ALAMEDA COUNTY DEPARTMENT OF PUBLIC HEALTH

Building Internal and External Capacity to Address Inequities in Health

Alameda County experiences severe disparities in health outcomes and related disparities in education, poverty level, and housing. The depth of these disparities was first documented in the *Alameda County Health Status Report (CHSR) 2000*, and reiterated in the subsequent 2003 and 2006 Status Reports. In 2006, the CHSR found that, among a number of other disparities, African Americans bear the greatest burden of inequities across the county, and experience higher rates of illness and death from heart disease, stroke, cancer, asthma, injury, violence, and other causes. In the report, Alameda County Public Health Officer Dr. Anthony Iton described the "worsening social inequities" that "have profound and direct consequences on…residents' health," and stated that "it is clear that new strategies and solutions are desperately needed."

Neighborhood Committees have served as the primary structures for community capacity building activities.

Data from the CHSRs have sparked debate among residents and policy makers, and guided the Alameda County Public Health Department (ACPHD) leadership to accelerate conversations about broadening the department's efforts to work more closely with community partners to address the social conditions that create health inequities. In 2006, Dr. Iton created a new position titled Deputy Director of Planning, Policy, and Health Equity in order to focus on the department's efforts to address social inequities and health disparities—specifically on developing and evaluating local policies and their impact on health. Developing local data on social and health conditions and working with communities to identify actions that address health inequities can lead to a better alignment of county activities with community priorities. As of 2008, the Department is in the midst of a participatory strategic planning process to identify ways that it can work with residents, community-based organizations, and government agencies to address the social, political, and economic determinants of health.

THE PLACE: ALAMEDA COUNTY, CALIFORNIA

Alameda County occupies most of the East Bay region of the San Francisco Bay Area. The county has a total area of 821 square miles, of which 738 square miles is land and 84 square miles (10.2%) is water. As of the 2000 Census, there were 1,443,741 people, 523,366 households, and 339,141 families residing in the county. The population density was 1,957 people per square mile (756/km²). Alameda County's popu–

lation is 38% Caucasian, 14% African American, 25% Asian American, and 21% Latino, and 1% Native Americans About 8% of families and 11% of the population were below the poverty line, including 14% of those under age 18 and 8% of those aged 65 or over.

Oakland is the county seat and the political and economic hub of the county. Oakland has a population of 420,000 and, with over 150 languages spoken, is one of the most ethnically diverse cities in the United States.

THE PROBLEM

Data revealing large economic, racial, and geographic health disparities in Alameda County communities, along with a vision that the county be responsive to community needs motivated ACPHD leaders to more fully adopt a community capacity-building approach. According to Dr. Sandra Witt, ACPHD Deputy Director of Planning, Policy, and Health Equity, this meant delving into questions like, "What are the priorities that the community is defining? What is the evidence and data supporting those priorities? Who are the key players? and What are some of the assets in those neighborhoods? And then working with [the community] … to create some real change." The challenge was to build capacity at the community level while simultaneously transforming the department to focus more explicitly on equity and to be more responsive to community priorities in the delivery of services.

THE PROJECT

Reorientation toward health equity and community conditions magnified the need to partner with residents in new ways. Dr. Witt states that "going deeper into communities" was seen as essential to creating effective community change. It would also necessitate the ambitious tasks of both transforming ACPHD as an institution and engaging other agencies in advancing community capacity-building approaches and building partnerships with residents.

ACPHD initially began the attempt to build community capacity through community health teams in 1999. The idea was that these teams, consisting of public health nurses and community outreach workers, would provide services and respond to perceived needs and priorities identified by the department through analysis of indicator data as well as by community residents. The categorically funded service-delivery portion of the work left little time for working on community identified priorities. In the years since the community health teams were initiated, the department has refined its approach to community capacity building in terms of goals and planning, data collection, staff activity, and communicating results.

THE PROCESS

ACPHD began to pilot an "intensive place-based community capacity-building strategy" with communities in South Hayward and Livermore. In both communities, public health staff worked in partnership with collaboratives of local activists to assess community capacity and departmental impact and to develop a vision and indicators of community change. In both cases, local expertise and leadership were engaged at every step and local residents were enlisted to design survey instruments and to collect and analyze data.

Based on the success in those two communities, in 2004, ACPHD participated in the formation of the City-County Neighborhood Initiative (CCNI), in partnership with the City of Oakland, neighborhood resident groups, community-based organizations, the Oakland Unified School District, and the University

Resident Action Council (RAC) leader canvasses for new members in Sobrante Park, East Oakland.

of California, Berkeley. Using existing local data about crime and violence, the City of Oakland identified two areas where agencies were to focus their efforts: the Hoover Historic District of West Oakland and Sobrante Park in East Oakland. CCNI had four primary objectives:

1. Achieve concrete improvements in people's lives
2. Empower residents to speak and act effectively on their own behalf
3. Alter the power relations so that institutions are accountable and responsive to the community
4. Build grassroots organizations that can leverage the power of the community

In partnership with a core group of stakeholders, public health staff developed a participatory survey of community issues, priorities, and indicators of success. Measured indicators included: demographics, opinions on neighborhood qualities and potential improvements, social capital, perceived safety, and perception of city responsiveness to community needs. In developing the survey, the group first discussed what defined a healthy community. "Immediately, people go to social determinants of health," Witt explains. "They talk about access to foods, and safety, opportunities for their children. One of the things we've learned is that communities define health in a broad way. We are the ones that in the past have defined health as health care. We also have to frame health in that broad way."

After collecting and analyzing the results, ACPHD held community forums in Sobrante Park and West Oakland to discuss the findings and identify action priorities. Dr. Witt explained that "the data really came from the community… it's their data and priorities that are driving the process." Residents then participated in prioritizing their concerns, organizing central topics, and strategizing short- and long-term goals. In Sobrante Park, residents identified three priority areas: improve Tyrone Carney Park and the surrounding Streetscape, reduce drug dealing and violence, and create more positive youth activities. After Hurricane Katrina, Sobrante Park added the priority of disaster preparedness. Residents of the Hoover Historic District in West Oakland chose to address neighborhood blight, renovating a local park (Durant Park), and also prioritized addressing youth needs—by creating improved and connected youth services and employment.

THE PRODUCTS

Local Capacity

Resident Action Councils (RAC) and Neighborhood Committees have served as main structures through which community capacity-building (CCB) activities are organized and implemented in Sobrante Park and the Hoover Historic District. Residents participating in the RACs have engaged in monthly meetings to discuss issues, engage in cultural sharing, learn about City/County resources, and receive training on various topics. Additionally, partnership development efforts have been coordinated through Core and Leadership Teams—groups of representatives from the various CCB partners that meet monthly to coordinate work and strategies in Sobrante Park and West Oakland. Along with progress on short- and long-term goals, Dr. Witt points out, "Measurements of collective efficacy, sense of control, political engagement, civic engagement, and other similar factors" are assessed regularly. These factors are indicators of community capacity building in general as well as community capacity to address the social determinants underlying health disparities.

Departmental Strategic Plan

Spurred by the alarming inequities revealed in the *2006 Health Status Report* data (such as increasing concentration of wealth, decreasing affordability of housing, increasing school segregation, and a disproportionate growth in non-living wage jobs), ACPHD developed a six-part, five-year strategic plan that strives to:

- transform the organizational culture and align daily work to achieve health equity,
- enhance Public Health Communications internally and externally,
- ensure organizational accountability through measurable outcomes and community involvement,
- support the development of a productive, creative and accountable workforce,
- advocate for policies that address social conditions impacting health, and
- cultivate and expand partnerships that are community-driven and innovative.

Grounded in the realities of particular communities, and by using community health indicator data to monitor progress over time, ACPHD aspires to frame health in broad terms, build staff capacity, strengthen their relationship with the community, and build a local policy agenda around the determinants of health.

Public Reporting

In 2008, ACPHD released *Life & Death from Unnatural Causes: Health & Social Inequity in Alameda County*, a comprehensive look at inequities in health outcomes, education, housing, transportation, criminal justice, and access to health care, healthy foods and physical activity. Each topic includes not only extensive indicator data describing the current conditions but also a set of proposed policy recommendations. The indicators contained in the report paint a stark picture of neighbor-
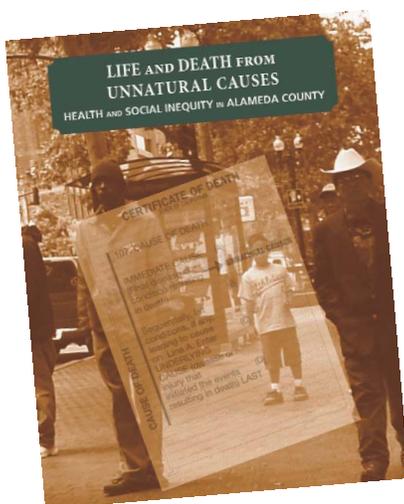
Neighborhood Committee after completing streetscape improvements at Tyrone Carney Park

hood and racial inequity and received significant media coverage, including front page stories in the two major local papers, the *San Francisco Chronicle* and the *Oakland Tribune*. The report itself is a very public expression of the department's priorities, the type of data that will be monitored over time, and the focus on health equity.

THE PEOPLE AND PARTNERS

In Sobrante Park and the Hoover Historic District, partnerships between agencies, including the police department, local schools and the City of Oakland, were crucial to engaging residents in the process of collecting data and identifying priority community needs, and also created greater opportunities for implementing solutions to those needs. For example, partnership with the City was critical in order to clean and maintain Durant Park, to set up a community bulletin board, and to plan and implement other alterations to the physical environment, such as the removal of a roundabout and working with the city to hire an architect to design streetscapes. Other critical partners included neighborhood residents, community-based organizations, neighborhood associations, the local school, faith organizations, and other government agencies such as the police department and the mayor's office. Similar partnerships have been a goal in all community-based work that ACPHD has initiated. In fact, the department knew that the commitment and cooperation of other public agencies would be re-

quired to implement solutions identified by residents, so they chose to focus on specific neighborhoods because of strong existing relationships that could be transformed into partnerships.

THE RESULTS

Several productive outcomes emerged from this movement toward community conditions, community capacity building, and engaging residents in a strategic planning process.

Resident involvement

The neighborhood-based community capacity-building approach initiated by ACPHD developed local leadership (as demonstrated through the leadership programs and resident action councils), increased community cohesion and efficacy (with time-banking and various advocacy efforts), equipped residents with the skills and connections to advocate effectively, and fostered youth leadership. These results served to create the necessary infrastructure that, with ACPHD's involvement, will continue to advocate for change. As Dr. Witt asserts, the department was fortunate to have leadership that was "serious about going deeper into communities, and working with and—most importantly—sharing power with communities."

Venues for change

Community forums—sponsored by the Supervisor of each District and the ACPHD and held in various parts of the county—provide a venue for the strategic planning and communication processes. The forums begin with a presentation from Dr. Iton, on health inequities, the ways in which neighborhood conditions influence health and the distribution of health. ACPHD staff members then facilitate a community visioning session and solicit input on the scope of ACPHD's responsibilities, what actions community residents would like to see the department take, and how ACPHD can be most responsive to the needs of residents in creating healthy communities.

Internal action

As ACPHD began to address the community conditions for health, the department also initiated inter-

Grounded in the realities of particular communities, and by using community health indicator data to monitor progress over time, ACPHD aspires to frame health in broad terms.

nal dialogues about institutional racism. Through these discussions, the department sought to realign itself to more effectively engage in the process of community change. Additionally, the department decided to develop its policy agenda, and expanded its data collection to supplement existing indicator data focused on social indicators that link economic factors and the physical environment to health outcomes. Also, by providing technical assistance and internal training, ACPHD has sought to infuse its place-based community capacity building approach into more of the department's programs. In addition, all staff are provided with an in-house training program, called Public Health (PH) 101, which includes modules on the history of public health, health inequities and the social determinants of health, institutional racism, and community capacity building. Through partnerships with city government and other agencies, the ACPHD has begun to build momentum for this approach in other disciplines and help catalyze policy efforts.

WISDOM FROM EXPERIENCE

ACPHD's focus on social and health inequities builds on its many years of working with community residents on community priorities and building community capacity. ACPHD has been successful in this by incorporating the following:

Framing health broadly

Framing health broadly and in the context of social conditions allowed ACPHD to engage residents in a proess to identify existing conditions, prioritize solutions, and organize to implement those solutions.

> *Through internal dialogue about institutional racism, the department sought to realign itself to more effectively engage in the process of community change.*

Community involvement

Community engagement was the hallmark of ACPHD's institutional reorganization to address the community conditions for health. To be effective in engaging the community required a leadership dedicated to "going deeper into communities" as well as the commitment of significant time and resources. The example of the community health teams illustrates the need to engage in a full-fledged, place-based strategy instead of tacking community capacity building onto existing funded services.

Partnerships

Creating and maintaining partnerships between the department's staff, neighborhood resident groups, community-based organizations, Oakland Unified School District, and the University of California, Berkeley supported the identification of priorities that accurately reflect community interests and conditions. These critical partnerships ensured that the necessary resources and relationships were in place and ready to implement changes.

Data

Aligning public resources based on data proved to be valuable. Using data as a basis for both discussion and decision making had numerous benefits. These included providing a foundation for comparison over time, establishing benchmarks for multiple public agencies, and creating opportunities for community members to shape the information collected and, in turn, the allocation of resources.

Internal Process

An internal—as well as external—process was necessary for engaging in work targeting social conditions shaping health inequities. ACPHD implemented their in-house training program (PH 101) to demonstrate how community capacity building is an approach that can be incorporated in many programs within the department. ACPHD is working internally to ensure that the department reflects and acts on the ways that racism and other root causes of inequity transpire.

CONCLUSION

The transformation of the Alameda County Public Health Department to address the social determinants that lead to health inequities is notable for its boldness. It is a direct response to the recognition that the organizational mandate—to protect the health of the population of the county—was not being met through traditional means. Significantly, indicator data have played an important role in the transformation. Initially they pointed to the stark inequality in social determinants, contributing to the commitment to change. As the initiative progressed, they used measures of the community's capacity to ensure that the communities were able to act as robust partners in transforming health. Finally, data are used to monitor progress and create accountability. Alameda County is an important example of a public health department striving to address the underlying determinants of health and using indicators as a key tool in informing decision making, changing organizational practices, and monitoring progress.