COMMUNITY PRIORITY – SAFETY & VIOLENCE

Strategic Issue: How can the public health community ensure safe and violence-free neighborhoods across Alameda County?

How can the public health system be mobilized to collaborate in new ways that would effectively decrease current levels of violence in specific communities and neighborhoods in Alameda County?

Vision: Community and Public Safety that ensures crime and abuse prevention, neighborhood safety, and communities that are resilient to disasters and emergencies.

Voices From Community Discussions – Excerpts

Rise in violence among children ⌘ Impact of community violence downplayed by social workers, law enforcement and community residents ⌘ Mom's over protect their children because of violence ⌘ Eliminate gang and gun violence ⌘ Youth & Family Services programs turn at-risk youth away from gang life – see city website ⌘ Community parks free of gangsters ⌘ Something happened at an early age (that festered anger and was not dealt with) to people who commit gun violence – these are our sons, brothers, cousins and they need to know they are loved ⌘ It takes a village to raise a child and stop the violence ⌘ No crime ⌘ Pre-assumption that certain people commit violent crimes ⌘ Community organizing fights crime and violence ⌘ Safer neighborhoods ⌘ Keep seniors safe from crime ⌘ Safe senior sanctuaries in the community ⌘ Street and traffic safety for seniors and people living with disabilities ⌘ Police presence in community (when there is a crime and when there isn't to develop a relationship with residents ⌘ More safe places to socialize ⌘ Relationship exist between mental health and criminal/violent behavior ⌘ If deal with mental dysfunction then you deal with crime/violence ⌘ Lots of parks in Oakland (small and large) but they aren't open and/or used because of safety issues and upkeep ⌘ Foster and transitioning kids are populations most vulnerable issues of safety and violence ⌘ Historical racial violence impacts present day violence ⌘ Safety impacts almost everything

Community Health Status Assessment Data[1]

County's violent crime rate consistently higher than state & national rates the past decades

Homicides[2]

- N=394 (rate: 8.4 per 100,000 residents)
- Leading cause of death among ages 15-24
- Primarily occurs among males and is highest for youth and young adult males:
  40 (age 15-24) and 31 (age 25-34)

Rate Disparities:
- 1.9 (Asian) to 43.7 (Afr. Am.)
- 2.7 (Fremont) to 18.7 (Oakland)
- 3.4 (low poverty neighborhoods) to 30.4 (very high poverty neighborhoods)

Trends:
- Rates are stable for Asians, Hispanics and

Assault-Related ED Visits

- N=19,957 (rate: 426.7 per 100,000)
- Male and female rates are highest for ages 15-24; thereafter rates decrease with age

Rate Disparities:
- Males: 133.7 (Asian/PI) to 1,841.3 (Afr. Am.)
- Females: 72.4 (Asian/PI) to 1,307.9 (Afr. Am.)
- 131.4 (Albany) to 831 (Oakland)
- 242.1 (low poverty neighborhoods) to 986.8 (very high poverty neighborhoods)

Whites; slight increase for Afr. Am.	

Forces of Change[3]

Far Out Boundary Concepts, Ideas and Issues[4]	Emerging Concepts, Ideas and Issues[5]	Established Concepts, Ideas and Issues[6]	Disappearing Concepts, Ideas and Issues[7]
Gun control, if legislated, is an investment in violence prevention Increase drug resistant bacteria and emerging infectious diseases	Domestic violence is on the increase Children are experiencing violence and PTSD at higher rates than before Internet access to guns and weapons Emergency preparedness	Violence is an entrenched force, affecting the health and well-being of Alameda County residents Centralization of all violence prevention information Reform incarceration policy Climate change & air quality	Decrease bioterrorism funding to local health departments

Local Public Health System Assessment

Essential Public Health Services: 1 (monitor health status), 2 (diagnose and investigate)

Strengths	Weaknesses	Opportunities for Immediate Improvement and Partnership	Priorities or Longer Term Improvement Opportunities
CA has Disaster Health Volunteer system. Disaster Preparedness Health Coalition (DPHC) Disaster Prep. Health Coalition is growing (includes hospitals, clinics, Behavioral Health) Emergency Lab Response system in place Countywide drills for emergency response	Not clear how PH emerging threats like violence, sexual exploitation, are monitored or if surveillance exists Disaster Prep: we may not be able to continue operating in disaster due to outdated and inadequate technology Negative stigmatization during the emergency (e.g., Avian Flu, Ebola)	Connect Chronic Disease Prevention Plan to Public Safety budget Clarify resources for water testing (EH and water providers/partners) Investigate chemical & radiologic testing resources within our LPHS and include in plans Develop and strengthen surge capacity resources/agreements Update the emergency directories Establish Agency emergency workgroup	Improve epi surveillance resources and expertise (initially CD, then PH non-CD threats (e.g., violence) Develop countywide medical surge plan with DPHC Develop epi capacity for disaster response & investigation

[1] Alameda County Health Data Profile, 2014; [2] Includes murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault; [3] Defined as affecting the Alameda County public health system, state, regional and national public health systems, and our community's and society's quality of life and well-being; [4] Includes new ways of thinking that are showing up on the horizon (thinking may or may not become accepted trends or practices; [5] Includes practices, ways of thinking, and factors which are picking up momentum and acceptance; [6] Includes mainstream or standard ways of operating, current best practices, dominant factors and events; [7] Includes ideas that are decreasing in influence, are less relevant, or are no longer the current thinking.

COMMUNITY PRIORITY – HEALTHCARE ACCESS

Strategic Issue: How can the public health community ensure access to population-based and personal healthcare services?

Vision: Accessible medical and mental health care that is high quality, comprehensive, affordable, culturally and linguistically appropriate and supports good health and the expectation for all to live a full and productive life.

Voices From Community Discussions - Excerpts

Coordinated care/services all in one place for accessibility ✠ Most health insurance is through jobs – more education leads to more job access leads to healthcare benefits ✠ Lack of access to healthcare is not okay even if not working – it should be a civil right ✠ Invest in staff and resources to increase capacity ✠ More free community-based clinics; free mental, behavioral, vision and dental health services for all ✠ Mental health is ignored (no resources/sources, shame, fear) ✠ Expand mental health & drug programs ✠ Mental health not always associated with sexuality – LGBT community ✠ Clear continuity and consistency for moms needing care and local accessible pediatric services ✠ Doctors need sensitivity training on diverse topics ✠ Cultural & linguistic appropriate care – build a language technology infrastructure ✠ Gap in services for Asians/other ethnic groups (language, long distance travels for services) ✠ Reform Medi-Cal (accepted by more doctors, more time with patients, more services) ✠ Long waits (six months) to get in for services – need more local, same day clinics ✠ Invest in healthcare and mental health services at public schools ✠ Use fire stations as healthcare portal ✠ Access/services available for formerly incarcerated ✠ More health fairs ✠ Care that fosters trust and confidence in providers ✠ Repeated proof of permanent disability is a barrier ✠ Not enough doctors, hospitals, urgent care centers ✠ Medical care without having shame or stigma attached ✠ Health coaches to help educate patient on eligibility requirements ✠ Human contact (not just filling out papers, make font bigger) ✠ Doctors that listen and are reflective ✠ Profit trumps healthcare

Community Health Status Assessment Data[1]

Usual Source of Care[2]

- Similar for Alameda County (86.2%) and California (85.8%)

Disparity:
- 65.8% (Afr. Am.)
- 81.7% (API)
- 86.6% (Hisp./Latino)
- 92.4% (White)

Avoidable ED Visits[3]

- N=167,107 (rate 3,653.0 per 100,000 population)
- Rate highest for children (age 1-5) and females (age 15-24)
- Female rates higher than male rates for all race/ethnic groups

Rate Disparities:
- 1,138.8 (Asian) to 9,978.9 (Afr. Am.)
- 1,429.8 (Albany) to 5,724.6 (Hayward)

- Asthma: 170.6 (Asian) to 1,899.1 (Afr. Am.); 220.2 (Pleasanton) to 777.6 (Oakland)

- Mental disorders: 255.3 (Asian) to 2,396.4 (Afr. Am.); 555.1 (Dublin) to

Preventable Hospitalizations[4]

- Represent 8% of all adults who are hospitalized

Acute Disease: N=13,363 (rate 447.7 per 100.000 population)

Rate Disparities:
- 274.3 (API) to 681.5 (Afr. Am.)
- 273.7 (Albany) to 555.6 (Hayward)

Chronic Disease: N=24,156 (rate 787.5 per 100.000 pop)

Rate Disparities:
- 425.2 (API) to 2,055.1 (Afr. Am.)
- 293.4 (Albany) to 1,195.3

	1,374.6 (Oakland)	(Hayward)

Forces of Change[5]

Far Out Boundary Concepts, Ideas and Issues[6]	Emerging Concepts, Ideas and Issues[7]	Established Concepts, Ideas and Issues[8]	Disappearing Concepts, Ideas and Issues[9]
Funding for insurance for those excluded from health care reform Invest in prevention by: • increasing mental health funding • insurance companies funding prevention	ACA "Obamacare" • Impact on "safety net" • Primary care access Health care funds for the undocumented Increase use of electronic medical record Decreasing workforce and retirement health benefits School health clinics	PH is reactive to bio-medical model	The medical model • Long hospital stays • Focus on acute care Fee-for-service Use of licensed medical professionals providing all care Access to care for undocumented (?) Contact with personal providers Unknowns about the Affordable Care Act

Local Public Health System Assessment

Essential Public Health Services: 7 (health care linkage / access), 8 (health care workforce), 9 (evaluation health care accessibility and effectiveness)

Strengths	Weaknesses	Opportunities for Immediate Improvement and Partnership	Priorities or Longer Term Improvement Opportunities
Have a lot of health care utilization data School based health centers Data collection to identify needs is good (e.g., Pacific Islander women don't access PNC at same rates as other groups) A lot of activity identifying needs even if we aren't meeting those needs	Need to do more with utilization data Very fragmented, not coordinated Not all groups having trouble accessing services are identified We are not doing enough, going the extra mile to link people to ALL of the services they need Lack of family planning services in the County	Increasing clinician outreach and presence Review current data collection practices and data sharing agreements Require standard assessment for all contracts (i.e., ask clients about basic entitlement services, basic health problems, problem accessing health care, etc. Expand community ambassador programs	A database, a la SF model that collects data on individual folks and helps coordinate services but also rolls up to policy makers in summary and aggregate One number to call for next appointment across the system Politicians address the hot spots in their districts Map services across the county

Have more folks signed up for health care insurance and medical home than any other county in the State A variety of different clinics etc. that are meeting the unique needs of certain populations very well, like Asian Health Services, faith ministries, homeless, etc. Payment systems starting to pay closer attention to social determinants (e.g., hospitals not paid if homeless patients readmitted within 30 days)	We need to wean ourselves off categorical funding	Increase language and cultural capacity at health clinics Provide cross training on social determinants of health (SOH)	Educate community about their power (i.e., voting and right to engage representatives) Participate in Alameda County Healthcare Pathways system.

[1] Alameda County Health Data Profile, 2014
[2] Defined as having a place that one usually goes to when sick or in need of health related advice
[3] Defined as ED visits that could have been more appropriately managed by or referred to a primary care physician in an office or clinic setting (MediCal Managed Care Division of California).
[4] Defined as inpatient hospital stays that *could have been avoided* with improved access to and quality of outpatient care and disease management (Agency for Healthcare Research and Quality (AHRQ).
[5] Defined as affecting the Alameda County public health system, state, regional and national public health systems, and our community's and society's quality of life and well-being.
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COMMUNITY PRIORITY – ECONOMIC INDEPENDENCE

Strategic Issue: How can the public health community address income inequality, poverty and economic conditions that affect health outcomes in across Alameda County?

How can the non-traditional partners, such as private businesses, share collaborative responsibility to ensure economic independence among residents of Alameda County?

Vision: Community economic development that supports the ability of all residents, regardless of race/ethnicity or place of residence, to pay for all of their basic needs (including housing, food, transportation, healthcare, and childcare) and build wealth.

Voices From Community Discussions – Excerpts

Focus on re-entry and job training ✠ Connect high schools to businesses & allow students to learn trades and get experience ✠ Employment for all including youth ✠ Fund youth development programs , career technical & vocational training, art, music and incorporate at youth centers (including health and enrichment activities) ✠ Government support for and training to start new businesses ✠ Build locally owned & Black businesses that are health promoting ✠ Uncover hidden skills and train for jobs ✠ Employment training to improve hiring of transgender community ✠ Employability impacted by high criminal justice rate ✠ No jobs/unemployment creates delinquency ✠ Job layoffs creates homelessness ✠ Support "supportive employment" (living wage, childcare) ✠ Employment works against people living with disabilities – their benefits are impacted ✠ Good jobs are linked education ✠ Poverty wage/no benefits for In-Home Support Service providers ✠ Businesses in community (e.g., grocery stores) that have quality produces ✠ People are asked to make a choice about economics when they don't have no economics ✠ High cost of living ✠ Discounts (seniors & transportation) ✠ Community centered locally- owned economies/economic development ✠ Economic empowerment (financial management, credit repair)

Community Health Status Assessment Data[1]

Socioeconomic Indicators

- High-poverty (> 20% of individuals are living in poverty) neighborhoods in East and West Oakland, and parts of central county

Education Disparity:

- High school or more: 66.3% (Hisp./Latino) to 95.8% (White, Non-Hisp./Latino)
- Bachelor degree or more: 17-18% (Hisp./Latino and PI) 53.8% (Asian)

Income Disparity:

- Median household income: $42,124 (Afr. Am.) to $80,124 (Asian)

Neighborhood Poverty

Gradient – as poverty level increases:

- Life expectancy ↓
- Leading causes of death rates ↑
- ED visit rates for selected conditions ↑
- All cause mortality rates (ages 0-44) ↑
- All cause mortality rates (ages 45+) ↑
- Unemployment rate ↑

Forces of Change[2]

Far Out Boundary Concepts and Issues[3]	Emerging Concepts and Issues[4]	Established Concepts and Issues[5]	Disappearing Concepts and Issues[6]
↑ globalization and the continued decline in unions Oligarchy (wealth concentration and impact on political power) Increasing equity: o Living wage and employment reform o Social impact bonds o Insurance funding for those excluded from health care reform	Student debt ↓ the quality of life ↑ in income disparity leads to ↓ in health ↓ workplace health benefits Lack of retirement benefits for retirees (impacts income, healthcare, housing)	Income inequality (wealth gap) Resource allocation is not need based (programs follow dollars not need) Relevant work requires relevant training Inadequate workforce: o Low high school graduation rate o Not enough diversity/numbers in workforce o No pipeline to ↑ workforce	Decrease in disposal income

Local Public Health System Assessment

Essential Public Health Services: 4 (community mobilization), 5 (policies and plans)

Strengths	Weaknesses	Opportunities for Immediate Improvement and Partnership	Priorities or Longer Term Improvement Opportunities
Innovative community that surrounds Alameda County (tech community abounds in the Bay Area) Place Matters had a robust stakeholder engagement process to create a local policy agenda HIAs have been used several times and done very well Legislative Council	Funding in health care "silohed", prohibiting ability to work in social determinants of health Social Determinants of health are usually not measured No consistent, systemic methodology to assess or train staff in cultural competency and social determinates	Institutionalize our cross-agency and cross-jurisdictional work that addresses the social determinants of health, such as Place Matters, Build Blocks, etc. Seek out waivers to get us more flexibility in how we spend our funding Provide cross training to folks on social determinants of health Housing status and other	Leverage/coordinate work with health disparities and community partners and registries of vulnerable populations and resiliency work Develop simplified reports for the community such as Mark Mingoff style (SDOH health index card) that could be easily reported to public Take silo programs and encourage a policy/practice change that aligns funding/resources across

creates legislative platform on an annual basis Place Matters writes letters and testifies on local policy issues that impact health Successful partnerships within ACPHD and across to community partners, government	Not monitoring at all what happens after policies have been passed. No resources have been dedicated to this.	foundational issues should be addressed, tracked and resourced Develop standards/measurements of SDOH. Engage other organizations around "social threats" (e.g., housing crisis, foreclosures) Make the SLEB system more accessible Use our money differently so that it is more flexible and we can use it to address the priorities that are included in the CHIP Need more private sector people involved in the process, such as businesses	agencies toward a common goal

[1] Alameda County Health Data Profile, 2014
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