### ACPHD Strategic Planning Community Forum

**District 5, Supervisor Keith Carson**  
Tuesday, May 22, 6:00 p.m. to 8:30p.m.  
Greater St. Paul Baptist Church Oakland, CA

<table>
<thead>
<tr>
<th><strong>Group 1: Vision</strong></th>
<th><strong>Group 1: Strengths/Assets</strong></th>
<th><strong>Group 1: Barriers/Challenges</strong></th>
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</thead>
</table>
| Corporate responsibility  
  • $ coordinated efforts in all PH work  
  • Public wellness model  
  • Location/access to healthcare services  
  • PHD part of countywide low-income housing plans  
  • Re: jobs engage private sector  
  • Linking public health transportation/ accountability/access  
  • PHD lead policy panel for substance abuse  
  • Partnerships with social justice institutions  
  • PHD as lead agency in addressing health inequities  
  • Share resources i.e. nurses in schools  | Diversity of PHD workforce  
  • Hardworking dedicated staff  
  • Staff: PH people concerned  
  • Vision is different “out there”  
  • Only county PHD to talk in social justice language  
  • Responsive  
  • Collaboration with clinics  
  • W.O. sits next to Emeryville  
  • Excellent health education  | Connect our vision with our actions  
  • Politics  
  • No $  
  • Fragmented services  
  • Short-term focus  
  • Turf issues  
  • Public health is about the public: message is not out  
  • Communication  
  • Lack of preventive services/activities  
  • Categorical funding |
### Group 2: Vision

<table>
<thead>
<tr>
<th>Prevention Programs and Education</th>
<th>Access to Resources</th>
<th>Improving Community Conditions</th>
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<tbody>
<tr>
<td>Gang intervention with troubled youth</td>
<td>Better, more, affordable after school activities</td>
<td>Not being scared of police</td>
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<td>More 12 steps programs</td>
<td>Raise income cap for medical CMSP</td>
<td>People feeling safe in the street</td>
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<td>Promoting community gardening</td>
<td>Access to gov. grants for business that help minorities, ex felons, women</td>
<td>Eradicate garbage dumps</td>
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<td>Teach life skills in all schools</td>
<td>More HUD loans</td>
<td>Healthy school environment</td>
<td></td>
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<tr>
<td>Promoting physical activity</td>
<td></td>
<td>Promote low-income housing</td>
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<tr>
<td>More drug education</td>
<td></td>
<td>Promote environmental health</td>
<td></td>
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<tr>
<td>Health awareness</td>
<td></td>
<td>Ensure higher wages/decent living</td>
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<td>HIV outreach</td>
<td></td>
<td>Affordable healthy foods in schools</td>
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<td>Safe sex education</td>
<td></td>
<td>Locate senior housing near good transit</td>
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### Group 2: Strengths/Assets

<table>
<thead>
<tr>
<th>People Power</th>
<th>Power of Public Health Voice</th>
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<tbody>
<tr>
<td>Diversity</td>
<td>Knowledge &amp; vision</td>
</tr>
<tr>
<td>Tony Iton</td>
<td>Bully pulpit</td>
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<tr>
<td>People that care</td>
<td>We should speak out more in council meetings</td>
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<tr>
<td>Lots of person power</td>
<td>Equal opportunity for health care</td>
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<tr>
<td>Role models “healthy staff”</td>
<td>Located in high poverty areas</td>
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<td>Ability to leverage resources</td>
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### Group 2: Barriers/Challenges

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<tr>
<th>Communication and Relationship with Community</th>
<th>Diversity/Racism Issues</th>
<th>Medical Model Barrier</th>
<th>Funding</th>
<th>External Forces</th>
<th>Access to Care</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough direct community voice</td>
<td>Not enough diversity among staff in education attainment</td>
<td>Stuck in the medical model</td>
<td>Not enough $$</td>
<td>Capitalism</td>
<td>Long waiting periods for care</td>
<td>Deadwood “paycheck” staff</td>
</tr>
<tr>
<td>Little knowledge of role of health dept. by the people</td>
<td>Not enough diversity among PHC</td>
<td>How many doctors are involved??</td>
<td>Tax money funneled elsewhere</td>
<td>No MediCal or no share of cost medical for men, household income amount too low</td>
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<td></td>
<td>Institutional racism</td>
<td>People don’t expect HD to deal with non-medical model issues</td>
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<td>Bureaucratic obstacles to providing care</td>
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- Improve {reason}
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<tr>
<th><strong>Group 3: Vision</strong></th>
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<th><strong>Group 3: Barriers/Challenges</strong></th>
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</table>
| • Better food & community gardens  
• Focus funding on more effective programs  
• Better use of neighborhood email lists for communication  
• Family support and education  
• PHD would be broader  
• Educated on risky behavior  
• A more healthy population  
• Work with and partner with those who know!  
• Character education in schools  
• Schools  
• After school programs in schools/parks  
• Increase employee morale  
• Expectancy level will increase (community to staff ratio)  
• Model Europe/Canada *free healthcare  
• Inventive ways to communicate and reach people  
• Develop direct relationships with corporate CEOs to promote responsible corporate activity  
• 1) broader 2) healthier mentally 3) educate. Mentally healthier. | • No current major crisis or epidemics  
• Caring and talented staff  
• Good leadership with vision  
• Demographics  
• Open door policy  
• Ability to educate community  
• Planners  
• Timing | • Lack of flexibility in using current funding  
• Lack of funding  
• Refusal of individual to change behavior  
• Money  
• Increase of oppositions new levels, new devils  
• Lack of understanding real issues in the ghetto (comment made by a guy who just got out of prison)  
• Lack f public health understanding in community  
• Planners  
• Reform—lack of cultural knowledge  
• Going around truth of the common issues by sending support where work is not quite being done |
**Group 4: Vision**
- More one on one communication vs. large groups
- Public awareness about social issues and how they impact health (including those people who may not be directly affected)
- Look at the economic growth and who can afford to live in the “new” housing. (gentrification, addressing housing and jobs)
- Make more people in the community aware (low literacy and look at alternatives to reach all people). Think about all audiences
- Tutoring resources for youth to address educational gaps and look at family support
- Everyone in Oakland should know this information
- Why are all of the schools being built by pollution? Where are we building housing?
- Look at allergies/asthma in the community and impact of exhaust (children, older people) traffic patterns

**Group 4: Barriers/Weaknesses**
- Checks and balances. Look at equity in business (making $)
- Look at the resources besides parents to better educate our children (i.e. “it begins at home”)
- Educational system and how do we better educate our students to pass the state exams vs. changing the students
- Take a closer look at all of the economic development for the safety/health of our community (i.e. buildings, etc.)
- Look at safety of construction and health of those people who live around the building
- Look at issues for health for students and parents

**Group 4: Recommendations**
- Inspectors should be more culturally sensitive and look at quality of homes for minorities could be better (electricity, lack of resources to fix up homes)—PH could improve on this.
- Look at slum lords (mold, exposed wiring)
- Work better with environmental health to provide seamless care/services
- Take initiative. Looking for input from the community. Educating the public.
- Bring the information that you learn from the strategic plan back to the community
- Thinking about societal concerns (preventing illness before they start) and find alternatives to “blaming” the victim
- Take care of people when they are sick and when they are well. “Walk to walk”
- Control for risk behaviors and examine “true” factors not just the behavior (like classism, racism, etc.)
- Build financial wealth within communities of color and low-income communities (youth development, literacy [health], and behavior)—(Juma in SF as a model—look at asset individual accounts; buy computers, housing).
- “Keep up the good work”
- “I hope we can make something of all of this.”