

Chapter 14 excerpt

**Local Government and Resident Collaboration to
Improve Health: A Case Study in Capacity Building
and Cultural Humanity**

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Local Government and Resident Collaboration to Improve Health

Chapter 14

A Case Study in Capacity Building and Cultural Humility

THE PATH TOWARD effective partnerships between local health departments and communities is fraught with obstacles and sometimes seemingly insurmountable challenges. A journey on this path requires great perseverance, flexibility, humility, and caring. Success depends on the ability of organizations and individual staff members to commit to deeply examining their own personal and professional beliefs, behaviors, and assumptions about culture and relationships. There also is a critical need to document and disseminate findings about the outcomes of such efforts because hard evidence of the effectiveness of such partnerships for health improvement and enhanced community problem solving has been difficult to uncover (Kreuter et al. 2000, Shortell et al. 2002).

This chapter describes and critically analyzes the Healthy Neighborhoods Project (HNP) in Contra Costa County, California, and its subsequent replication in a neighboring health department. We begin by reviewing the background and context in which this model was developed, using as a conceptual framework John L. McKnight and John P. Kretzmann's (1990) asset-based community development (ABCD) model; Roz Lasker, Elisa Weiss, and Rebecca Miller's (2001) newer concept of partnership synergy; and Melanie Tervalon and Jane Murray-Garcia's (1998) concept of cultural humility. Following the case study presentations, we then draw on experiences from both partnerships to highlight lessons learned and key concepts, principles, and practices that can help us address the challenges and build on opportunities afforded by other city and county health department–initiated partnerships with residents.

Conceptual Framework

Let's put aside our preconceived notions of each other and instead each of us—the residents, the community agencies, and the health department—come to the table and offer up our varied gifts that we can pool to transform our community.

—Joyce White, resident activist, city of Richmond, California,
in a conversation with Galen El-Askari (health department
program manager) in Joyce's kitchen, 1994

This statement captures the philosophical base and value orientation of the Healthy Neighborhoods Project. It also reflects the project's grounding in McKnight and Kretzmann's (1990) ABCD model (see also chapter 9), which provides a critical component of the conceptual framework for understanding the HNP and its subsequent replication. Briefly, these community development theorists propose moving away from the deficit mentality at the base of much human services work to identify instead and build on individual and community assets. Whereas the traditional needs-oriented assessment approach teaches people to see themselves as having special problems to be addressed by outsiders, the asset-based community development approach encourages community members to recognize, actively develop, and mobilize their own assets. According to McKnight (1995), each person can be imagined as a half-glass of water—partly empty (has deficiencies) but also partly full (possesses capacities): “For those whose ‘emptiness’ cannot be filled by human services, the most obvious ‘need’ is the opportunity to express and share their gifts, skills, capacities, and abilities with friends, neighbors, and fellow citizens” (103–4).

The HNP also reflects Roz Lasker and her colleagues' (2001) notion of partnership synergy. Building on definitions of *synergy* as “the power to combine the perspectives, resources, and skills of a group of people and organizations,” Lasker et al. (2001) suggest that “the synergy that partners seek to achieve through collaboration is more than a mere exchange of resources. By combining the individual perspectives, resources, and skills of the partners, the group creates something new and valuable together—something that is greater than the sum of its parts” (184).

They further argue that increased creativity, comprehensive thinking, practicality, and transformative potential are unique advantages of collaboration. Without using the term, resident activist Joyce White clearly was describing the power of partnership synergy in her statement about pooling gifts to “transform our community.”

A final component of the HNP's conceptual framework lies in the concept of cultural humility. As noted in chapter 1, physician Melanie Tervalon and her colleagues (Tervalon and Murray-Garcia 1998) originally coined the term primarily in reference to race and ethnicity, remarking that although we can never become truly competent in another's culture, we can engage openly, acknowledge the

limitations of our understanding, and seek to broaden it. Building on this approach, we describe cultural humility as the ability to listen both to persons from other cultures and to our own internal dialogue. In this way, we discover how easily we discount another's truth when it passes through our own cultural lens.

Cultural humility also involves the ability to recognize and understand the effects of privilege, including, importantly, "white privilege" and "the power from unearned privilege" that it entails (McIntosh 1989, 11). Finally, cultural humility includes understanding and addressing the impact of professional cultures, which tend to be highly influenced by white, western, patriarchal belief systems, as they help shape interactions between health departments and local communities. As suggested in this and other chapters, sharing power can be an important outcome of having and demonstrating cultural humility in such contexts.

Linking the concepts of cultural humility, asset-based community development and partnership synergy form an overarching hypothesis that partnerships will be improved and longer-term health and social outcomes more easily achieved in low-income communities of color when (1) residents are engaged in and driving community development; (2) critical public health capacities of government staff are increased, particularly with respect to cultural humility; and (3) public agencies and their staffs undergo cultural and systems change. Each of these dimensions, along with the asset building and partnership synergy models, is illustrated in the case study that follows.