

Oakland Moving Forward  
Community Task Force Report on  
**HEALTH**



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Community Task Force Reports

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NEIGHBORHOOD ORGANIZING & CIVIC PARTICIPATION

TRANSPORTATION



# Oakland Moving Forward Community Task Force Report

## Introduction

October of 2005, various sectors of the Oakland community decided to revamp the process of selecting a candidate for Mayor. Historically, candidates were chosen based on the individual candidates announcing their intention to run for office and *then* proceeding to ask voters for their support. A coalition of residents of the City of Oakland decided to identify an individual rather than wait to be asked for their support. A petition drive was started to draft the Honorable Ronald V. Dellums to run for Mayor. After several months of gathering signatures for the petition to “draft” Mr. Dellums for Mayor, approximately 9,000 names were submitted to him for his consideration. It was this amazing act of civic participation, which began the “Ron Dellums for Mayor” campaign. Six months from the date of the primary election, the former Congressman who had served Oakland for more than twenty-seven years, began a campaign to once again answer the call to public service.

It was a phenomenal expression of the power of organized political action by residents to dare to fight **for** “City Hall.” On Election Day, Mr. Dellums’ candidacy rallied the support and votes of fifty plus one percent of the vote. It was a victory for citizen participation as well as a victory for the democratic process and the system by which citizens are represented in government. This unique coalition encompassed residents who were long-time activists and newcomers to the process. It bridged the generational, racial and gender divide to such an extent that it was often commented by observers, as well as participants, that the campaign had reenergized the passion within the community. Despite differences of opinion on some issues, the overall consensus was that this candidate could and would be a champion for all of the residents of Oakland and that together, anything was possible.

The task force process which was proposed during the campaign as a means of bringing forward specific recommendations to address the myriad of challenges faced by Oakland, as well as other urban centers around the nation, systematically reached out to a wide variety of citizens with a broad range of expertise on the issue addressed by each committee. The participants included residents in the medical profession, developers, academicians, social service providers, city and county employees, business owners – both large and small – union activists, public safety employees, artists, musicians, formerly incarcerated as well as other citizen and community activists. More than 800 citizens participated in the initial phase of the establishment of this process. Nine major committees were formed which ranged from education to City Hall. Subcommittees were formed within each committee to address a specific aspect of each issue. For example, the Education Committee had several subcommittees, one of which was to develop

recommendations regarding wrap-around services for the public schools. The participants were asked to frame their recommendations with three basic principles in mind; multi-jurisdictional collaboration, public/private partnerships and regional collaboration. All recommendations were to include strategies for implementation and further collaboration based on these principles.

The initial phase of the task force process begun by Mayor-Elect Ronald V. Dellums in September 2006 lasted through December 2006. This structure was designed to revitalize democracy by reinvigorating community participation in the City of Oakland and bring forth the brilliance and wisdom from within this community. Mrs. Cynthia Dellums helped to shape the process with the input of hundreds of people from every neighborhood collaborating on dozens of task forces dealing with every aspect of community life.

Over 800 people volunteered for forty-one committees as part of the task force, in conjunction with several "Neighbor to Neighbor" meetings held throughout the city. Each task force had one, sometimes two specific questions to address for deliberation. The task force operated with a set of organizing principles that combined democracy and structure. Agreement on any recommendation required a vote of two-thirds or more of their members. Some committees also developed minority reports as part of the recommendation process. The Mayor, city staff, task force members and others (e.g., business, labor, faith community, etc.) are currently engaged in an ongoing dialogue regarding the follow up on the recommendations.

A steering committee of the task force members provided the day-to-day leadership and logistical support for this largely volunteer process. The National Community Development Institute, an Oakland-based non-profit, provided strategic advice and consultation during this process. Special recognition and gratitude go to Kitty Kelly Epstein for her contribution to the coordination and outreach, which contributed to the success of this effort.

The "Oakland Moving Forward" Community Task Force developed the recommendations included in this document for review and consideration by Mayor Dellums.

The task force process and the structure, which continues to evolve, will be an integral component of this administration and the development and implementation of strategies for public policy moving forward.

Mayor Dellums would like to take this opportunity to once again thank all of the individuals who have participated in this process to date and to encourage those who would like to join him and their neighbors in creating a "Model City" for the twenty-first century.

Together, we **can** do great things!

Oakland Moving Forward  
Community Task Force Report on

# Health

- ▶ Health Bill of Rights
- ▶ Citizens and Finance
- ▶ Advocacy for Universal Health Care
- ▶ Increase Access
- ▶ Increase Oakland's Health Workforce
- ▶ City as Committed Stakeholder of Health
- ▶ City/County Collaboration



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**Health**

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## HEALTH TASK FORCE OVERVIEW

The Dellums Health Task Force recommended that a Health Policy Director be appointed in the Mayor's Office to collaborate with City of Oakland staff, other cities, and with Alameda County to analyze emerging health coverage proposals and their potential impact on local residents.

California's Governor Arnold Schwarzenegger, Senate President Pro Tem Don Perata, Assembly Speaker Fabian Nunez, and Senator Sheila Keuhl's SB840 all outline proposals to cover the uninsured (see attached). At this time it is unknown which of the proposals will gain traction in the State Legislature in 2007, or whether health care reform will extend into a two-year campaign. The Health Task Force recommended that the City of Oakland monitor the development of these proposals.

Concurrently, the Health Task Force recommended that the Dellums Administration conduct a citywide assessment of existing health services to understand where the uninsured are currently going for health care and what gaps remain to be addressed. The Health Task Force agreed that ensuring access to basic health care services regardless of immigrant status, income, attention to health prevention and disparities, and building a grassroots health advocacy movement are essential building blocks for any health coverage proposal.



**TOPIC**

**Health Promotion, Injury and Disease Prevention Bill of Rights**

**Question**

**How can all Oakland residents have access to health care?**

**RECOMMENDATION 1**

**Create a Healthy Community Bill of Rights**

**Short-Term**

**Will this proposal cost a considerable amount of money? No**

**Rationale:** The Health Task Force firmly believes that in a truly healthy community everyone has access to food, housing, education, jobs, transportation, and a clean, safe, toxin-free environment. These beliefs were similarly captured in the Oakland Sharing the Vision, Strategic Plan Vision Statement for the year 2015, which reads, "We, the citizens of Oakland, commit ourselves to creating a city of healthy, well educated people, vital neighborhoods, a dynamic economy, and a vibrant quilt of cultures where the future will work for all." This vision for Oakland recognizes that individuals cannot be healthy if the social and physical environment of the greater community does not promote optimal health.

It is estimated that for every dollar spent in health care prevention, more than 200 may be saved from treatment of disease in the community. We believe that investments in health promotion, injury and disease prevention are not only cost-effective, but produce positive long-term health outcomes for Oakland's residents.

As a statement of leadership values, the Healthy Community Bill of Rights demonstrates an unambiguous commitment to fostering a healthy Oakland. This immediate action on the Mayor's part would set the tone for a citywide movement towards our unified vision for Oakland. This would be a very tangible and visible first step in a multi-level social marketing campaign for health promotion, disease and injury prevention.

**Action needed from the Mayor's Office to bring about this policy recommendation:**

In order to create this Healthy Community Bill of Rights, the Mayor's designated point person on health would need to lead a representative advisory group (serving on a voluntary basis) in crafting the document. This group could consist of many of the members of the Health Task Force, as well as other residents, including youth. The Bill of Rights would then be submitted to the Mayor for his approval and support. This work would culminate in a proclamation by the Mayor of his commitment to these principles. The Mayor's point person on health would then have responsibility for ensuring that the city moves towards realizing all of the rights.

**Do you plan any community initiative to bring about action on this proposal?**

The community process for creating the Bill of Rights could include a series of contests among Oakland's students and residents at-large to write their own Bill of Rights. This strategy would be excellent for promoting a sense of community ownership of the Bill and, as a result, popular commitment to its realization.





**Implement a targeted social marketing and multi-level outreach campaign to promote and enhance Oakland’s image both locally and on a national scale.**

**Will this proposal cost a considerable amount of money? Yes**

**Rationale:** At present, Oakland is perceived as a dangerous and violent place with few opportunities for its residents. Unfortunately, this is exacerbated by recent media coverage of Oakland focusing on the alarmingly high homicide rate. These negative representations have a significant impact on the health and well-being of Oakland’s residents. Research has shown that a person’s image of their community can greatly influence both mental and physical health. Negative perceptions of neighborhood safety have been linked with mental health problems among adolescents: the more threatening the neighborhood, the more common the symptoms of depression, anxiety, oppositional defiant disorder, and conduct disorder.<sup>1</sup> Residents are also less likely to engage in other health promoting activities like walking, socializing with neighbors, and advocating for the betterment of their neighborhood if their surroundings are felt to be unsafe.

Furthermore, one of the biggest underlying problems among Oakland’s residents of color is lack of self-esteem; personal self-esteem, group self-esteem, and community self-esteem. The varied institutionalized systems of incarceration, mothers-as-the-breadwinner economic and social supports, presumption-of-guilt judicial systems, presumption-of-ignorance education systems, and presumption-of-laziness employment systems add to the destruction of that self-esteem. Without individual and group motivation for a healthy lifestyle, our city system of health care, even if it had unlimited resources and funding, would fail to have a significant positive impact. A structured health plan for the City of Oakland must be prepared and designed to address these challenges.<sup>2</sup>

Additionally, when non-residents view Oakland as a dangerous and violent place, they are less likely to invest in this community or bring their business here. In this way a negative image, whether internal or external to the City, can often become a self-fulfilling prophecy.

The proposed social marketing campaign would seek to change these negative perceptions of Oakland for residents and non-residents alike and publicize Oakland’s approach for Healthy Communities through the implementation of the Bill of Rights. Such a campaign would re-brand the image of Oakland, reintroducing the City to the world and underscoring its positive aspects. Similar to Kaiser’s “Thrive” campaign, these messages of new ways of thinking about Oakland would be ubiquitous and truly capture the essence of our claim to fame (instead of infamy). This improved image of Oakland would ultimately lead to a more economically vibrant community that would benefit both business and residents alike.



<sup>1</sup> Carol S. Aneshensel, Clea A. Sucoff, “The Neighborhood Context of Adolescent Mental Health,” *Journal of Health and Social Behavior*, Vol. 37, No. 4 (Dec., 1996), pp. 293–310.

<sup>2</sup> Frank Brown MD

## Implementation

### Action needed from the Mayor's Office to bring about this policy recommendation:

In order to sustain such a far-reaching campaign, professionals with considerable marketing and advertising expertise will need to be engaged to create a thoughtful, well-crafted media message. In addition, the advisory group responsible for the creation of the Bill of Rights should be intimately involved in the formative research for campaign development.

### If this proposal requires action by several different entities, how do you propose that it be implemented?

Since the goal is to create a healthier Oakland, the Mayor's point-person on health should be called upon to coordinate the efforts of media consultants, the business community, and residents to implement this public image campaign.

### Do you plan any community initiative to bring about action on this proposal?

Get input from residents on what makes Oakland a great city.

## Financial Impact

### If the proposal costs a large amount of money, how do you propose that it be funded?

A public media campaign would need to be a public/private partnership. The Chamber of Commerce and the business community should be called upon to partner with the City of Oakland to fund this campaign.

## RECOMMENDATION 2

### Determine & Enhance the Health Landscape: Assess What Patients Value and Existing Health Care Resources

**Rationale:** We need to know what works in health care in Oakland by understanding the current health care system and capturing what access sites exist (e.g. the County, Community Health Centers, APMC, private physicians, programs that serve the medically underserved in Oakland). We need to inventory all health care resources in Oakland to evaluate how better to use all resources.

The assessment will provide an analysis by City Council district, including: charity care resources, scope of services, what follow-up services are available, places where people can be referred, cost/sliding scale policies, hours of service, availability of adult day health services, mental health and substance abuse services, community clinics by location, number of clients served and capacity for expansion, provider diversity, school-based clinics, and gaps in service that need to be prioritized (e.g. pregnant women, pregnant teens).

We also need to understand what patients value and where they find value. We should look not just at health in a narrow sense but also on how lack of access impacts patients' economic lives. We need to engage in dialogue with uninsured people and find ways to match up needs with resources that could be used.

Hospitals in Oakland will be spending billions of dollars over the next 10 years on building new hospitals and retrofitting old ones in order to meet State seismic safety

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Health



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requirements. Informed by a comprehensive assessment of health care in Oakland, the Dellums Administration can take advantage of these planning opportunities to meet the needs of Oakland residents and expand access to care.

**Action needed from the Mayor’s Office to bring about this policy recommendation:**

**Action 1:** Conduct a health system assessment in the first 100 days.

**Action 2:** Conduct a survey on what patients value and where they find value in health care.

**If the proposal costs a large amount of money, how do you propose that it be funded?**

- Foundation support is needed for the uninsured patient survey. The California Health Care Foundation is completing a set of focus groups statewide of uninsured workers to assess access constraints, non-emergency care options, reasons for being uninsured, out of pocket expense experience, insurance affordability, provider trust criteria; Dr. Mark Smith, CEO of California Health Care Foundation offered to share methodology and/or support an Oakland survey.
- Universities (through MPH interns or classes) can offer in-kind or low-cost research assistance.
- In-kind information from: Alameda County HCSA and Department of Public Health, California Health Interview Survey Oakland over-sample, County of Alameda.
- Uninsured Survey (see attached reports).

## **Promotion and Advocacy for Universal Health Care as a Right**

**Promote all strategies, proposals, legislation, and initiatives that lead to universal health care – SB840, adapting SF type model, Kaiser Permanente statewide initiative, children’s health (clinic in every school)**

**Rationale:** The right to health care is a human right. We need to shift the thinking in terms of our obligation to the residents of this City. We need to educate and engage the Oakland public in ways we can move forward (public education). This message must be pro-active in nature and the foundation for our philosophy.

Let’s not only see universal health care as a long-term strategy. Action is needed to tie the health care advocacy piece within Oakland and our immediate efforts to an overall strategy for change; it could unleash a campaign from the community, labor, and business communities.

Primary care access is a major step, a building block in moving towards universal coverage. A \$50 million investment can move us forward. Work in broader effort to go after financing for primary care expansions in all cities in Alameda County.

Implementation

Financial Impact

RECOMMENDATION 3

Long-Term  
(Ongoing)

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Kaiser is coming out with their proposal for universal coverage; their proposal uses individual mandate model (i.e. similar to requiring proof of car insurance). The proposal covers up to 300 percent FPL; this will go public next month (see Health Affairs). The Governor is also working on some form of universal coverage; his proposal is to be released in January.

## Implementation

### **Action needed from the Mayor's Office to bring about this policy recommendation:**

- Action 1:** Establish a regional health "think-tank" to engage in discussion, set the health agenda and implement a vision around a healthy Oakland and other cities, and build support (politically, financially).
- Action 2:** City and County provide insurance for their workers and can create leverage with insurance companies; this is about pooling risk. The City and County can work together as a block with the insurance companies and use their leverage to negotiate rates for those who are uninsured. Contra Costa does this now.
- Action 3:** Continue collaboration with other cities in the County on addressing the uninsured.
- Action 4:** Support 365 campaign, the aim of which is to galvanize support and public education/participation for SB840. Push and support cities to pass resolutions in support of SB840. Work with Board of Supervisors to get as many cities in county to act as role models. Efforts will culminate on August 12th. Los Angeles and Oakland will have big events next August 11th/12th leading up to a rally at the State Capital for health care. This is good opportunity to mobilize at a City level to support the bill.
- Action 5:** Pass a resolution for City of Oakland in favor of universal coverage. Place universal health care as an immediate goal to work towards and tie in the other components (i.e. advocacy) for strategies. Include HR 676 on a national level.

### **Do you plan any community initiative to bring about action on this proposal?**

Public education campaign on universal coverage/single payer; including a perspective that current models are not acceptable and any universal coverage policies need to be proactive not punitive.

### **If the proposal costs a large amount of money, how do you propose that it be funded**

- Federal
- State
- Leverage partnerships and relationships with community, labor, etc. America's Agenda Health Care for All is interested in a strategy/campaign in Oakland; they are interested in getting something going towards true universal coverage – taking momentum and lessons learned from Vermont.

## Financial Impact

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## Short-Term

## Establish a Comprehensive Continuum of Care to Increase Access

### Establish 100 new points of health access that emphasize wellness, prevention, and health promotion.

**Rationale:** While those who are insured and informed can access systems of urgent care, the underserved continue to rely on emergency rooms as a primary source of care. Recent studies show that a staggering 40 percent of ER visits are chiefly due to lack of prompt access to primary care.<sup>3</sup> To address the health care needs of all Oakland residents, innovative strategies are needed to ensure: accessible transportation and hours of operation, integration of critical preventive and wellness services, and the use of low to no cost models. This comprehensive continuum of care would aim to improve the connection of uninsured residents to health care through accessibility, prevention and wellness services, and linkages to a network of chronic disease management and specialty care.

New points of health access may include: extended hours of service at existing sites, utilization of mobile vans, intermittent clinics at community health centers, innovative collaboration with existing city-based services (housing authority), and new sites of access. For example, a new point of access may include extended hours at a site where a resident could be enrolled into MediCal and receive access to vital wellness services such as preventive screenings and immunizations. On-site enrollment at new access sites will further reduce the health care safety net costs while increasing care for all Oakland residents. With an emphasis on providing wellness services at new access sites, residents will be further linked into a comprehensive continuum of care, aiming to establish a medical home for all residents.

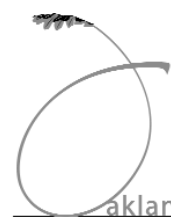
### Action needed from the Mayor's Office to bring about this policy recommendation:

- Action 1:** Increase access points by creating: new sites, extending hours at existing sites, and utilizing additional community health workers in high-need neighborhoods to link community members to resources.
- Action 2:** Offer low-cost space for new points of access to become a part of the solution.
- Action 3:** Support advancement of Community Health Worker programs (trainings, curriculum, promotion of the field) that generate peer-to-peer educators to outreach into communities.
- Action 4:** Innovate new points of access within existing city-based services including: enrollment, preventive screenings, and immunization in housing authority locations.
- Action 5:** Promotion of school-based clinics as a movement towards new access points.
- Action 6:** Promote non-traditional resources to link to new points of access (i.e. Oakland Police Department)

## Implementation

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<sup>3</sup> (Strunk and Cunningham, Center for Studying Health System Change, 2002)

## Financial Impact

**If the proposal costs a large amount of money, how do you propose that it be funded**

- Third-party reimbursements
- Measure A funds
- Federal government support
- Creative partnerships

## Long-Term

### **Increase Access to Primary Care Sites**

**Rationale:** Health care service delivery and coordination is complex and costly. To ensure that Oakland continues to move forward in meeting the health care needs of all of its residents, government and community members must work together proactively, over the long-term to increase access to primary care sites.

## Implementation

**Action needed from the Mayor's Office to bring about this policy recommendation:**

**Action 1:** Promote and train health navigators/community health workers to educate community members about new access points and promote community involvement; health navigators would be recruited from each District and be easily identifiable to community members, simultaneously promoting leadership and community capacity.

**Action 2:** Cultivate unique and creative partnerships to explore IT options to better link access sites together to capture and utilize patient information.

**Do you plan any community initiative to bring about action on this proposal?**

No.



Short-Term  
(Ongoing)

## Create New Opportunities to Increase Oakland's Health Workforce

### Increase Oakland's health workforce via support through youth training, 2nd career, and re-entry.

**Rationale:** Statistics and trends in the health workforce indicate projected shortages in key health and allied professional areas (i.e. nurses, radiology technicians). For example, as many as 80 percent of all medical residents are choosing specialist positions over primary care, further depleting the workforce that our communities depend on most.<sup>4</sup>

Even fewer health care providers are from underserved communities. As a result, culturally competent needs assessments are increasingly difficult to achieve. Without the ability to culturally and competently assess the needs of ethnic communities, significant barriers impede any meaningful understanding of the underlying causes of our health challenges and even greater barriers hinder developing effective plans for their prevention.<sup>5</sup>

Along with projected workforce shortages, the health and social services providers face the need to mitigate rising health care costs while continuing to provide culturally appropriate care. Efforts to respond to these demands have already begun in the City of Oakland, but require additional support and expansion. For example, existing Oakland public schools with focal areas in health and science programming (i.e. Oakland Technical High School) need to be better connected to emerging programs at the community college and universities (Peralta College, UC system) to increase training and support to increase Oakland's health workforce.

More work is also needed to support Oakland's 3,000 parolees to re-enter into the workforce.<sup>6</sup> Introducing training programs for careers in health care, prevention education and other allied health professions will be critical in building opportunities for all of Oakland residents.

Further support is also needed to increase the utility and establishment of the profession of Community Health Workers (CHWs), promotoras, and/or health navigators. CHWs provide critical links to the health care system, while working to enhance health prevention and promotion. As vital resources, support for the enhancement of this field will also lead to sustainable opportunities in the health workforce for Oakland residents.

Work to support youth training, re-entry and 2nd careers for current workers, can all serve to promote economic development for the City's working poor, while increasing the health and social service workforce in the City of Oakland.

#### Current Landscape

- Peralta College has also begun program development to train students in paramedical fields (i.e. nursing, radiology) and health and social service paraprofessionals. Funds are currently being raised to develop a curriculum and build a training facility.

<sup>4</sup> Garibaldi et al. Acad Med 2005;80:507

<sup>5</sup> Frank Brown MD

<sup>6</sup> Project Choice, City of Oakland

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## Current Landscape continued

- A pipeline program established through the Public Health Department is currently working with grades six and up to support exposure, development and training opportunities for students to health workforce opportunities.
- Oakland has schools that specialize in technological development (i.e. Oakland Technical High School). Schools and students can be better linked to the Public Health Department and Peralta College pipeline programs.
- Currently, formative assessments of the training needs of Community Health Workers (CHWs), social services paraprofessionals, and their employers are being conducted through a collaboration of community clinics at Berkeley and San Francisco State City Colleges. In Oakland, these job categories are ranked fourth in growth amongst all occupations, with a projected 35.8 percent growth-rate from 2002-2012<sup>7</sup>. By supporting convenings, the validity of the profession becomes recognized and supported. Some of the critical issues facing the workers and their employers are funding for their positions and reimbursement for the services they provide (both future legislation topics).

## Implementation

### **Action needed from the Mayor's Office to bring about this policy recommendation:**

- Action 1:** Discuss with Peralta College district to support the growth of high-paying health care jobs for Oakland residents. Peralta is developing courses for mid-level health positions (i.e. nursing, radiology, etc).
- Action 2:** Support the convening of CHWs, Promotoras, and Health Navigators to develop and share strategies and enhance the utility of these workers.
- Action 3:** Discuss avenues by which to increase wages and advance the role of community health workers and social services paraprofessionals in health care. Both Berkeley City College and City College of San Francisco are working with the community clinics to expand their community health worker and social services certificate programs in the East Bay. In Spring 2007 they will be creating new curricula, as well as bringing existing ones out into the community.
- Action 4:** Support the work and partnership between City College of San Francisco, Berkeley City College and local community health centers to start CHW and social service paraprofessional training/curriculum programs within Oakland.
- Action 5:** Work with Oakland Unified School District to develop a plan for supporting Oakland students into pipeline health care trainings within the Peralta, CSU, and UC systems.

### **Do you plan any community initiative to bring about action on this proposal?**

- Development of an advertising campaign

### **If the proposal costs a large amount of money, how do you propose that it be funded?**

- State stipends for students who fall within certain financial guidelines
- State and federal student loans
- Foundations

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<sup>7</sup> California Employment Development Department, 2006



## City as an Active Committed Stakeholder of Health

**Rationale:** According to *Healthy People 2010*, a strong health infrastructure provides the capacity to prepare for and respond to both acute and chronic threats to a city's health. These threats could include bioterrorism attacks, emerging infections, environmental health threats, social determinants of health status, or increases in chronic disease and injury rates. A strong infrastructure serves as the foundation for planning, ensuring and evaluating the public's health. This infrastructure comprises workforce, data and information systems, and an array of community-based and government organizations that address a myriad of public health and health care issues. Health policy issues, including: Medicaid, the State Children's Health Insurance Program, the uninsured and Medicare's role for low-income people should be discussed and strategies should be developed to support the needs of the City of Oakland.

Tragically, it is within the shadow of Oakland's neighborhoods we see evidence of race and ethnic-based health disparities: African American babies in Oakland are almost three times more likely to die than white babies; African American adults are more likely to die of cancer, heart disease and stroke, while Latino adults are more likely to die from diabetes and AIDS, than whites; Asians, specifically immigrant populations, experience higher levels of poverty, which affect their ability to afford needed medical care.

In 2003, the Institute of Medicine (IOM) forewarned the nation of the "unequal treatment" that communities of color face in health care delivery and financing. The City of Oakland needs to recognize the severity of health disparities and work with Alameda County, health care organizations – including community clinics and public hospitals – and small businesses to identify practical solutions to reduce disparities, increase prevention strategies and provide access to needed medical care for all residents of Oakland. This approach will encompass multiple activities. The following recommendations are focused on defining the City of Oakland as an active committed stakeholder of health and strengthening the City/County collaboration on health and health care issues.

### **Action needed from the Mayor's Office to bring about this policy recommendation:**

**Action 1:** Appoint Health Policy Director in Mayor's Office to oversee development and implementation of "Model City" health plan. The Health Policy Director will work with City of Oakland staff, other city officials, relevant Mayor's task forces and others to oversee health and wellness issues. In addition, this person will be the Mayor's primary person to help coordinate the City/County initiatives.

**Action 2:** The development of a comprehensive data report, on neighborhood specific health indicators to document the impact of health disparities among Oakland residents and provide unique data on perceptions of racism in health care delivery.

## Implementation

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**How do you propose that this project be funded?**

Staff will be funded with core financial operational activity dollars from the City Budget. Project initiatives will be aligned with ongoing community efforts to address health disparities and access to health care by maximizing current system-wide work and foundation; the availability of \$1 million in grants will help to ensure that the commitment to work with us remains high.

We believe that the leadership of Mayor Dellums is strongly committed to sustaining and continuing to leverage resources to eliminate health disparities and increase access to health care. The process to identify additional foundation and national support to sustain the Health Task Force recommendations beyond the initial release of funders whom are interested currently in funding activities like CHCF and other foundations.

RECOMMENDATION 7

Short-Term  
(Ongoing)

**Joint City/County Health Collaboration**

**Increase City and County Health Collaboration**

**Rationale:** The Alameda County Healthcare Services Agency and Alameda County Health Department are responsible by law to protect, promote and preserve the health and well being of all Alameda County residents, particularly those most vulnerable. Mayor Dellums and the County need to work together on shared initiatives convene key stakeholders and ensure that health care services and health promotion activities are monitored and evaluated. Furthermore, dedicated staff from the Mayor’s Office should be at key meetings with the County and provide technical assistance, research and operational/logistical support, as it pertains to Oakland residents. Under Mayor Dellums’ leadership, the city/county collaboration will continue to expand the vision for what is considered necessary to eliminate disparities in health and increase primary care access in Oakland.

**Action needed from the Mayor’s Office to bring about this policy recommendation:**

**Action 1: Establish City/County Health “Working Group”**

- Identify a Health “Body” or “Think Tank” to work on city/county collaboration with leaders from the health care industry, academic institutions and community coalitions to develop a comprehensive blueprint with multi-level strategies and short-term, long-term action steps;

**Action 2:** Convene a meeting to develop hospital and community clinic specific recommendations around the collection and reporting of health access data, coordination of institutional cultural competency efforts, diversification of the health care workforce, and strengthening of community linkages; and

**Action 3:** Establish an MOU between city and county to communicate, share resources, partner and collaborate on health needs. The MOU needs to be signed by the Director of Alameda County Healthcare Services Agency and the City of Oakland Mayor’s “Health Director.”

## CONVENER

**Roberta Brooks**, *Consultant & long time aide to Congressman Dellums*  
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**For More Information On  
The Task Force Reports, The Task Force Process  
Or How You Can Get Involved**

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