2022 Community Collaboration Process Data Summary

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The full Community Collaboration Proposal can be found on the Get Healthy San Mateo County Website. For more information contact Deandra Lee- Senior Community Health Planner (dlee1@smcgov.org)

ACKNOWLEDGEMENTS

Participating San Mateo County Health, Behavioral Health and Recovery Services, Health Equity Initiatives

African American Community Initiative

Chinese Health Initiative

Diversity and Equity Council

Latino Collaborative

Native and Indigenous Peoples Initiative

Pacific Islander Initiative

Pride Initiative

Spirituality Initiative

San Mateo County Commissions

San Mateo County LGBTQ+ Commission

San Mateo County Commission on Disabilities

San Mateo County Community Groups

Bay Area Community Health Advisory Council (BACHAC)

Casa Circulo Cultural

Childcare Coordinating Council of San Mateo County (4C's)

Coastside Hope

Daly City Youth Health Center

Faith in Action

Healthways

OneEPA

Nuestra Casa

Multicultural Institute

Redwood City Together

Self Help for the Elderly

Senior Coastsiders

Starvista

UMOJA

PHPP Managers

Matt Geltmaker, LCSW

Bonnie Holland, RN

Local Public Health Jurisdictions/ Organizations

Alameda County

Santa Clara County

San Francisco City/County

Contra Costa County

Latinx Taskforce of San Francisco

King County, Washington

SAN MATEO COUNTY HEALTH

PUBLIC HEALTH, POLICY & PLANNING

Executive Summary

Community input is important for sustainable health equity and social justice efforts. San Mateo County Health, Public Health, Policy, and Planning (PHPP) created a community-centered collaboration process. The purpose of this document is to share results from the process and provide a summary of the findings. We engaged with 354 people from 28 different groups with the expert guidance of 10 CBO leaders and representatives from our Community Collaboration Process (CCP) workgroup. These 28 groups represented diverse races, ethnicities, and parts of the county. We also interviewed six public health departments/ organizations and two PHPP managers to learn about how they engage their communities. The community has identified five recommendations for a potential community collaboration structure and five recommendations for building trust.

Evidence Based Recommendations

Structure

PHPP:
1. **Develop a PHPP strategic plan**
2. **Establish a consistent public health agenda item within an existing community run group**
3. **Fund a convening organization to lead on collective impact whose scope spans the social determinants of health**

Health Wide:
1. **Create a cohesive community collaboration process that expands SMC Health-wide**
2. **Resource existing co-run community engagement structures such as the Health Equity Initiatives (HEI)**

Trust Building

1. **More presence in community meetings and events**

Values:
1. **Anti-racist and trauma-informed practice**
2. **Transparent, honest, and consistent communication**

Systems Transformation:
1. **Staff and employees should reflect the community or be members of the community being served**
2. **Consistent access to health education**

Next Steps
As an effort to practice transparent communication, we are returning to the community to inform them of what became of their input from this process.

1

Equity and Public Health Grounding

In 2021, PHPP's health equity team created the 4 Pillars of Racial and Social Equity. The pillars include:
- Data transparency
- Addressing social determinants of racial and social inequities
- Community collaboration and partnership
- Aligned and mutually reinforcing activities

4 Pillars of Racial and Social Equity

DATA TRANSPARENCY   ADDRESSING SOCIAL DETERMINANTS OF RACIAL & SOCIAL INEQUITIES   COMMUNITY COLLABORATION AND PARTNERSHIP   ALIGNED AND MUTUALLY REINFORCING ACTIVITIES

The CDC's ten essential public health services guide public health work by centering equity. To reduce health inequities, we must create more community-centered mechanisms to make decisions.

Jurisdiction Interviews

We spoke with six (6) public health departments/organizations (Alameda County, Contra Costa County, Santa Clara County, San Francisco, and King County Public Health Department as well as the Latino Task Force of San Francisco) about their community engagement structures. We found that many formal bodies of engagement do not participate in authentic shared decision-making while informal, organic structures do. There was also a recommendation to be careful of community burden by considering where community is already engaged.

Baseline Assessment

We also spoke to two (2) PHPP managers to understand how PHPP currently engages community. From these interviews we found that the most significant areas of community engagement that exist within PHPP can be found among the Health Policy and Planning staff partners and the STD/HIV Community Advisory Board that sits within the STD/HIV Communicable Disease Program.

Community Voices

The voices from our community are unique, powerful, and valuable. Direct quotes from the community are shared on the next page.

"Keep being involved with the community, even if public health is ready to move on, sometimes the community isn't ready."

"For queer community in my experience, some trust with our demographics isn't there because we're often not represented. Priority populations has people with disabilities, across race, but not queer. So how can you build trust when intersectionality is not reflected. Sexuality and gender identity is rarely represented."

"Make only the promises you can keep. Emphasize what's actually available, don't put the Utopian aspirations at the top of messaging."

Build partnerships not dictatorships, the controlling factor that continues to happen when collaboration should occur. The information presented to community should include language/vernacular identified by the community

Public Health has done tremendous work over the years as related to HIV and included every community in the planning around HIV. How can we do something similar with all social determinants of health?

"Staff that looks like you 'looks like community' there is a large amount of staff that are white, but community is highly Latinx. More likely to trust government agencies when staff have similar names and lived experiences."
(translated from Spanish)

"We want to see leadership take this seriously and take action. We've seen this thing before, but it stalled out. We want to see something meaningful and powerful come out and want to support it."
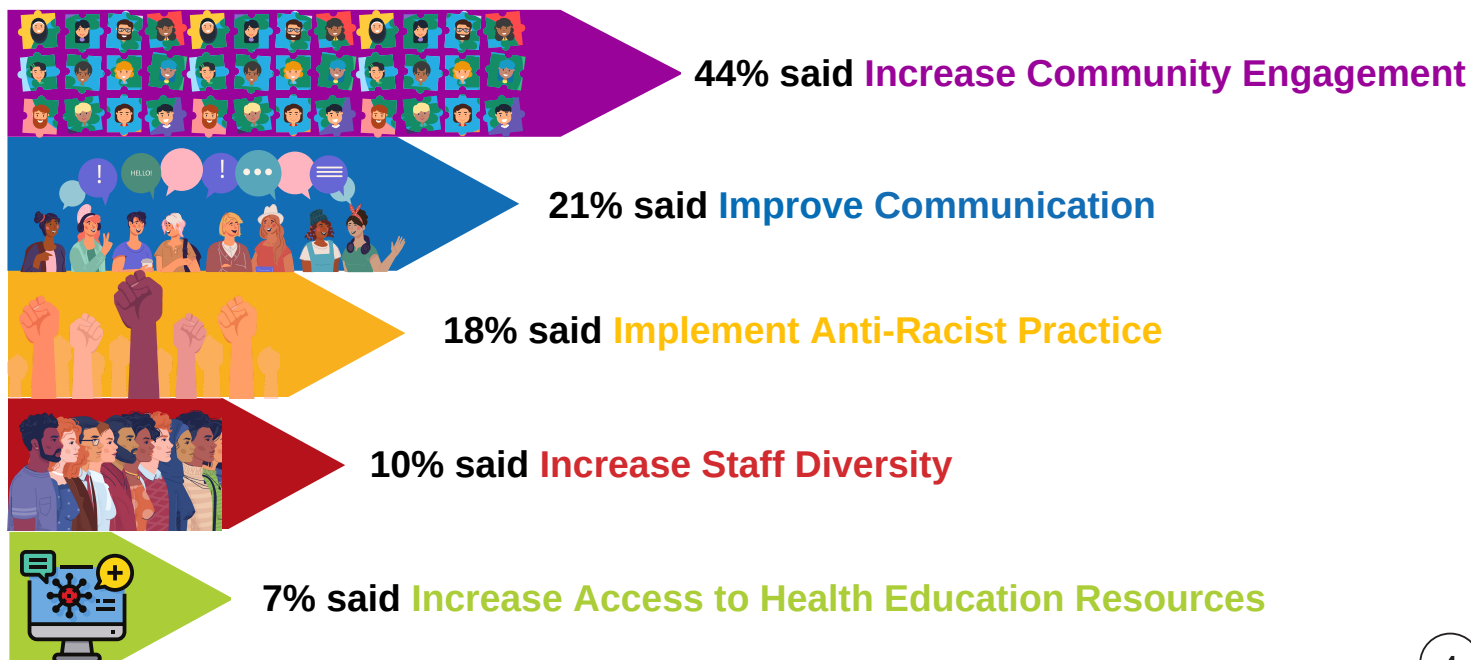
Data Findings

Question 1

When we asked the community, "**What comes to mind when you think of public health?**" they shared responses that we grouped into the following themes:

In this graphic, the size of each theme represents how many times related items were mentioned by the community. The largest theme, *Medical Center,* was mentioned 67 times. The smallest theme, *Aging and Adult Services*, was mentioned 3 times.

Question 2

When we asked the community, **"What are ways in which the public health department can build trust with the community?"** these were the top responses:

44% said Increase Community Engagement

21% said Improve Communication

18% said Implement Anti-Racist Practice

10% said Increase Staff Diversity

7% said Increase Access to Health Education Resources

Increasing Community engagement was the most popular choice for building trust. The community shared these popular suggestions for increasing community engagement:

25% said public health should be **consistent** with its messaging, presence, and commitment to community.

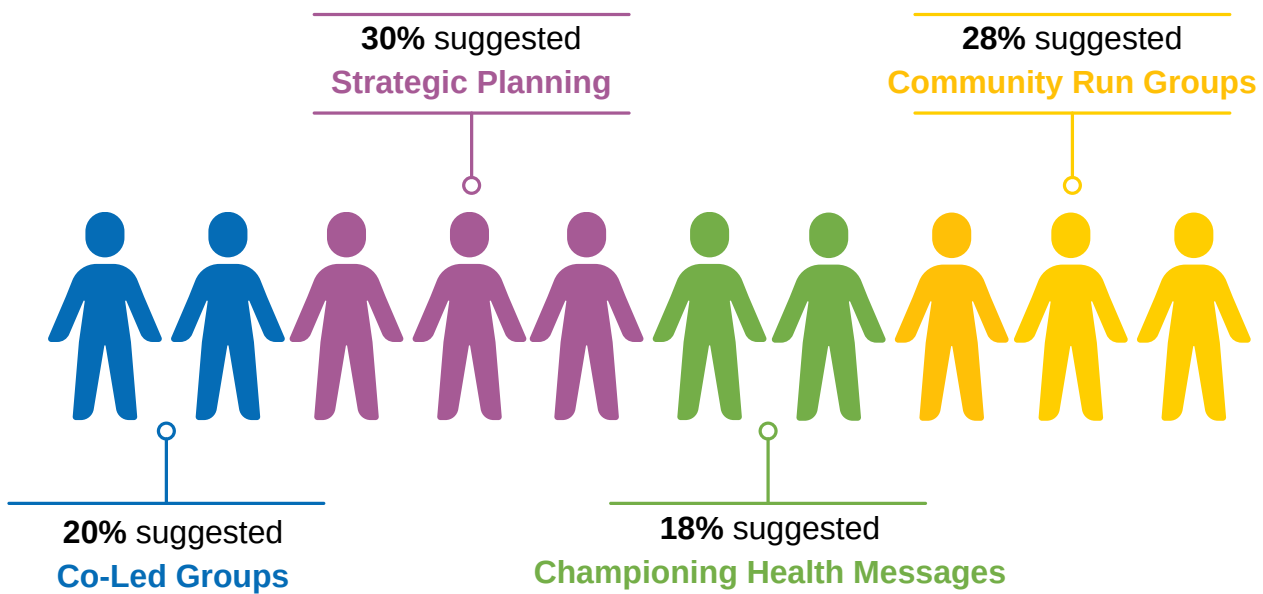**21%** said to offer **events and activities** for community to engage with public health.

17% said public health should commit to **sharing power** with community through projects, messaging, and employment.

14% said increase the amount of **resources** that community can easily access.

Question 3

When we asked the community, **"If you could design an ideal structure for co-creation and shared decision making with public health, what would it look like?"** they shared the following responses:

30% suggested
Strategic Planning

28% suggested
Community Run Groups

20% suggested
Co-Led Groups

18% suggested
Championing Health Messages

5

Popular Suggestions for Co-Creation and Shared Decision Making

The most popular structure suggested was that public health create a **strategic plan** informed by the community. Another popular structure was to expand upon an existing **community run group** with a public health agenda item. Other popular structures included expanding or creating **co-led groups** like the Health Equity Initiatives or investing in **health messaging champions**.

Question 4

When we asked the community **"What are some topics you and/or your community are interested in learning about and how can public health provide you that information?"** they shared the following responses:

20% of community was interested in learning more about Public Health.

24% of community was interested in learning more about **Health.**

29% of community was interested in learning more about **Resource Navigation and the Social Determinants of Health.**

15% of community was interested in learning more about **Community Engagement and Capacity Building.**

Further Next Steps

PHPP will use this feedback to create new opportunities for community engagement. We will be offering a **Public Health 101 Workshop** in person and online. This workshop will be paired with Public health 101 **videos and resource documents.** Additionally, we will create and share a **community collaboration process toolkit** in alignment with the County community engagement toolkit to help inform future community engagement processes. We have shared data unrelated to PHPP, to their corresponding departments within **SMC Health**. For example, any comments about medical services were shared with the SMC Medical Center for their situational awareness. Finally, the 2023 Get Healthy San Mateo Community Implementation Funding RFP contains funding opportunities based on the recommendations that were made in this process.