

HEALTH EQUITY

Action Plan

2023- 2027



TABLE OF CONTENTS

Introduction 2

 What is Health Equity? 3

 A Living Document..... 3

Background: Where We’ve Been 4

 PHS Race and Health Equity Subcommittee..... 5

 Resilient Community Advisory Committee..... 5

 California Equitable Recovery Initiative 5

Developing the Health Equity Action Plan 6

 Baseline Measures and Organizational Assessments 7

 Stakeholder Engagement 7

 Key Themes 8

 Best Practices in Equity Centered Design 9

 Linkage to Standards and Measures 9

The Action Plan 10

Measurement and Accountability 14

Closing Note 15

Appendix A: Baseline Organizational Assessment for Equity Infrastructure, Report
Summary 17

Appendix B: State Health Equity Plan – Preliminary Framework Overview..... 19

Appendix C: Public Health Accreditation Board (PHAB) Domains 20



INTRODUCTION

For decades, the Social Determinants of Health have been identified as key factors that influence health outcomes¹ and addressing them is a primary approach to achieving health equity. San Joaquin County Public Health Services (PHS) has a long history of addressing the Social Determinants of Health and utilizing a health equity lens in its programs and services; however, this approach has been an informal one.

Since 2014, PHS has aimed to institutionalize a health equity approach into programs, policies, services, and interventions. In fact, this outcome is defined in the PHS 5-Year Strategic Plan (2017– 2022) under the focus area of Policies, Programs and Systems to Assure Healthy Places and People. PHS has continued to demonstrate progress made toward institutionalizing a health equity approach into all aspects of the department’s operations through the establishment of a health equity policy and offering various training sessions over the years. The development of this PHS Health Equity Action Plan is one of the many pieces of the puzzle that will continue to propel the department forward on its journey toward advancing health equity in San Joaquin County.

To make meaningful progress towards advancing health equity, it is critical for the department to look inward to assess its capacity and equity infrastructure. Only then can the department effectively develop an actionable plan to implement strategies for organizational culture change and create practical tools to support equity-focused strategies across the organization. The development of the Health Equity Action Plan sought to identify strengths and opportunities for improvement through an employee and external partner engagement process. The process created clear concrete steps for PHS to build its internal capacity to address health equity. This plan expands and builds on the work already underway and provides a framework to measure progress and impact for the next five years.

¹ https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

What is Health Equity?

According to the Centers for Disease Control and Prevention (CDC), “Health equity is a state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to:

- Address historical and contemporary injustices;
- Overcome economic, social, and other obstacles to health and health care; and,

to achieve health equity, we must change the systems and policies that have resulted in the generational injustices that give rise to racial and ethnic health disparities.”²

It is important to note that “equity” does not mean “equality”. Health equity conceptualizes that the needs of a community will vary for each person or population and there is not a standard or universal approach that fits everyone’s unique needs, as demonstrated in Figure 1.

Figure 1

EQUALITY:

Everyone gets the same – regardless if it’s needed or right for them.



EQUITY:

Everyone gets what they need – understanding the barriers, circumstances, and conditions.



Copyright 2022 Robert Wood Johnson Foundation

A Living Document

The PHS Health Equity Action Plan exists as a living document that will be implemented, monitored, and updated annually to ensure that the department is making progress, while supporting the vision and mission of PHS. This allows flexibility in the face of unanticipated or unplanned events caused by changing political, social, and resource environments.

² <https://www.cdc.gov/healthequity/whatis/index.html>



BACKGROUND: WHERE WE'VE BEEN

PHS (like most local health jurisdictions) has not had the benefit of consistent systematic training or guidance on how to address racial inequity and incorporate principles of equity into programs and policies. In 2014, PHS enrolled its first staff members in the Health Equity Leadership Program at the Central Valley Health Policy Institute (CVHPI) at California State University, Fresno. This year-long program provided them with tools and resources necessary to initiate discussions about health equity with PHS staff at every level. It also culminated in a department-wide survey to obtain a baseline assessment of health equity knowledge and the institutional representation of health equity concepts within the department.

Results from the first health equity staff survey highlighted a need for continued education and capacity building within the PHS workforce and laid the foundation for more intentional organizational change. The first change that was made by the department was updating the mission and vision statements to reflect equity and accurately communicate the direction and values of the department.

PHS Mission: Protect, promote, and improve health and well-being for all who live, work, and play in San Joaquin County.

PHS Vision: All San Joaquin County communities are healthy, safe, equitable, and thriving.

Since 2014, several equity initiatives have been implemented, including equity focused trainings offered during two annual all-staff meetings (2018 and 2019) and additional staff capacity building through participation in the CVHPI Health Equity Leadership Program and the San Joaquin Valley Public Health Consortium (SJVPHC) cohort of the Government Alliance for Race & Equity (GARE) Program. A brief overview and timeline of PHS' journey toward health equity is found in Figure 2.

Together with other health jurisdictions throughout the San Joaquin Valley, the SJVPHC cohort members adapted the Race Equity Curriculum for use among local health jurisdictions. The GARE training focuses on advancing racial health equity by building organizational understanding and capacity to address racial equity needs and transforming programs, policies, and institutional strategies to account for inequities driven by race.

The GARE training was piloted in the PHS Health Promotion and Chronic Disease Prevention Unit, and, while implementing the training across the department remains a priority, the need for additional resources, support, and trained facilitators has persisted over the years and limited implementation of the GARE training. This unmet need led to the establishment of the Race and Health Equity (RHE) Subcommittee, a subcommittee of the Workforce Development Committee.

PHS Race and Health Equity Subcommittee

The Race and Health Equity (RHE) Subcommittee was established in 2019 to support the organizational development and implementation of racial and health equity strategies. The Subcommittee consists of a dedicated group of staff who represent all the programs within PHS. Subcommittee members meet monthly to share information, resources, plan department-wide activities, and participate in equity-related trainings. Due to the COVID-19 pandemic, the Subcommittee was on a hiatus for most of 2020 and 2021 but reconvened in spring 2021 to develop a train-the-trainer model of the GARE curriculum. Implementation of the GARE training and Health Equity Action Plan activities are the main priorities of the Subcommittee.

Resilient Community Advisory Committee

During the COVID-19 pandemic, PHS sought to strengthen and re-align efforts with community partners and agencies throughout the county. The Resilient Community Advisory Committee (RCAC) was created by PHS in fall 2020 to bring together those who serve—and had trusting relationships with—the most disenfranchised communities throughout San Joaquin County. These communities were also the most affected by the COVID-19 pandemic. Using a collective action approach, the RCAC meets monthly to engage community partners and residents in the development of messages tailored to resonate with community members, promote community outreach and disease mitigation activities, and gather feedback and guidance on planned activities.

California Equitable Recovery Initiative

In fall 2021, PHS received the California Equitable Recovery Initiative (CERI) grant from the California Department of Public Health (CDPH) to address COVID-19 and advance health equity for disproportionately impact racial and ethnic groups, rural populations, those experiencing socio-economic disparities, and other underserved communities. With this foundational funding, PHS has been able to establish a Health Equity team to lead the department’s equity-focused organizational capacity building activities, including the development of the Health Equity Action Plan.

Figure 2





DEVELOPING THE HEALTH EQUITY ACTION PLAN

The planning process for the Health Equity Action Plan included four phases: Baseline Measures and Capacity Assessment Phase, Discovery and Engagement Phase, Goal Strategy and Development Phase, and Finalizing the Plan. Each phase in the process was intended to inform the next phase, incorporating continuous learning and adaptation based on input and feedback throughout. This process included a variety of data collection methods including a baseline organizational assessment, staff survey, focus groups, key stakeholder interviews, in-person strategy planning meetings, and virtual engagement meetings. To conclude the process, two community listening sessions were conducted virtually to share the draft health equity plan with the community.

Figure 3

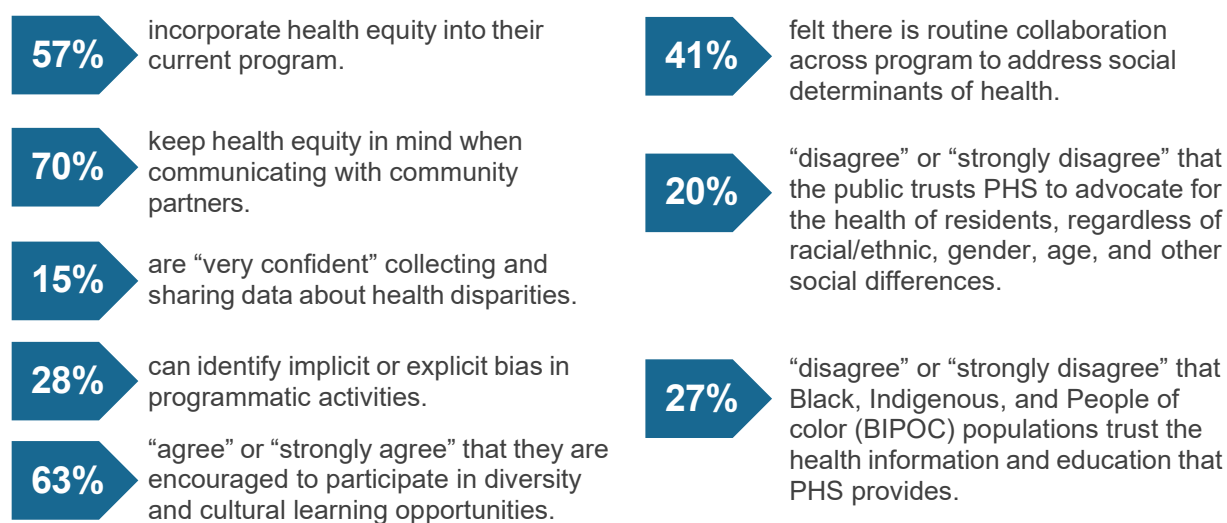


Baseline Measures and Organizational Assessments

PHS used the Baseline Organizational Assessment for Equity Infrastructure (BOAEI) tool developed by CDPH to collect baseline data on the current equity infrastructure of the department. To complete the BOAEI, the PHS Health Equity team chose to conduct Key Informant Interviews (KII) with the department's management team. The interviews were designed to gain a better understanding of the department's capacity to address health equity and to explore interviewee knowledge and understanding of its health equity practices. A summary report of the BOAEI can be found in [Appendix A](#). Notable recommendations and opportunities for improvement included:

- ▶ Consistent staff training on a variety of health equity topics, including opportunities for quality engagement and meaningful collaboration with the community;
- ▶ Intentional collaboration with community partners and involvement in key program decisions and/or planning; and,
- ▶ Reinforce the department's commitment to equity within the organizational culture and communications.

The Health Equity team also conducted a health equity staff survey to assess staff skills and behaviors of the PHS workforce. With representation from all levels of staff, notable findings included:



Stakeholder Engagement

To support the development of the Health Equity Action Plan, further stakeholder engagement occurred between September 2022-March 2023. This engagement included working with the Race and Health Equity (RHE) Subcommittee, the Resilient Community Advisory Committee (RCAC), additional PHS staff at all levels, and key community stakeholders.

Table 1

Stakeholder Engagement Participants	
Focus Groups (2)	1 focus group with RHE Subcommittee and PHS Staff – 19 participants 2 focus group with RCAC – 15 participants
Key Stakeholder Interviews (8)	4 External partners from local organizations 4 Internal PHS staff that ranged from Community Health Workers to Department Managers and Directors
In-Person Strategy Planning Meetings (2)	Meetings included attendees from the RHE Subcommittee and RCAC
Community Listening Sessions (2)	2 virtual sessions – 20 participants

Key Themes

Key themes that were identified through the focus groups and key stakeholder interviews included:

- ▶ Limited awareness of PHS health equity policy;
- ▶ Data and analytics at PHS are highly valued;
- ▶ Existing training sessions are valued, but more are needed;
- ▶ Grantmaking and equitable hiring are opportunities for improvement;
- ▶ PHS staff as well as external stakeholders are supportive and motivated by the development of Health Equity Action Plan;
- ▶ PHS staff would like additional guidance and actionable tools to help apply skills and knowledge to advance racial and health equity in concrete ways;
- ▶ Strengthen PHS' collaborative work with other San Joaquin County governmental agencies to align and reinforce health equity efforts;
- ▶ Continue to foster community voices in planning; and,
- ▶ Create more accessibility for community engagement and participation in planning and program implementation.

The in-person strategy meetings focused on the identification and the development of focus areas, goals, and strategy development for Health Equity Action Plan. During these meetings, RHE Subcommittee members and RCAC participants conducted an overview of the initial engagement process, where key findings and information were shared. Participants were asked to identify actionable steps for PHS to build its capacity to address health equity.

During the two community listening sessions, 20 participants shared that overall, the plan is covering the key areas of work needed to address health equity. The community validated that workforce development is a critical component to address health equity, there is a particular interest in strengthening the workforce, including training and pipeline development with a focus on youth. Participants felt strongly about the importance to engage other County agencies and community organizations throughout the plan implementation. The community also expressed the importance of data sharing and communication and engagement by PHS staff at community events to strengthen “boots on the ground” relationships. Community partners also shared that environmental concerns are considered as an important equity issue in the region.

Best Practices in Equity Centered Design

The stakeholder engagement process also informed the development of “best practices” for equity-centered design. These best practices will be embedded across the implementation of the health equity plan.

- ▶ Share data across governmental agencies and community partners to address complex health challenges involving multiple sectors ([Center for Health Care Strategies](#)).
- ▶ Communicate data in a way that is understandable and acknowledges the unique experiences of different communities.
- ▶ Work to continually improve policies and programs and share the results within the organization and outside the organization to support accountability ([Institute for Healthcare Improvement](#)).
- ▶ Include people with lived experiences when designing and evaluating solutions and create consistent and expanded opportunities for community involved planning ([U.S. Department of Health and Human Services](#)).
- ▶ Create inclusive and equitable meeting processes and environments including language accessibility ([Harvard Inclusive Meeting Guide](#)).
- ▶ Shared decision-making with community for programs and planning ([ATSDR Principles for Community Engagement](#)).
- ▶ Support an antiracist approach by being actively conscious about race and racism and take actions to end racial inequities in our program design and everyday actions ([Keder, S., Mate, M.D., & Wyatt, M.D., 2017](#)).

Linkage to Standards and Measures

PHS recognizes that a health equity approach should be aligned with the department’s essential functions, statewide efforts, and nationally recognized standards. As such, the PHS Health Equity Action Plan aligns with the strategies and outcomes defined in the California State Health Equity Action Plan (SHEP) ([See Appendix B](#)) and Public Health Accreditation Board (PHAB) standards and measures ([see Appendix C](#)). The Health Equity Action Plan is an integral part of the department’s 5-year Strategic Plan (2023-2028), which will be completed after the Health Equity Action Plan is released.

As mentioned, the Health Equity Action Plan is a living document and PHS will make adaptations and adjustments to the plan as needed.

THE ACTION PLAN

Focus Area 1: Organizational						
GOAL: Enhance equitable policies and practices at PHS that support internal processes and systems.						
Outcome	Activity/Implementation Plan	Timeline	Status	Lead	BOAEI Competency	PHAB Standards
1. Revise PHS policies to incorporate health equity	Convene ad hoc committees	Year 1	In progress	HE Team	Organizational Commitment	5.2.4.A 10.2.1A
	Identify PHS policies to revise, starting with the Health Equity Policy	Year 1	In progress	Sr. Deputy Director/Policy and Planning, HE Team, RHE		
	Draft policy revisions and recommendations	Year 1-4	Not started	Sr. Deputy Director/Policy and Planning, HE Team, RHE		
	Senior management review and approve policy	Year 1-4	Not started	PHS Administration		
2. Strengthen implementation of the Health Equity Policy in each program	Identify organizational challenges and potential solutions to effectively implement equitable practices	Year 1	Not started	HE Team, Managers	Organizational Commitment	10.2.1.A 9.1.5 A
	Race and Health Equity (RHE) subcommittee staff report on implementation for their respective program	Year 1-2	Not started	RHE		
	Develop measures of success on HE policy implementation	Year 1-2	Not started	HE Team, Evaluator, RHE		
	Develop and implement a process improvement/evaluation (on-going monitoring)	Year 2-5	Not started	RHE, PMQI		
3. Explore how to celebrate PHS cultural diversity	Develop an annual list of cultural diversity observances	Year 1	Not started	HE Team, PHS Wellness Committee, RHE	Embed Equity Principles	8.2.3 A (d)
	Partner with PHS Wellness Committee to implement at least 3 cultural celebrations each year	Year 1-2	Not started	HE Team, PHS Wellness Committee, RHE		

Focus Area 2: Equity Data and Evaluation and Dissemination

GOAL: Continue to improve existing data and analytic capacity to communicate equity data and evaluation with community partners.

Outcome	Activity/Implementation	Timeline	Status	Lead	BOAEI Competency	PHAB Standards
1. Use data in the Community Health Needs Assessment (CHNA) to provide trainings/presentations internally and externally	Create a training curriculum/tailor presentations to the audience (data importance, priority neighborhoods overview, how to utilize data)	Year 1-2	In progress	HE Team, Epi (TBD)	Data Collection and Usage	1.1.2 A
	Evaluate trainings and incorporate feedback	Year 2-3	Not started	HE Team, PHS Staff		
2. Establish health equity-based indicators for PHS programs (e.g., CHNA, Clear Impact)	Identify gaps in data collection and develop data collection strategies to address gaps	Year 1-5	Not started	All PHS program managers, Epi team	Data Collection and Usage	9.1.1 A (c)
	Publish methodology regarding data collection and management	Year 2-5	Not started	All PHS program managers, Epi team		
3. PHS provides equity data in publicly available dashboards (Tableau)	Determine pilot health equity indicators/information that will be displayed	Year 1	In progress	PHS Epi team, HE Team	Data Collection and Usage	1.3.2 A
	Develop dashboards for pilot indicators, exploring health equity data	Year 1-2	In progress	PHS Epi team, HE Team		
	Review/update 3-4 health equity dashboard indicators	Year 1-5	In progress	PHS Epi team, HE Team		

Focus Area 3: Community

GOAL: Prioritize solutions to address health equity co-created with the community and strengthen the community capacity to drive equity focused work.

Outcome	Activity/Implementation	Timeline	Status	Lead	BOAEI Competency	PHAB Standards
1. Leverage Resilient Community Advisory Committee (RCAC) to co-create strategies for community collaboration and engagement	Continue to gather RCAC and community input to identify opportunities for collaboration, future discussion topics, and unmet community needs	Year 1	Not started	HE Team, RCAC, HPCDP, Evaluator	Structures to Build Collaboration	4.1.1 A 4.1.2 A
	Establish metrics and measures for community collaboration activities and strategy implementation	Year 2	Not started	Evaluator, HE team	Structures to Build Collaboration	4.1.3 A
2. Strengthen the capacity of partners who serve disenfranchised communities to help them successfully apply for contracts	Determine current partner understanding of governmental contracting, including capacity and needs	Year 2	Not started	HE Team, Epi	Community-based Organization and Resident Engagement	N/A
	Develop trainings and workshops to assist community partners in applying for contracts (general information; not associated with any upcoming contract opportunities)	Year 2	Not started	HE Team		
	Share resources with partners that can help to improve viability in competitive contracting processes	Year 2	Not started	HE Team, RCAC		
3. Initiate youth/high school workforce/ pipeline engagement	Collaborate with partners to establish a workforce pipeline engagement activity, e.g., Health Careers Academy	Year 2-3	Not started	PHS Workforce Development Committee, HE Team	Community-based Organization and Resident Engagement	8.1.1 T/L
4. Ensure PHS programs with advisory committees, coalitions, taskforces, etc., involve community members wherever feasible	Program leads actively recruit for community member participation (good faith effort) whenever it is appropriate	Year 1	Not started	Managers, RHE	Community Based Organization and Resident Engagement	4.1.2 A (c)
	Address barriers to community participation, as appropriate (e.g., childcare, transportation, scheduling)	Year 1	Not started	Managers, RHE	Structures to Build Collaboration	7.1.2 A

Focus Area 4: Workforce Development

GOAL: Expand and maintain equity-centered trainings for PHS employees that provide every day, practical application.

Outcome	Activity/Implementation	Timeline	Status	Lead	BOAEI Competency	PHAB Standards
1. Design a department-wide communication plan to support health equity (internal)	Determine components of the health equity communication plan and communication strategies	Year 1	Not started	HE Team, PIO	Training, Development, and Support	N/A
	Establish communications plan while ensuring alignment with PHS' communication plan	Year 2	Not started	HE Team, PIO		
	Disseminate communication plan	Year 2	Not started	PHS Admin, PIO		
2. Provide trainings to PHS staff to build understanding of health equity competencies	Identify training topics of interest that align with infrastructure competencies	Year 1	Completed	HE Team	Training, Development, and Support	8.2.1 A
	Implement mandatory Government Alliance on Race and Equity (GARE) training	Year 1	Not started	HE Team		
	Contract with local community agencies who can provide trainings on various health equity topics of expertise	Year 1	Not started	HE Trainer, HE Team		
	Evaluate trainings and incorporate employee feedback	Year 2-5	Not started	Evaluator, HE Team		
3. Develop a sustainability plan or health equity activities and trainings	Establish an annual lunch-and-learn activity for staff training	Year 2-3	Not started	HE Trainer, HE Team	Training, Development, and Support	8.2.1 A
	Determine which trainings should be continued long-term	Year 2-3	Not started	HE Trainer, HE Team		
	Create sustainability plan (e.g., incorporate into New Employment Orientation, Workforce Development Plan, include offerings of free training, a schedule of ongoing trainings, etc.)	Year 2-5	Not started	HE Team, Workforce Development		
	Review and revise PHS-developed "Race and Health Equity Trainer Toolkit" (train-the-trainer model, internal and/or interdepartmental)	Year 3-5	Not started	HE Team, RHE, Workforce Development		

MEASUREMENT AND ACCOUNTABILITY

Outcomes	Performance Indicators	SMART Objectives
Focus Area 1: Organizational GOAL: Enhance equitable policies and practices at PHS that support internal processes and systems.		
1. Revise PHS policies to incorporate health equity	# Policies revised	By June 30, 2025, PHS will revise 5-10 PHS policies to ensure they incorporate an equity lens.
2. Strengthen implementation of the Health Equity Policy in each program	# Implementation plans	By December 31, 2024, PHS programs will establish a Health Equity Implementation Plan.
3. Explore how to celebrate PHS cultural diversity	# Cultural celebrations	By December 31, 2027, PHS will implement 3-5 cultural celebrations annually.
Focus Area 2: Equity Data and Evaluation and Dissemination GOAL: Continue to improve existing data and analytic capacity to communicate equity data and evaluation with community partners.		
1. Use data in the Community Health Needs Assessment (CHNA) to provide presentations internally and externally	# Presentations	By December 31, 2024, PHS programs will provide 4-5 CHNA data presentations to the community.
2. Establish health equity-based performance indicators for PHS programs	# Health equity-based performance measures	By December 31, 2027, PHS will establish 4-6 health equity-based indicators for PHS programs.
3. PHS provides equity data in publicly available data dashboards	# Equity indicators	By December 31, 2027, PHS will publish 4-8 health equity indicators in publicly available data dashboards.
Focus Area 3: Community GOAL: Prioritize solutions to address health equity co-created with the community and strengthen the community capacity to drive equity focused work.		
1. Leverage the Resilient Communities Advisory Committee (RCAC) co-create strategies for community collaboration and engagement	# Strategies implemented	By December 31, 2027, PHS programs will implement 3-5 community collaboration and engagement strategies co-created with the RCAC.
2. Strengthen capacity of partners who serve disenfranchised communities to help them successfully apply for contracts	# Trainings/workshops	By December 31, 2027, PHS will provide 2-4 public trainings and/or workshops for community partners on governmental contracting processes and how to submit a competitive application.
3. Initiate youth/high school workforce/pipeline engagement	# Engagement activities identified	By December 31, 2027, PHS will partner with community agencies to establish 1-2 youth/high school workforce/pipeline engagement activities.
4. Ensure PHS programs with advisory committees, coalitions, taskforces, etc., to involve community members wherever feasible	% Community residents participating	By June 30, 2024, PHS programs with advisory committees, coalitions, taskforce, etc., include 5-10% of its members who are actively involved community residents.
Focus Area 4: Workforce Development GOAL: Expand and maintain equity-centered trainings for PHS employees that provide every day, practical application.		
1. Design a department-wide communication plan to support health equity activities (internal)	# Plans	By June 30, 2025, PHS HE Team will establish 1 internal health equity communications plan
2. Provide trainings to PHS staff to build understanding of health equity competencies	# Trainings and learning or educational opportunities	By December 31, 2027, PHS will implement 1-4 annual trainings and learning or educational opportunities related to health equity topics.
3. Develop a sustainability plan for health equity activities and trainings	# Plans	By June 30, 2024, PHS HE Team will establish a sustainability plan for departmental health equity work and trainings.

CLOSING NOTE

PHS looks forward to implementing its Health Equity Action Plan over the next five years. It will expand and build on the work already underway as well as to help to drive new and innovative ways to impact disparities. The plan is a living document and PHS will make adaptations and adjustments to the plan as needed.

ACKNOWLEDGEMENTS

The development of the Health Equity Action Plan was an inclusive and comprehensive process guided by the PHS Race and Health Equity Subcommittee and the Resilient Community Advisory Committee and facilitated by Health Management Associates. Community partners and organizations that were part of the planning process are listed below.

- Amelia Ann Adams Whole Life Center
- Community Health Leadership Council
- El Concilio
- Faith in the Valley
- First 5 San Joaquin
- Health Net
- Health Plan of San Joaquin
- Jakara Movement
- Little Manila Rising
- Mary Magdalene Community Services
- Public Health Advocates
- Reinvent South Stockton Coalition

GLOSSARY

Acronym	Complete Title
BOAEI	Baseline Organizational Assessment for Equity Infrastructure
BIPOC	Black, Indigenous, and People of Color
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
COVID-19	Coronavirus Disease of 2019
CERI	California Equitable Recovery Initiative
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CVHPI	Central Valley Health Policy Institute
GARE	Government Alliance for Race & Equity
KII	Key Informant Interview
PHAB	Public Health Accreditation Board
PHS	San Joaquin County Public Health Services
RCAC	Resilient Community Advisory Committee
RHE	Race and Health Equity (Subcommittee)
SHEP	State Health Equity Plan
SJVPHC	San Joaquin Valley Public Health Consortium

APPENDIX A: BASELINE ORGANIZATIONAL ASSESSMENT FOR EQUITY INFRASTRUCTURE, REPORT SUMMARY

As part of the California Equitable Recovery Initiative (CERI) grant, local health departments were required to complete the Baseline Organizational Assessment for Equity Infrastructure (BOAEI). This assessment tool, developed by the California Department of Public Health (CDPH), was used to collect baseline data on the current equity infrastructure of each department. Results of the assessment have informed the development of local Health Equity Action Plans as well as the development of a State Health Equity Plan.

The BOAEI tool is divided into four domains, sub-divided into three competencies. The table below identifies the domains and competencies included in the assessment:

Table 1. Baseline Organizational Assessment for Equity Infrastructure Competencies

Domain	Competency
Workforce and Capacity	Diversity and Inclusion
	Dedicated Equity Staff
	Training, Development, and Support
Collaborative Partnerships	Structures to Build Collaboration
	Community Based Organization & Resident Engagement
	Partner Across Sectors
Equity in Organizational Policies and Practices	Organizational Commitment
	Funding and Resource Allocation
	Embed Equity Principles
Planning and Shared Decision-Making	Data Collection and Usage
	Shared Analysis
	Inclusive Decision-Making

Using the BOAEI tool as a guide, an interview protocol and discussion guide were developed by the PHS Health Equity team. The protocol consisted of semi-structured questions based upon each competency that allows for more in-depth qualitative data collection and opportunity for the respondents' spontaneous descriptions and narratives. The team conducted 17 Key Informant Interviews (KII) with the department's administration and management teams between March 14 and March 22, 2022, to gain a better understanding of its capacity to address health equity and to explore interviewees knowledge and understanding of department-wide health equity practices. The assessment was not meant to identify what the department "should" be doing, but rather to initiate dialogue and gather insight on the current state of PHS. The KII report was used to inform the development of a Health Equity Action Plan for PHS.

Below are key findings of the KIIs, broken up into notable strengths and opportunities for improvement:

Notable Strengths

- Respondents said PHS is racially and ethnically diverse and reflects the diversity of the community.
- The Resilient Community Advisory Committee (RCAC) was frequently mentioned as a group that supports and develops meaningful collaboration with community partners.
- The department has a health equity policy and other policies, plans and procedures, including the department's strategic plan, quality improvement plan, and workforce development plan that utilize an equity lens.
- The CHNA and Community Health Improvement Plan (CHIP) were mentioned frequently as ways PHS has intentionally collaborated with other agencies and organizations across sectors to amplify equity and address the social determinants of health.

- The CHNA was frequently mentioned as the main tool that the department uses to ensure community members/residents and stakeholders are included in key decisions about program, policy planning, and evaluation activities.

Notable Opportunities for Improvement

- Managers expressed the need for more trainings to be available for staff to learn and discuss equity topics and incorporate their learning into practice.
- PHS needs more training on and enforcement of equity policy.
- There needs to be more awareness of the various operational plans' use of equity.
- There needs to be more ongoing promotion of the information or trainings on how the community can use data in the CHNA to advance equity.

Manager Suggestions

During the KIIs, PHS managers offered suggestions and recommendations on how the department can expand on its capacity to address health equity. Below are some of the recommendations shared.

Staff Training

- Staff need more opportunities to discuss and learn about health equity, including how to identify root causes of inequities.
- The department should offer equity trainings as part of the mandatory onboarding for new PHS employees.

Intentional Collaboration with Partners and Community Input

- Program should ensure that community members and stakeholders are included in key decisions (less information sharing and more planning together).
- The department should explore how to develop programs with and delegate responsibilities to community partners.

Equity Culture

- The department can be doing more to reinforce its commitment to equity in culture and communication.
- The department should refresh its health equity policy to ensure that it reflects current realities.

Key Takeaways

KIIs offered insight into strengths and opportunities for improvement within the department. More training to help staff learn and discuss equity topics and learn how the community can use data in the CHNA to advance equity are needed. PHS should continue to build partnerships through the CHNA/CHIP and RCAC. These partnerships should lead to a mixture of PHS- and partner-led collaborative initiatives. It is imperative that PHS staff are trained and understand how to use and apply an equity lens.

APPENDIX B: STATE HEALTH EQUITY PLAN – PRELIMINARY FRAMEWORK OVERVIEW



State Health Equity Plan – Preliminary Framework Overview

DRAFT

RESULT DOMAINS	AREAS OF FOCUS			
COVID-19 Outcomes (C)	Testing	Case Investigation and Contact Tracing	Prevention and Mitigation	Vaccination and Vaccine Support
	Quarantine and Isolation Support	Response and Recovery	Local Surveillance	Laboratory
Intersecting Conditions and/or Secondary Impact Outcomes (IS)	Child Development and Adverse Childhood Experiences (ACEs)	Mental Health and Wellness	Alcohol and Substance Use	Violence Prevention
	Chronic Disease Prevention and Management	Sexually Transmitted Diseases	Other Communicable Diseases	Special Populations
Community and Social Determinants of Health (CS)	Inclusive Economic Development	Housing and Homelessness	Food Security	Access to Services
	Digital Divide	Schools and Childcare	Climate Change and Environmental Conditions	Racism
Equity Infrastructure (EI): Asset and Capacity Building	Workforce and Capacity Building	Organizational Policies and Practices	Funding and Resource Allocation	Legislative and Governmental Policy
	Data and Information Collection, Utilization, and Dissemination	Cross-Sector Partnerships and Collaboration	Community Engagement	Health Education, Communications, and Outreach

APPENDIX C: PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CROSSWALK

PHAB Requirement	Action Plan Focus Area	SJCPHS Health Equity Action Plan Outcome
Domain 1: Assess and monitor population health status, factors that influence health, and community needs and assets.		
<i>1.2.2 T/L Participate in data sharing with other entities</i>	Focus Area 2	Use data in the Community Health Needs Assessment (CHNA) to provide presentations internally and externally
<i>1.1.2 A Collaborate on and use the community health assessment process</i>	Focus Area 2	Establish health equity-based indicators for PHS programs (e.g., CHNA, Clear Impact)
<i>1.2.1 A Collect non-surveillance population health data</i>	Focus Area 2	Establish health equity-based indicators for PHS programs (e.g., CHNA, Clear Impact)
<i>1.3.1 A Analyze data and draw public health conclusions</i>	Focus Area 2	PHS provides equity data in publicly available dashboards (Tableau)
Domain 4: Strengthen, support, and mobilize communities and partnerships to improve health.		
<i>4.1.2 A Participate actively in a community health coalition to promote health equity</i>	Focus Area 3	Leverage Resilient Community Advisory Committee (RCAC) to co-create strategies for community collaboration and engagement
<i>4.1.3 A Engage with community members to address public health issues and promote health</i>	Focus Area 3	Strengthen the capacity of partners who serve disenfranchised communities to help them successfully apply for contracts Ensure PHS programs with advisory committees, coalitions, taskforces, etc., involve community members wherever feasible
Domain 8: Build and support a diverse and skilled public health workforce.		
<i>8.1.1 A Recruit and promote the development of a qualified and diverse public health workforce</i>	Focus Area 3	Initiate youth/high school workforce/ pipeline engagement
<i>8.2.1 A Develop and implement a workforce development plan and strategies</i>	Focus Area 4	Design a department-wide communication plan to support Health Equity (internal) Provide trainings to PHS staff to build understanding of health equity competencies Develop a sustainability plan for health equity activities and trainings
<i>8.2.2 A Build a supportive work environment</i>	Focus Area 1	Explore how to celebrate PHS cultural diversity
Domain 9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.		
<i>9.1.2 A Establish a process that guides health department quality improvement efforts across the department</i>	Focus Area 1	Strengthen implementation of Health Equity Policy in each program
Domain 10: Build and maintain a strong organizational infrastructure for public health.		
<i>10.2.1 A Manage operational policies including those related to equity</i>	Focus Area 1	Revise PHS policies to incorporate health equity Strengthen implementation of Health Equity Policy in each program Strengthen the capacity of partners who serve disenfranchised communities to help them successfully apply for contracts

