

ADVANCING HEALTH EQUITY AWARDS 2017

**Celebrating Innovative Health Equity Practice
in California Health Departments**

by Heather Gehlert, *Berkeley Media Studies Group*
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NAPA

SAN MATEO

MONTEREY

COUNTIES

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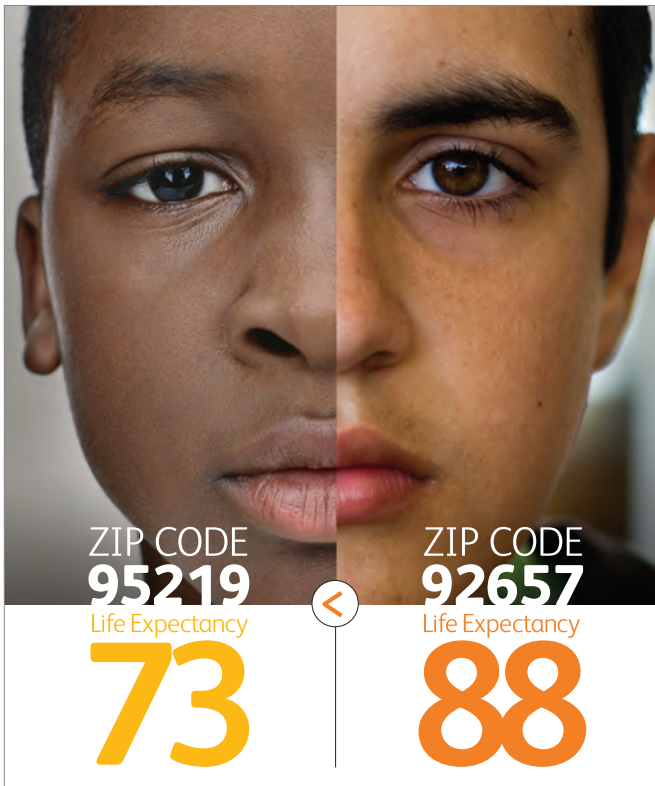
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Introduction

Our surroundings shape our health. For decades, evidence pointing to this truth has been growing, and we now know that the places where we live, learn, work, and play not only influence health outcomes, but that they do so even more than medicine or genetics. We also know that the policies and practices associated with a wide range of environmental and social issues, from air pollution to political disenfranchisement, are causing entire groups to lead shorter, sicker lives than others — and that if we want to address these inequities, we must tackle the power imbalances that underlie them.



In recent years, researchers, advocates, and journalists have been working to make the public aware of this reality; after all, the first step in solving a problem is realizing that it exists. For example, in 2008, a groundbreaking documentary series called *Unnatural Causes: Is Inequality Making Us Sick?* shined an unsettling light on the connection between oppression and poor health. Three years later, a campaign sponsored by The California Endowment illustrated major disparities in longevity by zip code. The campaign, which drew on data from the Social Science Research Council, showed that as many as 15 years could separate the California neighborhoods with the longest life expectancies from those with the shortest. And, today, headlines about the link between physical and social environments and our health regularly appear in the news.

Fortunately, just as our environments can be designed in ways harm health, they can also be redesigned in ways that promote it. To that end, local health departments (LHDs) across California have been busy brainstorming how they can play a role in crafting and implementing solutions. Along with their community partners, a growing number of health departments are expanding their traditional, service-

driven scopes of work and striving to advance health equity—the ability of all people to reach their fullest health potential.

Although their goal is shared, their approaches vary by location. While some are addressing issues like income inequality, education, or employment, others are working on housing, land use, or transportation. Still others are examining how health can be woven into all city and county decision-making.

This transformation from a focus on health services, education, and behavior to a broader approach based on systemic and structural change is beginning to yield results. To recognize exemplary health department practices, support their innovative efforts, and encourage a new standard for health equity work in the Golden State and beyond, The California Endowment created the Advancing Health Equity Awards in 2014. To determine the awardees, a planning committee, made up of leaders from several initiatives and organizations representing public health departments across California, reviews applications and considers how well the LHD health equity practices do the following: contribute to building power in communities; work



directly with residents and communities most impacted by inequities; work directly with social, economic, racial, environmental, and/or climate justice organizations; use cross-sector collaborations to change public or private policies and practices related to social determinants of health; shift people's understanding of health from a focus on health care and individual behaviors to a focus on the social determinants of health and health equity; and engage in internal institutional change that drives changes external to the department.

In 2017, at a gala in Los Angeles, the planning committee named three awardees: the Public Health Division of Napa County's Health and Human Services Agency; the Health, Policy and Planning Program of the San Mateo County Health System; and the Monterey County Health Department. Two awards came with a companion grant of \$25,000 to bolster health equity initiatives, and one health department—Monterey—received \$100,000 as part of the Arnold X. Perkins Award for Outstanding Health Equity Practice.*

Read on to learn more about health equity and what these local health departments are doing to advance it, or watch highlights of their work at <https://www.youtube.com/playlist?list=PLLwLn83VLbvxIzuUc28CM2xLQ2GcdeUU1>.

To view past awardees' work, visit <http://www.bmsg.org/resources/publications/health-equity-case-studies-california>.

*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.



Reframing Housing as a Health Issue in Napa County, California

Introduction

When people think about California’s Napa region, they often imagine world-class wines, fine dining and breathtaking mountain views. What they likely don’t think about—and don’t know about—is the area’s struggles with poverty.

“People are very surprised when we talk about poverty in Napa County,” said Cara Mae Wooledge, health education specialist for the Public Health Division of Napa County’s Health and Human Services Agency (HHS). “They think that everything is wine and cheese all the time, and it’s really not that. We have a lot of disparity ... and it’s something that we’re hoping to bring to the light and to show that this is something that we need to deal with in our community.”

More than one-quarter of Napa County residents and one-third of families with children under age 18 live below 200 percent of the federal poverty level,¹ making them “at risk of becoming homeless or marginally housed,” explained Dr. Karen Relucio, health officer and director for HHS’s Public Health Division (NCPH).

That concern is compounded by the county’s lack of housing that is affordable. It has been ranked one of our nation’s least affordable areas, and the average rent for a one-bedroom apartment exceeds \$2,300—more than double what is considered affordable.² Additionally, the wait time for Section 8 affordable housing in Napa is extremely long: Currently, city of Napa staff are helping people who have been on the list for more than six years.³

It is a jarring irony, then, that although the wine and hospitality industries form the backbone of the area’s economy—in 2016 alone, tourists spent close to \$2 billion in Napa County⁴—the people who serve those tourists often have a hard time keeping a roof over their heads.



While some aspects of Napa’s poverty and housing issues are located off the beaten path and away from major tourist destinations, others are hidden in plain sight. Tourists headed to downtown Napa’s tasting rooms and bed and breakfasts can drive past homeless service providers like the Hope Resource Center, which provides showers, restrooms, mail, and laundry services, or The Table, which provides hot, nutritious meals, without even knowing it. And visitors to the Napa Premium Outlets can spend hundreds of dollars on a Coach purse or Cole Haan shoes and never realize that in the houses just behind those stores, many residents can barely pay their rent.

Even when people are looking for manifestations of inequality in Napa County, there is not always an easy distinction between poverty and wealth. Unlike in many larger cities, which often have clear signs of segregation, in Napa, low-income areas are scattered throughout the county’s many neighborhoods. Although having integrated neighborhoods can be beneficial, it can also render issues like overcrowding and housing instability (in which more than one-third of a person’s monthly income is spent on rent) invisible.

“You can have seven families living in apartments that [are] made for four people,” said Alissa Abdo, the executive director of On the Move, a nonprofit that works closely with NCPH/HHSA on many projects. “But,” she added, “you would only know if you were the person who is experiencing that in our community.”

Together with community residents, elected officials, industry leaders, and community-based organizations, NCPH/HHSA is working to make these issues visible and to reframe housing as a health issue—not just for individuals, but for the entire community. They are also using a combination of community engagement, policy change, and strategic communication to push forward innovative solutions, including overhauling the county’s housing and homeless system.

This case study explores the strategies NCPH is using to make housing more affordable for everyone in the county, discusses how they are overcoming challenges, and details lessons learned and next steps.



Why Housing?

NCPH's drive to collaborate with partners to decrease homelessness and to make housing more affordable for everyone stems from research showing that housing is a health issue. Chronic stress from housing insecurity puts people at higher risk for chronic diseases, and homeless individuals tend to have poor health outcomes.

"[People who are homeless] live 30 to 40 years less than the average population, yet towards the end of their lives, they consume the most health care resources." Dr. Relucio said. "So, we're spending a lot of money to keep them sick."



In Napa County, homeless system data show that close to 1,600 people are homeless or at risk of becoming homeless. Those numbers include adults, children, women fleeing domestic violence, chronically homeless people who have mental health issues, older adults, veterans coming back from war, and many others.⁵ Of Napa County's housing-insecure families with children, two-thirds are Latino.⁶

Although Napa County has many housing services, they are not well integrated. According to Relucio, Napa County's current housing system is inadequate, both for workforce populations that are housed but face increasingly unaffordable rent and for low-income and homeless populations. Napa homeless system data also indicate that many folks are cycling between the shelter system, the streets, and institutions.⁷

"A lot of what we were seeing is that people may go to the shelter and then they may be back out in the street, or else they may be in a shelter and go to the hospital or to jail," Relucio said. "So, we were not keeping them permanently housed, and this was causing increased numbers of people experiencing homelessness in Napa."

Once people were back on the streets, they could not be contacted for follow-up care, creating a dangerous cycle.

Additionally, Napa County's housing strategy was not "housing first," Relucio explained. "It was not housing people unless they were clean and sober or they had controlled mental health issues. And as we know, the data out there suggest that people need to be housed first before we can deal with those issues."

Relucio has observed up close the health consequences of homelessness and housing insecurity. Prior to coming to Napa County, she served as the medical director for public health clinics in San Mateo County. During the last six months of her tenure there, three of her HIV-positive patients died. With each person, there was a link between health and housing. One client became homeless after losing his home in a fire, and two were "marginally housed."

"Those three cases really forced me to take a look at the entire medical paradigm," she said. "So, I used to think that providing evidence-based medical care can actually provide health for my patients. But where I couldn't help them was with housing. ... This really compelled me to make the switch of really working further upstream to address the social determinants of health because that is a really big component of health. And I really didn't believe it in my heart until I saw it myself."

To afford a median-priced home in Napa County, a household needs an income of **\$95,000**.

Yet in 2014, the median income of the county's workforce was **\$38,158**.



Dr. Karen Relucio, health officer and director for HHSA's Public Health Division (NCPH)

Last fall, Relucio's convictions were reinforced after she heard Dr. Josh Bamberger, the medical director for Mercy Housing, speak at a conference about providing permanent housing support to chronically homeless patients. Doing so, she recalled Bamberger say, saved more than a million dollars in health costs and improved health outcomes.

"Based on that, I just felt even more driven that this is something that we really should be focusing our efforts on," Relucio said.

Older adults are of particular concern in Napa County, with nearly one-quarter of the homeless population being longtime residents who are over age 50.⁸ "Napa County has one of the proportionately largest older adult populations in California, and we expect that to grow," Wooledge said, adding, "Seniors are one of the communities

that are at highest risk of becoming homeless because many of them do live [on] fixed incomes and so, you know, they're one disaster away from potentially becoming homeless."

One of those disasters came in 2014 when the city of Napa's downtown sustained massive damage following a 6.0 magnitude earthquake, the largest in the Bay Area since the 1989 Loma Prieta quake. "There were a lot of the old houses that were affected by the earthquake and families that weren't able to make the repairs that they needed to continue living there," Wooledge said.

The ripple effect of shuttered businesses and vacant homes following the earthquake underscores the NCPH refrain that housing instability hurts everyone.

"Even though a small part of the community may be affected by homelessness or unhealthy housing, it really has a wider impact on the rest of the community, even though other community members may not know it," Relucio said.

For example, the county has had trouble recruiting and retaining many essential workers, such as teachers, nurses, first responders, and home health aides, who have been priced out of the area. To afford a median-priced home in Napa County, a household needs an income of \$95,000. Yet in 2014, the median income of the county's workforce was \$38,158.⁹

Wooledge described Napa's housing issue as "the canary in the coal mine." Many families move out of Napa County to more affordable areas to avoid becoming homeless. When that happens, school enrollment falls and budgets drop, so the issue ends up affecting the whole county.

"We just need to acknowledge that and see what we can do to fix that because we want Napa County to be a place where people can raise a family," she said.

Implementing Systems and Policy Changes

Although NCPH/HHSA staff understand that homelessness is a national issue, with root causes that must be addressed over the long term, they are nonetheless working hard to create solutions that will have an immediate impact at the local level. And their housing efforts go far beyond raising awareness.

In recent years, Napa County has seen an increase in the number of homeless persons counted each year living outside and staying in shelters. In response, HHSA partnered with the city of Napa and engaged national experts to analyze Napa County's homeless system and make recommendations for improvement. The Corporation for Supportive Housing (CHS) and the National Alliance to End Homelessness (NAEH) facilitated multisector stakeholder meetings, analyzed homeless system data and funding resources, and analyzed the shelter system operations and processes.

In 2015, the consultants released a report calling for major changes to the homeless and housing system, including establishing a collaborative funding structure to braid disparate funding sources, creating a Flexible Housing Subsidy Pool to support the creation of more high-quality housing that is affordable, reimagining shelter operations, and leveraging opportunities to work more closely with the health sector. The approach draws on the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, which established a federal goal of ensuring that individuals and families who become homeless are able to return to permanent housing within 30 days.

After CHS and NAEH issued their recommendations for system-wide changes, NCPH/HHSA, together with partners, set a goal of eliminating chronic homelessness in three to five years. For those who are housed, NCPH/HHSA wants to ensure that payments are affordable.

To help meet these goals, HHSA has contracted with a new homeless services provider, Abode Services, which is taking on a large portion of Napa County's homeless/housing system redesign. Abode is providing multidisciplinary outreach, housing navigation, landlord relation and housing stabilization services, and is operating a low-barrier, "housing first" shelter system that places housing resources directly at the shelters.

Abode is also operating Napa County's newly formed Flexible Housing Subsidy Pool, which gathers housing resources from multiple sources to prioritize and package them according to household needs. Part of this pool contains funds to incentivize landlords to rent to vulnerable populations. According to Relucio, the pool helps pay for damage done to housing so that

landlords have an incentive to continue to rent to those who have been or are at risk of becoming homeless. The pool also provides funding for security deposits for households to secure units and supplies direct rental subsidies. HHSA has also applied to new private and government grants for housing resources, which will also be passed through to the pool.

Additionally, NAEH led a housing challenge where providers housed 75 households in 100 days in the community. This challenge led to increased collaboration, including a newly formed group focused on expanding the stock of housing that is affordable through landlord engagement.

At the policy level, NCPH/HHSA is tracking state legislation to make sure it is aligned with goals to increase housing that is affordable in Napa County. With the area's housing issues gaining visibility, Relucio said the city of Napa has increased its housing impact fee, which goes toward a different pool to build more housing that is affordable.

Engaging Community to Find Solutions That Benefit Everyone

Although the recommendations from CHS and NAEH provide a robust roadmap for transforming Napa County's homeless and housing system, NCPH/HHSA's focus on housing began several years prior, based on feedback from and engagement with a wide variety of community partners.

In 2012, NCPH made community collaboration a priority, as part of larger shift toward focusing more on the social determinants of health. During this time, NCPH changed the way they collect

data for the annual community health assessment that they produce alongside Kaiser Permanente, Queen of the Valley Hospital, and other local partners.

In addition to gathering data from traditional sources, such as vital records for birth and death outcomes, they began collecting qualitative data by engaging community members, industry, businesses, funders, and other nontraditional partners. First responders, representatives from public safety, community-based organizations, and other groups also had a seat at the table and were part of the data-gathering process.

"We offered trainings so different leaders from different organizations could learn to host focus groups for their communities," Wooledge said, noting that trainings

were offered bilingually and in many different locations to allow the Public Health Division to better capture data from underrepresented groups, such as Latinos and older adults.

The new data allowed the Public Health Division to begin looking more closely at health inequities, asking not only which ones were present, but also why they were occurring. While NCPH still offers traditional services, such as immunizations, they have expanded their scope, and staff are now conducting outreach and education to help the community understand health equity—the attainment of the highest level of health for all people—and why it matters.



Then in 2013, NCPH, along with traditional health care and nonprofit partners, formed Live Healthy Napa County (LHNC—phonetically called “link”), a multisector collaborative of private sector, public sector, nonprofit and community members all working to promote health equity. Public health staff comprise its backbone and take a collective impact approach, which involves using a common agenda, shared measures of progress, and other forms of collaboration to effect change. After a period of strategic planning, including engaging with residents through surveys, town halls, and other meetings, the collaborative found that housing and cost of living were among the community’s top concerns.

To further engage the community on housing issues, NCPH, in partnership with the Healthy Aging Population Initiative, the Napa County Commission on Aging, and the Gasser Foundation, held two large housing summits. The first summit, in June 2016, focused on how a lack of



housing that is affordable results in negative health impacts. For example, a lack of housing that people can afford can lead to chronic absenteeism among students, which decreases their chances of graduating from high school—another major health indicator. And for older adults on a fixed income, high housing costs can force them into difficult situations, such as having to choose between food and medication or foregoing necessary doctor appointments. Relucio noted that a lack of housing that is affordable also means

that many people commute into Napa County for work because they can’t afford to live there. The increased stress from long commutes can also manifest itself both through poor health outcomes and negative environmental impacts, like air pollution.

Summit participants also learned how these housing challenges impact families and businesses alike; heard about innovative efforts happening to increase all types of housing (including low-income, middle-income, and “workforce” housing) in Napa County; and connected with opportunities to partner with other advocates to be part of the solution.

More than 200 people participated in the first summit, and the organizers carried that momentum forward into a second summit, held in October 2016, which focused on action planning and developing collective action agreements. Three priority areas of work emerged from the group’s planning: identifying a shared vision for success and metrics for measuring outcomes; creating a countywide storytelling campaign—now called “Housing is Healthcare”—to reframe housing as a health issue and make the case for housing that is affordable to all; and coordinating action among community partners to make those goals a reality.

Out of that summit came an important insight: Napa’s efforts to increase the amount of housing that is affordable presented the opportunity to coordinate data and create messaging for greater impact. To make progress in these areas, a group of public-private stakeholders already active in housing convened a Housing for All workgroup that included two task forces: one to leverage data to better understand the county’s housing needs and track progress over time, and another to put a human face to the data through community stories and coordinated messaging. NCPH will help support both task forces; however, they will be community-led.



Partnering with Community Groups to Expand Public Health’s Reach

Although they provide backbone support for LHNC and the two housing summit task forces, the Public Health Division’s role is often a supportive, rather than leading, one. This is in part because NCPH must remain politically neutral.

“We can’t weigh in on particular policies, saying, go for it or go against it ... but what we can do is provide education on the health impacts of policy.” Relucio said.

“Our role,” she added, “is to prepare our community partners, and for our community partners to prepare their clients, so they actually have a lot more say in what the community needs are, and they can actually help design what [the solution] looks like.”



Alissa Abdo, executive director, On the Move

How these roles intersect is evident in NCPH’s partnership with On the Move, whose mission is to develop the next generation of public sector leaders and ensure that they better represent the diversity of their communities. On the Move also addresses a range of equity issues from mental health to the achievement gap between Caucasian and Latino students.

On the Move and NCPH have a long history of working together and leveraging complementary resource and skill sets to achieve a common vision. Using an “inside/outside” strategy, each partner pushes forward or pulls back, depending on the situation and what they want to achieve. To be effective, this approach requires the Public Health Division to know what its community partners can do and when, as well as be aware of its own strengths and limitations.

“In the partnership, we each bring our own expertise to the table to combine forces and be able to advocate for the needs of our community,” said On the Move’s Abdo, who also co-chairs LHNC. “On the Move has expertise in finding and developing the voice of community, and Public Health has the expertise of knowing what the issues are, being able to provide the data to back that up, and navigat[ing] bureaucratic systems.”

While On the Move is not a direct housing provider, they assist community members in finding and retaining safe housing that they can afford. That could involve helping residents fill out housing applications or doing referrals to other housing-related services. According to Abdo, On the Move brings these and other services “outside of the county buildings and walls and into places where the community can seamlessly access those services.”

“An unintended benefit [of Parent University] was that the parents were starting to get connected to each other instead of being isolated.”

—Alissa Abdo

One way On the Move does this is by co-locating services on school campuses. For example, McPherson and Phillips elementary schools now have family resource centers that serve a primarily low-income Latino population. On the Move also operates a bilingual, bicultural program called Parent University at several of Napa County’s Title I elementary schools, which receive federal funding based on their high numbers of students from low-income families. Grounded in a knowledge of the social determinants of health, the program helps families gain the information and skills they need to become active members of their community and more engaged in their child’s school. Participants can take classes to improve their English, gain computer skills, learn stress-reduction techniques, and much more.

Abdo described Parent University as “wildly successful” in that parents have become more involved, gotten connected to the services they need, and kids’ test scores are rising.

“There was a lot of engagement, and I think an unintended benefit was that the parents were starting to get connected to each other instead of being isolated,” said Abdo, explaining that it is common for low-income populations to face challenges in connecting to services and to one another.




To further assess community priorities and gaps between the resources needed and resources available in the Phillips neighborhood, On the Move and the Public Health Division partnered together, along with the Napa Valley Unified School District, in 2015 to organize a health fair, town hall meeting, and series of focus groups.¹⁰ On the Move brought in speakers; did outreach and recruitment to get families to attend; involved students as both presenters and emcees; worked with NCPH to provide concrete context for the data to make it more relatable; and designed a small-group format with bilingual, bicultural facilitators to allow for more intimate conversations.

Approximately 140 people attended, and financial stability emerged as one of the community’s top concerns. To meet that need, the United Way provided funding to transform On the Move’s Phillips Family Resource Center into a SparkPoint financial education center. The center helps families learn ways to raise their incomes and better understand and use public benefits; provides case management; connects them with job opportunities; and offers one-on-one coaching, goal-setting, and skill-building.

According to Lupita Melgoza, the center’s coordinator, it has become “the heart of the community.” The center helps families with everything from medical applications to taxes and, Melgoza noted, is particularly critical for the neighborhood’s many stay-at-home moms who do not drive or have control of their finances.

The center also provides referrals to housing-related services for clients, many of whom have lost or are at risk of losing their homes. “We’ve heard from students when they’re in class telling the teachers, ‘Oh, I slept in the car last night.’” Melgoza said.



The youth gained a sense of empowerment and ownership and still say, “This is the sidewalk that I made happen here in my community.”

“A lot of the students that are homeless right now, they’re moving out of Napa, so that’s also affecting the district enrollment,” Melgoza added, explaining that the district is now facing budget cuts, including to parent engagement programs, which puts services like those offered through the center at risk. “We’re asking those parents to speak up and share their stories [about] how helpful it has been for them ... having the services around this community,” she said.



Lupita Melgoza,
coordinator, Phillips
Family Resource Center

Melgoza understands firsthand how important the Phillips Family Resource Center and other services like it are. A native of Mexico, Melgoza and her family came to Napa when she was nine, and she watched as her parents struggled with many of the same issues facing the center’s parents (Melgoza emphasized she doesn’t like to refer to them as “clients”), such as accessing health insurance, overcoming language barriers, and working long hours to survive. Fortunately for Melgoza’s parents, they found a community liaison to help with those challenges.

“I always remember Pilar, the person that really helped my parents when I was in fifth grade, and that’s why I wanna give back,” Melgoza said.

So far, data show the SparkPoint Center is working. “Ninety percent of the parents who have participated in the program have increased their financial standing,” Abdo said. “That means they’ve either improved their credit score, reduced their amount of debt, or increased the amount of money that they’ve been able to save from their paychecks.”

The same town hall meeting that ultimately gave rise to the SparkPoint Center also led to an opportunity in 2016 to engage youth in addressing another of the community’s concerns: poor infrastructure. On the Move worked with a group of fifth-grade students at Phillips Elementary School to identify things that were making it hard for them to be healthy. What they found, Abdo said, was that insufficient lighting and a lack of sidewalks were making it hard for students to ride their bikes to school and feel safe at night.

On the Move then helped the students to figure out which government entities could implement the changes, advocate for the resources they needed, and, ultimately, get the sidewalks and lights installed.

Beyond the infrastructure improvements, the youth gained a sense of empowerment and ownership. “They were so proud. ... They still talk about [it] when they walk by the sidewalk: ‘This is the sidewalk that I made happen here in my community,’” Abdo recalled the youth saying.

While the Public Health Division’s role in these and other efforts has been to provide data and other forms of support (such as access to public agencies), the leadership, solutions, and related impact could not have happened without On the Move’s strategic engagement with and responsiveness to the community.



Meeting Short-Term Demand with an Eye Toward Long-Term Need

While NCPH/HHSA is working to address the housing crisis through community engagement and empowerment and broad systems-level changes, the agency has also thrown its support behind groups working on the front lines of the issue. One of these is a facility called the Nightingale Center, run by Catholic Charities. Once a Bikram yoga studio, the respite care center aims to end the revolving door between hospitals and the streets by providing a place for people without homes to be able to heal.

To support the opening of Nightingale, NCPH/HHSA provided data and talking points on homelessness, and several executive directors of partner community-based organizations from Live Healthy Napa County testified before the City of Napa Planning Commission.

The center, which offers a safe location for social workers, medical professionals, and others to provide care, is intended to be a “stop-gap as part of a longer solution,” Woolledge said.

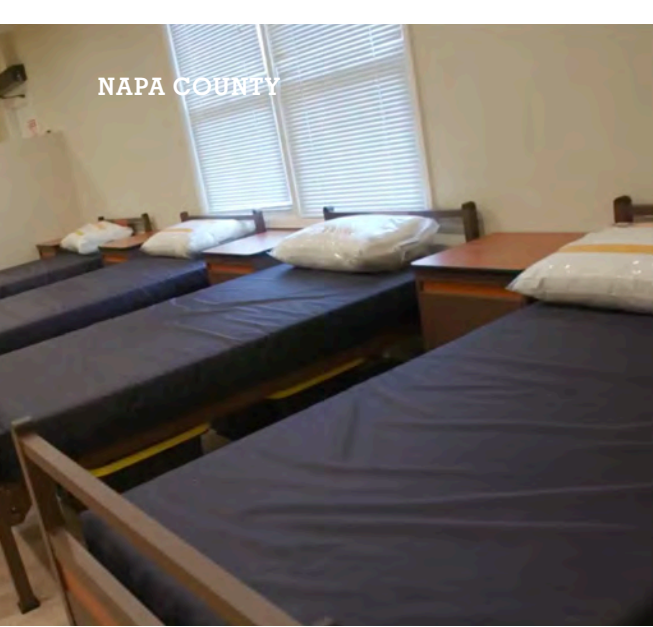
“While they’re here in this facility, they will be provided with three meals a day, a loving and warm environment, clean clothes, clean beds—you know, the things that every human being should have,” said Jenna Bolyarde, a longtime Napa resident and site specialist at the Nightingale Center.



Jenna Bolyarde,
site specialist,
Nightingale Center

Nightingale, which opened in April 2017, has 11 beds in a co-ed dorm-style layout, with partitions to separate male and female residents. Each person gets a nightstand, two bins for personal belongings, and access to showers, lockers, a laundry room, and a common area with a fully stocked fridge, new TV, and plenty of seating to allow for a range of events, such as Alcoholics Anonymous meetings and movie nights.

As she walks through the space, carefully describing each of its amenities, it is clear that Bolyarde’s connection to the space is deeply personal. “This facility is desperately needed here in Napa,” said Bolyarde, who was homeless for about 15 years and now has devoted her career to improving outcomes for Napa’s most vulnerable. “I’ve actually been on the medical side where I’m needing to receive medical benefits and have no place to go,” she added.



Bolyarde said that while she was on the street, she spent time in and out of rehab and jail, and lost her children to Child Welfare Services. But after reaching out to the Department of Rehabilitation and getting connected with community resources, she was able to get a job, go to school, and develop a strong relationship with both of her kids.

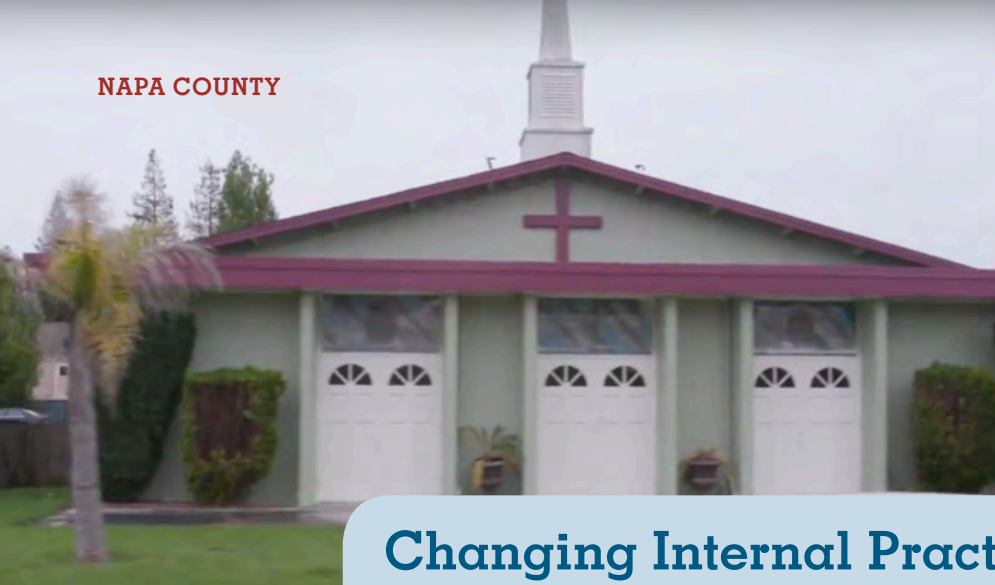
“I really just have a heart to let people know that there actually are resources, and there are people sitting on the other side of those resources who really care,” she said. Bolyarde, who is now pursuing her bachelor’s degree in social work and aiming to become a case manager, said she hopes that her experience on both sides of the issue will help to reduce the “us against them” mentality that can develop around the issue. And, ultimately, she wants to help connect people with the care they need to thrive again.

“There is nothing quite like seeing a person come back to health and the light come on behind their eyes, you know, and all of a sudden developing goals,” Bolyarde said, explaining that it’s “hard to participate in life” when you’re on the street and you feel “sub-human.”

Clients can stay at Nightingale for up to 180 days. During that time, the goal is not only to help them heal but to connect them with housing and other services so that when they leave, they are not returning to the streets.

“I really just have a heart to let people know that there actually are resources, and there are people sitting on the other side of those resources who really care.”

— Jenna Bolyarde



Changing Internal Practices

To bolster its external efforts to advance health equity, NCPH/HHSA has made internal changes as well. Since 2012, when community health assessment work began, the agency has increased its cross-division work, including collaboration with operations (homeless services); mental health, alcohol, and drug services; self-sufficiency (which administers CalWorks, CalFresh, and Medi-Cal, the state-funded programs that provide low-income residents with cash assistance, food aid, and medical care, respectively); child welfare services; and comprehensive services for older adults.

“We have made more of an effort to work better together, with a goal of looking at social determinants of health because it’s something that we’re all working on in different ways,” Wooledge said. “Housing is a cross-cutting issue.”

Now, when tackling a given issue like housing, Wooledge said that staff ask questions like, “What does this mean for mental health?” and “What does this mean for self-sufficiency?”

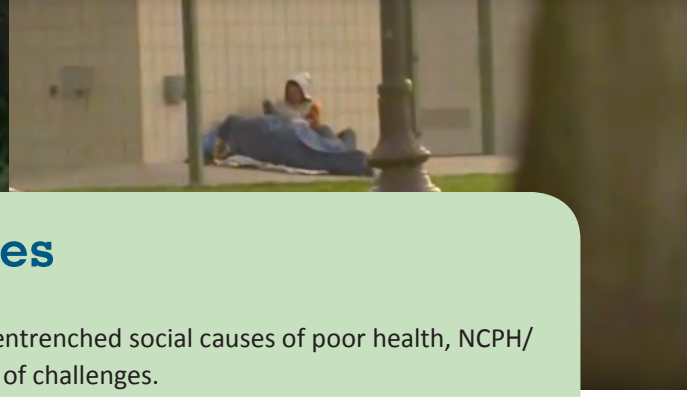
The increased collaboration between the public health and self-sufficiency divisions and the Napa Continuum of Care, a consortium of nonprofit, faith-based, and government agencies working to end homelessness in the county, has already resulted in the creation of Napa R.E.N.T.S. (Respecting Everyone’s Need To Be Self-Sufficient). Born out of a community housing challenge led by the National Alliance to End Homelessness, the project’s goal is to match landlords and property managers with local service providers whose clients are homeless or at risk of becoming homeless.

“Being able to move upstream or take a birds-eye view helps us internally at HHSA to work together for a common goal,” Wooledge said.

As a member of the Bay Area Regional Health Inequities Initiative (BARHII), NCPH/HHSA is further institutionalizing its focus on health equity by implementing a health equity assessment toolkit from BARHII. Through a series of conversations and trainings, as well as a survey, Napa County’s HHSA has implemented the toolkit not just in its Public Health Division, but across the entire agency of 600+ employees and community partners. Doing so involved a steep learning curve for many staff and was time-consuming to implement; however, Wooledge said the results have been worth it.

“That has been very positive in terms of helping our own employees understand why we’re doing this,” she said. It helps answer the question, “Why is public health talking about housing?”

Rather than being an item on a checklist, Wooledge said adopting the toolkit is now embedded in the agency’s ongoing health equity practices, which will continue to evolve over time.



Overcoming Challenges

As with any campaign aimed at changing deeply entrenched social causes of poor health, NCPH/HHSA's housing work has come with its fair share of challenges.

It is expensive to subsidize housing that is affordable, and even if budgets were not a concern, Napa is an agricultural preserve, meaning much of the land cannot be developed. Wooledge suggested that possible solutions could be to convert more buildings into high-density and multiple-family housing and to make it easier for people to build and rent junior accessory dwelling units (JADU), often referred to as "in-law units," within their property, both to defray housing costs for the homeowner and to increase affordable units for low-income families. In conjunction with the city of Napa and a local hospital community benefits program, HHSA is working on innovative financing strategies through its involvement in the Robert Wood Johnson Foundation's Invest Health project for homeowners who have the desire to build a JADU.

"We're not trying to bring new people into our community; we're trying to take care of the people that live here now."

Cara Mae Wooledge, health education specialist, Public Health Division, Napa County Health and Human Services Agency (HHSA)

Napa's history of conservation may also be contributing to some locals' fears that increasing the number of housing units would lead to overpopulation, a myth NCPH/HHSA is trying to dispel. "We're not trying to bring new people into our community; we're trying to take care of the people that live here now," Wooledge said.

Additionally, NCPH is small. The division has only about 60 employees and one epidemiologist, and although its capacity has been growing, it still faces limitations because of its small size.

Still, perhaps the largest hurdle NCPH/HHSA and partners have faced in their housing work so far has been a "not in my backyard" mentality, or NIMBYism. It is a manifestation of the stigma that surrounds housing issues and the "us against them" mentality that advocates like Bolyarde are working so hard to undo.

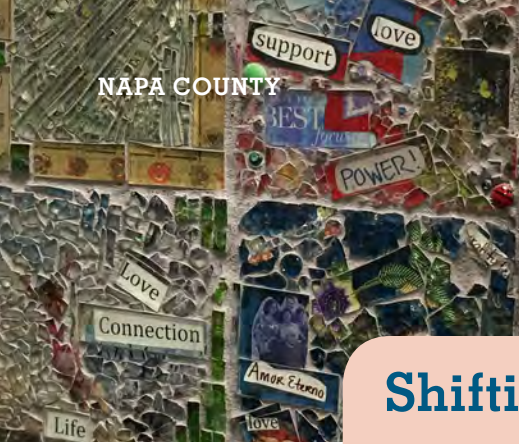
NIMBYism crops up most often when projects to build or open new housing are proposed. In fact, it almost derailed the opening of the Nightingale facility. When the project went before the city's planning commission, they initially rejected it because of neighbors' concerns.

Later, NCPH crafted some talking points, and Dr. Relucio, along with another physician, spoke before the commission about the health consequences of not having Nightingale. "We also brought out data on how people that are homeless were three to five times as likely to be seen in the emergency department and twice as likely to be hospitalized," Relucio said.

Additionally, NCPH/HHSA shared numbers on how much those ER visits cost the community. In doing so, Wooledge said, they were trying to bridge economic and health arguments. "What's best for the community is for everyone to be healthy; and for them to be healthy, they have to have stable housing," she said.

Ultimately, NCPH/HHSA was successful, and the Nightingale Project was approved; however, NIMBYism persists in some neighborhoods. For example, the area around Old Sonoma Road has experienced backlash following conversations about how the space could potentially be used for housing. Yard signs in that area read, "Say no to high-density housing project in our neighborhood."

"My response to NIMBYism is, you know, okay, if you don't want it in your backyard, we'll put it in your front yard," Bolyarde said, noting that it has taken a lot of education to garner public support for places like Nightingale.



Shifting the Narrative on Housing

Thanks to the work of NCPH/HHSA and community partners, NIMBYism’s days are numbered, and a new narrative is taking shape—one that frames housing as a matter of health, fairness, and community. The goal of Napa’s housing practice is to “create community-wide understanding that the lack of housing that is affordable in Napa affects your life, regardless of who you are,” explained Jennifer Palmer, a public health staff services analyst who helps provide backbone support for both Live Healthy Napa County and for the storytelling task force that emerged from Napa’s housing summits.

The storytelling task force is hastening that shift in thinking—from housing as optional to housing as critical, and from health as an individual issue to a community one—by going beyond dispassionate research and expert testimonies and using a combination of community voices, infographics, and other visuals to make stories more relatable.

“People that are against affordable housing or higher density housing where it’s needed need to be told the stories on how that type of thinking actually leads to decreased health of the population,” Relucio said, adding, “The ability to integrate data and storytelling can facilitate community advocacy to increase housing that is affordable in Napa County.”

Many community members’ stories, including those of homeless residents, are featured in online videos and photo essays on the website Homeless of Napa, which is run by a small group of local advocates who are collaborating with the “Housing is Healthcare” campaign to reframe housing as a health issue. The website also includes a variety of resources for those needing food, shelter, clothing, or other services, a list of volunteer opportunities, and links to the group’s social media platforms.

Storytelling has also been used to end stigma—and to promote healing—at the Innovations Community Center, a project of On the Move that provides clients with mental health needs a safe space to access services and activities, such as peer-led support groups, art workshops, and mindfulness classes. Most participants are low-income adults with mental health problems, and some are homeless.

“Our goal here is to create a safe place for people to come in, feel accepted,” said Denisse Madrigal, site director for the center. “There’s a lot of stigma out there with mental health. This is a place where people can come in, get involved if there’s activities, and/or volunteer, or just come find out what mental health really is.”

The space is lined with photos and quotes from both staff and community members who shared various truths and lessons from turning points in their lives, often in the aftermath of grief, abuse, and trauma. More than 150 stories were captured as part of the project, in which everyone from stay-at-home moms to students to city staff told and then acted out their stories.

“We kind of blurred the line between providers and consumers,” Sara Tirado, the center’s information services coordinator, said. “It was the idea that we all have been there; we all have a story.”



Shame silenced me.
Trauma does not make
you less of a person.

Lessons Learned

Several lessons have emerged from the successes and challenges NCPH/HHSA has faced in its housing campaigns:

Community engagement is essential. Local health departments cannot act as islands. Rather, it is important for them to involve community both in identifying problems, as NCPH did with its qualitative approach to gathering data, and in crafting—and advancing—solutions.

Engage elected officials and other county leadership early. Being more inclusive from the start can help to accelerate the work, explained Woledge. This is a lesson that NCPH learned after the first housing summit, when staff realized some important stakeholders had not been part of the planning process. Not engaging these stakeholders early enough on cross-cutting issues like housing can lead to turf issues and other points of conflict. “Sometimes we’re all very busy with different priorities, but by having a conversation and saying how we’re engaging community, I think we ... may have averted some of the difficulties we ran into,” Relucio said.

Listen to opposing viewpoints. Doing so may be tense at times, but it leads to better results. “Differences in philosophy are opportunities for learning, and it actually helps to drive the [work] going forward because we’re hearing all viewpoints, and we get buy-in for the community,” Relucio said, adding that the opposition are “the ones that really help in thinking about other angles that we may not have thought of with this work.”

Besides including residents, community-based organizations, and elected officials, NCPH also prioritized including industry voices. “Political division isn’t an option here in Napa County,” Woledge said. “We know we have the assets and wealth that we do because of the ag and hospitality industries.” Thus, she explained, it was critical for the Public Health Division to be transparent with them and hear their perspectives. “It’s about respecting each other, building trust, and having conversations where all voices are brought to the table,” she said.

Understand the history of an issue. Knowing how a problem developed and evolved over time and ensuring all stakeholders are aware of that history can make it easier to build consensus and make decisions. “Then we can start from the area where the barriers were present instead of trying to rehash the past issues again,” Relucio said.

Words are powerful—choose them carefully. Although the language that is effective or ineffective will differ from place to place, it is worth investing time in identifying weak spots in messaging. In Napa County, the phrase “housing that is affordable” resonates better than “affordable housing”—an idea that originated with Calistoga, the county’s northernmost city. “Affordable housing,” noted Woledge, triggers stereotypes and misconceptions about Section 8 housing and fears about affordable homes driving down property values.

Elevate authentic voices. Dr. Relucio, Lupita Melgoza, and Jenna Bolyarde all either have firsthand experience with or personal connections to housing issues. Stories like theirs have helped bring data to life and have made it easier for people to see the human costs of homelessness and housing instability and understand why urgent action is needed.

The health argument isn't always enough. "One of the things we've realized," Wooledge said, is that "you can win the hearts and minds of some people with storytelling, but some people don't think that way. They think in terms of dollars and cents." This is why Dr. Relucio and others incorporated economic, health, and community themes into their testimonies to persuade city planners to approve the Nightingale project.

As Bolyarde said, "You are creating a taxpayer. You are creating somebody like me who wants to give back."

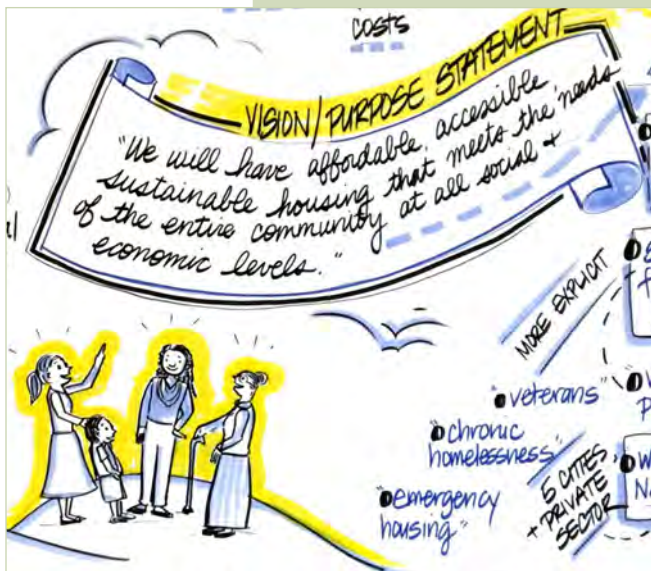
Next Steps and Vision for the Future

While the Public Health Division recognizes that housing insecurity and homelessness are national issues with complex social and historical causes, and that truly ending them would

require a connection to larger social movements and coordinated action among many counties, that is not stopping NCPH/HHSA from setting ambitious goals for the future and directing significant time, energy, and resources toward combatting the issue in Napa County.

For example, the Public Health Division is "using its expertise in epidemiology and evaluation to create a data-driven picture of the county's housing crisis," said Jennifer Henn, public health manager and epidemiologist for NCPH's Chronic Disease and Health Equity Unit. In partnership with LHNC, NCPH is developing a new health assessment that has a focus on housing that is affordable.

"The resource will help the Public Health Division more effectively solidify the connection between housing and health outcomes in the community," Henn said.



In the near term, NCPH/HHSA also aims to ramp up communication efforts to increase support for making housing that is affordable available to the entire community. For instance, NCPH/HHSA is working with partners to promote the Napa R.E.N.T.S. project using the newly created slogan, "Health Starts with a Home." Although Napa has a small media market, the campaign will include a combination of paid radio public service announcements, print and digital advertising, earned media coverage with local news outlets, and social media marketing.

NCPH/HHSA will further leverage the power of personal storytelling to advance its health equity work. In collaboration with the videographer who created the "Homeless of Napa" videos, NCPH will elevate the story of a person who was homeless but later gained housing, as well as Dr. Relucio's experience of losing three of her HIV-positive patients in the aftermath of housing struggles.

The Public Health Division recently received a \$10,000 grant from The California Endowment to apply to its communication campaigns. The idea, Wooledge said, is to “influence people to think about the issue differently—to think of affordable housing as attractive to the whole community, not just some.”

Additionally, NCPH housing efforts and feedback from various community forums have led to the realization that reducing the cost of living in other areas, such as food, can help alleviate the burden of housing costs in the short term by helping families to free up more of their income. As a result, the Public Health Division and many of its partners are now working to expand access to affordable, nutritious food.

Asked what success for Napa County would look like in the longer term, On the Move’s Abdo said: “I would like to see in the next five to 10 years a community that is welcoming, that helps to raise up the voices of our children and youth ... an inclusive community, one where every member of our community—regardless of their race, their sexuality, their income level, where they live—they all have access to the same opportunities.”

Ultimately, that type of inclusivity and acceptance would translate to better health.

“If I were to see a map of Napa County where we have differences in health outcomes and life expectancy maps, we have red zones, meaning ... a neighborhood doesn’t do as well, and green zones where people do better,” Relucio said. “And my hope is that one day we can look at the data, and the color across Napa County is the same color—green, meaning that we’re all going to be healthy.”

To view video highlights from NCPH/HHSA’s work, visit <https://www.youtube.com/watch?v=n8n6mhJO5S4&feature=youtu.be>.



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Get Healthy San Mateo County:

How Supporting Community Leadership Can Help Address the Root Causes of Poor Health

Introduction

When school administrators approached Nicholas Walker, an 8th grade social studies teacher at Bowditch Middle School in Foster City, California, and asked him to help lead the school's foray into restorative practices—an increasingly popular approach to discipline that helps reduce suspension and expulsion rates by involving students in the conflict-resolution process—he seized the opportunity.

“Kids tell me that they do better in my class,” Walker said. “I would like to think it’s as a result of restorative practices and the relationships that I built with them.”

Under traditional disciplinary models, students who show signs of behavior problems often get sent to the office, which can lead to suspensions and expulsions, especially for students with disabilities and students of color, who tend to be disproportionately punished. According to federal data, students with disabilities are twice as likely to be suspended, and Black students are three times as likely to be suspended and expelled.¹ Once they have been removed from school, these students are more likely to cross paths with the juvenile justice system.

Restorative practices help disrupt this pipeline by engaging both teachers and students in new methods for resolving disputes. Instead of immediately sending students to the office, teachers are trained to first try to handle conflict in the classroom. Often, they use a set of questions to guide small, impromptu conferences, where both the student who was harmed and the student who caused the harm come together to discuss any damage done and how they can repair it.

“Restorative practices rest on a fundamental hypothesis that people are happier and they’re more productive when people in positions of authority do things with them, rather than to them,” said Wini McMichael, wellness coordinator for the San Mateo-Foster City School District.



Through Get Healthy San Mateo County (GHSMC), residents work alongside leaders from cities, schools, hospitals, and various county departments to make San Mateo County a healthy place for all community members to live, regardless of their income, race/ethnicity, age, ability, immigration status, sexual orientation, or gender.

Through restorative practices, victims gain a voice—something that often gets stifled in the justice system—and all students involved gain empathy, emotional awareness, and a sense of connectedness, which makes it easier for them to share their thoughts, feelings, and concerns. Teachers and administrators also benefit, by hearing perspectives they may not have considered.

Additionally—and perhaps most critically—restorative practices have the potential to improve health.



“Research shows us that school connectedness is a very important factor that’s preventive,” McMichael said, explaining that students with high levels of connectedness are less likely to engage in risky behaviors like using drugs, less likely to have mental health issues, and more likely to excel academically. “They’re more likely to graduate; they’re more likely to show that they have strong academic achievement when they’re tested; and so, these things are going to lead to [a] better life and better health outcomes,” she added. This link between educational attainment and health is widely documented. The more education people have, the healthier they tend to be.

The work happening at Bowditch is one small but important part of a larger, health-promoting community collaborative called [Get Healthy San Mateo County \(GHSMC\)](#), led by the San Mateo County Health System’s Health, Policy and Planning Program (HPP). Through GHSMC, residents work alongside leaders from cities, schools, hospitals, and various county departments to make San Mateo County a healthy place for all community members to live, regardless of their income, race/ethnicity, age, ability, immigration status, sexual orientation, or gender. Education is one of the four

GHSMC community-identified, high-priority areas for building healthy, equitable communities.

“Restorative practices for us seemed like a very important opportunity to knit our educational attainment goals with our health goals more directly,” said Shireen Malekafzali, senior manager of Health, Policy and Planning.

Because the health-supporting potential of the work happening at Bowditch is so great, HPP is providing funding to expand the effort. The funds have allowed teachers, school psychologists, school counselors, and school mental health professionals to attend restorative practices trainings and use their newfound knowledge to train other teachers in the district. HPP has also expanded the work to partner with the County Office of Education to provide trainings and technical support across the 24 school districts in the county.

Additionally, HPP has helped Bowditch learn how to design surveys and collect data to determine whether its efforts are effective. While it is too soon to assess the project’s success at Bowditch, which is in its first year of using restorative practices in a comprehensive way, they are already noticing early signs of success, such as a reduction in student referrals to counseling.

“I’ve had zero mental health referrals this year, where last year I think I had anywhere from six to 10,” Walker said, adding, “[K]ids are more invested in the classroom too, so I think that it provides a little more intrinsic motivation to just do well in the class in general.”

For all its promise, the progress at Bowditch only scratches the surface of how HPP is collaborating with the surrounding community to support health through Get Healthy San Mateo County. Other efforts range from developing youth leaders to working with city officials to promote the consideration of health and equity in local policies and planning decisions. While these areas were once outside of public health’s purview, practitioners now increasingly view them as central to achieving health equity, or the ability of all people to reach their greatest health potential.

To better understand GHSMC and how it could serve as a model for other health departments, this case study examines why the collaborative is so important, breaks down how HPP is implementing it, and highlights challenges and lessons learned.





photo credit: County of San Mateo Health System

Uncovering Hidden Health Inequities

Situated between San Francisco to the north and Silicon Valley to the south, San Mateo County is California's third smallest county geographically; yet, it is home to more than 750,000 residents—a population size similar to the state of Vermont. With a dozen state beaches and seemingly endless parks and trails, San Mateo County boasts an impressive outdoor scene. The majestic Santa Cruz mountains run through the county, and several state conservation areas help to protect its wildlife and ocean ecosystems. The county is also a robust agricultural region, producing a variety of vegetables, such as brussel sprouts, leeks, and pumpkins, as well as other crops and commodities like wine grapes, flowers, and honey.

Long known for its natural beauty and agricultural bounty, San Mateo County became celebrated for something else in 2017: health. An annual report from the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute ranked San Mateo the healthiest county in the state,² based on life expectancy.³ That year, San Mateo County also ranked fifth for its residents' quality of life and second, overall, based on a range of health factors including tobacco use, diet and exercise, education and employment rates, community safety, access to health care, and more.^{4,5}

Health System staff are proud of these achievements, and the county has made significant progress in recent years; at the same time, Health System Chief Louise Rogers emphasized that they still have “a long way to go.”

Data reveal that the county has high rates of alcohol-related automobile crashes and a severe housing crisis; in fact, in 2017, the county was ranked 29th for the quality of its physical environment, which includes housing. It also struggles with health inequities related to race, ethnicity, and poverty.

With a large monolingual Spanish-speaking Latino population, as well as many Filipino, Chinese, and Pacific Islander residents, San Mateo County is a diverse community—one that has significant disparities between the “haves and the have-nots,” Rogers explained. “[W]e're one of the most affluent communities in the nation, but the disparities here are really great,” she said.

For example, life expectancy for Black people in San Mateo County is almost seven years less than White life expectancy.⁶ Health inequities also show up in the county's rates of obesity, diabetes, and asthma, which are growing throughout the county but are particularly high among low-income residents and some communities of color.

HPP’s Malekafzali describes these inequities as “unacceptable”; yet she also sees in them an opportunity: “In East Palo Alto, we have a school district [where] only 22 percent of students are meeting third-grade reading level, whereas Hillsboro, just a few miles away, they have 89 percent of their third-graders reading at [grade] level, which is a predictor of graduation rates.”

“So,” Malekafzali continued, “while the disparities are awful, what we should take from it is that we know how to get it right. If we know how to teach our students in Hillsboro, and [we know] what conditions need to be fostered to advance health, how do we take that and model it everywhere?”

Long and Healthy Lives for All: A Community’s Vision

There is no easy answer to Malekafzali’s question, no quick fix for eliminating disparities. Yet, regardless of how complex achieving health equity is, the San Mateo County Health System aims to do just that.



Kate Rutter, graphic
facilitator, Intellecto

HPP’s vision is for all residents, regardless of their income, race or ethnicity, age, ability, gender, sexual orientation, or immigration status, to have equitable opportunities to be healthy and reach their full potential.

To reach that vision, the health department plans to leverage its strengths to address the root causes of poor health, Rogers said, mentioning *Unnatural Causes: Is Inequality Making Us Sick?*, a documentary series that laid bare the relationship between place and health and exposed the need to focus on the underlying social and environmental causes of

health issues, rather than strictly medical interventions. Research shows that access to health care, while important, plays a relatively minor role in determining health, with only 10 percent of premature deaths being related to medical care.⁷

“We can [focus on medicine] all day long, and it’s just a mountain that we’ll never get to the top of,” Rogers said. Instead, she noted, health departments must tackle root causes through policy change and prevention.

That’s where Get Healthy San Mateo County comes in. The community collaborative, led by the Health System’s Health, Policy and Planning team, supports a variety of policy change and prevention efforts to advance health equity. GHSMC began in 2004 as a San Mateo County Board of Supervisors initiative that responded to the Surgeon General’s report on health disparities; the initial focus was on preventing childhood obesity, preventing alcohol, tobacco, and other drug use, and improving linguistic access to health care services for non-English speakers. As the San Mateo County Health System—and the field of public health more broadly—have expanded their understanding of root causes and health inequities, the initiative has evolved in ways that mirror those shifts.



photo credit: County of San Mateo, Health System

The revised GHSMC also reflects an evolution in HPP’s strategic planning process, incorporating more robust community participation and engagement over the last couple of years. During the creation of the county’s 2015-2020 strategic plan, HPP worked with the community to develop a collective vision for what San Mateo County would look like if it fully supported health equity, not just through its intent but through daily practice.

HPP asked community members what areas they wanted the health department to spend its time on and what changes would make the biggest difference over the next five years. HPP then gathered feedback by holding workshops and focus groups, administering online surveys in five languages, partnering with community groups to distribute paper surveys, and conducting interviews with residents from low-income communities and communities of color—populations that are hard to reach through traditional methods.

Ten areas emerged as priorities, which the group then narrowed to four:

- stable and affordable housing,
- complete neighborhoods (those which create the conditions, such as healthy food options and transit access, that make it easier to be healthy),
- healthy schools, and
- economic development and financial opportunities for families.

HPP now directs its time, resources, and energy toward these four areas. Within those areas, HPP prioritizes the locations with the greatest health inequities in the county.

HPP looks at the four main issues in an integrated way. “A family doesn’t experience education alone or their jobs alone,” Malekafzali said. “They experience their whole family unit, whether they have opportunities for jobs, whether they can travel to school in a safe way, [whether] they can get to their jobs with transportation, [whether] they can put food on the table. So, because of that experience that families have, we decided we don’t have the luxury of just focusing on one or two things. We actually have to take a comprehensive approach that recognizes how families experience those inequities.”

SAN MATEO COUNTY



COUNTY OF SAN MATEO HEALTH SYSTEM



SAN MATEO COUNTY HEALTH SYSTEM

Our mission is to help everyone who lives, works, plays, and studies in San Mateo County to live longer, better lives.

- Administration
- Aging & Adult Services
- Behavioral Health & Recovery Services
- Communications
- Correctional Health Services
- Emergency Medical Services
- Environmental Health Services



From Paper to Practice: Implementing Get Healthy San Mateo County

HPP does a lot of outreach and engagement to break through public health jargon and make sure that the people it is working to serve understand the health impacts of the issues they are tackling and the resources that HPP has to advance equity and address root causes. For example, HPP recently developed a [five-part video series](#) focused on each of the four community-identified priorities and on the [overall GHSMC collaborative](#). The series tells the story of how issues such as housing, jobs, and education are health issues and highlights opportunities to engage with nontraditional partners.



Louise Rogers, health system chief, San Mateo County Health System

“Many people think about [health] from a very narrow viewpoint of medical services,” Malekafzali said, adding that HPP tries to illuminate “the social factors that determine their health outcomes, which are often the things at the forefront of their mind, but they are not tying it to the doctor’s visit they just went to.”

That’s not to say that HPP’s work is top-down—quite the opposite. Just as community members were involved in creating a vision for GHSMC, they play a critical role in executing it. In fact, next to health equity and prevention, collaboration is one of GHSMC’s top values.

“Working together with key partners is one of our key approaches,” Rogers said. “We really don’t believe in taking the ideas off the shelf and then bringing them into the county.”

HPP partners include community leaders, city and county staff, elected officials, advocates, and regional partners. HPP actively reaches out to its various partners to offer support where goals are aligned. Additionally, HPP strives to put members of marginalized communities at the center of conversations about how best to improve health—something they do by working with community-organizing groups, implementing community planning efforts, and listening to community leaders, especially those representing low-income communities and communities of color.

HPP also has an open request for proposals every year, which allows them to learn directly from community leaders about the strategies and issues they are most interested in advancing and provide resources directly to support community leadership to implement their aspirations.

“We really do recognize that community partners know their communities best ... and that even if our data shows one thing, a subpopulation could really share with us a perspective—a lived experience—that could look very different to that, and we are very open to learning.”

Malekafzali said HPP does this for both moral and practical reasons. “When we are in partnership with community, not only ... do we better understand the issues, but we have access to better solutions and partnership with those community leaders to advance the solutions,” she said.

HPP approaches these partnerships with humility. “We really do recognize that community partners know their communities best, that we are not an all-knowing health department, that we have a lot to learn, and that even if our data shows one thing, a subpopulation could really share with us a perspective—a lived experience—that could look very different to that, and we are very open to learning,” Malekafzali said. “I think that perspective helps communities know that we are on equal footing together, that we are embracing them and lifting up their leadership, and that helps build trust.”

The nature of this collaboration varies depending on the project. Sometimes HPP funds a project but then steps back, leaving decision-making in the hands of the organization leading the change. At other times, they co-develop projects or co-lead them once they’ve been created. At still other times, they wear the participant hat. This could mean contributing data analysis to community projects; leveraging HPP’s health expertise and credibility as a trusted institution to deliver testimonies on public health issues; or helping to build relationships between health department staff and community leaders.

“HPP’s role is developed in partnership with community leaders to maximize impact and respect existing leadership,” Rogers said. “Trust and partnership with community is a critical aspect of making government effective, and HPP works hard to maintain it.”

Whatever the details, HPP’s role is most often a supporting one.

“When you are working on the social determinants of health, it often means you are working in arenas where health is not the leader,” Malekafzali explained. “You need to be in partnership with people who are the leaders in those arenas. ... If we are in good partnership [with communities], they can identify ways in which we can support their power, we can support their agenda, and we can help simultaneously move the health equity agenda.”

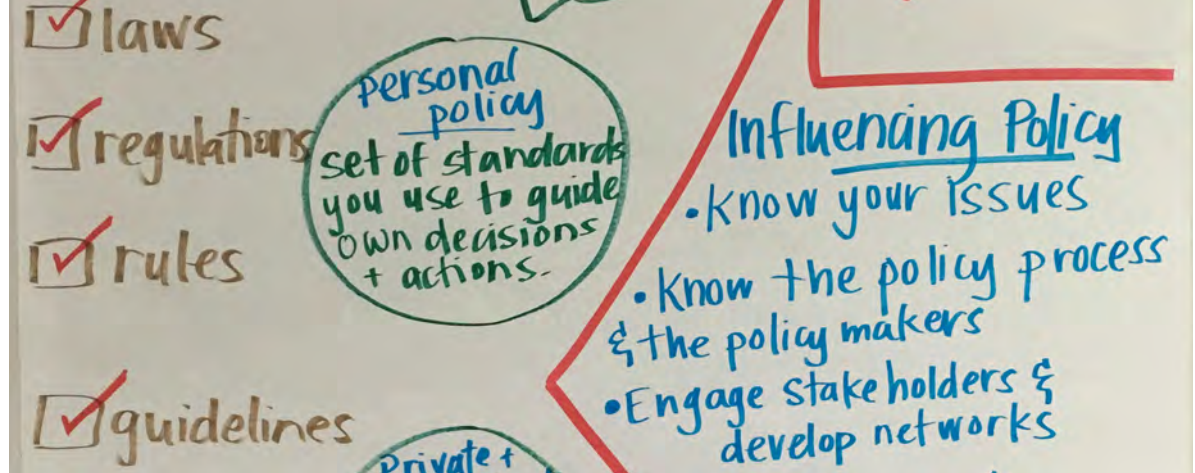
What, then, does this look like in practice? HPP works with its partners to implement Get Healthy San Mateo County using six key, overlapping strategies:

Providing evidence-based policy tools

HPP regularly funds research and conducts descriptive studies that provide data to cities to inform their policymaking process and improve neighborhoods’ conditions to better support health. For example, when the city of San Mateo was considering wage policies, HPP partnered with them by studying low-wage workers to better understand who they were and how they would be impacted.



Shireen Malekafzali,
senior manager,
Health, Policy and
Planning, San Mateo
County Health System



Prior to the analysis, many people assumed that low-wage workers were mostly high school students and other young people. But the data revealed that low-wage workers tended to be heads of households with children. HPP shared its research with the city council through study sessions and public materials, and it helped shape their understanding of the issue. Ultimately, the city passed a minimum wage ordinance—the first such policy in San Mateo County.

Engaging in city and community planning processes

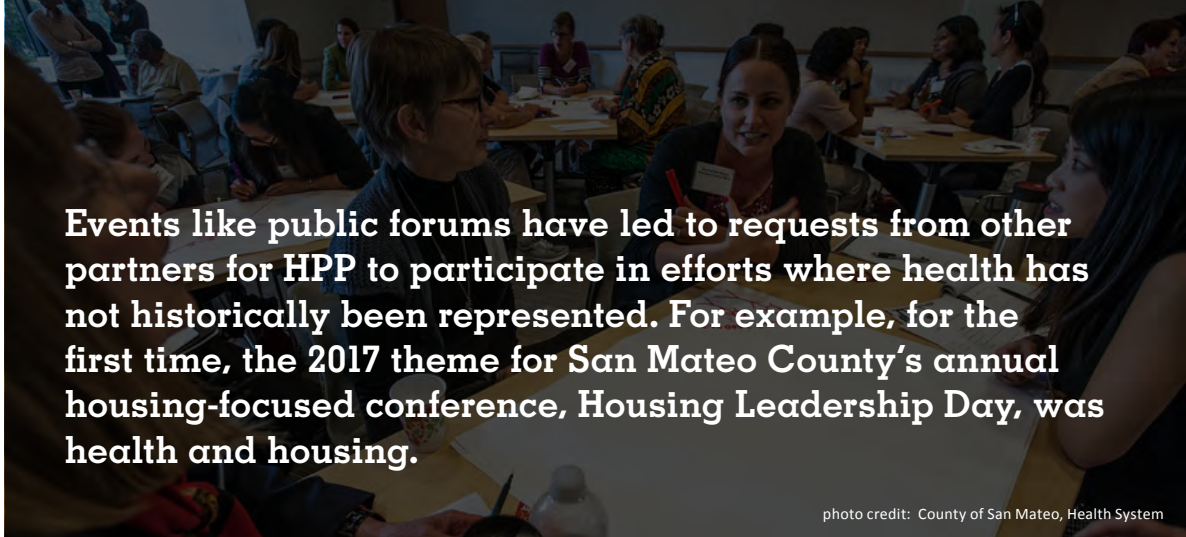
Cities and community-led coalitions often invite HPP and the San Mateo County Health System to help them develop their ideas about how to improve health and to offer feedback on their planning processes, goals, or policies. Rather than engage in the coalition itself, health department staff serve as technical advisers. They add value to the coalition by bringing facts—and credibility—to the table, as well as health framing, which often helps people relate to an issue in a way that numbers alone might not.

Because San Mateo County has 21 cities/townships and an unincorporated jurisdiction, HPP focuses primarily on collaborating with the locations that have the highest health inequities. For example, HPP partnered with the city of East Palo Alto to bring best practices research and health equity expertise to their task force focused on identifying strategies to increase safe and healthy accessory dwelling units (often called granny or secondary units) without displacing existing tenants. HPP also supports community engagement in the process through a partnership with community leaders and the city.

Additionally, HPP partnered with community leaders and the County Planning Department to incorporate a health element into the North Fair Oaks Community Plan (similar to a general plan but for an unincorporated area); funded a legal aid group to provide technical analysis services for community members engaged in East Palo Alto's general planning process; and delivered technical support to a coalition in South San Francisco engaged in bringing an equity voice to their downtown planning process.

Making research easily accessible to the public

HPP knows that its research is the most useful and has the greatest potential to influence health conversations and actions if people know about it. To that end, staff create toolkits and other publications to showcase their work and emerging best practices. HPP refers to this process as “democratizing data” and has created a data portal on the GHSMC website (see www.gethealthysmc.org/data) to make clear the inequities facing San Mateo County. The data include interactive maps and can be navigated by census tract, city or school district, as well as by topic. The website also houses a database of HPP's partners and includes opportunities for action.



Events like public forums have led to requests from other partners for HPP to participate in efforts where health has not historically been represented. For example, for the first time, the 2017 theme for San Mateo County’s annual housing-focused conference, Housing Leadership Day, was health and housing.

photo credit: County of San Mateo, Health System

HPP is currently conducting two transportation equity-related analyses: 1) identifying “transit deserts”—locations and demographics with limited access to public transportation, and 2) identifying schools in high-need areas with large numbers of collisions preventing safe walking and biking opportunities. HPP has also partnered with school leaders to incorporate a new module into the county’s California Healthy Kids Survey that expands on the existing survey to include a more robust understanding of children’s health needs.

HPP is making this research available through presentations and one-on-one meetings with cities, schools, and community-based organizations, as well as through their website and in print.

Communicating and engaging with community

HPP conducts outreach through its monthly newsletter, Facebook and Twitter accounts, community events, meetings, and twice-yearly forums. For example, in January 2017, HPP co-hosted a forum with partners in the County Office of Education on the county’s racial gap in educational achievement to inform educators and administrators of the importance of proactive approaches to reducing racial disparities in education. HPP also held a forum on community benefits agreements (CBA)—contracts that hold developers accountable to communities by requiring them to provide a range of benefits to residents; in exchange, community coalitions agree not to oppose development. The forum featured a city official, a community organizer, and a legal expert to showcase the opportunity and limitations of CBA as a tool for building healthy, equitable communities.

Events like these have led to requests from other partners for HPP to participate in efforts where health has not historically been represented. Now, public health language and data often appear in publications beyond those produced by HPP. For example, for the first time, the 2017 theme for San Mateo County’s annual housing-focused conference, Housing Leadership Day, was health and housing.

To continue educating the public and policymakers about health equity, HPP also brings health-related testimony and messaging to the table. “There are some people who are very persuaded by data, so we need to make that data available and accessible, and we as an organization have to be transparent in sharing it,” Health System Chief Rogers said. “One of our roles is to bring information to the fore. ... But stories are also very, very powerful. Individual stories of how people’s lives can be changed for some people are more important than data. So, that’s another thing that we try to do is bring stories into the discussion.” For example, each video in HPP’s recently produced series on GHSMC features a story of a person’s or family’s experience with the issues facing the community.

Funding place-based prevention and health equity efforts

Each fall, HPP puts out an open call for proposals that will help advance health equity through one of the four community-identified priority areas. This ensures community leaders, who know their communities best, can propose solutions and receive resources to advance them. Each year HPP invests at least \$150,000 in local nonprofits, community-organizing groups, and sister government agencies to carry out the work.

“We put our money where our mouth is, and we apportion a part of the program budget to funding our community partners. ... In recognition of the community’s leadership, we bring funding to the table and say, ‘We will support you, your leadership, and the projects that you bring forth as critical to moving our health equity agenda [forward],’” Malekafzali said.

RestorativeQuestions II To help those harmed by other's actions.

- » What did you think when you realized what had happened?
- » What impact has this incident had on you and others?
- » What has been the hardest thing for you?
- » What do you think needs to happen to make things right?

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Restorative Works
learning network
RestorativeWorks.net

One of those proposals was from the San Mateo-Foster City School District expressing interest in bringing restorative practices and a train-the-trainer model to Bowditch and its other middle schools.

“We would not have been able to have this project at all if it hadn’t been for the support that we’ve had from the San Mateo County health department,” Wellness Coordinator Wini McMichael said.

HPP has conveyed the project’s early indicators of success—strong teacher participation and positive feedback from students, as well the potential to reduce suspensions and

improve education levels—to the County Office of Education and has partnered with them to figure out how to bring restorative practices to each of the county’s 24 school districts.

“Now we are doubling down on that and bringing in some experts in the field to help us in partnership with County Office of Education, our partners on the ground, San Mateo-Foster City District, as well as some other school districts in the county that are implementing some of this work and saying, ‘Let’s all sit at the table, better understand what’s underway, and envision a future where restorative practices are implemented in all of our schools,’” Malekafzali said.

Providing technical assistance to support capacity-building

For HPP, this tactic is especially important in marginalized communities. To help build community power and make sure that the people who govern reflect the interests of the people they represent, HPP tracks vacancies on boards and commissions with an eye toward recruiting for those seats from within diverse communities.

“Often those most impacted by decisions are not in decision-making roles,” Malekafzali said. “Often times, decision-makers might hear about the stories of those that are being impacted by the issues but aren’t themselves impacted. So, having impacted community members at the table, not just advocating for themselves but actually as a decision-maker, is a critical step to achieving a just democracy and advancing health equity in our county and across the United States.”



A Special Focus on Empowering and Engaging Youth

One of the clearest ways to see how HPP's technical assistance and other strategies for implementing Get Healthy San Mateo County come to life is through its focus on young people. According to Rogers, both HPP and the wider San Mateo County Health System support early intervention strategies to help children grow up healthy, have jobs, stay in school, and stay out of the probation, behavioral health, and child welfare systems.

To that end, HPP has funded the Youth Leadership Institute (YLI), a youth-development organization, to engage young people in the county, especially those from underserved populations. YLI involves youth in community-based participatory research and helps them become advocates who feel empowered to share their stories and engage in the civic process.

According to Fahad Qurashi, the Bay Area director of programs for YLI, 90 percent of the young people who participate in the organization identify as youth of color, and of those, more than two-thirds are on free or reduced lunch (an indicator of family income level).

"In this community, we really need the leaders of the future to come from among these ranks, and we need them to be interested in running for elected office, and being members of the Board of Supervisors, and working in local departments, and, you know, being the head of the Health System and so on," Rogers said. "So, it's really exciting to see people—young people—engage in that possibility to realize that they can experience efficacy and to see it inspire them to go on."

Youth who participate in YLI gain a range of skills from research to public speaking, which helps to prepare them academically for future careers and civically for community involvement. YLI also aims to make sure youth are informed about critical issues like power imbalances, oppression, and the historical context for health inequities—and to build their confidence in speaking out.

Through its work with YLI, HPP has been able to "engage those young people in some of the key policy decisions that ultimately really impact health," Rogers said. "The youth have conducted surveys that helped us understand the problems more deeply. They've gotten together in large groups and in fishbowls to give adults greater exposure to their experience of the problems, and they've really been leaders in developing the solutions."

One way youth can engage in decision-making processes is through involvement with the San Mateo County Youth Commission. Over the past couple of years, HPP has been contracting YLI to administer the commission, whose goal is to create a pipeline of leaders to support the county's civic infrastructure and to make sure youth voices from all communities are represented.



photo credit: Youth Leadership Institute

Twenty-five youth between the ages of 13 and 20 sit on the Youth Commission and are appointed by the Board of Supervisors to advise on youth-related policy. The youth are then divided into five different committees: Adolescent Needs; Environmental Protection; Immigrant Youth; Legislative; and Teen Stress and Happiness. Here, too, the work often dovetails with that of HPP. The Adolescent Needs Committee, for example, produces a report on the mental and physical health of youth every four years using data that they analyze with HPP.

“[Youth commissioners] have firsthand experience as to how decisions are made at a county level, and they can actually shape and influence those decisions as well.”

– Fahad Qurashi

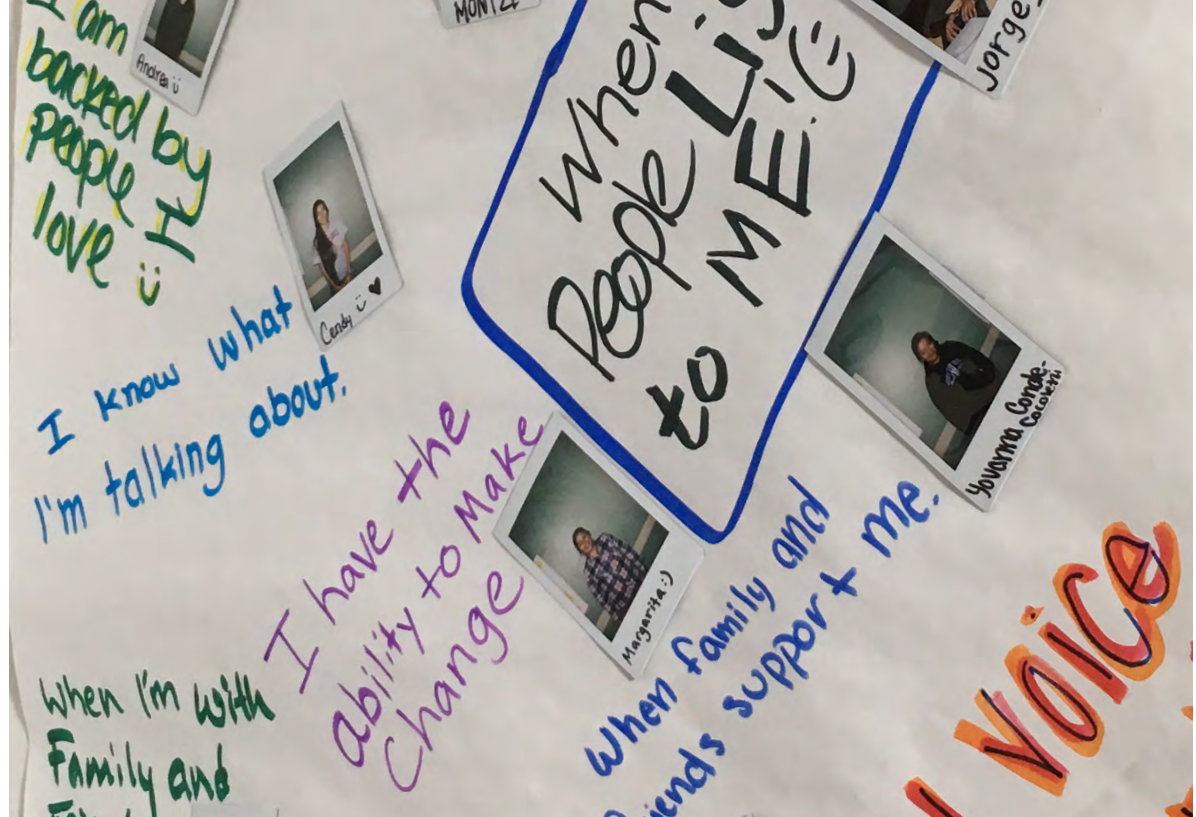
The health department also asks youth to sit on other boards and commissions so that they are represented in places where decisions are made daily about the county’s strategies and resources—places where young people’s voices may not be heard otherwise. These include First Five Commission, Juvenile Justice Board, HIV Board, and Parks and LGBTQ boards, among others. So far, it’s working: According to Qurashi, about half of the Youth Commission’s members sit on other decision-making bodies in the county.

“They have firsthand experience as to how decisions are made at a county level, and they can actually shape and influence those decisions as well,” he said.

The Youth Commission recruits through YLI, as well as partnerships with HPP, schools, community leaders, and local organizations. One of the top priorities during the recruitment process is diversity. “We want a diverse commission that reflects San Mateo County,” Qurashi said. “So, that means ethnic diversity. That means district diversity. That means various levels of income being represented at the table, too, because that brings different perspectives.”

It has not been too difficult to garner interest: In 2016, more than 50 young people applied for nine open positions.

“Having the youth in a place where they are providing input into the decisions that impact their future is important for good decision-making, and it’s empowering to youth,” Malekafzali said, noting that such leadership opportunities are an “important aspect of achieving health equity now and in the future.”



Qurashi said he also sees youth engagement as a civil rights issue: “It’s important that young people are not only informed of the decisions and efforts that are going to impact them and their lives, but they should be part of influencing what that looks like. ... Often times, young people actually have the solutions; they’re just not given that platform or opportunity to provide [input].”

Qurashi explained that this is partly because adults tend to underestimate young people’s abilities. He described YLI as a way to eliminate stereotypes and tear down these walls between youth and adults. What’s more, involving youth can lead to faster progress.

“Young people can quickly catalyze a movement,” he said. For example, Qurashi noted that with recent YLI efforts to address payday lending, “young people actually were able to pass policy efforts that restricted payday lenders or predatory financial practices in vulnerable communities. They were able to do that in a matter of a year, while adult-led organizations and experts will struggle for five years to take a campaign like that forward.”

Qurashi also emphasized that HPP is a major supporter of this work. Specific equity-focused projects that HPP and YLI have partnered on include campaigns to reduce sugar-sweetened beverages and prevent diabetes, as well as to increase access to public transportation.

“There’s a lot of expertise that they bring to the table, in terms of being able to navigate policy at a local level and knowing some of the players,” he said, adding, “There’s the relationships that they hold with certain departments and elected and community members, too, that we’ve leveraged for success. And they also hold their own expertise, too, when it comes to data collection, data methodology, and then kind of legitimizing the fact that there are health disparities and other types of inequities in San Mateo County.”

“It takes a lot to shift or change something when it comes to inequities,” Qurashi continued. But, he said, “the data paired with the youth power paired with the experts from the government—the Health, Policy, Planning team—gives us the best opportunity and chance to actually create that impact.”



Overcoming Challenges

As with any work to reduce health inequities, the progress that may appear effortless from the outside often involves challenges along the way.

Before HPP could shift its focus to become more equity-centric, it first had to convince the Health System that it needed to begin working on issues, such as housing stability and economic opportunity, that are traditionally beyond the scope of public health departments. To make their case, HPP staff shared research showing that although an existing program to increase walkability had many benefits, it also came with unintended consequences: Improved walkability inadvertently raises housing costs and increases displacement, with major implications for health. This research, combined with insights from the community-engaged strategic planning process, was enough for HPP to gain Health System support. Once leadership was on board, HPP then began delivering presentations on the social determinants of health equity for other San Mateo County Health System divisions and programs, including Behavioral Health, Family Health Services, and primary care providers at the county medical center.

The emphasis on equity and prevention is shared throughout the entire San Mateo County Health System. “That is something that every part of our health system appreciates, even if they’re busy delivering primary care or regulating a restaurant,” Rogers said.

The Health System has also faced challenges because of its limited resources, which it must allocate carefully among the county’s 22 jurisdictions.

“We want to be prudent financial stewards so that we can extract every last dollar possible in order to do the good work that we want to do,” Rogers said.

Fortunately, health is proving to be a popular investment in San Mateo. “We’ve been pretty successful convincing leaders across the county who have to provide multiyear support that by investing in these strategies, over time, we really will see a difference,” Rogers said. “And so, we have cities that are making decisions in their local policy that really support health, and it’s pretty terrific to see.”

Still, HPP must walk a political tightrope at times. Rather than being able to overtly champion every promising health equity effort, staff remain politically neutral, often lending their support in non-controversial ways. HPP also coordinates closely with county leaders and runs ideas by them in advance.

Then, Rogers explained, there is the mental toughness that doing this work requires, with each new hurdle forcing staff to dig deep to maintain their motivation and momentum. “Getting people excited about addressing challenges that are fairly aspirational and may take many decades to accomplish is a great challenge,” she said.

Lessons Learned

In the time since HPP began focusing more explicitly on health inequities, staff have gained many insights that may be useful for other local health departments:

Partnerships are essential. In San Mateo County's case, collaboration includes community, city, and county partners. "It's really about elevating the ideas that people have and bringing them forward, so I think that's been a key attribute that's led to the success that we've had so far in developing partnerships," Rogers said.

Additionally, rather than stepping in toward the end of a project or process, HPP engages partners early and often, shows how their interests are aligned, and makes clear how they can contribute.

Respect the community's expertise. Health System staff repeatedly emphasized the importance of supporting leaders in marginalized communities, noting that those experiencing health inequities should be at the center of efforts to eliminate them. Community-driven agendas are not only better informed, they are also more successful in persevering through obstacles if the work becomes controversial as local residents work to bring attention to their needs.

Build trust with community. HPP has accomplished this by being responsive to community needs. For example, instead of just distributing surveys and inviting community residents to health department events, HPP staff show up where the community is already gathering to demonstrate their shared interests and values. HPP regularly connects with community leaders and serves as a resource when called upon.

Make data widely available. Health departments can maximize their reach and impact by making their research as available and easy to understand as possible. HPP has done so by sharing reports and data through their website, newsletter, social media, and more. Providing easy access to data allows community groups to use and share the information in the ways that best suit their needs.

Take calculated risks. Although taking risks can lead to occasional setbacks, doing so is necessary to make progress. One type of risk HPP often takes—to great benefit—is investing in organizations that can support pilot projects. Such projects have allowed them to secure additional resources to advance their health equity work and has helped partners to better understand and embrace the need for changes at the policy and systems levels.

Approach all work through a health equity lens. HPP extends this philosophy to internal health department decisions, which can support or stymie external projects. Everything from creating a budget to hiring new personnel should be filtered through this lens. "The staff that we have is our largest resource in the health department," Malekafzali said. "So, who are we hiring? What is their background? What's their leaning around equity? Do they understand that? So, every single thing that you do should come through a lens of health equity."

Get support from leadership. "In a government structure, hierarchy reigns still, and without your leadership support, it's hard to get and build projects to scale," Malekafzali said. "So, when you are building leadership support, think about the messages and messengers that resonate with them."

Commit to the long haul. "Significant social change can take decades. [T]he only real way to make any headway on this is through a sustained effort over time," Rogers said, adding, "It's just not going to happen overnight."

How to navigate & impact on local/state government

San Mateo County Youth Commission

Vision for the Future

Going forward, HPP and its partners aim to strengthen and expand their existing work. They recognize that even in a largely affluent community, health disparities exist, and they are striving to expand people's understanding of health beyond the medical system and to support the policies and practices that promote health equity.

For the restorative practices happening in the San Mateo-Foster City School District, a next step will be increasing teacher participation, which is already nearing one-third of all teachers across the district's four middle schools. Bowditch's Walker would like to see the practice continue to spread to other schools in the district and elsewhere. Cities like San Francisco and Oakland have already incorporated restorative practices, and Walker hopes the momentum continues.

As for the Youth Commission, Qurashi said he wants youth commissioners to come together across California to have a statewide impact. Locally, he and colleague Adam Wilson, the commission's program coordinator, would like to see the group continue to become a stronger and more diverse voice for policy change. Wilson said the Youth Commission is going to work harder to use their voice "to bring more policy recommendations to the Board of Supervisors, to city councils when possible, and to school boards as well."

Supervisor Carol Groom, the County Board of Supervisor liaison to the Youth Commission, is a strong supporter of youth leadership. Looking into the future, Supervisor Groom stated, "San Mateo County values youth voices and the leadership of the Youth Commission to bring their perspective into county decision-making. I look forward to the policy opportunities the commissioners will advance over the next few years and hope to see some of our youth commissioners moving through the pipeline of leadership to hold elected office in the future."

More generally, across health department efforts, Rogers said her vision is that "more and more people in this community have equal opportunity to [live] a healthy lifestyle." She would also like to see more progress on RWJF's indicators of health: "If you could go down that entire Robert Wood Johnson list of measures and indicators and see that they were more equally experienced, I think that would be amazing."

To see video highlights of HPP's work in action, visit <https://www.youtube.com/watch?v=4gQSa9TG9pw&feature=youtu.be>.

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How Monterey County Is Advancing Health Equity Using a Health in All Policies Framework

Introduction

Ramona Villagrana, a resident of King City in Monterey County, works nights harvesting spinach. During her 28 years of gathering produce for the agricultural industry, she has often endured extreme temperatures and harsh conditions, but she presses on because she needs the job.

Like most residents in Monterey County, Villagrana is Latina. She is also a monolingual Spanish speaker, and without robust social supports, it would be easy for her and others like her to become isolated and unable to weigh in on issues affecting her family and community.

To keep that from happening, the Monterey County Health Department (MCHD) is investing in programs like enLACE (Leadership and Civic Engagement Academy), which means “to connect” in Spanish. The eight-week program, offered by the health department, is designed to help residents become more engaged and better understand the link between civic participation and community health. It is part of a larger health department strategy aimed at advancing health equity, or the ability of all people, regardless of their race/ethnicity, gender, age, ability, or income, to be healthy.

Through enLACE, residents can learn about everything from safety and prevention to budgeting and policymaking. They also gain insight into the health implications of policies, such as housing ordinances, which may determine how many homes in residential developments are affordable to low-income households, and transportation policies, which can influence how easy or difficult it is for people to walk and bike within their neighborhoods.

Villagrana, who joined an enLACE cohort in King City, said she learned about nutrition and health, how government funds are distributed, and where to go to make requests on behalf of her community.

“My participation in enLACE has helped me work in a different way, to communicate in a different way, to know where to find information,” Villagrana said, through a translator. “enLACE makes you see life in a different way,” she added.



Although the program is transformative for many of its participants, health department leaders are modest about their role in supporting enLACE, which they say is one of MCHD's responsibilities to the community.

"Working in the fields is very hard labor," County Health Director Elsa Jimenez said. "I feel that it's our obligation to help those individuals achieve positive health outcomes and be able to obtain their fullest potential."

That Villagrana could participate in enLACE is largely a credit to its locations. Unlike many programs and services, which are concentrated in cities such as Monterey and Salinas, enLACE meets residents where they are.

"If all the services come here, people will be there to attend them," Villagrana said. "Many people don't attend programs because it's too far away; they don't have a way to get there. And even if they take the bus, it stops in every location, so if you have an appointment, you sometimes can't make it in time. ... I would really like [more services] to be in our community. They shouldn't forget us."

Keeping in mind the county's demographics—according to U.S. Census Bureau data, about 58 percent of residents are Latino, and more than half speak a language other than English at home—MCHD offers its enLACE sessions in Spanish, when needed.

"It's been a huge success to be able to offer it in Spanish with people who aren't traditionally at the table," said Carmen Gil, a Health in All Policies manager at MCHD. "They're the ones that are being impacted by these policies, so they should have a say in them."

Now, thanks to enLACE and other health department-supported efforts, residents like Villagrana are gaining a voice in local decision-making and becoming self-assured, powerful advocates.

"We really recognize residents and the power that residents have to make change," Jimenez said. "We recognize that it's our responsibility as local policymakers, as decision-makers, to really prioritize those communities that are most disenfranchised, most underserved, and allocate our resources to provide services to them."

This case study explores how MCHD is doing just that. It examines the local context for the health department's work, the framework MCHD is using to collaborate with partners and elevate the role of health in policymaking, the challenges they have overcome along the way, and lessons learned.



A Tale of Two Montereys

Located along the Pacific Coast, Monterey County has become known for its rugged shoreline, sweeping ocean views, and majestic mountain landscapes. It is home to scenic Big Sur, the Monterey Bay Aquarium, and a variety of other tourist attractions. But the health department's Jimenez wants to shine a light on an important aspect of the county that often gets overlooked.

"Many people, when they think of Monterey County, they think of Pebble Beach, they think of Carmel Beach. Many times, they think of the wine industry," Jimenez said. "I would hope that they would think of agriculture because we are known as the salad bowl of the world."

Monterey County attracts immigrants from Mexico and other parts of Latin America who bring their knowledge of agriculture to form the backbone of the area's food production.

Many of the farmworkers "are really here doing the work that most Americans will not want to do," Jimenez said.

Jimenez explained that many immigrant households are financially insecure, despite the great wealth that surrounds them: "We have, I guess I could say, both ends of the spectrum, in terms of having families with very low income struggling to make ends meet, yet are feeding the world in terms of produce. And, on the other end, we have individuals with lots of money that have summer homes in Pebble Beach."

In addition to income inequality, many residents lack safe, affordable housing, access to employment opportunities, and access to preventive care. "Monterey County still has anywhere between 30,000 and 60,000 residents that are not able to have health care coverage because of their documentation status," Jimenez said.

This combination has fueled poor health outcomes and health inequities.

According to Jimenez, Monterey County faces disproportionately high rates of diabetes and other chronic conditions among the county's communities of color. Countywide, heart disease is the number one cause of death, and the county's Latina population has a high teen birth rate.

For Jimenez, who grew up on a cattle ranch in King City, eliminating these and other health inequities is more than a professional interest; it is a personal mission. "Being a person of this community, it brings me great pride to be able to come back after I pursued my education and be able to provide my public service," she said.

"I feel that it is my obligation to make sure that individuals do have access to opportunities that will help them have a healthy life and achieve positive health outcomes," Jimenez added. "I take my responsibility very seriously ... and am surrounded by individuals that will really help to serve the most disenfranchised in our community."



A Framework for Advancing Health Equity

In 2011, during the process of developing their strategic plan, pursuing accreditation, and completing a community health assessment, MCHD staff discovered from conversations with residents and analyses of county health data that they needed to address the county's health issues by focusing on systemic and structural causes of poor health, rather than looking primarily at services and individual lifestyle changes.

To better understand what residents' most immediate needs were and what barriers were keeping them from leading healthy lifestyles, MCHD organized several community dialogues.

"We brought out residents, businesses, [and] community-based organization representatives to really begin to kind of tell us what their challenges were with respect to achieving positive health outcomes," Jimenez said. "The community was really very vocal about how the environment that they lived in was preventing them from being able to practice healthier lifestyles," she added.

For example, Jimenez recalled, residents who lived in areas plagued by violence could not provide safe places for their children to play, even if they had parks nearby; people without grocery stores within walking distance were hard-pressed to find fresh produce at affordable prices; and people without transportation access said they had trouble making it to medical appointments.

After hearing these and other stories from residents, Jimenez said that the health department discussed how they could "help to marry that information with health statistics to be able to put forward strategies that would help to begin to address those gaps."

They identified three areas of focus: helping to empower the community so that they could advocate for policies to improve health; enhancing health and safety through prevention, with a particular focus on addressing violence—especially among youth; and ensuring that health department services were culturally and linguistically appropriate.

To make progress in these and other cross-cutting areas, MCHD decided to adopt a framework called Health in All Policies (HiAP), which they learned about while participating in the California Leadership Academy for the Public's Health, a group that helps leaders across the state develop the skills and build the capacity they need to address the social determinants of health.

“Health in All Policies is really a framework for looking through a health lens at all potential intended or unintended consequences and impacts to health as we move recommendations forward, whether it be policy changes or program changes.”

—Elsa Jimenez

Through the HiAP framework, now embedded within the health department’s strategic plan, MCHD fosters collaboration among multiple sectors and engages with a wide variety of partners, many of them nontraditional, to make sure that all government decision-making considers the influence its policies, programs, and practices will have on health. These partners include staff from other government agencies, community leaders, educators, advocates, and residents.

“Health in All Policies is really a framework for looking through a health lens at all potential intended or unintended consequences and impacts to health as we move recommendations forward, whether it be policy changes or program changes,” Jimenez explained.



Elsa Jimenez,
county health director,
Monterey County
Health Department

After adopting the framework, MCHD created a Planning, Evaluation and Policy Unit (PEP), as well as a HiAP manager position to implement Health in All Policies. To maximize its effectiveness, MCHD uses HiAP together with what is known as a collective impact approach, which means all partners share a common agenda and measures of progress as they work toward solutions, even though their individual roles vary. In MCHD’s case, they provide “backbone support” through funding and staffing to coordinate the various partners involved in the initiative.

Additionally, achieving health equity is now a strategic priority for the County Board of Supervisors. After gathering best practices from early practitioners of HiAP and from the HiAP Guide for State and Local Governments, MCHD staff began making presentations on HiAP to the board. Once the board approved it, the stage was set for MCHD to start reaching out to other nontraditional partners, such as affordable housing developers and community-based organizations.

“Our elected Board of Supervisors are pretty progressive,” Jimenez said, noting that the group is also quite representative of the community, with two Latinos and two women sitting on the board. “They definitely see the connection between the environment and individuals’ opportunities for achieving positive health outcomes, for obtaining college degrees, for finishing high school, for obtaining employment,” she added.

Though it has only been in place since 2012, HiAP has already opened the door for MCHD to look at county planning agency documents through a health equity lens and provide feedback.

Now, Jimenez explained, MCHD is at the decision-making table for any new environmental projects.

For example, when a local agricultural company was planning to build a new housing site for farm workers, the health department not only reviewed the application, provided recommendations,



photo credit: Jose Nolasco

and shared best practices, but staff and HiAP committee members also met with the architect and project manager to provide feedback on the design and use of the facility. For instance, they requested a community room, which provides opportunities through partnership with local community institutions and nonprofits for dissemination of health information to the workers. Additionally, vaccines can be administered, and institutions like the local community college can provide English and GED classes.

MCHD has also leveraged HiAP to create a collaborative process for incorporating health equity assessments into the County Planning Department's land use reviews. Health equity has since become a part of the decision-making process for everything from wind turbine projects to groundwater extraction to transportation projects. As the result of one such review, considerations for the location of a wind turbine included an analysis of noise impacts and proximity to people's homes.

Another success is MCHD's collaboration, in 2013, with The California Endowment-funded Building Healthy Communities East Salinas. Together, the groups made the case for getting a "quality of life" section added to the economic development plans for the city of Salinas. As a result, Salinas now more actively engages community members in its planning processes.

To further support efforts to advance health equity, the Board of Supervisors is also encouraging decision-makers to look at health through a racial lens. Through the Government Alliance on Race & Equity, "they are now supporting a group of county employees to participate in a statewide cohort that is providing them the tools and the promising strategies that have worked in other communities to help transform government and really, truly govern for racial equity and health equity," Jimenez said.

While MCHD is increasingly focused on addressing the underlying social and environmental causes of poor health, those efforts are in addition to, not in place of, more traditional health department work, such as connecting people to health services. For example, to reduce the number of people without access to preventive care, MCHD has worked together with California Rural Legal Assistance, Central Coast Center for Independent Living, and Communities Organized for Relational Power in Action to get the County Board of Supervisors to fund a \$500,000 pilot project that will provide critical medical services to the uninsured, including undocumented immigrants.

The goal is to "get individuals into primary prevention services so that hopefully we can identify conditions before they develop," Jimenez said.



The Value of Partnerships

Health department staff know that to be successful in advancing health equity, they must collaborate with others, including groups that have not traditionally thought of their work as health-related.

“Through HiAP, we have been given the opportunity to work outside our field,” said MCHD’s Gil, who manages the department’s HiAP efforts.

A prime example of MCHD’s work with nontraditional partners is its involvement in the Active Transportation Program (ATP), which is a collaboration among five Salinas Valley cities, the health department, and the local Transportation Agency for Monterey County (TAMC). Gil described the city of Gonzales, a community where one of the ATP projects is taking place, as a “tight-knit” and “family-oriented” community—one with a lot of diversity but also a lot of poverty. The area’s working-class families often hold multiple jobs and do not enjoy the same level of resources as some other communities in the county. Gil said smaller communities like Gonzales often get left behind because they do not have a large team able to pursue the grants needed to bring in critical services.

To help remedy this, in 2014, the health department coordinated a regional grant proposal to CalTrans, the state of California’s transportation authority, for infrastructure to improve active transit—and health—in Gonzales and the four other partnering cities. The proposal was accepted, and CalTrans awarded \$4.6 million to increase walking and biking in the Salinas Valley region. MCHD continues to convene the five cities regularly to discuss infrastructure disparities and upgrades.



Rene Mendez,
Gonzales city manager

Prior to the grant, the sidewalks surrounding one of Gonzales’ most heavily trafficked routes—where its community pool and elementary school, which serves more than 900 kids, are located—lacked important safety features and were not fully ADA accessible. Now, thanks to the ATP grant, as well as other funding, the area has the appropriate ramps, which benefit people with disabilities, as well as parents and grandparents bringing children through the area in strollers. Several sidewalks have also been repaired or replaced, and the city has made access to its alleys much safer by pouring concrete and pavement into the crossings, which used to be made of dirt and gravel.

The grant also allowed the city to better identify how people travel throughout Gonzales, with a special focus on the west—and oldest—side of town, which has the greatest need for improvements.

“The major health component is [to] keep people out of their cars and get them walking and exercising when they don’t even realize they’re exercising,” Gonzales City Manager Rene Mendez said.



So far, the community has reacted with support, despite interruptions to things like parking locations and street crossings. “I think the community’s been very happy,” Mendez said. “They’ve gone to the council and thanked the council for doing it and so forth, so it’s been real positive.”

The health department’s Gil described this collaboration as one of MCHD’s “aha projects.”

“Through this grant, we had the opportunity to really sit at the table with engineers. ... I think it’s been a learning experience for both them as well as for us,” she said. “We’re learning how to speak engineering language, and they’re learning about health, and so it’s two completely different disciplines coming to the table with people who haven’t necessarily engaged in conversations before.”

Mendez echoed the importance of cultivating such relationships. “We typically don’t have the technical staff necessary to lead these efforts by ourselves and to go out and get that staff,” he said, adding, “[This work] is very expensive, so the partnership with the County Health Department helps us leverage the experts in this area.”

Mendez also emphasized that the partnership between the city of Gonzales and MCHD began years before this specific transportation grant. Rather than starting from zero, they were building on an already vibrant relationship. Gonzales had previously contracted with the health department to conduct a health assessment of their community to uncover some of its main challenges, including walkability and health care access.

According to Mendez, prior to the health assessment, Gonzales only had one doctor and one dentist. Now, because of the city’s partnership with the health department and a local health nonprofit, they have a new health facility, four additional doctors, one additional dentist, and they have grown their local pharmacy.

Additionally, the city has partnered with the health department to fund a shared fellow whose goal is to improve health equity in Gonzales. The fellow is convening a group of residents to get input on what kinds of health improvements they would like to see and then using their feedback to write a health element into the city’s general plan. The health element will make clear the need for healthy neighborhood conditions and will illuminate the connection between economic development and health.

“At the end of the day, we want to improve the quality of life for our residents, and ... health equity is a very monumental thing to making you feel comfortable in your community,” Mendez said.

“There’s no magic to this,” he added. “I mean, if you have access to health care locally, you’ll use it. If you have good parks and ability to walk around in your community and feel safe and secure, you’ll stay in your community. You’ll come out. You’ll tend to exercise more. That’s one of the things that we keep hearing is, ‘We want a safe place just to exercise, to take our families.’”

In 2015, the health department staff applied for and are in the process of receiving another cycle of these funds that will continue to support their equity efforts in these communities. The new funds will bring in additional Safe Routes to Schools programming for Salinas Valley schools, more opportunities for residents to get civically engaged, and Ciclovía, or open streets events, for the five partnering communities.

Seeking Out and Elevating Community Voices



In addition to engaging with cities, MCHD has used HiAP to forge strategic partnerships with community-based organizations working on issues such as housing, transportation, and more. MCHD staff are part of many community coalitions and collaboratives working to advance health equity, including Impact Monterey County, Community Alliance for Safety and Peace, and the Coalition for the Prevention of Senior Homelessness. Each of these groups is cross-sector and includes a range of individuals, from elected officials to researchers and social workers.

With these and other collaborations, MCHD tailors its role based on the groups it is working with. For example, after staff from MCHD’s Behavioral Health Bureau discovered a

serious service gap in mental health and substance abuse treatment for residents in the southern part of the county, the health department became involved in a group of nonprofit providers, government officials, and community members working to increase services; however, rather than taking on a decision-making role, MCHD found that its staff members were most needed to handle the group’s administrative duties, which freed others to take on leadership roles.

At other times, MCHD fills a leadership position, as the department did when it co-sponsored several trainings to support the social equity work of the Nonprofit Alliance of Monterey County, which represents more than 100 nonprofit agencies.

According to MCHD, partner organizations tend to be highly responsive to health department requests for support or collaboration. This reflects the fact that MCHD has long valued community partnerships and has made them a priority in their work.

Like most health departments, MCHD also plays a traditional role of culling data from birth statistics, death statistics, and other sources to demonstrate what the community’s health outcomes are, where the inequities are the greatest, and where resources need to be allocated. However, the health department’s Jimenez stresses that data are no substitute for hearing directly from residents about the problems they face. That’s why MCHD gathers input from community members and analyzes data with their feedback in mind.

HiAP is an Equity Strategy



“What’s most critical is assessing the community, having the community voice at the table, and really starting where the community is,” Jimenez said. “Until we can engage, gain their support and their trust, and begin to address what their immediate concerns are, we may not be successful in helping to address what the data is telling us that we should address. So, as a department, we always find that balance—between what we’re hearing from the community and what statistics are telling us—to really help shape and provide direction for how we allocate our resources.”

“Some of those folks have never attended a city council meeting, and so they begin to feel empowered now that they have knowledge [about how] to contribute to the conversation.”

—Carmen Gil, manager, Health in All Policies,
Monterey County Health Department

To further elevate community voices, MCHD urges residents to become personally involved in the civic process and offers programs and resources to provide them with the knowledge and resources they need to do so. The enLACE program that Villagrana joined embodies this aim.

While Villagrana focused mostly on learning about nutrition and government budgeting during her time in enLACE, other participants in the program use the opportunity to better understand local and state decision-making. Through enLACE, community members can go on field trips to council meetings and other gatherings, such as ENACT day (an annual day of advocacy in Sacramento), and learn ways to become involved as advocates.

“Some of those folks have never attended a city council meeting, and so they begin to feel empowered now that they have knowledge [about how] to contribute to the conversation,” Gil said.

enLACE participants learn who their local leaders are, how decisions are made in their community, and when critical timelines are coming up. This gives them the knowledge they need to be part of the process and “actively voice their concerns and suggestions or solutions,” Gil said, noting that once enLACE participants have established relationships with elected officials and other leaders, they are not afraid to pick up the phone later and alert them to a community concern.

A wide range of people participate in enLACE, from college professors to farmworkers, and MCHD offers the program mostly in underserved communities, such as rural King City, East Salinas, which is primarily Latino, and Seaside, a beach community with its own set of challenges. So far, about 100 residents have graduated from enLACE. Many of these participants remain in contact with their elected officials and with the Health Department long after the program ends.



“We’ve seen great transformation with this program,” Gil said. “Once they graduate, we don’t just leave them behind. We continue to follow up with the alumni and support their ideas and projects afterwards.”

In King City, for example, enLACE graduates were active in creating district elections, and in Greenfield, they secured a grant to improve physical activity and now hold weekly Zumba classes for the community. Many other participants go on to join community coalitions and collaboratives that the health department works with so that they can provide input when MCHD makes decisions about programs or policies.

One enLACE graduate, Maria Martha Ramirez, became involved in what’s known as the Alisal Vibrancy Plan in Salinas. While the city was working to revitalize its downtown—a more affluent part of Salinas—the health department, along with Building Healthy Communities East Salinas, residents, and other partners, talked with council members about the need for a similar revitalization plan in the Alisal neighborhood, one of Salinas’ disenfranchised areas on the east side of town. The group succeeded, and the Alisal Vibrancy Plan is now being supported through the city’s economic development element.

A native of Salinas, Ramirez moved away for her education but returned because she wanted to give back to her community. “I came back to do community service, volunteering—I wanted to see what kind of organizations were out there to make a difference, if there were like-minded people like me,” she said.

Ramirez said she thought the Alisal Vibrancy Plan could help forge community bonds in parts of the city that did not seem united and explained that enLACE prepared her to participate in the plan by helping her understand how the city council works and how the area’s environment affects the health of its residents.

“It’s important for community members to be involved because it does give them a voice, and it helps them,” Ramirez said, noting that this kind of engagement builds self-esteem and has the potential to lower stress and improve health.

Ramirez also participated in Adelante Con Orgullo Mujer Inmigrante (ACOMI), a health department-supported conference and community resource fair devoted to immigrant women. The day-long annual event, which began in 2012, provides participants with a series of educational workshops aimed at improving farmworkers’ health. More than 100 community members from across Monterey and neighboring counties participate each year and are offered free transportation to attend through a partnership with Monterey-Salinas Transit.



Tailored Communications

To fully engage residents throughout the county and to make them aware of programs like enLACE and ACOMI, MCHD cannot take a one-size-fits-all approach to communication. Staff must understand where and how its residents access information.

For example, many low-income residents in Monterey do not have computers but do use internet-equipped smartphones, so MCHD is optimizing its communications for mobile channels. Staff have created an online marketing program using Constant Contact to ensure that their communications work is accessible across multiple platforms, including mobile.

To better serve rural patients who may not have easy access to transportation, MCHD has added telemedicine to its clinical practices. And to serve the county's many Latino households, MCHD regularly adds Spanish content to its social media channels, a practice that is not yet common among health departments in California.

MCHD also strives to communicate with community members using clear, nontechnical language.

"A lot of the times, we use the big language and the big lingo and the terms that don't resonate with [residents]," Gil said, explaining that MCHD works to reduce such jargon, as well as to discuss abstract public health issues in ways that help to make them more concrete.

"So, for example, we'll talk about [how] the housing element is really important to you because it's going to dictate where housing is going to go in your community, if your kids or friends or you are going to be able to afford housing, et cetera," Gil said. "And I think once you break it down to that level, it becomes real, and it shows the importance of [community members] being actively engaged in those decisions."

Gil stressed that the health department aims to help residents not only understand the impact that an issue will have on their daily lives and on the overall health of their communities, but also to envision solutions: "So, it's easy to complain about violence, but, really, what can we do to address some of that? Do we have more community centers available? Do we have prevention programs? Do we have green and open spaces that people can actively engage in?"

COUNTY OF MONTEREY HEALTH

Applying HiAP Using an “Inside/Outside” Approach

According to the health department’s Jimenez, MCHD’s commitment to health equity and HiAP is both internal and external, and staff are applying it using what she calls an “inside/outside” approach.

“In order for us to be able to effectively help move the community along in Health in All Policies, we really looked internally first,” Jimenez said, explaining that the health department has built a plan to educate and train staff on the social determinants of health and how environments affect how well people are—or aren’t—able to practice healthy lifestyles.

Internally, MCHD offers staff an opportunity called the Health Equity Scholars Academy (HESA), which teaches employees about the basics of public health, as well as social determinants and health equity—and how those influence health outcomes.

“It creates a safe space where employees can converse about root causes and really begin to talk about some of the issues that they’ve seen out in the community and how we ... can better serve our clients or customers,” Gil said.

“Once we felt that we were prepared internally to be able to effectively speak about this and help bring along community, then we started to have community meetings and gatherings with both traditional and nontraditional stakeholders,” Jimenez said.

Since 2012, MCHD has trained more than 2,000 county staff and local residents on HiAP. These trainings have included a focus on institutional racism and implicit bias.

According to Gil, such education opportunities help to create a shared language and put everyone on the same page: “We all may [approach health equity] from different angles, but, ultimately, what’s our end goal?”

In addition to conducting trainings, MCHD has linked its HiAP work to the accreditation process. While developing accreditation prerequisites, MCHD took the opportunity to educate health system partners about HiAP and incorporated the framework into several planning documents, including the health department strategic plan, community health assessment, and community health improvement plan, to encourage HiAP’s use across agencies and partners. The function of the planning documents is complementary: While the community health assessment revealed the health inequities facing the county, the strategic plan provided a way to engage stakeholders in tackling these inequities through a HiAP approach, and the community health improvement plan helped bring county health initiatives into alignment so that different efforts, such as early childhood development initiatives and plans to reduce gang violence, operate in coordinated ways.

MCHD also has created a HiAP advisory committee, which meets monthly and tracks HiAP progress. The committee includes members from the Association of Monterey Bay Area Governments, city and county planning staff, and nonprofit organizations in the housing, transportation, and early childhood development spaces.



Overcoming Challenges

MCHD has been fortunate to have strong support from county elected officials. And with fewer than 500,000 residents, Monterey is a small county, which has made it easier for health department staff to have more in-person communication and stronger collaboration with partners.

Still, they have faced many challenges. These include coming to a consensus on what work to collectively prioritize, despite so many interests and areas of need; making sure all stakeholders feel that their perspectives are being heard and respected; and helping partners not traditionally associated with health to see how their work impacts health.

For example, it has been difficult at times for MCHD to help direct service providers, who deal one-on-one with individuals suffering from acute conditions like asthma, to look at their work through a different lens and see how it connects to the broader social determinants of health. To support this shift, the health department is intentionally linking collaborative activities with strategies as part of its annual review of its strategic plan.

“I think they’re starting to recognize that when somebody comes in, they’re also going to be talking about their lack of access to affordable housing, about their lack of access to food, their concerns about their children, and their afterschool activities,” Jimenez said. “And I think they’re starting to recognize that their role is not only to address the acute care need, but really [to] look at the person as a whole and begin to collaborate amongst other health department bureaus and with community to help to care for that person.” Jimenez said.

Another hurdle has been keeping partners engaged. This can be particularly hard amid staff turnover. The health department often hires new employees and regularly brings new external partners into the HiAP work. New staff are provided an overview of HiAP, and it is discussed routinely at meetings of senior health department staff.

“People come and go, they change jobs, and so ensuring that they understand what we’re trying to do with Health in All Policies is really important to us,” Gil said, adding, “Developing that concise, consistent shared language and education around it is one of the constant challenges that we have.”

Finally, like many groups in public health, MCHD must keep HiAP efforts funded. “Many times, our funding is categorical, meaning that we receive a pot of state or federal dollars to help address one issue, like reduction of teen births,” Jimenez explained. “And so, we haven’t really addressed comprehensively the root causes, which, regardless if you’re looking at teen births, or you’re looking at why kids are not completing high school, or you’re looking at why kids are getting involved in the juvenile justice system, it really all boils back to what opportunities they had growing up. ... Many times, they’re limited based on where they live, how much income their family makes, who their social support systems are, or, if they don’t have any social support systems, who their peer influences are.”

Having to fulfill the obligations of those categorical grants, Jimenez continued, does not give MCHD the full flexibility that they want “to really push Health in All Policies across the organization.”



Lessons Learned

Since MCHD began implementing HiAP, health department staff and their partners have gleaned many insights that may be useful for other health departments interested in pursuing a Health in All Policies framework. These are some of their top tips:

Start building relationships and engaging partners as early as possible. It is important to make sure that all parties understand your goals from the beginning, Gonzales City Manager Rene Mendez explained. That way, he said, “if there’s any difference of opinion or some political issues ... you are able to identify them early. You don’t want those to come up when you’re asking for approval of an agreement or a contract.”

Strive to understand the perspectives of other people and sectors. “There is more power in working together,” said the health department’s Gil. With that lesson in mind, MCHD staff approach their contributions to partnerships with humility. They recognize that they are one organization as part of a larger public health system and do not expect to be the sole authority in the room.

Equip community members to advocate on their own behalf. “Many times, the community feels that they don’t have a voice, and we, as public health practitioners, need to help community residents find their voice by providing them the training, by providing them the language, by educating them about how to navigate [systems]—whether it’s city government, county government, [or] the educational school system—so that then they can be the leaders that we need them to be to help make change,” Jimenez said. “Policymakers, although they like to hear what the health department has to say, there’s going to be more weight given if it’s a community resident—one of their constituents—that is at the podium advocating for less liquor stores in their community or a grocery market in their community.”

Remember that broad engagement benefits everyone. When community members are involved, they benefit because they are the ones who will feel the impact of policy decisions. But stakeholders gain support, too. “They may be thinking of implementing an action or a program or a policy, and if residents are on board with it, they can help [with] the implementation of it, which is even better, versus just putting a policy through, and then nobody ever does anything with it,” Gil said, noting that such collaboration “brings more power into the community” and leads to greater success overall.

“It creates a healthier environment; it creates a healthier relationship with community residents and leaders and stakeholders. So, it really has a long-lasting impact,” she said.

“We have a real unique position in this—trying to help our community [dream] big and see how we can get there.”

—Rene Mendez

Know your audience. MCHD staff pay close attention to demographics and adjust their communication strategies accordingly. For example, they provide bilingual content and use different social platforms to reach different groups. They also work to make the intangible tangible by providing concrete examples of what policy changes will mean for people’s day-to-day lives and try to minimize jargon when communicating with residents and partners who do not have backgrounds in public health.

Be flexible. Gil explains: “A lot of the times we say, ‘This is our action plan; we have to stick to this.’ However, if a new opportunity came up and it’s not part of your action plan, it’s not wise to let it fly by. We’ve seen major impact when we adjust course when needed to ensure that we’re able to jump on some of those opportunities.”

Dream big. “Don’t think it’s not achievable,” said Mendez, noting that this is true both for systems-level changes in the community and for individuals wanting to make improvements in their lives. Mendez said that sometimes in communities like Gonzales, which are strapped for resources, people don’t allow themselves to set aspirational goals. But, he said, “I think that we have a real unique position in this—trying to help our community [dream] big and see how we can get there.”

MCHD’s Vision for the Future

In the next five to 10 years, the health department plans to more closely consider where its dollars are spent to ensure that the areas with the most need are receiving enough support.

“I see our county moving forward and really intentionally looking at the services that we provide, how we fund them, and really reshifting or realigning the dollars that we have available to us to where we could have the potential greatest impact,” Jimenez said.

Additionally, MCHD staff want to bring new partners into the work and continue conversations with the County Board of Supervisors, which has expressed interest in pursuing ways to govern for racial equity. “That is a huge step for a county the size of ours to really be intentional about how we’re developing programs and policies and the language we use—and how we’re being equitable in so many areas,” Gil said.

Beyond that, she said, the possibilities are wide open: “I can only imagine that we are going to continue to progress in many ways.”

To view video highlights from MCHD’s health equity work, visit https://www.youtube.com/watch?v=3_O9geYB1NY&feature=youtu.be



photo credit: Brian Perez