



Kern Health Equity
Partnership's
Subcommittee Day

Welcom

KERN
COUNTY
PUBLIC HEALTH

Agenda Highlights

- I. Welcome/Introductions
- II. Overview of KHEP
- III. Review Goals and Objectives
- IV. Subcommittee Members: Roles and Expectations
- V. Lunch!
- VI. Breakout into Subcommittees
- VII. Closing/ Adjourn



Overview WHP



United Way of Central Eastern California



Kern Family Health Care®



and more!



In late 2021, health equity began to form statewide in various capacities.

Hospitals, county agencies, educational institutions, and health care systems hired dedicated health equity staff tasked with building their health equity infrastructure.

Trainings

Listening Sessions

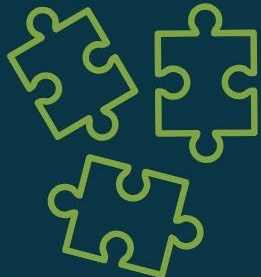
Community focused activities

Duplication

Community Burnout

Missed Partnerships





The Kern Health
Equity Partnership
was established on
July 13, 2023



Vision

We will bring trusted community leaders, champions, and partners together, to share a space to listen, collaborate, and keep our work accountable to the needs of our communities.

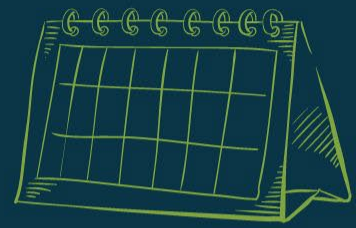
Mission

We aim to expand access to quality health and improve the overall health of all Kern residents.



Defining Health Equity

Health Equity is the opportunity for each person to reach their highest-level of health potential.



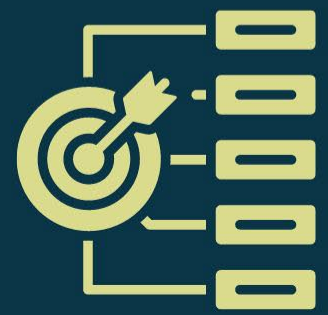
6 month strategic planning



Over 60 partners showed up to our 1st session and remained engaged



Over 175 surveys completed



KHEP Plan has:
3 goals with
3 objectives each

KERN
COUNTY

January 9

#38- PUBLIC HEALTH SERVICES

Presentation on efforts and strategic plan of the
newly-formed Kern County Health Equity Partnership



Kern Health Equity Partnership Presented to the Kern County Board of Supervisors



No requested actions.

No comments.

Approval form as of Jan. 9 2024



Thank you, Partners!



- Kern River Valley Family Resource Center
- Oasis Family Resource Center
- Richardson Special Needs Collaborative
- Upside Productions Management
- Bee Kind
- Buttonwillow Community Resource Center

... and more!

Review Goals and O



Priority Areas



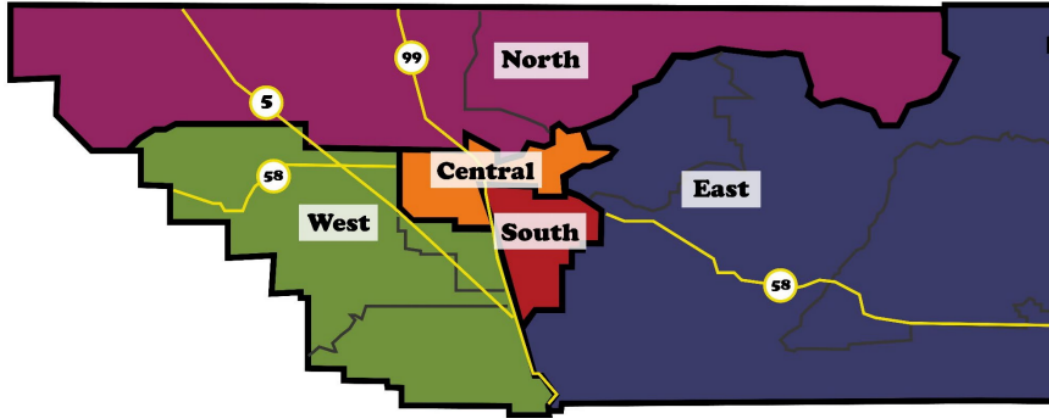
Access to Care



**Education/Health
Literacy**



**Socio-economic
status/Poverty**



NORTH	SOUTH	EAST	WEST	CENTRAL
<ul style="list-style-type: none"> • Delano: 93215, 93216 • Lost Hills: 93249 • McFarland: 93250 • Shafter: 93263 • Wasco: 93280 • Woody: 93287 	<ul style="list-style-type: none"> • Arvin: 93203 • Lamont: 93241 • Greenfield: 93307 • Fuller Acres: 93307 • Edmundson Acres: 93203 • Weedpatch: 93241 	<ul style="list-style-type: none"> • Bodfish: 93205 • California City: 93504, 93505 • Kernville: 93238 • Lake Isabella: 93240 • Mojave: 93501, 93502 • Edwards: 93523, 93524 • Onyx: 93255 • Ridgecrest: 93555, 93556 • Rosamond: 93560 • Tehachapi: 93561, 93581 • Weldon: 93283 • Wofford Heights: 93285 	<ul style="list-style-type: none"> • Buttonwillow: 93206 • Derby Acres: 93224 • Dustin Acres: 93285 • Fellows: 93224 • Frazier Park: 93225 • Lebec: 93243 • Maricopa: 93252 • McKittrick: 93251 • Pine Mountain Club: 93222 • Taft: 93268 • Tupman: 93276 	<ul style="list-style-type: none"> • Bakersfield: 93301, 93302, 93303, 93304, 93305, 93306, 93307, 93308, 93309, 93310, 93311, 93312, 93313, 93314, 93380, 93383, 93384, 93385, 93386, 93387, 93388, 93389, 93390 • Edison: 93220

Access to Care

- Distance / Geography
- Knowing where 2go
- Affordability

Suspension of Services

- Language Quality
- Adequate Network
- Lack of Provider
- Availability
- Transportation

(81)
Sustainability
Insurance
Hours of Service
Representation
Male

Education / Health Literacy

58

- Literacy levels

- Cultural
- Language
- CHW
- Terminology
- Intrinsic Motivation
- Stigma

Socio-Economic Status Poverty

40

School → Prison Pipeline

- Documentation
- Generational
- Systemic
- Living Wage
- EDW
- "ISM's"

Knowledge of Resources : Services

0.9g understanding where 7pgs

29

System Interaction

- Attitudes / Beliefs
- Education
- Funding
- Literacy level
- Trust
- Accessibility
- Funding
- Comprehensiveness
- Pride
- Learned Exemption
- Mis Info
- Digital / Guides
- Disability
- Propaganda

Preventative Health

26

#Healthy options

- Weight Loss
- Preventative Maintenance
- Early Detection
- Screening
- Annual Physical
- WCV
- Children / Youth
- Post-Substance Services
- Education
- Outreach
- Cultural
- Holistic Acceptance
- Stigma
- Environmental Walkability
- Access

Champion w/ lived experience Social Determinates of Health

25

Institution

- Built Environment
- Positivity
- Poverty
- Toxic Environment / Genocide
- Systemic Oppression
- Food Deserts / Food Insecurity
- Housing /
- Generational / Historical
- Violence
- Immigration Status
- Social Support
- Policy
- Conflict Resolution
- Stress
- Education Access

Community Voices of the CHA:

“A lot of undocumented people don't want to come forward because they are scared that their immigration status will be a deterrent.”

“We would love to see a recreational center for kids with play areas and activities aside from what the school offers.”

“We must make a line at 5 a.m. to be seen by a Spanish-speaking doctor at a clinic that provides care at a lower cost.

This means I must pick and choose between missing a day of work and taking care of my health. In our communities, we must think twice about getting sick.”

“Language barrier – some [healthcare workers] do speak the language, but they don't understand the culture. They translate to the best of their abilities, but sometimes this is not enough. Some [patients] do not adhere to the medication regimen because it was not explained in easy terms.”

“Working in the preschool I see a lot of young parents that don't like to talk to us because they are scared. Building relationships with them [parents] is essential.”

“When I think about the needs of health care – do we have all specialty care? No. Do we have all the beds? No. But you get something. With mental health it's nothing.”

“In my case, which is the same as thousands, if your work pays your insurance you have to include your family and then it's half your paycheck, leaving us in a black hole and we just prefer to go to Tijuana, Mexico.”



Objectives



Goal 1: Access to Care

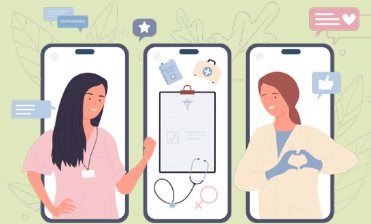
By December 31, 2026, the Kern Health Equity Partnership will improve the access to health care in **rural communities**.

Objective 1: Lack of Providers

By December 31, 2024, the Kern Health Equity Partnership will conduct an initial gap analysis of providers to identify communities of **California City/Mojave** without provider adequacy and develop strategies to address lack of providers in communities with geographical barriers.

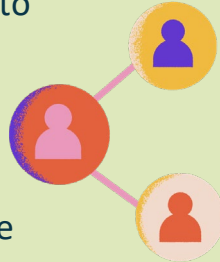
Objective 2: Distance/ Geography

By December 31, 2026, the Kern Health Equity Partnership will create telehealth infrastructure to co-locate health services in at least three (3) non-traditional care settings such as churches, school districts, senior centers, libraries, community rooms, or veteran's halls to better serve families experiencing geographical barriers.



Objective 3: Transportation

By March 31, 2025, the Kern Health Equity Partnership will conduct an initial gap analysis of healthcare designated transportation service providers to develop strategies that will strengthen transportation services that are high-capacity ADA compliant vehicles, equipped with car seats, in **rural areas of Kern County communities**.



Objectives



Goal 2: Education/Health Literacy

By December 31, 2026, the Kern Health Equity Partnership will increase opportunities for health literacy by addressing literacy levels, cultural differences, and supporting community health workers, promotoras, and social service providers for the **Hispanic community and all communities impacted by social determinants of health.**

Objective 1: Literacy Levels

By March 31, 2025, the Kern Health Equity Partnership will host sessions aimed to obtain community input for at least five (5) different geographic communities to identify health topics that will increase education and literacy for residents impacted by Social Determinants of Health.

Objective 2: Cultural

By March 31, 2025, the Kern Health Equity Partnership will create at least two (2) paths for agencies to be trained and commit to Diversity, Equity, Inclusion and Belonging (DEIB) practices aimed to support belonging, acceptance, and build awareness of cultural diversity of the communities of Kern.

Objective 3: Community Health Workers/Promotoras/Social Service Providers

By December 31, 2026, the Kern Health Equity Partnership will create at least three (3) opportunities for in-person community conversations and trainings between health care agencies, clinical providers, community health workers, promotoras, and social service providers in Kern County aimed to understand community experiences, share universal best practices, and support service delivery.



Objectives



Goal 3: Socio-economic Status /Poverty

By December 31, 2026, the Kern Health Equity Partnership will contribute to the improved socio-economic status **for rural communities and low-income households** by conducting a gap analysis, creating pathways to employment opportunities, and advocating with legislative officials at the local and state level.

Objective 1: Living Wage

By December 31, 2026, the Kern Health Equity Partnership will partner to create at least two (2) pathways to quality jobs that address the special needs of rural communities.

Objective 2: Economic & Workforce Development

By March 31, 2025, the Kern Health Equity Partnership will create at least one (1) gap analysis and develop strategies around workforce opportunities to support rural communities.

Objective 3: Systemic Barriers

By June 30, 2025, the Kern Health Equity Partnership will advocate for equitable changes in policies and practices to prioritize resources for workforce recruitment of low-income households by engaging with at least three (3) elected and appointed officials at the local and state level.



Subcommittee Roles and Expectations

- **Be engaged:** meet at a frequency determined by the subcommittee.
- **Leverage all experiences:** Gather information from all members.
- Create an **action plan** (assets, allies, and timelines)
- End each meeting with **action items**.
- Start each meeting with a **status report** of action items.
- Public Health will support with scheduling meetings, taking notes, research actions or asks of the subcommittee, etc.



Subcommittee Breakout

1. **Determine Subcommittee Chair and Co-chair**
2. **Determine: Is there anyone missing at the table?**
3. **Determine frequency of the subcommittee meetings.**
4. **Schedule first subcommittee meeting.**



The image features a graphic design with a dark blue and light green geometric shape on the left. The background is a photograph of a modern building with a curved facade and large glass windows. The text 'KERN COUNTY PUBLIC HEALTH' is in white, and 'Grounded in Health' is in a white script font. The words 'Thank you!' are written in a large, dark blue font across the center of the image.

KERN
COUNTY
PUBLIC HEALTH
Grounded in Health

Thank you!