



HEALTH EQUITY AND COMMUNITY ENGAGEMENT REPORT

NAPA 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 Napa County. The BARHII LHD membership formed to collectively address the factors that contribute to egregious differences in life expectancy and health outcomes between different 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 Framework¹ 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 a LHD staff, in-kind committee structure, 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 LHD members of the CC conducted

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

qualitative assessments in seven local health jurisdictions, including focus groups with public health department staff and leadership as well as site visits and focus groups with a few LHD-selected community agencies that have experience working with the LHD. This report includes a summary of analyzed results from qualitative data collected in Napa County in September 2010 from five focus groups:

Two with Napa County Public Health Division - <http://www.countyofnapa.org/publichealth/>:

- Managers/Supervisors
- Staff

And three focus groups with the following agencies:

- American Canyon Family Resource Center (ACFRC) - <http://americancanyonfrc.org/>
- Calistoga Family Center (CFC) - <http://www.calistogafamilycenter.org/>
- On the Move (OTM) - <http://www.onthemovebayarea.org/>

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 Napa County.

Social Determinants of Health Inequities in the Napa County

A clear picture of some of the persistent environmental and social conditions that impact

health inequities in Napa County emerged from focus groups held with the local Public Health Division (LHD) managers/supervisors and staff as well as site visits and structured discussions with three LHD-selected community agencies. The description of these health inequities by both LHD employees and community agencies revealed a dichotomy in Napa County populations, social equity issues and lack of health services outside of the City of Napa.

The Cost of Living and the Wealth Gap

One of the main themes repeated by both LHD and community agency staff is the concept of a “*paradox in paradise*”. Like other counties in the BARHII region, Napa County is a highly attractive tourist destination with a high cost of living that falls short in having significant affordable housing and living wages for the tourism industry’s service workers and other residents. This situation leads to the existence of two worlds: the one experienced by affluent residents and tourists and the more invisible, underserved one. One community agency participant described this phenomenon: “*There is a huge disparity between families that are very, very wealthy and then families [that] are struggling to make ends meet... it seems like right now there’s no kind of coming together... they’re very separate communities.*”

Businesses catering to tourists are unaffordable to most local, middle and low-income residents. Most grocery stores in Up Valley towns (Yountville, St. Helena and Calistoga) are too expensive for low-income families who must then travel to Santa Rosa or the City of Napa for lower-priced groceries.

In order to afford the cost of living in Napa County, low-income community members may have multiple jobs and work 12-16 hour days. The effects of stressful working and living conditions “*trickle down*” and impact children within the household. American Canyon has been hit hardest by foreclosures and unemployment. Current affordable housing options are limited and there is significant opposition to new development of any kind, especially affordable

housing. Lack of affordable housing leads to multiple generations and/or families under one roof, which can cause overcrowded living conditions. Many seniors live in mobile home parks throughout the County.

Many low-income families fear not being able to pay rent or put food on the table. Un- or underinsured adults may not seek health services because they want to avoid debt from medical bills. For seniors on a fixed income any increase in the cost of living can have huge impact, which forces some to look for part or full time work when they would prefer to remain retired.

Cultural and Geographic Divisions

In addition to being divided by income, Napa County has two major racial/ethnic groups: non-Latino Whites and Latinos. Many feel there are few opportunities for the groups to come together within a community setting. One community agency shared their view that Napa Valley Unified School District's open enrollment allows families to choose where their child goes to elementary school, which has led to "segregation by choice" in some schools.

Despite making up about 33% of the population, there are few Latinos in positions of leadership in Napa County. One community agency representative explained that, "Latino young people were saying to us, look, it's really hard to land ourselves leadership roles, it's really hard because we don't have a lot of mentors or other older Latino folks who are in leadership roles."

The cities and towns in Napa County are often seen as distinct communities separated by rural, agricultural land. American Canyon is closer to

Vallejo (Solano County) in terms of both physical location and racial/ethnic

diversity so it is viewed by some as different or separate from other cities in Napa County. In addition, American Canyon is considered a "bedroom community" because many people who live there commute to work elsewhere, which limits the sense of connectedness among its residents.

Communities can also be isolated by a culture of silence. If an individual or family reports or requests their landlord fix substandard housing conditions they may be at risk for eviction, which has serious implications for low-income and undocumented residents because their housing options are extremely limited. One community agency participant explained

how this sense of isolation can play out in community dynamics: "It's a very small community, everybody knows everybody and so the word gets around...the residents...got a three day [eviction] notice and immediately everybody knew that they were losing their apartment because they were talking or they were reporting things... The rest of them... they were very, very quiet."

Immigration and Season Workers

Families with undocumented members are often afraid to seek help or use agencies to advocate for them to address problems with school, housing and work because they feel they may be

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reported to immigration authorities or experience retaliation from landlords or employers.

Undocumented seasonal workers are unable to apply for unemployment benefits. More seasonal workers are staying in Napa County rather than moving to follow work, so when seasonal employment is not available, their economic situation worsens. Requirements for low-income housing include proof of employment and steady income, which can be difficult for seasonal workers to obtain.

Lack of Transportation

Lack of sufficient public transportation services² to help residents without vehicles reach their places of employment, schools, grocery stores, healthcare facilities /services, recreation or other destinations was noted as a major problem in Napa County. The lack of public transportation across Napa County limits access to services, such as Community Health Clinic Ole and the Food Bank, for residents living outside of the City of Napa. There are limited options in terms of community shuttles and the cost of taxis, when available, can be prohibitive. Even though Kaiser and medical offices in Santa Rosa are only 20 minutes from Calistoga, there is no public transportation between the two cities and many families

² In December 2012 the VINE bus system increased bus service frequency and switched to more neighborhood-based routes within the City of Napa with the goal of improving access and ease of public transportation within Napa County.

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without a car find it difficult to get there. One community participant shared: *“One parent told me it took her two hours just to get from here up to the hospital that provides services for families, and that's two bus rides... and when you have an infant or young toddler that can be very frustrating, complicated, too. So the transportation issue is huge because they really don't have any other options here.”*

Lack of Access to Health Care and Public Health Services

The majority of health care services are concentrated within the City of Napa. Long wait times for appointments and the possibility of not being seen can cause people to avoid seeking care. Appointment times during the day may be hard to keep for working families, especially for those with small children. If they are late or miss an appointment rescheduling can lead to major delays in receiving services.

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There is a lack of providers that accept MediCal or Healthy Families. While there are programs for children (MediCal, Healthy Families, Children's Health Initiative), working adults may not have health insurance but earn too much money to qualify for assistance. Many transitional aged youth may be unaware they qualify for MediCal. Even if aware of their eligibility for MediCal the complicated application process and documentation requirements can be a deterrent. One community participant described an experience, *“I have two jobs, but I don't work the other job enough to*

get medical (insurance), and I make too much money to get MediCal. So we just hope that we don't get sick."

The types of services that were identified as most unavailable or inaccessible were mental health, dental health, comprehensive sexual health and overall public health services.

Best Practices in Health Equity and Community Engagement of the Napa County Public Health Division

Data collected from both the community site visit discussions and Napa County Public Health Division (LHD) focus groups highlighted community engagement strategies being implemented by the LHD with community partners. Key strategies mentioned that demonstrate these successes are described below:

Relationship Building

Developing genuine relationships between the LHD staff and community members and community agency leaders is an important community engagement practice that is working in Napa County. LHD staff reaching out to community agency leaders, making site visits to meet the people they serve and being accessible via phone or email when needed puts a face and a name to a LHD that is otherwise not well defined or recognized in the community. One community agency participant stated, *"It's developing the partnerships of folks who truly see the priority is the community, not like what can you get out of the community."* When community members are able to access and receive services through Napa County Public Health, the community

agencies reported positive interactions and felt that LHD staff truly cared for their health and wellbeing.

Developing Partnerships and Collaborations

Partnering with community agencies so they may deliver health related messages to their clients and contacts is a mutually beneficial relationship; messages are disseminated to the community via trusted sources of information and community agencies have health information their clients need and want to know. LHD is a partner on many health-based coalitions, for example the Child and Weight Coalition and Breastfeeding Coalition, which include agencies with more experience and capacity to conduct community engagement work. One community agency representative explained, *"We're going to be able to see 10 times as many kids as one person who comes to do a presentation...we can... work on behalf of public health, if we're armed with the information, materials that are relevant."*

Further, LHD is seen as a subject matter expert and can help provide data to support the work of community agencies and benefit the people they serve.

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

Public health and other governmental agencies can benefit from working in collaboration with community agencies both to learn from each others' strategies and to act as partners in positive change. Outlined below are additional "best practice" strategies highlighted by the community organizations that participated in the focus groups.

Community Capacity Building

Education is one of the more important factors in reducing health inequities. Community agencies in Napa County are helping individuals and families become more independent through education and skill-building. This includes literacy programs in English and Spanish, and assistance completing elementary, secondary and post-secondary education. Also offered are life skills training including credit and financial management, resume writing and job training opportunities. Specifically providing leadership and employment opportunities to youth via college/career counseling and internships will improve their college and/or job applications.

Developing Partnerships and Collaborations

The three agencies where focus groups were conducted all have physical locations that are seen and utilized as community resource centers by the people they serve. Although they have different target populations, all three agencies emphasized the importance of working with other community-based partners to ensure their clients receive services that are beyond the scope of the resource center itself either through referrals or on-site services. It is important to provide direct services at their physical location or City to eliminate the need to travel (for those outside the City of Napa) and/or within an environment that is perceived as safe and familiar by their target communities. One community agency representative explained, *“Our relationships with other providers is the only way we can survive this. We’re not set up to do treatment, we don’t want to do ... mental health ... drug and alcohol treatment. We want to do what we do, which is develop young people and create a sense of community, and we can handle our piece, that’s all we can handle... in particular Clinic Ole... [has] created a satellite site here, so when our young people come in they have access to healthcare in an environment that they’re familiar with and they know the doctor and the nurse, the same doctor and nurse every time, they have a personal relationship with all of that.”*

Challenges in Health Equity and Community Engagement Practice

Focus groups with LHD staff and community agencies described the following challenges to successful community engagement and health equity work that have been or still are the norm in spite of the successes described above.

Funding Limitations

LHDs with categorical funding are limited in the type of work and activities they do affecting the ability to conduct community engagement or even provide services to community members that fall outside of their funding guidelines. True community engagement requires input from the community on their needs to inform program development and evaluation, which can be limited or nonexistent if funding sources are dictating program design and activities.

Lack of Meaningful Community Engagement

Although the LHD partners with community agencies to deliver health related messages, the full potential of partnering with community members has not been utilized. One LHD staff member noted that, *“You need the support of all of the people who live in this community to really address these issues, and so if you only rely on your 10 staff people, instead of thinking about literally what kind of workforce you could be having for the public health department by enlisting the support of the people who live in these communities, it’s just a totally untapped resource. Not only is it empowering, but it gives them a voice, it gives an exposure to new and different kinds of things and it’s just a humane thing to do. I think it actually helps you to realize the mission in a much bigger way.”*

Recommendations

In summary, the main themes that emerged as recommendations for the Napa County Public Health Division to increase health equity and community engagement include:

1. Continue building meaningful, on-going relationships with community members and community based organizations as true partners in public health planning.
2. Provide opportunities for community leaders, including youth, to participate in developing and delivering public health messages;
3. Support more flexible staff time and advocating with funders to allow for the development of health equity efforts that focus across and outside categorical programs;
4. Provide public health services where clients can easily access them throughout the County.

The results summarized in this BARHII report are based on the qualitative data from five focus groups held in September 2010. In order to more thoroughly assess the strengths and areas for improvement in the efforts of the LHD 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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