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Building Healthy Communities

CASE STUDY: EAST OAKLAND

Putting Public Health in Place

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About This Series

A primary tenet of the Building Healthy Communities initiative is that place matters, i.e. where one lives determines how one fares in health, safety and well-being. The 14 communities that are a part of Building Healthy Communities have long histories dealing with policies that have institutionalized class, race and ethnic disparities in education, health and human services, and local government planning decisions. "Health Happens Here" is both a guiding principle and a rallying cry for BHC sites addressing these entrenched disparities.

In this case study series, we explore successes, opportunities, challenges and transitions experienced "in place" as communities endeavor to create and sustain healthy communities for children and families.

Acknowledgments

Background

Building Healthy Communities (BHC) is a 10-year, $1 billion program of The California Endowment (TCE). Fourteen communities across the state are working to create places where children are healthy, safe and ready to learn. BHC is focused on prevention and strategies aimed at changing community institutions, policies and systems. In BHC, a focus on systems change requires work across sectors with multiple stakeholders. Through this cross-sector collaboration and with youth and resident engagement, BHC sites seek to improve neighborhood safety, unhealthy environmental conditions, access to healthy foods, education, housing, employment opportunities and more.

All BHC sites began with a planning process. During that time, sites were responsible for multiple, complex tasks. They were to work with an initial host organization (fiscal agent) selected by the Foundation that would provide guidance during planning. The host organization would remain neutral and select an independent facilitator to support all planning efforts. After forming an initial steering committee and workgroups, they created governance and decision making structures.

Local leadership worked with TCE Program Managers who were embedded in each site to assist with rolling out the process and enable the connection with local systems leaders and policy makers. To determine priorities and strategies, each site created a logic model and implementation plan focused on 10 initiative-wide, predetermined outcomes. The logic model included targeted strategies to change four systems that impact the wellbeing of children, youth and families: health, human services, education, and community environments. Each site formed a "Hub" to serve as the central table through which implementation efforts would be coordinated.

Since 2010, BHC sites have experienced a number of important successes. However, every initiative comes with timelines, deliverables and structures that can be challenging for communities, and BHC is no different. BHC finds its roots in large scale, complex, community change initiatives, so any narrative has to acknowledge that complexity and include the many perspectives that reflect it. The multiple perspectives in these case studies are those of institutional leaders, residents, organizers, facilitators and TCE staff.

Read more about Building Healthy Communities at www.calendow.org.

Place: East Oakland, Alameda County (EOBHC)

East Oakland has long been a center of social movements. From the Black Panthers who served free breakfast to children in the sixties to today's residents and organizations pressing for change even in the face of substantial setbacks, East Oakland has maintained its resilience. EOBHC seeks to mobilize these change agents to address four current prioritized community outcomes: (1) Families have improved access to a health home that supports healthy behaviors; (2) Residents live in communities with health-promoting land-use, transportation and community development; (3) Children and their families are safe from violence in their homes and neighborhoods; and (4) Community health improvements are linked to economic development.

Fifty years ago, East Oakland was a thriving part of the City's economy. Fueled by changes in land-use, East Oakland experienced massive flight of industry, resulting in the loss of thousands of high-wage, low skilled jobs. National manufacturers, including Granny Goose, Mothers Cookies, Gerber, and General Motors (GM) began closing their doors in the 1960s, creating a cycle of economic and social decline. After GM closed shop, Eastmont Mall, one of the nation's first urban malls, was developed in the 1970s. For nearly a decade, Eastmont provided a relatively robust retail market, but beginning in the 1980s, with the loss of anchor department stores, JC Penney and Mervyns, the Mall began a rapid decline. This once thriving commercial strip is now plagued with liquor stores, check-cashing businesses, barbershops, nail shops, and fast food.

Economic decline was accompanied by unhealthy conditions, such as lack of clean air, job loss, unsafe outdoor spaces, and limited access to healthy food. East Oakland residents today are disproportionately burdened with high rates of chronic diseases: asthma, diabetes, obesity, mental disorder, emergency room visits, assaults, and teen birth rates of 71.7/1,000, which is more than twice Alameda County's rate of 35.1/1,000. Homicide is the third leading cause of death in East Oakland, unlike other areas where the top three to four leading causes of death are chronic diseases. Homicide is also the number one killer of 15-24 year olds. In Alameda County, African American males in this age group have the highest rates of assault-related emergency room visits—three to eight times the rate of other race/ethnic groups.

These compounded inequities have accumulated over time and have conspired to significantly impact both the quality and length of life for East Oakland residents. According to the Alameda County Public Health Department, this translates into an average difference of 10-15 years in life expectancy for someone living in the flatlands of East Oakland compared to someone living just 1.3 miles away in the Oakland Hills. The result of long-term discrimination and current policies that perpetuate historic inequities, these conditions remain. During the recent housing crisis, for example, the community experienced excessively high rates of foreclosures. East Oakland's unemployment rate is three times that of Alameda County, peaking at 50% for African American youth.

Partners in Place-Based Work

In 2009, Alameda County Public Health Department (ACPHD) assumed the role of Hub Host for East Oakland Building Healthy Communities. The Hub serves as a central table in BHC communities; its function is to hold the big picture in a neutral way and support the site's efforts to address community priorities. Out of the 14 BHC sites, East Oakland is currently the only one to choose a public health department, or any other government agency, for this role.

BHC is a "place-based" initiative. Its theory of change derives from the premise that where one lives determines health status and how one will fare in life. Place-based practice takes into consideration the social determinants of health, the conditions in a community that are shaped by social forces—the distribution of money, power and resources—and the systems that determine the trajectory of these forces. Needless to say, social forces and systems vary greatly from community to community. Thus "place matters," that is, where one lives has everything to do with one's health and quality of life. The goal of place-based work that addresses social determinants is health equity. An equitable community eliminates the kinds of disparities that exist in communities such as East Oakland where race and racism have resulted in policies that limit resident opportunities in all areas of life.

To align with this philosophy and its implications for communities, all partners engaged in BHC need a mindset and skill set rooted in the idea that "place matters." For the twenty years

before ACPHD assumed the role of Hub Host for EOBHC, the agency had made working in neighborhoods most severely affected by economic and social disparities a strategic priority. In these communities, ACPHD built partnerships with community organizations and helped to raise resident voices as the true instruments of change.

This study examines how ACPHD's commitment to place-based work made it a viable partner for East Oakland in the Building Healthy Communities initiative. Three questions guide this exploration:

1. What made Alameda County Public Health Department a likely partner for EOBHC?

2. Has it met its promise?

3. What can other health departments and others engaged in place-based work learn from ACPHD's alignment and partnership with EOBHC?

What Made Alameda County Public Health Department a Likely Partner for EOBHC?

Built on an intensive internal strategic planning process and a health equity framework, ACPHD's viability as a partner with EOBHC can be explored as follows:

- An initial grand vision to transform public health and innovative, successive leadership that upheld that vision

- Institutional change

- Community partnerships to build neighborhood power and engage in policy work

- Institutional capacity and resources

VISION AND LEADERSHIP
The Public First

Via a directive from Public Health leadership to the incoming Director in the early 1990's, ACPHD engaged in large-scale transformation to "put the public back in public health." The goal of the directive was to increase political, social, and economic power within low-income communities of color. In order to meet that

goal, ACPHD had to develop the infrastructure and programming necessary to support public health interventions that were community-led and could build neighborhood-level capacity. This was a vision of a "new public health," one that would transform ACPHD from a traditional health department into an agent of social change. What is remarkable is that for the next twenty years, each generation of Public Health leadership has picked up and carried this banner.

INSTITUTIONAL CHANGE
Evolving Structures and Staff Development

An initial representation of this new way of doing business was the creation of the Community, Assessment, Planning, Education, and Evaluation (CAPE) Unit which integrated epidemiology, evaluation and capacity-building functions within the agency. Along with the creation of CAPE, programs were restructured into new Divisions that collectively started organizing around the question, "What's good for people?" This forced an internal culture change among the ACPHD workforce, spawned new ways of contracting resources, and necessitated changes which allowed ACPHD to become technical assistance providers for non-traditional public health partners, such as community-based organizations. As ACPHD worked closely with a variety of partners, both large organizations and small community-based groups, the agency developed "street credibility," garnering a reputation for good work, providing access to relevant data, and making resources accessible.

Reciprocity, Collective Capacity and Policy

ACPHD's commitment to empowering and raising the voices of local residents is evident in the City County Neighborhood Initiative (CCNI). The initiative is funded by Measure A, which provides non-categorical funds for services in low-income communities and allows for innovation in program design and the possibility of working with nontraditional partners. CCNI operates in partnership with the City of Oakland and is centered in two Oakland neighborhoods, Sobrante Park (in East Oakland) and West Oakland. Through CCNI, the ACPHD builds the capacity of residents to advocate for a more equitable distribution of resources. Residents gain an understanding of, and learn to navigate and influence, the systems that impact the built environment, health, economic and social services. Recently CCNI has begun work to build the capacity of community-based organizations in the two neighborhoods.

Over the years, ACPHD has engaged in reciprocal relationships with organizations on the front lines of advocacy and policy work. Community organizations have benefited from the agency's expertise and resources (including contracts to plan and implement advocacy efforts) while educating ACPHD on priority community issues. These partnerships have built ACPHD's knowledge of community realities and increased their capacity to work across multiple sectors, on policy and systems change. Working with the West Oakland Toxics Coalition, for example, the Department helped the community take on the Port of Oakland regarding truck routes through residential West Oakland. ACPHD was able to connect community advocates with organizations

The early 1990s ACPHD has been described by former leadership as a "downtown fortress" and a "huge ship, a behemoth moving slowly with tremendous resistance." Leadership knew they needed a way to put the capacities of this large institution in service to the community while navigating historic relationships charged with racism, classism, disappointment and distrust. Several lead staff drew on their own training and developed a Public Health 101 dialogue series for health department staff. The series included the usual modules on history and core functions of public health departments but went much further. In five modules of three to four hours each, staff dove into root causes of health inequities, undoing structural racism, understanding race as a social construct, building community capacity from a health equity perspective, and incorporating personal, cultural and institutional humility in doing this work. Leadership sanctioned and participated in the challenging conversations that resulted from this internal capacity building. As ACPHD applied the practices necessary to implement their new approach, structures emerged to support the work.

doing environmental planning and policy work to achieve re-routing policies. Other collaborative policy efforts include: (1) fostering local economic development/job creation opportunities; (2) improving access to healthy food; (3) supporting families facing foreclosure while working to ensure greater bank accountability; (4) improving neighborhood conditions by addressing blight; and (5) partnering with the City of Oakland's Code Enforcement Department to address substandard living conditions that trigger asthma.

The Kellogg Foundation invited Alameda County to participate in Place Matters, a national initiative through the Joint Center of Political and Economic Studies, Health Policy Institute. ACPHD was selected to lead the local initiative. The Place Matters team conducted a needs assessment and formed workgroups in six areas: criminal justice, economics, education, housing, land use, and transportation. In addition to reaching out to experts in each area to learn more

about potential policies, the team held a series of community meetings, inviting community partners and residents to prioritize policies that would help address the social inequities that create health inequities. This resulted in a local policy agenda that the workgroups continue to proactively implement. Examples of successes include working towards a more proactive form of code enforcement in Oakland; developing air quality and environmental requirements for the Oakland Army Base Redevelopment; helping the City of Oakland update their Linked Banking Ordinance; conducting a Health Impact Assessment on school funding in Oakland; and identifying innovative ways to address issues of re-entry for community members leaving the criminal justice system.

INSTITUTIONAL CAPACITY AND RESOURCES

When it came time for EOBHC to choose a host agency for the Hub, ACPHD's capacity was apparent to community partners. Because of its size and infrastructure, it would be able to handle the demands of multiple community meetings each month with needs ranging from translation to child care to transportation, and they could manage the large budget required for Hub operations. ACPHD had years of experience working with community-based organizations on policy and systems change, and they brought established relationships with decision makers that East Oakland could leverage for BHC work. ACPHD had been involved in EOBHC from the earliest days of planning, participating on the steering committee and in planning activities such as hiring and working with facilitators the community chose. As part of that engagement, the agency consistently provided data to inform decision-making and brought expertise to the table.

Community partners also acknowledged ACPHD staff expertise in dealing with the issues of race, power and privilege—expertise twenty years in the making.

Another critical factor was neutrality. The strong, active network of community organizations, so clearly an asset for cross sector collaboration in East Oakland, also exists, as it does in most communities, against a landscape of limited resources. Thus organizations find themselves competing for influence, power and dollars. As a large public agency, and one that is dedicated to working in partnership with communities, APCHD maintains a neutral position. The sensitive and often competitive nature of community relationships created a sense of urgency that ACPHD accept the position as community based organizations shied away from it.

Has the Partnership Lived Up to Its Promise?

ACPHD has proven to have the infrastructure to meet operational demands, handle coalition budgets, provide technological and data expertise, and bring established connections to decision makers. Several community partners praised ACPHD and Hub management (the Hub Manager is a Health Department staff member) for taking extra steps in meeting logistics to ensure inclusive participation, maintaining neutrality, providing staff expertise in specific health issues and in evaluation, and continuing their commitment to health equity.

One resident pointed to ACPHD support for community efforts that link health and economic development, such as funding for a group that recruits young African American men and mentors them in health-related fields or support for healthy food growers that sell the surplus of what they raise. As to dealing with issues of race, power and privilege, it also helps that communities of color are well represented in ACPHD's top leadership.

To illuminate some of the challenges of ACPHD serving in this role, community partners point to the ongoing issue of direct resident engagement in the work of EOBHC. Most residents involved in EOBHC are affiliated with community based organizations. However, opinions differ as to whether this is a problem to be fixed or a reality to be embraced. Some partners see real benefits to residents' coming to EOBHC through organizations that offer member/leadership development support, as well as the ongoing organizational infrastructure for issue and policy development. Those who want more direct resident engagement see the need for continued discussions to create balance in race, power and privilege. The Hub Manager, who comes from a community organizing background, expressed frustration at implementing direct resident engagement from inside a government agency.

TCE and ACPHD leadership acknowledge the challenge of direct resident engagement and the need to continually ask "who's not at the table," to create opportunities for more voices, and to ensure that no one is left out. ACPHD is currently hiring an outside consultant to take on the organizing role, and the Resident Engagement And Leadership (REAL Team), a subcommittee of the EOBHC Steering Committee. In addition, ACPHD is engaging leadership of the existing organizing groups to help explore the best, most sustainable option for engaging unaffiliated residents.

An additional challenge for ACPHD serving in this role is the inability to be nimble and

flexible in moving initiative money to support BHC ongoing efforts, staffing and materials. As a government entity, ACPHD is bound by bureaucratic rules and process, especially as it relates to expenditure of public resources. This has resulted in numerous delays in staffing requirements, supply purchases, and communicating and evaluating the work of EOBHC. TCE staff is working with Alameda County leadership to see if resources aligned with EOBHC can be moved in a more fluid way.

Some community partners also expressed concern that ACPHD's willingness to address issues of race, power and privilege has diminished from their participation in BHC's early efforts. One partner sees a "different culture" from the one community partners originally said yes to and feels that the

Department has assumed greater power. The same partner voiced concern that current steering committee members have limited input into the decision making process.

This delicate dance of assuming a greater role in fostering collaboration, insuring inclusion of a range of stakeholders, and leveraging partnerships for new resources, coupled with the increased role of building an infrastructure with capacity to last beyond BHC, is the central challenge for ACPHD. As the initiative moves into its fourth year, the leadership of EOBHC will be engaged to consider the current work and value of the HUB partnership in BHC. There will be an opportunity to consider what course corrections should be made in the HUB's role and leadership to support movement of the work toward transformational change in Oakland.

What Can Public Health Departments and Others Doing Place-based Work Learn From ACPHD's Alignment and Partnership with EOBHC?

Public health departments have significant potential to play a central role in community health improvement. Alameda County changed the narrative about how health departments can actually get this work done in partnership with the communities they serve. Several key lessons emerge about ACPHD's successful transformation from a traditional public health agency to a social change agent:

THE POWER OF A DIRECTIVE AND LEADERSHIP

ACPHD's shift to put the "public back in public health" came from top level public health leadership and has been supported through the years by subsequent directors and elected officials. Leadership made it clear across the agency that the workforce had to figure out a new way to do business in order to adequately meet the charge of protecting the public's health. The directive provided pathways for the reallocation of resources, creation of new divisions and units, forced compliance with key administrative functions like finance and human resources, and set the standards for the public health workforce and practice in Alameda County.

THE WIN-WIN OF CONTRACTING WITH COMMUNITY PARTNERS

Public health resources are often restricted and categorical. This reality does not marry well with the flexibility and innovation required to change and build systems in a large bureaucracy. ACPHD shifted to contracting out a majority of service functions to community-based providers, connecting the Health Department with a variety of organizations that were working on the ground. This proximity changed the agency's practice and changed the community's view of ACPHD. In many instances, community-based groups received their first government contract from ACPHD, enabling smaller groups to build a fundraising portfolio and attract resources that were previously out of reach. Additionally, access to resources like Measure A, allowed ACPHD to experiment with interventions, such as the City County Neighborhood Initiative, that would not otherwise be possible due to constraints associated with categorical resources.

THE PAY-OFF OF CHANGING THE NARRATIVE

Race, power and privilege result in conditions that impact health status. For some, this is a "new narrative," but its adoption has enormous implications for improving health outcomes. ACPHD's decision to work with the communities most affected by these conditions necessitated a new way of doing business. The partnership between ACPHD and EOBHC remains successful because of aligned goals to empower the community to make large-scale systems change. As a large institution, ACPHD has learned that remaining sensitive to issues of power and privilege helps to maintain critical relationships and allows for multiple perspectives that can spur innovation.

Final Thoughts

The experiences and lessons of case studies illuminate both promising practices and challenges communities experience as they work to create systemic change and sustain healthy communities for children and families. Although each BHC community is unique and the experiences and lessons learned are specific to East Oakland, there are themes dealing with trust, leadership, collective action, and communication that can be applied to community change initiatives in other places.

Future case studies will continue to chronicle the stories of the 14 BHC communities throughout California as they focus on prevention and changing community norms for better health outcomes.