What is a Strategic Plan?

• A strategic plan focuses on:
  ➢ Critical issues and identifies high leverage directions
  ➢ Renewing and reinventing the organization
  ➢ Preserving vitality and commitment towards the organizational mission and vision
  ➢ Giving participants a way of thinking about long-term responses to the effects of internal and external issues
  ➢ Clarifying an organization’s core identity and strategies for success.
“The origin of the vision is much less important than the process whereby it comes to be shared. It is not truly a ‘shared vision’ until it connects the visions of the people throughout the organization.”

- Peter Senge
Our Strategic Planning Process

• One-year planning process
• Focus on reducing health inequities
• Uses a social justice framework
• Encompasses 3-5 years into the future
• A participatory process with input from a broad array of stakeholders

<table>
<thead>
<tr>
<th>Internal</th>
<th>External</th>
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</thead>
<tbody>
<tr>
<td>Public Health Fellows</td>
<td>AC Public Health Commission</td>
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<tr>
<td>Leadership Team</td>
<td>Board of Supervisors</td>
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<td>Managers</td>
<td>CBOs and other community partners</td>
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<tr>
<td>All staff</td>
<td>Community residents</td>
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• Data collection using a variety of methods

<table>
<thead>
<tr>
<th>Data collection methods</th>
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<tr>
<td>Critical dialogues</td>
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<td>Community forums</td>
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<tr>
<td>Group discussions</td>
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<tr>
<td>Key informant interviews</td>
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<td>All-staff survey</td>
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</table>
ACPHD Strategic Planning Process:
Data Collection from Multiple Sources using a Variety of Methods
Critical Dialogues

• Social justice dialogues with Leadership Fellows
  ➢ Institutional racism
  ➢ Gender exploitation
  ➢ Class exploitation

• Dialogues on institutional racism with Managers

  20 staff
  40+ hrs dialogue

  50 managers
  Day-long dialogue
Group Discussions

• In-depth discussions about:
  ➢ Vision for ACPHD
  ➢ SWOT analysis (strengths, weaknesses, opportunities, threats)

• 5 group discussions with:
  ➢ AC Public Health Commission
  ➢ AC Youth
  ➢ ACPHD staff
    ➢ Leadership Team
    ➢ Management Development Program
    ➢ Public Health Nursing
All-Staff Survey

• Semi-structured survey for all ACPHD staff to assess:
  ➢ Vision of what ACPHD should look like
  ➢ SWOT analysis (strengths, weaknesses, opportunities, threats)
  ➢ What ACPHD should do
• 340 staff completed the survey
  ➢ 340 / ~600 staff = 57% response rate

- Years at ACPHD
  - >10 yrs: 34%
  - <5 yrs: 35%
  - 5-10 yrs: 31%

- Do you manage/supervise other staff?
  - Yes: 27%
  - No: 73%

- Did you know that ACPHD was working on this strategic plan?
  - Yes: 80%
  - No: 20%
Community Forums

- Community forums about:
  - Vision for ACPHD
  - SWOT analysis (strengths, weaknesses, opportunities, threats)
- 6 forums in all five supervisorial districts

<table>
<thead>
<tr>
<th>District #</th>
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<th>Date</th>
<th># of Participants</th>
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<tr>
<td>Dist 1</td>
<td>Fremont</td>
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<tr>
<td>Dist 1</td>
<td>Livermore</td>
<td>5-Jun-07</td>
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<tr>
<td>Dist 2</td>
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<td>Dist 3</td>
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<td>13-Jun-07</td>
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<tr>
<td>Dist 4</td>
<td>Castro Valley</td>
<td>7-Jun-07</td>
<td>30</td>
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<tr>
<td>Dist 5</td>
<td>Oakland</td>
<td>22-May-07</td>
<td>89</td>
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<td>TOTAL</td>
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<td>237</td>
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- Spanish-speaking forum

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<th>Location</th>
<th>Date</th>
<th># of Participants</th>
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<tbody>
<tr>
<td>Oakland Fruitvale area</td>
<td>8-Sep-07</td>
<td>40</td>
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</table>
Key Informant Interviews

• Interviews with key informants about:
  ➢ Vision for ACPHD
  ➢ SWOT analysis (strengths, weaknesses, opportunities, threats)

• 10 interviews held with:
  ➢ Board of Supervisors
  ➢ County Administrators
  ➢ Agency Directors
Alameda County Public Health Dept. Strategic Planning Process

Public Health Fellows
- Dialogue Process
- Group Discussion

Leadership Team
- Dialogue Process
- Group Discussion

Managers & All PHD Staff
- Surveys
- Group Discussion
- Interviews

Public Health Commission
- Group Discussion

CBOs and Other Partners
- Surveys
- Community Forums
- Interviews

Community Residents
- Community Forums by district
- Interviews

Identify 5-7 Priorities for Strategic Plan from Above Data

Create a Strategic Action Plan for Each Priority

Incorporate into all Division Work Plans
What are Health Inequities?

“What health inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust.”

- Margaret Whitehead
Health Inequities in Alameda County

Life Expectancy at Birth, 1960-2003
## Trends for Key Health Indicators, Alameda County

<table>
<thead>
<tr>
<th>Chronic Disease</th>
<th>Indicator</th>
<th>Trend Overall</th>
<th>Health Inequality¹</th>
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<th>Asian/API</th>
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<td>Colorectal Cancer</td>
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<td>Female Breast Cancer</td>
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<td>Prostate Cancer</td>
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<td>Asthma Hospitalization (All Ages)</td>
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<td>Asthma Hospitalization (&lt;5 years)</td>
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Causes of Health Inequities

Medical Model

- Risk Behaviors
  - Smoking
  - Nutrition
  - Physical activity
  - Violence

- Genetics 15%

- Disease and Injury
  - Chronic disease
  - Infectious disease
  - Injury (intentional and unintentional)

- Health Care Access 15%

- Individual Health Knowledge
  70%?

- Mortality
Socio-Ecological Model

Social Inequalities
- Race/ethnicity
- Class
- Gender
- Immigration status

Institutional Power
- Schools
- Corporations and businesses
- Government agencies

Neighborhood Conditions
- Physical environment
- Social environment
- Residential segregation
A Framework for Health Equity

- From the Bay Area Regional Health Inequities Initiative
Place Matters in Alameda County
Life Expectancy

High school grads: 90%
Unemployment: 4%
Poverty: 7%
Home ownership: 64%
Non-White: 49%

High school grads: 81%
Unemployment: 6%
Poverty: 10%
Home ownership: 52%
Non-White: 59%

High school grads: 65%
Unemployment: 12%
Poverty: 25%
Home ownership: 38%
Non-White: 89%
Developing Our Plan: Findings from the Strategic Planning Process

Strategic Planning Retreat
October 1, 2007
Healthy and Unhealthy Neighborhoods
Unhealthy Communities

- Poor Lighting
- Too many Airplanes
- Drugs
- Literacy Low
- Factory
- Homelessness
- No sidewalks
- No public transportation
- Gang Sign
- Drinking on streets
- Littering
- Unemployment
- Run-down properties
- Blight
- Smoking
- Cars
- graffiti
- Fast Food
- Lack of open spaces, gardens
Which of the following are most important in helping ACPHD to fulfill its goal of reducing health inequities?

- Partnering w/ residents & CBOs: 59%
- Involving residents in decisionmaking: 40%
- Understanding day-to-day realities of residents: 38%
- Having a diverse staff that represents communities: 36%
- Having respect and trust of residents: 35%
- Skills in community capacity-building: 35%
- Staff understanding about root causes of health inequities: 33%
- Having enough and flexible funding: 31%
- Staff commitment to social justice: 30%
- Communication & coordination across PHD programs: 30%
- Reducing bureaucracy within ACPHD: 28%
- Being involved in policy and legislative change: 24%
- Staff willingness to solve problems with others: 24%
- Timely hiring of qualified staff: 24%
- Willingness to change as an organization: 22%
- Ability to track and understand health differences: 19%
- Staff w/ time and energy to create change: 18%
- Ability to raise awareness about and address racism: 17%
- Managers w/ time to lead: 12%
How We Practice and Work in Communities

- Partnering with residents and community organizations*
- Involving residents in decision-making*
- Understanding day-to-day realities of residents*
- Having the respect and trust of residents*

Important for Achieving our VISION

Building Staff Capacity

- Skills in community capacity-building*
- Staff understanding about root causes of health inequities
- Staff commitment to social justice
- Being involved in policy and legislative change
- Ability to track and understand health differences across groups
- Ability to raise awareness about and address racism

Internal / Organizational Change

- Having a diverse staff that represents communities*
- Having enough and flexible funding
- Communication and coordination across ACPHD programs
- Reducing bureaucracy within ACPHD
- Staff willingness to solve problems with others
- Timely hiring of qualified staff
- Willingness to change as an organization
- Staff with time and energy to create change
- Managers with enough time to lead

* = Five most important factors
How We Practice and Work in Communities

Staff underscored the importance of:

- “Going out in the communities and letting the residents get involved.”
- “Meeting the community where it is at.”

Building Staff Capacity

Staff spoke about the importance of staff development.

- We will need “leadership that mentors its employees – management that encourages staff development and leadership.”

Some emphasis was placed on building staff capabilities related to community capacity-building.

- We need “the ability to go into a community and find out what is needed.”
- We must “try to understand the community’s needs and issues and get their ideas for possible solutions.”

Internal/Organizational Change

Staff emphasized the importance of having a diverse, representative staff.

- “Staff [should] reflect the community we serve in terms of language and culture.”

They gave additional thoughts about how ACPHD would need to change as an organization.

- Strong organizational values of fairness, integrity, respect, and openness
- “We need to practice what we preach” (e.g., serve as role models to the community)
- We need to “walk the talk” (e.g., improve internal practices and follow through on our vision)
Discussion Group and Community Forum Comments

Participants underscored the importance of partnering with residents, community organizations, and institutions.

- We need to have a “close relationship with communities.”
- We need “agencies to collaborate” – education, economic development, transportation, urban planning, social services

Participants felt that ACPHD should be working together with communities in various capacities, such as:

- Listening to local community
- Assisting with community-led projects
- Teaching residents how to lobby
- Fostering neighborhood self-sufficiency

Participants voiced need for “new or improved programs” that help to address inequities, such as

- More accessible medical, dental, and mental health services
- Family support and education
- Youth development and programs for seniors
- Blight reduction
- Nutrition and physical activity
Participants felt that education within ACPHD is essential.
- We need to have a “unified voice and vision that is understood by all staff.”

Participants emphasized the importance of staff being able to educate and build capacity of communities.
- ACPHD staff should be educating the community about various topics, such as “respect for each other”, root causes, and capacity “to make a difference.”
- ACPHD needs to “build community leadership.”

Participants underscored that staff need to able to influence policy and legislative change.
- ACPHD should have a “prominent role at the table” to influence local policies (e.g., related to housing, jobs, schools, environment, transportation)

Participants highlighted several areas in which ACPHD would need to change as an organization.
- More “multi-disciplinary and diverse staff”
- Having enough funding
- Having “collaborative, goal-oriented teams” of staff
- “Flexible, dynamic organizational culture”
- Staff “in line with organizational vision and goals”
- “Community involvement at all levels of staff”
How We Practice and Work in Communities

Informants suggested that ACPHD continue to promote neighborhood-based approaches.
- Placing coordinators in high-risk neighborhoods
- Building neighborhood teams that work with policy teams

Internal/Organizational Change

Informants suggested “changing Health Department structure to address upstream concerns and prevention of issues.”
- There could be divisions that are geographically-oriented or issue-oriented (e.g., HIV).

Informants emphasized the importance of “having inter-agency collaboration.”
- For example, alliances will need to be formed with Economic Development and Environmental Health.

Informants felt that long-term planning and accountability would be essential.
- Setting five-year goals and tracking progress toward goals each year
Internal Strengths and Weaknesses

In your opinion, how is ACPHD currently doing in each of the following areas?

- Ability to track and understand health differences: Average rating 3.2
- Partnering w/ residents & CBOs: Average rating 3.1
- Having a diverse staff that represents communities: Average rating 3.1
- Staff understanding about root causes of health inequities: Average rating 3.0
- Staff commitment to social justice: Average rating 2.9
- Staff willingness to solve problems with others: Average rating 2.8
- Understanding day-to-day realities of residents: Average rating 2.8
- Skills in community capacity-building: Average rating 2.7
- Having respect and trust of residents: Average rating 2.7
- Ability to raise awareness about and address racism: Average rating 2.7
- Being involved in policy and legislative change: Average rating 2.7
- Willingness to change as an organization: Average rating 2.7
- Staff w/ time and energy to create change: Average rating 2.5
- Involving residents in decisionmaking: Average rating 2.5
- Managers w/ time to lead: Average rating 2.4
- Communication & coordination across PHD programs: Average rating 2.3
- Having enough and flexible funding: Average rating 2.2
- Reducing bureaucracy within ACPHD: Average rating 2.1
- Timely hiring of qualified staff: Average rating 1.9
How We Practice and Work in Communities

- Partnering with residents and community organizations*
  - Involving residents in decision-making*
  - Understanding day-to-day realities of residents*
  - Having the respect and trust of residents*

Important for Achieving our VISION

- Skills in community capacity-building*
- Staff understanding about root causes of health inequities
- Staff commitment to social justice
- Being involved in policy and legislative change
- Ability to track and understand health differences across groups
- Ability to raise awareness about and address racism

Building Staff Capacity

- Having a diverse staff that represents communities*
- Having enough and flexible funding
- Communication and coordination across ACPHD programs
- Reducing bureaucracy within ACPHD
- Staff willingness to solve problems with others
- Timely hiring of qualified staff
- Willingness to change as an organization
- Staff with time and energy to create change
- Managers with enough time to lead

Internal / Organizational Change

* = Five most important factors
Area of relative strength
Area of relative weakness
While many staff are committed, major concern was voiced about unproductive staff.
- Many mentions of “deadweight staff.”
- “Seasoned staff know how to get away without working.”
- “Incompetent staff stay in their positions with no accountability.”

The level of bureaucracy within ACPHD was perceived as a big problem.
- Staff voiced concern about rigidity of the system (e.g., arduous paperwork, inability to pool resources and address emergent issues)
- Lack of communication and coordination, duplication of services
  “We need to know what other programs are doing”
- Lack of ACPHD accountability – we have the “same outcomes year after year yet, activities remain the same.”

In addition to slow hiring practices, staff expressed concern about staff recruitment, retention, and promotion practices.
- “The classification system is not working.”
- “We need good managers….Promotion is often based on seniority and not necessarily ability.”

Staff morale is hindered by perceptions of unfair office politics, unequal workload, and lack of recognition.
**Discussion Group and Community Forum
Comments - Weaknesses**

**Practice and Work in Communities**

Participants were concerned that residents are not always substantially involved in decision making.

- “Less community participation during program development”

Some partners “have a different mind set, vocabulary, world view.”

**Staff Capacity**

Staff (and community) need better understanding of the socio-ecological model.

- We “do not articulate well the connection between health inequity and social determinants of health to staff and partners.”
- Staff “do not always understand root causes and real equity.”

**Organizational Structure**

While ACPHD has culturally diverse staff, some were concerned that:

- The “Department is not reflective of most Alameda County communities.”
- The “Department is not diverse along socio-economic lines.”

Lack of funding and budget restrictions are an ongoing challenge.

There needs to be better communication and coordination within ACPHD.

- Staff tend to “think in silos” and there is “fragmentation internally”
- “Decision making [is concentrated] in relatively few hands.”

“Bureaucracy stifles creativity and commitment.”

Our HR system makes it “long to hire” and “impossible to fire.”
Key Informant Interviews - Weaknesses

Key Informants saw a lack of visibility and accessibility

- “Residents don’t know where PHD is or what it does.”
- “Would like to see a social marketing campaign to educate the public about PHD”

Key informants noted a need for more PHNs in their districts

- “Would like to see a PHN in each neighborhood of need (more personal).”

Key informants acknowledged funding challenges

- “Need more funding focused on prevention”
- “Hard to create programs from such structured funding”

Key informants wanted to be informed about:

- “What PHD is doing in their districts”
- “Who from PHD is working in each district, and what they are working on”, (particularly PHNs and CHTs)
- When Dr. Iton is in their district for meetings with council members so that they can attend
External Opportunities and Threats

All-Staff Survey

Does each of the following make it harder or easier for ACPHD to reduce health inequities in Alameda County?

- Current partnerships with CBOs: 3.6
- Current partnerships with Schools: 3.6
- Current partnerships with Faith Orgs: 3.5
- Current partnerships with private business: 3.2
- Current local political leadership: 3.0
- Level of local funding: 2.3
- Current state political leadership: 2.2
- Level of state funding: 2.0
- Level of national funding: 1.9
- Current national political leadership: 1.8
- Current national priorities: 1.7

Relative opportunity:
- Much harder: 3.6
- Harder: 3.6
- No difference: 3.5
- Easier: 3.2
- Much easier: 3.0

Relative threat:
- Much harder: 1.7
- Harder: 1.9
- No difference: 2.0
- Easier: 2.2
- Much easier: 2.3

Average rating

1 to 5 scale:
- 1: Much harder
- 2: Harder
- 3: No difference
- 4: Easier
- 5: Much easier
Staff reported lack of political will as a major barrier.

- “The current business model of government is more interested in the bottom line for the current year than in engagement with citizens for long-term results.”

Staff spoke about skewed funding priorities and constraints.

- “Our spending priorities are reprehensible.”
- “None of the programs addressing areas that impact health (e.g., income support, housing, education) receive funding at levels necessary for efficacy.”

By far, staff voiced the most concern about deeply entrenched social inequities.

- Staff spoke volumes about the effects of persistent unfair social conditions, including: unemployment, the “abysmal education system,” high dropout rates, lack of affordable housing, anti-immigrant sentiment, prisons, gangs, racism, drugs, fear and violence.
**Discussion Groups & Community Forums - Threats**

**Weak Partnerships**

Partnerships with various agencies are underdeveloped, and barriers to partnership with community exist.

- Relationships with BOS, Schools, Cities need work
- Underdeveloped partnerships with medical providers & insurance companies
- Lack of community involvement due to safety and survival concerns

**Politics**

Current political attitudes and structures may threaten health equity efforts.

- Government focus on individual responsibility (not structure)
- Term limits=>politicians no long term planning or experience
- Political power of big business: drug, food, and insurance

**Funding**

Limited funds and funding constraints stymie health equity efforts.

- Funding streams are too complex and rigid
- Short-term funding creates lack of continuity
- Public health is not a priority (war funding as major drain)
- Competition for financial piece of the pie among CBOs

**Social / Health Trends**

Persistent social inequities and health/disease trends stand to maintain or increase health inequities.

- Unequal and poor quality education
- Growing tension over illegal immigrants
- Racism, classism, homophobia, sexism
- Uninsured problem is worsening – “people falling between cracks”
- Increasing chronic disease burden and healthcare costs
- Emerging infections, drug resistance, and pandemic influenza
Changing demographics - looming crisis on aging of America, changing ethnic distribution, changing population expansion.

There is multi-generational poverty which leads to poor health outcomes.

Every sector is under funded and all are becoming more sophisticated at making the case.

In Public Health, we are almost fighting against each other for funding.

ACPHD is a new player at policy decisionmaking tables, and there is need for more communication with local government entities.

- “As ACPHD starts to be proactive with different planning and regional agencies, there may be pushback since they are new to the table.”
- “Public Health needs to be responsive to the Board of Supervisors – if lack of communication continues, BOS will be unsure of how PH is responding to the community.”

There is increasing competition for limited funding.

- “Every sector is under funded and all are becoming more sophisticated at making the case”
- “In Public Health, we are almost fighting against each other for funding”

Current demographic trends and social forces may exacerbate health inequities.

- “Changing demographics - looming crisis on aging of America, changing ethnic distribution, changing population expansion”
- “There is multi-generational poverty which leads to poor health outcomes”
In your opinion, how is ACPHD currently doing in each of the following areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>Average rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to track and understand health differences</td>
<td>3.2</td>
</tr>
<tr>
<td>Partnering w/ residents &amp; CBOs</td>
<td>3.1</td>
</tr>
<tr>
<td>Having a diverse staff that represents communities</td>
<td>3.1</td>
</tr>
<tr>
<td>Staff understanding about root causes of health inequities</td>
<td>3.0</td>
</tr>
<tr>
<td>Staff commitment to social justice</td>
<td>2.9</td>
</tr>
<tr>
<td>Staff willingness to solve problems with others</td>
<td>2.8</td>
</tr>
<tr>
<td>Understanding day-to-day realities of residents</td>
<td>2.8</td>
</tr>
<tr>
<td>Skills in community capacity-building</td>
<td>2.7</td>
</tr>
<tr>
<td>Having respect and trust of residents</td>
<td>2.7</td>
</tr>
<tr>
<td>Ability to raise awareness about and address racism</td>
<td>2.7</td>
</tr>
<tr>
<td>Being involved in policy and legislative change</td>
<td>2.7</td>
</tr>
<tr>
<td>Willingness to change as an organization</td>
<td>2.7</td>
</tr>
<tr>
<td>Staff w/ time and energy to create change</td>
<td>2.5</td>
</tr>
<tr>
<td>Involving residents in decisionmaking</td>
<td>2.5</td>
</tr>
<tr>
<td>Managers w/ time to lead</td>
<td>2.4</td>
</tr>
<tr>
<td>Communication &amp; coordination across PHD programs</td>
<td>2.3</td>
</tr>
<tr>
<td>Having enough and flexible funding</td>
<td>2.2</td>
</tr>
<tr>
<td>Reducing bureaucracy within ACPHD</td>
<td>2.1</td>
</tr>
<tr>
<td>Timely hiring of qualified staff</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Relative strength and weakness:

- **Relative strength**
  - Good: 4.0 to 5.0
  - Average: 3.0 to 3.9
  - Fair: 2.0 to 2.9
  - Poor: 1.0 to 1.9

- **Relative weakness**
  - Good: 4.0 to 5.0
  - Average: 3.0 to 3.9
  - Fair: 2.0 to 2.9
  - Poor: 1.0 to 1.9

**Internal Strengths and Weaknesses**
How We Practice and Work in Communities

Internal / Organizational Change

Building Staff Capacity

Important for Achieving our VISION

• Partnering with residents and community organizations*
  • Involving residents in decision-making*
  • Understanding day-to-day realities of residents*
  • Having the respect and trust of residents*

• Skills in community capacity-building*
• Staff understanding about root causes of health inequities
• Staff commitment to social justice
• Being involved in policy and legislative change
• Ability to track and understand health differences across groups
• Ability to raise awareness about and address racism

• Having a diverse staff that represents communities*
• Having enough and flexible funding
• Communication and coordination across ACPHD programs
• Reducing bureaucracy within ACPHD
• Staff willingness to solve problems with others
• Timely hiring of qualified staff
• Willingness to change as an organization
• Staff with time and energy to create change
• Managers with enough time to lead

* = Five most important factors
Area of relative strength
Area of relative weakness
Practice and Work in Communities

Staff felt that partnering with community is a strength of ACPHD.
- ACPHD has been “getting involved in going door-to-door… to find out what exactly the community wants and needs.”

Staff Capacity

Staff spoke about staff commitment and dedication.
- “I find that most Public Health employees work for Public Health because they want to make a difference.”

Staff praised development opportunities and analytical capacity of PHD
- “The staff workshop/training sessions are excellent and very helpful. Staff members get a change to participate, exchange ideas and offer valuable suggestions”

Organizational Structure

Some staff expressed positive values embraced by leadership.
- We have “excellent leadership who value fairness and justice.”

In the face of funding constraints, staff acknowledged grant writing capabilities as an asset ACPHD can utilize.
Participants felt that partnering with community is a strength of ACPHD.

- Strong “community connections” and “ability to partner” at local and state levels
- “Good start around community engagement and capacity building”

Participants recognized that ACPHD generally has “good individual services” and several strong community programs.

Participants felt we have “highly skilled” staff with:

- Good planning skills
- Data management and analysis capabilities
- Writing and verbal communication skills
- Ability to educate and mobilize community

Participants acknowledged that staff are committed to “social justice” and “disadvantaged communities”

Participants acknowledged that ACPHD has certain essential building blocks in place:

- Culturally diverse staff “who speak multiple languages”
- Diverse funding mechanisms, fiscal leveraging and grant writing skills
- Increased use of multidisciplinary approaches
- Visionary leadership and long-term planning
- Some dedicated teams (e.g., CCB, Policy Dept, Community Health Teams)
- Successful community programs
Key informants noted community perspective & focus on root causes of health inequities.
- “We do a better job working out in the communities than we do sitting at our desks.”

Key informants praised skilled, committed and diverse staff
- “Our strengths are our people.”

Key informants recognized our programmatic strengths
- “Strong epidemiology and data collection”
- “PHD is good at education, social marketing, and getting information out there.”

Key informants acknowledged our strong leadership.
- “Tony Iton is a strong leader with a great vision for Public Health”
- “They are making ACPHD one of the most cutting edge Public Health Departments in California.”
Does each of the following make it harder or easier for ACPHD to reduce health inequities in Alameda County?

- Current partnerships with CBOs: 3.6
- Current partnerships with Schools: 3.6
- Current partnerships with Faith Orgs: 3.5
- Current partnerships with private business: 3.2
- Current local political leadership: 3.0
- Level of local funding: 2.3
- Current state political leadership: 2.2
- Level of state funding: 2.0
- Level of national funding: 1.9
- Current national political leadership: 1.8
- Current national priorities: 1.7

Relative opportunities and threats:

- Current national priorities: Much easier
- Current national political leadership: Easier
- Level of national funding: Easier
- Level of state funding: Easier
- Level of local funding: Easier
- Current local political leadership: No difference
- Current state political leadership: No difference
- Current partnerships with Faith Orgs: No difference
- Current partnerships with Schools: No difference
- Current partnerships with CBOs: No difference

Average rating:

1. Much harder
2. Harder
3. No difference
4. Easier
5. Much easier
Relative Threat | Relative Opportunity
---|---
National Politics | Partnerships
State Politics | Social / Health trends
Local Politics | Social / Health trends
National Funding | Weak Partnerships
State Funding | Local Funding
**Partnerships**

Staff felt that the biggest opportunity was to strengthen partnerships with CBOs, schools, businesses, and other health departments.

- Examples given were: charities, volunteer organizations, First 5, Bay Area Community Service, Rebuilding Together Oakland, libraries, social services for seniors, Habitat for Humanity, colleges and universities.

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**Politics**

Some staff mentioned a change in political mood as an opportunity.

- “A growing number of people don’t want the war we are in” and the potential for a change of president.

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**Social / Health Trends**

Some staff talked about opportunities to help communities mobilize in response to growing information about health inequities.

- “Many people are great advocates and want to work on problem areas, and others would become advocates if they knew and understood that an issue existed.”
### Discussion Groups & Community Forums - Opportunities

#### Partnerships
Participants saw partnerships as a major opportunity.
- Other agencies with “overlapping missions and resources”
- Ability to influence other agencies to consider health issues
- “Increasing sophistication in relationship-based work”

#### Politics
Some current political dynamics support health equity efforts.
- Policy-makers have a desire to address health and social justice
- Interest in universal health coverage at State and National levels
- Movement away from ultra-conservatism in politics

#### Funding
Current and new potential funding sources could be leveraged.
- Interest in funding of evidence-based program research
- Federal BT/Emergency Preparedness funding leveraged for local public health
- Potential for block grants rather than categorical funding

#### Social / Health Trends
Current social and health trends may give momentum to take action on health inequities.
- Growing public awareness of health issues
- Growing awareness of environmental crisis
- Growth in green business & technology
- Technological advances in health care
- Increasing Latino population
Informants spoke about opportunities to partner with community and local institutions.

- “Public Health has the ability to organize and bring the community together by building partnerships.”
- ACPHD and schools can work together, such as having “more public health nurses in schools.”

ACPHD can collaborate with and influence other government agencies.

- “BOS wants a comprehensive overall Public Health strategic plan with dollars, goals, milestones”
- “The newly organized State Health Department may be an opportunity.”
- “Local paradigm shifts [could be used] to influence higher governmental levels.”

There are opportunities to pursue and leverage various funding sources.

- “Leverage opportunities to fund various priority efforts (e.g., obesity, alcohol)”
- “The strong leadership in PH will help get large foundation grants.”
- “Partner with other funding authorities like the Measure A Commission”

Momentum is growing to support health equity work.

- “Momentum is on the side of Public Health. People are paying more attention to health, especially after movies like Super Size Me and Sicko.”
- “The next 2-3 years [present] opportunity for healthcare reform - using a social solution.”
Action Recommendations

All-Staff Survey

Expand access to and availability of affordable healthcare services - 59%
Develop and empower youth to achieve their highest potential - 58%
Advocate for better access to quality education - 50%
Promote and ensure economic development - 48%
Mobilize communities to build their capacity to improve their own health - 46%
Expand access to health insurance for more/all residents - 44%
Improve how our neighborhoods are designed and built - 42%
Address institutional racism and discrimination based on class - 36%
Commit to sharing power with communities - 35%
Advocate for affordable quality housing - 33%
Increase access to social services and support programs - 33%
Improve media and public communications - 28%
<table>
<thead>
<tr>
<th>Action Recommendation</th>
<th>Examples Provided in Survey (This might include...)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand access to and availability of affordable healthcare services</td>
<td>Mobile vans, more neighborhood clinics, extended clinic hours, community health workers</td>
</tr>
<tr>
<td>Develop and empower youth to achieve their highest potential</td>
<td>Youth capacity-building, linkage to jobs and services, youth mentorship programs</td>
</tr>
<tr>
<td>Advocate for better access to quality education</td>
<td>School building improvement, hiring good teachers, equal school funding</td>
</tr>
<tr>
<td>Promote and ensure economic development</td>
<td>Job training/placement, community mini-grants, living wage campaigns</td>
</tr>
<tr>
<td>Mobilize communities to build their capacity to improve their own health</td>
<td>Leadership development, activities to build community, community-led programs</td>
</tr>
<tr>
<td>Expand access to health insurance for more/all residents</td>
<td>Outreach/education, aggressive enrollment, advocacy efforts</td>
</tr>
<tr>
<td>Improve how our neighborhoods are designed and built</td>
<td>More markets with fresh fruits/vegetables, fewer liquor stores, safe public parks</td>
</tr>
<tr>
<td>Address institutional racism and discrimination based on class</td>
<td>Policies related to housing discrimination, law enforcement, affirmative action</td>
</tr>
<tr>
<td>Commit to sharing power with communities</td>
<td>Community input into decision-making, program planning that reflects what the community wants</td>
</tr>
<tr>
<td>Advocate for affordable quality housing</td>
<td>Home ownership programs, improved living conditions</td>
</tr>
<tr>
<td>Increase access to social services and support programs in communities</td>
<td>Linkage to homeless shelters, food stamps, counseling/rehabilitation</td>
</tr>
<tr>
<td>Improve media and public communications</td>
<td>Coverage about the root causes of health inequities, use of media to advocate for change</td>
</tr>
</tbody>
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