

BARHII Milestones

March 2002—BARHII is formally established

March 2003—First regional forum: *Food, Health and Justice*

November 2003—Mobilized local governments to oppose Proposition 54, a ballot initiative barring collection of data related to race and ethnicity, impeding the documentation of health inequities

July 2004—BARHII recognized as a Promising Practice in the NACCHO Model Practices Award Program

June 2005—BARHII general membership training; Advancing Social Justice through Dialogue based on experiences in Ingham County, Michigan.

November 2005—Training on Advancing Social Justice through Dialogue provided to over 60 BARHII health department staff

February 2006—Select staff members are trained in the facilitation methods for Advancing Social Justice through Dialogue

March 2006—School Health Forum, co-sponsored with Bay Area Nutrition and Physical Activity Collaborative

March 2006—BARHII co-sponsors the Evaluating Community Capacity Building Conference with UC Berkeley Center for Public Health Practice.

May 2006—Practice Committee develops and implements Public Health and Land Use 101 Seminar—a regional training on the public health implications of land use and transportation planning decisions

December 2006—Joint meeting of Bay Area Planning Directors Association (BAPDA) and BARHII brings together regional planners and public health officials to discuss the health implications of planning decisions.

January 2007—BARHII sponsors Engaging Communities; a regional workshop addressing the opportunities and challenges to effecting working with communities to eliminate health inequities.

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*Transforming
public health
practice for the
purpose of
eliminating
health inequities*

Bay Area Regional Health Inequities Initiative

Alameda County | City of Berkeley | Contra Costa County | Marin County | City and County of San Francisco | San Mateo County | Santa Clara County | Solano County

Practice Committee

The Bay Area Regional Health Inequities Initiative (BARHII) is a unique undertaking by local health departments in the San Francisco Bay Area to confront health inequities. The regional collaboration includes public health directors, health officers, senior managers and staff from Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, and Solano counties, and the City of Berkeley.

It is the mission of BARHII to transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.



BARHII brings together regional planning directors and public health directors to discuss the influence of planning decisions on community health outcomes – December 1, 2006

To carry out its mission, BARHII has organized its work into a Practice Committee and Internal Capacity Committee.

The Practice Committee is where health department staff re-examine the work they do with communities and other partners to change conditions that contribute to health inequities. It is divided into work groups that focus on the Built Environment; Communities and Schools (forthcoming). A media advocacy component is infused throughout the work groups in order to develop better communications strategies. In addition, a Data Work Group is focused on developing the epidemiological capacity to support this expanded practice.

Internal Capacity Committee

The primary focus of the committee is the development of trainings on health and social justice, and on building the capacity of local health departments to address health inequities.

Committee members have been developing and implementing strategies to change the organization and culture of local health departments to better address health inequities and create healthy communities. These strategies include staff training, peer consultations, leadership development, increasing workforce diversity and promoting cultural competence.

Scope of work:

- Research and staff training on best practices in combating health inequities, with a particular emphasis on the role of public health departments in fostering social justice, building community capacity and identifying the social determinants of health
- Highlighting elements of community-based public health practice and work on health inequities
- Promoting organizational development strategies consistent with community-based approaches to public health



In anticipation of the launch of the BARHII Community Work Group health department staff discuss the challenges of engaging communities at a regional workshop on Community Engagement—January 31, 2007

Data Work Group

In April 2006, BARHII launched the Data Work Group, comprised of epidemiologists from member health departments. The work group is charged with elevating the standard of measures of health inequity and providing the evidence to support a practice that goes beyond the boundaries of traditional approaches. Working together, members have developed a conceptual framework (see website: www.barhii.org) that more effectively illustrates the connection between social inequalities and health. The group is particularly interested in measures that have not characteristically been within the scope of public health department epidemiology. This work will ultimately strengthen the evidence base legitimizing new intervention strategies for eliminating health inequities.

Current projects include:

- Regional Social Gradient analysis
- Matrix of health indicators for neighborhood social environments

Built Environment Work Group

Land use and transportation decisions have a huge impact on quality of life and the conditions that shape the health of a community. Sprawl and decaying urban cores, goods movement, transportation hubs and corridors, open space, jobs/housing balance, proximity to essential services, public transportation and many other aspects of the built environment are appropriate concerns for public health.

BARHII has established a Built Environment Work Group to help individual health departments learn from each other's experiences working with local planning agencies, and to develop regional strategies to help make that work more effective.

Scope of work:

- Targeted meetings between public health officials and planning directors to develop relationships and strategies for incorporating public health considerations into land use decisions
- Participation in regional planning processes to prioritize health equity