Helping People. Changing Lives.
community Action PARTNERSHIP
AMERICA'S POVERTY FIGHTING NETWORK

APHA
AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

Partnering To Advance Health Equity

Community Action & Public Health

Authored by the National Community Action Partnership and the American Public Health Association

This publication was created by the National Association of Community Action Agencies - Community Action Partnership, in the performance of the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, Grant Number 90ET0469-01-01. Any opinion, findings and conclusions, or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Health and Human Services, Administration for Children and Families.

Introduction

Both Community Action and public health aim to improve the lives of the individuals, families, and communities that they serve. While the Community Action Network is focused on reducing the causes and conditions of poverty and connecting people to greater opportunity, public health is the science and practice of protecting and improving the health of people and communities.[1]

Despite similar goals and missions, as well as populations served, collaboration between the two sectors is not as common or as embedded as might be expected. However, the COVID-19 pandemic has punctuated the complex needs of vulnerable populations, which spans both health and human services. It presents an opportunity to reflect on what has and has not worked in the past between the two sectors, to identify areas for future collaboration to best meet the needs and priorities of communities, and to make meaningful progress toward the stated goals of each sector.

Social determinants of health (SDOH) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes.

What are the 5 social determinants of health? SDOH can be grouped into 5 domains:[2]

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

Given the increased commitment in the social service arena to address SDOH, now is the perfect time of Community Action and public health to join forces.

To better understand the nature of partnerships between Community Action Agencies (CAAs), Community Action State Associations, and public health agencies at the state and local level, staff members from the American Public Health Association (APHA) and the National Community Action Partnership (NCAP) interviewed a range of CAA and state association leaders from across the country securing a cross-section of agencies representing urban, rural, state, and local areas.

Here we describe some of the successes and challenges these entities experienced in partnering with public health. We also explore opportunities for future collaborations between the two sectors to best meet the needs of people experiencing poverty.

Overall Findings

Of the CAAs with whom we spoke, most described their partnerships with public health as "ad-hoc" or informal. Some agencies referenced solid and ongoing partnerships at the department or program level. For example, the staff at Wayne Metropolitan Community Action Agency (MI) established a strong relationship with Community Health Corp (CHC), an initiative of Detroit Mayor Mike Duggan, funded with federal CARES Act resources in 2020 to identify families with the greatest needs and connect them to vital services: immediate food security, utility assistance, home repair and relocation, and physical and behavioral health. These areas were identified in the City of Detroit Health Department's Community Health Assessment as community priorities. The CHC is housed in the Detroit Health Department and reports directly to the Mayor.[3]

An example of a longstanding relationship that has developed into a formal partnership is found between Wildfire (Arizona Community Action Association) and the Arizona Department of Health Services, who continue to build on the momentum started years ago by the previous Bureau of Health Chief, Wayne Tourmala. Tourmala previously worked for Phoenix Community Action Agency and was especially interested in bridging the gap between Community Action and public health. To do this, he demonstrated the connections and overlap within the communities being served by each sector. He worked with Wildfire to develop state maps identifying the areas of the state where the incidence of chronic conditions was high and which had high rates of individuals and families living in poverty. This action inspired an effort to inform leadership and staff in both organizations of the reality and encourage coordination of planning and services to achieve the greatest impact. This work has remained a priority through leadership changes and has culminated in an exciting partnership opportunity to address disparities within rural communities across the state.

Successes

Meeting Needs During COVID-19 Pandemic

All six of the agencies interviewed referenced the significant opportunity the COVID-19 pandemic offered to highlight the strengths of CAAs to be responsive to community needs. This includes having the existing infrastructure. For example:

- Wayne Metro Community Action Agency in Detroit, Michigan was granted "essential" status to provide a variety of services including COVID-19 testing, improved water and food access, eviction coordination, and qualifying households for property taxes forgiveness. COVID-19 highlighted the disparities in access to water, including in Detroit. Wayne Metro was the lead partner in working with the mayor's office and the health department to ensure every Detroiter had access to water. Between September and December 2020, over 700 home repairs were completed to ensure that households had a working shower, toilet, and sink.

- In Western Maine, many shelters for people who are unhoused are private, faith-based, and have screening criteria many people cannot meet during this pandemic. In response, Community Concepts, the Community Action Agency serving the area, set up a 60-bed wellness shelter for those needing to quarantine due to COVID-19. These shelters ultimately helped to reduce the spread of COVID-19, and it afforded an opportunity to get people connected with other services. Many people left the shelters with connections to employment and more stable housing. According to Shawn Yardley, CEO of Community Concepts, this rapid and effective response had a major impact on the credibility of CAAs in the state. The Maine Community Action Partnership was not widely known in some circles prior to COVID, but it is now seen as a strong partner. "We get called to be at every table now," Yardley said. This has also resulted in growth of the agency's annual budget from $24 million to $32 million.

- In early 2021, Community Action Corporation of Southern Texas (CACOST) became the COVID-19 vaccination hub for Bee County (population - 32,565). CACOST administered approximately 1,200 adult COVID vaccinations per week for a total of almost 20,000 shots in arms by November 2021. As vaccines were approved for adolescents and children, CACOST expanded its vaccination efforts to include conducting COVID testing and vaccine administration in schools, working with Texas A & M University on a teen clinic, and running vaccine clinics in two school districts for children ages 5 to 11.

In Arizona, the Department of Health Services and Wildfire, the state's Community Action Association, are partnering to leverage funding from the CDC's "National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities". The two organizations continue working together to determine which of the following strategies, identified by CDC, they will implement to address the health disparities for this project:

- Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and underserved;
- Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID- 19 infection, severe illness, and death to guide the response to the COVID-19 pandemic;
- Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved; and/ or
- Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and underserved.

Providing Oral Health Services to Families With Low Incomes

Another area for collaboration referenced during the interviews related to the provision of oral health services, primarily for children. Community Concepts, Maine Community Action Partnership and Community Action Partnership Sonoma (CAP Sonoma) spoke of their past efforts to collaborate with public health to ensure the children they each serve have access to oral health care. Susan Cooper, ED of CAP Sonoma and a licensed dentist, garnered support to conduct a survey of 1,400 local families with a child in kindergarten and/or third grade, which revealed incidence rates of tooth decay of 50% and 60% respectively This information was quite

revealing to local public health agencies, which were not providing oral health services at the time. In addition, the survey found that most of the kids with cavities attended schools with the highest rates of free and reduced lunch, indicating a correlation between high rates of tooth decay and higher levels of poverty in those communities.

Through a grant from the Health Resources and Services Administration (HRSA), the community coalition organized through CAP Sonoma developed a program to embed dental hygienists in WIC programs. Over the ten-year program, an estimated 20,000 children came through the program and the data reveals children who participated in the program had less decay when they entered kindergarten than the students who did not participate. Another positive outcome was the significant decline in referrals for dental surgeries due to the parents who participated in the program adopting better dental hygiene practices over time and implementing them with their children. Ultimately, the work led to an expansion in dental clinics in the county. The county and CAP Sonoma continue to work together to secure ongoing funding for the clinics.

Barriers to Collaboration

All of the CAAs interviewed cited major challenges with establishing formal partnerships with public health due to one or more of the following factors:

- **Leadership changes.** Several CAAs mentioned high rates of turnover among public health department leadership has made it challenging to establish sustained relationships. In addition, each new leader brings with them different priorities and many are not aware of the value CAAs bring to a partnership.

- **Infrastructure challenges.** Wayne Metro stated that it has tried for many years to institute a formal MOU with the local health department, but the local government lacks a system to put such an agreement in place in a timely manner. In Maine, the lack of a county public health infrastructure poses a unique challenge as there are no health departments with whom CAAs can partner at the local level.

- **Competition vs. coordination.** Some CAA staff spoke to a perception of competition between the local Community Action Agency and public health, as they serve much of the same population and are often competing for limited resources. One noted a more formalized partnership would encourage the two entities to collaborate on funding opportunities, allowing each to utilize their unique strengths in the delivery of programs and services.

Opportunities

Despite some challenges CAAs encounter in partnering with public health, there are tremendous opportunities for the two sectors to come together to improve the health and well-being of the communities they serve:

Address the social determinants of health. CAAs provide services that fall within the categories represented in the social determinants of health, such as housing, food security, income, etc. Most CAAs have existing infrastructure and influence with local community leaders, making them ideal partners for addressing the most pressing needs and priorities of the community to improve health outcomes. CAAs also have existing relationships with other entities not perceived as traditional partners to address health issues, such as utility companies, workforce development, and/or economic development agencies.

In addition to the overlapping maps of chronic conditions and poverty rates, leaders in Arizona use several locally developed models of healthy communities to help demonstrate the potential impact and the critical role CAAs can play on addressing the social determinants of health.

A first step CAAs interested in partnering with public health agencies could take is to prepare educational resources that demonstrate how

CAAs address the social determinants of health in communities; and, if appropriate, become actively engaged in formal or informal local, state, and/or national efforts to educate and advocate for policies that address the social determinants of health to improve health outcomes.

Support community health improvement processes. CAAs could be included in the processes for local community health assessments. A community health assessment (CHA), also known as community health needs assessment (CHNA), is an assessment that identifies key health needs and issues at the state, tribal, local, or territorial health level through systematic, comprehensive data collection and analysis. The CHA process, by design, should include multisector collaboration, broad and diverse community engagement, a targeted focus on addressing disparities, evaluation, and maximum transparency. The

results from the CHA inform the development of a community health improvement plan (a long-term, systematic effort to address public health problems) used by public health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. It should define the vision for the health of the community through a collaborative process and address the range of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community.[4]

CAAs regularly conduct community assessments and are aware of the state and local community health improvement plans (CHIP). Agencies and Associations that link how their work supports state and/or local CHIP efforts will have greater success in partnering with public health and/or securing funds to address population health outcomes.

Streamline and coordinate service provision for maximum impact. Unsurprisingly, Community Action and public health serve the same populations who frequently have the most complex set of challenges. Together, these two sectors have the potential to partner in the provision of wraparound supports to populations in a way that allows each to leverage its area of strength rather than competing for resources. For example, CACOST has acquired land on which they will develop a 30,000 sq. ft. building to house many programs, including a health center with pharmacy and behavioral health services. Their intention is that the public health agency will also co-locate services within the facility.

Collectively, public health and CAAs can also aim to streamline processes for the recipients of services, such as more simplified screenings and automated applications/eligibility for various services (rent, utilities, etc.). New health equity funding in Maine has reinstated an office of population health equity, and part of the plan is to create a universal identification system that will facilitate automated eligibility and enrollment in various services.

Advance policy and systems change. Given their synergistic missions, ethos, and unique capabilities to reach and galvanize the most vulnerable communities, tremendous potential exists in partnerships between Community Action and public health to advance the policy and systems changes needed for meaningful and transformative improvement for marginalized communities. “That’s my ultimate goal [of the partnership] is that we’re all working together to address these bigger, systemic issues,” said Cynthia Zwick of Wildfire. What these systems change efforts look like will vary depending on local needs and priorities. For example, CAA leadership in Maine is actively engaged in efforts to reimagine public health and create a public health infrastructure in a

state that has very little local government or public health infrastructure.

This could also mean new partnerships to address racial equity, declaring racism a public health crisis, or advancing policies to address inequities in housing, income, education, or other factors that influence opportunity and outcomes for vulnerable communities.

Conclusion

The COVID-19 pandemic has presented opportunities for local Community Action Agencies and State Community Action Associations to join forces with local and state public health offices in new and significant ways. The examples provided in this report illustrate the significant potential Community Action-public health partnerships have to transform the health and wellbeing of families and communities across the country. The COVID-19 pandemic provided further evidence that the social determinants of health provide the greatest opportunity to promote both public health as well as safe, stable communities. This is what the Community Action Network does each and every day: advocate for healthy, livable communities, support safe, comfortable, affordable housing and partner with community stakeholders to increase the resources available to families with low-incomes. As communities look at lessons learned during the first two years of the COVID-19 pandemic, it is time to bring the expertise of CAAs to the table and partner with the public health system to change people's lives, improve communities and America and better place to live.

Endnotes

[1] "What is Public Health?" CDC Foundation (Link).

[2] "Social Determinants of Health." Healthy People 2030, U.S. Department of Health and Human Services (Link).

[2] "CHC Program Update." City of Detroit Community Health Corps (Link).

[3] "What is a Community Health Assessment?" Centers for Disease Control (Link).

The SDOH graphic used in this report is thanks to Healthy People 2030, HHS, Office of Disease Prevention and Health Promotion (Link).

The Promise of Community Action

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

ACKNOWLEDGMENTS: National Community Action Partnership and the American Public Health Association would like to thank the following staff from Community Action Agencies and Associations for their contributions to this report: **Community Action Partnership Sonoma:** Dr. Susan Cooper, Executive Director; **Wildfire (Arizona Community Action):** Cynthia Zwick, Executive Director; **Community Action Corporation of South Texas:** Ann Walt, Executive Director, and Nikki Alviar-Garcia, Director of Clinical Operations; **Community Concepts (Maine):** Shawn Yardley, CEO; **Maine Community Action Partnership (10 CAAs):** Megan Hannan, Executive Director; **Wayne Metro Community Action Agency:** Louise Pitzer, CEO, Mia Harnos, Chief Strategy and Innovation Officer, and Erica Heaney, Executive Assistant; **Healthy Homes Supportive Housing:** Michele Robinson, Executive Director of Program Operations.

CSBG
Community Services Block Grant