BARHII

HEALTH EQUITY AND COMMUNITY ENGAGEMENT REPORT

SAN MATEO COUNTY

Project Description

The Bay Area Regional Health Inequities Initiative (BARHII) is a collaboration of public health directors, health officers, senior managers and staff from eleven of the San Francisco Bay Area local health departments (LHDs), including San Mateo County. The BARHII LHD membership formed to collectively address the factors that contribute to egregious differences in life expectancy and health outcomes between different racial and socio-economic groups in the region. The mission of BARHII is to: *Transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.* As Margaret Whitehead of the World Health Organization defines it, *"Health inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust."* BARHII focuses its work on how

public health departments can address upstream, structural and social factors that perpetuate health inequities. The BARHII Framework[1] describes the problem areas addressed by a continuum of public health practice ranging from cataloguing causes of mortality and disease management on the right side to addressing more upstream social inequalities such as racism and class inequality on the left side.

BARHII's goal of transforming public health practice is carried out by an in-kind committee structure made up of LHD staff, one of which is the Community Committee (CC). The CC supports member health departments as they attempt to forge new strategies for community engagement and capacity building to address the broad range of conditions that contribute to poor health, and to establish relationships that can be sustained over time. From 2009-2011, BARHII staff and

1   BARHII Framework in Action: http://www.barhii.org/programs/download/conceptual_framework.pdf

LHD members of the CC conducted qualitative assessments in seven local health jurisdictions (LHJs), including focus groups with public health department staff and leadership as well as site visit focus groups with a few LHD-selected community agencies that have experience working with the local health department. This report includes a summary of analyzed results from qualitative data collected in San Mateo County in January and February of 2010 at two focus groups with San Mateo County Health System (SMCHS) leadership and program staff and six site visit and discussions with the following agencies:

- One East Palo Alto - http://oneepa.org

- Redwood City 2020 - http://rwc2020.org

- African American Community Health Advisory Committee - http://aachac.org

- El Granada Mobile Home Park

- Puente de al Costa Sur - http://puentedelacostasur.org

- Pacific Islander Initiative - http://smchealth.org/bhrs/ode/pi, and Mana - http://smchealth.org/mana

This report describes perspectives of both LHD and community agency staff on key themes that emerged in discussions from the focus groups and site visits conducted. The data results presented show local priorities in health inequities and social conditions as well as highlight best practices and lessons learned related to (1) public health and community agency collaborations and (2) how health inequity concerns are being addressed in San Mateo County.

Social Determinants of Health Inequities in San Mateo County

Throughout the SMCHS staff focus group dialogues, themes emerged around existing environmental and social conditions that impact health inequities in San Mateo County. The inequities mentioned by participants in the table on the following page were discussed as impacting in particular low-income communities, isolated areas and neighborhoods, people with disabilities, children with special needs, people with behavioral health and co-occurring mental health and/or alcohol and drug abuse issues, people with chronic disease or other health issues (i.e. STD/HIV), Latinos, African Americans, Pacific Islander (i.e. Tongan) communities, seniors, at-risk youth, and geographically and linguistically isolated communities. Most of these populations are priority communities as it related to the LHD programs, categorical funding and traditional public health work.

Community agency representatives were asked regarding health inequities that exist in their communities. There were definitely some key environmental and social conditions that impact health inequities which were identified by both SMCHS staff and community agencies and these included inadequate housing, isolation, poverty, voter-to-eligible-resident discrepancies, and a lack of resources and quality education. (See Table 1)

Cost of Living and Wealth Gap

The primary health inequity issue that emerged, and was discussed by four of the six community agencies, was inadequate and costly housing. Seniors, formerly incarcerated individuals, immigrant communities and agricultural workers were the groups identified as being primarily impacted by this social determinant of health. This is not surprising, given

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Table 1: A comparison of focus group themes on the social determinants of health inequities in San Mateo County

SMCHS Staff	Community Agency Representatives
• High cost of living, poor living conditions	• Inadequate, unsafe, and costly housing
• Geographic and language/cultural isolation	• Racial divide and isolation, disconnected communities
• No living wage, high unemployment rates	• Poverty, 2+ jobs, and absentee parenting
• Voter/resident disparities	• Voter/resident disparities
• Lack of healthcare access and other direct services	• Lack of resources and healthcare
• Racial disparities in incarceration	• Lack of quality education
• High access to alcohol, tobacco, and other drugs	• Lack of immigrant rights leading to fear and distrust
	• Lack of effective youth development and leadership programs

that San Mateo County once again was identified by the National Low-income Housing Coalition (NLIHC) as the least affordable county in the United States in 2012. Income growth has not kept up with the rise in housing costs and, as a result, many vulnerable communities live in substandard and/or overcrowded homes. As one community partner put it, *"… 11 families in one shared housing space and one bathroom, in my view is criminal, but for them that is certainty… they feel better than a dirt floor."*

In particular, for an agricultural worker in San Mateo County, the situation is compounded by very low wages, geographic and linguistic isolation, racial divides, a lack of resources and increasing restrictions on immigration status; it is *"…the perfect storm in terms of health problems and challenges."* Although San Mateo County has less than 1 percent of workers employed in agricultural jobs, agriculture remains an important economic and political force in the County. About 160 square miles of mostly undeveloped land, including the unincorporated areas of Pescadero, San Gregorio, La Honda and Loma Mar, are populated by nearly 5,000 residents - 39% of whom are earning less than $15,000 per year. One participant stated: *"I feel that housing is the South Coast cash crop, right? That you (can) make more money renting our a place to three or four people that you might in a month of farming… There's something fundamentally wrong…"*

San Mateo County is the third wealthiest County in California; it had the third lowest unemployment rate among California's 58 counties in 2010; and according to the Census Bureau, 7% percent of people in San Mateo County were living below the poverty level in 2007-2011 compared to 14% in California overall. The countywide statistics hide the harsh reality that there are pockets of low-income communities living well below the poverty level, facing the difficulties of unemployment daily, and with no living wage ordinance compounded by the sizeable wages to cost of living gap that exists in San Mateo County and throughout the Bay Area. This discrepancy was noted by SMCHS leadership and staff as a lack of concern from wealthier segments of the community about the health of all County residents because they do not really see themselves as a community in need.

The issue of pockets of poverty was brought up by both community agency representatives and SMCHS staff, though they each brought up different health and social outcomes related to the issue, including the need for support and policies that help formerly incarcerated individuals adjust to being reintroduced into society, absentee parenting and separation of families from parents needing more than one job or working seasonal jobs away from home to make ends meet. Other participants mentioned the lack of community organizing as a contributor to the low

wages in local jobs. As one SMCHS staff mentioned, *"We're the only county that doesn't have a living wage ordinance from Sonoma and Santa Cruz."*

Geographic and Cultural Divisions

Though the topic of isolation was brought up by both SMCHS and community organizations, it was a much more prominent issue from the community's perspective. Along with the inadequate access to health care services that both groups discussed, from the community agency perspective, geographic and linguistic isolation often leads to a racial divide and socially disconnected communities. As one agency representative stated, *"… we talk about healthcare disparities. It's just not fair that people who live in a remote area who are so under-resourced shouldn't be funded. We've had to struggle here with an attitude in the larger community about, 'Well, what do people expect when they choose to live here?'"* For families with resources (e.g. healthcare, good income, access to services), living in remote areas may be a clear choice but, it is not for low-income, monolingual, immigrant communities who live in these areas because they need the work.

The South Coast region of San Mateo County is located 50 miles south of San Francisco and is isolated by the Santa Cruz Mountains. Nearly all services are located in Half Moon Bay (18 miles north of Pescadero) or Watsonville or Santa Cruz (54 miles and 36 miles south of Pescadero, respectively). With only one SamTrans route available, public transportation by appointment only with SamCoast, limited private vehicles, and culturally and linguistically inaccessible services, resources in Half Moon Bay are actually quite difficult for this community made up of 66% Latino immigrants. One participant stated: *"I worked with the migrant population, and I don't know if any of you realize the coast side, but our migrant populations are way back in the canyon and could not get out to get WIC coupons*

between eight and five."

From the community agency perspective, geographic and linguistic isolation often leads to a racial divide and social disconnect between ethnic communities (i.e. Latino, African-American, Pacific Islander) and their white affluent neighbors in San Mateo County. As the third wealthiest county in California, the neighborhoods in San Mateo County that are majority ethnic, non-white and low-income communities are often surrounded by very high-income communities, which amplifies the equity gap. One community agency representative described a situation where parents in a community were interested in starting a Spanish immersion program but they could not identify a single Latino family to talk with about whether or not they think it is a good idea, even though their own kids are in school with primarily Latino youth. This particular organization is involved in a number of efforts to address the racial divide that exists in their community.

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Immigration

Immigration status was also brought up by community agency representatives as a health equity issue that further amplifies isolation and the racial divide. Communities where there is a large immigrant population often experience fear and mistrust of the system. For example, *"People in our community are also very hesitant to apply for food stamps because they're afraid they're going to be deported."* Another community participant stated: *"We don't believe that you should have to be a legal resident to get your macaroni and cheese and your tuna."* Community members also experience the situation where voters, decision-makers and people with influence in the community are non-Latino and more affluent so decisions about resource allocation and services are not reflective of the whole community, including the young people who are disconnected from political influence. One agency staff member describes how

the immigration status issue affects their ability to provide consistent and comprehensive services: *"We face a lot of challenges related to documentation status… we're not required to document or not document or put legal status across the board. It's not true for stimulus monies. So, some of the best programs, like homelessness prevention, are only for legal residents."*

One community organization described an *"endemic distrust"* of government and service organizations from the communities that they are trying to serve which is perpetuated by the bad economy and increased restrictions on immigration status *"…just the fact of immigration, coming and going and kind of the disruption that goes along with that, the lack of economic resources that families have when they come into the community, the existence of many members of our community that don't have proper documentation, so there is a fear, distrust factor that exists as kind of endemic in the community."*

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Best Practices in Health Equity and Community Engagement of the San Mateo County Health

SMCHS staff and community agency representatives discussed SMCHS programs and strategies that are working well and agreed on a few key strategies outlined in this section. The following table also outlines the main points raised by SMCHS vs. community agency staff respectively related to the best practices of SMCHS. (See Table 2)

Community Capacity Building

Both SMCHS staff and community agency representatives identified a value in the County being able to provide organizational capacity building opportunities and technical assistance to community agencies. Examples given from community agencies of SMCHS capacity-building efforts included learning about the County hearing process and preparing presentations for a hearing, conducting focus groups, data sharing and making sense of the County data, and paying for community agency representatives to attend national conferences.

A key example of this best practice is a mobile home park where residents were facing housing inequities including significant rent increases and unfit conditions of the grounds. The SMCHS connected community advocates to the housing department and taught them about the County hearing process and how to prepare presentations at a public hearing. The mobile home park residents established a rent control ordinance and eventually helped a non-profit affordable housing management company to purchase the mobile home park.

Another key example is the data collection and analysis assistance that the SMCHS has provided to the Mana Project, an individual-level intervention addressing graduation rates, parent engagement, higher education enrollment and youth development in the Pacific Islander community. *"We know what we see. And we can talk about it, but we cannot put it into scientific information that other people can work off of, especially people who can make a difference for us. And so the health department has …helped us with focus groups, with studies and have helped us make sense of those studies (from) which we could be locked out."*

Table 2: A comparison of focus group themes on SMCHS strategies that are working well

SMCHS Staff	Community Agency Representatives
• Capacity building (i.e. voting rights campaign, advocacy, data collection, presenting to the County Board of Supervisors)	• Capacity building (i.e. use data, training, conferences, present at public hearing)
• Technical assistance (i.e. writing grants, providing and analyzing data)	• Data sharing
• Building trusting long-term relationships with communities	• Deliberately improving relationships and past challenges
• Place-based partnerships	• Being present and at the table
• Partnerships with cities and schools	• County partnerships such as the regional planning process which brought together city governments, transportation, and other non-traditional partners
• Partnerships around specific ethnic/cultural communities	• Higher level staff and County champions
• Agreement by all Directors and Board members that primary prevention activities would not be cut	• Staff that is bilingual and bicultural
• Funding collaborative efforts to shift from solely service-based prevention	• Consistent messages regarding the importance of environmental and policy-level changes
• Youth engagement and development	
• Engaging community members	
• Strategies that are focused on health indicators and inequities that are inline with community needs and asks	

Relationship Building

SMCHS staff recognized that building trusting relationships with a community takes time and is a long-term process but, most importantly, that it is necessary. All community agencies acknowledged the importance of trust and expressed gratitude toward the County for making an effort to build trusting relationships and improving past challenges by consistently being present and advocating for communities. One member stated: *"I don't think we have an anonymous County or anonymous County government, and I would much prefer to understand why something can't happen through someone that I know than have some faceless bureaucrat tell me who's never been here."* Another participant described a transformation in their relationship with SMCHS: *"We have had some challenges with…San Mateo County in the past. But within the last three to four years I think that it has been a partnership that continues to grow,*

and a partnership that we gain mutual respect for each other and what each of us has to bring to the table. And that didn't come overnight, but it certainly continues to strengthen."

Community agencies provided key examples of how transparent communication, trust, and credibility of the SMCHS led to successful community work for them, including delivering important health messages, advocating for services, being considered for funding and being brought to the table to request changes in the way work is done. One agency staff described: *"If I didn't feel somewhat confident in that we had a solid relationship to begin with, I wouldn't have been quite so pushy about it as I have been. We're happy to have the resources and really need those resources… It takes a little bit of level of trust before you're able to say, 'And you could make it easier to work with you if you would do this and this and this… I'd say we're at that level of collaboration.'"*

Another important aspect to relationship building is establishing and developing interpersonal connections between key SMCHS staff and community leaders. One community agency member noted: *"I do feel that, as we move that forward, that the health department will be a good partner in figuring out how to get us some pieces of what we need – and we know who those people are."*

Partnership and Collaboration Development

Long-term, systemic change requires a collaborative effort between the County, community agencies and other non-traditional partners. This was something that was recognized by both SMCHS and community agency representatives with key examples that emerged as best practices. One example included a regional planning process that has allowed the North Fair Oaks unincorporated area of San Mateo County to engage residents, community stakeholders and various County departments in establishing the vision and goals for the development and physical composition of North Fair Oaks for the next 25 to 30 years. One participant stated that this plan *"…will have a very big emphasis on (the) kind of the pieces of the environment that we might be able to design for a healthier community in the future."*

Another key example that emerged is the Alcohol and Other Drug Prevention Partnerships which are community-based partnerships funded by the County that have allowed schools, service providers, local government agencies and community organizations to work together on policy and environmental strategies. There have been specific, notable successes that have come out of these partnerships including members of one partnership that successfully advocated against expanding a liquor license for a business right across from a high school by providing data to the City on alcohol establishments and rates of alcohol access to teens. This same partnership is now connected to a general plan update which is addressing retail establishments and other issues that support building healthy communities. One agency staff member expressed: *"We're really happy that we're being able to do everything that we're being able to do, and a lot of why we can do it is because we have really good County partners."*

Leadership Support for Health Equity Efforts

Most community agency representatives in particular emphasized the importance of having individual champions in the County that prioritize, support and even "protect" the health equity work that is happening at the community level. One participant stated that for a lot of the health equity work with the Pacific Islander community, it *"is somebody in the health department (that) needed to be the link to*

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the community, and then somebody else within the health department (that) needed to be willing to champion them."

Community agencies also presumed that the existence of these SMCHS champions was largely due to the prioritization from leadership at the County and mentioned the Chief of the Health System, the Director of Human Services and the Health Officer as specific leaders who have prioritized the work. When asked about best practices in addressing health inequities, SMCHS staff brought up the fact that all management leaders discussed and agreed to continue resourcing primary prevention and health equity activities, in light of the fact that some direct service, care and treatment may be cut. This prioritization set the tone for the work they engage in. One community agency member stated: *"I think we have had a lot of support here at Puente from San Mateo County just generally, and specific people within it, and I think protects us, you know…like I feel that if something were to happen here that there would be people in the County that would care…who care about what we do, which is, I think, a huge thing, and, you know, I think it's in large part due to the priorities that Beverly Beasley Johnson and the social services agency (have) who really picked the South Coast as a priority area for her to target…"*

Best Practices in Health Equity and Community Engagement of Local Community Agencies

Public health and other governmental agencies can both learn from what is working for local community agencies as well as act as partners and directly support the positive health equity work. The following are some community agency strategies that were highlighted as best practices that are working well for the community.

Youth Development and Empowerment

Every community agency that participated in the focus groups highlighted the importance of youth development and empowerment and they also implement strategies related to youth development as a key component of their health equity work. The Pacific Islander (PI) Initiative Mana Project is a prime example of this work and is an individual-level intervention addressing root causes of health inequities. The Mana Project supports a cohort of PI students to increase their graduation rates and enrollment in higher education, decrease risky behavior, and increase parental involvement. The Mana Project serves a growing, yet often overlooked, community of over 13,000 PIs in San Mateo County. PI youth experience disproportionate outcomes in health indicators: Only 6% of PI students pursue a bachelor's degree compared to 24% countywide; 46% of PI students are overweight vs. 25% of all students; 19% of PI youth have attempted suicide; and 40% have had encounters with police. The Mana Project works directly with the PI community in San Mateo County to decrease these health and social inequities through their work with the youth and their parents.

Collaborations with Faith Communities

An estimated 61% of African-Americans attend church at least once per month. Engaging faith-based organizations is a key strategy for the African-American Community Health Advisory Committee's (AACHAC) work to improve the lives of African-American people living in San Mateo County. AACHAC also reaches out to the community through the NAACP, 100 Black Men, and Black Sorority and Fraternity organizations. AACHAC demonstrates a unique model of community engagement and building community capacity by leveraging Greek fraternal organizations and the faith community. AACHAC has over 20 partnering churches and provides stipends to church liaisons reaching over 1,600 people annually.

Intermediary Model of Community Organization for Policy Change

The "intermediary model" – where an organization is the conduit for work on policy and system change by serving as the convener for organizations that provide direct services – provides a promising practice for health equity work. One East Palo Alto (OneEPA) is a community-based organization that serves this role in the neighborhood of East Palo Alto, a 2.5 square mile area, with a low-income and diverse population that is 58.7% Latino, 22.5% Black or African-American, 7.5% Pacific Islander, and 6.5% White or Caucasian. OneEPA has achieved numerous accomplishments in community organizing and convening work focused on advocacy, brokering, capacity building and leadership development and was recognized by San Mateo County and received the Dr. Martin Luther King Day Celebration 2012 Honorary Group Award for making significant contributions to furthering to Dr. King's vision of equality and justice.

Community Capacity Building

Especially in marginalized communities, providing individuals with leadership skills and opportunities to influence community-level decisions that impact their lives is a key strategy to health equity work. Community capacity building is used by many of the community agencies to empower youth, adults and community groups to take effective action and leading roles in the development of their communities. Puente de la Costa Sur is an organization that does just that for the mostly undeveloped area of San Mateo County's South Coast where 39% of about 5,000 residents earn less than $15,000 per year, and many are monolingual, Spanish-speaking families and single men who work in local agricultural and services industries. There is a significant lack of access to core services, a high income disparity, substandard farm housing, and increasing restrictions on immigration status that are huge policy issues and priorities for the community. Puente de la Costa Sur provides leadership training, economic development, Spanish/English classes, community advocacy and mobilizing, life skills trainings, access to core resources, and community connectedness programs for an extremely marginalized population.

Community Organizing and Advocacy

Similar to community capacity building, community organizing and advocacy are key tools for many agencies in getting residents involved in neighborhood-level policies and change. The Coastside Health Committee (CHC), with training and support from the San Mateo County Health System, organized mobile home park residents to advocate for and establish a rent control ordinance. They eventually got an affordable housing management company to purchase their mobile home park, for which owners of the park were constantly raising rents beyond residents' affordability, ignoring resident input, and neglecting the grounds.

Focused on the empowerment of local leaders, this community-driven project was sustained over time, led to increasing community pride, and resulted in environmental changes such as a renovated playground, pool and community center.

Partnership and Collaboration Development

With increasingly constrained resources, community collaboratives have helped many of San Mateo County's local community agencies achieve more with less, especially when diverse, untraditional partners are enlisted for broad and lasting policy and environmental change. Redwood City 2020 provides an example of this strategy in action, as they bring together decision-makers and policy-level stakeholders (i.e. executive directors, chief executive officers) from health, housing, education, law enforcement, government and private sectors to address health inequities in education and wellness. These partnerships led to the implementation of "community schools" or "full-service schools"

Table 3: A comparison of focus group themes on the challenges to successful health equity work in San Mateo County

SMCHS Staff	Community Agency Representatives
• State mandates, categorical funding	• Categorical funding of public agencies
• Lack of dedicated resources and infrastructure for health equity work (no flexibility, heavy workload)	• Disconnect between services provided and community needs
• Lack of coordination and integration	• Inadequate "community-led" processes
• Not able to fund priorities established by a community process	• Lack of genuine listening to the community, SMCHS having a set agenda
• Does not tap into community as a resource or have genuine engagement	• Inadequate data, misrepresentation of certain populations
• Lack of community understanding of health equity work	• Community data being used to secure resources without true input from community, and community not seeing results or benefits of funding
• Lack of clear leadership within the community to represent an issue	• SMCHS staff/programs/buildings can be inaccessible
• Small town politics are a barrier to emerging leaders	• Unable to access services because of physical, organizational, and cultural isolation, will go to other counties
• Few advocacy-focused agencies that can take on community organizing	• Lack of community awareness of services and resources
• Lack of concern from wealthier members about the health of the entire community	

that offer students and their families services and opportunities beyond academic instruction.

Challenges in Health Equity and Community Engagement Practice

Focus groups with SMCHS staff and community agencies described challenges to successful community engagement and health equity work in spite of the successes described above. Both SMCHS staff and community agency representatives identified challenges that are seemingly interrelated and that include issues related to the following:

• categorical funding limiting the work that public agencies can engage in,

• a disconnect between the services provided and funded and the community identified needs, not being able to fund priorities established through a community-driven process,

• a lack of genuine community engagement, and

• a lack of reliable data on specific sectors of the population.

The table above lists the main themes highlighted by SMCHS vs. community agency staff regarding these challenges. (See Table 3)

Funding Limitations

SMCHS staff expressed frustration with the limitations of categorical funding. *"Infuriating"* was how one person described some State mandates. There was a general agreement from SMCHS staff that addressing health inequities via policy and environmental strategies work is important and that

there is a need to work with a more comprehensive model. Nonetheless, staff are limited in what they can do because they have mandates and numbers to meet, caseloads to manage, and not a lot of flexibility. Even more frustrating is when external partners and stakeholders take notice of this disconnect. To community members, this disconnect is seen as services not meeting the actual needs of the community or as disingenuous community engagement that often leads to distrust in government's capacity and care for the work that needs to happen. In addition, this lack of flexibility in funding can also lead to less cross-program communication and collaboration.

One community agency member describes her experience with this disconnect: *"I've actually recently begun to feel the pressure of working with the different streams within the health system at the moment because I work with the clinics…I've worked with different groups, and have given (them each) feedback…if you guys (at SMCHS) are not having that kind of cross conversation internally, where we're identifying environmental prevention strategies that actually exist in policy and planning and Alcohol and Other Drugs…(then) we've not figured out a way to kind of (work) holistically…"*

Lack of Meaningful Community Engagement

Interrelated to funding limitations is the issue of there being a disconnection between services provided and funded by the County and priorities established by a community engagement process. Even when there is a concerted effort to work on health inequities and a community is on board and making recommendations, funding streams limit the

So you can see the intersection of formerly incarcerated issues, homelessness, alcohol, tobacco and other drugs, mental health issues, and this is why it…was really a challenging process to get the community discussion to focus on alcohol, tobacco and other drugs, and it's just…too comprehensive a problem to separate out little pieces of it.

work that is important.

Behavioral Health and Recovery Services' funded community partnerships throughout San Mateo County to help create infrastructure change and get communities to work on policy and environmental strategies. One particular community identified the issue of formerly incarcerated individuals returning to the community and not having basic needs met (i.e. shelter, healthcare, substance use services). This community requested homeless shelters for formerly incarcerated individuals, or to change the organizational practices of current homeless shelters which prevent individuals on parole from being accepted into shelters. SMCHS staff shared that, even when funding exists to help support this important work, they can be limited by either funding stream requirements or other regulations and this makes it really difficult to satisfy the community's needs when they have identified a specific problem to be solved. One community partner states, *"So you can see the intersection of formerly incarcerated issues, homelessness, alcohol, tobacco and other drugs, mental health issues, and this is why it… was really a challenging process to get the community discussion to focus on alcohol, tobacco and other drugs, and it's just…too comprehensive a problem to separate out little pieces of it."*

Another example that emerged regarding this disconnect between services provided and the needs of a community which stems from categorical funding limitations, is a healthcare van funded through homelessness monies that provided services to the South Coast region of San Mateo County. Instead of the more specific needs which exist in

the homeless population, the main needs of this particular South Coast community are for primary and chronic conditions care of families with children and pregnant women. Therefore, there is a van to provide more rural services, but it is not geared for the populations most in need that reside there.

For community agency representatives, the lack of genuine community engagement primarily emerged through their comments regarding the disconnection between funding and needs, or as one organization put it, it is the County's *"old habits"* of trying to *"run things"*. One example provided was that of a County-supported, community-led process for a drop-in center for mental health services in one community. The concept was consumer-led, a community advisory committee was put in place and there were a lot of opportunities for community input and participation. Nonetheless, when it came time to implement, the County fell back on its old ways of bringing in an outside entity. This was challenged by community members who wanted something indigenous to the community that had the look, feel, taste, and smell of their community. Fortunately, the community's concerns were heard and the drop-in center is run by a local community organization with support from the SMCHS.

SMCHS staff shared how sometimes it takes the community advocating for community inclusion in resource development before the County takes action. One staff member noted: *"So, in one case, you have a community really advocating for themselves and saying, 'You know, we know that there are resources that are available…count us in.'"*

SMCHS staff did acknowledge the value of genuine community engagement and that they want to *"tap into clients as resources"* and really respond to community needs, but that there are not a lot of resources or support to do that. One staff member stated that *"…unless the system at a broader level says…that we are going to enable every division to be able to (meaningfully engage community)…or, you know, we have Health Policy and Planning (working) on behalf of the whole system. I'm just not sure how to do that unless there is some infrastructure for that."*

Inadequate Data and Misrepresentation of Community Needs

Though the issue of inadequate data and the misrepresentation of communities and their priorities was only brought up by community agency representatives, it was a challenge that was mentioned by four out of the six organizations. In particular, it was stated that the overall wealth of San Mateo County disqualifies the pockets of need in rural areas like the South Coast. And, many of the State and Federal rural initiatives will not fund San Mateo County, so they are unable to get funding to provide these basic services.

The need for data that is representative of the community was also brought up by communities with immigrant populations. For example, *"…62 percent of our kids qualify for free or reduced meals, which has actually increased over the last five years. Contrary to the recent census…which indicates that the socio-economic (status) of Redwood City has actually improved. So it doesn't make a lot of sense as a status (that) it's improved …I thought maybe the census doesn't capture all the migrant or immigrants that come into Redwood City."*

The Pacific Islander Initiative also noted that when they began collecting their own data, they saw how

Unless the system at a broader level says… that we are going to enable every division to be able to (meaningfully engage community)…or, you know, we have Health Policy and Planning (working) on behalf of the whole system. I'm just not sure how to do that unless there is some infrastructure for that.

the Pacific Islander community is different from other cultures, yet they are lumped together with all Asians and Pacific Islanders. By combining these populations, the poorer health outcomes for Pacific Islanders are masked by healthier Asian populations. The Pacific Islander Initiative also shared the concern that some of their undocumented communities are not being accounted for in the census and other primary data collection systems.

There are many challenges that SMCHS and community agencies are facing in order to provide meaningful, health equity and community engagement work and it is important to see the differences and similarities in the themes that emerged from both SMCHS staff and community agency representatives. Though there were some differences in perspective, in general, both groups identified categorical funding as a major limitation to controlling the efforts in which public agencies can engage. The topic of funding limitations was also intertwined with the feeling from communities that there is a disconnection between the services provided or funded by SMCHS and the actual community needs. And, that by SMCHS not supporting the priorities established through a meaningful community process, the outcome can result in mistrust and a feeling that there is disingenuous community engagement.

Recommendations

In summary, the main strategies that emerged, from both SMCHS and community agency staff, as best practices for the SMCHS include the following recommendations to:

1. Provide capacity building and technical assistance;

2. Improve data collection and analysis of "invisible" communities;

3. Build long-term, meaningful, and trusting relationships with community;

4. Facilitate community and cross-sector Countywide collaboratives; and

5. Prioritize health equity work and the identification of County champions.

Community agencies also identified strategies that have been working well for them in their communities which include:

• youth development and empowerment,

• working through faith communities, and

• community organizations working together and serving as the conduit for policy work, community capacity-building, community organizing and local advocacy, and developing community-led collaboratives.

The sharing of these key strategies offers an opportunity for SMCHS to learn from community experts who are both serving the populations most in need and addressing the health inequity issues most relevant to San Mateo County, such as inadequate housing, isolation, poverty, voter/resident discrepancies, and a lack of resources including quality education.

The challenges of categorical funding, as well as the lack of support and resources for staff and the SMCHS as an entity to address health inequities and community engagement, were some of the key themes that emerged. These and other topic areas laid out in this report offer the SMCHS a place to focus while engaging in future health equity efforts which were identified as priorities and that have true value to the overall community.

The results summarized in this BARHII report are based on the qualitative data from eight focus groups held in January and February of 2010. In order to more thoroughly assess the strengths and areas for improvement in the efforts of the SMCHS to increase health equity and community engagement, BARHII recommends the implementation of the Organizational Self-Assessment for Addressing Health Inequities Toolkit. This toolkit, available as a free PDF download (http://www.barhii.org/resources/toolkit.html), includes information on how to assess and work to improve both the organizational and staff capacity to better address health inequities.

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