The information presented represents the ideas, hard work, and expertise of many Alameda County Public Health Department Staff, partners, and community members.
Overview

- My journey

- Alameda County Public Health Department’s (ACPHD) approach

- Lessons learned
My Journey

- Abualitos

- Cross-disciplinary
  - race/ethnicity
  - of children

- Walls turned sideways
  - Angela
  - Davis

- Building capacity

- India
- Brazil
- USA
- Canada
- Ecuador
- USA-West

- Dr. Leonard

What Does **Leadership** Mean to Me?
Why do we focus on health equity?

Our Mission:

• 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.
Compared to a White child in the affluent Oakland Hills, an African American born in West Oakland is...

- **1.5 times** more likely to be born premature or low birth weight
- **2.5 times** more likely to be behind in vaccinations
- **5 times** more likely to be hospitalized for diabetes
- **7 times** more likely to be born into poverty
- **4 times** less likely to read at grade level
- **2 times** more likely to die of heart disease

Cumulative impact:
15 year difference in life expectancy

Racism, Place, and Income impact health
Health inequities are “differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.”

-Margaret Whitehead
Department of Public Health
University of Liverpool
Health equity is “achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experience socioeconomic disadvantage or historical injustices [such as racism].”

-Healthy People 2020
Why have health benefits not been experienced equally across population groups?
A Framework for Health Equity

**UPSTREAM**

- Discriminatory Beliefs (isms)
  - Race
  - Class
  - Gender
  - Immigration status
  - National origin
  - Sexual orientation
  - Disability
- Institutional Power
  - Corporations & other businesses
  - Government agencies
  - Schools
- Social Inequities
  - Neighborhood conditions
    - Social
    - Physical
    - Residential segregation
    - Workplace conditions

**DOWNSTREAM**

- Risk Factors & Behaviors
  - Smoking
  - Nutrition
  - Physical activity
  - Violence
  - Chronic Stress
- Disease & Injury
  - Infectious disease
  - Chronic disease
  - Injury (intentional & unintentional)
- Mortality
  - Infant mortality
  - Life expectancy

- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008
When the External Becomes Internal

How Health Inequities Get Inside the Body

Physical and Mental Health Impacts

- Transportation
- Poor air quality
- Segregation
- Housing

Stress

Increased commute times
Lack of access to stores, jobs, services
Crime
Poor quality Education
How is ACPHD working to achieve health equity?
ACPHD’s Approach to Achieving Health Equity

- Policy Change
- Institutional Change
- Community Capacity Building

Programs

Services

Data and Research

HEALTH EQUITY
Community Capacity Building: Community Identified Projects

**Sobrante Park**
- Improve Tyrone Carney Park/streetscape
- Reduce drug dealing and violence
- Create more positive activities for youth activities
- Prepare the neighborhood for disasters

**West Oakland**
- Renovate Durant Park
- Reduce blight
- Create a continuum of improved and connected youth services & employment
Successes: Community Capacity Building

↑ Meaningful opportunities for participation
↑ Civic participation
↑ “Social Capital”
↑ Improved built environment
  ↑ Emergency preparedness
  ↑ Cleanliness

↓ Community deterioration
↓ Blight
↓ Lower crime (in SP)
ACPHD’s Approach to Achieving Health Equity
The Alameda County Place Matters team promotes health equity through a community-centered local policy agenda focused on education, economics, criminal justice, housing, land use, and transportation.
Strategic Direction #5: Advocate for policies that address social conditions impacting health

Place Matters

Internal Policy Trainings and Staff Support:
- Health Impact Assessment
- Public Policy Interns
- Bay Area Regional Health Inequities Initiative
- BBUs: ballot issues, health care reform, housing, tax policy, climate chaos, & more
**Successes: Policy Analysis & Advocacy**

- **Connections that improve services**
- **Encourages & inspires staff**
- **Helping to change policy outcomes**
- **Application of policy analysis methods to other ACPHD issues**
- **Increasing awareness of role of public health in social change**
- **Strengthened partnerships**
- **Building cross-divisional collaboration**
ACPHD’s Approach to Achieving Health Equity

Programs: Institutional Change, Policy Change

Services: Community Capacity Building

Data and Research: Health Equity

Diagram showing the interconnections of programs, services, and data and research.
ACPHD Strategic Plan for Health Equity

1. Transform our organizational culture and align our daily work to achieve health equity.

2. Enhance Public Health communications internally and externally [to achieve health equity].

3. Ensure organizational accountability through measurable outcomes and community involvement.

4. Support the development of a productive, creative, and accountable workforce.

5. Advocate for policies that address social conditions impacting health.

6. Cultivate and expand partnerships that are community-driven and innovative.
Staff Capacity: Root Causes of Health Inequities

Public Health 101

Module 1: History of Public Health & the Public Health System

Module 2: Cultural Competency and Cultural Humility

Module 3: Undoing Racism

Module 4: Social and Health Equity

Module 5: Community Capacity Building

ACPHD Internal Trainings and Staff Support:

- Strategic Planning process & implementation
- All-staff meeting: speakers, spoken word, films
- BBUs
- Unnatural Causes screenings

Leadership and Management Fellows
Strategic Direction 1: Transform our organizational culture and align our daily work to achieve health equity

Goal 3: Expand staff understanding of “isms” and health equity.

Internal Isms Trainings and Staff Support:

- PH 101
- Place Matters Orientation
- BBU
- Leadership and Management Fellows
- Strategic Planning Institutional Racism Discussions
- CAPE ISMs Discussions
- Workshops with Dr. Kenneth Hardy, Dr. Camara Jones

Photos: www.pbs.org/race, www.unnaturalcauses.com, wwwpsychotherapy.net/interview/Kenneth_Hardy
Successes: Internal capacity

- Tools, resources, and techniques
- Assessing CAPE unit
- Growing activities and infrastructure
- Growing capacity to facilitate difficult conversations
- Regularly part of conversations across ACPHD
- Incorporating into workgroups
- Individual growth and development
- Staff connections across programs
- Culture Club
ACPHD’s Approach to Achieving Health Equity

- **Data and Research**
  - Policy research
  - HIA research
  - Health Equity Report
  - Testimony research
  - Power analysis
  - Research on social determinants of health

- **Programs**
  - Tracking disparities
  - Life Course Initiative
  - Measure A
  - Home visiting programs
  - Measuring Success

- **Services**
  - Door-to-door surveys
  - Community-Based Participatory Research
  - Surveillance
  - Qualitative methods
  - Social capital

- **Institutional Change**
  - All staff survey
  - Interviews
  - Community forums
  - Institutional Racism discussions
  - Social justice dialogues

- **Community Capacity Building**
  - Policy Change
  - Programs
  - Services

**HEALTH EQUITY**

- Policy Change
- Program
- Service
ACPHD’s Approach to Achieving Health Equity

Programs
- Policy Change
- Institutional Change

Services
- Community Capacity Building

Data and Research
- HEALTH EQUITY
Chronic Disease Prevention and/or Obesity Prevention Funding

- Equity focused RFP including health inequity data
- 2 info sessions focused on health equity
- Call for socio-ecological solutions
- Inclusive & transparent review panel
- Support & feedback for those who didn’t receive the grant
- Additional capacity building support is needed
Lessons Learned as an Organization

- **Build** partnerships with different sectors and residents
- Constantly **reflect** on difficult issues
- **Create** communication loops to hear positives and negatives
- **Stay focused** on vision while breaking it into smaller steps
- **Engage** diverse staff & **support** hiring for diversity
- **Show** long term commitment
- **Invest** in building staff capacity
- **Address** interpersonal and institutional “-isms”
- **Be open** to conflict – it’s okay to be uncomfortable
Personal Lessons Learned

- Bridging across sectors/groups
- Long term view
- Flexibility
- Both/and thinking
- Reflection
- Self-care
- Staying inspired!
GETTING UNDER THE SKIN: USING KNOWLEDGE ABOUT SOURCES OF HEALTH INEQUITIES TO SPUR ACTION
CHARLES HAMILTON HOUSTON INSTITUTE FOR RACE AND JUSTICE • RESEARCH-IN-ACTION BRIEF • MAY 2009

“...If you catch the metro train in downtown Washington, DC, to suburbs in Maryland, life expectancy is 57 years at the beginning of the journey. At the end of the journey, it is 77 years. This means that there is a 20-year life expectancy gap in the nation’s capital, between the poor and predominantly African American people who live downtown, and the richer and predominantly non-African American people who live in the suburbs.”

—Michael Marmot, Chair of the World Health Organization’s Commission on Social Determinants of Health.

“Compared with a White child in the Oakland Hills, an African American born in West Oakland is 1.5 times more likely to be born premature or low birth weight, seven times more likely to be born into poverty, twice as likely to live in a home that is rented, and four times more likely to have parents with only a high school education or less. As a toddler, this child is 2.5 times more likely to be behind in vaccinations. By fourth grade, this child is four times less likely to read at grade level and is likely to live in a neighborhood with twice the concentration of liquor stores and more fast food outlets. Ultimately, this adolescent is 5.6 times more likely to drop out of school and less likely to attend a four-year college than a White adolescent. As an adult, he will be five times more likely to be hospitalized for diabetes, twice as likely to be hospitalized for and to die of heart disease, three times more likely to die of stroke, and twice as likely to die of cancer. Born in West Oakland, this person can expect to die almost 15 years earlier than a White person born in the Oakland Hills.”

—The Alameda County (California) Health Department.

spite of this knowledge, pre and research continue to overlook the gap that should do, for example, in treatment regimens. But given that social conditions on health and health outcomes are the same, individuals to change requires a solution. Meanwhile, the ‘social determinants’ implies, the question of who if not us as action is still too often unanswered.

This brief has two purposes. First, to break knowledge from the science of health into the “social determinants” arena into a way to explore how to best develop and create policy and programs that can address the needs of communities of color. With a strong foundation for community groups, and new medical and public health inspired a variety of peers, the social determinants of health knowledge and data field. At the end of this brief are recommendations, as well as additional resources for community advocates and others working to improve health outcomes for people who live in neighborhoods and communities.

Segregated and Sick

Unanswered questions remain about exactly why people in high poverty neighborhoods are more likely to get and stay sick. But a growing body of work in social determinants of health suggests that residential racial and ethnic segregation — in part the result of racial discrimination — sits at the beginning of a long, twisted chain of conditions...
“Do not go gentle into that good night.  Rage, rage against the dying of the light…” Dylan Thomas

The light is going out in thousands of foreclosed homes in our midst...We should support the ACPHD and Just Cause Oakland for speaking out against a foreclosure crisis that is threatening entire communities. They are fighting against the dying of the light.”
Resources

- Alameda County Public Health Department’s Health Equity Web page: [www.acphd.org/healthequity](http://www.acphd.org/healthequity)
- Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County [www.acphd.org/user/data/DataRep_ListbyCat.asp?DataRepdivId=2&DataRepdivcatid=62](http://www.acphd.org/user/data/DataRep_ListbyCat.asp?DataRepdivId=2&DataRepdivcatid=62)
- Unnatural Causes: [www.unnaturalcauses.org](http://www.unnaturalcauses.org)

**UNNATURAL CAUSES**...is inequality making us sick?
A four-hour series airing on PBS and a national public impact campaign
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