The Center for Health Equity is a LA County Health Agency initiative led by the Department of Public Health. Our work is to ensure that everyone in LA County has the opportunities and resources needed for optimal health and well-being. As a first step, the Center is hosting listening sessions across the county. The sessions invite community partners and local community members to share their input and help shape the Center’s work. This summary reflects the feedback gathered during the session hosted in the city of Lancaster, where 47 people attended.

Who participated in this session?

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Non-profit Organizations</td>
<td>40%</td>
</tr>
<tr>
<td>Government</td>
<td>30%</td>
</tr>
<tr>
<td>Concerned Residents</td>
<td>16%</td>
</tr>
<tr>
<td>Healthcare Partners</td>
<td>12%</td>
</tr>
<tr>
<td>Academic/Universities</td>
<td>2%</td>
</tr>
</tbody>
</table>

Most valuable part of the Listening Session

- Group breakout activity: 25%
- Learning about CHE Goals/Initiatives: 10%
- Networking: 10%
- Presentation: 5%
- Media booth: 5%

What can we do better?

- More community representation: 38%
- More discussion time: 15%
- More time to network: 15%
- More information to disseminate: 15%
- More participation: 8%
- Better publicity: 8%
- Schedule / location: 8%
**Community Voices:**

**What would make future sessions better?**

- “Publicize more in various organizations so more people in the community are aware and can attend meetings.”
- “Longer time on activities, and a meet and greet time to mingle.”
- “Nothing - it was great, would like more community members.”
- “Clear information about what the health equity center can do.”
- “I invite the community to talk with legislators to ensure they know of community issues.”

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**Top Insights from the Gallery Walk**

Attendees offered feedback on poster-sized versions of draft data briefs on the Center’s five key initiatives—infant mortality, environmental justice, sexually transmitted infections, Health Neighborhoods, and cultural and linguistic competency. Six key insights were identified:

<table>
<thead>
<tr>
<th>Facilitate collaboration between community groups and local officials</th>
<th>Use maps to visualize gaps and needs in the community</th>
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<tbody>
<tr>
<td>Support community efforts to engage with elected representatives; provide a platform for leaders in community to speak; coordinate community to create unified goals.</td>
<td>Clear and concise visuals are important; maps help show differences and inequalities in communities across the county; graphs are easy to understand; more interaction is needed, less words.</td>
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<table>
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<tr>
<th>Continue open discussion backed by race history &amp; science</th>
<th>Leadership should reflect the community</th>
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<tr>
<td>Continue to address structural racism, trauma and stress; further address intersectionality and cross-sectional nature of racism today; highlight that racism is a daily part of people’s lives and affects health outcomes.</td>
<td>Hire staff that represent the community; those who have been impacted by the issues should be leading the work.</td>
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<tr>
<th>Simplify collaboration between services</th>
<th>Focus on training and workforce development</th>
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<tbody>
<tr>
<td>Support collaboration efforts and better coordinated care between systems; encourage non-traditional partners to participate in solution-focused efforts.</td>
<td>Train current County workforce, line staff, management, clinicians; provide training for community, using safe spaces such as churches and schools; establish a cultural humility protocol and guidelines, and train providers in cultural humility practices.</td>
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</table>
### Top Needs Identified from Small Group Discussions

Attendees broke up into small groups to discuss how the Center could best support the community’s efforts to build health equity. The following needs emerged during these discussions.

<table>
<thead>
<tr>
<th>Engage in meaningful community engagement &amp; mobilization</th>
<th>Share decision-making power with the community</th>
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<tr>
<td>Work to build trust; listen to community members in their spaces like churches and schools; identify community champions; contract with and pay trusted partners to do engagement work.</td>
<td>Support communities to define and measure adverse health conditions, with equal access to decision-making; share community successes with the community.</td>
</tr>
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<tr>
<th>Promote grant funding opportunities for community</th>
<th>Develop a communication strategy that uses diverse channels</th>
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<tr>
<td>Support community efforts to leverage financial capital; ensure accountability; support and fund programs that are science-based.</td>
<td>Don’t communicate as usual; use other channels like word-of-mouth, social media, video content; reach out to diverse and unconventional partners.</td>
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</table>

### Who else would participants like the Center to engage?

- Antelope Valley Breastfeed Coalition
- Anti-racism and anti-oppression training groups
- Blank Infant Health
- Black Women for Wellness
- City planners
- Community colleges
- Diverse cultural centers
- Empower Generations
- Faith-based community
- Health providers & doctors
- Local elected officials
- Los Angeles County to connect with the people it serves
- Lumos Transforms
- OB/GYN providers
- Outreach centers
- Planned Parenthood
- Promotoras
- Universities

### How will the information be used?

The community listening sessions are only the beginning. Your enthusiasm and commitment to health equity truly reflects the vision of communities taking the lead in identifying and advocating for their health and well-being. We will:

- Revise data briefs according to the key insights;
- Create inventories of best practices, coalitions, communications and other strategic efforts;
- Address the top needs to inform the Center’s work plan, prioritizing the specific services attendees would like the Center to offer or enhance; and
- Engage recommended key partners.
Graphs and Data Appendix

I understand health equity & why it's important

All evaluations were completed in English

My voice was heard & I had the opportunity to ask questions/share opinions

The listening session was a good use of my time

How I learned of the listening session

Center for Health Equity
LOS ANGELES COUNTY HEALTH AGENCY
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