

ADVANCING HEALTH EQUITY

*Case studies of health equity
practice in four award-winning
California health departments*

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August 2015



- Shasta
- Sonoma
- Alameda
- Los Angeles

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Introduction

Call any local health department in the United States and, chances are, you won't have much trouble finding information on the health problems its surrounding communities face. You might learn that a county's populations of color have higher rates of asthma than white community members, or that its low-income adults are more likely to experience a heart attack. Or you might discover that the region experiences excellent health overall but still struggles with wide differences in life expectancy from one neighborhood to the next.

That's because health departments are increasingly focused on understanding health inequities—unjust differences in health outcomes and longevity that can't be explained by genetics or individual behavior—and how to prevent them. Going beyond public health's traditional purview of infectious disease control and clinical services, many health departments are now exploring how social, economic and political inequalities, all of which are rooted in power differences, are causing some groups to live sicker and die younger than others. These inequalities show up in indicators like education and income levels, rates of violence, and policies and practices that create advantages for some populations and disadvantages for others, based, for example, on race, gender or sexuality.

Health departments' growing emphasis on health inequities echoes the United States' early days of public health, which centered around social reform efforts, such as improving housing conditions, reducing pollution from factories, and eliminating child labor. Health equity is now so widely regarded as important that Healthy People 2020, a federal agenda for improving the nation's health, has revised its overarching goals to include achieving health equity.¹

Yet, at the same time that health equity is gaining traction, state and local health departments across the country are facing budget cuts, leaving them hard-pressed to maintain even basic programs and services, let alone to tackle health inequities and their root causes. California in particular has suffered a significant loss of public health resources in recent years. In 2012, the state received only about \$18 per capita in federal public health funds from the Centers for Disease Control and Prevention and \$23 per capita in grants from the federal Health Resources and Services Administration.² California also lacks a dedicated funding stream to address health inequities; each health department individually has to find resources to create environments that support health.

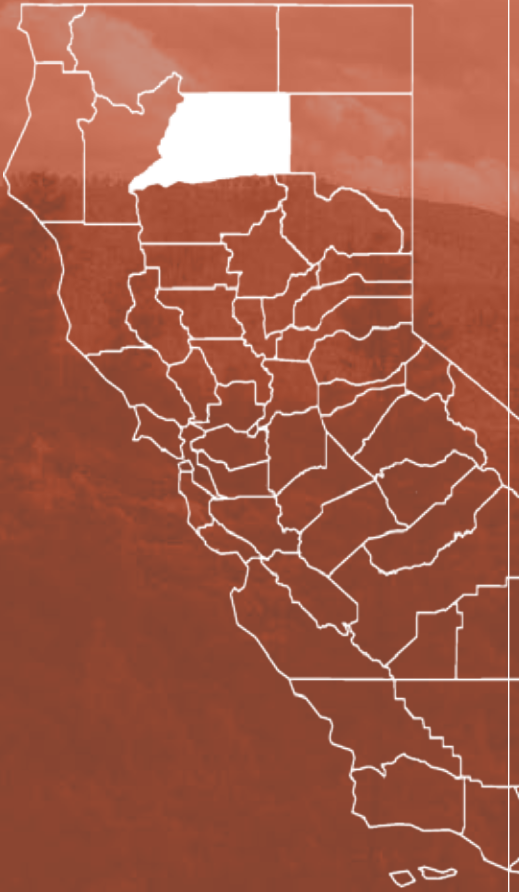
In spite of these challenges, health departments across California are getting creative and finding ways to advance health equity anyway. In fact, health departments in Shasta, Sonoma, Los Angeles and Alameda counties are making such great strides that The California Endowment (TCE) has recently honored them for their work. At a December 2014 gala in Sacramento, TCE presented the four groups with awards as part of a larger effort to recognize and further progress among local health departments—and the organizations and regional coalitions they work with—that are engaging in innovative work to address health inequities. TCE supported a planning committee, which came together both to design the awards and to develop a process for sharing insights from local health departments throughout California. The goal is to help set a new standard of health equity practice among health departments by showcasing effective initiatives that can serve as examples for others to follow, as well as by providing much-needed funds to bolster promising approaches. Three awards came with a companion grant of \$25,000, and one health department—Alameda—took home top honors: the Arnold X. Perkins Award for Outstanding Health Equity Practice* and a grand prize of \$100,000. The following case studies explore what the award-winning health departments are up to—their successes, challenges, vision for the future, and lessons learned in their efforts to ensure health equity.

**To learn more about Arnold X. Perkins, the man whose lifetime commitment to social justice and health equity inspired this award, visit https://youtu.be/dGhshRia_UU.*



Shasta County Public Health

Health Equity Award Winner for a Small County Practice



Adult residents with a bachelor's degree or higher

Shasta County **<19%**

State-wide **>30%**

Like many elementary school children, fourth-grader Kayla Tiefenbach likes her teachers, especially the nice ones (and according to her, they're all nice at Juniper School in California's Shasta County), and she doesn't like rumors or bullying. But unlike many other students in her age group, she can talk with ease about her educational future: She pictures herself college bound, with ideas of one day studying marine biology at California State University in Monterey Bay, near where she was born. But she also has her eye on Simpson University and Chico State and wouldn't rule out the University of California, Los Angeles—she can even sing you the school's fight song.

Talk with Tiefenbach for just a few minutes, and it becomes clear that she hasn't had the easiest upbringing. She says she grew up "sort of poor" and has moved around a lot, with her family in search of more affordable housing. Tiefenbach also shows wisdom beyond her years in her awareness of Shasta's many social issues, such as homelessness, drug use and violence.

That she has such a clear vision for her college—and, later, career—path in spite of her family's and community's challenging circumstances is no accident. Tiefenbach participates in an initiative called No Excuses University, which is part of a larger college and career readiness effort happening in Shasta to ensure that the area's schools have "no excuses" not to prepare their students for success beyond high school. Less than 19% of the county's adult residents have a bachelor's degree or higher, compared to more than 30% of adults statewide.

Driving this effort to improve educational attainment in Shasta is a growing understanding that getting a good education is fundamental to health. According to a statistical analysis conducted by the public health branch of the Shasta County Health and Human Services Agency, education level and income influence the county's death rate more than obesity and tobacco.

Shasta County Director of Public Health Terri Fields Hosler describes seeing the data as an "Aha!" moment. Although she and others in public health already knew that such social factors are powerful determinants of health, being able to quantify them has given Shasta's public health professionals a more effective way to communicate with the surrounding community, who, Fields Hosler says, now see that education "is more than an educators' issue; it's a community issue. And more importantly, it's a public health issue."

Over 17% of Shasta County residents live below the poverty line, compared to just under 16% of residents in California, and nearly 57% of students qualify for free and reduced lunch.

Shasta County Public Health practitioners are now working closely with the surrounding community to advance health equity—the idea that everyone deserves the same opportunities to live a long, healthy life—by addressing social determinants of health, including educational attainment and economic development. This case study explores the context for their work, what they’re doing, and how they’re doing it.

“I can’t stress enough, we don’t have the resources to tackle each disease one by one,” Fields Hosler says. “But [addressing] health inequity, root causes—really doing this core work together with community partners—that’s what’s going to change health outcomes in Shasta County.”

THE CONTEXT FOR HEALTH

Located in Northern California, about halfway between Sacramento and Oregon’s state border, Shasta County is home to some of the state’s most breathtaking vistas. Surrounded by mountains on three sides, it is a nature lover’s dream, with numerous outdoor recreation opportunities, from camping to hiking. The county also boasts Whiskeytown Lake and Lake Shasta. Spanning 30,000 acres, Lake Shasta is the state’s largest reservoir and a popular destination for boating, water skiing and fishing.

“We have a beautiful natural environment in which to live,” says Donnell Ewert, agency director for Shasta County Health and Human Services. “Unfortunately, the social circumstances aren’t quite as nice.”

Like many other rural locations, Shasta County falls behind other parts of the state and country in life expectancy. It’s characterized by high unemployment, low income and low educational attainment. It has no public university, lacks a robust public transportation system, and has high rates of chronic disease, as well as child abuse and neglect, with almost 8% of the county’s children placed in foster care within their first five years of life.³ Residential hotels with run-down façades dot the downtown of Redding, Shasta’s county seat, hinting at the region’s struggles with homelessness.



Although racial and ethnic populations are typically the groups that experience the greatest health inequities, Shasta’s population is largely white, with poverty being a main cause of poor health outcomes; over 17% of Shasta County residents live below the poverty line, compared to just under 16% of residents in California,⁴ and nearly 57%⁵ of students qualify for free and reduced lunch. The poverty there is generational in nature at least partly because of Shasta County’s history of a boom and bust economy, dating back to the Gold Rush of the mid-19th century. Because of the area’s rich natural resources, Shasta County has had long periods of strong jobs in mining, logging, and the building of the Shasta Dam, with periods of economic busts in between.

Today's residents have inherited the area's legacy, but that shouldn't determine people's destinies, says Charlene Ramont, public health program and policy analyst for Shasta County Health and Human Services. Everyone, she says, regardless of where they're born, should have the same opportunities for health. And that's what she and others at the county's public health branch are working to change for future generations, knowing that the kind of transformation they're seeking will take decades to realize and will come with many obstacles.

For starters, Shasta County is geographically vast. It covers nearly 3,900 square miles but

has only about 180,000 residents. More than half live in Redding, with the others spread out across the rest of the county, making it harder to connect with and serve the community. There are also huge challenges in funding health equity work, which isn't well aligned with traditional public health funding structures that tend to focus on funding program-specific work, rather than the broad, messy work of root causes. Add to that the conservative politics of the community, where the term "social" in social determinants of health can be contentious, and it's clear that Shasta County Public Health has had its work cut out for it. But these struggles haven't stopped it from forging ahead.

WHAT SHASTA IS DOING: Highlights from major initiatives



“Every student, every option”

One of Shasta's biggest initiatives is Reach Higher Shasta, a partnership between Shasta's public health branch, school system and other local partners. According to Shasta County Superintendent of Schools Tom Armelino, Reach Higher Shasta is a way of saying, “Every kid matters, and no one gets left behind.” It includes the Shasta Promise, an agreement, modeled after similar efforts in Long Beach, between Shasta schools and area colleges that Shasta will make sure all students are college ready, and, in return, participating colleges—all located within 150 miles of Shasta County—will guarantee enrollment and in-state tuition.

For the schools' part, this means aligning curriculum and assessments across the county's 25 independent school districts so that all students, no matter their zip code, are equally prepared. For example, Shasta's elementary schools have adopted uniform reading assessments for kindergarten through the third grade; its high schools have strengthened graduation requirements, agreed on common assessments and the same math courses throughout the county, and eliminated numerous courses not linked to college or career readiness, while making sure to retain sports, music and art classes; and the school system now uses databases to track



students' progress after high school so they can see how well Reach Higher Shasta is meeting its goals.

Also part of Reach Higher Shasta is No Excuses University, the initiative that elementary student Kayla Tiefenbach participates in. Although not all Shasta schools have become No Excuses schools, those that have work to make sure all kids see college as a realistic option, regardless of whether their parents are college-educated or what income their family has. They recognize the hurdles local youth face and try to equip students with the resources and conviction they need to clear those hurdles.

"It is very difficult when you're having a hard time at home and have to come to school and have to learn to read and write when you don't even know where you're gonna sleep—or you sleep in a motel and your stuff is in storage," says Dana Dittman, Tiefenbach's teacher. To her, No Excuses points to the responsibility that local schools have to the students they serve: "You didn't get your homework done? No worries. We'll do it here. You didn't get a good breakfast? No worries. We'll get you one here."

Here's how **No Excuses** works



Each classroom chooses a college to "adopt" for the school year.



Many of the colleges then send posters and donate T-shirts to help familiarize students with higher education.



Teachers talk about college regularly to their classes, take them on virtual campus tours, and teach students their school's fight song.



The kids have pen pals and sometimes even get to take real campus tours to meet professors and observe college life.



No Excuses schools even hold classes to inform parents about how their child can get to college.

“Our vision is that all students can learn,” says Dittman, who has worked at Juniper Elementary School in Shasta for more than 19 years. “All students can be proficient. All students can get to college.” It’s a message kids have responded to with gusto: “Kids will do what you ask of them, and if you don’t expect it, they won’t do it,” she says. “If you expect it, they’ll rise to the occasion, and our students have amazingly. ... They start from five years old knowing that it's possible for [them] to go to school.”

Reach Higher Shasta also includes an early literacy effort and collaborates with local businesses to provide resources to schools that make meaningful career connections with students, helping area youth figure out their path for life after high school.

Yet, for all the focus on college, both Shasta Public Health and Shasta schools recognize that not every student will attend college. “It isn’t just about four-year degrees,” says Ramont. “This is about careers and livelihood.” In fact, the motto of the Shasta Promise is “Every student, every option.”

“As long as our kids do something after high school that trains them for a career, then our community is going to grow; our economics are going to grow,” Ramont says. “We’re going to be healthier as a result.”



“

If you expect it, they’ll rise to the occasion, and our students have amazingly... They start from five years old knowing that it's possible for [them] to go to school.

”

BUILDING AN ECONOMIC FUTURE

To that end, the Shasta County Health and Human Services Agency has partnered with the United Way of Northern California to help expand educational opportunities for meaningful employment for some of Shasta's most vulnerable adults. Called the Prosperity initiative, it is focused both on helping to meet the community's immediate needs, such as getting low-income families banked so that they aren't relying on pay-day loans and check-cashing services with sky-high interest rates, as well as thinking long-term about Shasta's economic future and what types of industries and jobs they want to have available in the community 20 years down the road.



Giving people the building blocks they need for financial stability means asking:

- What are the jobs here in Shasta County?
- What's missing?
- What do we need to do as a community to build up the industry for the future so that our students come home and find meaningful employment?



The idea is to be more proactive and less reactive, giving people the building blocks they need for financial stability. That, says Fields Hosler, means asking, "What are the jobs here in Shasta County? What's missing? What do we need to do as a community to build up the industry for the future so that our students come home and find meaningful employment?"

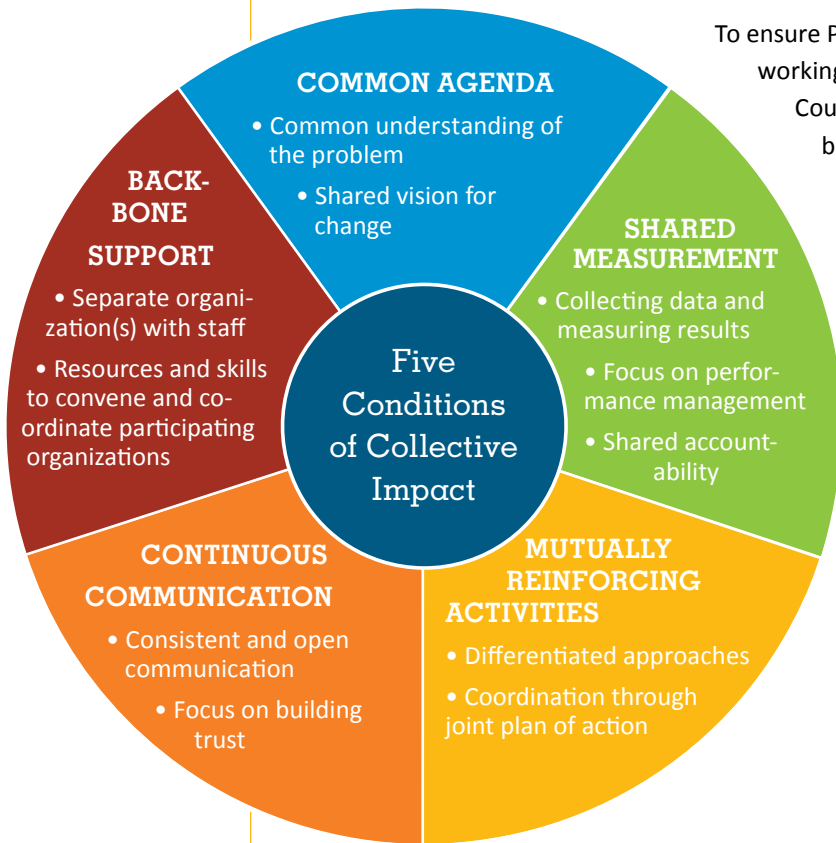
The Prosperity initiative is still in its early planning stages. In fact, if you ask Wendy Zanotelli, president and CEO of United Way of Northern California, to describe specific objectives of the initiative, she's hard pressed to do so. But that's exactly the point. She can't answer because, in spite of her leadership position, the answer isn't up to her. It's up to the community: Prosperity aims to not only involve residents but to have them at the decision-making table alongside community leaders.

Prosperity held its first community convening in 2014, with plans to hold several additional meetings in 2015 to find out more from residents about what their needs are, to get a dialogue going, and then to map out existing resources so that the initiative's efforts aren't duplicative. Those resources are being entered into a database that will help the United Way better connect people with the tools they need for job training, financial training and more. So far, the group has identified seven key areas for addressing the community's economic challenges and formed subcommittees for each. The subcommittees (Increase Financial Stability, Prepare a High-Skilled Workforce, Build Community Pride & Identity, Define and Understand the Roots that Cause Poverty, Develop our Youth, Enhance Civic Engagement, and Achieve Economic Vitality) now meet regularly and are poised both to set goals and to decide what metrics they will use to measure their progress.

The Prosperity initiative will be using two key reports to inform its future work and upcoming community meetings. The United Ways of California have joined The California Endowment along with other funders to produce the first report, *A Portrait of California*,⁶

which explores health, income, and education indicators and breaks down the state’s communities into five distinct categories (disenfranchised, struggling, main street, elite enclave, and one percent), based on their level of well-being and access to opportunities. Released in late 2014, the report is part of a Measure of America series on human development and includes state- and county-level metrics. Most of the state and all of Shasta County fall within the “struggling” category.

The second report, *ALICE* (Asset Limited, Income Constrained, Employed), is part of a series produced by several United Ways to examine the effects of poverty by zip code throughout six states, including California.⁷ The California-specific report, released in early 2015, provides more accurate data for Shasta County than do many reports, as rural communities with lower populations often get lumped in with larger groups, masking the specific needs of those communities. *ALICE*, along with the *Portrait*, will allow the group to check community-identified needs against the reports’ data, providing a foundation for proposed solutions.



To ensure Prosperity's success, United Way will be working not only with residents and the Shasta County Health and Human Services Agency, but with other community organizations as well. It is using a “collective impact” framework, which ensures that all parties are working under a common agenda and leveraging their expertise in mutually reinforcing ways. This, says Zanotelli, is what will allow the group to “collectively move the needle in one direction.”

“We will never be as effective individually, as organizations or as individuals, as we can be all together,” she says.

“ We will never be as effective individually, as organizations or as individuals, as we can be all together. ”

HOW SHASTA IS DOING IT



The key to making sure equity-focused initiatives are effective is twofold:

- build strong partnerships with others in the community, from institutional leaders to residents
- create an infrastructure conducive to collaboration

Shasta's public health professionals know that the key to making sure Reach Higher Shasta, Prosperity, and any other equity-focused initiatives are effective is twofold: Success lies in their ability to build strong partnerships with others in the community, from institutional leaders to residents. It also depends on having an infrastructure conducive to the collaborative nature of their work. The unglamorous yet critically important task of creating that infrastructure is where they began.

About 15 years ago, long before the ideas for Reach Higher Shasta or Prosperity were born, Shasta County Public Health started restructuring itself to better enable its staff to do more community-based work. It developed rural, regional public health offices in Shasta's higher-risk, more remote communities. It also began improving its translation services, developed job classifications for community organizers and community development coordinators, and, once hired, embedded the new staff within these communities to better identify their needs.

At a community hub called Manter House, for example, a community organizer hired by Shasta Public Health now works alongside the building's owners to provide resources, mentorship and a sense of hope among residents in the Bruce Street Neighborhood in Anderson, an area with the second lowest life expectancy in the county. There, residents can learn life skills, get help with résumés, take classes on everything from spirituality to smoking cessation, and just enjoy one another's company in a safe haven. (The house's owners aptly chose the name "manter," which, in Portuguese, means "to sustain.")

Continuing its restructuring process, Shasta Public Health, which was once a separate department, became integrated as a branch within a larger health and human services agency in 2007, allowing public health staff to work more closely with mental health and social services in both the agency's main offices and regional offices. This has enabled the agency to be more streamlined in its approach to providing services and resources to the community; it also has resulted in an infusion of public health's equity-oriented prevention mindset throughout the agency's branches.

That same year, Shasta County Public Health received a grant from The California Endowment, through the National Association of County and City Health Officials. With funding in hand, the next step was to hire a health equity coordinator, Charlene Ramont, who formed an internal study group to assess internal agency policies and practices to make sure they were supportive of health equity. Out of that internal study group came Advocates for Cultural Proficiency, a cross-agency working group, which took the public health branch's internal efforts to improve equity to the next level, with a four-year strategic plan that included annual trainings for the agency's 800+ staff and further review of internal policies. The public health branch also created an internal steering committee, which met monthly for five years to guide the group's health equity work. And, public health staff often attend equity-oriented trainings and conferences, with the caveat that they must report back to colleagues on what they've learned.

Top 3 priorities

Shasta County residents identified what the community needs to work on together to increase equitable opportunities for health:

- educational attainment
- economic development
- early childhood development



Shasta County Public Health pays special attention to the language it uses when communicating with community members.

After its internal overhaul, Shasta Public Health began inviting residents into the conversation and engaging them in a series of community dialogues. Staff started by surveying residents and asking them what things the community needs to work on together to increase equitable opportunities for health. Educational attainment, economic development and early childhood development emerged as the top priorities, which aligned with what public health data already showed.

Then, in 2010, Shasta Public Health convened a group of community leaders for a daylong summit called Roots of Our Health, in which they discussed what health equity is, talked about the three top issues identified by the community, and outlined next steps, including the formation of several subcommittees. Acting as a neutral facilitator with expertise in health, not planning, the public health branch saw its role as one of breaking down silos within the community. The idea, Ramont says, was to bring people together and make sure “the right voices, not just the loudest voices, were at the table.” They have since held a second Roots of Our Health summit to both celebrate successes and to highlight stumbling blocks and areas that need more work or a different direction.

This focus on community and collaboration is the backdrop against which Reach Higher Shasta and the Prosperity initiative are happening. In both cases, the public health branch has led initially and then stepped back, encouraging community leaders to take the reins. And although working collaboratively can be difficult logistically and can require extra time and negotiating, Ramont says it’s well worth it: “[Public health] cannot do it alone. We would not be able to make any of the changes that need to be made if we didn’t take the back seat.”

The bigger challenge in a county as large as Shasta is simply reaching the entire community and making them aware of these initiatives. In addition to leveraging its community organizers, Shasta uses a variety of strategies to contact community members, from building relationships with reporters—the local newspaper editor sits on the executive committee of Reach Higher Shasta—to traveling around the county, giving presentations, which Superintendent Armelino has done extensively to make sure that local youth and parents know about the educational options available to them.

Shasta County Public Health also pays special attention to the language it uses when communicating with community members. For example, instead of discussing “social determinants of health,” staff talk about “community conditions for health,” which resonates more in a community like Shasta, which has a strong focus on self-sufficiency. The public health branch is also careful to avoid framing disparities in a way that could be divisive or place blame. For instance, they make it clear that the county’s struggles with educational attainment are not the fault of educators; rather, it is the system that needs changing, which is something the whole community can take part in. Additionally, they avoid comparing Shasta to surrounding counties in order to keep people feeling motivated and focused on what the county can improve, rather than on what it lacks.

VISION FOR THE FUTURE



When Shasta’s public health branch first began its health equity work, it was wary of possible resistance to its involvement in issues like poverty and education, which traditionally aren’t part of public health’s purview. But it persisted in spite of hesitation, and the community has overwhelmingly welcomed its efforts with open arms.

“We are doing the same work,” says Superintendent Armelino of the county’s public health and education systems. “They are interested in the health of our community, and if our students aren’t healthy, it’s really difficult for them to learn. ... Public health is a natural partnership.”

Going forward, Shasta’s public health branch is pursuing accreditation and wants to become a model for other counties looking to do work outside public health’s traditional boundaries. And Ramont is already planting seeds for potential public health involvement in other efforts, such as working toward a living wage for Shasta County residents, as part of the county’s long-term goal of improving life expectancy.

Asked what story Shasta Public Health hopes local reporters will be telling in 20 years, Ramont says it would be one of having a thriving, vibrant community: “Right now, we live four years less than the state average. Living two years longer—that would be the headline for me.”

To view video highlights from the health equity initiatives happening in Shasta, visit <https://youtu.be/CRur4nmhA0E>.



Sonoma County Department of Health Services

Health Equity Award Winner for a Medium County Practice



Sonoma County has significant disparities from one neighborhood to the next.

Median Income:

East Bennett Valley	\$69K
Springs	\$20K

High School Graduation Rate:

East Bennett Valley	99.5%
Roseland Creek	53.9%

For many, the word “Sonoma” is synonymous with wine. A tourist hot spot and foodie paradise, it conjures up images of lush vineyards, high-end dining and an upper-middle-class lifestyle. Located less than an hour north of San Francisco and just 30 minutes west of Napa, it’s a common weekend destination for California’s Bay Area residents who want to visit one of the county’s more than 400 wineries or take a hike amid its towering redwood forests.

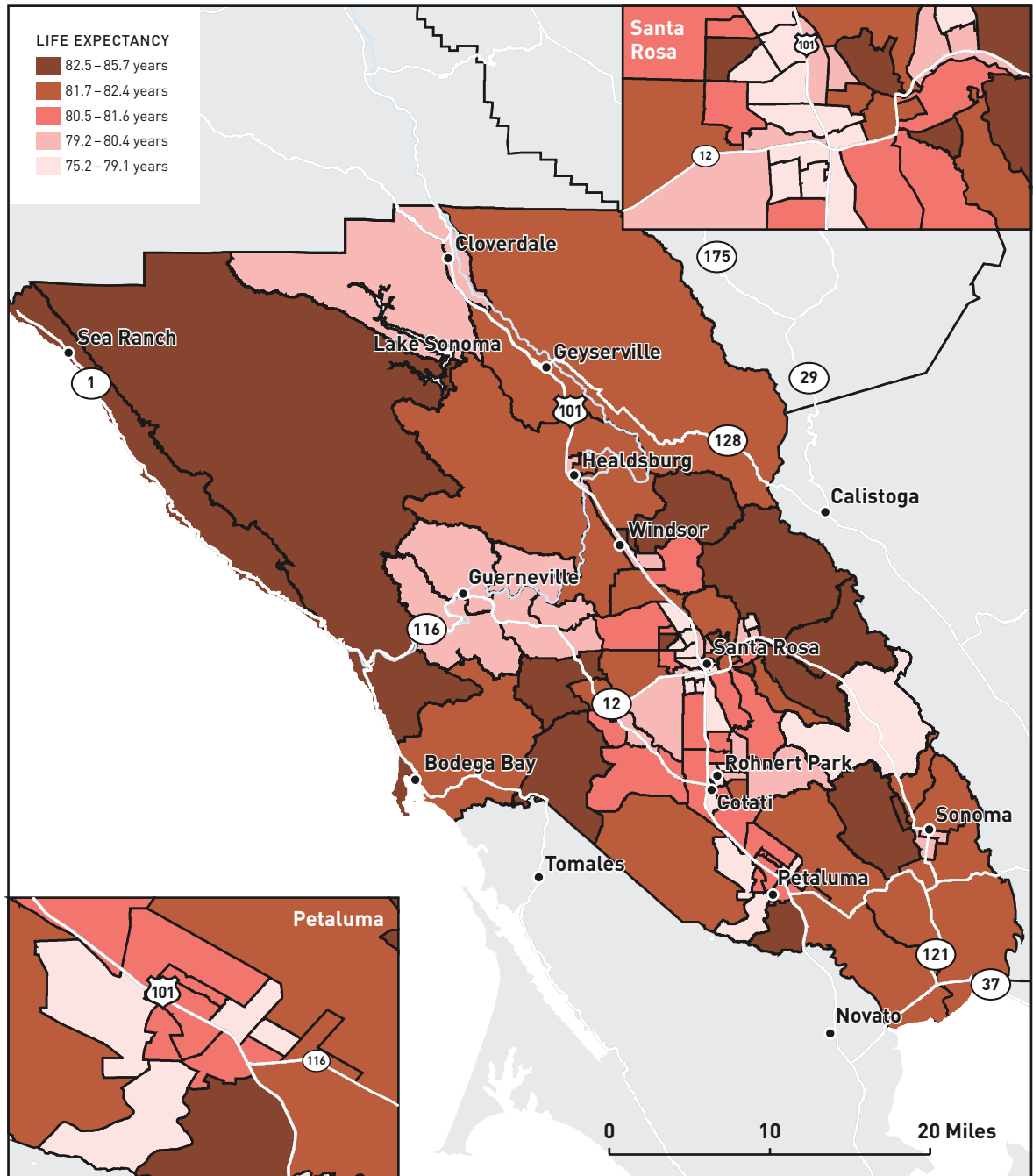
As a whole, Sonoma County also boasts some impressive numbers when it comes to health. At 81 years, its life expectancy is two years longer than the United States’ average, and its residents’ education levels and median income—both of which are powerful predictors of health—are higher than the state’s.

Initially, then, it’s surprising to hear Brian Vaughn, who directs the Health Policy, Planning and Evaluation Division for the Sonoma County Department of Health Services, say that he and other leaders in the community share a goal of making Sonoma the healthiest county in California. But Vaughn, who grew up in nearby Marin County, knows another side to the region that its picture-perfect image belies: Many of its families struggle to make ends meet, and the county has significant disparities in health outcomes from one neighborhood to the next.

Though its disparities are less severe than the state’s overall, Vaughn says there is still plenty of room to improve. For example, residents in Sonoma County’s highest-ranked census tract can expect to live 10 years longer than those in the bottom tract. And the American Human Development Index value, a measure of health and well-being, for Sonoma County’s Roseland Creek area falls below that of Mississippi, the lowest-ranked state in the U.S.⁸

Underlying the county’s health disparities are big divides in annual median income—which ranges from nearly \$69,000 in the county’s well-to-do East Bennett Valley to only about \$20,000 in the Springs area of Sonoma Valley—and educational attainment, with high school graduation rates as high as 99.5% in the same East Bennett Valley neighborhood and as low as 53.9% in Roseland Creek. Sonoma County also struggles with pockets of child poverty, and the region overall has a high cost of living, making basics like food and rent hard to afford. In fact, nearly half of Sonoma County households spend 30% or more of their income each month on housing.⁹

MAP 2 Life Expectancy in Sonoma County by Census Tract



Source: *A Portrait of Sonoma County—Sonoma County Human Development Report, 2015, p.35*

The Department of Health Services is eight years into a plan to change these conditions so that all of the county’s neighborhoods foster health. This case study explores how the department is going about advancing health equity, some of the challenges it faces, and keys to success.

“Everyone has the right to be healthy and meet their full potential,” Vaughn says. “It’s just a matter of giving them real opportunities to make that happen.”

PLAN OF ACTION

Building infrastructure for collaboration

The Sonoma County Department of Health Services began its efforts to reduce disparities and advance health equity in 2007, with the creation of a framework called Health Action, which, drawing on health services data, outlines 10 goals for improving key indicators of health and tracks progress on a website available to the public. The goals range from increasing graduation rates to decreasing substance abuse, and to make them happen, the department formed the Health Action Council, a coalition of 47 leaders from various sectors of the community who work closely alongside other community partners from local nonprofits, clinics, faith-based organizations, neighborhood associations and youth representatives. The council uses what's known as a "collective impact" approach to coordinate and carry out this cross-sector work: The group operates under a common agenda, its leadership is collaborative, and decisions are made by consensus.

That's not always easy to do in a county as large as Sonoma, which has many diverse communities and a whopping 40 school districts. To be successful requires understanding the bigger picture of health in the county but tailoring solutions to fit the needs of individual neighborhoods. To that end, in 2010, Health Action established six place-based chapters throughout the county to further localize its work.

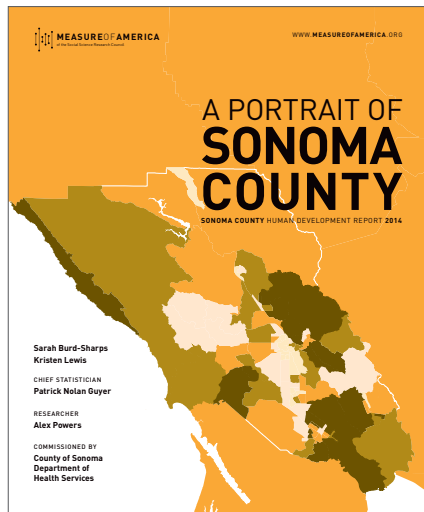


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Health Action Council identified three priority areas to focus its energy:

- educational attainment and workforce development
- primary care and health care improvement
- economic security

Several health-oriented initiatives have grown out of Health Action, including iWalk, iGrow and iWorkWell, which are focused on physical activity, healthy eating, and workplace wellness. Then, in 2012, wanting to build upon these smaller initiatives and take its efforts to the next level, the Health Action Council revised its action plan, identifying three priority areas for the group to focus its energy: educational attainment and workforce development; primary care and health care improvement; and economic security. For each of these priority areas, Health Action has established a subcommittee—Cradle to Career, Committee for Health Care Improvement, and Economic Wellness, respectively—to work toward achieving the goals outlined in the action plan.



Using data as a roadmap

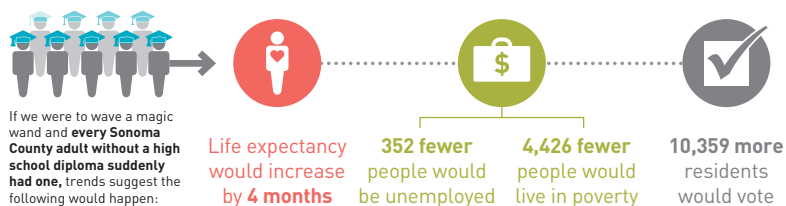
Around the same time, the Department of Health Services updated its own strategic plan and began developing a report, *A Portrait of Sonoma County*,¹⁰ which backs up Health Action’s focus areas with data and now acts as a roadmap, showing what health issues need attention and in what neighborhoods. Released in 2014, it takes an in-depth look at the county’s inequities in health, education and income, broken out by race, ethnicity and gender, and has revealed that education is the biggest predictor of income for Sonoma’s racial and ethnic groups, with a strong link to life expectancy. The report also highlights some key complexities in the data. For example, Sonoma County’s Latino populations live longer than their white counterparts in spite of education- and income-based disparities.

The Department of Health Services’ Vaughn thinks of the *Portrait* as a way of getting everyone on the same page regarding Sonoma County’s challenges so that the community can move forward more quickly—and strategically—with solutions. It took data that had previously been in the hands of only the department and a few other community organizations and made them widely accessible. The numbers are presented in easy-to-understand charts and infographics and woven together with an engaging narrative. Only the second county-level report of its kind in the nation, the *Portrait* has essentially given both organizations and individual community members a shared language and shared knowledge to inform and propel their work.

For some, the data have been eye-opening; for others who were already anecdotally aware of the county’s disparities, the *Portrait* backed up those anecdotes with hard numbers. To Socorro Shiels, superintendent of Santa Rosa City Schools and a representative on the Health Action Council, the data aren’t surprising, but she says the *Portrait* and the work of Health Action have brought a wide variety of people, positions and rich perspectives to the table to brainstorm solutions and think in a more innovative way than they might otherwise. The *Portrait* has led Shiels and other Santa Rosa educators to reflect on what the data mean

for the policies the schools have, as well as how they can better serve students and interact with parents, especially in Santa Rosa’s northwest and southwest regions, which are predominantly low-income and English-learner populations who struggle with issues of food scarcity, trauma and financial instability.

FIGURE 6 The Benefits of Education Go Well beyond Better Jobs and Bigger Paychecks.



Source: Measure of America, Common Good Forecaster. measureofamerica.org/forecaster.

A Portrait of Sonoma County—Sonoma County Human Development Report, 2014, p.48

Additionally, the *Portrait* has increased conversations about the importance of preschool as a predictive and protective factor when it comes to income and health. Shiels says the school system is now asking how there can be better connections and communication between the preschools and K-12 system, how they can ensure that students' preschool experiences are preparing them well for kindergarten, and how the community can increase preschool affordability so that more children can attend in the first place.

"We know that in the county, if you want to send your child to preschool for full-time preschool days, it's almost \$10,000 a year," Vaughn says. "And yet, the average income for, say, our Latino population or others is around \$20-25,000 per adult. It just becomes unsustainable, and then even with that, we don't even have enough slots."

In spite of the complexity of these issues, Shiels is hopeful about the county's capacity to make progress. She says it's refreshing to see how the *Portrait* and Health Action are helping Sonoma County intentionally move forward on shared concerns, noting that collaboration is vital, and partnering with the Department of Health Services has been mutually beneficial: "It helps open doors of possibility and opportunity because if we're problem-solving in isolation, we're not really being completely open to what could change and what could be transformational for our entire community."

“

We know that in the county, if you want to send your child to preschool for full-time preschool days, it's almost \$10,000 a year, and yet, the average income for, say, our Latino population or others is around \$20–25,000 per adult. It just becomes unsustainable, and then even with that, we don't even have enough slots.

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The goal was to use language that would frame the conversation not just in terms of gaps, but in terms of opportunities, focusing on the county's ability to bring out strengths, rather than dwell on weaknesses. The phrase they came up with is **"unmet potential."**

Framing the conversation

As important as the *Portrait* data are in guiding Sonoma County's efforts to advance health equity, the Department of Health Services knows that the numbers don't always speak for themselves. Just as important is the way the data are portrayed. Wanting to avoid framing the county's health disparities as deficits or a matter of "us vs. them," which would risk pitting one community against another, the department brainstormed alternative ways to discuss the issue during the development of the *Portrait*. The goal was to use language that would frame the conversation not just in terms of gaps, but in terms of opportunities, focusing on the county's ability to bring out strengths, rather than dwell on weaknesses. The phrase they came up with is "unmet potential."

"It's an opportunity for us to frame the discussion around assets and return on investment," says Department of Health Services Health Action Program Manager Jen Lewis. "This idea of unmet potential, we think, bridges the deficit and asset conversation in a really intentional way. We can examine disparities to assess needs in our community but then transition immediately to building on what is working in our communities."

Since creating opportunity is a well-accepted value in the United States, fulfilling unmet potential becomes an easier case to make. "Opportunity is not everything, but it's fundamental," Vaughn says. "You can't have any change without at least having opportunity."

Lewis says using "unmet potential" as a starting point helps focus the conversation on how investing in those areas strengthens the entire county. This approach has helped to minimize divisiveness, given that the benefits can be realized for all residents.

So far, the community has embraced the *Portrait*, which is a testament not only to how it's framed but also to the Department of Health Services' efforts to actively engage the community throughout its development, a process that took nearly two years. To create the *Portrait*, the department convened a leadership group of 43 community members, including representatives from several county agencies, the Health Action chapters, local philanthropic organizations, community organizing groups, K-12 schools and Santa Rosa Junior College, hospitals and health care providers, and the media. The group met monthly and gave feedback on the data used and the way the numbers were interpreted.

Prior to the *Portrait's* publication, the Department of Health Services also created a pledge of support for the report, which is a commitment that more than 70 organizations and elected officials have signed onto, with the promise that they will review the report and use it to guide their own work in ways that contribute to health equity. The pledge made it easier for the *Portrait* to gain traction and has brought out a friendly competitive spirit, with organizations wanting to make sure that they aren't left off the list. It has also opened the door to the department being able to meet with those groups and identify areas of mutual interest and partnership possibilities: Since the release of the *Portrait*, the Department of Health Services has given more than 100 presentations, discussing the report's data, their implications, and how the *Portrait* can be used as a planning tool for moving the county forward.

PROGRESS ON THE GROUND

The formation of Health Action and the development of the *Portrait* have translated into many early signs of success on the ground, with a variety of groups actively using the *Portrait* to inform their work. For example, the North Bay Organizing Project is leveraging the data to improve its community organizing efforts around universal preschool, transportation, immigration reform and voting registration in Roseland Creek, the county's neighborhood with the greatest disparities in income and education; the Regional Climate Protection Authority is using the report to identify communities vulnerable to climate change; local businesses and philanthropies are making investment decisions based on the areas of need identified in the *Portrait*; and the Community Child Care Council (4Cs) of Sonoma County, a nonprofit that contributed some of its own data to the *Portrait*, is now using the report to inform its strategic planning regarding where to locate services and open new centers.

Community Child Care Council (4Cs) works to engage parents, inviting them to visit classrooms and ask questions, and it sends early care and education coaches out into the community to work with preschool providers and to connect with families.



The Department of Health Services and 4Cs have also partnered for a program called READY, the Road to Early Achievement and Development of Youth. Its goal is to foster connections between Sonoma's school districts and the 4Cs preschool program and to build relationships between early care providers and the area's kindergarten teachers, principals and superintendents. 4Cs

also works to engage parents, inviting them to visit classrooms and ask questions, and it sends early care and education coaches out into the community to work with preschool providers and to connect with families. Once the connection to families has been made, 4Cs helps to link parents to other services they're eligible for, whether it's related to housing, nutrition or even dental care.

In the same education-oriented vein is Health Action's Cradle to Career subcommittee, which provides a framework aimed not only at strengthening early childhood education but also at supporting students throughout their elementary, middle and high school years, and improving opportunities for adult education and work skills development. Cradle to Career's goals are extensive and include making school curricula more hands-on, relevant and engaging; providing alternative pathways to graduation for disconnected youth and those with special needs; and providing resources to help young adults and their families become more financially literate and stable.

The Cradle to Career framework has also influenced other health services operations, such as the creation of a schools partnership team, which is working to develop a database of all of the department's work with local schools, as well as to map the health and funding assets of local school districts so that services can be better coordinated.

DEPARTMENT OF HEALTH SERVICES' ROLE

Collaboration is the driving factor behind each of these efforts, and the Department of Health Services sees its role in these partnerships as fourfold: One, the department is a convener and a conversation-starter, bringing together many community voices toward the development of common goals. Two, it offers technical assistance, bringing the data, resources and capacity to do evidence-based programming. Three, it evaluates various efforts to make sure they're having the intended effect. And, four, the department works to figure out what community organizations do well and then helps to support them and set them up for even greater success than they might have alone. The department must "lead but also get out of our own way," Vaughn says.

For example, the Department of Health Services isn't well equipped to do community engagement, but staff know it's critically important. That's where department partnerships with groups like La Luz come in. La Luz, which means "the light," is a resource center for the Latino community and low-income families in Sonoma Valley's Springs area, an unincorporated region where many farm workers and day laborers live. La Luz provides nutrition classes, educational forums, ESL programs, computer literacy and GED trainings in Spanish, and other resources to local families.



La Luz provides nutrition classes, educational forums, ESL programs, computer literacy and GED trainings in Spanish, and other resources to local families.

The Department of Health Services has invested in La Luz, providing funding for capacity-building, a new database and additional staff. And La Luz Executive Director Juan Hernandez sits on the Health Action Council, bringing his deep knowledge of the community to its meetings. Hernandez describes the partnership with health services as a "natural collaboration"—one that is truly two-way. Rather than the health department deciding goals and giving groups like La Luz instructions to follow, both groups inform each other's work.

Although La Luz's origins are service-oriented, it now is aligning its efforts with the goals of Health Action and developing more of an emphasis on advocacy and systems change. For instance, regarding systems-level change, La Luz works closely with parents in the community, many of whom work long hours and need support but might lack the time to seek it out. To make it easier for these busy parents to get the help they need, La Luz has started collaborating with the school system and is now co-locating its services at local schools. Since parents often must pick up their kids from school, having La Luz programs located there makes the most of existing resources.

For Vaughn, collaborative efforts like this aren't just desirable; they are necessary. "There isn't an infinite pot to make change," he says, noting that long-term systems change isn't amenable to foundation funding cycles, which are often in 3-5-year increments. Doing core prevention work requires creativity in seeking out funding; it also means that Sonoma County must take stock of its existing resources and then use community partnerships to maximize them to the fullest.

VISION FOR THE FUTURE

“

What’s happening in Sonoma County really is a gift for our community. We really have to make sure we capitalize on it.

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If *A Portrait of Sonoma County* were rewritten in 10 years, Vaughn says he’d like to see significant changes in the opportunities that Sonoma community members have available to them, like equal access to quality preschool and effective services to support Sonoma’s students both inside and outside the school setting. He would also like to see evidence that the county has made significant strides toward reducing health disparities and is confident and hopeful that the county will realize these dreams.

Besides Sonoma’s goal to become the healthiest county in California, Vaughn says the Department of Health Services would like to become a model for other departments looking to do similar work. Superintendent Shiels shares this sentiment about the county’s schools, noting that health and education are deeply intertwined, and improvements to an area’s schools “ripple through the larger community.”

“What’s happening in Sonoma County really is a gift for our community,” Shiels says. “We really have to make sure we capitalize on it.”

See more of the Sonoma County Department of Health Services’ efforts to combat health inequities at <https://youtu.be/ZUIMsQb5Q28>.



Los Angeles County Department of Public Health

Health Equity Award Winner for a Large County Practice



Parks After Dark focuses on areas in L.A. County where high rates of violence and obesity go hand-in-hand, and residents—mostly low-income and racial and ethnic populations—often forego physical activity out of fear for their safety.

In the six years since Raquel Piñeda has been a volunteer for Franklin D. Roosevelt Park, she has seen it evolve from a crime-ridden, dangerous place to a family-friendly location filled with activities, health services and just plain fun. Piñeda, who came to the United States from Mexico 30 years ago, describes the park as an inclusive place and a positive environment for children.

Guadalupe Orihuela, another longtime local resident, comes to Roosevelt Park regularly even though she lives closer to another park. But, like Piñeda, she says it wasn't always that way. When she was a child, Orihuela felt so unsafe at Roosevelt Park that she was afraid to walk through it. Since then, she says, the park has done a 180. She, her husband and two children have regular play dates at the park, and Orihuela says it's helped her family to be more active, socialize more and have better health.

The transformation that Piñeda and Orihuela describe has happened thanks in large part to a program called Parks After Dark, which aims to advance health equity by reducing violence in the communities surrounding Roosevelt and five other Los Angeles County parks once heavily plagued by gang activity and drugs. Now, instead of seeing signs of crime, people who walk by are more likely to see community members gathered together for free outdoor movie screenings, outdoor concerts, baseball games, walking clubs or health fairs.

A collaboration between the county's Department of Parks and Recreation, Sheriff's Department, Department of Public Health, and other community and social services agencies, Parks After Dark focuses on areas in L.A. County where high rates of violence and obesity go hand-in-hand, and residents—mostly low-income and racial and ethnic populations—often forego physical activity out of fear for their safety.

Research shows that violence tends to breed social isolation, keeping people from being active participants in their communities. It also influences brain development, risk-taking behavior and long-term health, putting the populations that experience it at an increased risk for chronic disease. To address health inequities, then, you have to first address violence, says Andrea Welsing, director of the Injury & Violence Prevention Program for the Department of Public Health, noting that homicide is one of the leading causes of premature death in L.A. County.

“It is really difficult to promote health—to ask people to engage in physical activity or to eat healthy when they are living in communities with high levels of violence, and the rational choice is to stay indoors,” Welsing says.

Although tackling the root causes of violence, such as poverty and inequality, is beyond the scope of Parks After Dark, the program could help lay the foundation for other work needed to bring about systems-level changes and address why rates of violence are so high in the first place. This case study explores how the local health department and other partners are leveraging Parks After Dark to improve local health outcomes, what results they are seeing so far, and where they envision the program heading in the future.

A PLACE-BASED APPROACH TO HEALTH



It became clear to partners early on that Parks After Dark could be used for more than just youth violence prevention; it opened up opportunities to achieve broad health and social outcomes for community members of all ages.

The idea for Parks After Dark, or “PAD,” as community members and partners call it, began in 2009 during the community planning process for the county’s Regional Gang Violence Reduction Initiative, when members of four demonstration site communities identified summer parks programming as a priority. With the support of the county’s Chief Executive Office, Mika Yamamoto, a regional operations manager for Parks and Recreation, met with a few of her colleagues from the L.A. County Human Relations Commission, the Sheriff’s Department, and other county and community agencies on the initiative’s planning committee to develop a strategy to address this need.

Knowing that crime and violence tend to be high during the summer when youth are out of school and have fewer opportunities for recreation, the group was initially focused on programming aimed at engaging teens. They explored L.A. City’s Summer Night Lights as a potential model because of its success in reducing gang-related crime by providing a range of activities for teens and young adults whose neighborhoods provide few social activities beyond gang involvement.

Parks After Dark kicked off in 2010 as the prevention strategy of the Gang Violence Reduction Initiative. However, it became clear to partners early on that PAD could be used for more than just youth violence prevention; it opened up opportunities to achieve broad health and social outcomes for community members of all ages. Community members and other partners expressed a desire for a broader range of programming and services at community planning meetings each summer and in response to annual participant satisfaction surveys.



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Health equity doesn't just mean that people have equal access to resources. It means that they have what they need to be healthy in their communities.

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What began as a program with extended summer evening hours and youth activities at just three unincorporated L.A. County parks has since grown into a robust, cross-sector, place-based approach to reducing health inequities. In 2012, after receiving a Community Transformation Grant through the Centers for Disease Control and Prevention, PAD was able to offer programming at six parks—three in South L.A., one in East L.A., one in Altadena, and one in Duarte—and has goals to expand even further. The Department of Public Health’s Injury & Violence Prevention Program has played a key role in this expansion by helping to develop the evidence base for PAD, engaging partners both within public health and across sectors, and coordinating with Parks and Recreation and other partners to develop a long-term strategic plan for PAD.

“Even though we initially thought of PAD as a violence prevention strategy, it really is about creating health equity in so many ways,” Welsing says, adding that violence impacts both mental and physical health: “It changes how people are going to move and live in their communities.”

PAD’s place-based approach takes into account all of the social factors that intersect and influence health for the communities surrounding the parks, rather than just analyzing physical activity or violence on its own. In other words, it’s a lot like looking at a body’s systems as they function together instead of looking only at the role of the heart or the lungs.

“Health equity doesn’t just mean that people have equal access to resources,” explains Kelly Fischer, staff analyst with the Injury & Violence Prevention Program. “It means that they have what they need to be healthy in their communities.”

And for the communities chosen for Parks After Dark programming, that means addressing violence first because it is an obstacle to so many other community needs, from healthy food access to jobs to physical activity.

“IT TAKES A VILLAGE”

To be effective, collaboration is a must. Each participating organization is instrumental in PAD’s operation. For example, Parks and Recreation, which leads PAD, brings programming expertise. Described by Fischer as the “heart and soul of this effort,” Parks and Recreation staff, working on the ground with community, develop and implement programming, engage local partners, and find creative ways to stretch funding.



The Sheriff’s Department patrols the area to ensure people’s safety but also engages with youth and adults to foster a sense of trust between community members and law enforcement—something that is often lacking in communities of color. Tensions between police and community have been ongoing for decades, with recent local and national events, such as the 2014 fatal police shooting of unarmed teenager Michael Brown and the demonstrations that followed, shining a spotlight on how the criminal justice system can greatly harm communities.

Though addressing the root causes of these historical tensions isn’t the job of parks

programming alone, local deputies are leveraging Parks After Dark as an opportunity to help create positive change from the bottom up and ease existing conflict, starting in the parks. To build relationships with local youth, deputies participate in sports like basketball and kickball games and bring out their patrol horses, which have been an effective icebreaker for interacting with kids and their parents.

“The relationships with the Sheriff’s Department and people who visit the parks has tremendously grown to be a really good friendship,” says Paul Schrader, deputy sheriff and public information officer. “I think what happens is the people that visit the parks a lot and bring their children—they see the deputies working parks less as enforcers and more as friends.”

The Department of Public Health, which Yamamoto says is a “natural fit” for PAD, uses the parks as a forum for health promotion. Department staff members bring resources for PAD health fairs, including cooking classes, HIV and STD screenings, bike safety and emergency preparedness. The department’s Community Health Services Division organizes public health outreach at the resource fairs and coordinates walking clubs that incorporate health education. Additionally, the department is working with Parks and Recreation to develop PAD youth councils to teach youth life skills and get them involved in community service and advocacy. Building on existing teen clubs at the parks, the councils will help young people identify health issues in their communities that are of concern to them, give them the tools they need to research those issues, and provide guidance on how to take action.

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The relationships with the Sheriff’s Department and people who visit the parks has tremendously grown to be a really good friendship.

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PAD has encouraged community members to build bridges and strengthen ties between neighbors

- East Side Riders Bike Club conducts a peaceful bike ride between two PAD parks that cross gang territories, which has helped to create safe passages and forge relationships between neighborhoods.
- Community members have yearly potluck dinners, a tradition that began in 2012.
- In 2014, local ex-gang members gave free haircuts to youth during PAD.

Since PAD began, the Department of Public Health has also provided data and analysis to demonstrate that PAD objectives are being met, evaluate PAD participation and satisfaction through surveys, and work with the Sheriff's Department to analyze crime data. Before Parks After Dark, Parks and Recreation staff would often hear stories from families about what was working or needed improvement but didn't have the numbers to back up the success of their work. Now, with help from the Department of Public Health, Parks and Recreation is able to better describe the difference their place-based approach is making in community members' lives.

Since its inception, many other groups have begun partnering with PAD. For example, the L.A. County Public Library provides arts and recreation opportunities for kids and teens, and the Public Defender's office has organized an activity called "juvenile justice jeopardy." One of PAD's more popular programs, the game helps youth to better understand the criminal justice system and know their legal rights.

PAD has also encouraged community members to build bridges and strengthen ties between neighbors. A local community-based organization, East Side Riders Bike Club, conducts a peaceful bike ride between two PAD parks that cross gang territories, which has helped to create safe passages and forge relationships between neighborhoods. Community members have yearly potluck dinners, a tradition that began in 2012. And, in 2014, local ex-gang members gave free haircuts to youth during PAD.

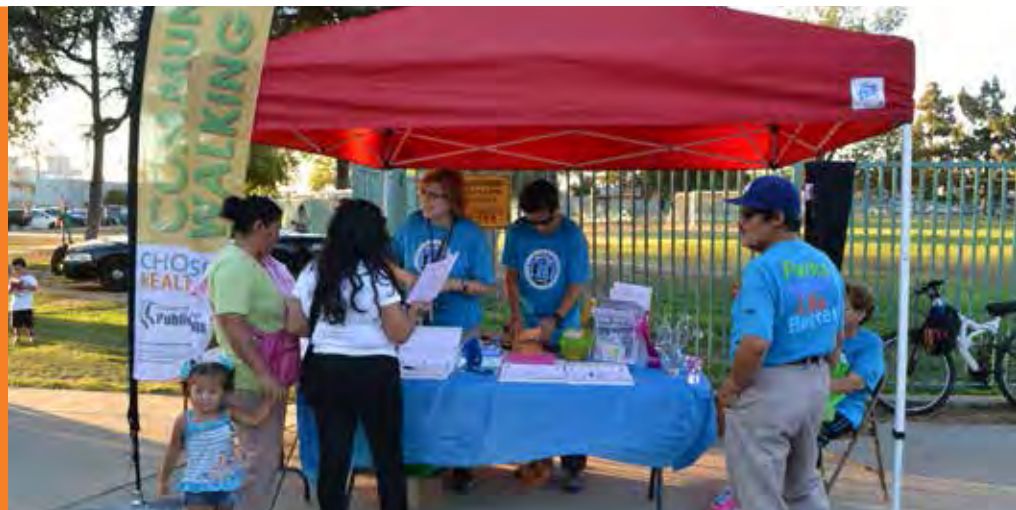
To ensure PAD's ongoing success, each of its partners participates in planning meetings before the summer launch date. They also take part in debrief meetings to discuss community feedback, share lessons learned for future PAD programming, and explore opportunities to engage new partners.

"[Parks After Dark] really creates a community-based foundation," says Charlotte "Cici" Robinson-Perkins, a recreation service supervisor who has worked at Roosevelt Park for 17 years and wishes she would have had something like PAD when she was a kid. "It kind of falls into that philosophy of, 'It takes a village.'"

“

PAD really creates a community-based foundation. It kind of falls into that philosophy of, 'It takes a village.'

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MEETING PEOPLE WHERE THEY ARE

Besides having concerns for their safety, the populations that PAD serves also tend to have less green space than wealthier neighborhoods, and they often lack the financial means to pay for gym memberships, exercise classes or recreation programs. This makes parks an important asset for communities that need low-cost, easy-to-access opportunities for recreation.

Many parents in Parks After Dark communities can't afford to take their kids to the carnival or to Disneyland, says Robinson-Perkins. So the free programming at the park gives parents a chance to do something fun and active with their kids. And at Roosevelt Park, there is no shortage of activities to appeal to both adults and children. Programming happens each Thursday, Friday and Saturday, from 6 to 10 p.m., for about nine weeks out of every summer at the park.

Community members can swim in the pool, play board games, or create arts and crafts in a multipurpose room. They can attend free concerts on Thursdays or free movies on Saturdays, both of which include free healthy food options and often attract crowds of several hundred to a thousand. Through PAD, Roosevelt Park also offers talent shows, face painting for the kids, and a variety of classes from health education to cooking to adult literacy.

Additionally, the park boasts a variety of physical activity options from soccer to rock-climbing walls. On Fridays, for example, Roosevelt Park hosts baseball and softball games. In the summer, a youth baseball league calls the park home and draws young people by the hundreds: In 2013, 300 kids from age 5 to 17 enrolled. The park even has what they call a "Dreamfield," one of two fields that the Los Angeles Dodgers Foundation, in partnership with Parks and Recreation, the LA84 Foundation, and Security Benefit Life Insurance Company, donated after a Dodgers team representative visited one summer and saw firsthand the influence of the PAD summer youth baseball league. The LA84 Foundation has also provided funds for baseball, basketball, softball and volleyball equipment so that the park can offer its youth sports programs for free.

Then there's one of the park's biggest draws: the annual teens vs. deputies sports tournament. For four years now, community teens and deputies have taken to the basketball court in an intense but friendly competition. The teens beat the deputies all four years, so they have switched the tournament to kickball to level the playing field. Win or lose, the community and law enforcement now have a positive relationship, which doesn't end with the summer programming, says Deputy Schrader: "It actually opens up opportunities all year."



Many parents in Parks After Dark communities can't afford to take their kids to the carnival or to Disneyland, so the free programming at the park gives parents a chance to do something fun and active with their kids.

Now that the park is a real attraction and hub for the community, county departments and community agencies are able to leverage PAD to reach out and connect residents to other resources and services they may need. Whether people flock there to participate in a sporting event or to watch a free film, it provides public health staff and other providers a way to “meet residents where they are, rather than having them go somewhere else for services,” Welsing says.

Many of the people in communities that PAD serves work during the day and don’t have the time—or, for some, the language skills—to go out and seek the public services that are available to them. They face many challenges, from a lack of affordable, healthy food to quality education, health and mental health services. Co-locating

resources in a park setting allows community groups and government agencies to offer a wider range of services all in one place.

Additionally, Fischer notes that people actually want to come to the park, which is more welcoming than county buildings that may seem intimidating. Perhaps even more important, park staff are trusted. According to Yamamoto, park staff become more than just staff; they become neighbors and friends of community members. That relationship allows them to learn about the community and find out more about what they need.

“I think that building a community has to start with grassroots efforts,” Yamamoto says. “And the park really is a centerpiece—in many communities, the heart.”



“ I think that building a community has to start with grassroots efforts. And the park really is a centerpiece—in many communities, the heart. ”

OUTCOMES

Parks programming is a fairly simple concept but one that is nevertheless capable of bringing about more complex, systemic changes. A Health Impact Assessment of Parks After Dark,¹¹ developed by the Department of Public Health, shows that the communities surrounding the parks participating in PAD have seen large reductions in crime since the program's inception. Between the summer of 2009—the year before PAD began—to the summer of 2013, PAD's three original parks experienced a 32% decrease in violent crime, compared to an 18% increase in nearby communities without PAD.

Parks After Dark: A Vital Community Program

Since implementation in the summer of 2010, Parks After Dark has provided significant community benefits including increased physical activity, improved social cohesion, and decreased violent crime:

Serious and Violent Crimes

Serious and violent crimes in the communities surrounding the original three parks declined 32% during the summer months between 2009 (the summer before program start) and 2013...

32%

Parks with
PARKS AFTER DARK program

VS

18%

... compared to an 18% increase in serious and violent crime during this same time period in nearby communities with parks that did not have the Parks After Dark program.

Parks without
PARKS AFTER DARK program

Safety

The perception of safety among community members was also very high. 2013 participant survey results showed that 97% of the respondents felt safe while they attended Parks After Dark.

97%

Satisfaction

More than 97% of participants surveyed each year indicated they would participate again in the Parks After Dark program.

Visits

From summer 2010 to summer 2013, during the months of June, July and August, more than 187,000 visits were made to the six participating parks.

187,000



16,000

Physical Activity Participation

In summer 2013, more than 16,000 community residents participated in physical activities, including many people who indicated that they have a sedentary lifestyle or low levels of regular physical activity.

This reduction in violence comes not just from an increased law enforcement presence but also from a greater number of people engaging in park activities and building relationships. From 2010 to 2013, there were more than 187,000 visits to the six PAD locations. This has led to a greater sense of community, social cohesion, trust and improved perceptions of safety. In fact, according to the Department of Public Health, 97% of PAD participants have reported feeling safe attending the programs offered.

PAD has also helped boost physical activity among local residents. In 2013, 78% of PAD participants, many of whom had previously been sedentary, reported through surveys that they engaged in physical activity. The department estimates that if PAD participants continue weekly physical activity throughout the year, it could translate into a “5% annual decrease in the burden of diabetes, dementia, and heart disease.”

Besides improving health, PAD also saves money. The Health Impact Assessment calculated the cost to implement PAD and incorporate recommendations for core infrastructure improvements, including funding for full-time staff to coordinate PAD year-round, community intervention workers, administrative

support, and outside evaluation, and found that the criminal justice and health care cost savings outweigh the costs to run PAD. Based on these figures, PAD cost an estimated \$891,000 for six parks in 2013. The criminal justice cost savings from reduced violence was an estimated \$1.38 million, and PAD has the potential to save another \$510,000 each year in health care costs if participants continue the physical activity routines they adopt during PAD year-round. This resulted in a total estimated cost savings of nearly \$1 million in 2013.

Source: Los Angeles County Department of Public Health



TOTAL ESTIMATED COST SAVINGS IN 2013 nearly **\$1 million**

Estimated cost of 6 PAD parks

\$891,000

Estimated criminal justice cost savings from reduced violence

\$1.38 million

Estimated health care cost savings with year-round physical activity

\$510,000

Both Parks and Recreation and the Department of Public Health have received a lot of positive feedback about PAD. The program provides an opportunity for people to alleviate physical and mental stress by being active and socializing. PAD also gives people a chance to get to know their neighbors and portrays communities in a positive light.

“Communities in South L.A. are well known for news coverage of shootings and violence, but here at Parks After Dark, you see people of all ages in the community enjoying the parks and getting to know each other,” Fischer says.

“You see seniors sitting down and engaging with teenagers—that’s the most exciting thing,” says Robinson-Perkins, adding that this kind of camaraderie is something that people don’t want to let go of when the summer ends. In fact, Parks and Recreation has received many requests to offer PAD year-round.

Additionally, the interactions that youth have with adults in the community besides their own parents or guardians help them to develop confidence and better social skills, says Schrader: “You’re empowering children that might not feel so empowered.”

Take Byron Mayhan, for example. The teenager says his life was “very bland” before he became involved with Parks After Dark in December 2013. A participant in PAD’s teen club, Mayhan says he now has more friends and opportunities for his future. He’s gotten more comfortable speaking in front of people and knows that if he ever needs future career guidance or help with a résumé, he has people to turn to.

As beneficial as PAD is to residents, it’s also beneficial to the organizations that work to make it happen. Andrea Welsing describes the group of people involved in strategic planning as “like a family”—one with strong bonds both internally and with the broader community. Connections made during PAD have built relationships across county departments and in each local community that partners can leverage year-round.

“The process that we’ve gone through in the Department of Public Health has been really transformative,” she says. “It’s changed the way we look at violence and chronic disease prevention. It has changed the way we operate and how we collaborate with partners.”

VISION FOR THE FUTURE

The immediate goal that the Department of Public Health and its partners have for Parks After Dark is to sustain funding for the six current parks. PAD's Community Transformation Grant funding ended in 2014, and although the County CEO has agreed to backfill this funding annually, it remains underfunded from 2016 on. The department, whose role in PAD has grown from that of supporter to institutionally committed partner, is now leveraging PAD's strategic plan to show the program's impact and seek additional funding. The department has also dedicated ongoing staff support for Parks After Dark, which it has included as a priority in its strategic plan.

Once the funding hurdle is cleared, the goal is to expand PAD to additional parks to serve as a model for other communities. Los Angeles County has about 10 million residents—that's 17 times the entire population of Wyoming—and a little over a third of residents are under age 24, a prime demographic for PAD.

"When you think of how big L.A. County is, six parks is not a lot," Fischer says. "This is a huge county, and there's so much more impact we could have." Still, Fischer notes that Parks After Dark is "small but mighty."

Data collected by the Department of Public Health have been critical to raising the profile of PAD, pursuing funding, gaining support of local leadership, and engaging partners. To that end, the department has presented PAD at public health and parks and recreation conferences, demonstrating its effectiveness in reducing violence and improving physical activity. The department has also produced several publications, including the Health Impact Assessment report¹² and an invited discussion paper for the Institute of Medicine, highlighting the potential of the PAD model.¹³

Additionally, the Department of Public Health is actively engaging other county departments, as well as divisions and programs within its own department, to explore opportunities to align PAD with other place-based initiatives, policies and services. For example, the Department of Mental Health may be able to provide support groups and other services; doing so in a park setting could help to ease some of the stigma around mental health. PAD also could be a springboard for other types of partnerships, such as shared use agreements between schools and the park system, to further increase people's sense of community and opportunities for physical activity.

"Every kid deserves a safe place to play," Welsing says. "In order to achieve true health equity, every child should have a safe place to play and engage in physical activity and have recreational opportunities."

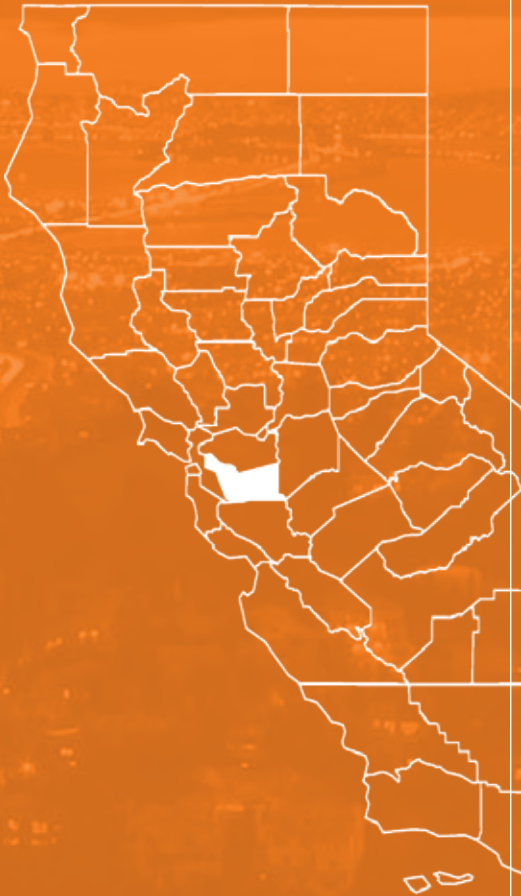
View video highlights from Parks After Dark at <https://youtu.be/7u1wN8Fbg48>.



Alameda County Department of Public Health

GRAND PRIZE WINNER

Arnold X. Perkins Award For Outstanding Health Equity Practice



Many tenants are simply too afraid to report unhealthy living conditions to code enforcement because their landlords have threatened retaliation, such as eviction or calling Immigration and having them deported.

Landlord harassment. Monthly building-wide water shutoffs. Broken, leaky windows. Rent hikes. Threats of eviction. These are just a few of the many issues that Nicole Fountain, a tenant in Oakland, California, says she's been subjected to, making her home on Merritt Avenue uncomfortable and, at times, downright uninhabitable.

"It's clear that there's a housing crisis in Oakland and low-income tenants are being displaced," Fountain wrote in a fall 2014 letter to Oakland's City council members, in which she urged them to take action. "Rising rents in the Bay Area are compelling Oakland's landlords to do everything they can to push existing, rent-controlled tenants out of their homes. ... Our city's tenants need legislation to protect them from this intimidation."¹⁴

As startling as the housing conditions that Fountain describes may seem, they aren't unusual in the Bay Area. Catalogued in a Tumblr blog of Causa Justa :: Just Cause, a grassroots organization working to achieve housing and racial justice for low-income Oakland and San Francisco residents, are stories of families being forced to move out with only a few days' notice; tenants living in mold-infested residences with "peeling cigarette-stained walls" and no heat; landlords trying to pass pricey capital improvements onto renters; and elderly tenants who have endured months-long sewer back-ups and other squalid living conditions.¹⁵

"This is a health equity issue," says Amy Sholinbeck. As an asthma coordinator for the Alameda County Public Health Department, Sholinbeck regularly conducts visits to the homes of local residents newly diagnosed with asthma to identify and address housing conditions, such as mold or improper ventilation, which can trigger asthma. On those visits, she often hears stories from people who are living in unhealthy conditions but say their landlords won't fix the property. Many tenants are simply too afraid to report the issue to code enforcement because, they tell Sholinbeck, their landlords have threatened retaliation, such as eviction or calling Immigration and having them deported.

These kinds of harassing behaviors are now illegal, thanks to a new Tenant Protection Ordinance. The ordinance, created by Causa Justa :: Just Cause and passed by the Oakland City Council in November

of 2014, prohibits 16 forms of landlord harassment. It is the result of intense community organizing efforts, testimony from local residents, and support from public health department staff, including Sholinbeck, who spoke at a rally before the vote, sharing her experiences from the field and, by virtue of her profession, identifying it as a public health issue.

Although the final ordinance is weaker than organizers would like—for example, it lacks an administrative process that would give adequate recourse to tenants wanting to hold their landlords accountable—the policy is an important step forward for housing and health groups alike. It is also just one example of how the Alameda County Public Health Department (ACPHD) has broken from the traditional public health mold—one that, for decades, has focused primarily on programs and services—and is building partnerships with community-based organizations and working with both community members and governing agencies to change the policies and practices that are fueling health inequities. This case study explores those efforts, the history behind them, and goals for the future. Although ACPHD's health equity efforts encompass a wide range of policy areas from education to transportation to criminal justice, this case study focuses on the issue that ACPHD Director and County Health Officer Dr. Muntu Davis says best embodies the collaborative nature of the department's work: housing.

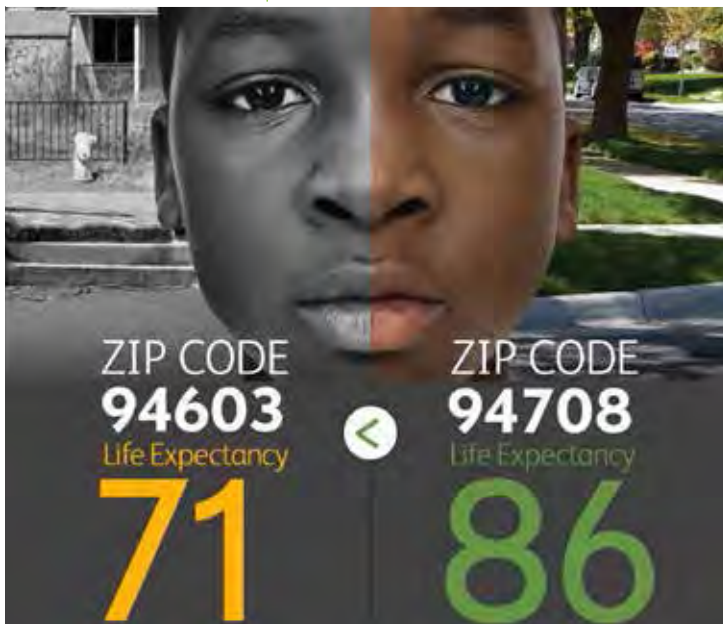


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MAKING THE LINK BETWEEN HOUSING AND HEALTH

Whether or not people have access to housing, how much they have to pay to own or rent, and the quality of their living conditions can influence everything from how likely people are to develop a chronic illness to how long they will live. For example, most people living in the United States pay more for housing each month than for any other expense, and the higher the cost, the less money they have for other necessities like food and medication. On the flip side, lower-priced housing (which is in short supply in the Bay Area) can come at the expense of quality—and safety—leaving low-income residents more likely to encounter conditions like leaky roofs, moldy drywall or other environmental health hazards. Then there are financial practices, such as discriminatory lending, which can make it harder for some groups—historically, people of color—to get home loans, and trends in development, such as gentrification, which can make it harder for people to stay in their homes. Often dubbed “urban renewal” for its sudden infusion of money into neighborhoods with a history of disinvestment and abandonment, gentrification also drives up rents and often drives out long-time residents who can no longer afford to live there.

“Your home is so intrinsically tied to your well-being and your health,” says Tram Nguyen, who coordinates a housing policy workgroup for ACPHD.



In few places is this connection more unmistakable than in Oakland. Situated on the northwest side of Alameda County, across the bay from San Francisco and just south of Berkeley, Oakland has one of the highest rental costs in the nation. It also has a stark divide between those who can afford those steep rents and those who can't. The city is home, simultaneously, to huge concentrations of wealth in areas like the Oakland Hills, as well as pockets of extreme poverty in parts of West Oakland, an area that in the 1950s was cut in half by the construction of the Cypress Street viaduct, displacing hundreds of families and dozens of businesses, and isolating many residents from downtown.¹⁶ Major disparities in everything from education to income to housing conditions exist between these locations, which have translated into vast inequities in health.

Oakland is a stark example of how zip codes can predict health status. For instance, according to health department data, a white child born in the Oakland Hills is expected to live 15 years longer than an African American child born in West Oakland. As a baby, that same white person from the hills is 1.5 times less likely to be born premature. As a child, he or she is 2.5 times less likely to be behind in vaccinations, and as an adult, three times less likely to die of a stroke.¹⁷

A PLACE SHAPED BY HISTORY



Displacing a group of people in favor of newcomers dilutes the political power of working-class communities and communities of color by breaking up families, communities, and voting blocs. It's happening in cities all over the country and the world.

Measuring Gentrification

While there is danger in abstracting the dynamics of gentrification from their specific geographic and historical context, there is valuable policy and political work to be achieved with an abstract measurement of gentrification. This is the work that our 'Typology of Gentrification' attempts to enable. The specific methods of our adopted typology will be specified below in our Methodology section and in detail in Appendix A. Using a typology that measures intensity, rather than a chronological linear path, we hope to suggest policy and organizing strategies that address the different intensities of gentrification in specific neighborhoods around the Bay Area.

Regional Historical Perspective

Following an exploration of our research methodology, we will frame the process of gentrification as closely related to the recent reconfiguration of the Bay Area in the global and national political economy, particularly the rise of finance and tech industries in producing profits for the national economy. To do this, we will summarize the past function of the East Bay in the global political economy, as well as discuss the role of migration (domestic and international) and social segregation in past regional economic configurations. Key to contextualizing the histories and changes of urban development strategies will be an exploration of public health perspectives on urban development, which we explore in

depth in a section on the public health history and impacts of urban renewal and gentrification.

Redefining Human Development Organizing Communities

Finally, while our analysis will be fundamentally historical and typological, our historical framing makes explicit that any effective effort for exclusion development must be a necessarily radical struggle for power and communal self-determination. Closely related to our analysis of the public health effects of gentrification will be a redefinition of community and human development under the banner of "The Right to the City," which advocates for collective organizing to reshape the process of urbanization and development.

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Though housing isn't solely responsible for these inequities, it plays a pivotal role—one that has been shaped by many historical factors. Understanding the history of such inequities is key to eliminating them. As detailed in *Development Without Displacement: Resisting Gentrification in the Bay Area*, a report from Causa Justa :: Just Cause, with research contributed by ACPHD, Oakland originally developed in the late 1800s as a transportation hub and manufacturing powerhouse, with a strong working class, including many Gold Rush immigrants, to power its economy. In the early 20th century, the city's population ballooned as African Americans escaped the Jim Crow South, settling primarily in West and North Oakland, as well as in other parts of Alameda County, including Richmond. The city also saw an influx of immigrants from Mexico.¹⁸

These African American and immigrant workers concentrated around the cities' industrial zones, which became further segregated during the mid-20th century, as the government and businesses decreased their investments in these neighborhoods, and racist housing practices such as redlining locked racial minorities out of home ownership. During that same time, many African American households, deemed blighted, were targeted for demolition, rather than for repair. Thousands of people were displaced, and old homes and businesses were destroyed and replaced with a smaller number of new housing as well as civic buildings. By the 1970s, the U.S. economy shifted away from industry, leading to further disinvestment.

Oakland has shown tremendous strength and resilience in spite of such economic and political barriers. For example, after the Cypress Street viaduct collapsed in the 1989 Loma Prieta earthquake, community residents and activists fought to get traffic rerouted closer to the outskirts of the city.¹⁹ They prevailed, and a large portion of West Oakland was reunited. However, the area remains blighted and continues to face other upheavals, including gentrification. The first of several waves



Even among longtime local residents who can afford to stay put in the short term, the new businesses that gentrification brings in often don't cater to or provide them with much-needed basic daily goods and services.

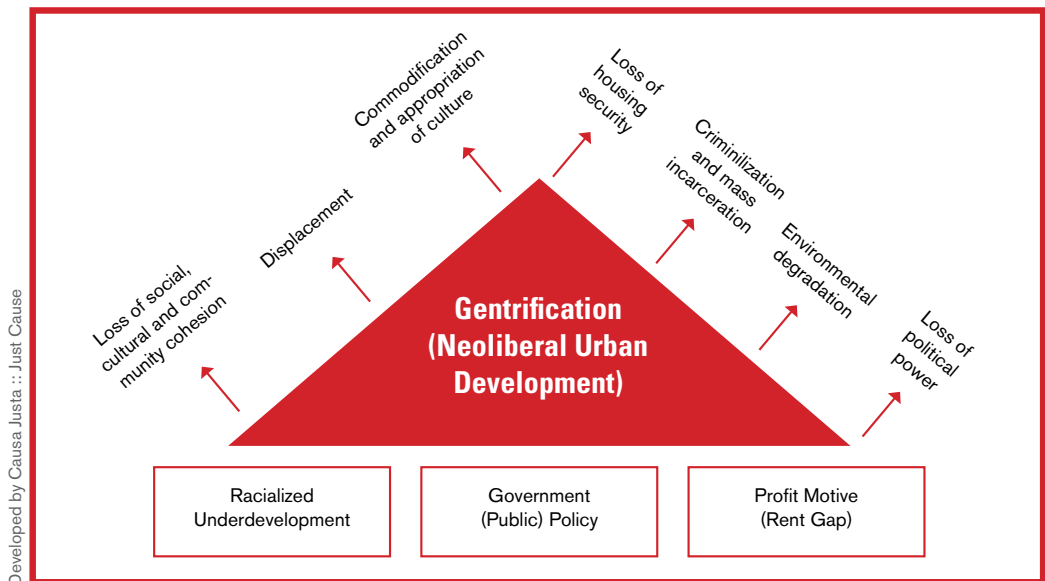
of gentrification was ushered in during the dot-com boom of the 21st century, as those who got rich off of technology investments moved into Oakland's once-thriving industrial communities, which resulted in driving up housing prices.

These and a variety of other factors, such as the foreclosure crisis of 2007, which led to thousands of lost homes and foreclosure-related evictions, have all shaped the face of the Oakland that residents experience today. It's a city where multi-million dollar homes sit just miles from dilapidated structures that landlords either can't afford to repair or refuse to in the hope that they can drive their current (often rent-controlled) tenants out and then make the needed repairs to fetch higher rent from newcomers.

"People are putting up with the conditions, or they're doubling up and tripling up in order to be able to afford their rent," Nguyen says. "Overcrowding can be yet another threat to health, though this is a survival mechanism for severely rent-burdened households."

Even among longtime local residents who can afford to stay put in the short term, the new businesses that gentrification brings in often don't cater to or provide them with much-needed basic daily goods and services. They're often created with a wealthier customer in mind. That means a corner store or an ethnic market might get replaced by a wine bar or an upscale restaurant that residents simply don't need. For many people, this can mean that the place they've long called "home" becomes unrecognizable to them and, in the long term, inhospitable.

As homeowners and renters alike are pushed out from Oakland's even higher-priced neighbor to the west, San Francisco, the situation continues to worsen, with demand for affordable housing outpacing supply. What, then, can a health department do to improve these conditions, which are rooted in over a century's worth of history? Turns out, a lot. As *Development Without Displacement* explains, gentrification and other housing-related woes are not inevitable, and health departments can play an important role in addressing them.



Developed by Causa Justa :: Just Cause

TAKING A MULTIFACETED APPROACH

Like many of the other equity issues that ACPHD works on, such as education and economics, the health department takes a multifaceted approach to its work on housing. The department analyzes health data and facilitates dialogue with residents and the community organizations that serve them to identify problems and then to tease out possible courses of action and determine what the health department's role should be—one of leading, supporting or capacity building. It partners with a variety of community groups to help change problematic housing policies and practices. It communicates with the media and decision-makers, writing letters and testifying at public meetings to show why something is a public health issue and why action is needed. And it continually works to build staff's understanding of the issue internally, promoting collaboration among different programs and at different levels of leadership, so that the department has the fullest capacity to respond.

The idea is to engage both the groups with the power to make the needed changes and those who will be impacted by the changes.



“Some of the best solutions come from places that you wouldn’t expect,” Davis says. “It’s not always the program manager; it’s not always the department director. Many times it’s a staff member that has an idea.”

The same goes for working with the community. Being located within a county of 1.5 million people and 14 cities, there are ample opportunities for collaboration. And while working collectively takes extra time and effort and, according to Davis, requires a thick skin, the results are well worth it.

“We can always design something sitting back in our offices and say, ‘This is going to work,’” Davis explains. But, he adds, the lived experience of those plans can be very different: “If you really lose the trust of the public, they won’t use that service. They won’t come to you with questions or to try to work with you on something. So it’s really important to maintain that trust and, at the same time, for us to understand that we’re really impacting them, and they should have a say in what [the plan] looks like.”

The idea is to engage both the groups with the power to make the needed changes and those who will be impacted by the changes. The health department now has so many partnerships that Davis says they are trying to catalogue all of them to see where there may be overlap among programs and partners so that they can make their collaborative efforts more efficient.

AFFORDABILITY, HABITABILITY AND ACCESS

The infrastructure to work specifically on housing began in 2009, with the formation of a housing workgroup within ACPHD's Place Matters team, which works on a variety of social determinants of health. The housing policy agenda was developed the following year, according to Nguyen, "through a public engagement plan that prioritized community-identified issues and community-driven policy change activities." In 2010, the health department hosted a series of four gatherings to discuss the root causes of health inequity and how to address them. Of the 200 individuals invited, more than 125 came to participate in at least one event, and many remain connected both online through email and social media and offline through workshops and trainings.

Through this process, the department identified affordability, habitability and access as key inroads to making progress on housing, and has since used its hallmark collaborative, multi-tiered approach to address these issues, particularly in Oakland's low-income communities, which struggle with racial inequity and high rates of chronic disease and mortality.

Affordability

Much of the public health department's involvement in addressing housing costs has revolved around analyzing tenant policies to see whether they are geared toward affordability and preventing displacement. The department then shares those analyses with partner organizations that work on the ground to make sure tenants have a way to resist rising rents.

With many community organizations already working on this issue, the department has been able to follow their expertise and bolster existing efforts. For example, in 2014, under the leadership of Causa Justa :: Just Cause and the Tenant Justice Coalition, ACPHD worked to help pass rent reform in Oakland. The reform, which Nguyen says was the first of its kind in about 10 years, capped rent increases at 10 percent and limited to 70 percent the portion of capital improvements that landlords can pass through to tenants.



To address habitability, the health department’s Asthma Start program conducts home inspections for people recently diagnosed with asthma to identify and help ameliorate environmental triggers for the lung condition, such as mold from leaky water pipes that have gone unaddressed for too long; excessive dust from improper ventilation or old carpet that is in need of cleaning or replacement; and infestations of cockroaches, mice, rats or other pests—all of which erode indoor air quality.

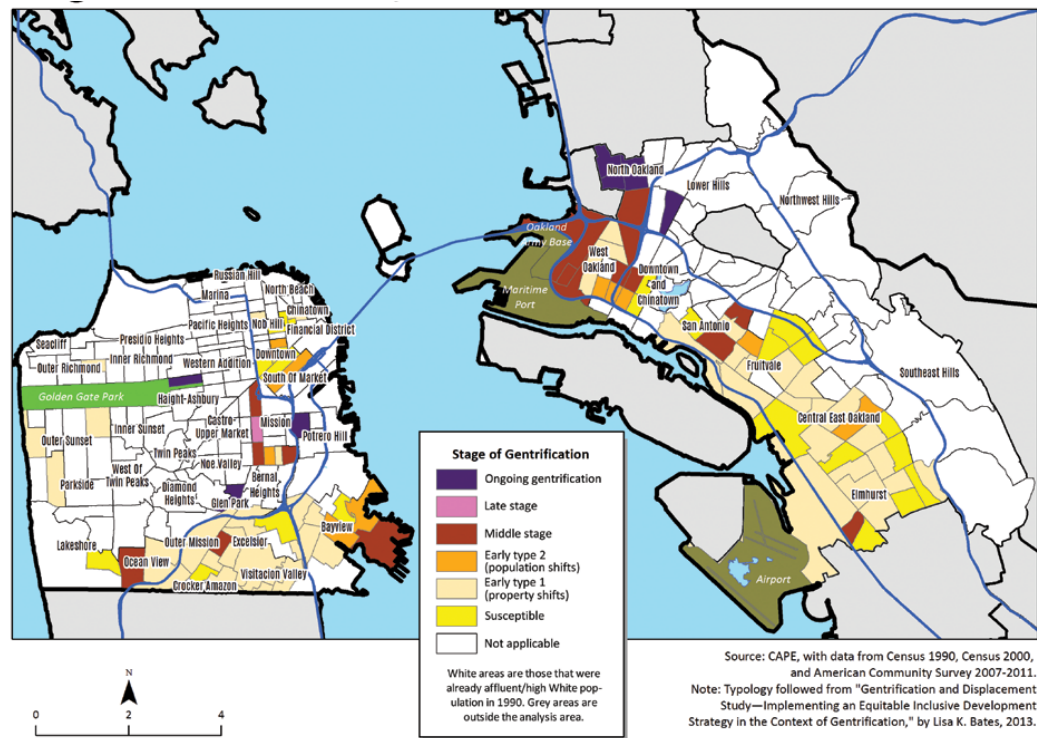
“If a person is constantly in something that is triggering bad health, no matter what you do as a medical provider—you can continue to provide medicine, you can continue to provide advice—but many times they can't follow that advice because the environment is not supportive of it,” Davis says. “If [residents] are still going back to the places that are triggering poor health, it's going to be a cycle that's just going to continue and never stop.”

In addition to playing a supporting role in passing the Tenant Protection Ordinance to help improve renters’ living conditions, the Asthma Start program also collaborates with the Health Inspections unit of Oakland’s Code Enforcement, which is charged with responding to health-related housing complaints. ACPHD has conducted cross-trainings with health inspections staff to improve their understanding of health equity and to highlight specific properties where housing conditions are an increased concern.

Additionally, ACPHD has worked with advocates to help pass Oakland’s Vacant Property Registration Ordinance. The ordinance, which requires banks to abate blight in foreclosed properties or pay a fine, has brought in more than \$1.6 million for neighborhood improvement efforts, Nguyen says, and is a model policy for cities throughout the state.

“If a person is constantly in something that is triggering bad health, no matter what you do as a medical provider—you can continue to provide medicine, you can continue to provide advice—but many times they can't follow that advice because the environment is not supportive of it.”

Stage of Gentrification, San Francisco and Oakland



Access

The health department is also working to reframe gentrification as a public health issue. Among its efforts, ACPHD has deployed key spokespeople to speak out about the issue; documented the impacts of gentrification and displacement on health to help build political will among elected officials; and provided policy analysis and research on gentrification's health effects to its partners at Causa Justa :: Just Cause.

The data were released as part of the in-depth report *Development Without Displacement: Resisting Gentrification in the Bay Area*. The report shows that between 1990 and 2011, Oakland's African American population decreased by nearly 40%. There have also been major shifts in homeownership. For example, in North Oakland, a neighborhood in the later stages of gentrification, homeownership among African Americans dropped from 50% to 25%, while renting grew among this group. And neighborhoods in the latest stages of gentrification have the largest difference in mortality between black and white populations.

When people are displaced, they lose not only their housing but also their social and local support networks, says Nguyen. They often lose access to other services they once relied on, such as health care or child care provided by neighboring friends or relatives. All of this amounts to a tremendous increase in stress, which, as ACPHD has detailed in its 2008 report *Life and Death from Unnatural Causes*, can diminish health.²⁰

When people are displaced, they lose not only their housing but also their social and local support networks.



Although gentrification is often driven by a profit motive, with people looking to refurbish and then capitalize on once-blighted properties, it can also be a consequence of so-called healthy development. For example, improvements in transit options can make some neighborhoods more desirable, leading to more amenities coming in and soon-to-follow rent increases. *Development Without Displacement* describes ways to develop communities without entirely displacing existing residents and makes the case for why public health departments and other public agencies should play a role in helping to prevent displacement.



As a result of ACPHD's housing involvement, Causa Justa :: Just Cause has incorporated a health equity framework into its organizing work and launched a "Healthy Housing for All" campaign in 2014, which identifies poor housing conditions as a form of harassment. And since the release of *Development Without Displacement*, the health department has convened advocates from a variety of issue areas, including senior housing, education, and transportation, to discuss possible next steps for advancing some of the report's recommendations. ACPHD has also incorporated an anti-displacement focus into its Place Matters Housing Workgroup and has provided research and public testimony on several major development projects in Oakland and Fremont, Alameda County's southernmost city; in both locations, the department has partnered with local coalitions of residents to call for greater community benefits, such as affordable housing set-asides and early and ongoing public engagement in the cities' planning processes.

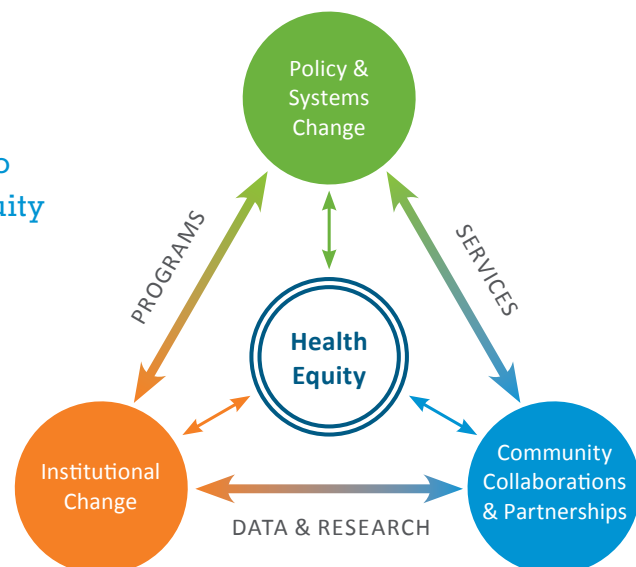
GETTING BACK TO THE ROOTS OF PUBLIC HEALTH

That ACPHD has the capacity to work so intensively with the surrounding community on housing and other health equity issues is a credit to an internal reorganization that began decades ago—long before the formation of Place Matters—in response to health department staff analyzing disparities in African American health outcomes. Until the mid-1990s, the department had been focused primarily on delivering services and programs to its surrounding communities, with little input from residents on what their needs were. Then, under the leadership of Arnold Perkins, who was director from 1994 to 2006, the health department began a process of trying to democratize the institution or, as Perkins has been known to say, "put the public back in public health."

First, the health department created regional offices that were closer to the communities it served, and it emphasized community capacity building. ACPHD staff then started participating in neighborhood actions and reconceptualizing the nature of their work to be more proactive rather than merely reactive. Perkins, whose background was in community organizing, not public health, gave staff permission to take chances and think creatively. And, Davis recalls, when staff were confronted with a health issue that wasn't improving, Perkins encouraged them to "go to the person in the neighborhood who knows best."

The department now has a well-established inclusive strategic planning process, and its focus on health equity is institutionalized—woven throughout the health department's mission, internal policies, and practices. ACPHD's current approach is better able to address the health challenges of the 21st century, which consist primarily of chronic diseases, rather than infectious diseases like tuberculosis or cholera, common in previous eras. ACPHD's approach also represents a return to public health's roots. The field has historically worked to improve social issues like sanitation and housing conditions. In the late 19th and early 20th centuries, public health workers even pushed for the establishment of housing standards and actively enforced housing codes.

ACPHD's Approach To Achieving Health Equity



Source: Alameda County Public Health Department

VISION FOR THE FUTURE



Director Muntu Davis
Davis is hopeful that sharing ACPHD's story of long-term institutional change and collaboration with the community will inspire other health departments to take on similar challenges.

Although the health department is seeing progress in life expectancy in Alameda County, it has yet to realize large improvements in health disparities. That kind of outcome happens over the long haul, and the department is in it for precisely that.

“We don't expect perfection,” Davis says. “Not everybody's going to have the same health outcomes, but the fact that some have access to better education, and the fact that some have access to better housing conditions—those things are unfair and those things are unjust—and those are the things that we would not see if we had health equity.”

Davis is hopeful that sharing ACPHD's story of long-term institutional change and collaboration with the community will inspire other health departments to take on similar challenges.

“We were a health department that, like everyone else, was initially focusing in on those core, well-known public health practices, and over the course of time, we've changed,” Davis says. “So, if we can do it, anybody can.”

View video footage of the Alameda County Public Health Department's approach to health equity at <https://youtu.be/DFbzadpU4fs>.



Lessons Learned

From endeavoring to improve college and career readiness to combatting unhealthy living conditions and the displacement of local residents, health departments in California's Shasta, Sonoma, Los Angeles and Alameda counties are covering a lot of ground in their efforts to advance health equity and ensure that the places where Californians live, learn, work and play are supportive of health for everyone. Along the way, they've encountered a variety of challenges, including securing funding for these nontraditional approaches to public health, working across large geographic distances and diverse populations to ensure that all community voices are heard, and confronting the deep historical roots that have shaped each county's unique struggles. But from these challenges, the health departments have amassed a rich amount of experience and lessons learned that could be useful for other health departments wanting to pursue similar work.

[Here is a look at those lessons and why they matter.](#)

Lessons Learned

1

Name it.

Many health departments are already attempting to improve health outcomes across entire counties, but without the health equity label. For example, they may be gathering and analyzing data to see what groups are the most affected by particular health conditions, or they may be targeting certain programs to low-income communities or other priority populations. Putting a name to such efforts is vital to creating a shared language, mindset, focus and goals.

2

Build internal staff understanding of health equity and their capacity to address it.

Some of the most creative and effective ideas come from staff, not program managers or directors, Alameda County's Muntu Davis points out. As such, it's beneficial for health departments to infuse a health equity lens throughout all department programs and operations. The Alameda County Public Health Department, for example, underwent a decades-long internal reorganization involving the creation of regional offices and the writing of health equity into the department's mission. The department has also formed strategic planning workgroups and trains new and existing staff to incorporate a health equity perspective into their work. Shasta similarly focuses on health equity in staff trainings and has undergone a restructuring in recent years, forming regional offices and conducting an extensive review to make sure its internal policies and practices support its external efforts to advance health equity.

Although a health department's form is key to driving its function, restructuring an entire organization to better align with a health equity agenda can take years. In the meantime, there are many steps that departments can take within existing frameworks to bolster their ability to take on equity-related challenges, including the following:

› Break down silos.

To reinforce a health equity perspective, health departments can look for opportunities for internal programs—from tobacco control and nutrition programs to maternal and child health—to engage, coordinate, and work together. “You can't work in isolation,” says L.A. County's Andrea Welsing. In Los Angeles and elsewhere, issues like physical activity, violence prevention and healthy food are interrelated. Operating in silos can cause people to miss those connections.

› Ask questions.

An emphasis on health equity can be further institutionalized if health department staff regularly question and challenge themselves. Some key questions include, why is this a problem or an issue? Does it stop here? Is this a root cause? Thinking about how issues are connected and what they're rooted in allows health departments to move forward with greater confidence that they are addressing a problem, not just a symptom, notes Sonoma County's Brian Vaughn. Doing so also allows health departments to think of their work as part of a broader system.

Lessons Learned

› Learn from others.

Exploring potential models in other cities and counties can help speed up health department efforts to understand what strategies hold the most promise. For example, the Shasta Promise education initiative is modeled after a similar practice in Long Beach. Sonoma's *Portrait*, which acts as a roadmap for the department's health equity work, was developed after the county's neighbors in Marin developed such a report. And, in Los Angeles, the Parks After Dark team met with the cities of Los Angeles, Long Beach and Pasadena, all of which have comparable programs, to learn from them, seek grant opportunities, get the attention of funders, and share resources.

› Get creative with funding.

Even with an effective model to follow, a structure that lends itself to an equity agenda, and highly knowledgeable and committed staff, attracting funders is easier said than done. That's because health equity doesn't fit well into traditional public health funding paradigms, which typically focus on quantifiable goals and outcomes. "We often say to funders, 'We don't know what our outcomes are going to be,'" explains Shasta's Charlene Ramont. "We know they're going to be good, and we know we have the skills to achieve outcomes at a community level, but we want the community to decide what those outcomes are going to be. We're not going to decide for them." This means being creative with funding is a must. To that end, Ramont suggests that health departments explore funding streams "both internally and with grants that are willing to see the potential of what a community can do with its assets."

3

Collaborate.

Building internal capacity is necessary but not sufficient to effectively reduce inequities. To create lasting change, health departments must collaborate with others—a point that Shasta, Sonoma, Los Angeles and Alameda all emphasize. As Sonoma's Vaughn puts it, the health department can't and shouldn't do everything. Community-based organizations, he notes, have a pulse on their own communities and often know best what their needs are. As such, it's important for health departments to institutionalize a collaborative approach, engaging community organizations, as well as community members, to help unearth problematic policies and practices. Health departments can then identify other county agencies and partners to work with and leverage each group's strengths. Yet, as essential as collaboration is, it's also complicated and filled with caveats. To engage diverse groups successfully means being able to do the following:

› Build relationships.

Gathering people together in the same room isn't enough for progress to happen. Creating change requires not only a desire to act but also a confidence in being able to speak up. Typically in professional settings, health department staff members engage. But are their community partners similarly equipped? Are the people from different sectors comfortable with each other—especially if they want to disagree? It's only once people feel that they can trust others in the room that they're willing to let down their guards, says Shasta's Ramont. This is when truly innovative thinking happens. Working with community organizers is a good

way for the health department to begin forging relationships with residents. And cultivating trust with other organizations can begin with something as simple as a phone call, coffee, or lunch.

› Challenge the community, but don't try to change them.

Another key to fostering trust is being mindful of a community's existing values and culture. Take Shasta County, for example, which, as a whole, is very independently minded and politically conservative. Instead of trying to change the community, the health department has tried to meet residents where they are by using language that resonates with, rather than alienates, them. In lieu of the phrase "social determinants of health,"—"social," Ramont explains, is "a challenge word" that can elicit defensiveness—public health staff opt for "community conditions for health." Using shared language allows public health to more effectively communicate with the community and make progress toward achieving shared goals.

› Show how it's a win-win.

Health equity is, at its core, about interdependence. Embracing and communicating this message is vital for health departments looking to collaborate. As the late Minnesota Senator Paul Wellstone used to say, "We all do better when we all do better." In Shasta, for example, rather than placing blame on specific organizations or individuals, they've focused on how entire systems have been diverting youth from a path toward college and meaningful employment. They've framed the county's challenges as both a health issue and a community issue and have shown how everyone, from schools to local businesses, has a role to play. And in Sonoma, the Department of Health discusses health equity as a matter of fulfilling unmet potential—a frame that helps to emphasize how investing in places with worse health outcomes strengthens the entire county.

› Know when to lead and when to step back.

Even with trust established, it may or may not make sense for the health department to be the principal entity. Depending on the issue being addressed and the solution it requires, the health department may need to take the lead or adopt a supporting role. Often, it's the latter. "One of our most important roles is conveners," says Shasta's Donnell Ewert. Many times, notes Los Angeles County's Kelly Fischer, "It's not about the public health department being the lead, but the public health department lifting up what other people are doing."

› Bring the data.

Along with community dialogue, data can be an important tool to identify problems and what to do about them. And the more local the data, the better. Although statistics are open to interpretation and don't speak for themselves, having numbers at the ready can help health department staff guide conversations and reflections. As Sonoma's Vaughn explains, this can put large groups on the same page more quickly and help them gain momentum. Data can also be used to evaluate the effectiveness of programs or other efforts, as Los Angeles has done with its participant surveys and Health Impact Assessment for Parks After Dark.

Lessons Learned

› Keep community engaged from start to finish.

A community is dynamic, not static. Needs can change over time, which means that health departments can be more productive with their health equity endeavors if they recognize it as a process and involve community every step of the way. For example, in Los Angeles, Parks and Recreation (the Department of Public Health’s partner and lead agency behind Parks After Dark) holds community planning and debrief meetings every year to find out the community’s wants and needs and to tailor the program to them. And insights gleaned from participant satisfaction surveys allow the public health department to be responsive and adapt to changing needs.

› Be patient.

Having a lot of voices at the decision-making table means that decisions might not be reached quickly. Working collaboratively, says Alameda’s Tram Nguyen, requires carving out time and space for it, being willing to proceed without always having a clear process, and knowing that there won’t be a quick outcome. The process is challenging and time-consuming, but, adds Alameda’s Davis, “It’s the nature of the work.”

4

Engage the public through strategic use of media.

Much of what people—including local officials and other decision-makers—understand about the world around them, beyond personal experience, comes from the media. As such, it’s critical for health departments to develop relationships with local reporters and editors so that when the time comes to release a report or recruit community residents for a new initiative, the lines of communication are already open. This helps to establish trust and gives journalists the opportunity to do background research in advance. A great example of such relationship building comes from the Sonoma County Department of Health Services: The department invited representatives from the local media to participate in a leadership group to help guide the creation of its seminal report, *A Portrait of Sonoma County*.

To help bring complex issues to life, health departments can also connect reporters with what we at Berkeley Media Studies Group refer to as “authentic voices,” people who have firsthand experience with a particular issue and are comfortable sharing their story with the public. Other ways to leverage media to engage the public include writing letters to the editor, staging media events, and self-publishing through social media.

Conclusion

Social change takes time. Tobacco control, for example, began over a half century ago and has led to major shifts in policy and thousands of lives saved. Progress has required patience and persistence, but also a sense of urgency, as tobacco remains the leading cause of preventable death in the United States, and each generation faces a new set of challenges, with the industry's ever-shifting tactics to recruit young customers. Similarly, the full benefits of endeavors to advance health equity in Shasta, Sonoma, Los Angeles and Alameda counties may not be realized for years, or even decades, down the road, but that's not diminishing their zeal to act now.

Emphasizing the need to take the long view but see the immediacy, Shasta's Donnell Ewert recalls a former school superintendent's resolve to expedite efforts to improve educational attainment: "He was so urgent about it. He said, 'We gotta get started because the kids are in kindergarten this year—that's their only year they're in kindergarten. If we don't do something better for them this year, our opportunity is lost for them.'"

Such vigor courses throughout the daily bustle of Shasta County Public Health and its award-winning counterparts in Sonoma, Los Angeles and Alameda. It's with this energy and clear vision for change that they, along with a growing number of local health departments, are striving to create better health outcomes for everyone—their efforts the embodiment of the opt-repeated mantra, "If not us, who? If not now, when?"

To access this series on BMSG's website, visit:

<http://www.bmsg.org/resources/publications/health-equity-case-studies-california>

To access this series on The California Endowment's website, visit:

<http://www.calendow.org/wp-content/uploads/Health-Equity-Case-Studies-V7-web-optimized.pdf>

To see the award-winning health departments in action, or to view highlights from the health equity practices of other California-based health departments, visit:

<https://www.youtube.com/playlist?list=PLLwLn83VLbvwk1C0u1jca3yxqulq6MUd->



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