

HEALTH EQUITY AND COMMUNITY ENGAGEMENT REPORT

BEST PRACTICES, CHALLENGES AND RECOMMENDATIONS FOR LOCAL HEALTH DEPARTMENTS

EXECUTIVE SUMMARY

Project Description

From 2009-2011, the Bay Area Regional Health Inequities Initiative (BARHII) conducted qualitative assessments in seven local health jurisdictions (LHJs) consisting of a total of 39 focus groups with staff at both local public health departments (LHDs) and LHD-selected community agencies that have experience working with public health. Separate LHJ reports were generated for participating health jurisdictions to reflect in more detail the qualitative data results for each LHJ. To access the full BARHII Health Equity and Community Engagement Report: Bay Area Regional Summary visit: http://barhii.org/resources/community_reports.html.

Best Practices and Challenges in Health Equity and Community Engagement

The following themes emerged in the discussions. The discussions highlighted the subtle nuances of each of these topics and strategic concepts. Like many complex efforts, it is not only what one is doing (e.g. building partnerships) but how one is doing it (e.g. with respect and transparency) that make the difference in success. Listed below are the topics illustrated through best practices and lessons learned in the Bay Area Regional Summary:

- Relationship building
- Community engagement
- Community capacity-building
- Data collection and sharing
- Partnership and collaboration development
- Accessible community-based services
- Upstream practices and policy change
- Role of public health
- Leadership support for health equity efforts

Summary of Recommendations

The following list of recommendations consists of the highlights from the data provided in this report. LHDs are encouraged to critically look at their current practices and strategic plans to incorporate as much of these upstream, community-building and health equity focused strategies as possible in order to address the underlying conditions that affect the common disparate health outcomes seen in our communities (listed in alphabetical order):

- Assist community agencies to work with and within government systems
- Build meaningful, on-going relationships with community partners
- Create collaborations and partnerships with LHD and community agencies
- Elevate and foster champions of health equity work
- Engage community partners in all steps of the program planning
- Engage partner to include health considerations in all policies (i.e. land use zoning, transportation, criminal justice)
- Institutionalize professional development for staff regarding SDOH and health equity
- Partner with communities to mobilize and create more cohesion
- Prioritize community capacity-building and leadership development
- Prioritize health equity work in LHD strategic planning
- Provide community-based, culturally appropriate services
- Provide flexibility in staff time and priorities to allow for effective community and health equity work
- Provide technical assistance to community agencies
- Support more flexible funding with categorical program funders to address the social determinants of health and health equity
- Work across City/County departments and disciplines to address health inequities

The results summarized in the BARHII Health Equity and Community Engagement Report: Bay Area Regional Summary are based purely on the qualitative data from 39 focus groups held in 2009-2011. In order to more completely assess the strengths and areas for improvement in the efforts of LHDs to increase health equity and community engagement, BARHII recommends the implementation of the Organizational Self-Assessment for Addressing Health Inequities Toolkit: <http://www.barhii.org/resources/toolkit.html>. The Toolkit includes information on how to assess and work to improve both the organizational and staff capacity to better address health inequities. In addition, the community survey template provided in this toolkit is a great resource for incorporating more health equity and social determinant measures into mandated hospital community assessments and public health department accreditation processes.