PRACTICE SHIFT

A Playbook for Harnessing New Equity Roles to Drive Innovation in California's Local Public Health Departments

BARHII
Bay Area Regional Health Inequities Initiative

Insights from BARHII's 2023 California Equity All-Stars Series

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THE BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE (BARHII)

BARHII is the coalition of the eleven Bay Area public health departments, founded to address the preventable decade-long differences in life expectancy that exist by race, income, and neighborhood. With our member health departments and community partner organizations, we drive innovations in the field and secure public policies for healthier communities, racial justice, and economic prosperity for all.

For more than twenty years, BARHII has been a leader in developing health equity resources and trainings. Our health equity framework, which calls for upstream interventions to reduce differences in life expectancy, has shaped the work of state and local health departments and now regularly appears in public health textbooks. The framework is supported by several implementation guidebooks, including the BARHII Toolkit, which assesses public health department readiness for health equity, and the Social Determinants of Health Indicator Guide. Additional BARHII publications provide research and solutions on a wide range of issues affecting health equity, including housing affordability, economic opportunity, land use, and climate change. BARHII has delivered trainings to thousands of Bay Area public health department staff and their allies.

INTRODUCING THE BARHII ACTION LAB

BARHII is committed to achieving health equity in our lifetime in the Bay Area and beyond. Our new national Action Lab accelerates this work by helping health equity leaders test new ideas, share what's working, and build the leadership support needed to succeed.

The California Equity All-Stars series, which this report is based on, was one of the first projects of the BARHII Action Lab, and was designed with feedback from public health equity leads across California. Learn more at www.barhii.org.

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INTRODUCTION

It's a transformational moment for the equity movement in California. Equity officers and equity leads are being appointed across all levels of government—from state agencies to local jurisdictions and departments. This transition has been driven, in part, by the many inequities experienced by communities of color during the COVID-19 pandemic and our national reckoning with race, following George Floyd's murder.

Public health practitioners have long been at the forefront of the equity movement—piloting new approaches that demonstrate how government can address inequities to drive meaningful improvements in health and well-being.

The California Department of Public Health (CDPH) is a leader in advancing equity, serving as one of the first adopters of the BARHII Health Equity Framework, establishing the state Office of Health Equity, and engaging in the racial equity trainings and tools of the Governmental Alliance for Race & Equity (GARE). Now, through a historic $30 million investment in equity staff across local public health departments through the California Equitable Recovery Initiative (CERI), CDPH has laid the foundation for the next generation of public health practice—with equity at the center.

Health equity leads and equity officers are uniquely positioned to operationalize health equity internally within their home departments as well as externally with community. However, these are primarily newly created roles, operating in a complex, rapidly evolving landscape. It's essential that these staff receive the resources, tools, and support they need so that they can effectively harness the power of our public health institutions to address California's most pressing health equity challenges.

This guide provides a playbook to support this new community of equity staff in California's local public health departments. We provide five key pathways that public health departments can pursue to initiate or accelerate local health equity efforts:

1. TRANSFORMATIVE PARTNERSHIPS: GOVERNMENT'S ROLE IN COMMUNITY-LED COLLABORATION
2. CHANGE FROM WITHIN: TRANSFORMING LOCAL HEALTH DEPARTMENT PROGRAMS, POLICIES, AND PRACTICES TO ADVANCE HEALTH EQUITY
3. A WHOLE-OF-GOVERNMENT APPROACH: LEVERAGING PUBLIC HEALTH PARTNERSHIPS ACROSS GOVERNMENT TO SCALE EQUITY IMPACTS
4. MANY PLAYERS, ONE GOAL: ADVANCING HEALTH EQUITY THROUGH AN ECOSYSTEM APPROACH
5. DATA & METRICS: BUILDING EQUITABLE PRACTICES

These pathways aren't envisioned as being exclusive or sequential; you don't have to choose just one or complete one before starting another. In fact, each pathway is essential; together, they point the way toward a profound shift in public health practice that delivers equity results.

Fortunately, as this guide shows, there are many opportunities for local public health departments to make progress on each pathway in the near term.

These five pathways were the foundation of BARHII's 2023 California Equity All-Stars Series, which explored the benefits of each pathway and strategies that California's local public health departments can deploy to advance down each pathway. This guide serves as a retrospective for that learning series, providing California's local public health departments with quick access to many of the models, frameworks, case studies, and tools that were shared during the year to support their local health equity work. The guide aims to:

1. Highlight key insights and takeaways that emerged over the course of the California Equity All-Stars Series.
2. Identify bright spots for how local public health departments across California are advancing health equity.
3. Celebrate California's public health leadership and this important milestone in the equity movement.

CALIFORNIA EQUITY ALL-STARS SERIES

In 2022, inspired by the **BARHII Equity Officer model,** CDPH reached out to BARHII to provide equity supports for a new statewide cohort of more than 50 health equity leads, funded through the CERI program. In 2023, BARHII hosted the California Equity All-Stars series—a year-long training and skill building series for these health equity leads and their colleagues in local public health departments across the state.

The California Equity All-Stars series was comprised of four core sets of supports:

1. **Statewide showcase web events** to spotlight models and best practices across California and the country.
2. **Post-convening "water coolers"** to dive deeper into specific topics raised during the web events. These small group discussions were an opportunity to identify concrete tools and strategies to test locally, as well as start to build a statewide peer network.
3. **Data visualization for equity series** to enhance practitioners' data presentation skills, including best practices for integrating a more equitable and inclusive approach to data communications.
4. **Equity program design special sessions** to build capacity to track progress on equity impacts and strengthen data analysis for populations that are small in number.

Over the year, BARHII held 24 learning events, engaging with approximately 390 equity leaders from all five regions of California. We explored themes such as internal systems change, transformative community partnerships, health ecosystems, and multi-sector collaboration. Health equity innovators from across the country presented powerful models for advancing equity, such as Rhode Island's Health Equity Zones, Long Beach's Health Equity Investment Framework, and Humboldt County's cross-sector data workgroup, to name just a few.

In addition to lifting up a range of models and frameworks, the BARHII team also wanted the series to be practice-focused, a space for peers to explore with one another a variety of tools and tactics to test in their local jurisdictions. To achieve this goal, we introduced a new learning structure—"water coolers." These are small, informal spaces for peers to dive deeper into topics related to the statewide web event, group problem-solve, and surface strategies to pilot. Peer jurisdictions shared practical tools like San Diego's staff development toolkit, Napa's policy review template, and Monterey's equitable budget practices.

We're thrilled by the initial feedback on the series. In total, 98% of participants reported they learned new information across the sessions. Furthermore, 89% of participants reported they walked away with strategies to start operationalizing equity practices, either with community partners or within their department. And 83% of participants reported they have or can build the supports needed to implement what they learned in their home department.

Throughout the series, many health equity leads also shared about the substantive challenges they face in building an equity practice, such as the siloed nature of their department, vague and unrealistic scopes, and uneven support from others within their local government. This highlights the need for continued investment in supporting these equity staff. It also highlights that the work of operationalizing equity is not a one-person job; it requires a team approach, with collaboration at all levels of the organization.

Fortunately, this series held equity lessons for everyone in our local public health departments, from executives looking to braid funding streams to community engagement staff hoping to catalyze meaningful CBO partnerships to epidemiologists seeking to better communicate about complex public health data.

ACKNOWLEDGMENTS

This series is the result of many partners' passion and commitment to advancing health equity. We would like to thank Blue Shield of California Foundation and California Department of Public Health (CDPH) for their financial support, which made this learning series possible. We also thank California's local public health departments and health equity leads. We're deeply grateful to all the health equity innovators and practitioners who participated in this learning series and shared real-time learnings from their work. As health equity leaders, you are trailblazers in a rapidly evolving field. Thank you for sharing your insights, successes, and challenges—many of which are reflected in this retrospective.

PATHWAY 1

Transformative Partnerships: Government's Role in Community-Led Collaboration

Equity cannot be realized unless government works in partnership with communities that experience inequities. These efforts are most impactful when the partnership is community-driven.

How can governmental public health systems realign themselves to best support our communities to thrive? How can government best support the capacity of community to lead health equity efforts and realize the kinds of investments residents want to see in their community—resulting in a better quality of life for all?

We kicked off the learning series on the critical topic of building impactful community partnerships. Below are key insights from the statewide web event and our post-convening water coolers.

STATEWIDE WEB EVENT

SPEAKERS

CHRISTOPHER AUSURA
Director of Equity Operations, Rhode Island Department of Health

DEANDRA LEE
Senior Community Health Planner, Health Policy & Planning, San Mateo County Health

ANITA KUMAR
Director of Collaborative Health Equity Practice, BARHII

For this event, we spotlighted two models for transformative community partnership:

- **The Health Equity Zones (HEZ) Initiative of the Rhode Island Department of Public Health** – a program to support place-based, upstream, community-led health equity collaboratives.
- **The Community Collaboration Process (CPP) from San Mateo County Health** – a collaborative approach to create a community collaboration structure.

INSIGHTS

Both speakers presented strategies for how public health can leverage transactional community engagements—or "short-term sprint projects"—to gradually advance transformational work with community—characterized as long-term, ongoing relationships that address the structural barriers to health equity.

> Targeted, intentional investment in the community's capacity to identify and prioritize what residents want to see for better health outcomes is an investment in equity.

Rhode Island Department of Health (RIDOH) shared a partnership continuum for moving toward greater community capacity—from transactional to catalytic to transformational.

- **Transactional partnerships** are short-term, focused on programs and outcomes, and are primarily driven by government or funder priorities. Transactional partnerships are what define public health's current funding structure.

- **Catalytic partnerships** serve as an on-ramp to engage with community around investments in a meaningful way. These kinds of partnerships focus on strengthening community capacity with the goal of community owning the process. One example of community capacity building is supporting a CBO to lead a department's community health needs assessment.

- **Transformational partnerships** are the result of an ongoing, long-term engagement with community partners. The work gradually builds upon itself, from small-scale interventions to increasingly large-scale actions that advance population-level and generational impacts. The strategies are identified and implemented by the community, and they address the root causes of health disparities.

When building your community investment portfolio, it's important to keep in mind that all three partnership types along the spectrum are needed.

You're on a successful trajectory when the community is building ownership of the action plan, the set of strategies and interventions, and resource investments.

The creation of a community needs assessment and resulting action plan is an opportunity to reset the relationship between government and community.

Ideally, the action plan should be agnostic to public health or a funder's strategic priorities. The government's role is to align resources and investments around what the community identifies as the key priorities and start to work with the collaborative to build a health ecosystem.

San Mateo County Health (SMC) added to this partnership continuum, highlighting the importance of transparency and genuine power-sharing. SMC's new Community Collaboration Process (CCP) outlines a pathway to engage community in ways community members have prioritized to co-design a collaborative structure with the county's public health department.

TOOLS

Rhode Island Department of Health | Health Equity Zones: A Toolkit for Building Healthy and Resilient Communities

San Mateo County Health | Community Collaboration Process

"We need to address the structural barriers driving health inequities. The tools in the toolbox are currently structured for a sprint approach, and what's needed are new tools aligned with a marathon approach." - Chris Ausura, Rhode Island Department of Health

WATER COOLERS

We hosted three post-convening water coolers to dive deeper into topics that emerged during the statewide convening. A central theme across the water coolers was the need to retool government infrastructure to support community's capacity so that the community can be the driver of health equity efforts.

Building Buy-in with Public Health Leadership to Foster Meaningful Partnerships with Community

SESSION LEADER

DARRYL LAMPKIN
Health Equity Management Analyst, San Mateo County Health

Through creating the Community Collaboration Process (CCP), SMC's equity team gained insights into their role as equity leaders. The team is beginning to see itself as a bridge builder, translating the community's needs into actionable items that fit within the constraints of government. While this role is essential, it can be complicated and challenging.

SMC peer-led a session on promising practices to foster strong, sustained support among department leaders for transformative community engagement efforts. They shared several strategies that they're testing.

As bridge builders between community and government, how can you leverage your unique role as an equity leader and begin to shift your department's relationship with community from one of compliance to growth?

INSIGHTS

- **With community, SMC is building long-term, trusting relationships by continually showing up for community.** This means participating in community events beyond when their department needs something from the community and getting on the agenda of existing community meetings. SMC is also hosting Public Health 101 workshops to introduce the community to public health. The workshops have provided an opportunity to "level-set" around what is in the realm of public health's scope and build realistic goals with their CBO partners.

- **Within their home department, the SMC equity team is learning how to serve as an "inside" advocate, surfacing community needs with transparency and identifying actions that move the needle on building meaningful community partnerships.** To support this effort, they've identified champions in their department's leadership, including executives beyond their reporting structure. The team is also starting to brand themselves as "Equity TA Experts," making themselves available to support the equity efforts of other divisions and units, such as providing data support for other teams.

TOOLS

U.S. CDC | Meaningful Community Engagement for Health and Equity

Barn Raising: Approaches to Transformational Community Partnerships for Small, Rural Populations

SESSION LEADER

CHRISTOPHER AUSURA
Director of Equity Operations, Rhode Island Department of Health

Rural regions have unique assets and challenges. Strategies to advance equity in rural jurisdictions must be developed with this in mind.

Initially, Rhode Island's Health Equity Zone (HEZ) model aligned well with urban areas, which had rich CBO networks that the public health department team could work with. RIDOH had a smaller number of rural CBO partners to work with, and these CBOs have limited capacity because they serve large geographies. RIDOH facilitated a discussion on how they're refining the HEZ model to better support their rural partners. While Rhode Island's rural landscape is different from California's, similar challenges and opportunities are at play.

City planners tend to be some of the best champions of equity. Their comprehensive view of community well-being often aligns well with public health's social determinants of health (SDOH) lens.

INSIGHTS

- **Consider partnering with your local planning department to conduct community engagement and needs assessments.** In rural regions where the local CBO network might be small and CBO capacity is stretched thin, partnering with the planning department could help tap into a wider network of CBO partners and consolidate community engagement efforts, mitigating CBO burnout.

- **Hold 1:1s with CBOs to understand their specific pain points and capacity needs.** This information provides an opportunity to assess where your department can adjust its operations to alleviate CBO challenges. For Rhode Island, this resulted in pairing geographies together when feasible and providing CBOs with data support, such as GIS data to support grantmaking efforts.

- **If political conditions are challenging, consider emphasizing how equity efforts will advance government efficacy and efficiency.** For example, show how your efforts will support community cohesion and economic development, which are key priorities in rural communities.

TOOLS

Aspen Institute Community Strategies Group | Thrive Rural Framework

Financing Transformative Community Collaborations: Contracting, Braided Funding, and More

SESSION CO-LEADS

CHRISTOPHER AUSURA
Director of Equity Operations, Rhode Island Department of Health

KRISSY HU
Assistant Administrator, Financial Management, Rhode Island Department of Health

While many government staff are deeply interested in building transformational partnerships with community, current governmental public health structures don't lend themselves to this kind of partnership. And yet, it's essential to achieving health equity. What funding models support transformational community partnerships? What tactics can we use with our current funding mechanisms?

A number of equity leads were excited to dive further into RIDOH's process for building its community investment portfolio. For this session, RIDOH shared the "brass tacks" of their approach to financing transformative community partnerships.

RIDOH thinks of braiding as a technique to create the "wiggle room" within funding structures to achieve meaningful equity outcomes.

The department works to advance community-identified priorities in its Health Equity Zones, which might extend beyond public health (e.g., housing, economic development).

INSIGHTS

- **"Level-set."** Before exploring different financial models, it's important to start with some foundational questions, like "what do we, as a department, mean by flexible funding?" and "what are we hoping to achieve?"

- **Braid funding streams.** Look across your department's grant portfolio and identify opportunities where your team can create flexible funding buckets to support the health equity priorities of your community partners. RIDOH has developed two key flexible funding buckets for braiding. The first is for "collaborative infrastructure." This supports CBO capacity to serve as collaborative backbones. Example activities include leading a needs assessment, strategic planning, general operations for the collaborative, and grantmaking. The goal is to scope as close to the collaborative's needs as possible. The second is for "program implementation." This supports implementation of community-identified and community-designed strategies that advance health equity outcomes.

- **Articulate the benefits of your transformative financial model.** When seeking funding for catalytic and transformational investments, RIDOH highlights three assets of the HEZ model: First, HEZ is rooted in a community-driven decision-making process. Second, core to the model is a community-led collaborative structure that convenes a network of CBOs and other entities and that works directly with residents to develop an action plan with community priorities for investment. Third, RIDOH had established long-term relationships with community partners, including a procurement process to get money quickly to the community.

Key to a braided approach is creativity and relationships. We have to use a "think outside the box" approach to community capacity building and community-driven investment.

PATHWAY 2

Change From Within: Transforming Local Health Department Programs, Policies, and Practices to Advance Health Equity

To deliver meaningful impacts that eliminate health inequities we must build internal systems where equity is the key lens through which public health does its work.

How can local public health departments ensure their systems are better equipped to serve communities experiencing health inequities? How can we retool our governmental infrastructure for more equitable outcomes?

Below are key insights from the statewide web event and post-convening water coolers.

STATEWIDE WEB EVENT

SPEAKERS

DR. WILMA WOOTEN
Public Health Officer, Public Health Services Department, County of San Diego

KATELYNN PEIRCE
Supervising Public Health Educator, Public Health Services Department, San Joaquin County

ANITA KUMAR
Director of Collaborative Health Equity Practice, BARHII

Our second statewide convening turned inward to focus on operationalizing equity within public health departments. The speakers shared frameworks and lessons from their experience embedding equity in their organization. They identified four pillars that guide their department's work to operationalize equity—organization; public health workforce; community partnerships; and data, evaluation, and dissemination.

INSIGHTS

- **Organization.** There are foundational elements that need to be established to build the department's equity infrastructure. These elements include dedicated equity staff—ideally in an office of equity; an organizational assessment that establishes a baseline for current equity work and identifies gaps and opportunities to further embed equity; a departmental strategic plan that incorporates health equity into the department's core values, mission, and principles; and a health equity action plan and implementation plan.

- **Public Health Workforce.** A workforce that reflects the community is an essential component of retooling public health to be better equipped to serve the community. Areas for focus include hiring processes, staff trainings in health and racial equity, and staff workplans that directly link to the health equity objectives in the department's strategic plan so that staff see how their day-to-day work concretely supports equity.

San Diego and San Joaquin both formed cross-department Health Equity Workgroups. These groups developed core products such as an equity charter, equity action plan, and staff trainings.

San Diego developed a Health Equity training series they ran along with a five-part Public Health 101 training.

San Joaquin is developing a set of equity-based indicators for each of their department's programs.

- **Community Partnerships.** The speakers affirmed the importance of developing a plan and set of strategies with the community. San Diego County and San Joaquin County encouraged equity staff to continue to be in regular conversation with the community and to build an ongoing relationship. The Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes are opportunities to build equity and support community to lead on equity initiatives.

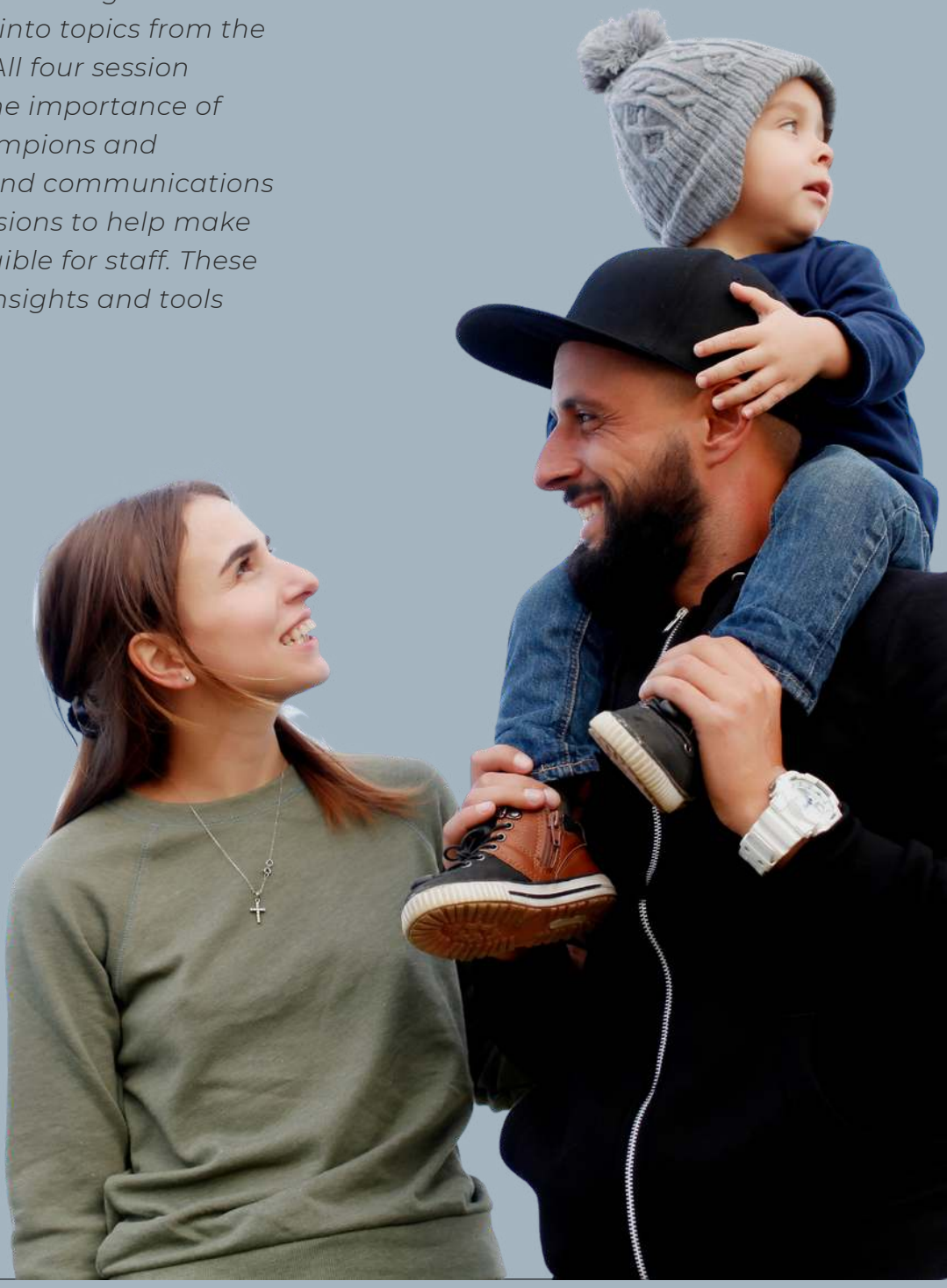
- **Data, Evaluation & Dissemination.** Developing measurable outcomes and continually monitoring progress on equity goals is essential. It's also critical to share this information with staff, community partners, elected officials, and others. Investing in the department's data and analytic capacity for equity can make a big difference. Examples include expanding the collection of demographic data to showcase health inequity data, adding race and ethnicity data, and building organizational capacity to regularly disseminate data with community in a timely fashion.

TOOLS

BARHII | Local Health Department Organizational Self-Assessment for Addressing Health Inequities

WATER COOLERS

We hosted four post-convening water coolers to dive deeper into topics from the statewide web event. All four session leaders emphasized the importance of starting with your champions and tailoring equity tools and communications to specific units or divisions to help make equity work more tangible for staff. These next pages highlight insights and tools from these sessions.



Programming for Equity: Implementing an Equity Policy and Program Assessment Tool

SESSION LEADER

ERIN NIEUWENHUIJS
Community Health Planner, Napa County Public Health

How can equity practitioners help ensure that equity is integrated into local public health policy and program development from the very beginning of the process?

For this session, Napa County shared an equity assessment tool they created to help staff design strategies to align public health programs and policies with equity goals.

INSIGHTS

- **The tool was designed to generate insights for the department.** The tool is designed for supervisors and managers and can be adapted for other staff. It is intended for use before policy and program development. It can help teams evaluate a current policy's history and identify gaps and opportunities for growth in the department's current approaches.

- **The tool is already producing positive results.** When Napa County staff used their new equity assessment tool, they identified that many agriculture and hospitality workers couldn't access the department's services. This was in part because these services weren't offered on evenings and weekends. The department used this data to change its clinic's operating hours to better meet the needs of these communities.

TOOLS

Napa County Public Health | Race & Cultural Equity Policies, Procedures, and Practices Review Tool

"Processes that have helped our work move faster are building the skillsets of community members to lead the work, building around what communities want to see, not just what's provided, and then using that information to integrate the goals of communities into institutional priorities." - Justin Merrick, Center for Transforming Communities

Staff Development for Equity: Helping Public Health Employees View their Roles through an Equity Lens

SESSION CO-LEADS

JO-ANN JULIEN
Health Planning & Program Specialist, San Diego Public Health Services Administration

ANISSA BUSCH
Health Program Policy Specialist, San Diego Public Health Services Administration

San Diego County equity team created two health equity tools to start operationalizing equity within the department—one for individuals and another for programs. Whether implementing a program, working in administration, or serving in the laboratory, both tools support staff to integrate equity practices into their day-to-day work.

INSIGHTS

- **The Health Equity Tool for Programs provides branch-specific guidance.** To roll out the tool, the San Diego County equity team designed multi-hour workshops tailored to each branch with branch-specific data and articles. The equity team found that it was helpful to frame the events as "workshops" rather than "trainings." For example, it allowed them to give homework in advance and get technical assistance from CDPH. The equity team is now supporting staff from each branch to facilitate monthly equity meetings to foster collective ownership of the department's equity work.

- **The Health Equity Tool for Individuals offers classification-specific guidance.** Most San Diego County public health staff were supportive of equity and were looking for ways to operationalize it in their own work. "What do I, as an individual, need to do differently to ensure I'm approaching my work with equity? How do I know if I'm already integrating equity in my work?" This tool was created to address equity within individual public health roles. It includes vignettes that describe what it looks like to operationalize equity in day-to-day work.

TOOLS

San Diego County | Health Equity Tool for Programs

San Diego County | Health Equity Tool for Individuals

Staffing for Equity: Creating a Diverse and Equitable Public Health Workforce

SESSION LEADER

SALOMEH WAGAW
Health Equity Program Director, Riverside University Health System-Public Health

As the COVID-19 emergency recedes, public health departments have a unique opportunity—to rebuild their workforce in ways that center equity. Riverside County's public health department has built a 30-person health equity team. In this water cooler, they discussed two key areas to build equity in the public health workforce—recruitment and staff training and supports.

INSIGHTS

- **Recruitment:** Changing recruitment practices is a major step toward embedding equity in your department's hiring process. Proactive recruitment methods that step outside the traditional HR process could include leveraging your CBO networks, universities, and faith-based communities to identify people with lived experience and passion for health equity; hosting community workshops on how to get a public sector job; and partnering with CBOs to support navigating the civil service recruitment process. Additionally, the equity team could work across department programs to integrate equity questions into the interview process.

- **Staff Training and Supports:** Investing in an onboarding process and ongoing staff education about equity are also important for embedding equity in your department's workforce. For equity trainings, it's important to think about both the content and delivery process. If possible, make trainings mandatory. Have line staff, managers, and division chiefs attend the same training for level-setting and shared accountability. Developing training content in-house provides an opportunity to localize the curriculum to your jurisdiction and modify content over time.

The Riverside County Public Health Department's equity training curriculum is delivered by the Health Equity Director and Deputy Director. Topics include community building and power sharing, racism, cultural competency, LGBTQ, and people with disabilities. There are six modules, that are each four hours.

TOOLS

- **State of Colorado | Ensuring a Diverse Workforce: A Guide for Inclusive Hiring Practices**
- **Marin County | Diversity Hiring Toolkit: Interview Question Library**

Accounting for Equity: Using Budget Equity Tools to Advance Equitable Decision-Making & Resource Allocation

SESSION CO-LEADS

VINCENT LARA
Health in All Policies Manager, Monterey County Public Health Department

NATALIE ALFARO FRAZIER
Senior Diversity, Equity & Inclusion Analyst, Monterey County

How can we harness our local government budgets—and budget-making processes—in ways that drive health equity outcomes? Budgeting practices are some of the key tools by which governmental agencies can start to operationalize equity in their organizational culture and work.

Monterey County has piloted various budget equity tools, internally and externally. In this session, the Monterey County equity team shared insights from their experience, including the strategic partnership cultivated between the public health department and county to scale budget equity tools. Here are some considerations for implementing a budget equity tool within your department or municipal government.

INSIGHTS

- **Start with conversations with divisions and departments to identify who is excited and ready to test the tool.** These are your early adopters. Department readiness will vary.
- **Co-design and pilot with your early adopters.** These departments are already talking about equity and might be familiar with budget equity tools and terms. They can also serve as champions.
- **Evaluate the appetite for a budget equity tool.** Does it make sense to roll out a budget equity tool department-wide or across the entire municipal government? All at once or in phases?

Monterey County is rolling out its county-wide budget equity tool in phases, starting with early adopters. The County's strategy is for the tool to be a steppingstone to participatory budgeting.

Monterey Public Health partnered with the County's transportation agency to test a small-scale participatory budgeting project with the community. Because of the success of the project, the County wants to scale the practice.

TOOLS

Monterey County | Budget Equity Tool Prototype

PATHWAY 3

A Whole-of-Government Approach: Leveraging Public Health Partnerships Across Government to Scale Equity Impacts

Cross-departmental and interagency collaboration is necessary to ensure equity efforts are not limited to one unit or department. It's an opportunity to scale equity practices and impacts throughout government, paving the way for systems transformation and population-level health equity outcomes.

Below are key insights from the statewide web event and post-convening water coolers.

STATEWIDE WEB EVENT

SPEAKERS

MARIAN STRONG
Program Coordinator, Department of Health and Human Services, Humboldt County

KELLY COLOPY
Director, Health & Human Services, City of Long Beach

REBECCA TRYON
Program Manager, Healthy Communities Initiatives, Health & Human Services, Yolo County

ANITA KUMAR
Director of Collaborative Health Equity Practice, BARHII

Our third statewide convening broadened the conversation to address governmental partnerships. We spotlighted three California public health departments and how they're practicing a cross-departmental or interagency approach to accelerate health equity outcomes. For all three speakers, data was an important springboard for collaboration.

INSIGHTS

- **The Live Well Humboldt (LWH) Data Workgroup** sought to make health data more accessible to the community, build strategic alignment on a set of shared priorities, and better show inequities in health outcomes, while also helping to explain why those inequities exist. Meaningful data brought 140 community partners and other departments to the collaborative table. They have initiated identification of shared priorities, measurable health outcomes, and funding opportunities with equity as a central guiding principle.

- **Yolo County's Health in All Policies (HiAP) approach** leverages the department's data expertise to influence city and county decision-making processes. The team has successfully built relationships with city and county leaders to understand each jurisdiction's strategic priorities and used health data to make a case for embedding health equity in their policy and investment decisions.

Long Beach's ability to quickly implement a racial and health equity strategy during the COVID-19 emergency was possible because the city had already taken steps to prioritize equity. In 2017, with grant support, Long Beach Health & Human Services (HHS) established the city's first Office of Equity and joined GARE. Following George Floyd's murder, the Office of Equity moved to the City Manager's office. During the pandemic, the city manager's office turned to HHS for its leadership in scaling and centralizing racial health equity infrastructure across the city.

- **Long Beach Health Equity Investment Framework (HEIF)** started with a deep dive into the city's racial distribution by geography, overlaid with COVID hospitalization rates. The city used this data to test a new procurement process, that focused on supporting small BIPOC-led organizations. The success of this initiative has inspired an inter-departmental effort, including the Port of Long Beach, to restructure the city-wide procurement process.

"It's about keeping equity in the forefront of our minds. The more we model equity, talk about it, prioritize it, help people see themselves and their work as connected to equity, the farther we'll go." - Marian Strong, Humboldt County

WATER COOLERS

We hosted three post-convening water coolers to dive deeper into topics that emerged during the statewide convening. Key themes that emerged during these sessions were the power of public health data to build interagency and cross-sector collaboration and the importance of starting with your champions and allies to build shared understanding and momentum.

Embedding Equity in City & County Policies: Using a Health in All Policies Approach

SESSION CO-LEADS

REBECCA TRYON
Program Manager, Healthy Communities Initiative, Yolo County Health and Human Services Agency

KANAT TIBET
Program Coordinator, Healthy Communities Initiative, Yolo County Health and Human Services Agency

This session explored how Yolo County Public Health staff are implementing a Health in All Policies (HiAP) approach to initiate fruitful partnerships with city and county officials. By supporting the health equity capacity of local leaders, as well as working to align Yolo's Community Health Improvement Plan (CHIP) with city and county strategic priorities, Yolo County is creating opportunities to integrate health equity into local policy and investment decisions and scale health equity impacts. Here are several insights from Yolo County's HiAP approach.

INSIGHTS

- **Use data as a conversation starter.** The team is leveraging its public health data expertise to support other agencies' data needs.
- **Align with city priorities.** Public health departments can hold the big picture for cities through data—and can help support planning for health. For example, local general plans can include a section on community health. The public health department could propose supporting or co-writing the health section. This could include identifying top health issues, uncovering root causes of inequities, and offering policy solutions.

> "We're seeing conversations about racial equity pop up in every department. My goal is not to be in every conversation, but to support and work in partnership with them." – Dr. Analilia Garcia, Santa Clara County

TOOLS

- **Yolo County | Operationalizing and Implementing HiAP: A Guide for Cities**
- **Yolo County | An Employee Guide to Applying an Equity Lens to Program Planning and Implementation**

Data Equity: Harnessing Public Health Data to Build a Cross-Sectoral Health Equity Table

SESSION CO-LEADS

MARIAN STRONG
Program Coordinator, Public Health Department, Humboldt County

ASHLEY GEPHART
Program Coordinator, Public Health Department, Humboldt County

How can data on health inequities help establish a collaborative table and drive change across sectors and government agencies? How do we ensure that those most impacted by health inequities share in decisions about data across government? For this session, Humboldt County facilitated a deep dive into their process of practicing data equity.

Many leaders in Humboldt County first became aware of the public health department's deep data expertise during the COVID-19 pandemic. Department staff leveraged that new awareness to start conversations with community partners and other agencies about health disparities. These conversations led to the creation of the Live Well Humboldt (LWH) Data Workgroup, a county-wide health equity initiative that brings together 140 community partners and multiple county agencies, including Housing and Law Enforcement. Humboldt Public Health serves as the collaborative backbone for the workgroup. Here are several insights from the water cooler discussion.

INSIGHTS

- **Ensure community is involved right from the start of the data process.** The data sparked new conversations, including questions about who is missing in the data. It also challenged the data team to identify solutions to ensure individuals and small groups were not identified when disaggregating local data.

- **Ask about and lift up community strengths.** Repeatedly describing BIPOC communities in a deficit framework can be harmful. It's important to also understand and communicate the many values and assets communities have.

- **Regularly check in to ensure the right people continue to be at the table.** The team is working to balance the voices of organizations with those of residents who bring direct lived experience.

TOOLS

Humboldt County | Health Equity Checklist

Humboldt County | Data Chart Template

Scaling Equity from Public Health to County Government: Finding Inspiration and Building Momentum in the Journey

SESSION LEADER

DR. ANALILIA GARCIA
Chief Equity and Inclusion Officer, Santa Clara County

"It's messy, and we got in there and got into the mess together!" - Marian Strong, Humboldt County

The pathway to equity is long and rarely straightforward. As equity practitioners, how do we maintain momentum and cultivate patience, knowing equity is a lengthy journey?

In this session, Dr. Garcia shared lessons from her career building equity infrastructure, first in Santa Clara County's Public Health Department and now as the inaugural Chief Equity Officer for Santa Clara County. She reflected on how she's navigated the "ups and downs" of equity work and how she's harnessing her public health expertise to scale equity efforts across county government. She also affirmed the important role of equity leads.

INSIGHTS

- **Equity practitioners are activists within government, mobilizing and organizing within the system.** Equity work is really systems transformation. When Analilia began her work in government, she was surprised to find how frequently she used her community organizing skills within the governmental system to deliver positive outcomes for equity communities.
- **Partnership matters.** It's important to find different allies and champions, inside and outside of government. Those allies and champions are constantly evolving. A central question that guides Analilia's work is "what will it take to get to consensus?" She is frequently seeking to build shared understanding as a foundation for achieving equity outcomes.
- **Celebrate the small wins, whatever that looks like for you and your team.** This is necessary to be able to keep the momentum going and have the patience to continue the work.

Equity can't be "extra" work. The equity team can provide the division or department with the "why" and the "how" through tools and technical assistance. But it can't do the work for other people. That's not sustainable.

"My goal is to keep it moving, not alienating anyone and not getting stuck with one person."
– Dr. Analilia Garcia, Santa Clara County

PATHWAY 4

Many Players, One Goal: Advancing Health Equity Through an Ecosystem Approach

A "health ecosystem" is the collection of entities—public agencies, philanthropies, community-based organizations, and others—who collectively shape the conditions necessary for community health. By fostering alignment among these entities, equity leaders can shift their local health ecosystem to drive population-scale health equity impacts.

Below are key insights from the statewide web event and post-convening water cooler.

STATEWIDE WEB EVENT

SPEAKERS

JUSTIN MERRICK
Executive Director, Center for Transforming Communities

SUSAN KINCAID
Program Director, Fresno Community Health Improvement Partnership

BOBBY MILSTEIN
Director, Systems Strategy, Rippel Foundation

MELISSA JONES
Executive Director, BARHII

For this event, BARHII moderated a conversation with national and local equity innovators who are advancing promising ecosystem models to achieve large-scale health equity impacts. We spotlighted two inspiring examples of a health ecosystem approach in practice. Both examples demonstrated how a local health department is working closely with community partners to shift the local health ecosystem to better align with community priorities and assets. The discussion raised powerful insights around the role of equity staff as well as innovative public health practices.

INSIGHTS

- **Health equity staff can serve as bridge builders, creating connections across entities in the local health ecosystem.** These entities can be community-based organizations, philanthropies, other governmental agencies and departments, and private sector actors (e.g. hospitals, health plans). The role of health equity leads in the health ecosystem can be very impactful for moving upstream health equity outcomes.

- **A health ecosystem approach addresses system siloes, building from a place of interdependence and assets.** Foundational to a health ecosystem approach is a recognition that health equity cannot be achieved through one entity alone. Who does your department need to partner with? How do you need to partner with them? What additional systems does your department need to invest in?

Rippel Foundation views "shared stewardship" as the set of practices and mindsets needed to be a steward in an ongoing movement to support one another toward a common goal and outcome. You can be a steward wherever you sit and whatever role you play. A steward can be an individual person, organization, system, or network. Great stewards help people weave vested interests together into a story of shared interests over time.

- **Backbone conveners are essential.** Fresno Community Health Improvement Partnership (FCHIP) and Center for Transforming Communities (CTC) in Memphis, Tennessee are both backbone conveners of a health ecosystem. They address the "missing middle" in their health ecosystem, bringing together their local health department, hospitals, hospital plans, CBOs (service providers and advocacy groups), and philanthropies. Their primary role is to lift up residents' voices around specific policies, programs, and investment priorities to foster aligned action.

- **Data and funding are two ways governmental public health can help drive large-scale health equity outcomes.** Public health department data is helpful for place-based approaches—especially for shaping health equity investments. Fresno Public Health created the Fresno County Health Priority Index which identifies specific census tracts for prioritization. The department presented its data to the county's Metropolitan Planning Organization, and successfully made a case for directing other governmental investments toward their priority geographies.

- **Developing shared goals and outcomes can create opportunities for innovative funding structures.** Fresno County Health Department worked with the Social Services and Behavioral Health departments to collaboratively invest in FCHIP's $10 million community health worker model, The Hope Hub—a network of six CBOs and 28 community health workers providing coordinated care through a whole person care approach.

Shifting the Local Health Ecosystem through Innovations in the Community Health Needs Assessment (CHNA) Process

The Community Health Needs Assessment (CHNA) is a powerful tool to shift the local health ecosystem and restructure the relationship between CBOs and government.

Fresno Community Health Improvement Partnership (FCHIP) and Center for Transforming Community (CTC) in Memphis, Tennessee contracted with their local hospitals to lead the local CHNA process. Having a non-profit lead the CHNA process provided key benefits, including the following:

1. **Ability to collect diverse, authentic input.** People need to feel safe to share honestly. The lack of trust between communities and government systems is a key challenge to receiving meaningful information. As trusted messengers in the community, non-profits could collect powerful, authentic feedback from a diversity of voices and perspectives.

2. **Opportunity to gather stories that highlight a community's assets and history.** Storytelling is a way to build meaning and unpack systemic harms, while also surfacing new stories of community belonging and love. CTC used "story circles" to foster deeper sharing.

3. **Expanded capacity to engage hard-to-reach communities.** FCHIP and CTC leveraged their CBO networks. In Fresno, the CBO network engaged 480 stakeholders and residents, 13 vulnerable populations, and 11 geographies where some of Fresno's greatest health disparities exist.

4. **A steppingstone toward a shared equity agenda.** The CHNA can be the foundational plan for shifting a health ecosystem, providing the "north star" that helps various health entities align their programs and investments around common community-identified priorities.

"People in the human service world are here for a reason. When you start to make the connection between what brought people to the profession and equity, you continue to build, not just in the health department, but in a space with others." - Kelly Colopy, City of Long Beach

WATER COOLERS

What does it take to move from "health ecosystem" theory to practice? How can you effectively engage the suite of relevant actors to shift your local health ecosystem and accomplish health equity victories? We hosted one water cooler session to explore the "nuts and bolts" of implementation.

Going Deeper: Putting a Health Ecosystem Approach into Action

SESSION LEADER

SUSAN KINCAID
Program Director, Fresno Community Health Improvement Partnership

Fresno Community Health Improvement Partnership (FCHIP) shared lessons learned from their eight-year partnership with residents, CBOs, the Fresno County Public Health Department, the county health plan, local hospitals, and philanthropy to drive large-scale, upstream community health investment. We also explored the important role health equity leads play in moving a health ecosystem approach.

INSIGHTS

- **Moving grassroots and grasstops at the same time was critical for FCHIP.** Grassroots champions (e.g., power building organizations) as well as grasstops champions (e.g., public agencies) have provided unique value-add to FCHIP's efforts to shift Fresno's health ecosystem.
- **For FCHIP, the early stages of engagement focused on the collaborative infrastructure.** The priority was strategic partner alignment and leveraging resources. Program development and implementation were later priorities.

> The beauty of a health ecosystem is that no one entity has to do it all. You're leveraging each partner's resources to build shared alignment and strategies to advance community health equity priorities. Interdependence is key to the ecosystem. If one part is not aligned, it impacts the other entities.

- **Philanthropy supported FCHIP to build out the collaborative structure.** A grant from the California Accountable Communities for Health Initiative (CACHI) was especially helpful, providing the collaborative with funding, along with coaching and technical assistance.
- **Fresno County Public Health Department is an important participant.** For example, they brought the Behavioral Health and Social Services departments to the collaborative table and invested in FCHIP's Hope Hub, a $10 million health equity investment.

> "To change the narrative, you have to change the narrator. There's an opportunity to let the community hold the narrative." - Rachel Barnett, Mono County

PATHWAY 5

Data & Metrics: Building Equitable Practices

Public health data can deliver large-scale benefits for health equity when we focus carefully on how data is generated, analyzed, and communicated. Using metrics that are grounded in equity principles can transform how resources are deployed and create system-wide accountability for delivering equity results.

During our year-long learning series, we held numerous sessions on how local public health departments can build more equitable practices for data and metrics. This included a three-part data visualization series, an Anti-Racist Results Based Accountability Framework training, and a workshop on data analysis for small populations. Below are key insights from these sessions.

Data Visualization Series

FACILITATOR

DR. JON SCHWABISH
PolicyViz

Strong data communications and visualization is necessary to build a case for embedding equity in public health practice and sharing stories about equity impacts.

This three-part training series was a technical skill-building opportunity, providing best practices and tools for data visualizations and presentations with a racial equity focus.

SESSION 1: DATA VISUALIZATION DONE DIFFERENTLY

A key component of effectively communicating equity is the ability to clearly present your data and analysis. For the first session, Dr. Schwabish introduced data visualization principles and shared strategies for building visually accurate and impactful graphics.

INSIGHTS

- **Show the data that matters.** Give people the most important thing you want to communicate and nothing else. Reducing the clutter and keeping it simple will push people's attention to the data you want to spotlight.
- **Integrate graphics and text.** Use strong titles and labels. Directly label your data and integrate it into the graphs, when possible. Use concise, active titles that tell your audience the graph's key takeaway. Add annotation to understand how to read the graph's content.

Pre-attentive attributes are features that kick in before conscious attention. Think about how you can use pre-attentive attributes through coloring, bolding, and positioning to direct the audience's attention to the data you want them to notice.

- **Use small multiples.** Instead of one big graph with all data packed into a single graph, break into smaller multiple charts to see the individual patterns.

"Equity is an essential public health service. It's the language I use to frame how I talk about race in our work and strategies." - Darryl Lampkin, San Mateo County

SESSION 2: APPLYING RACIAL EQUITY AWARENESS IN DATA VISUALIZATION

For this session, Dr. Schwabish provided strategies to integrate a racial equity approach to data visualization, focusing on methods that avoid perpetuating misrepresentation and harm to communities of color.

INSIGHTS

- **Use language with racial equity awareness.** If you're unclear on the terms to use when describing the communities that you are analyzing and presenting on, talk to those communities. Ask them how they prefer to be described.

- **Be intentional about how you order labels.** Labels do not have to start with the default "White" label, which ends up being the normative group of comparison. Does your analysis focus on a particular community? If so, you can present that group first. Is there a particular story you're trying to tell or argument you're making? You can order the labels to reflect that. You can also use alphabetical order.

> "A core principle to taking a more inclusive approach to data analysis and visualization is to demonstrate empathy for the people you're working with and representing in your data analysis and reports. There are real people that sit behind those data points."
>
> – Dr. Jon Schwabish, PolicyViz

- **Recognize groups missing in the data.** Pay particular attention to those groups that have large variations within racial categories. Work with your data teams to explore strategies that are attuned to variations within racial categories.

- **Consider using alternatives to "other," which implies outsider status or inferiority.** Alternatives include "additional groups," "all other self-descriptions," and "identity not listed."

TOOLS

Urban Institute | Do No Harm Guide: Applying Equity Awareness in Data Visualization

SESSION 3: BETTER PRESENTATIONS

Presentations and written documents are fundamentally different forms of communication. When you're giving a presentation, you're performing for the audience. Once your analysis and written report are complete, how can you more effectively present the information to your key stakeholders? The series wrapped up with a look at techniques for developing more visually impactful presentations.

INSIGHTS

- **Don't race to your computer.** Create an outline in Word or Jamboard. Index cards are great because you can move the cards around as you develop and refine your talk.

- **Think about when you have the audience's maximum engagement—the beginning and end of a presentation.** Be very intentional in your opening statement and know it well. What is the headline message you want your audience to take away?
- **Use simple stories to convey your core message.** This will allow you to better connect with your audience and help them remember the message.
- **Make your slides visual.** Do not directly migrate your written document to your slides.
- **End on strong footing.** For your last slide, consider ending with your headline message or a call to action.

> "What they get from a presentation is us and they get our added insights, our stories, and a glimpse of who we are as people. When presenting, the audience is bound by what you show, the presentation's pace, and your enthusiasm. That's the advantage of presenting information to our audience live."
>
> – Dr. Jon Schwabish, PolicyViz

- **Demonstrate enthusiasm and genuine care for your content.** Your passion is how your audience will connect with you and be moved by your presentation.
- **Don't end late. End early.** Practice, practice, practice. Use the voice memo on your phone to record yourself. This allows you to be the audience, listening for your core message.

Measuring Equity Impacts: Integrating an Anti-Racist Results Based Accountability Framework

TRAINERS

ERIKA BERNABEI AND ANDRÉS OSWALL
Equity & Results

Learning and continuous improvement is integral to operationalizing equity. How do we know our equity work is making a positive impact? How can we ensure we're not perpetuating racial and health inequities in our program and evaluation efforts? Tracking progress is important not for the sake of compliance, but to hold ourselves accountable to making a difference.

This workshop introduced the Anti-Racist Results Based Accountability (RBA) Framework. The following are key insights from the session.

INSIGHTS

- **Implementing an anti-racist RBA framework is an adaptive challenge, not a technical problem.** It isn't a plug-and-play process where the problem and solutions can be identified and implemented quickly. Unlike technical problems, adaptive challenges and their solutions are difficult to identify, require change in numerous places, and require problem-solving with the people experiencing the issue.

A key principle of connecting anti-racist foundations and impact-driven work is paying attention to your organization's data culture. You want to transform the usual punitive data culture to a learning and use culture.

- **The status quo process is to develop programs without taking the time to do a root cause analysis.** Only once the root causes are identified can you identify the systems-level implementation strategies and evaluation measures to track impact. You need to be able to draw a line from the root of the issue that is producing the racial inequity to the program or strategy that your team designs.

- **Don't jump immediately to racism.** With a root cause analysis, you want to ask "why" 10-20 times to move past superficial sources of racial inequity. Why does the data look the way it does? Why is there a gap for BIPOC people? Why does it look good for White people? Root causes should be identified by BIPOC communities and should be "race explicit" to have a catalytic impact.

- **Qualitative data is just as important as quantitative data.** Residents' stories, stories told from multiple people with the same theme, a community's history, observations—these are all important sources to inform a root cause analysis.

"You won't be in every meeting, but your data will." - Joe Prada, Fresno County Public Health Department

- **Anti-racist RBA is a continuous learning process.** Once the root cause has been identified, your team is now ready to build out the strategy and performance measures. Integrating continuous review of the data ensures the strategy is making a difference.

Equitable Data Practices: Data Analysis for Populations with Small Numbers

TRAINERS

DR. MICHAEL SAMUELS
Senior Epidemiologist, California Department of Public Health

MATT BEYER
Supervising Epidemiologist, Alameda County Public Health Department

Many communities experiencing health inequities are "invisibilized" in governmental data. Disaggregation of data is crucial to ensuring that community priorities and needs are not overlooked. Thanks to the advocacy of organizations such as the Regional Pacific Islander Taskforce, this issue is central to data equity conversations across the state.

This workshop presented tools for embedding equity in the data analysis process for populations with small numbers. The workshop underscored the complexity of this issue; we believe this topic is particularly ripe for further exploration between equity staff and data teams.

INSIGHTS

- **Epidemiologists and data teams want to be more inclusive in their data analysis.** This means we need to devise methods that achieve that inclusivity while maintaining data accuracy. Often, the accuracy is in the "noise," which is concealed once the data is aggregated. Without longitudinal data or one standard data collection method, it can get messy quickly, resulting in substantial room for error.

"Curiosity matters. I kept asking questions in a way others weren't." - Kelly Colopy, City of Long Beach

- **When considering releasing disaggregated data on populations that are small in number, it's important to consider the risks of action and inaction.** Some risks of releasing disaggregated data include the potential for identifying individuals or groups; producing blame, stigma, loss of insurance or employment, or violence; and poor data quality leading to incorrect policy or program decisions. Some risks of not releasing disaggregated data include "invisibilizing" certain communities and perpetuating inequities, increased erosion of community trust, not implementing a needed action or strategy, and limited accountability of entities collecting and reporting the data.

- **There are three methods for mitigating the risks associated with data disaggregation.** These methods address “numerator” and “denominator” issues. Each method has guidelines for application.

- **When data is missing, the remaining data can still be valuable to share, provided you can include additional context as to what is missing.** There’s no rule of thumb regarding what percentage of missing data is considered too large to report.

TOOLS

[California Health & Human Services (Cal HHS) | Data De-identification Guidelines (DDG)]

CONCLUSION

California has come a long way in the journey toward health equity. Most equity positions in local and state government didn't exist ten or even three years ago. Equity lead positions in public health departments are the result of incredible leadership to develop new infrastructure that ensures equity is a cornerstone of all public health work. Equity leads are foundational to the future of health equity efforts.

The equity officer and equity lead movement has grown exponentially in recent years, and it's a field full of innovation. Accordingly, there is no standard approach to operationalizing equity. Tools and practices are being developed and tested in real time and are highly dependent on local context. We hope the frameworks, models, examples, and tools shared in this retrospective inspire you and your team to take action—piloting new approaches in your jurisdiction or deepening your department's existing equity practices. Regardless of where your health department is in its equity journey, one thing is evident—your leadership will benefit the people of your jurisdiction and help to advance the entire field, shaping the next generation of public health practice for all of California.


BARHII
Bay Area Regional Health
Inequities Initiative