



Tackling the Root Causes of Health Inequities: How the Alameda County Public Health Department is Addressing the Social Determinants of Health

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SUMMARY

The Alameda County Public Health Department (ACPHD), based in Oakland, CA, has pioneered applying a health equity lens to policy, plan, and project decisions.

The Department planned extensively to involve staff in dialogues about the root causes of health inequities and to gather agency-wide feedback about implementing experimental practices. Initial funding for initiatives such as Place Matters, which focuses on local policy, only included staff time. However, this funding commitment by the Department led to successes that helped leverage outside funding. Today the Department's work includes reacting to emerging issues raised by community members and partner agencies, advancing a prioritized local policy agenda, and developing special projects that focus on critical root causes of health inequities, such as displacement.

Key elements for success include: internal and external leadership champions, authentic community partnerships, dedicated staff positions, partnerships with other agencies across silos, creative use of data analysis skills and tools, working both reactively and proactively, and thoughtful selection of projects based on criteria that include a focus on equity and community partnerships.

In the landmark report titled [The Future of Public Health](#), the Institute of Medicine defined the mission of public health as fulfilling society's interest in assuring conditions in which people can be healthy. The Institute further defined the core functions of public health agencies as assessment, assurance, and policy development. These functions translate into activities such as monitoring population health status, investigating and finding solutions to community-wide health problems, evaluating access to and quality of health services, educating people about health issues, and enforcing laws that protect health and ensure safety. Today, many health departments also recognize that fulfilling these functions requires attention to policy and practices in what are considered non-health arenas.

In this brief we examine how the Alameda County Public Health Department (ACPHD) transformed its culture and practice to focus on non-traditional policies that impact health inequities while continuing to provide traditional and essential public health services and programming. We hope lessons from this work can be used to inform the work of the many agencies seeking to incorporate health and equity in decision-making, whether they are called public health agencies by name or not.

I. TRANSFORMING THE ORGANIZATION

What does it mean to address root causes of health?

The Alameda County Public Health Department's decision to focus a portion of their work on issues beyond an individual's personal control was an attempt to move up the causal pathway of many health outcomes and focus on the social and economic policies at the root of poor health. ACPHD had long recognized the need for partnering with community residents and changing its own organizational culture. Starting in 2006, ACPHD engaged in a strategic planning process focused on health equity, recognizing that protecting public health requires implementing long-standing programs such as the provision of asthma education in low-income households, as well

as engaging in new areas, such as addressing how housing code enforcement policies affect health outcomes, an area of influence not typical in a public health department. Alameda County Supervisor Keith Carson's office and ACPHD established an initiative called [Place Matters](#), which pursues local policy change to improve health and achieve health equity. The goal was to intervene in issues that contributed to poor health behaviors and outcomes – policies, laws and regulations in non-health domains like economics, transportation, housing, criminal justice, land use, and education.

A critical component of the institutional transition to incorporate more policy work related to social determinants of health has been the ongoing leadership and support from Supervisor Keith Carson and his office. Supervisor Carson received the initial invitation to participate as a local site of the national Place Matters initiative and reached out to ACPHD. Also essential were the leadership of Dr. Tony Iton, a former ACPHD director who prioritized local policy work, and the insistence of another prior director, Arnold Perkins, on partnering with and serving the community, as well as former Deputy Director Sandra Witt's oversight of the initiative.

HEALTH IN ALL POLICIES

Though an emerging field within public health, Health In All Policies is a collaborative practice to introduce health, well-being, and equity considerations into development and implementation of policies in non-health sectors. Human Impact Partners' work supports an HIAP approach to addressing issues that are typically seen as outside the public health sector.

Alameda County Public Health Department's Place Matters initiative is aligned with this approach of seeking to understand the health impacts of policies.

THE ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT

The Alameda County Public Health Department serves more than 1.5 million residents in the 13 cities and unincorporated areas that comprise Alameda County in Northern California.

The Department employs approximately 600 people. Work described here includes staff from multiple units.

To realize this vision, the Department prioritized policy work and devoted one staff member – Local Policy Manager Alexandra Desautels – to its planning and implementation. A planning and coordination group, made up of members of more than half of the Department's units, oversaw the creation of Place Matters. Additional staff joined to help with implementation, and leadership involvement increased. Place Matters created five workgroups (criminal justice, economics, education, housing, and land use/transportation) that consistently engage public health staff, community members and other agency staff to enact a proactive policy agenda, the focus of which is determined by working with communities.

Development of the workgroups and prioritization of policy areas began with a comprehensive local policy needs assessment conducted by a public policy doctoral student. Once formed, the workgroups each spent 18 months researching and prioritizing problems in different policy areas, as well as potential solutions. This included meeting with local organizations connected to each issue area as well as a public participation process to bring in what are called community connectors, to prioritize the Department's local policy agenda. Health services staff with on-the-ground client experience

who participated in the workgroups also brought valuable insight into what policies might positively impact the clients they served, providing information used to prioritize policies.

In some areas – e.g., housing – the connection to traditional public health service work was very clear. As housing conditions directly relate to health outcomes, it was straightforward to engage staff from asthma and Healthcare for Homeless in the policy work, whose participation has been essential. They had intimate knowledge about issues on the ground, like the high incidence of mold in the homes visited through the asthma program. By building the workgroup infrastructure, staff were able to bring these issues to a group that had dedicated time and staffing support to address policy issues at the root of the problem.

Funding local policy work

Initial work on Place Matters started in 2006. In 2008, the Department funded one Local Policy Manager through reclassification of a vacant position to coordinate the initiative. Several Division Directors approved the request that their staff members coordinate workgroups as a portion of their jobs. Additionally, a concurrent agency-wide strategic planning process identified policy work as critical to achieving health equity, highlighting a need for agency support of the Place Matters local policy agenda-setting process.

ACPHD invested in this approach by securing funding for three permanent staff positions and for projects such as Health Impact Assessments, which create opportunities to bring on new staff for special projects. Moving the grant-funded positions from temporary to permanent remains a priority for the initiative, as each of these staff members has developed critical relationships with partners, policy expertise, and long-term workplans for their workgroups. Currently, the Place Matters staffing includes: one Local Policy Manager, two full-time staff who coordinate workgroups; one coordinator for Health Impact Assessment and special projects; two staff who coordinate a grant related to reentry and are moving the criminal justice portion of the policy agenda forward; one part-time strategic communications specialist; and staff from other divisions who help coordinate workgroups or take lead positions in the initiative in addition to other work in the Department.

All additional hiring relies on bringing in extra resources through grants; the Department has not created any additional ongoing positions beyond the three initial positions. Other vital support comes from the existing data team, including a community epidemiologist who does the community-based analyses needed to support much of the work, and an epidemiologist/GIS specialist, who contributes mapping and place-based analyses. Because ACPHD's leadership has prioritized focusing on health equity, epidemiological staff generally have the flexibility to respond to current policy issues. As Local Policy Manager Alex Desautels said, "Once you have staff, policies move and people see significant achievements with this strategy. As this work has become institutionalized and we see successes, there has been broader support and excitement from our staff and partners."

II. PLACE MATTERS' WORK TODAY

Today, staff from almost every unit of the Department participate at some level in Place Matters. ACPHD works on policies in three ways:

- *Reactive Emerging Issues Analysis.* Community members and others approach ACPHD about an issue, such as blight from foreclosures or diesel exhaust from trucks at the nearby port. ACPHD determines if the issue is appropriate for comment by assessing the connection between the underlying policy issue, health and health equity, and the degree of community engagement in the issue. Place Matters staff have developed criteria for this process and a clear protocol so the layers of decision-making are transparent. The Department's participation in emerging issues that community members care about has led to several key outcomes, including increased community trust, stronger relationships with community partners, and deeper collaborations.

Alex Desautels stated, “Often we start working with a community group on an emerging issue, and we see there is a real opportunity for long-term change that will impact health inequities. We realize there are funding opportunities that could support further work or that conducting a health assessment could help further the work. Or another issue comes up and the group asks us to comment on it. We might start with a smaller action, like conducting an analysis on the local policy issue which turns into a memo, but this often moves to writing or giving testimony, writing letters, and meeting with decision makers to educate them about it.”

- *Proactive Local Policy Agenda.* The Place Matters [local policy agenda](#) focuses on five issue areas: criminal justice, economics, education, housing, and land use and transportation. The local policy agenda sets the priority issue areas that ACPHD will become involved with and identifies specific policies for potential intervention. Staff and community members created the agenda during the 18-month process described above. ACPHD partners with multiple sectors and community organizations to advance this agenda and improve the social, economic, and political conditions that impact health.

- *Special Projects.* These include [Health Impact Assessments](#) (HIA) on issues tied to the local policy agenda. For example, in 2012, ACPHD conducted an HIA on public school budgeting in Oakland, and currently the Department is working on a [Regional Transportation Funding and Bus Access HIA](#).

Health Impact Assessment is a practical tool that uses data, research and stakeholder input to determine a policy or project’s impact on the health of a population. HIAs also provide recommendations to address these impacts. Because HIA can support successful action on specific policy changes – and place equity and stakeholder engagement at its center – ACPHD has pursued this approach.

However, a limitation of this tool is that financial support for HIA is sporadic and underfunded. For example, ACPHD has hired a temporary HIA coordinator through grant funding, but sustained funding would allow this to become a permanent position and would support more robust primary data collection and community engagement. Additional and sustained funding would ensure that any HIAs conducted build leadership and power within communities, and that the community has opportunities to build the capacity to use the information provided by the assessments. For more information on HIA, visit www.humanimpact.org.

III. LESSONS LEARNED

The Alameda County Public Health Department identified the following conditions considered essential to their success with Place Matters: leadership and vision, partnerships, research and tools, and resources. These can be applied to other efforts to initiate policy work that advances health equity.

Leadership and Vision

- *Identify champions among leadership and secure institutional support.* All champions are important, but because working on policies related to social determinants of health is not without political risks, it is especially helpful for ACPHD the Department to have an ongoing partner in the Board of Supervisors. In addition, ACPHD has a strategic plan that prioritizes local policy work to advance health equity. As stated above, public health leadership within the department has been crucial in moving the work forward.

- *Work both reactively and proactively.* Responding to emerging issues helps ACPHD build trust, respond to constituents and partners, and ensure that they capitalize on opportunities to advance health equity. It also is important to have an agenda that

ACPHD works on proactively to advance priorities that will have the greatest possible health impact. Working proactively enables consistent engagement between grassroots organizations and Department staff. ACPHD's Alex Desautels said, "If you're just responding to emerging issues you're never going to be able to plan out how to engage people in the work."

Partnerships

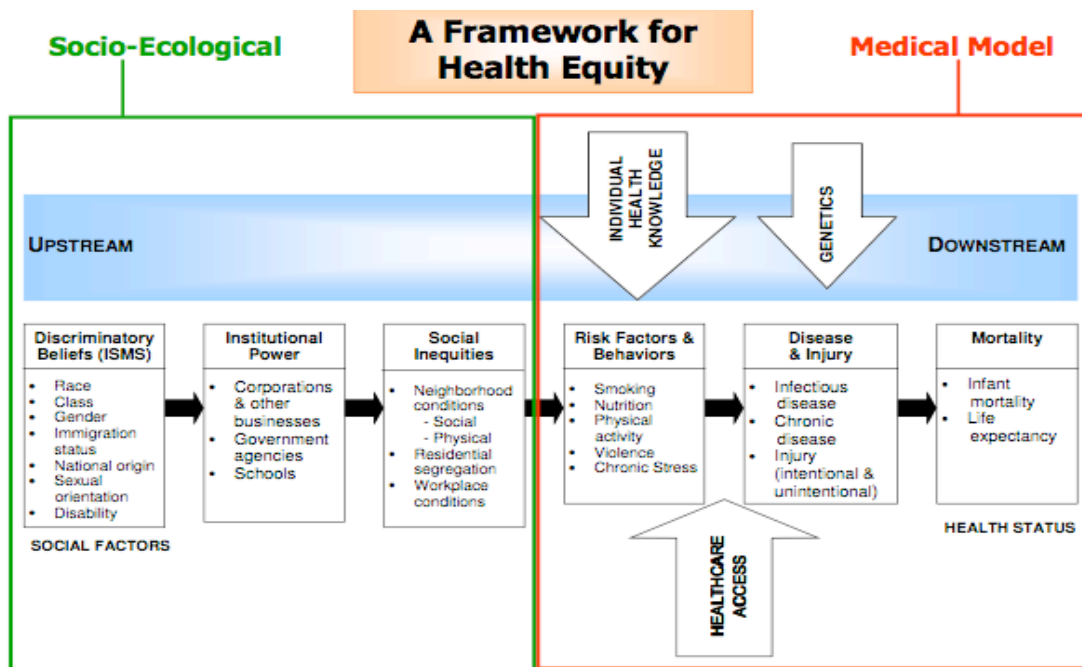
- *Create and nurture authentic community partnerships and involvement that build grassroots power.* Like any group interested in genuine engagement with community, ACPHD has had a long road to developing lasting, deep community relationships and still continues to focus on this. The Department initiated these relationships long before starting research for their groundbreaking health inequity report titled *Life and Death from Unnatural Causes*, which further cultivated their interactions with groups in the county. During the Place Matters Local Policy Needs Assessment, the Place Matters workgroups contacted community organizations to ensure that the local policy agenda reflected ongoing work of community partners. This resulted in requests for ACPHD staff to testify and planted the seeds for future relationships. Currently, the Department provides data and analyses that support changes its community partners seek, enabling them to together build healthier communities where more people have the opportunity to prosper.

"Hopefully we'll have a deeper impact because we're trying to gear our work to support community base-building," said Desautels. "At the end of the day it's about building power. Systems need pressure to change and that pressure can only come from strong community voices."

- *Partner across different organizations.* Tammy Lee, ACPHD community epidemiologist, said, "What has helped to move this work along is our ability to nurture and build partnerships with folks working across these different sectors. One of our biggest successes with using [Health Impact Assessments] is getting the buy-in from various sectors about the importance of using a health, and hopefully health equity, lens to analyze various policy issues."

For example, Lee explains that "Our relationship with Causa Justa::Just Cause changed when we took time to understand each others' models and frameworks," referring to Causa Justa::Just Cause (CJJC), a multi-racial, grassroots organization building community leadership to achieve justice for low-income San Francisco and Oakland residents. ACPHD's health equity work is guided by an adapted framework from the Bay Area Regional Health Inequities Initiative (BARHII) (Figure 1). "Using BARHII's framework to talk about how we as a public health department understand the relationship of housing issues to health inequities helped us build trust and understanding of where each other is coming from since CJJC's approach also emphasizes racial justice and addressing power dynamics. The frameworks helped us think about the root causes, 'isms,' and power dynamics, and by working with frameworks that were explicit about these issues, we were able to conduct our work and use that lens," said Lee.

FIGURE 1



- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008

Research and Tools

- *Carve out ways for the Department to participate in Health Impact Assessment and Health in All Policies.* ACPHD identified Health Impact Assessment as an important strategy in their toolbox, albeit the least sustainable strategy in their policy work. In their experience, HIAs with good community engagement and that achieve results are very resource intensive. The assessments are not always funded at a level that provides for adequate training to those without the necessary technical skills and robust community engagement. An opportunity for the Department is that staff may be able to provide technical capacity in an HIA that complements ongoing community organizing work around an issue. For ACPHD, the most sustainable strategies are reactions to emerging issues, where a community group asks the Department to respond, then it does so by providing information such as prevalence and incidence of health outcomes, what has happened with the health determinant, and who will be impacted.

- *Focus on root causes through innovative analysis and equity-centered tools.* The Department's power to move policy change forward is rooted in its ability to make a strong case using public health data. Bridging health and social determinant analysis, using analytical tools like GIS mapping, and conducting community-led research are key to telling the story and creating urgency.

Said Tammy Lee, "Through the health and equity assessment of foreclosure, community partners like Causa Justa: Just Cause, we were able to integrate data in their organizing effort. In their press releases, on their website, and in how they're talking about the work they're doing around foreclosure, CJC always brings back the data around the foreclosure report we jointly produced. That's institutionalization right there – they've been able to enhance their work with additional data, and we've been able to take many lessons from them to help us shape Place Matters and our policy work."

Success stories

Land Use

The city of San Leandro was considering a transit-oriented development plan that, after significant community input, included affordable housing. But some residents and business owners were vocally opposed. Community groups asked the Alameda County Public Health Department to testify to City Council about health benefits of affordable housing. At the hearing, a councilmember remarked that the Council must take the health recommendation into consideration as they voted. Later, a planner stated that the health perspective gave councilmembers an objective rationale for supporting affordable housing.

Housing

The Oakland-based grassroots organization Causa Justa::Just Cause (CJJC) asked ACPHD to testify about the health impacts of water shutoffs in tenant-occupied foreclosed housing. Together, CJJC and ACPHD researched the health impacts of foreclosure in hard-hit communities, and this research contributed to passage of a local ordinance requiring banks to register vacant foreclosed properties and pay fines for ill-maintained conditions.

Innovative Research

In 2008, Alameda County Public Health Department released a groundbreaking report titled *Life and Death from Unnatural Causes*. The findings presented in this report built on the national release of a documentary titled *Unnatural Causes*, about the impacts of environmental, political, economic, and social issues on health outcomes. ACPHD's report provided evidence that these effects were taking place in Alameda County, and gained local and national attention. The report is an example of one way that ACPHD elevated the public discussion about these connections.

Resources

- *Dedicate staff resources.* One key to success is having at least one ACPHD staff member fully dedicated to policy work, with other staff engaging as available. Having a full-time staff member allows for planning, building support, and responding to emerging issues as well as well as a consistent focus on the initiative.
- *Advocate for community partner funding.* Desautels explained, “A challenge to our education [Health Impact Assessment] was that no outside groups were currently working on that specific issue. The steering committee selected an important issue, but one that no one was funded to organize around. This meant they were trying to analyze and generate movement on the issue in a very short time period. When thinking about doing an HIA, a very important question to ask is, ‘are there issues that groups have already prioritized and have dedicated staff and/or funding to addressing?’. It’s hard to move any issue if no one is funded to work on it and other community-based groups are not prioritizing it.” Staff described a mix of ways that they moved their efforts forward. They included being approached by community groups already funded to work on an issue, and ACPHD carving out funding to support a community organization’s participation in a project.

- *Connect policy work to programs within ACPHD to ensure sustainability.* Continually engaging staff throughout many divisions in ACPHD ensures that policy work strengthens existing public health programs and helps institutionalize the work so it is maintained through staffing and organizational changes. For example, there are several ways interested staff can contribute to Place Matters workgroups. Place Matters also works to share updates with ACPHD staff and holds regular lunchtime sessions on policy issues that everyone can attend.

CONCLUSION

Health departments and other agencies around the nation – local, county, regional, or state – can glean lessons from the Alameda County Public Health Department. They are in the vanguard of transforming public health culture and practice from one focused primarily on providing services to a culture that also values influencing the policies that impact health and health inequities.

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About the Author

Human Impact Partners, a nonprofit organization based in Oakland, believes that health and equity should be considered in all decision making. We raise awareness of and collaboratively use innovative data, processes, and tools that evaluate health impacts and inequities in order to transform the policies, institutions, and places people need to live healthy lives. Through training and mentorship we also build the capacity of impacted communities and their advocates, workers, public agencies, and elected officials to conduct health-based analyses and use them to take action. For more information, go to www.humanimpact.org.

For more information

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