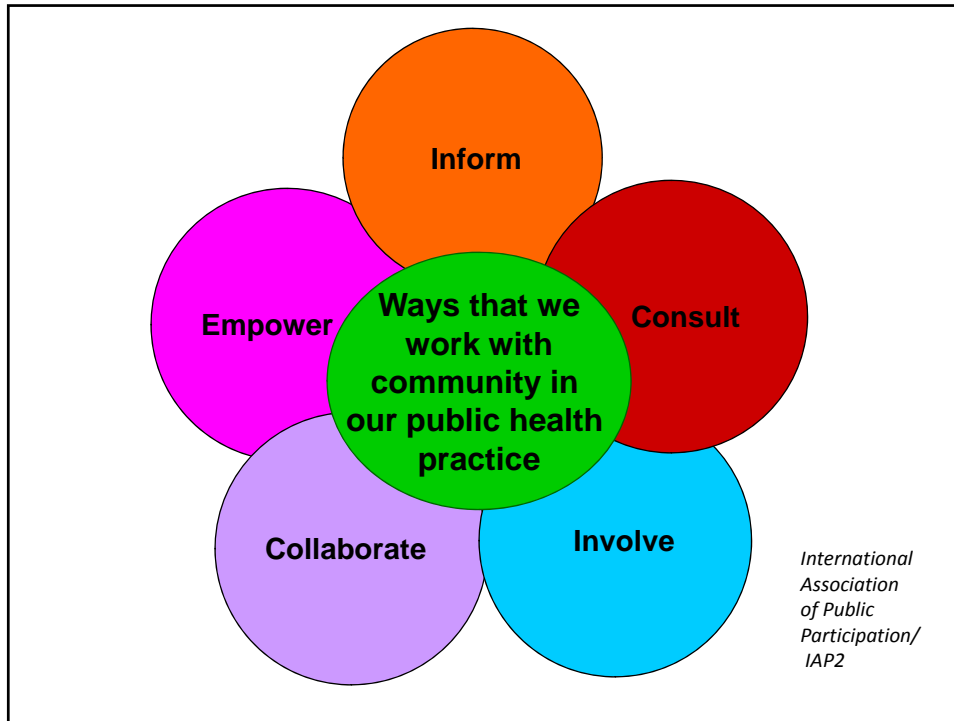
**Health Inequities**

## Why Build Community Capacity?

- Address root causes of health inequities
- Leverage existing city, county and community resources to solve problems
- Support organizational and systems change
- Build a power-base of residents and staff who can advocate for equitable distribution of resources
- Ensure sustainability through partnerships

## How Does ACPHD Build Community Capacity?





## How will we know when we've achieved CCB?

### Community residents will...

- Actively participate in the community
- Become stronger leaders
- Be able to assess and solve their own problems
- Develop their own organizations
- Increase links with other organizations
- Create equitable relationships with outside agents

-adapted from G. Laverack et al (2002)

## ACTIVITY 3:

# Case Study & Discussion



## Case Studies



## Case Studies (Report-backs to Large Group)

1. Who are the community (ies) involved?
2. How is “community” being defined?
3. Does the project result in a shift in power, connections or resources to the community?
4. Based on your own experiences and what you’ve learned in this module on CCB, what recommendations would you give to increase community capacity-building?

## ACTIVITY 4.

### Review

**What are some elements  
of CCB practice?**



**What activities  
did we do in Module V  
that are examples  
of how to build  
community and  
community capacity?**



## CCB Activities in Module V

- CCB in practice
  - Human Bingo
  - PH 101
  - Work Story
  - Case Studies



## Summary: Benefits of CCB

- Community ownership of problem-solving
- Development of community leaders
- Sharing of power with communities
- Sustainability of efforts
- Other Benefits?



## Summary: Challenges of CCB

- Can be time and resource intensive
- Sustainability
  - Maintaining long-term commitments from Agencies and funders
  - Leadership burn-out
- Dynamic CCB process requires continuous planning, doing and monitoring what works and what is not working
- Others?

## Summary: What is CCB?

### CCB Is...

- A way of thinking and working
- A philosophy
- A guiding value
- A way of doing business
- ....Worth the effort

### CCB is Not...

- A stand-alone activity
- A program, fund or service
- A job description
- “Administered to people”
- ....Easy!

## Resources

- The story of the Delta Health Center in Mound Bayou, Mississippi is a very good illustration of how to work in a community on a combination of health services and develop the community's capacity to address the broader determinants of health.
- Public health hero and Nobel Peace Prize winner Jack Geiger's commentary is particularly compelling in setting the health/medical intervention within a framework of the large social process.

[http://www.socialmedicine.org/videos/Out\\_in\\_the\\_Rural.wmv](http://www.socialmedicine.org/videos/Out_in_the_Rural.wmv)

## Resources

- Herbert J. Rubin and Irene S. Rubin (2001). *Community Organizing and Development* (3rd edition). Boston: Allyn & Bacon.
- Kim Bobo and Jackie Kendall (2001). *Organizing for Social Change: A manual for activist in the 1990's* (3rd edition). Santa Ana, CA: Seven Locks Press.
- Benson, P.L. (2003). Developmental Assets and asset-building community: Conceptual and empirical foundations. In R.M. Lerner & P.L. Benson (Eds.), [\*Developmental assets and asset-building communities: Implications for research, policy, and practice.\*](#) (pp. 19-43). New York: [Kluwer Academic/Plenum Publishers.](#)
- Benson, P.L. (2002). Foreword. In D. Ayre, G. Clough, & T. Norris (Eds.), *Trendbender: Building healthy and vital communities.* (pp. vi-ix) Chicago, IL: Health Research and Educational Trust.

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## Contact Information

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**Trainers**  
**November 15, 2011**

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