Transforming Public Health Practice to Address Health Inequities: Communicating with Staff

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Outline of Presentation

- Data
- Goal and Method
- History
- Current Initiatives
- Lessons Learned
- Next Steps
Poverty by Race/Ethnicity

- All Races: 11.0%
- White: 5.9%
- NHOPI: 8.2%
- Asian: 11.2%
- Multirace: 12.8%
- Other: 13.3%
- Latino: 13.7%
- AmerInd: 15.4%
- AfrAm: 21.2%
Mortality Rate by Poverty Group

The graph shows the mortality rate per 100,000 individuals across different poverty groups. As the poverty rate increases from 0-9.9% to 30+% of the population, the mortality rate also increases, indicating a correlation between poverty and mortality.
Alameda County and California Mortality Rate by Race/Ethnicity
Mortality Rate by Poverty Group and Race/Ethnicity

The graph shows the mortality rate per 100,000 by poverty group and race/ethnicity. The poverty groups are categorized as 0-9.9%, 10-19.9%, 20-29.9%, and 30+%. The races/ethnicities represented are All Races, AfrAm, Asian, Latino, and White. The mortality rate generally increases with higher poverty levels across all races/ethnicities.
Life Expectancy—Oakland Flats and Hills

<table>
<thead>
<tr>
<th></th>
<th>Oakland Flats</th>
<th>Oakland Hills</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Races</td>
<td>74.8</td>
<td>81.1</td>
</tr>
<tr>
<td>AfrAm</td>
<td>70.2</td>
<td>75.6</td>
</tr>
<tr>
<td>Asian</td>
<td>82.0</td>
<td>84.9</td>
</tr>
<tr>
<td>Latino</td>
<td>82.8</td>
<td>81.7</td>
</tr>
<tr>
<td>White</td>
<td>74.4</td>
<td>81.8</td>
</tr>
</tbody>
</table>
African-Americans: Highest Rates of Illness and/or Death

- All cause mortality
- Coronary heart disease
- Stroke
- Diabetes
- Lung cancer
- Prostate cancer
- Asthma
- AIDS
- Infant mortality
- Low birth weight
- Assault/Homicide
- Unintentional injury
- Motor vehicle crash
Health Disparities Among Other Groups

Native Hawaiian/Other Pacific Islander
• lowest rate of early prenatal care

Latino
• highest teen birth rate

Asian
• highest tuberculosis incidence rate

White
• highest all cancer and breast cancer incidence rate
• high rate of hospitalizations due to self-inflicted injury
Social Inequities
↓↓
Health Inequities
Health Inequities

“Inequities refer to material, social, gender, racial, income, and other social and economic inequalities that are beyond the control of individuals and are therefore considered unfair and unjust.”

- Health Canada, Population & Public Health Branch
Health Inequities (cont.)

- from the Bay Area Regional Health Inequities Initiative
How can ACPHD address these inequities?

- **Goals:**
  - Eliminate health inequities in Alameda County
  - Improve the health status of residents

- **Method:**
  - Focus on root causes of health inequities
Eliminating Health Disparities

- National Institutes of Health
  - *Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities*

- Healthy People 2010
  - *Goal 2: Eliminate health disparities*

- US Department of Health and Human Services
  - *The Initiative to Eliminate Racial and Ethnic Disparities in Health*

- Centers for Disease Control and Prevention
  - Various plans and initiatives, such as “*Eliminating Health Disparities in Chronic Disease*”
History—How we got here

- **Alameda County’s New Public Health: A Proposal (1993)**
- Creation of Community Health Teams
- Focus on Community Capacity Building (CCB) as a way to address health inequity
- Staff need for CCB trainings
Challenges

- Public Health Nurses had to provide individual services while trying to do CCB work.
- It was difficult for some staff to make the connection between addressing individual services to thinking about community capacity.
- Revenue came from individual services, so staff could not do as much CCB work as planned.
Addressing the Challenges

- Intense CCB efforts
  - Sobrante Park
  - West Oakland

- Pros:
  - Moving forward

- Cons:
  - Silos
Community Capacity Building

- **CCB Leadership Team**
  - Plans and evaluates the intensive CCB projects
  - Ensures the projects are meeting long-term goals

- **CCB Network**
  - Began meeting monthly in March 2005
  - Program Managers from all divisions invited
  - **Focus:**
    - networking
    - collaboration
    - CCB lecture series
Internal Capacity Building

- Internal Capacity Building Team
- Goals for internal capacity building:
  - Improve practice to eradicate health inequities
  - Ensure staff competency in 10 Essential Services
  - Increase coordination of service delivery
  - Create a shared vision and unified direction
  - Raise staff morale
  - Develop present and future leaders
Internal Capacity Building Plan

- Leadership Development Training
- Multi-tiered training series for all staff
- Networking opportunities
- CCB training and technical assistance
- Bay Area Regional Health Inequities Initiative (BARHII)
- Succession Planning Program
- Strategic Planning
Leadership Fellows Program

- Ensure that current and future leaders are prepared with tools, skills, and knowledge for challenges they will face in guiding the ACPHD towards providing the most effective and highest quality public health programs and services to Alameda County residents.
Leadership Fellows Program (cont.)

- Public Health 101
- Leadership and Professional Development
- Strategic Planning
Public Health 101

- Module 1: History of Public Health

- Module 2: Core Functions and 10 Essential Services
Module 3: Health Inequities

Map 4: Childhood Asthma (<5 years) Hospitalization, Alameda County, 2001-2003

Age-Adjusted Rate per 100,000
- >2 times HP2010 objective
- 1 to 2 times HP2010 objective
- <=HP2010 objective
- NA

HP2010 objective: 250/100,000 children <5 years
Annual county rate: 689/100,000 children <5 years

Source: CAPE; OSHPD, Census 2000, DOF.
Public Health 101 (cont.)
Public Health 101 (cont.)

• **Module 4: Cultural Competency, Cultural Humility, and Undoing Racism**

*Example of Cultural Competency Exercises:*

How do we experience culture?

In what ways have you seen cultural competency practiced in the PHD?
Example of Undoing Racism Exercise:

Everyone turn to one person next to you. Think back to the very first time that you became aware of the concept of “race.” Try to remember where you were and what you felt. Tell your partner about this experience.
Module 5: Community Capacity Building

“Strengthen characteristics of communities to plan, develop, implement, & maintain effective community programs that positively affect broader community conditions that determine health and well being.”

-adapted from the Kellogg Foundation
Public Health 101 (cont.)

• Why Build Community Capacity?
  – Commitment to eliminate health disparities
  – Upstream public health practice → addresses root causes
  – Partnership with community residents ensures sustainability of efforts
**Example of Community Capacity Building Exercise:**

## Approaches to Working in the Community: A Spectrum

<table>
<thead>
<tr>
<th>Question:</th>
<th>TRADITIONAL SERVICE DELIVERY: Give a person a fish...</th>
<th>COMMUNITY CAPACITY BUILDING: Teach a person to fish ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>What aspect of people does this type of service address?</td>
<td>Addresses the <em>problems</em> that people have</td>
<td>Focuses on the <em>assets &amp; abilities</em> that people have</td>
</tr>
<tr>
<td>Who is the unit of service for this type of service?</td>
<td>Focuses on the needs of <em>individuals</em></td>
<td>Addresses issues of the <em>community</em></td>
</tr>
<tr>
<td>Who determines what needs should be addressed?</td>
<td>Clients’ <em>needs are identified by the service-providing institution</em></td>
<td><em>Issues of the community are identified by the members</em></td>
</tr>
</tbody>
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Lessons Learned

- Leadership matters
- Social Justice work takes time
- Small steps can lead to big change
- Consistently returning to local data is essential
- A participatory process builds critical mass
- Working with the community is essential
Things you can do with a staff of 50

- Use data to highlight inequities
- Set goals that incorporate addressing health inequities
- Take a leadership role
- Develop new leaders
- Provide ongoing education
- Hire diverse staff with a background in social justice
- Establish a dedicated team to address health inequities
Things you can do with a staff of 50

- Work with health departments in your area
- View your community as a partner
- Form coalitions with non-traditional partners
Next Steps

• Provide PH 101 for all staff
• Incorporate the Strategic Plan into all work plans
• Launch a long-term initiative to address institutional racism within the Health Department and the community
• Add more CCB neighborhood projects
For more information:

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