HEALTH EQUITY AND COMMUNITY ENGAGEMENT REPORT

ALAMEDA COUNTY

Project Description

The Bay Area Regional Health Inequities Initiative (BARHII) is a collaboration of public health directors, health officers, senior managers and staff from eleven of the San Francisco Bay Area local health departments (LHDs), including Alameda County. The BARHII LHD membership formed to collectively address the factors that contribute to egregious differences in life expectancy and health outcomes between different socio-economic and racial groups in the region. The mission of BARHII is to: *Transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.* As Margaret Whitehead of the World Health Organization defines it, *"Health inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust."* BARHII focuses its work on how public health departments can address upstream, structural and social factors that create and perpetuate health inequities. The BARHII Framework[1] describes the problem areas addressed by a continuum of public health practice ranging from cataloguing causes of mortality and disease management on the right side to addressing more upstream social inequalities such as racism and class inequality on the left side.

BARHII's goal of transforming public health practice is carried out by an in-kind committee structure made up of LHD staff members, one of which is the Community Committee (CC). The CC supports member health departments as they attempt to forge new strategies for community engagement and capacity building to address the broad range of conditions that contribute to poor health, and to establish relationships that can be sustained over time. From 2009-2011, BARHII staff and LHD members

1 BARHII Framework in Action: http://www.barhii.org/programs/download/conceptual_framework.pdf

of the CC conducted qualitative assessments in seven local health jurisdictions (LHJs), in some cases, including focus groups with public health department staff and leadership as well as site visits and focus groups with a few LHD-selected community agencies that have experience working with the local health department. At the start of this project, the CC worked with participating LHDs to select community agencies which collectively would provide a broad, representative sample of both demographic and geographic populations around the Bay Area. In the process of producing a Regional Summary of the data from all seven participating LHJs, BARHII also developed individual LHJ reports, such as this one for Alameda County. Therefore, the below three agencies were chosen for Alameda County site visits with a regional view in mind and for their specific and unique experiences working with Asian Americans, youth development, and re-entry programming. This report includes a summary of analyzed results from qualitative data collected in Alameda County in March 2010 at site visits with the following community agencies:

- Healthy Oakland (HO) - A faith-based non-profit organization founded to address and remedy the health inequities and escalating violence that plague the communities of the San Francisco East Bay (http://healthycommunities.us)
- East Bay Asian Youth Center (EBAYC) - A community-building organization dedicated to inspiring young people to be life-long builders of a just and compassionate multi-culutural society (http://www.ebayc.org)
- Youth Uprising (YU) - A center in East Oakland dedicated to community transformation powered by the leadership of youth (http://www.youthuprising.org)

This report describes key themes that emerged in discussions from the three focus groups and site visits conducted. The data results presented show local priorities in health inequities and social conditions as well as highlight best practices and lessons learned related to (1) public health and community agency collaborations and (2) how health inequity concerns are being addressed in the Alameda County.

Social Determinants of Health Inequities in Alameda County

Healthy Oakland, East Bay Asian Youth Center and Youth Uprising each began their work to address health inequities that exist in East and West Oakland. A common theme emerged declaring *"the same type of freedom and exposures and opportunities that Montclair and Oakland Hills have, (the) young people and families in West Oakland and East Oakland should have."* The discussions during the site visits identified the following persistent environmental and social conditions that impact health inequities in parts of Alameda County and demonstrate that where people live impacts their health and their daily lives.

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Crime and Violence

The three participating community agencies were founded during times of escalating murders, crime and violence in their East and West Oakland neighborhoods. Since homicide is the leading cause of death for people between the ages of 15 and 24 year olds in Oakland, a participant asked *"Can you imagine that for children who live here every single day?"* Robberies, exposure to prostitution and drug activity cause community

members to feel unsafe. This also impacts the growth and development of the neighborhoods. Too often, crimes cannot be solved because of a lack of trust between the community and those that work in public safety. In many neighborhoods, crime and violence have become a way of life. One community agency staff participant commented: *"We hear about our daughters prostituting… and we won't do anything because we have been so desensitized to what's going on in our society."*

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Lack of Employment Opportunities

According to participating agencies, East and West Oakland neighborhoods have shifted economically because of diminished job opportunities. Changing land-use policies caused an exodus of industry and commerce and the elimination of the high-wage, low-skill jobs that residents relied on. Many youth are born into Oakland neighborhoods where unemployment is a given for them and their parents and the lack of job opportunities can lead to an increase in crime. A pastor who works with offenders asks a group of men *"Let me see a show of hands, 'Who wanted to be a murderer when you were younger?' No hands go up. 'Who wanted to be a pimp? Who wanted to be a prostitute? Who wanted to do these things?' We see that the values of our challenged and at-risk citizens are the same values that we have, it's just that the opportunities are less."*

Lack of Role Models

One great obstacle youth face in East and West Oakland is a lack of role models, according to participating agencies. Many youth don't have parents at home and many youth are raising younger siblings. Some kids are second and sometimes third generation un-parented. Many of the youth and young adults have never had father figures in their lives. For some, their father figure has been the dope dealer or the pimp, and they don't know what a relationship with a parent really is. A great percentage of youth in the low-income communities have been taken from their homes and placed into foster care. Too often, children in foster care and living in these neighborhoods have been exposed to violence and crime as a way of life.

Racism

The history of racism and segregation in Oakland has affected the economics of the neighborhoods along with the health and safety of the community. A community agency participant states: *"Go ahead and be a Black man or Latino man in this neighborhood and see what your health outcomes are."*

In Alameda County, African American and Latino men are more likely to have less education and lower wage jobs than White men. Participating agencies spoke to a history of betrayal and abuse, segregation and institutional racism. There is also distrust of health systems in the African American community, including getting medical tests done and feeling unsafe about divulging information to the government, in part based on historical, unethical abuses and an exploitation of people's personal rights and information.

Lack of Access

In low-income neighborhoods of Alameda County there are more liquor stores than places to access fresh food. These environmental conditions and the resulting increased consumption of processed, high-fat and fast foods have contributed to obesity in youth and adults in these areas. In addition, some of the school playgrounds in East and West Oakland don't have adequate play structures. Residents who don't feel safe in their own neighborhoods won't leave their homes to walk or exercise because of fear.

Best Practices in Health Equity and Community Engagement of Local Community Agencies

The Community Agencies interviewed have an awareness of the historical context of their neighborhoods from which to build their programs. They rely on community input and participation to address health inequities. Outlined below are some of the "best practice" strategies used by and highlighted by the three participating agencies.

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Building Relationships and Community Capacity

The strength of each agency is based on a shift from a direct service model to a community building model which recognizes that fixing individual behaviors is not enough. They work to build trust with individuals, inspire them to participate and share concerns and ideas that affect their community. Youth and adults have a voice and become engaged in building programs *"by the community for the community"* that address the health inequities affecting their neighborhoods. The community agencies also mentor adults and youth who are former and current program participants, including those who are formerly incarcerated. A participating community agency staff member commented: *"We meet people where they are. We don't judge by what they've done in their past."* The agencies invest in giving community members leadership roles and, when possible, employment opportunities. Those who engage in the programs become the face of the organization and take part in the decision-making process. At one agency, at least one third of the current staff are youth who had participated in their program, graduated college and have gone back to the agency to work as mentors.

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Community-led Program Development

Each agency was created and has evolved from utilizing results of community assessments, listening campaigns and surveys. Agencies have engaged community members in program planning, as well as connecting and mobilizing for a common cause to become advocates for change. They base the needs of the community from a grassroots perspective and bring people out of their homes to meet each other and connect. Residents discuss their concerns regarding a variety of issues and strategize to improve things such as neighborhood violence, educational opportunities for adults and youth, access to fresh food, healthcare, pollution, affordable housing, barriers for immigrant communities to access public resources and a lack of safe public space for outdoor activities.

Community assessment results have shaped the work of each agency by transforming their programming, advocacy efforts and decision-making. Community concerns regarding a lack of educational support and activities for youth have led all three agencies to create after-school, summer and/or evening programs that include community leadership training. One agency remarked, *"We are not in the business of simply just helping young people."* The programs were created with youth input to motivate them to not only excel and complete their education but also to be inspired to engage in personal and community transformation.

At one agency, a youth remarked *"I wasn't a community activist before we started doing this."* The after-school and evening programs have contributed to the reduction of violence in the neighborhood while programs are in session.

The community assessments also identified the need for programs that serve adults and youth on probation or those who are incarcerated. Not only do the participating agencies provide resources, they have also created opportunities for employment. Half of the employees at one agency interviewed are formerly incarcerated and have been given opportunities to mentor others. Concerns of neighborhood violence have led participating agencies and community members to organize violence prevention workshops that include dialogue between the Oakland Police Department and community members. With assistance from participating agencies, parents and residents who have lost family members to homicides turn their grief to advocacy for violence prevention. One agency participant explained: *"Our strengths have always been the fact that we are able to connect to families, and we are able to mobilize residents to work toward a common cause."*

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Collaboration and Partnerships with Government Agencies

The community agencies that participated in the site visits recognize the importance of taking on the role of bridge-builder between the residents and government agencies. They assist community members to gain opportunities for partnerships with all levels of government. The community agencies have worked with residents to *"teach people the language and landmines of the public system partnerships."* One participant remarked, *"Although the government agencies often have resources, it doesn't mean they have the answers to the problems the community is facing."* As a result, government agencies succeed when working with community agencies that are on the ground, working directly with the families and have the cultural, language and historical understanding of their community. Each community agency interviewed has been working to address concerns of crime and violence that attribute to the health inequities in the neighborhoods they serve. They have helped to foster dialogue between youth and adult residents and police officers, promoting an understanding of the issues and mutual respect. The agencies have also partnered with the probation department to assist re-entry youth and adults to participate in community violence prevention programs. The faith community – which has a long history and a unique ability to connect with and mobilize residents – has also taken an active role in partnering with police, health department and elected officials to address health inequities in their neighborhoods. One participant stated: *"We knew that we had to address the murders and the violence in this City, and that we all would become better educated on how we need to partner with government."* One agency interviewed worked with youth advocates, community members and the City of Oakland to create bike lanes in areas of East Oakland. In addition, the creation of affordable housing units in Oakland was achieved through community advocacy with public officials and private developers. It is understood by the participating agencies that: *"Well, if we're going to address all of Oakland's escalating problems, then we can't do it by ourselves."*

Collaboration and Partnerships with Public Health

When asked about their relationship with Alameda County Public Health Department (LHD), a community agency representative commented *"I don't think the question is about whether or not you're in a relationship; I think the question is what kind of relationship are you in?"* The participating agencies shared their achievements in partnering with the LHD to reduce health inequities. The collaborations with the LHD have helped establish health care clinics to underserved populations in East and West Oakland for residents who had trouble accessing care due to cost, as well as a lack of both transportation and insurance.

The clinics provide general health care and mental health services to underserved youth and adults including individuals who were formerly incarcerated. Concerns of chronic disease in the faith-based community have lead to partnerships with the LHD to include health screenings, chronic disease prevention seminars, as well as physical fitness and nutrition programs that serve the community residents, some of whom are indigent and/or homeless. The LHD Urban Male Health Initiative has partnered with community organizations to offer health screenings and leadership skills for young urban males, in addition to relationship classes for fathers on probation or parole. To address the lack of healthy food access in East and West Oakland, one agency collaborated with the LHD and Oakland Unified School District to create school-based community produce markets. The LHD also shares local data with agencies to help them understand their own community. A community agency staff commented, *"The LHD makes data available and accessible and I can tell you that it's been invaluable for me as a community person."*

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The participating community agency participants have received technical assistance from the LHD as well as assistance to leverage funding to accomplish their health equity One participant reflected on an experience where his organization learned from the LHD how to create strategic plans and improve communications with funders: *"We are fortunate to have a relationship with public health and we've become one with one voice to work together."*

Challenges in Health Equity and Community Engagement Practice

Participants mentioned that some government agencies, including the LHD, do not have a relationship with residents or some key community organizations. Not only can there be a lack of a relationship but also a lack of trust. One community staff member commented: *"The grassroots organizations, the grassroots people who have been doing this work, don't want to be a part of the systemic process, but they want to be a part of the transformation. And so we have to find a way to partner to work with them so that we can have a healthy holistic community."* The LHD and government agencies need to trust the process of working with grassroots organizations and the expertise they bring to the table. The community agencies emphasized the need for the LHD and other government agencies to listen to the community for input into the identification of key issues and the creation of strategies for community capacity building to move forward with health equity work. It can be a challenge for community agencies to streamline their strategic planning, reporting and communications, but with technical assistance from the LHD and other government agencies, they can work more

efficiently to comply with requirements for funding. The improved competence in business practices and navigation of the systems can lead to expanded community agency, LHD and other government collaborations. Also, the participating community agencies stated that health inequities have become commonplace in low-income neighborhoods and challenges occur when community members, LHD and other government agencies become overwhelmed and desensitized to these issues.

Recommendations

In summary, the main themes that emerged as challenges or areas for improvement for the LHD and other government agencies related to increasing health equity and community engagement include:

1. Build meaningful, on-going relationships with community members and community-based organizations in public health planning to reduce health inequities;
2. Assist grassroots organizations in the development of systems to work effectively with public health and other government agencies;
3. Invest in long-term capacity-building of community members and train them to understand the culture of public systems to affect policy and environmental changes;
4. Continue to identify the issues causing health inequities without becoming desensitized and collaborate in sustainable ways across sectors and with communities to reduce them.

The results summarized in this BARHII report are based only on the qualitative data from three focus groups with LHD-selected community agencies in March 2010. In order to more completely assess the strengths and areas for improvement in the efforts of the LHD to increase health equity and community engagement, BARHII recommends the implementation of the Organizational Self-Assessment for Addressing Health Inequities Toolkit. This toolkit, available as a free PDF download (http://www.barhii.org/resources/toolkit.html), includes information on how to assess and work to improve both the organizational and staff capacity to better address health inequities.