

# **What is Place Matters?**

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***Where justice is denied, where poverty is enforced, where ignorance prevails, and where any one class is made to feel that society is an organized conspiracy to oppress, rob and degrade them, neither persons nor property will be safe.***

**- Frederick Douglas**

**Why Does Place Matter?**

The mission of our health department is to work in partnership with the community to ensure the optimal health and well being of all people. So why does “place matter” to us? Community residents have informed us and a growing amount of research also demonstrates that the neighborhoods people live in have a big impact on the community’s and residents’ health and well-being.

Although the health of most groups in Alameda County is improving, there are still large and persistent health inequities. Health inequities are differences in health outcomes between groups of people that are a result of systemic injustice. While significant health inequities affect many groups, in Alameda County, they are much worse for African-Americans, Latinos, and Native Hawaiian/ Pacific Islanders, as well as low income residents in general. There is also some evidence that the health inequities between groups are getting worse. Health inequities directly impact communities of color and low income communities, but they are of concern to all Alameda County residents because their presence in the midst of affluence is a contradiction to our community’s progressive values.

Health inequities are often tied to social conditions. We know that poor social conditions are tied to broader root causes, such as poverty, racism, class discrimination, and many other factors. These root causes create differences in access to opportunities for good health, like good jobs, schools, quality housing, access to healthcare, and safe neighborhoods, which in turn, affect the health of residents. As part of the legacy of segregation,

**DISPARITIES IN  
ALAMEDA COUNTY**

**African-Americans have the highest rates of both illness and death from:**

- Coronary heart disease
- Stroke
- Lung cancer
- Prostate cancer
- Asthma
- Motor vehicle crashes
- Homicide/assault

**Latinos have:**

- The highest rates of
  - Overweight and obese adults
  - Overweight youth ages 5-11
  - Births to teens
- High rates of hospitalization and death from diabetes
- The lowest rates of health insurance among adults

**Native Hawaiian/Pacific Islanders have the:**

- Highest rates of death from diabetes
- Lowest rates of first trimester prenatal care

access to opportunities for good health is often inequitably distributed by neighborhood, with low-income residents and people of color often still residing in segregated communities. As a result - place matters.

Increasing opportunities for good health and eliminating health inequities will require sophisticated and sustained interventions that go beyond typical public health programs. We need to partner with residents, organizations working on housing, education, transportation, and incarceration issues, and politicians to create change. Together, we must address both the conditions in communities of color and low-income communities and the inequitable policies that continue to systematically deprive residents of equal access to opportunities for good health,

### **Goal of Alameda County Place Matters:**

The Alameda County Place Matters team promotes health equity through a community-centered local policy agenda focused on economic development/income, education, housing, incarceration, land use, and transportation.

### **ACPHD, the Strategic Plan and Institutionalizing Local Policy Activities:**

For many years, ACPHD has advocated for the public health interests and concerns of our low-income residents of color in various local policy arenas. Most often, our work has been in response to partner or resident requests for analysis of the public health impacts of various policy decisions. This approach leverages our credibility as health experts and supports other stakeholders' positions. However, the reactive nature of this approach does not guarantee that we are changing local policies related to the root causes of health inequities.

In order to take a more proactive approach with greater reach, ACPHD has been building a systematic process for creating a Local Policy Agenda. This will help us prioritize our activities while keeping them community-centered. During the initial planning phase of Place Matters, the Planning and Coordination Team (see description below) was composed of members of CAPE, (which received the Health Policy Institute's invitation to join the national Place Matters initiative – see details below), CHS, (where Legislative Council resides), and EMS, (as part of its work on land use planning and policy). The Planning and Coordination Team prepared the preliminary research on the root causes of health inequities and planned out the approach for institutionalizing this local policy work throughout the ACPHD.

The ACPHD's Strategic Plan, finalized in February 2008, also supports our movement toward institutionalizing the local policy work. Direction #5 of the Strategic Plan states, "Advocate for policies that address social conditions impacting health" and specifically supports our Place Matters Initiative. Additionally, by offering trainings and other support to Policy Workgroup members, Place Matters is also closely aligned with strategic directions related to building organizational and staff capacity to achieve health equity.

**Place Matters National Initiative:**

While ACPHD leadership and Strategic Planning activities indicated a need for a more formal and institutionalized way to create and move a local policy agenda, it was the launch of the national Place Matters initiative that kicked this process into high gear.

In 2005, with a generous grant from the W.K. Kellogg Foundation, the Joint Center's Health Policy Institute (HPI)<sup>1</sup> launched the *Place Matters* initiative. Place Matters is a nationwide initiative designed to improve the health outcomes of participating communities through shared learning experiences. The program assists participating teams in developing and implementing community-based strategies to address the social factors that determine health. Scientific research indicates that changing the social determinants of health is crucial in promoting health equity and reducing disparities. Unfortunately, systematic and data-based conversion of this knowledge into policy and practice has been limited, particularly at the local level. The Place Matters initiative aims to address this gap by cultivating new leadership and advancing the Fair Health Movement—one community at a time.

To accomplish this goal, HPI formed leadership teams comprised of racially and ethnically diverse professionals from the private, public and religious sectors representing 22 counties in 13 states. The teams began participating in Design Laboratories where learning, information sharing, strategizing and planning takes place. All teams were charged with the design and implementation of creative approaches to reduce racial and ethnic health disparities by addressing their root causes.

In various cities around the country, the HPI/*Place Matters* Teams have made collective and individual progress toward unraveling the complex maze of how social factors can and do contribute to health disparities. Their approaches vary significantly. One team decided to tackle racism head on, while another joined forces to design a regional approach to improving transportation safety options for migrant farm workers, while yet another team looked at how land use decisions and ordinances on building construction can promote healthy or unhealthy behavior. To see other examples of Place Matters work taking place around the country, visit the National Place Matters website:

<http://jointcenter.org/hpi/pages/place-matters>

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<sup>1</sup> The Joint Center for Political and Economic Studies is a national, nonprofit research and public policy institution. Founded in 1970 as the Joint Center for Political Studies by black intellectuals and professionals to provide training and technical assistance to newly elected black officials, the Joint Center is recognized today as one of the nation's premier think tanks on a broad range of public policy issues of concern to African Americans and other communities of color. For more information on the Joint Center, please visit:

<http://www.jointcenter.org/>

The mission of the Health Policy Institute, a program of the Joint Center, is to ignite a Fair Health movement that gives people of color the inalienable right to equal opportunity for healthy lives. Place Matters is one of several Health Policy Institute projects. Please visit the following website for more information on the Health Policy Institute: <http://jointcenter.org/hpi/>

**Policy Areas:**

The Alameda County Place Matters policy focus areas are economic development/income, education, housing, incarceration, land use, and transportation. These areas were chosen because they are social determinants of health and inequities exist in these areas in Alameda County.

After the Local Policy Agenda is finalized and the Policy Workgroups have advocated for the Local Policy Agenda for one year, any Key member or ACPHD Leadership Team can suggest that policy areas be changed.

<b>POLICY AREAS</b>
▪ Economic Development/ Income
▪ Education
▪ Housing
▪ Incarceration
▪ Land Use
▪ Transportation

**Geographic Focus:**

During the first phase of Alameda County Place Matters activities, the focus will be on the City of Oakland. Oakland is the largest city in Alameda County’s largest city and the neighborhoods with the largest concentrations of health inequities. However, we will address situations and calls for action as they arise in other parts of Alameda County (see the reactive part of the “Advocating for Our Local Policy Agenda – Chart 3).

**Current Partners:**

Alameda County Board of Supervisor Keith Carson’s office and former Oakland Unified School Board of Education member Greg Hodge participated in planning the Policy Workgroups (see details below). Many other community partners unofficially collaborated in the planning. The list of partners working with the ACPHD on Place Matters will expand as the work of the Policy Workgroups proceeds (see “Creating a Local Policy Agenda,” and “Advocating for Our Local Policy Agenda”).

**Policy Workgroups:**

Purpose

The Place Matters Policy Workgroups are responsible for finalizing and working towards the implementation of our local policy agenda. The Policy Workgroups are intended to:

1. Ensure the responsiveness and relevance of the Local Policy Agenda to changes in the community
2. Create a space where staff can work on identifying and implementing policy interventions that compliment the department’s service interventions
3. Build the capacity of staff throughout ACPHD to address the social conditions that create health inequities

4. Serve as a group of people the ACPHD can rely on to move the work each of the policy areas forward
5. Communicate Policy Workgroup Activities and issues to the Planning and Coordination Team (see description below)

For more information on workgroup activities, please see “Creating Our Local Policy Agenda,” and “Advocating for Our Local Policy Agenda”.

### Structure

There is one Policy Workgroup for each of the policy areas: education, economic development/income, housing, incarceration, land use, and transportation. All Public Health Department staff members are invited to participate in the Policy Workgroups. To accommodate even the busiest of schedules, there are two levels of participation: informed and key members.

Informed members receive regular emails updates on the Policy Workgroup activities in the policy area(s) of their choice. Supervisor approval is not required to join the Policy Workgroups as an informed member because meeting attendance is not expected. As a result, informed members have no decision making power. If informed members choose to attend workgroup meetings, they should check with their supervisor to ensure approval. Any ACPHD staff person can become an informed member of any Policy Workgroup at any time by contacting the workgroup coordinator. Informed group members can become key members by first contacting the workgroup coordinator and obtaining supervisor and Division Director approval, and second, by completing Public Health 101 Module III and the Policy Workgroup orientation. Public Health 101 Module III is offered on an ongoing basis and the Policy Workgroup orientations will be offered in winter of each year.

A key member's participation in a Policy Workgroup must be approved by a supervisor and Division Director. Key members are expected to attend monthly meetings and as a result, they have decision-making power. **Key members who miss more than 3 consecutive Policy Workgroup meetings will become informed members.** This rule is in place to ensure that group decision making is not disrupted by members moving in and out of the group. Please see Appendix A for more information on informed vs. key members' roles and responsibilities.

Each Policy Workgroup has a coordinator. In an effort to maintain continuity, initially the coordinator positions are occupied by staff who participated in Policy Workgroup planning. However, after one year, the Policy Workgroup coordinator position can rotate to a new Policy Workgroup member. The criteria for becoming a coordinator, as well as the roles, responsibilities and time commitment are detailed in Appendix B.

### Decision-Making Process

Each Policy Workgroup is responsible for establishing a decision making process for achieving the Place Matters objectives. Policy Workgroup decisions are generally final, with two exceptions:

1. The Planning and Coordination Team (described below) will review and make a recommendation regarding final approval of the Local Policy Agenda to ACPHD Leadership Team.
2. The Planning and Coordination Team can advise against advocacy tactics or strategies and can offer this advice on the basis of legal boundaries of the work or on experience.

If there is an irreconcilable difference of opinion between the Policy Workgroups and the Planning and Coordination Team, the issue will be raised to the ACPHD Leadership Team. The Place Matters Decision Making Tools (see definitions) will also help avoid such conflicts.

See Chart 1 for a visual depiction of this process.

#### Activities

The Policy Workgroups are responsible for finalizing and advocating for our Local Policy Agenda – see “Creating Our Local Policy Agenda,” and “Advocating for Our Local Policy Agenda”. In summary, this includes working with staff and community stakeholders to finalize and work toward the implementation of the Local Policy Agenda. Additionally, Policy Workgroups are responsible for communicating any problems or concerns to the Planning and Coordination Team in a timely manner. Finally, the Policy Workgroups must submit quarterly reports on their activities to the Planning and Coordination Team. The Policy Workgroup coordinator will be responsible for compiling these reports.

### **Planning and Coordination Team:**

#### Purpose

The Place Matters Planning and Coordination Team is the central body that drove the Place Matters work until the Policy Workgroups were launched in March 2009. This work included planning the launch of the policy workgroups and responding to community requests for policy analysis. Now that the Policy Workgroups are established, the purpose of the Planning and Coordination Team is to:

1. Problem solve any issues that arise in the process of finalizing or advocating for the Local Policy Agenda
2. Ensure coordination of activities and information sharing across the Local Policy Workgroups as appropriate
3. Ensure coordination of Local Policy Workgroups’ activities and information sharing with Legislative Council as appropriate
4. Ensure coordination of policy agenda and activities with decision making bodies throughout the region as appropriate
5. Create opportunities to build ACPHD’s (especially staff participating in the Policy Workgroups) capacity to effectively address the social conditions that create health inequities

6. Communicate Policy Workgroup and Planning and Coordination Team activities to the ACPHD Leadership Team

#### Structure

The Planning and Coordination Team's composition will include representation from each Policy Workgroup. Each of the six Policy Workgroups will send up to two representatives to the Planning and Coordination Team to serve as a liaison between the groups. One representative from each group will be the Policy Workgroup coordinator. Key members from each Policy Workgroup can nominate themselves to join the Planning and Coordination Team, but Policy Workgroups are not required to have another representative. Division Directors will review the list of people who volunteered to participate on the Planning and Coordination Team and decide who participates based on divisional representation. The goal is to have cross-Departmental representation on the Planning and Coordination Team and the Policy Workgroups. In the end, if there is no representation from a Division, the Division Director will be given the opportunity to appoint a person from her or his Division – regardless of whether the person nominated his- or her-self to sit on the Planning and Coordination Team. The only requirement for appointment is that the person must also participate as a Key member in one of the Policy Workgroups. A Division Director can decide not to appoint someone to the Planning and Coordination Team. Finally, the Legislative Council Coordinator sits on the Planning and Coordination Team.

#### Decision-Making Process

The Planning and Coordination Team makes decisions using a consensus process. The Planning and Coordination Team decisions are generally final, with two exceptions:

1. The ACPHD Leadership Team will approve the final Local Policy Agenda, and in doing so can recommend changes
2. The ACPHD Leadership Team can advise against tactics or strategies for advocating for the Local Policy Agenda and can offer this advice on the basis of legal boundaries of the work or on experience

ACPHD Leadership Team has final approval authority on all Place Matters activities, but will work closely with the Planning and Coordination Team in making their decisions.

See Chart 1 for a visual depiction of this process.

#### Activities

The Planning and Coordination Team is responsible for reviewing Policy Workgroup decisions, communicating concerns to the Policy Workgroups and ACPHD Leadership Team when necessary, and ensuring the communication of Policy Workgroups activities to relevant internal and external ACPHD stakeholders. Additionally, the Planning and Coordination Team is responsible for researching and monitoring opportunities to further the Local Policy Agenda and communicating these opportunities to the relevant Policy Workgroup(s) if the groups are not aware of the opportunities. Finally, the Planning and Coordination Team must submit quarterly reports to the ACPHD

Leadership Team on their and the Policy Workgroup’s activities. The Planning and Coordination Team coordinator will be responsible for compiling these reports.

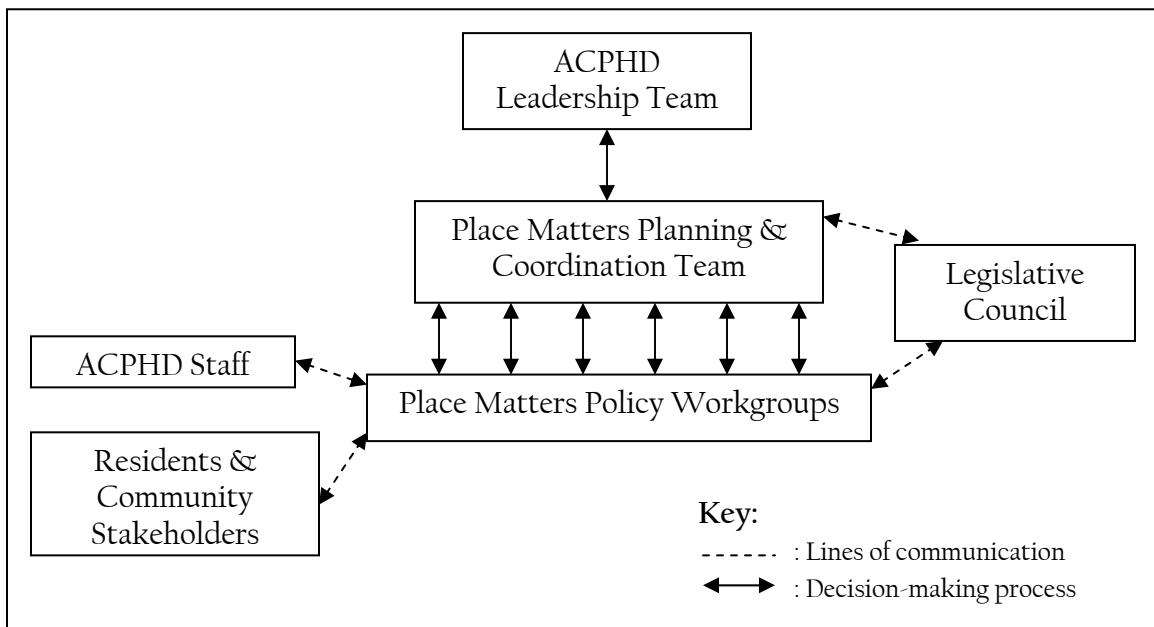
**Place Matters and ACPHD Legislative Council**

As previously stated, Place Matters is focused on policy, primarily at the city and regional levels that are related to: education, economic development/income, housing, incarceration, land use, and transportation. Legislative Council is primarily focused on policy issues at the State and Federal levels. Place Matters’ and Legislative Council’s work is complimentary. For instance, Legislative Council can ensure that State level legislation is passed that supports local level policy change, and vice versa. To ensure the work is complimentary, the following structures are in place:

1. The Legislative Council coordinator is a member of the Planning and Coordination Team
2. Every workgroup will appoint one person to monitor State and Federal level policy related to the Policy Workgroup’s focus area and to act as a liaison to Legislative Council when necessary. To the extent possible, the goal is to chose liaisons from each Policy Workgroup who already sit on the Legislative Council

See Chart I for a visual depiction of this process.

**Chart 1: Place Matters Decision-Making Process**

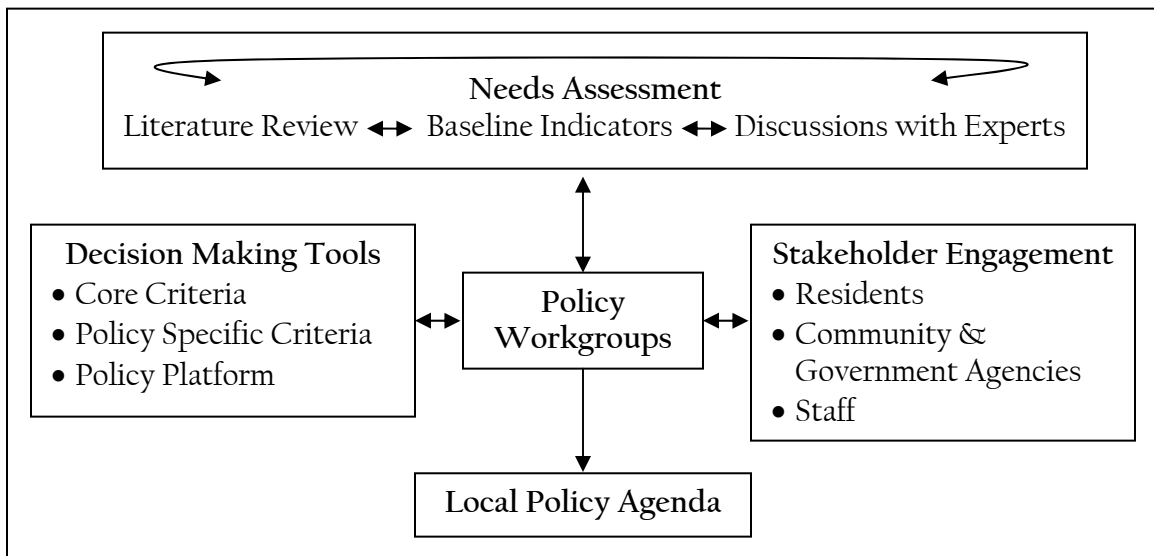


**Creating our Local Policy Agenda:**

A “local policy agenda” is a blueprint for action for the department’s local policy work to address the root causes of health inequity. It will clearly establish the policies that we will advocate for over the course of the agenda’s timeframe. Initially, the agenda timeframe is one year. However, after the first year, if our experience demonstrates that a longer timeframe is preferable, any Policy Workgroup can propose, and the Planning and Coordination Team can approve a longer timeframe.

Creating a Local Policy Agenda is not an easy task. This process requires input and cooperation of many different groups – both inside and outside of the ACPHD. An illustration of this process (see Chart 2), and detailed information about the different steps of the process are below. In short, the Local Policy Agenda is the product of needs assessments of the city – informed not only by data but also by community input and the work of staff and community engagement mechanisms. All of the groups (staff, residents, organizations, agencies, etc.) Engaged in the creation of the Local Policy Agenda will, in turn, work towards the policy implementation through effective advocacy.

**Chart 2: Creating Our Local Policy Agenda**



Needs Assessments

The needs assessments have three components: literature review, discussions with experts, and the compilation of baseline indicators. Literature reviews explore connections between specific social conditions and health, as well as evidence-based policy interventions. Discussions with experts in addition to representatives from local advocacy, community based, membership based and government organizations will ground the research in the local context, as well as the current policy environment. Baseline indicators of local health outcomes and social factors provide quantitative evidence of current local conditions. We will continue to use these indicators to monitor changes in social conditions over time. Each component of the needs assessment informs

the others through an iterative process and each component is weighted equally. For instance, both key informant interviews and literature reviews help identify baseline data that best illustrates current social conditions and inequities.

At the launch of the Policy Workgroups, the needs assessments were complete except for the discussions with experts. Each Policy Workgroup will be responsible for completing these discussions and will need to devise its own process for doing so. For instance, Policy Workgroups can choose to convene a group of experts all at once or talk to experts one at a time.

#### Staff Engagement

The Policy Workgroups and the Planning and Coordination Team will serve as the primary mechanism for staff engagement. However, Policy Workgroups and/or the Planning and Coordination Team, can gather staff feedback on the Local Policy Agenda using surveys, roundtables, or other tools. Additionally, the Policy Workgroup Key Members will be responsible for continually communicating about and creating opportunities for additional staff members to engage in policy work.

#### Resident and Community Stakeholder Engagement

One of the tasks of each Policy Workgroups is to develop long-term relationships with and ways to engage community stakeholders and residents in creating and advocating for the Local Policy Agenda. The purpose of engaging residents and community stakeholders is to:

1. Ensure the responsiveness and relevance of the agenda to the policy environment and resident needs
2. Establish relationships with those already or interested in working on policy interventions related to the root causes of health inequities
3. Ensure transparency
4. Encourage civic engagement

We will establish relationships with community stakeholders through our discussions with experts. Policy Workgroups will invite community and government stakeholders to issue-specific roundtables for in-depth discussions on the political and economic feasibility of specific policies given the current policy environment. We will ask them to consider potential strategies for affecting policy change, focusing on how the public health department can support current policy activities, spearhead new activities, and build multi-sector partnerships. The needs assessment and policy specific criteria will frame and inform these discussions.

In terms of engaging community residents, a summary of recent surveys of community priorities is being compiled. While this summary does not directly engage residents, it will inform our understanding of resident needs and priorities. Additionally, before the Local Policy Agenda is officially launched, we will gather feedback from community residents. The specifics of this process will be decided by the Policy Workgroups.

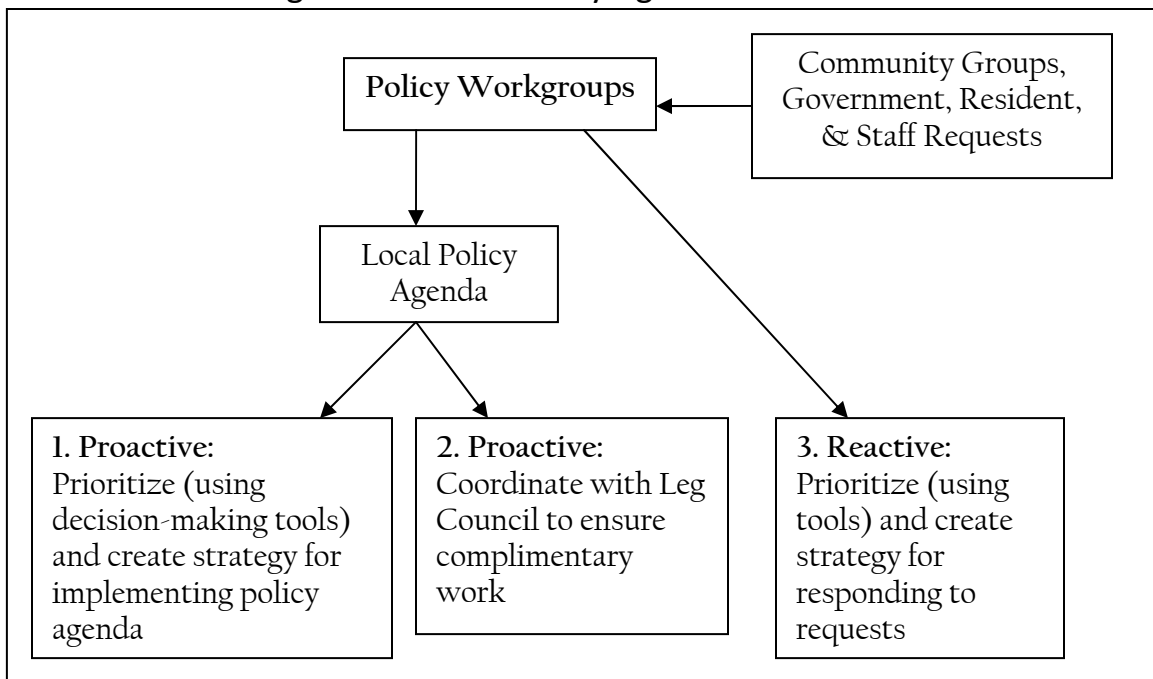
*Place Matters Tools for Decision Making*

The Planning and Coordination Team developed a set of questions – referred to as Core Criteria to help the Policy Workgroups decide what policies should be included in the local policy agenda. The Core Criteria are intended to help assess internal capacity, relevance, viability, and efficacy of proposed policies. In addition to the Core Criteria, each workgroup will create criteria related to its specific policy area. Each Policy Workgroup will determine its own process for creating these policy area specific tools. However, all Policy Workgroups will use the information collected through the needs assessments and stakeholder engagement to help create its policy area specific tools. Details on the Core Criteria and the Policy Specific Criteria, as well as other Policy Assessment Tools can be found in the corresponding section of this binder.

**Advocating for Our Local Policy Agenda:**

The Policy Workgroups are the primary groups responsible for working toward the implementation of our Local Policy Agenda. Chart 3 illustrates this process.

**Chart 3: Advocating for Our Local Policy Agenda**



Because the policies proposed in the Local Policy Agenda will dictate the activities and strategies of the Policy Workgroups, it is difficult to predict exactly what the work will look like. However, we do know that all Policy Workgroups will work with community partners, government agencies, residents, ACPHD clients, and other stakeholders as they proactively pursue the implementation of the policies on our agenda. How these stakeholders are engaged is at the discretion of each Policy Workgroup. The Planning and Action Team will provide suggestions and guidelines. We also know that some of the activities necessary for implementing our Local Policy Agenda will include: speaking at public meetings, writing letters, working with coalitions, educating others about the

issues, and so on. Those involved in the Planning and Coordination Team will ensure that best practices and strategies are shared across the Policy Workgroups so that we learn from and avoid duplication of efforts.

Additionally, as reflected in box 2, the Policy Workgroups will coordinate their work with ACPHD's Legislative Council. For more information on how this coordination will work, see "Place Matters and ACPHD Legislative Council."

Finally, as reflected in box 3, the Policy Workgroups will occasionally need to respond to issues not included in the Local Policy Agenda. The requests to reactively respond to such issues can come from community groups, other government agencies, residents, and other staff members. Responding to these requests will be at the discretion of The Policy Workgroups

**Definition of Terms:**

These definitions are for the purposes of Place Matters and are not necessarily common definitions.

1. **Community Stakeholders:** any community groups, organizations, advocacy groups, etc. committed to serving the community/residents
2. **Health Inequities:** differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust (Margaret Whitehead, The concepts and principles of equity in health. *International Journal of Health Services* 1992; 22: 429-445.)
3. **Policy Agenda:** a list of specific policies, updated at pre-determined intervals, that serves as a blueprint for action for the department's local policy work to address the root causes of health inequity
4. **Policy Platform:** a vision statement that serves to guide our policy activities and to communicate to stakeholders what we hope to achieve our policy work
5. **Public Policy:** any action or inaction the government takes or chooses not to take that seeks to address problems or issues
6. **Place Matters Tools for Decision Making:** tools for assessing a policy's potential health impacts, as well as deciding whether or not to include any given policy in our local policy agenda. These tools include the Core Criteria and Policy-Specific Criteria. For more details, see the "Tools for Decision Making" section.
7. **Residents:** People "in the data"
8. **Staff:** ACPHD employees