

Public Health Services

Health Equity Plan

Fiscal Year 23/24 through Fiscal Year 25/26

July 1, 2023



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The *Health Equity Plan* was developed under the *Public Health Services Strategic Plan*, in the County of San Diego Health and Human Services Agency, to support the vision of *Live Well San Diego*.



Message
from the Public
Health Officer,
Public Health
Services

Dear Reader:

On behalf of Public Health Services (PHS) in the County of San Diego Health and Human Services Agency (HHSA), it gives me great pleasure to present the *third* PHS Health Equity Plan at this pivotal time in our county's history. This three-year plan includes the goals, strategies, and objectives of PHS to advance health equity for the department and our customers, the residents of San Diego County. This plan is being published as we are seeing unprecedented levels of investment in public health infrastructure, including workforce and health equity. Efforts included in this plan are reflective of the commitment and dedication to center and embed equity in all aspects of our department's public health practice as we work to close the gap on disparities in health status in San Diego County.

The plan focusses on four pillars essential for advancing health equity: organizational transformation, workforce, data, and, most importantly, community. This plan guides the efforts of the department's seven branches that include: PHS Administration, California Children's Services, Epidemiology and Immunization Services, HIV, STD, and Hepatitis, Maternal, Child, and Family Health Services, Public Health Preparedness and Response, and Tuberculosis Control and Refugee Health. The efforts of these seven branches to advance health equity are coordinated through the PHS Office of Health Equity and Climate Change and the departmental Health Equity and Climate Change Working Group that are responsible for the development and implementation of this plan. The implementation of the Health Equity Plan is achieved collectively as a department and can only be fully realized in partnership with HHSA and County colleagues, collaborative partners in health care, academia, community-based organizations, other governments at the federal, state, and local level, and with the communities and residents we are honored to serve.

The Health Equity Plan is operationalized through annual work plans that will be implemented, monitored, and updated quarterly to ensure that the department is making steady progress advancing health equity. Our plan to advance health equity aligns with, and is informed by, the County's *Live Well San Diego* vision, and health equity efforts globally, nationally, regionally, and in the state of California. This plan aligns with the County Board of Supervisors priorities, the County's Strategic Plan, the County's Diversity and Inclusion efforts, those of the County's Office of Equity and Racial Justice, the Human Relations Commission, the Office of Sustainability and Environmental Justice, the *Live Well San Diego* Community Health Enrichment Plans and the PHS Strategic Plan, which contains one health equity goal per branch.

In addition to guiding the efforts of the department toward health equity, it is anticipated that this document will be useful to other local health departments seeking to operationalize health equity, and to community partners and stakeholders interested in partnering with the County to advance health equity. It is my sincerest hope that this commitment and these efforts position the department, the County, and its residents, now and into the future, to realize an even better tomorrow, one that is equitable, fair, and just and allows as many people as possible to thrive, enjoy a good quality of life, and be as healthy as possible.

Wilma J. Wooten, M.D., M.P.H.
Public Health Officer Public Health Services
County of San Diego
Health and Human Services Agency

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EXECUTIVE SUMMARY

Introduction

The COVID-19 experience highlighted the need for a strong, dependable, trusted, and state-of-the-art public health system. It emphasized the need for health equity and highlighted the disparities present in the public health sphere. During the past couple years, PHS has continued to build on the efforts of the last Health Equity Plan (2021 – 2023). These efforts included updates to the department’s foundational health equity products (e.g., plan, work plan, charter, policy and procedure, training) and coordination of health equity working groups (e.g., PHS Health Equity and Climate Change Working Group, Regional Health Equity Working Group, and the State Office of Health Equity and Advisory Committee). PHS updated and delivered training to new staff in the department, PHS participated in health equity assessments (e.g., State’s Baseline Organizational Health Equity Survey, and PHS Organizational Health Equity Assessment), and launched a website for Health Equity.

Over the past three years, PHS received grants for workforce development, health disparities, and infrastructure. With this funding, PHS was able to update, deliver, and track training (e.g., Health Equity 101, Climate Change 101, Health Literacy, Cultural Humility and Responsiveness, Racial Equity). The trainings emphasized the development of health equity skills and other core competencies for public health professionals.

Advancements in health equity, diversity & inclusion, and climate change were bolstered with the partnerships with others including San Diego State University (SDSU) and University of California San Diego (UCSD). PHS has worked with the two universities on convenings, presentations, white papers, and D & I social and cultural observance flyers. On the D & I front, PHS continued to participate in the Health and Human Services (HHS) Transformation Team, updated an Inclusion and Belonging Checklist, and annually updated branch Impact Plans (e.g., D & I).

A key feature for the next three years will be leveraging collaboration with the community and other health departments under the Center for Disease Control and Prevention (CDC) Public Health Infrastructure Grant (PHIG). Products will be updated including PHS health equity webpages, health equity briefs that look at population data, and our Health Equity Tool for Programs and Tool for Individuals.

These and numerous other health equity efforts of PHS enabled the department to further strategically align to the *Live Well San Diego* vision of a region that is healthy, safe, and thriving, and to the [Baldrige Excellence Framework](#).

Health equity efforts across PHS, County of San Diego HHSA are integrated with the current [Public Health Services Strategic Plan 2023 - 2025](#) which includes a health equity goal for each branch. Health equity planning is integrated with strategic planning in PHS. All the planning, alignment and integration has resulted in a plan that describes and guides departmental efforts across the seven branches to advance health equity for County of San Diego residents. (See *Appendix 1* for alignment to County of San Diego Strategic Plan, and *Appendix 2* for alignment to HHSA Strategic Plan.)

Methodology

The four pillars of the CCLHO Health Equity Framework (Wooten, 2010) in *Appendix 3*, form the structure of this plan and each pillar includes goals, strategies, and objectives. These are determined through a series of efforts that are described in the methodology and results sections of this plan. Each goal includes a series of strategies that have been identified in consultation with the Health Equity Working Group and PHS leadership. The priorities for the next three years will include:

- Sustained effort toward **organizational** transformation to ensure equity is at the center of the 10 essential public health services and embedded in public health practice;
- Ensuring the diverse Public Health Services **workforce** is trained and prepared to operationalize, center, and embed Health Equity into public health practice;
- Engaging and partnering with **communities**, partners, and residents to provide exceptional equity-centered programs and services; and
- Promoting health equity research and **data** literacy to support data driven decision making, and open, transparent monitoring, tracking, and reporting of data.

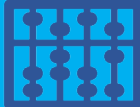



In the last three years, PHS participated in three assessments to evaluate the effectiveness of health equity implementation. Actions to address the results of the assessments are in discussion and include an update to the Health Equity Tools for Programs and Individuals, initially created in 2018, and the Health Equity 101 training. The department will continue to participate in health equity assessments to gauge progress on health equity among numerous other efforts.

Results

PHS has taken into consideration the PHS staff, working group meetings, survey results, and the CCLHO Health Equity Framework to develop a Health Equity Plan that embeds health equity into public health practice, develops the PHS workforce, connects with communities, and reduces and eliminates health inequities with data. The Public Health Services Health Equity Plan Snapshot provides a summary of strategies, goals, and objectives PHS will fulfill over the next three years.

PUBLIC HEALTH SERVICES HEALTH EQUITY PLAN SNAPSHOT

FY 23/24 to FY 25/26

HEALTH EQUITY PILLAR	GOALS	STRATEGIES
<p>1</p>  <p>Organization [Internal Transformation]</p>	<p>Sustain effort towards organizational transformation to operationalize, center, and embed health equity into public health practice within Public Health Services.</p>	<p>1.1 Foster alignment to advance institutionalizing health equity in public health practice.</p> <p>1.2 Externally, promote policy integration that consistently reflects an understanding of the importance of prevention and upstream, social, and economic determinants of health.</p> <p>1.3 Internally, facilitate knowledge transfer on health equity (e.g., HE policy and procedure, SOPs, POM).</p> <p>1.4 Maintain and evolve the institutional infrastructure for operationalizing and centering health equity into public health practice in PHS.</p>
<p>2</p>  <p>Workforce [Internal Transformation]</p>	<p>Ensure the Public Health Workforce is prepared to operationalize, center, and embed health equity, diversity and inclusion, climate change, racial equity, and cultural responsiveness into public health practice.</p>	<p>2.1 Foster a diverse and inclusive workforce and assess workforce diversity and health equity skills.</p> <p>2.2 Provide opportunities to enhance leadership skills.</p> <p>2.3 Engage, train, and develop core competencies (e.g., health equity skills).</p>
<p>3</p>  <p>Community [External Transformation]</p>	<p>Engage and partner with communities to provide exceptional equity-centered programs, presentations, and services; leverage existing mechanisms to optimize two-way feedback with customers and community.</p>	<p>3.1 Span organizational boundaries to advance health equity, identifying fair, just, and equitable solutions that positively impact the health of the communities we serve.</p> <p>3.2 Explore opportunities for community engagement to advance health equity and adaptation.</p> <p>3.3 Maintain strong customer service culture in PHS.</p>
<p>4</p>  <p>Data [Internal and External Transformation]</p>	<p>Improve health equity/minority health research and data literacy to support data driven decision making, and open, transparent monitoring, tracking and reporting of data.</p>	<p>4.1 Disseminate timely and reliable data that meets the needs of residents.</p> <p>4.2 Reinforce quality assurance, performance management, and data driven decision-making.</p>

Discussion

During this time of unprecedented investments in public health infrastructure, including workforce, public health departments are being encouraged to:

- Make public health department workplaces engines of well-being;
- Improve the recruitment and retention of diverse and skilled staff;
- Address workload, stress and potential burnout among the public health workforce;
- Ensure leadership is equipped to lead modern, diverse, and inclusive teams where belonging is encouraged, serving diverse communities with changing demographics and an aging population;
- Strengthen the foundational capabilities of PHS, including embedding of **equity**; and
- Ensure an **equity lens** is applied to each of the 10 essential public health services.

The [Council on Linkages](#) recently updated the [Core Competencies for Public Health Professionals](#) (2021) and introduced a new **Health Equity Skills Domain** (previously cultural competency skills domain). Health departments are being asked to promote these health equity skills among staff, and ensure these competencies are assessed and improved if, and when, needed. When surveyed in 2022, PHS staff scored highest in the Health Equity Skills Domain compared to other Domains.

The California Department of Public Health (CDPH) Workforce grant, the CDPH Career Ladder grant, the Centers for Disease Control and Prevention (CDC) Public Health Infrastructure Grant (PHIG), and other grants and local investments are supporting PHS and ensuring a state-of-the-art, robust public health workforce capable of applying an equity lens, strong in these competencies and foundational capabilities.

The goal of this plan is to advance operational products, and a workforce and training infrastructure that continuously updates trainings, and ensures new and veteran staff have their fingers on the pulse of equity work. This vision also includes high quality health equity briefs and other data products that are invaluable to the residents and organizations that represent them. Communication and collaboration with community leaders and residents will be ongoing to shed light on changing priorities of San Diego County's communities and ensure programs and services are continuously meeting the highest expectations of the San Diego region.

INTRODUCTION

PHS is committed to advancing health equity in San Diego County. The COVID-19 pandemic brought to light many of the health inequities that have persisted throughout the county, with some demographic groups experiencing health disparities. To address these disparities, PHS has updated its *third* Health Equity Plan to communicate how PHS will continue to embed health equity and reduce health disparities among San Diego County residents.

The County of San Diego Health and Human Services Agency (HHSA) defines “health equity” as “when all groups in a population have fair and just opportunities to attain their full health, well-being and quality of life.” Over the last three years, the pandemic emphasized the need for timely, trusted, and transparent data regarding race/ethnicity, age, gender, geography, occupation, and other social determinants that impact health. The data highlighted the need to consider equity from numerous angles within public health practice. The pandemic demonstrated those with risk factors, pre-existing conditions, ages, occupations, food insecurity, lack of social support, or other factors that were challenging before, were disproportionately affected when a major threat like a pandemic occurs.

Globally and nationally, terms like health disparities and health equity became frequently used even beyond public health practice. The pandemic has also highlighted the need for trusted, timely reliable data, a public health workforce that is responsive to the various local demographics, and community partnership as the essential approach to addressing public health threats.

Additionally, the department has partnered with community organizations to disseminate information and work collaboratively to address the social determinants of health that contributed to the health inequities. The *local* health emergency for the COVID-19 pandemic ended on February 28, 2023, coinciding with California’s declaration of the end of the emergency.

Across California, public health professionals are prioritizing building up the public health infrastructure and workforce, ensuring reliable and adequate public health funding, recruiting and developing the next generation of public health professionals who will be trained to take on the challenges of tomorrow in a complex and dynamic global environment. At this same time federal, state, and local health departments are positioning to collaborate more on workforce, health equity, and other foundational capabilities than at any other time in history. These are exciting times in public health practice and the operationalization of health equity.

Purpose

The purpose of the Health Equity Plan is to describe and guide the department's health equity efforts over the next three years (FY 2023-24 to 2025-26). The plan organizes the health equity efforts of the department into the **four pillars** of the California Conference of Local Health Officers (CCLHO) Health Equity Framework (Wooten 2010): organizational transformation, workforce, community, and data.

The plan also serves as a health equity resource for staff as it includes references and links to numerous organizations working to advance health equity. It is expected that Branch Chiefs, Managers, Supervisors, and the branch representatives of the Health Equity Working Group will review this plan and work with branch staff to implement this plan. Accomplishments resulting from this plan will be tracked and reported on quarterly through the Health Equity Working Group, and annual accomplishment reports will continue to be produced, which has been the practice since 2015.

This Health Equity Plan signals the collaborative commitment of the current public health leadership and workforce of San Diego County to continue to work in service to all residents of San Diego County without wavering in our commitment to equity, fairness, and justice in all forms. This plan includes goals, strategies, and objectives that are informed by evidence-based practices, data, and the collective understanding of health experts from around the world. This plan is aligned to, and informed by international, national, state, and regional plans and commitments to create a better world, a sustainable world, and better health outcomes for the greatest number of people, in partnership with the communities we serve. This plan builds upon the successes of the last three years, and will continue to be updated, along with its accompanying annual work plans, to ensure our residents are positioned to be healthy, safe and thrive, in pursuit of greater health equity, and the vision of *Live Well San Diego*.

Figure 1. Achieving Health and Mental Health Equity at Every Level.



Source: [Social Determinants of Health - Let's Get Healthy California](#).

Alignment to Broader Efforts to Advance Health Equity

Spanning the boundaries of our individual organizations, and collaborating to bring needed attention to, and improve the social determinants of health has become an effort at the global, national, federal, state, and local levels of public health and health care organizations. While more detail can be found in *Appendix 4*, this section provides a few key highlights of those efforts to demonstrate how the County's Health Equity Plan is in alignment with those broader efforts.

Efforts at the State Level

California Department of Public Health- Office of Health Equity

The California Department of Public Health (CDPH) [Office of Health Equity \(OHE\)](#) was established by Section 121019 of the California Health and Safety Code, to provide a key leadership role to reduce health and mental health disparities within vulnerable communities. OHE provides support to maintain and improve partnerships across sectors, consulting with community-based organizations and local governmental agencies. OHE is responsible for the following:

- Achieve the highest level of health and mental health for all people in California.
- Work collaboratively with California's Health in All Policies Task Force.

- Advise and assist other state departments in their mission to increase access to, and the quality of, culturally and linguistically competent health and mental health care and services.
- Improve the health status of all populations and places, with a priority on eliminating health and mental health disparities and inequities in California.

The Office of Health Equity developed a [State Health Equity Plan \(SHEP\)](#) to promote equity in the state. The plan provides a shared vision and framework for prioritizing equity in public health. The preliminary framework in the SHEP focuses on domains like Outbreak and Emergency Response (OE), Health Outcomes, Structural and Social Determinants of Health, and Equity Infrastructure. CDPH also sought feedback through local engagement convenings during February – April 2023, where themes like the impact of racism, data, community, and partnerships were discussed. The Regional Equity Technical Assistance (TA) Team at the Office of Health Equity (OHE) of the California Department of Public Health (CDPH) developed a Virtual Equity Toolkit to align with the [Organizational Assessment for Equity Infrastructure](#). The toolkit is designed for local health jurisdiction equity leads and colleagues who are responsible for building equity infrastructure throughout their jurisdiction. The priorities of the next fiscal year for PHS will be to review the toolkit in greater detail and research the compilation of examples, templates, trainings, webinars, guides, frameworks, articles, and local health jurisdiction spotlights provided. The findings will be used to guide the next Health Equity Plan.

California Conference of Local Health Officials

[The California Conference of Local Health Officers \(CCLHO\)](#) is made up of the 61 legally appointed physician Health Officers in California, one for each of the 58 counties and the cities of Berkeley, Long Beach, and Pasadena. The mission of CCLHO is to prevent disease and improve the health of all California residents. CCLHO was established by CDPH to advise policymakers on all matters affecting health. CCLHO produces various publications, an annual policy platform, and legislative and policy recommendations. CCLHO also has a Health Equity Working Group that reviews legislation through a health equity lens.

The CCLHO Framework for Local Health Departments Introduction to Health Equity Practice was developed in 2010 by the former President, Wilma J. Wooten, M.D., M.P.H. The framework identifies four domain areas: (1) Organization; (2) Workforce; (3) Community; and (4) Data, Evaluation, and Dissemination. These are categorized as internal transformation and/or external transformation efforts. Each domain area was aligned with the WHO Commission on Social Determinants of Health, the OMH National Stakeholder Strategy to Achieve Health Equity, and the NACCHO *Guidelines for Achieving Health Equity in Public Health Practice (Appendix 5.)* The CCLHO framework serves as a guide when developing the Public Health Services (PHS) Health Equity Plans.

Health in All Policies Task Force

In 2010, the [Health in All Policies \(HiAP\)](#) initiative was established through a governor's executive order, [Executive Order S-04-10](#). The HiAP task force brings together state government departments and agencies to promote health, racial equity, and environmental sustainability. As the first initiative of its kind in the U.S., HiAP has become a model nationally and internationally for improving health outcomes through policies. The task force supports departments in integrating health and racial equity into their programs and policies, prioritizing healthy, equitable, and sustainable communities. They also facilitate collaboration among departments to enhance performance and efficiency.

Efforts at the Regional Level

Since the publication of the first Health Equity Plan (2015), PHS has collaborated with [The Public Health Alliance of Southern California](#) and ten local health departments in Southern California in the formation of the Regional Health Equity Working Group and its Action Plan for Health Equity. The work of the County of San Diego has also been influenced by the local health departments in Northern California and their similar coalition known as the Bay Area Regional Health Inequities Initiative, or BARHII, particularly the BARHII Toolkit. For example, the County of San Diego has used the BARHII internal survey twice, once in 2012 and again in 2018. The County of San Diego plans to reissue the BARHII internal and external surveys in 2024-2025.

Efforts at the Local Level- San Diego County

Strategic Planning Process

In 2023, the PHS Office of Health Equity and Climate Change started to gather relevant reports, resources, and plans from other local health departments, state, national and international organizations. These resources were reviewed starting in 2023 and up to the time of publication for the purposes of aligning efforts with evidence-based best practices and the most current understanding of advancement of health equity within a local health department.

The PHS Health Equity Plan is linked to the County Strategic Plan 2021 – 2026, Health and Human Services Agency Strategic Plan, Public Health Accreditation Board (PHAB) standards and measures, and the Baldrige Framework of Excellence.

Health Equity Priorities Strategic Plan 2023-2024 & 2024-2025

Public Health Services Strategic Plan 2023 – 2024 and 2024 – 2025 include health equity goals by branch (*Appendix 6*). Progress towards these goals is tracked and reported on. The Health Equity Plan Objectives that are linked to the Strategic Plan are notated in the Health Equity Plan.

Current and Past Health Equity Metrics in San Diego County

The health of most Americans has improved in the past century; however, some groups continue to experience a disproportionately higher burden of morbidity and mortality. Nationally, there are differences in rates of disease, death, and lifestyle behaviors. These differences, or health disparities, exist between genders, across racial/ethnic and age groups, geographic locations, socioeconomic status, disability, and sexual orientation.

Live Well San Diego Indicators

Health equity is a key component of the Live Well San Diego vision in San Diego County. Addressing health disparities is essential in increasing and ultimately achieving health equity. Locally, health disparities exist among San Diego County residents. In 2021, life expectancy was higher among females, Asians, and residents living in principle urban center communities of the county.¹

The County of San Diego Health and Human Services Agency (HHSA) developed a measurement tool, [the Live Well San Diego Indicators](#) (Fig. 1), to evaluate whether the collective efforts under Live Well San Diego are truly improving the well-being of the region (Appendix 7). The indicators are essential to measure progress to achieve health equity in San Diego County. The Live Well San Diego Indicators are part of a framework that can be summarized as “10-5-1”: ten indicators that span five Areas of Influence (health, knowledge, standard of living, community, and social) that influence or impact well-being. In selecting the indicators and designing this framework, research was done to identify best practices and input was gathered from community representatives. The indicators were identified based on principles of simplicity, availability of data, and whether these indicators can be used to capture well-being and social determinants of health across the life span of an individual, from children to adults to older adults.

Figure 2. *Live Well San Diego* Top Ten Indicators and Five Areas of Influence



Source: [Top Ten Live Well San Diego Indicators | Live Well San Diego \(livewellsd.org\)](#). Data as of 05/29/2024

The indicators consider the many different factors influencing how well a person is living in relation to the physical (built environment) and the social determinants of health. For example, where an individual lives correlates with their overall health and well-being (i.e., place matters). Therefore, the indicator framework consists of health outcome measures (downstream), as well as measures that address the social determinants of health (upstream). This framework enables County government to work with community partners to identify the most effective strategies to improve the health of all.

Live Well San Diego has a [2022 Annual Impact Report](#) of the Top 10 Indicators that measure the impact of collective actions by partners and the County to achieve the vision of a region that is Building Better Health, Living Safely and Thriving.

Identifying Health Disparities to Achieve Health Equity in San Diego County

Data are also documented in a report by the [PHS Community Health Statistics Unit](#) recently developed titled *Identifying Health Disparities to Achieve Health Equity in San Diego County*. This report describes health inequities through five lenses: age, gender,

geography, race and ethnicity, and socioeconomic status. Their updated reports: Exploring Health Disparities in San Diego County were published in 2022.

METHODOLOGY

This section highlights the key efforts to arrive at the Health Equity Plan 2024 – 2026 and includes information about Public Health Services staff, infrastructure within with County of San Diego, surveys conducted, trainings, and tools that support development of the Plan.

Approach: Four Pillars of Health Equity

The plan organizes the health equity efforts of the department into the **four pillars** of the California Conference of Local Health Officers (CCLHO) Health Equity Framework (Wooten 2010). The four pillars are:

1. **Organizational Transformation (Internal)**
2. **Workforce (Internal)**
3. **Community (External)**
4. **Data (Internal and External)**

Population of Focus – Public Health Services Staff

The Public Health Equity Plan serves as a guidance document for Public Health Services staff. The Public Health Services (PHS) department, in the County of San Diego (County) Health and Human Services Agency (HHSA), serves over 3.3 million county residents. The department’s mission is to promote health and improve the quality of life by preventing disease, injury, and disability, and by protecting against, and responding to, health threats and disasters. It values collaboration, diversity, respect, responsiveness, and transparency. Importantly, PHS strives to provide these positive outcomes for all residents.

According to the Public Health Workforce Interests and Needs Survey (PH WINS), administered in 2021, PHS employs a diverse population in terms of race/ethnicity and social factors. In 2021, of the 812 staff members, 64% of PHS staff reported being Black, Indigenous, and People of Color (BIPOC), and the other 36% reported their race as White. Among staff, 45% had a master’s or doctoral degree and 77% of staff were not formally trained in public health (i.e., had a public health degree). In terms of agency tenure, 41% of PHS staff had been in HHSA five years or less and 24% had been in HHSA for six to ten years.

PHS is made up of seven branches – one administrative and six programmatic branches. These include Public Health Services Administration; California Children’s Services;

Epidemiology and Immunization Services; HIV, STD, and Hepatitis Branch; Maternal, Child, and Family Health Services; Public Health Preparedness and Response; and Tuberculosis Control and Refugee Health.

Infrastructure

Public Health Services Office of Health Equity and Climate Change

In February 2010, PHS Public Health Officer created a health equity framework for the California Conference of Local Health Officers (CCLHO); it was used to integrate health equity into PHS to prepare for national public health accreditation. As part of this accreditation journey, in 2015, an Office of Health Equity was created, followed by including Climate Change in the name of the Unit in 2021. (For a complete timeline of the County's Historical Efforts related to Health Equity, see *Appendix 8*)

In addition to supporting PHS staff internally, the Public Health Officer and Program Coordinator of the Office of Health Equity and Climate Change serve as PHS representatives on various county-wide committees, including Justice, Equity, Diversity, and Inclusion (JEDI) Committee and the HHS Diversity & Inclusion Transformation Team. These committees foster a more inclusive and equitable workplace culture, where diverse perspectives are valued and everyone feels respected and empowered. This inclusive environment enhances team collaboration and creativity, as diverse viewpoints lead to more innovative problem-solving and decision-making. Moreover, involvement in JEDI Committees provides members with opportunities for personal and professional growth, such as developing leadership skills and deepening their understanding of social justice issues. Ultimately, these efforts contribute to a more equitable society and improve organizational outcomes by ensuring that policies and practices are fair and inclusive for all.

Health Equity Policy and Procedure

PHS has a Health Equity Policy and Procedure document that is required reading for all staff. The purpose of the policy and procedure is to ensure the Branches of PHS have internal guidance on how to advance health equity. A copy of the policy is available in *Appendix 9*.

The Office of Health Equity and Climate Change monitors compliance with the Health Equity Policy and Procedure every two months. As of 5/14/24, 78% of PHS staff have read the policy (589 out of 758). Email reminders are sent to the staff that are out of compliance, and Health Equity and Climate Change Working Group members follow-up with staff as needed.

Health Equity and Climate Change Working Group and Charter

In 2020, the Health Equity Coordinator reached out to Branch Chiefs to discuss membership on the Health Equity Working Group considering the impact of the pandemic and shifts in the internal and external environment relative to social justice, and racial equity. The goal was to renew commitment to advancing health equity and related efforts. Branch Chiefs confirmed their commitment to health equity and confirmed nominations of new and additional team members to help advance the effort. Plans and reports from across the U.S. were gathered and reviewed to identify current and emergent themes and the Health Equity Working Group Charter was updated in accordance with those themes (e.g., racial justice, environmental justice). The Charter was then disseminated to the expanded team members for input, approved by the Public Health Officer, and will be updated on a bi-annual basis, or as need be (See *Appendix 8*).

In the Fall 2021, the PHS Office of Health Equity name was changed to the Office of Health Equity *and Climate Change*. The Working Group meets bi-monthly and climate change is a standing agenda item where the Working Group receives updates on current public health impacts of climate change efforts at the federal, state, and local level.

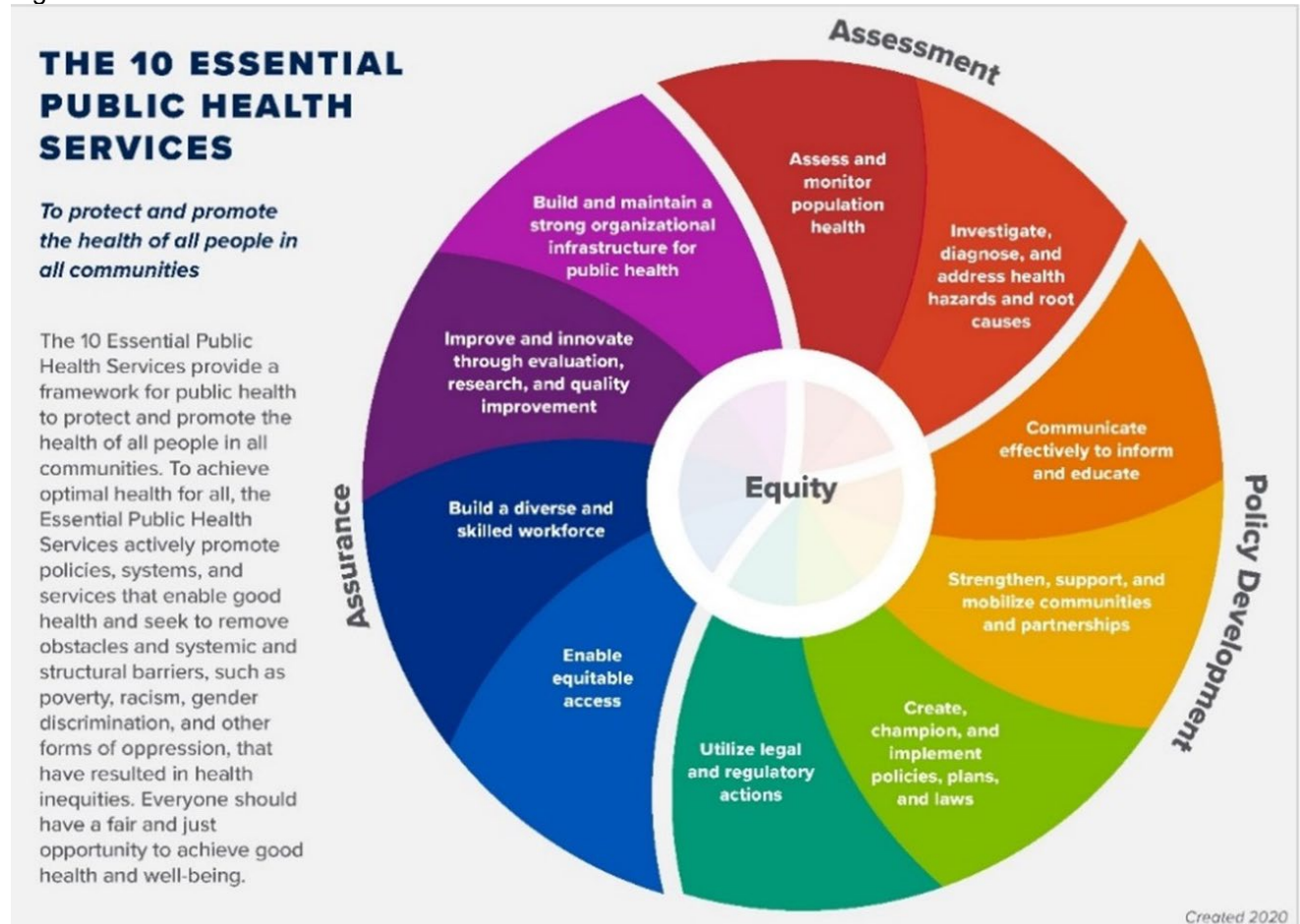
Health Equity Tools for Programs and Individuals

In 2018, Tools were developed for PHS staff to help administer programs and act from a position of advancing health equity. These tools provide guidance in looking at the work of public health through a series of 12 lenses that relate to health equity and pose questions to each team or individual regarding them:

- 1) Referrals and Collaboration
- 2) Customer Service
- 3) Partnerships
- 4) Climate Change
- 5) Trauma-Informed
- 6) Diversity and Inclusion (D & I)
- 7) Workforce Development
- 8) Communication
- 9) Data
- 10) Policies, Procedures and Plans
- 11) Research
- 12) Contracts

Once a lens is selected to focus on, a manager would develop an Action Plan for how one would advance in this area and submit to their Health Equity Coordinator for implementation. This tool is meant as guidance to support in implementing a health equity approach to PHS work. This tool will be updated in FY 2024-2025 to reflect the updated 10 essential services of public health.

Figure 3. Revised 10 Essential Public Health Services Framework 2020



Source: [CDC Website \(Revised March 2020\)](#)

Health Equity Workforce Development

BARHII Survey on Health Equity and Cultural Competency

Results of the Bay Area Regional Health Inequities Initiative (BARHII) survey for staff (2018) on health equity and cultural competency were examined and considered in the development of this health equity plan. Additionally, plans were discussed to reissue the BARHII PHS Health Equity Assessment internal survey and the BARHII Collaborating Partner external survey in FY 2024-2025. The results of the 2024-2025 survey will be available in the next Health Equity Plan.

Baseline Organizational Assessment for Equity Infrastructure

The California Department of Public Health (CDPH) developed the Baseline dialogue to gather insights on the current state of each Local Health Jurisdiction (LHJ), and bring to light considerations that help focus internal priorities to strengthen LHJ capacity to plan equity work. Results from this baseline assessment will be used as part of a statewide process to understand local public health equity capacity, identify priorities for technical assistance, and inform the State Health Equity Plan (SHEP).²

CDPH provided San Diego County with a LHJ assessment that can be included as a tool to collect data on current equity infrastructure and inform future planning for equity. The Baseline Organizational Assessment for Equity Infrastructure is grouped into four domains with 3 competencies for each. San Diego County had the highest domain average in the Southern California region and the whole state. Each of the competencies will be focus areas in the SHEP and will continue to be integrated into local, state, and regional, future work and plans.

Organizational Equity Assessment Survey

PHS conducted an internal survey at the start of 2023 to gauge the organization's level of equity across various key dimensions. The survey assessed which stage PHS was in based on four levels of equity: curiosity, commitment, practice, and embedded. Results were reviewed with a consultant and PHS leadership to determine areas for improvement.

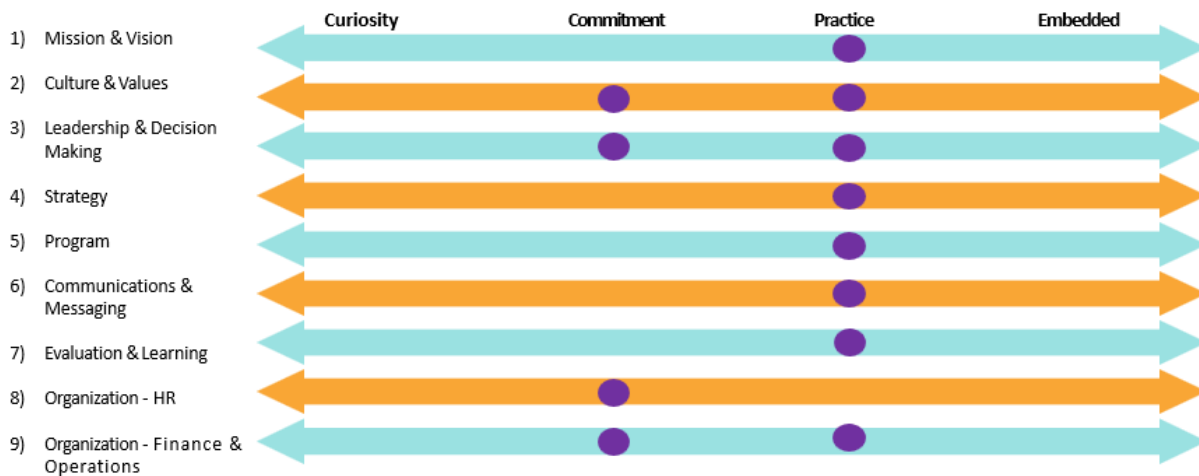
- **Lowest scores:** Organization – HR; Diversity & Inclusion
- **Highest scores:** Organizational Commitment; Program; Mission & Values

PHS hired a consultant to meet with PHS Public Health leaders in a series of meetings to discuss and reflect on the results. A main theme of the discussion among staff is to improve communication with staff on what health equity efforts are being implemented and how they relate to every public health staff member, regardless of tier status or tenure. The results of the discussion sessions were used to inform the Health Equity Plan FY 2023-2024 to FY 2025-2026.

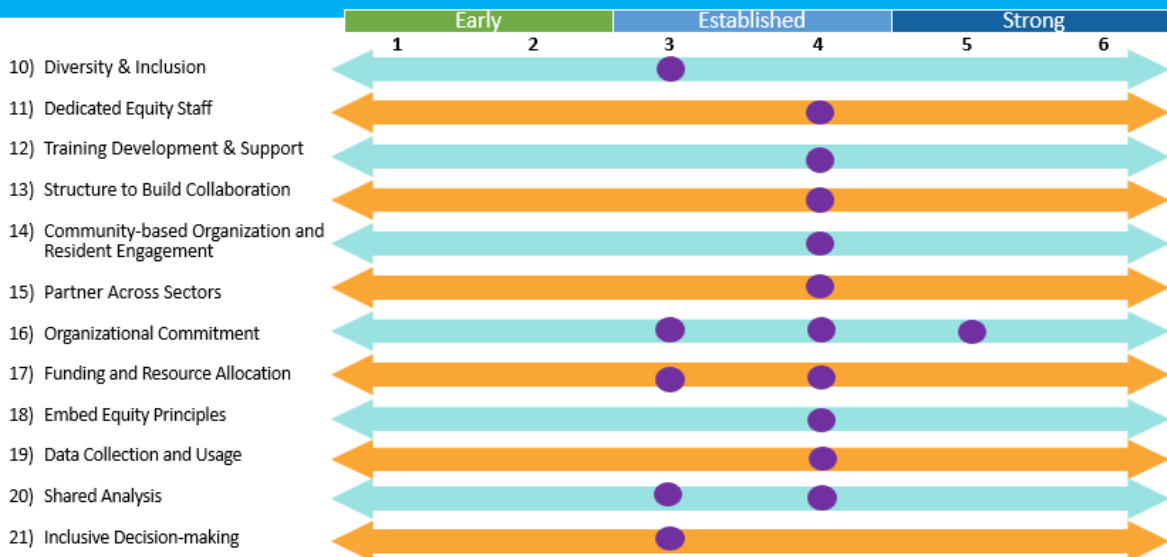
Organizational Equity Assessment Survey (2023) Results

Figure 4. Organizational Equity Assessment Survey Results.

PHS Pilot Results: Part 1 Organization Equity Reflection Tool



PHS Pilot Results: Part 2. Baseline Organizational Assessment For Equity Infrastructure

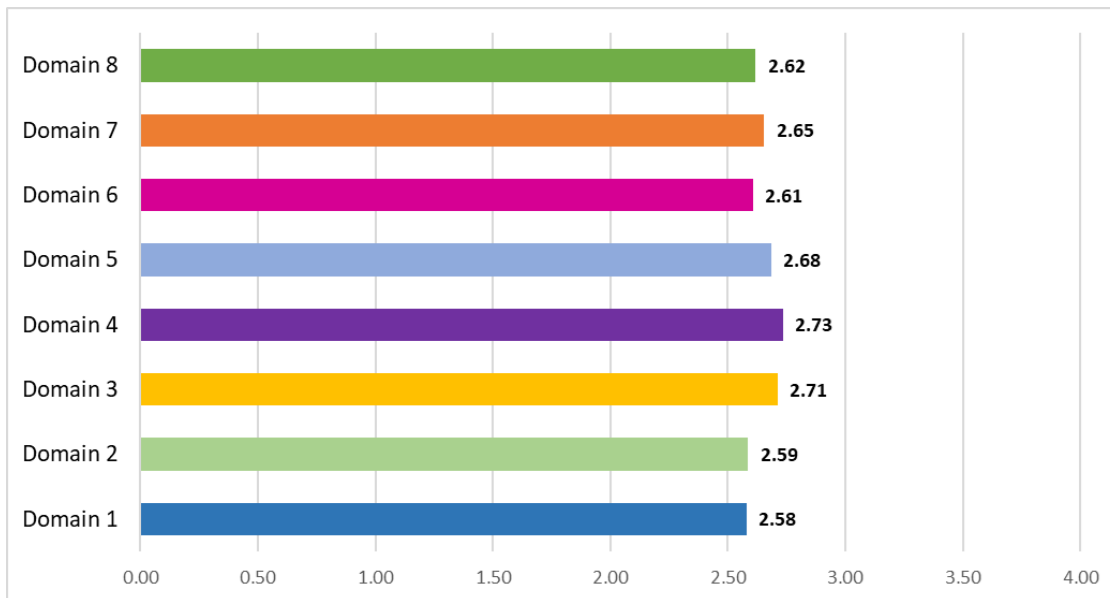


Source: Public Health Services.

Core Competencies of Public Health Professionals

PHS issued the first CCPHP self-assessment survey in 2016. Scores were modestly lower in management and fiscal management skills and public health sciences skills. And subsequent training focused on these areas (e.g., PH 101 Series). PHS issued the second Core Competencies for Public Health Professionals Survey in February 2022 using the core competencies that were revised in 2021. The new competencies were shared broadly across the department. The next core competencies survey will assess staff against the new set of national competencies. PHS scored the highest in Domain 4: Health Equity Skills (2.73). The full results of this survey are available through the Office of Health Equity and Climate Change.

Figure 5. Average Scores by Domain.



Source: Public Health Services

Implicit Bias Training

As part of the commitment to foster racial equity, PHS has contracted with a racial equity expert to facilitate a series of trainings for staff. The trainings began January 2021 and continue through June 2024. The trainings have created a foundational understanding and a shared language on the topic of racial equity for staff. After the training series concluded, the facilitator hosted activities with each departmental Branch to explore racial equity issues for their staff and customers.

PHS Health Equity 101 Training

In 2017, PHS developed a series of mandatory Public Health 101 trainings for PHS staff including a Health Equity 101, History of Public Health 101, Concepts in Public Health 101, Data 101, and Climate Change 101. The Office of Health Equity provided the trainings to new and experienced Public Health staff on a set schedule. The Health Equity 101 training includes basic information on health disparities and equips staff with practical strategies to apply these concepts in their work. This ensures that all staff are knowledgeable about and committed to promoting health equity in their daily activities.

RESULTS

Public Health Services Health Equity Plan

PHS compiled information from the methodology section to develop a strong Health Equity Plan.

Vision, Mission, and Values

Our Vision: Health equity for San Diego County residents.

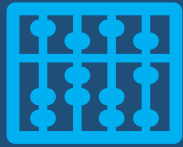
Our Mission: Public Health Services (PHS) is committed to advancing health equity in San Diego County.

Our Values: Diversity, Respect, and Social Justice

- **Diversity:** PHS promotes diversity throughout San Diego County and among staff.
- **Respect:** PHS respects all staff, clients, and the San Diego communities.
- **Social Justice:** PHS promotes social justice within the organization and San Diego County.

Priority Areas: The priority areas of focus for the Health Equity Plan FY 2023-2024 to FY 2025-2026 will follow the four pillars as outlined in the CCLHO Health Equity Framework (Wooten 2010).

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Organization

Goal 1: Sustained Effort Towards **Organizational** Transformation to Operationalize, Center, and Embed Health Equity into Public Health Practice within Public Health Services

Strategy 1.1



Foster alignment to advance institutionalizing health equity in public health practice.

Objective 1.1.1 Support the development of a new **PHS Strategic Plan** that **supports the PHS mission and vision** by centering equity in public health practice; and ensuring each branch has at least one health equity goal.

Objective 1.1.2 Ensure PHS's **organizational commitment** to health equity is in alignment with PHS and HHSA Initiatives and the **Strategic Framework/Priorities** of the Board of Supervisors.

Objective 1.1.3 Develop and implement a new **Workforce Development Plan** that strategically puts people first starting with the public health workforce, customers, and leaders, and ensures equity lens to workforce.

Objective 1.1.4 Develop the *next* **Health Equity Plan and Health Equity Work Plan**.


Objective 1.1.5 Implement the PHS **Adaptation Plan** strategically positioning residents and the department to be adaptive to the Public Health Impacts of Climate Change (e.g., workshops, papers).



Objective 1.1.6 Align to the **State's Heat Plan** and new efforts on excessive heat (e.g., federal, state, local).

Objective 1.1.8 Align to HHSA Justice, Equity, Diversity, and Inclusion (JEDI) efforts. (e.g., Live Well Team, Department of Homelessness Solutions and Equitable Communities, Community Action Partnership), County (e.g., Public Safety/safe communities), and **broader Health in All Policies** efforts through Agency collaborations and working groups.

Objective 1.1.9 Align to **Office of Equity and Racial Justice** efforts (e.g., through the CDC Health Disparities grant, embedding equity across COSD departments, usage of equity indicators/racial equity indicators, disaggregated data, equity organizational assessments tools).

Objective 1.1.10 Encourage Branches to update **Branch Impact Plans**.

	<p>Objective 1.1.11 Coordinate and collaborate with other local health jurisdictions to share best practices.</p>
	<p>Objective 1.1.12 Participate in local, regional, and state Health Equity and Climate Change Working Group meetings and implement relevant objectives locally. Examples may include but are not limited to the State’s Office of Health Equity, the Health in All Policies Task Force, the Homelessness Prevention Task Force, and the San Diego Regional Climate Collaborative.</p>
	<p>Objective 1.1.13 Update two pager of stakeholders on climate and health.</p>
	<p>Objective 1.1.14 Engage with Federal, State, local and County partners on the public health impacts of climate change (e.g., County’s Climate Action Plan and Sustainability Task Force/Working Group, National Weather Service, CalEPA, CDPH, UCSD, APCD, USD, Community Action Partnership, Vector Control, American Lung Association, Pala Band of Mission Indians).</p>
<p>Strategy 1.2</p> <p>Externally, promote policy integration that reflects the importance of prevention and upstream, social, and economic determinants of health.</p> 	<p>Objective 1.2.1 Identify opportunities to dedicate funding and resources to advance health equity through monitoring State and Federal legislation related to Health Equity and Climate Change, and participating/attending relevant stakeholder groups, such as the Technical Advisory Committee for the Integrates Climate Adaptation and Resilience Program (ICARP).</p>
	<p>Objective 1.2.2 Provide training and technical assistance to the Health Equity Working Group and Senior Staff on the County Legislative Agenda and identify strategies to advance equity through the County Legislative Program.</p>
	<p>Objective 1.2.3 Support PHS Branches and Units to implement programs that advance health equity through implementing policy, system, and environmental change (e.g., the Chronic Disease and Health Equity Unit increasing access to healthy food and physical activity opportunities.)</p>

<p>Strategy 1.3</p>  <p>Internally, facilitate knowledge transfer on health equity (e.g., HE policy and procedure, SOPs, POM).</p>	<p>Objective 1.3.1 Increase investment and operations to advance equity by supporting PHS branches to pursue grant opportunities related to health equity, racial equity, environmental justice, Health in All Policies, climate change, resilience, or adaptation.</p> <p>Objective 1.3.2 Revamp the PHS Health Equity Tool for Programs and the Tool for Individuals to align with the 10 Essential Public Health Services and Organizational Assessment domains.</p> <p>Objective 1.3.3 The Health Equity Coordinator will provide updates at the monthly Chiefs, PHS Leaders and Senior Staff meetings to ensure Public Health Leaders are appraised of health equity efforts and equipped to make decisions that may impact equity programs.</p> <p>Objective 1.3.4 Embed equity principles throughout PHS by ensuring the Health Equity Policy and Procedure is up to date on Policy Tech and reviewed by all staff a minimum of once every 36 months.</p>
<p>Strategy 1.4</p>  <p>Maintain and evolve the institutional infrastructure for operationalizing and centering health equity into public health practice in PHS.</p>	<p>Objective 1.4.1 by developing an annual summary of accomplishments for the last fiscal year of all health equity activities.</p> <p>Objective 1.4.2 Demonstrate how equity is embedded in PHS culture and values by hosting the Health Equity and Climate Change Working Group, with representation from all PHS branches.</p> <p>Objective 1.4.3 PHS Maternal Child and Family Health Services Branch to administer current grant programs in partnership with community (e.g., Perinatal Health Equity Initiative, REACH, COVID-19 Health Disparities Grant including rollout of Organizational Equity Reflection Tool) and consider pursuing additional grant opportunities as they arise; prioritizing evidence-based, culturally responsive, pro-family, prevention, and early intervention investments (e.g., early childhood).</p> <p>Objective 1.4.4 Provide frequent communication and messaging related to health equity efforts, such as by maintaining health equity performance dashboards, hosting and updating a dedicated health equity website, and providing updates on the PHS Equity Action Plan to stakeholders.</p>



Workforce

Goal 2: Ensure the public health **workforce** is prepared to operationalize, center, and embed health equity into public health practice

Strategy 2.1



Foster a **diverse and inclusive** workforce and assess workforce diversity and health equity skills.

Objective 2.1.1 Designate **dedicated equity staff** to participate in County Diversity and Inclusion committee, including but not limited to: the **HHSA Diversity and Inclusion Transformation Team** and the **COSD Justice, Equity, Diversity, and Inclusion Committee**. Representatives shall serve as Champions for PHS by attending regular meetings, disseminating information to the rest of Public Health Services Staff, and implementing any guidance and recommendations from the committees.

Objective 2.1.2 Track and report bi-annually (every 2 years) on the **diversity** of PHS staff relative to local Census tract data to support efforts to ensure the workforce is relatively reflective of the population served (e.g., gender identity, age, race/ethnicity, sexual orientation).

Objective 2.1.3 Promote **Diversity and Inclusion** by maintaining a calendar of Cultural and Social Observances. Produce and disseminate a flier and virtual meeting background related to each observance to PHS staff monthly.

Strategy 2.2



Provide opportunities to enhance **leadership** skills.


Objective 2.2.1 Each branch representative rotates facilitation of the bi-monthly Health Equity Working Group meetings.

Objective 2.2.3 Promote the concept of workplaces as engines of well-being, fostering retention, sustaining the workforce (e.g., addressing issues of workload and burnout).

Objective 2.2.4 Foster **Leadership of Diverse and Inclusive Teams** (e.g., Branch Diversity and Inclusion Action Plans) through the Chiefs, Public Health Leaders, and Senior Staff meetings.

Objective 2.2.5 Ensure county Leadership Competencies **Survey** results are analyzed and included in results section of the next WFD Plan.

Objective 2.2.6 Enhance **training, development, and support** of PHS staff by identifying and promoting opportunities for staff to be trained on topics including but not limited to: Leadership; Equity; Diversity & Inclusion; and Trauma Informed workplace cultures.

<p>Strategy 2.3 </p> <p>Engage, train, and develop core competencies (e.g., health equity skills).</p>	<p>Objective 2.3.1 Provide training and technical assistance to branch leadership, health equity representatives, and other relevant staff on topics including but not limited to: health equity, climate change, community engagement, diversity and inclusion, cultural responsiveness, health literacy, trauma-informed care, and customer service</p>
	<p>Objective 2.3.2 Encourage staff to participate in the Public Health Workforce Interests and Needs Survey (PH WINS 2024); Community Health Statistics Unit and Health Equity Program Coordinator to share results with staff and Human Resources to identify opportunities to support staff and encourage a diverse and engaged workforce (e.g., score on Diversity, Equity, and Inclusion).</p>
	<p>Objective 2.3.3 Promote the use of, and annually update, the PHS Health Equity SharePoint site that includes resources, shared documents, presentations, plans, trainings, and useful links on health equity, racial equity, and climate change.</p>
	<p>Objective 2.3.4 Work with the HHS Knowledge Center to upload health equity 101 training(s) for staff on the County’s Learning Management System (i.e., the public health sciences skills including health equity 101); track and report to Health Equity representatives and Branch Chiefs on completion rates.</p>
	<p>Objective 2.3.5 Utilize the Core Competencies of Public Health Survey to measure progress on domains such as the Health Equity skills domain.</p>
	<p>Objective 2.3.6 Stay current with the literature on health equity, synthesize and disseminate findings to staff and the community.</p>
	<p>Objective 2.3.8 Support seven branches to implement Branch Impact Plans, which include goals and objectives related to: Diversity and Inclusion, Customer Service, Employee Engagement, and Trauma-Informed Care.</p>



Community

Goal 3: Engage and partner with community to provide exceptional equity-centered programs, presentations, and services

Strategy 3.1



Span organizational boundaries to advance health equity, identifying fair, just, and equitable solutions that positively impact the health of the communities we serve.

Objective 3.1.1 Participate in Justice, Equity, Diversity, and Inclusion committee, and align efforts to advance equity, including racial equity, internally and externally (e.g., review input from listening sessions, promote critical conversations toolkit for leaders, GARE, participate in equity assessments).


Objective 3.1.2 Develop and maintain relationships with groups across the County that have similar goals such as the Office of Equity and Racial Justice, the Human Relations Commission, and the Office of Sustainability and Environmental Justice. Monitor progress, outputs, guidance and recommendations, and align to their efforts to support collective impact.


Objective 3.1.3 Identify guest speakers, subject matter experts, leaders from the state and the community (e.g., ERGs) to speak to senior managers, and/or staff about various forms of equity as applied to the 10 essential public health services.

Objective 3.1.4 Collaborate with other Local Health Departments through the CDC Infrastructure Grant to improve each of the four health equity pillars.

Objective 3.1.5 Organize opportunities for community-based organization and resident engagement to foster opportunities for inclusive decision making. For example, hosting a health disparities event for community supported by funding from A2 – Foundational Capabilities (PHIG).

Objective 3.1.6 **Partner across sectors** to advance equity and a Health in all Policies approach such as by convene border health community partners through the PHS Office of Border Health.

	Objective 3.1.7 Provide input to County Hazard Mitigation Plan from a public health, health equity and climate change perspective.
	Objective 3.1.8 Connect with the County of San Diego’s Land Use and Environment Group on relevant activities such as the Environmental Justice Element and Implementation Plan, Safety Element, and Vulnerability Assessment. Conduct a shared analysis and provide health equity lens and address public health impacts of climate change where applicable (e.g., weatherization against effects of heat and smoke, decarbonization).
	Objective 3.1.9 Collaborate with local universities to hire students for internships, fellowship positions with PHS focusing on health equity and climate change (e.g., GSW program, Management Fellowship Program).
<p>Strategy 3.2 </p> <p>Explore opportunities for community engagement to advance health equity and adaptation.</p>	Objective 3.2.1 Conduct the BARHII PHS Collaborating Partner Survey among community-based organizations and residents to seek feedback on department, agency and County health equity and cultural competency efforts per the BARHII Toolkit.
	Objective 3.2.2 Facilitate events, presentations, Workshops on Public Health Impacts of Climate Change for the community (e.g., San Diego Healthcare Disaster Coalition and Excessive heat events—PHIG).
	Objective 3.2.3 Collaborate with the Desert Research Institute, NOAA, and others, on Public Health Impacts of Excessive Heat and dissemination of curriculum for the community.
	Objective 3.2.4 Develop Community Health Assessments and Community Health Improvement Plans (CHIPs and CHA) and maintain inclusion of data (CHA), activities and strategies (CHIP) that address health equity and the public health impacts of climate change.

	<p>Objective 3.2.5 Facilitate Local Public Health Systems Assessment with Community Partners to identify strengths and opportunities for improvement.</p>
	<p>Objective 3.2.6 Promote and track Health Literacy training for all staff.</p>
	<p>Objective 3.2.7 Partner with County Office of Emergency Services on the Partner Relay Program to ensure messages are translated and relayed through trusted, local, community messengers in multiple languages in the event of an emergency; host practice drills to ensure preparedness.</p>
	<p>Objective 3.2.8 Partner across sectors to provide training and technical assistance to the community. Examples include, but are not limited to: co-host workshops with the County Office of Emergency Services on emergency preparedness and/or climate change related topics (e.g., wildfire, heat, vector borne diseases); Partner with Resident Leadership Academy Network and others to empower residents and community with information; and engage local African American, Latinx, Middle Eastern, Asian/Pacific Islander, Native American organizations including the local chapter of the NAACP on the public health impacts of climate change (e.g., workshop, focus group on heat).</p>
<p>Strategy 3.3  Maintain strong customer service culture in PHS.</p>	<p>Objective 3.3.1 Strengthen our customer service culture by creating opportunities to engage customer/residents (e.g., customer service survey and presentation, listening sessions, focus groups) in the design and delivery of public health programs and services, to find solutions to public health challenges.</p>
	<p>Objective 3.3.2 Maintain our strong customer service culture to ensure a positive customer experience that includes modern infrastructure (e.g., PHIG), and innovative technology, to ensure optimal public health service delivery to our county residents.</p>



Data

Goal 4: Improve Health Equity/Minority Health Research and **Data Literacy** to Support Data Driven Decision Making, and Open, Transparent Monitoring, Tracking, and Reporting of Data

Strategy 4.1



Disseminate timely and reliable **data** that meets the needs of residents.

Objective 4.1.1 Require **Data Literacy** training for staff; track and report on completion rate to Branch Chiefs; work with Health Equity Representatives, and the Data Threading Group to promote closure of gaps.


Objective 4.1.2 Maintain updated data in **Health Equity Reports** (e.g., race/ethnicity, age, socioeconomic status, gender, geography); provide a presentation on new findings compared to last set of findings for the Health Equity Working Group, and Senior Staff; review findings and integrate into Health Equity Plan.

Objective 4.1.3 Ensure appropriate data usable by providing open, transparent monitoring, tracking, and reporting of data (e.g., population health data, Live Well Indicators).

Objective 4.1.4 Update the data in the public health impacts of climate change presentation.

Objective 4.1.5 Collaboration and partnerships with **local universities** on health equity and climate change data including SDSU, UCSD and USD (e.g., research, workshops, presentations, papers, convenings such as the Epi Exchange).

Objective 4.1.6 Collaborate with partners to develop and disseminate a series of **White Papers** on Public Health Impacts of Climate Change (e.g., excessive heat, air quality, vector-borne disease).

	<p>Objective 4.1.10 Support evaluation and learning by partnering with community-based organizations and academic institutions on research and evaluation of community-intervention strategies to end health disparities.</p>
	<p>Objective 4.1.11 Determine and disseminate replicable and evidence-based practices to end health disparities in partnership with community-based organizations and/or academic institutions (e.g., feature in cultural social observance fliers).</p>
	<p>Objective 4.1.12 Identify improved equity analysis tools and techniques; send subject matter experts/Epidemiologists on advanced training to develop skills in the latest techniques (e.g., University of Michigan, Coursera; projecting disease burden from climate change); ensure knowledge transfer through the departmental Data Threading Group.</p>
<p>Strategy 4.2</p>  <p>Reinforce quality assurance, performance management, and data driven decision-making.</p>	<p>Objective 4.2.1 Continuously improve the Performance Management/QI culture within the department promoting training and development of staff to increasingly advance skills in quality assurance/quality improvement and performance management through the PHS Performance Improvement/Management Committee.</p>
	<p>Objective 4.2 Conduct 3rd BARHII PHS Health Equity Assessment internal survey for Staff; assess PHS staff every two years adapting the Bay Area Regional Health Inequities Initiative (BARHII) re. Health Equity.</p>

DISCUSSION

The PHS Health Equity Plan identifies goals, strategies, and objectives to advance health equity, diversity and inclusion, and promotes resilience to the public health impacts of climate change. PHS will continue to develop leaders and staff competent in operationalizing health equity in public health practice, promote a diverse, highly trained, culturally responsive workforce, and strive towards a future where all San Diego County residents can attain optimal health.

PHS recognizes that partnering with the communities we serve, and the organizations that represent them, is the most successful approach to Health Equity. The PHS Office of Health Equity and Climate Change will work with the PHS Health Equity Working Group, the County's Office of Equity and Racial Justice, HHSA JEDI Team, the Diversity and Inclusion Transformation Team, Regional Offices, all HHSA departments (e.g., Aging and Independence Services), the County's Land Use and Environment Group, the County's Office of Emergency Services, other partners, and the community, to achieve the vision of *Live Well San Diego* as a healthy, safe, and thriving San Diego County.

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APPENDICES

1. County of San Diego Strategic Plan

STRATEGIC INITIATIVES provide the framework for the County to set measurable goals. These initiatives are designed to span the entire organization, break down silos, and extend across groups for all departments to see their work contributing to the overall success of the region.

SUSTAINABILITY:

Economy

- Align the County's available resources with services to maintain fiscal stability and ensure long-term solvency.
- Create policies to reduce and eliminate poverty, promoting economic sustainability for all.

Climate

- Actively combat climate change through innovative or proven policies, green jobs, sustainable facility construction or maintenance and hazard mitigation.

Environment

- Protect and promote our natural and agricultural resources, diverse habitats and sensitive species.
- Cultivate a natural environment for residents, visitors and future generations to enjoy.

Resiliency

- Ensure the capability to respond and recover to immediate needs for individuals, families, and the region.

EQUITY:

Health

- Reduce disparities and disproportionality and ensure access for all through a fully optimized health and social service delivery system and upstream strategies.
- Focus on policy, systems and environmental approaches that ensure equal opportunity for health and well-being through partnerships and innovation.

Housing

- Utilize policies, facilities, infrastructure, and finance to provide housing opportunities that meet the needs of the community.

Economic Opportunity

- Dismantle barriers to expanding opportunities in traditionally underserved communities and businesses, especially communities of color and low income.
- Advance opportunities for economic growth and development to all individuals and the community.

EMPOWER:

Workforce

- Invest in our workforce and operations by providing support services and excellent customer service to ensure continuity of operations remains at its best.

Transparency and Accountability

- Maintain program and fiscal integrity through reports, disclosures, and audits.

Innovation

- Foster new ideas and the implementation of proven best practices to achieve organizational excellence.



COMMUNITY:

Engagement

- Inspire civic engagement by providing information, programs, public forums or other avenues that increase access for individuals or communities to use their voice, their vote, and their experience to impact change.

Safety

- Support safety for all communities, including protection from crime, availability of emergency medical services and fire response, community preparedness and regional readiness to respond to a disaster.

Quality of Life

- Provide programs and services that enhance the community through increasing the well-being of our residents and our environments.

Communications

- Create proactive communication that is accessible and transparent.
- Offer interpreters for community meetings or translations of information to ensure residents have every opportunity to make informed decisions while listening to, participating in or using County services or programs.

Partnership

- Facilitate meaningful conversations, shared programming, grant opportunities, or other opportunities to maximize resources through community partnerships to benefit the region.

JUSTICE:

Safety

- Ensure a fair and equitable justice system in the defense and prosecution of crimes, investigations of abuse and neglect, and support and services for victims.
- Focus efforts to reduce disparities and disproportionality across the justice system.

Restorative

- Contribute to a system of restorative justice that strives to repair harm to victims and to the community at large, as well provide inclusive opportunities for justice involved individuals to contribute to the region.

Environmental

- Advance equal protection and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies with an urgent focus on communities of color and low-income communities recognizing they historically lacked the same degree of protection from environmental and health hazards.
- Ensuring equal access to decision-making processes that create healthy environments in which to live, learn and work.

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2. Health and Human Services Agency Strategic Plan



The **2022-24 Health and Human Services Agency Strategic Plan** was developed using the **Agency Playbook**, a five-step process in alignment with the **County of San Diego Strategic Initiatives**, **General Management System (GMS)**, and **HHS Vision, Mission, and Values**. Collectively, these guiding principles highlight what we do best every day: **Advancing Opportunities For All San Diegans To Live Well.**

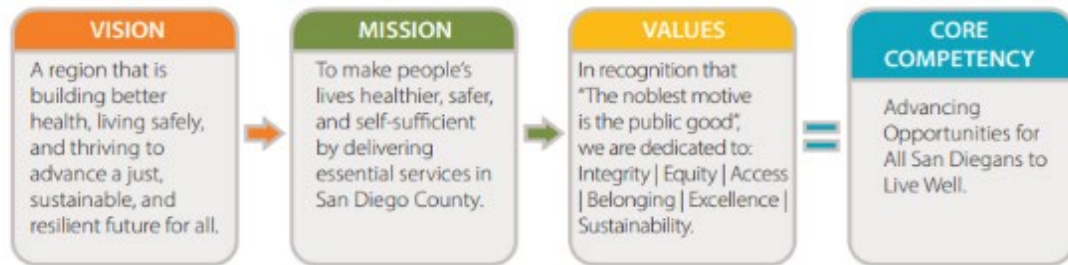
Agency Playbook



County of San Diego General Management System



HHS Vision, Mission, and Values



Strategic Initiative Alignment

HHS has identified six Agency Strategic Initiatives (**Sustainability, Workforce, Community Engagement, Equity, Service Delivery Coordination, and Systems & Technology**) that drive long-term Agency-wide performance excellence and focus our efforts on Agency goals to deliver increasing value to the people we serve. These Agency Strategic Initiatives directly support our County Strategic Initiatives (**Sustainability, Empower, Community, Equity, and Justice**).



3. California Conference of Local Health Departments (CCLHO) Framework for Local Public Health Departments (LHDs).

Introduction of Health Equity (HE) in Public Health Practice. Developed in 2010 by Wilma J. Wooten M.D., M.P.H.

Domain Areas	Goal	Strategy	Tactics/Actions	Results	NACCHO Guidelines*	OMH	WHO#
STEP 1: ORGANIZATION <i>(Internal Transformation)</i>	Transform organizational culture to make health equity a priority.	1. Institutionalize the health equity culture in all facets of the organizational structure 2. Engage interagency and interagency departments and groups	<ul style="list-style-type: none"> ▪ Incorporate <u>HE</u> into core values, mission, or principles of organization. ▪ Achieve programmatic competency in health equity 	<ul style="list-style-type: none"> ▪ Include HE as Agency/Dept priority ▪ Include HE in: <ul style="list-style-type: none"> -Mission Statement -Strategic Plan -Policy (e.g., contract, HR, planning documents) ▪ Programmatic strategic alignment 	#4 #5	<ul style="list-style-type: none"> ▪ Awareness ▪ Leadership ▪ Health & health systems experience ▪ Coordination of research/evaluation 	#1 #2 #3
STEP 2: WORKFORCE <i>(Internal Transformation)</i>	Transform workforce	Create a competent workforce regarding HE and related topic areas (i.e., social injustice, cultural competency, health literacy)	<ul style="list-style-type: none"> ▪ Assess and train workforce in concepts of HE & social injustice (SJ) ▪ Recruit a diverse, culturally competent workforce ▪ Incorporate HE/SJ in hiring and interview process ▪ Link work plans to strategic direction 	<ul style="list-style-type: none"> ▪ Conduct employee training ▪ Provide leadership development ▪ Include HE/SJ sensitive questions in interview process ▪ Provide health communication (e.g., health literacy, cultural competency and LEP) training ▪ Develop policies that support unified health communication and other concepts of health equity ▪ Link to personnel performance and incentives 	#2 #8 #10	<ul style="list-style-type: none"> ▪ Awareness ▪ Leadership ▪ Health & health systems experience ▪ Cultural & linguistics competency ▪ Coordination of research/evaluation 	#2

Domain Areas	Goal	Strategy	Tactics/Actions	Results	NACCHO Guidelines*	OMH	WHO
STEP 3: COMMUNITY <i>(External Transformation)</i>	Transform the broad definition of community	Engage all levels of the community including private sector organizations, schools, businesses, other governmental entities, and health systems.	<ul style="list-style-type: none"> ▪ Educate all sectors ▪ Engage in committee planning efforts ▪ Engage community in assessment and implementation plans ▪ Explore areas for strategic partnerships 	<ul style="list-style-type: none"> ▪ Community Profiles ▪ Health Assessments Plans ▪ Health Improvement Plan ▪ Apply for joint funding opportunities 	#2 #4 #5 #10	<ul style="list-style-type: none"> ▪ Awareness ▪ Leadership ▪ Health & health systems experiences ▪ Cultural & linguistics competency ▪ Coordination of research/evaluation 	#1 #2
STEP 4: DATA (EVALUATION & DISSEMINATION) <i>(Internal and External Transformation)</i>	Transform information	Generate data to assess & evaluate accountability	<ul style="list-style-type: none"> ▪ ID measurable outcomes ▪ Develop monitoring process ▪ Engage committee in planning & evaluation process ▪ Disseminate findings ▪ Transparent communication (e.g., website, publications) 	<ul style="list-style-type: none"> ▪ Disparity report ▪ Committee profiles ▪ Convene community forum ▪ Ancillary support materials (e.g., fact sheets, reference documents, PowerPoint presentations) 	#1, #2, #3, #10	<ul style="list-style-type: none"> ▪ Leadership ▪ Cultural & linguistics competence ▪ Coordination of research/evaluation 	#3

<p>NACCHO Guidelines*</p> <ol style="list-style-type: none"> 1. Monitor health status and track the conditions that influence health issues facing the community 2. Protect people from health problems and health hazards 3. Give people information they need to act collectively in improving their health 4. Engage with the community to identify and eliminate health inequities 5. Develop public health policies and plans 8. Maintain a competent public health workforce 10. Contribute to and apply the evidence base of public health and relevant fields 	<p>WHO Recommendations#</p> <ol style="list-style-type: none"> 1. Improve daily conditions 2. Tackle the inequitable distribution of power, money, and resources 3. Measure and understand the problem and assess the impact of action <p>NACCHO = National Association of County and City Health Officials OMH = Office of Minority Health WHO = World Health Organization</p>
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4. Alignment to Broader Efforts to Advance Health Equity

Efforts at the Global Level

At the global level, the United Nations (UN) sets what is referred to as the [Sustainable Development Goals](#) (SDGs), and the World Health Organization (WHO) promotes SDGs, which all UN Member States have agreed to work towards achieving by 2030, including the U.S. Taken together, these goals work to advance humanity towards a future free from poverty, hunger, and disease. The SDGs guide member countries, at all levels of government, on issues of health equity, climate change, social determinants of health, and Health in All Policies (HiAP). 'The [2030 Sustainable Development Agenda](#) challenges us to move towards whole-of-government and whole-of-society approaches that leave no one behind.'³ The SDGs aim to 'promote prosperity while protecting the environment and tackling climate change. They have a strong focus on improving equity to meet the needs of women, children, and disadvantaged populations in particular'.⁴



Health in All Policies efforts are thought to work best when a combination of factors is 'in place: good **governance**; development of strong and sound **partnerships** based on co-design, co-delivery and co-benefits; dedicated **capacity and resources**; and the use of **evidence** and **evaluation**. Together, these factors can and do deliver positive change.'⁵ According to the WHO, progress on the health-related SDGs 'is now much further off track. The COVID-19 pandemic has shone a harsh light on inequities and inequality but has also underlined the centrality of health, equity, and equality as preconditions for sustainable development.'⁶ For the full set of health-related targets, see Appendices 1 and 2. It is worth noting that the WHO encourages the building of climate resilient and sustainable health systems, to be addressed, in part by this and related local and regional plans. In addition to promoting the SDGs, the WHO also produces the [Global Action Plan for Healthier Lives and Well-Being for All](#).

World Health Organization and Health Equity

The World Health Organization has also created the Health Equity Monitor. 'Monitoring health inequalities is crucial to identify differences in health between different population subgroups. This provides evidence on who is being left behind and informs health policies, programmes, and practices that aim to close existing gaps and achieve health equity.'⁷ For more information see: [Health Equity Monitor \(who.int\)](#)

Efforts at the International Level

The European Union (EU) published the [2021 European Health Report](#). The report is published every three years. In 2021, the health report included the WHO Regional Office for Europe's

progress towards achieving the health-related SDGs and the how the COVID-19 pandemic has impacted population health and health inequalities. The report from the EU provides evidence of the indicators driving health inequities and solutions to reduce these inequities. For more information about European countries' health status, public health efforts, health inequities, sustainability, and related information, see: [WHO-Europe](#).

Pan American Health Organization

The U.S. is also a member of the [Pan American Health Organization](#) (PAHO), a regional body dedicated to coordination of public health efforts for the Americas. PAHO sets goals for member states and guides various countries of the Americas on topics including infectious and communicable diseases, emergency preparedness, social determinants of health, health equity, and more.



The [Sustainable Health Agenda for the Americas 2018-2030: A Call to Action for Health and Wellbeing in the Americas](#) (CSP29/6) represents the health sector response to commitments endorsed by PAHO Member States in the 2030 Agenda for Sustainable Development together with unfinished business from the Millennium Development Goals and the Health Agenda for the Americas 2008 – 2017, and emerging regional public health challenges.

'This goal is important for addressing the persistent inequities in health in the Region. Consistent with the principles of this Agenda and the 2030 Agenda for Sustainable Development of leaving no one behind, this goal considers multisectoral strategies for reducing inequities in health by promoting health and well-being through actions on the social and environmental determinants of health, including social protection, to address gender, ethnic, and human rights issues. The following are essential in this regard:

Strengthening the capacity of countries to measure, monitor, and systematically analyze health inequalities;

Implementing the Health in All Policies strategy for **intersectoral** action to address the social and environmental determinants of health;

Promoting healthy environments and access to health services equitably to improve health and well-being and to reduce preventable deaths and the burden of diseases throughout the life course, while preventing any disproportionate impacts on public health among disadvantaged populations or communities, including displaced populations, refugees, and migrants'.⁸

Efforts at the National Level

Big Cities Health Coalition

The [Big Cities Health Coalition](#) is a national platform where leaders of major health departments in the U.S. share strategies and work together to promote and protect the health and safety of the communities they serve. These public health officials have a direct impact on the well-being of 1 in 5 Americans.

American Public Health Association

The [American Public Health Association \(APHA\)](#) is a national professional membership and organization dedicated to promoting the health of all people and communities. APHA is committed to strengthening the public health profession, advocating for evidence-based policies, and striving to improve public health and achieve health equity. Their vision is to create the healthiest nation within a generation. With members from diverse disciplines and countries, they publish the [American Journal of Public Health](#) and [The Nation's Health](#) newspaper. Through their annual meeting and awareness campaigns like [Get Ready](#) and [National Public Health Week](#), they share the latest research and raise public health awareness.



National Association of County and City Health Officials

The National Association of County Health Officials was established in 1965 and later renamed the [National Association of County and City Health Officials \(NACCHO\)](#) in 1994. They aim to enhance public health while upholding core values like equity, excellence, participation, respect, integrity, leadership, science, and innovation. With nearly 3,000 local health departments across the U.S., NACCHO serves as a leader, partner, catalyst, and advocate for change. Their 27-member Board of Directors, consisting of local and tribal health officials, oversees their programs with input from many NAACHO Committees comprising staff members from local health departments nationwide.

Efforts at the Federal Level

U.S. Department of Health and Human Services

At the federal level, it is the [U.S. Department of Health and Human Services](#) (HHS) that is responsible for enhancing the health and well-being of all Americans. HHS developed national guidelines, [Healthy People 2030](#), to address health issues and health disparities in the U.S. Healthy People 2030 has objectives divided by health conditions, health behaviors, populations, settings and systems, and social determinants of health. State and local health departments track their progress against these objectives. HHS updates its Strategic Plan every 4 years. For more information on the current Strategic Plan for HHS, see: [Strategic Plan FY 2022 – 2026 | HHS.gov](#).⁹

The Office of Climate Change and Health Equity

In 2021, HHS announced a new unit dedicated to the public health impacts of climate change. For more information and to subscribe to the list serve to stay connected to this effort



Office of
Climate Change
and Health Equity

see: [The Office of Climate Change and Health Equity \(OCCHE\) | HHS.gov](https://www.hhs.gov/office-of-climate-change-and-health-equity/). The Office of Climate Change and Health Equity ‘serves as a department-wide hub for climate change and health policy, programming, and analysis, in pursuit of environmental justice and equitable health outcomes. The Office also facilitates the use of regulatory and statutory powers of the Department of Health and Human Services to address matters affecting disadvantaged communities and people on the frontlines of the climate crisis.

The Office works alongside community-based organizations, non-governmental organizations, academia, business, industry, along with, state, tribal, local, and territorial governments, to define and implement strategies, conduct strategic outreach and communications, and train and empower community residents.’



Within HHS, the Office of Climate Change and Health Equity lead two working groups:

The Climate Change and Health Equity Working Group, where ‘representatives from nearly all of the Department’s Divisions, coordinate HHS efforts to mitigate the impacts of climate change on health outcomes.’

The HHS Environmental Justice Working Group is ‘developing and overseeing implementation of the 2022 HHS Environmental Justice Strategy and Implementation Plan.’¹⁰

Office of the Assistant Secretary for Health

The [Office of the Assistant Secretary for Health \(OASH\)](https://www.hhs.gov/office-of-the-assistant-secretary-for-health/) houses two working groups that address climate change and health equity: 1) Interagency Working Group to Decrease Risk of Climate Change to Children, the Elderly, People with Disabilities, and the Vulnerable; and 2) Health Care System Readiness Advisory Council. Additionally, OASH is a member of the [Federal Interagency Working Group on Environmental Justice](https://www.hhs.gov/federal-interagency-working-group-on-environmental-justice/). To read more about HHS’s environmental justice work and its resources, including a link to BRACE, see: [Environmental Justice Resources | HHS.gov](https://www.hhs.gov/environmental-justice-resources/)

Office of Minority Health

The [Office of Minority Health \(OMH\)](https://www.hhs.gov/office-of-minority-health/) at the U.S. Department of HHS was established in 1986 in a direct response to the racial and ethnic health disparities published in the **1985 Secretary’s Task Force Report on Black and Minority Health**. The mission of the OMH is to “improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.”¹¹

Department of Justice

Additionally, the Department of Justice has an office dedicated to Environmental Justice. For more information, see: [Environmental Justice | Department of Justice](#).



Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) is a department of the broader Health and Human Services Department at the federal level. Within the CDC is the Office of Minority Health, which focuses on health equity, health disparities, disability health, LGBTQ+ health, Tribal health, [health literacy](#), [Racial and Ethnic Approaches to Community Health](#), and related efforts. Within the website for the Office of Minority Health you will

find the [Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease](#) which guides reducing health disparities and advancing health equity. For more information on the Office of Minority Health, see: [Minority Health and Health Equity - CDC](#)

It is the CDC that is responsible for the BRACE program related to health equity and climate change. The BRACE program provides funding to states and some local jurisdictions to advance efforts on climate and health. In California, this program is referred to as CalBRACE which is administered by the California Department of Public Health. CDPH received additional funding for the CalBRACE program in 2021. For more information on the CDC's BRACE program see: [Climate and Health - CDC's Building Resilience Against Climate Effects \(BRACE\) Framework | CDC](#).

The National Academy of Medicine

[The National Academy of Medicine \(NAM\)](#)

(previously the Institute of Medicine) is one of three academies that make up the National Academies of Sciences, Engineering, and Medicine (the National Academies) in the United States. The National Academies are private, nonprofit institutions that work outside of government to provide objective advice on matters of science, technology, and health. The mission of NAM is to improve health for



all by advancing science, accelerating health equity, and providing independent, authoritative, and trusted advice nationally and globally. The NAM is prioritizing racial equity in all NAM programs. The NAM also acknowledges that 'climate change will have serious consequences for livelihoods, public health, food security, and the availability of water.' The NAM has established the Grand Challenge on Human Health & Climate Change, a multi-year strategic initiative to develop 'a long-term roadmap for transforming systems like health care, infrastructure, and energy that impact or are impacted by climate change; seek to reduce the health sector's environmental impacts and commit to sustainable transformation; and launch a global competition to foster research and actionable solutions at the intersection of climate change and human health.'¹²

In 2017, NAM expanded its mission statement to include “advancing health equity,” then in 2020, appointed its first Equity and Inclusion Officer. The Culture of Health Program (COHP) of the NAM completed four consensus studies on drivers and solutions for health inequities, implemented Community Driven Health Equity Action Plans, hosted a series of convenings to build bridges between community members and policymakers, and developed a list of resources on health equity in the context of COVID-19. The NAM also launched a Staff Committee on Advancing Racial Equity (CARE) to strengthen internal equity, diversity, and inclusion.¹²

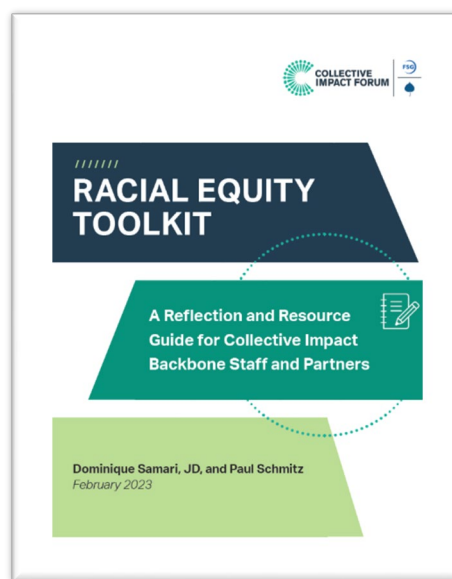
Racial Equity Toolkit (2023)

The [Racial Equity Toolkit \(2023\)](#) was developed by the Collective Impact Forum. The toolkit is designed to assist backbone staff and partners operationalize racial equity in their collective impact work. It includes personal reflection exercises, conversations, and activities that center racial equity and support collective goals. The toolkit can be used individually and in team conversations. The toolkit focuses on five-action oriented strategies:

- Ground the work in data and context, and target solutions.
- Focus on systems change, in addition to programs and services.
- Shift power within the collective.
- Listen to and act with community.
- Build equity leadership and accountability.

PHS will utilize the Racial Equity toolkit in this Plan’s goals, strategies, and objectives. Results and discussions from the toolkit will help guide PHS staff how to actively address racial equity within the department:

Figure 5. Racial Equity Toolkit.



Source: Collective Impact Forum.

5. National Association of County and City Health Officials (NACCHO) Guidelines for Achieving Health Equity in Public Health Practice

<p>1. MONITOR HEALTH STATUS AND TRACK THE CONDITIONS THAT INFLUENCE HEALTH ISSUES FACING THE COMMUNITY</p> <p>Obtain and maintain data that reveal inequities in the distribution of disease. Focus on information that erizes the social conditions under which people live that influence health.</p> <p>Compile comprehensive data on health resources and health threats (e.g., schools, parks, housing, rtation, economic wellbeing, environmental quality) through relationships or partnerships with ntstate and local agencies.</p> <p>Identify specific population subgroups or specific geographic areas characterized by (1) either an excess of adverse health or socioeconomic outcomes; (2) an excess burden of environmental health threats; and (3) acies in human resources that affect human health (e.g., quality parks and schools).</p> <ul style="list-style-type: none">• Support research that explores the social processes and decisions through which inequalities of race, class, and gender generate and maintain health inequities.
<p>2. PROTECT PEOPLE FROM HEALTH PROBLEMS AND HEALTH HAZARDS</p> <ul style="list-style-type: none">• Prevent the further growth of environmental inequities and social conditions that lead to inequities in the distribution of disease, premature death, and illness.• Play a leadership role in reducing or mitigating existing social and economic inequities and conditions that lead to inequities in the distribution of disease, premature death, and illness.
<p>3. GIVE PEOPLE INFORMATION THEY NEED TO ACT COLLECTIVELY IN IMPROVING THEIR HEALTH</p> <ul style="list-style-type: none">• Lead or participate in health impact assessments of policies, programs, or plans relevant to living conditions that affect health.• Make available to residents' data on health status and conditions that influence health status by race, ethnicity, language, and income.• Conduct and disseminate research that supports and legitimizes community actions to address the fundamental environmental, social, and economic causes of health inequities.• Develop or support mass media educational efforts that uncover the fundamental social, economic, and environmental causes of health inequities.

4. ENGAGE WITH THE COMMUNITY TO IDENTIFY AND ELIMINATE HEALTH INEQUITIES

- Enhance residents' capacity to conduct their own research and share departmental information, based on the principles of Community-based Participatory Research and the National Environmental Justice Advisory Council's community collaboration principles.
- Learn about the values, needs, major concerns, and resources of the community. Respect local, community knowledge and scrutinize and test it.
- Promote the community's analysis of and advocacy for policies and activities that will lead to the elimination of health inequities.
- Promote and support healthy communities and families through progressive practices in existing service delivery and programs based on principles of social justice.
- Support, implement, and evaluate strategies that tackle the root causes of health inequities, in strategic, lasting partnerships with public and private organizations and social movements.
- Engage in dialogue with residents, governing bodies, and elected officials regarding governmental policies responsible for health inequities, improvements being made in those policies, planning initiatives, and priority health issues related to conditions not yet being adequately addressed.
- Routinely invite and involve community members and representatives from community-based organizations in strategic planning processes and promotion of health.
- Provide clear mechanisms and invitations for community contributions to Local Health Departments (LHD) planning, procedures, and policies.
- Assist in building leadership among affected residents and respect their existing leadership, thereby honoring their capacity.
- Provide technical assistance to communities with respect to analyzing data, setting priorities, identifying levers of power, and developing strategies.
- Engage with the public health system, and the community in comprehensive planning, County Partners, taking a regional approach where possible.
- Use grant funding to support community-based programs and policies.
- Connect with relevant social movement organizations.
- Provide technical assistance to communities with respect to analyzing data, setting priorities, identifying levers of power, and developing strategies.
- Engage with the public health system, and the community in comprehensive planning, County Partners, taking a regional approach where possible.
- Use grant funding to support community-based programs and policies.
- Connect with relevant social movement organizations.

5. DEVELOP PUBLIC HEALTH POLICIES AND PLANS

- Advocate for comprehensive policies that improve physical, environmental, social, and economic conditions in the community that affect the public's health while recognizing that health policy is social policy.
- Enable residents to sustain their advocacy activity and support their capacity to become involved in regulatory activity.
- Support revisions of legislation and other regulations and codes to ensure non-discrimination in the distribution of benefits and interventions (e.g., equity, climate change).
- Promote public investments in community infrastructure that sustain and improve community health, such as education, childhood development, mass transit, employment, healthy design in the built environment, and neighborhood grocery stores.
- Provide legislative analysis focusing on policies related to prevention and the improvement of social and economic conditions.
- Monitor relevant issues under discussion by governing and legislative bodies.

6. MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE

- Develop an ongoing process of education and structured dialogue for all staff across departments and divisions that (a) explores the evidence of health inequity and its sources; (b) explains the nature of the root causes of health inequities and the ways in which practice may be changed to address those root causes; (c) examines the values and needs of the community; and (d) assists in providing core competencies and skills that build the ability to do what is necessary to achieve health equity.
- Make sensitivities to and understanding of root causes of health inequities part of hiring, including willingness to learn, cultural humility, creativity, and listening skills.
- Develop an assessment of and training to improve staff knowledge and capabilities about health inequity.
- Conduct an internal assessment more generally of a LHD's overall capacity to act on the root causes of health inequities, including its organizational structure and culture.
- Recruit the public health workforce from those who have been disproportionately affected and also those with the education, training, and experience to address inequitable social and environmental conditions.
- Hire staff with the skills, knowledge, and abilities to take part in community organizing, negotiation, and power dynamics and the ability to mobilize people, particularly those from communities served.
- Recruit staff with culturally and academically diverse backgrounds, with knowledge of the population they serve in relation to racial, ethnic, class, and gender characteristics as well as social and economic conditions in the jurisdiction.
- Mentor and inspire staff to address health inequities in their local jurisdiction.
- Establish greater flexibility in job classifications to tackle the root causes of health inequity.
- Develop relations with high schools and colleges to ensure that diverse groups of youth will strive towards joining the public health workforce.
- Develop anti-racism training as part of building a competent workforce.

7. CONTRIBUTE TO AND APPLY THE EVIDENCE BASE OF PUBLIC HEALTH AND RELEVANT FIELDS

- Develop public health measures of neighborhood conditions, institutional power, and social inequalities that lead to prevention strategies focused on the social and environmental determinants of health.
- Include knowledge based on social and economic context, subjective understandings, history, and social experience that goes beyond quantifiable data from epidemiological investigation when informing decision making and action.
- Stay current with the literature on health equity, synthesize research, and disseminate findings as they are applicable to staff and community.
- Evaluate and disseminate knowledge of findings and efforts related to health equity.

6. Public Health Services Health Equity Priority by Branch

To reinforce the importance of health equity, each Branch of PHS identified a health equity priority for the Strategic Plan. This meant that while advancing health equity was integral to all public health efforts across the department, each Branch selected a particular focus for its health equity efforts. Below are the seven health equity priorities by Branch. Together these and the efforts of branches will help to advance the collective health equity vision.

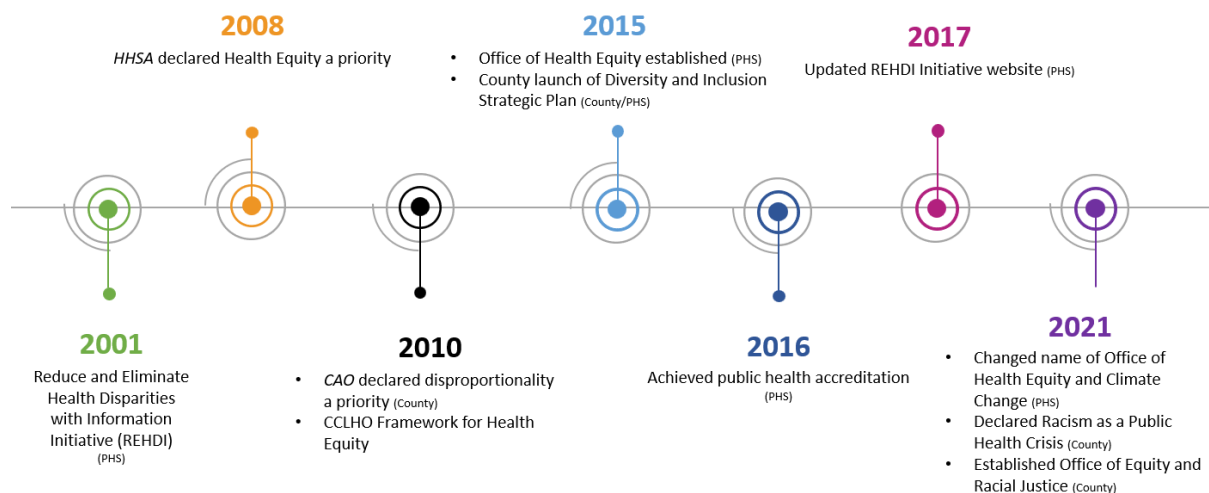
BRANCH	PRIORITY
PHS ADMIN	Strengthening our Workforce
California Children’s Services	Transition from Care
Epidemiology and Immunization Services	Childhood Lead Poisoning
HIV, STD, and Hepatitis	Preventing HIV Infection and Addressing Rising Rates of STDs
Maternal, Child, and Family Health Services	Health in All Policies (HiAP) <u>and</u> Infant Mortality Rates
Public Health Preparedness and Response	Emergency Preparedness
Tuberculosis Control and Refugee Health	Latent Tuberculosis Infection

7. Live Well San Diego



8. County of San Diego: Historical Efforts related to Health Equity 2001-2023

Figure 4. County of San Diego Historical Timeline.



Source: PHS Admin., (2023).

2001

- In 2001, PHS developed [Reduce and Eliminate Health Disparities with Information \(REHDI\)](#) Initiative to recognize health inequities across specific populations.

2008

- HHSAs makes “health equity” a priority.
- In Spring 2008, PHS established a [Chronic Disease and Health Equity Unit](#) devoted to the promotion of wellness and prevention of illness, disability, and premature death due to chronic diseases and health disparities. This unit focusses on policy, systems and environmental factors to advance health equity.

2009

- Operational Plan narrative started.

2010

- In July 2010, the PHS Public Health Officer created the Health Equity Framework for the California Conference of Local Health Officers (CCLHO). A subsequent [article](#) was published promoting this effort.
- PHS staff participated in the Public Health Institute (PHI) second cohort of the California/Hawaii Public Health Leadership Institute (CHPHLI), focused on health equity.
- The County of San Diego Board of Supervisors adopted [Live Well San Diego](#), a long-term initiative. *Live Well San Diego* includes three components: Building Better Health, Living Safely, and Thriving.

2011

- Participated in the CHPHLI statewide Health Equity conference.

2012

- Participated in the CHPHLI third annual statewide health equity conference.
- Formed the Health Equity Committee.
- PHS surveyed (HHSA) 5,400 staff on skills and organization practices and infrastructure needed to address health equity. The Health Equity Assessment was separated into three parts to provide information on which areas to target to ensure that staff is able to address health equity. This was the first PHS led Bay Area Regional Health Inequities Initiative (BARHII) survey for staff on health equity and cultural competency from the [BARHII Toolkit](#).
- Piloted the National Association of County and City Health Officials *Roots of Health Inequities* training.
- *Live Well San Diego* second component, Living Safely, adopted by the Board of Supervisors.

2013

- Participated on the first Public Health Accreditation (PHAB) Health Equity Think Tank.
- Health Equity Committee implemented a Team Charter and Work Plan to track activities for five priority areas.
- Launched the Public Health Services Health Equity initiative with the support of the Health Equity Committee at the Annual All-Staff meeting with nearly 500 staff in attendance. Dr. Tony Iton was a guest speaker on health equity.

2014

- PHS became a member of [Big Cities Health Coalition](#) and participated on its health equity working group (currently still active).
- In October 2014, the County of San Diego Board of Supervisors adopted the third component of *Live Well San Diego*, Thriving, which encompasses a broad range of areas that are interconnected and foundational to the quality-of-life for everyone in the region.
- Engaged with Policy Link to provide training for key staff on Health Equity.

2015

- Created a Public Health Services Office of Health Equity (now named Office of Health Equity and Climate Change).
- Published the first PHS Health Equity Strategic Plan (5 year) and annual Work Plans.
- Published the first Health Equity Policy and Procedure, mandatory reading for all staff.
- County Chief Administrative Officer started the Diversity and Inclusion Initiative. A launch event was hosted with the Employee Resource Groups (ERGs), County, HHSA, PAS Executives, and staff.
- PHS coordinated input from HHSA on the County Climate Action Plan (approved February 2018).
- Received BRACE grant from California Department of Public Health and conducted a Climate Change Survey PHS Staff indicating the need for workforce development and training (e.g. Climate Change 101, 2 pager).
- Chiefs shared disproportionality and disparities presentations by branch to Public Health Leaders.

2016

- Office of Health Equity piloted a Health Equity in Action Workshop with technical assistance from the California Department of Public Health Office of Health Equity (Director, Epidemiologist and communications specialist).
- PHS undertook a series of 11 tailored Health Equity in Action Workshops by branch to operationalize health equity and/or embed health equity into public health practice at the branch program level.
- Published the Health Equity Reports looking at population data through the 5 lenses (e.g., Race/ethnicity, age, gender, geography, and socioeconomic status).
- Launched the [Reducing and Eliminating Health Disparities with Information \(REHDI\)](#) webpage.

- Dr. Tony Iton, Cal Endowment, American Public Health Association (Dr. Camara Jones), Elizabeth Bustos and community members participated in a Town Hall on Health Equity at the Jacobs Center.

2017

- PHS Leaders (Dr. Wooten, Jackie Werth, and Jo-Ann Julien) Published a Health Equity [article](#) with Public Health Accreditation Board (PHAB) for the Journal of Public Health Management and Practice.
- Initiated Discussions with SDSU HealthLINK and HHSA wrote letter of support.
- Jo-Ann Julien, coordinator for the office of Health Equity joined the State [Office of Health Equity Advisory Committee](#).
- [Big Cities Health Coalition](#) (BCHC) Working Group on Health Equity helped develop the Health Equity Guide.
- PHS developed a series of mandatory Public Health 101 trainings for PHS staff including a Health Equity 101, History of Public Health 101, Concepts in Public Health 101, Data 101, and Climate Change 101.
- Developed the 1st PHS cultural and social observance calendar and started producing monthly fliers for dissemination to all staff via email collaboration between OHECC and HEWG Volunteers).

2018

- Assessed PHS staff on Health Equity competences using the BARHII Health Equity Assessment (2nd BARHII Survey).
- Implemented Leadership and Accountability Action Plans for Diversity and Inclusion by Branch for the first time using the Global Benchmarks document.
- Created Climate Change Adaptation Planning Template for Local Health Departments; collaboration with California Department of Public Health and 427.

2019

- Launched and implemented use of the 1st Health Equity Tools for Programs, and the Health Equity Tool for Individuals; Chiefs presented to Senior Staff on implementation by Branch.
- Health Equity goals added to the PHS Strategic Plan.
- [Big Cities Health Coalition](#) issued a letter identifying racism as a public health crisis.
- Implemented Leadership and Accountability Action Plans for Diversity and Inclusion by Branch 2nd year.
- Presented on for the first time the Public Health impacts of Climate Change at the *San Diego Live Well* Advance with [Land Use and Environmental Group](#) (LUEG), [Scripps Institution of Oceanography](#), and the [San Diego Food System Alliance](#).
- Facilitated a 2-hour workshop for the HHSA Program Threading Group Meeting on Public Health Impacts of Climate Change (e.g., HHSA Regional Offices and all departments of the Agency).

- Presented to the LUEG Sustainability Task Force, Vector Control Program, and in other venues on Public Health Impacts of Climate Change for San Diego County.
- Public Health Alliance of Southern California declared advancing health equity the number 1 key strategy in the 2019-2024 Strategic Plan and formed the Regional Health Equity Working Group made up of 8 local health departments (10 as of 2023).

2020

- In 2001, PHS had developed the [Reduce and Eliminate Health Disparities with Information \(REHDI\)](#) Initiative to recognize health inequities across specific populations and in 2020 PHS updated the REDHI website.
- Collaborated with BCHC Health Equity Working Group and the Public Health Institute on the COVID-19 and Health Equity Tool.
- Developed a draft Memorandum of Agreement with [San Diego State University for HealthLINK](#) – to bridge Health Equity work within the local health department and the academic reach building Minority Health Research infrastructure (e.g., hiring a Health Equity Researcher).
- Continued to participate on:
 - [BCHC Working Group on Health Equity](#).
 - [State Advisory for Health Equity and its Planning Subcommittee](#) (7 years total)
 - [Regional Health Equity Working Group](#).
 - Climate Change and Public Health Working Groups.
 - [San Diego Regional Climate Collaborative](#).
- Participated in the newly formed Health Equity and COVID-19 Task Force chaired by Dr. Hood.
- Submitted the Health Equity Investment Plan to CDPH for County of San Diego.
- Developed a COVID-19 and Health Equity Response Strategy.
- Community Health Statistics Unit began work updating the Health Equity Reports (5 lenses).
- Launched the [Perinatal Health Equity Initiative](#).

2021

- Public Health Officer is appointed to the PHAB Board and is responsible for creating a readiness tool for health equity in institutions.
- Public Health Officer appointed to the [Technical Advisory Council for the Integrated Climate Adaptation and Resiliency Program](#) of the Governor’s Office of Planning and Research ensuring local public health department perspective on public health impacts of climate change.
- Delivered three mandatory trainings for staff on racial equity; and provided additional racial equity trainings tailored by branch.
- Engaged with the [Resident Leadership Academy Network](#) to deliver a three-hour workshop on the public health impacts of climate change.
- Collaborated with SDSU and the Department of Environmental Health and Quality to examine data with a health equity lens.

- Collaborated with LUEG on the first ever Environmental Justice Section of the County's General Plan, the Safety Element, the Vulnerability Assessment and the County's Climate Action Plan.
- Collaborated with, and provided input to, the Office of Emergency Services on the County's Hazard Mitigation Plan which now includes climate change and equity.
- Participated on the Homeless Prevention Task Force.
- Collaborated with HHSa in the development of a Health Equity web page.
- Updated the Health Equity Charter and Policy and Procedure.
- Participated in the ERG Council led Listening Sessions and analyzed staff input.
- Rolled out mandatory training on racial equity.
- Led the development of an Action Plan for greater inclusion of Transgender and Gender Non-Conforming staff through the HHSa Diversity and Inclusion Transformation Team.
- Collaborated with the [Desert Research Institute](#) on a series of focus groups with community on the public health impacts of excessive heat.
- Participated in the Health Equity Working Group of the National Working Group on the [Core Competencies of Public Health Professionals](#) producing a first-time set of health equity skills for public health professionals.
- Updated the Regional Health Equity Working Group Action Plan on Health Equity.
- Partnered with local experts to present to El Cajon Collaborative, and the San Diego Regional Adaptation Forum on the Public Health Impacts of Climate Change.
- Began collaboration on the development of a pilot white paper on the public health impacts of excessive heat with SDSU, UCSD and other partners.
- Began drafting next Health Equity Plan and seeking input through the PHS Health Equity Working Group and Big Cities Health Coalition Working Group on Health Equity.
- Participated in the State's consultation for a State Heat Strategy.
- Hosted drills for Partner Relay to ensure messages get to limited English proficiency communities in the event of an emergency, through trusted messengers.
- Continued to participate on:
 - BCHC Working Group on Health Equity
 - State Advisory for Health Equity and its Planning Subcommittee
 - Regional Health Equity Working Group
 - Climate Change and Public Health Working Groups
 - San Diego Regional Climate Collaborative
 - COVID-19 Health Equity Task Force
- Continued to lead PHS Health Equity Working Group (monthly meetings since 2015).
- Drafted the next two-year PHS Workforce Development Plan and Work Plan including goals for racial equity, cultural competency, health equity and climate change.

2022

- Provided Health Equity 101 to Medical Care Services Nurses from the Nurse Residency Program quarterly.
- Wrote articles on Health Equity, Climate Change, and D & I for PHS Newsletter.
- Launched first ever PHS [Health Equity Webpage](#).

- Finalized and published the revised the 2nd PHS Health Equity Policy and Procedure with input from the HEWG. The completion rates were tracked and reported through the PHS HEWG.
- Rolled out the Health Equity Budget Equity Tool and Operations Planning Training.
- Offered mandatory racial equity trainings to all staff who have not received prior training.
- Expanded the D & I themed cultural and social observance calendar featuring monthly observances and recent publications.
- Developed flyers and virtual Teams backgrounds that feature observances in the cultural observances.
- Continued to participate on:
 - BCHC Working Group on Health Equity
 - State Advisory for Health Equity and its Planning Subcommittee
 - Regional Health Equity Working Group
 - Climate Change and Public Health Working Groups
 - San Diego Regional Climate Collaborative

2023

- Participated in five sessions to provide input to the State's Health Equity Plan.
- Wrote quarterly (January – July) articles on Health Equity, Climate Change, and D & I for PHS Newsletter.
- Participated for the last year in the California Department of Public Health (CDPH)'s Advisory Committee Meetings for Office of Health Equity (OHE) quarterly.
- Conducted the Organizational Equity Assessment Survey for Health Equity and reviewed results meetings and sessions with public health leaders.
- Met with staff of BARHII on the external survey and drafted the BARHII external survey for community partners.
- Trained new PHS staff (staff hired after December 31, 2019) on the revised Public Health 101 series (e.g., public health history, essential public health concepts, data, health equity, and climate change).
- Offered racial equity/implicit bias trainings to all staff who have not received prior training.
- Received approval and shared an updated PHS Inclusion and Belonging Checklist with the HHSA Transformation Team, PHS Administration Branch, and the HEWG, originally developed with input from all staff.

9. County of San Diego HHS PHS “Health Equity Policy”

I. PURPOSE

The purpose of this policy and procedure is to ensure the Branches of Public Health Services (PHS) have internal guidance on how to advance health equity. This guidance is intended to ensure that PHS programs, policies, services, processes, informational materials, and planning will consider and address the various social, cultural, and language differences and needs of the population, including specific populations that are at higher risk for poor health outcomes.

II. BACKGROUND

A. Overview

There is consistent evidence that health outcomes vary significantly within the population. Even as public health practices have changed, and overall population outcomes have improved, research shows that there is significant variation in the resulting health outcomes by population subgroups. Factors that contribute to this variation include lack of opportunities and resources, economic and political policies, discrimination, systemic racism, and the social and physical environments, also known as the social determinants of health. Differences of characteristics in a population can also contribute to variations, which include, but are not limited to age, behavioral health, culture, gender identity and gender expression, geography, limited English proficiency, physical disability, race/ethnicity, sexual orientation, and socioeconomic status. These differences in health outcomes cannot be effectively addressed with public health programs and interventions alone. The root causes of social determinants of health also must be addressed in partnership with other organizations. This effort requires engagement of the community to foster partnerships and strategies that leverage data and research, community resources, capacity, organizational support, community health assessments, community health improvement plans, and other assets.

The Public Health Services (PHS) mission is to promote health and improve quality of life of San Diego County residents by preventing disease, injury, and disability and by protecting against, and responding to, health threats and disasters. In carrying out this mission, staff of the department need to consider that within San Diego County there is diversity among our residents including different ages, abilities, sexual orientation, economic and social backgrounds, languages, beliefs, cultures, and a variety of other diversities. It is important for PHS staff to understand and consider how complex factors such as lived experience, structural inequities, immigration status, and any number of other differences affect how individuals perceive, think about, and evaluate health information, health programs, and health services.

Values, beliefs, norms, and traditions all affect health behavior and engagement with County health services, and what factors might positively or negatively influence health behaviors. To address the diverse needs of the population and advance health equity, PHS developed a Health Equity Strategic Plan, which includes a strategic framework (*Appendix #01*).

This document includes guidance for PHS branches to incorporate health equity into programs, policies, services, processes, informational materials, metrics, and planning efforts to impact population health. Included are staff roles and responsibilities, committee planning efforts, decision-making processes, internal and external communication, documentation, training and education, and quality assurance.

B. Definitions

Community Health Assessment:

A systematic examination of the health status indicators for a given population that is used to identify key challenges and assets in a community. The goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation.

Community Health Improvement Plan:

A long-term, systematic effort to address public health challenges based on the results of community health assessment activities and the community health improvement process. The plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. The plan defines the vision for the health of the community through a collaborative process and should address the strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community.

Cultural Competence:

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective working in cross-cultural situations.

Cultural Competence implies having the capacity to function effectively as an individual and an organization

within the context of the cultural attitudes, beliefs, behaviors, and needs presented by consumers and their communities. Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

Health Disparities:

Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.

Health Equity:

All groups in a population have fair and just opportunities to attain their full health and well-being potential and quality of life.

Health Inequities:

The differences in health status and death rates across population groups that is systematic, avoidable, unfair, and unjust.

Interpretation:

The *verbal* rendering of information from one language into another. The act of interpretation occurs in instances of oral communication, such as medical exams, therapy sessions, wellness groups, health education classes, etc.

Limited English Proficiency:

A person who is unable to communicate effectively in English because their primary language is not English, and they have not developed fluency in the English language.

Social Determinants of Health:

The conditions in which people are born, grow, live, work, and age (i.e., air quality, schools, parks, jobs, and housing conditions, etc.). Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.

Social Justice:

A social, economic, and democratic fairness and equality. All people can participate fully in society; have equal access to resources, public goods and life opportunities; and are free from discrimination on the basis of race, gender, class, sexual orientation, and other factors.

Translation:

The *written* rendering of information from one language into another. The act of translation occurs when written text, such as policies, consent forms, patient education materials, etc., are converted into another language.

C. Relevant Codes and Regulations or Other Standards

1. [Universal Declaration of Human Rights](#): The US is a signatory to the Universal Declaration of Human Rights. This represents the first global expression of rights to which all human beings are inherently entitled.
2. [Translation Requirements for Clinical Services \(Senate Bill 853\)](#): Regulations establishing standards and requirements to provide health care service plan enrollees with access to language assistance in obtaining healthcare services.
3. [Title VI of the Civil Rights Act of 1964](#): Prohibition against exclusion from participation in, denial of benefits, and discrimination under federally assisted programs on ground of race, color, or national origin.
4. [Improving Access to Services for Persons with Limited English Proficiency \(Executive Order 13166\)](#): Directs federal agencies to examine the services they provide and develop and implement a system by which limited English proficient persons can meaningfully access those services.
5. [California Health and Safety Code Section 131019.5](#): Provides leadership in reducing health and mental health disparities within vulnerable communities and is comprised of three units: (1) Community Development; (2) Policy Unit; and (3) Health Research and Statistics Unit. The office provides support to maintain and improve partnerships across sectors, consulting with community-based organizations and local government agencies.
6. [State of California Law Prohibiting Workplace Discrimination and Harassment \(DFEH-162\)](#): Enforces laws that protect Californians from illegal discrimination and harassment in employment.
7. [Public Health Accreditation Board \(PHAB\) Version 1.5 Standards](#): PHAB launched the Version 1.5 Standards and Measures in June 2014 that included health equity measures for local, state, territorial, and tribal health departments to comply with as accredited health departments. Version 2022 will have a greater emphasis on equity consistent with the 10 Essential Public Health Services. PHAB has been intentional about infusing equity throughout all domains in the Standards & Measures. See [PHAB Focus On Equity](#) to identify measures where equity is part of the requirements. In September 2020, PHAB adopted its [PHAB Strategic Plan](#) which includes a priority to “create and implement a comprehensive anti-racism, diversity, equity, inclusion (DEI) strategy to address structural racism and inequity within PHAB, public health departments, and the public health sector.” PHAB has also commissioned a paper, [Advancing Health Equity in Health Department’s](#)

[Public Health Practice](#), and convened a dedicated health equity workgroup to inform the next iteration of its Standards and Measures – Version 2022.

III. SCOPE

The policy applies to the PHS Department staff members. The intention is that principles of health equity are reflected in all policies, programs, services, information materials, and processes. Contractors will be addressed in another policy and procedure.

IV. POLICY

All PHS staff members will follow the procedures and principles defined below in this policy and procedures document.

V. PROCEDURES

A. Staff Roles and Responsibilities

All PHS staff will demonstrate a commitment to health equity in the following ways:

1. Review Health Equity Policy and Procedures

- a. All PHS employees will receive and read a copy of this policy in accordance with the Communications and Training and Education sections of this policy.

2. Commit to Health Equity

- a. All PHS employees will become familiar with principles of health equity through trainings outlined in the Training and Education section of this policy.
- b. Executives and supervisors will emphasize the importance of centering equity in public health practice per the Ten Essential Public Health Services.
- c. All PHS staff will seek to integrate health equity into programs and practices.
- d. Employees, officers, and agents shall perform duties in accordance with principles outlined in the [County of San Diego Health and Human Services Agency \(HHSA\) Code of Conduct](#) and [Statement of Incompatible Activities](#), including a commitment to patients, clients, and facility residents and commitment to co-workers and their employees.

3. Respect Staff and Promote Social Justice

- a. PHS will promote social justice within the organization and San Diego County by ensuring that communities have equal access to PHS programs and services.
- b. In accordance with the County of San Diego Code of Ethics (*Appendix #02*):

- 1) PHS employees will treat their customers, clients and colleagues with respect, dignity, and professionalism.
 - 2) The County will commit to a work environment free from unlawful discrimination and harassment, including sexual, racial, religious, age, disability, or any other form of discrimination or harassment.
- c. All PHS employees will conduct their duties in accordance with the Public Health Code of Ethics (*Appendix #3*).

4. Maintain a Competent Public Health Workforce

a. Ongoing Training Opportunities

PHS will ensure that there are ongoing training opportunities for all PHS employees to explore health equity concepts such as health inequities, root causes, and opportunities within PHS programs to reduce these inequities.

- 1) PHS Leadership will be trained on health equity related topics on a regular basis.
- 2) Each PHS Branch will have a designated health equity representative.
- 3) PHS health equity representatives will provide health equity training to their Branch staff, as needed.
- 4) All PHS staff will complete a minimum of one 3–4-hour training on cultural competency and will be encouraged to take additional cultural competency related courses annually (e.g., LMS).
- 5) All PHS staff will participate in mandatory training on Health Equity 101, as well as additional trainings which cover aspects of Health Equity including Public Health Concepts 101, History of Public Health 101, Data 101, Climate Change 101, Racial Equity, Customer Service, and Trauma-Informed Services.
- 6) Branch Chiefs and Managers will ensure Branch staff complete trainings on these topics, and other related topics, as required.

b. Assessment of Staff Knowledge and Skills

PHS will assess the knowledge and skills of staff regarding health equity and how to address health equity in practice, and design training to address gaps and strengthen knowledge and capacity.

- 1) The Health Equity Coordinator will develop staff surveys using tools, such as the Bay Area Regional Health Inequities Initiative (BARHII) Organizational Self-Assessment.
- 2) PHS employees will be assessed every three to five years regarding health equity knowledge and capacity.
- 3) PHS staff will be assessed for core competencies (e.g., Health Equity Skills Domain) and future competency needs on a regular basis.

c. Recruit a Diverse Workforce

PHS managers and supervisors will recruit and hire a diverse workforce utilizing the following standards:

- 1) Review the demographic assessment of PHS's workforce in the PHS Workforce Development Plan which is updated every 2 years.
- 2) Focus on recruiting a public health workforce that has been disproportionately affected as well as staff who have core competencies and skills to work effectively with communities in which inequities are a barrier, as well as staff who have lived experience in place of or in addition to educational experience..
- 3) Use diversity advertisement and interview panel, as well as recruit for Spanish staff and interview for cultural competency, as appropriate.
- 4) Recruit and identify bilingual staff that speak the language of the threshold languages will be a priority.
- 5) Ensure qualified bilingual PHS employees who have been placed in a county position that requires bilingual skills completes appropriate evaluations and receive the appropriate pay incentive as required by the needs of the department and position.

5. **Monitor Health Status**

PHS Branches and the Community Health Statistics Unit will conduct routine data analysis to monitor, review, and track inequities in the distribution of disease facing the community.

a. Analysis of Key Indicators

- 1) PHS staff will provide analytical data support to key indicators that are part of the County's *Live Well San Diego* initiative with analysis of trends by age, gender, geography, race/ethnicity, socioeconomic status, disability, sexual orientation, and other population differences, as data is available/needed.
- 2) The analysis will include identifying specific population subgroups or specific geographic areas characterized by: 1) An excess burden of adverse health or socioeconomic outcomes, and 2) An excess burden of environmental health threats.

b. Community Health Assessment

- 1) PHS staff will conduct its community health assessment process every three to five years with the HHSA Community Leadership Teams from Central, East, North Central, North County, and South regions to identify health challenges, and existing community resources, including health inequities, vital statistics, graduation rates, morbidity and mortality numbers, and rates of behavioral risks.

- 2) PHS will also monitor and review other community health needs assessments (e.g., HASDIC, United Way) and include in the PHS Community Health Assessment.

6. Engage with the Community

- a. PHS staff will proactively consult with the diverse community groups when developing educational materials and messages to enhance the effectiveness of its outreach to identify and address health inequities, including:
 - 1) Working with priority groups during the development of a health promotion strategies, and other strategic planning efforts, to increase uptake and impact.
 - 2) Testing materials with a few individuals or a sample group that represent the target population for the service being provided, as needed. Evaluating community feedback regarding educational material and revising, as needed.
- b. PHS staff will conduct and assist in the community health improvement planning process every three, which includes:
 - 1) Working with the HHS Community Leadership Teams from Central, East, North Central, North County, and South regions to develop interventions and strategies that respond to the needs of the community as identified in the *Live Well San Diego* Community Health Assessment, including health inequities.
- c. PHS will use the Mobilizing for Action through Planning and Partnerships (MAPP) framework to develop the Community Health Assessment. Of note, as one of the four MAPP assessments is the Local Public Health System Assessment. This assessment brings the community together to obtain input about the public health system (not the local public health department),
- d. The Community Health Statistics Unit informs the Regional Community Leadership Teams every year regarding the Community Profile Data.

7. Conduct Community Outreach and Messaging

- a. PHS staff will conduct outreach and messaging in a culturally responsive manner, including:
 - 1) Addressing health inequities when developing and implementing programs and activities through tailored strategies, resources, and messages to reach diverse populations.
 - 2) Providing accurate, accessible, and actionable information for public-facing target populations, reflecting consideration of primary language spoken, limited English proficiency levels, cultural competence, and trauma informed care. This includes:

- a) Testing educational material during the development phase to help ensure appropriate literacy level and/or that the target audience can understand the message, as needed.
 - b) Using readability assessment tools to test the material for literacy of a target audience (*Appendix #04*).
- 3) Developing brochures and other written information in a way that is responsive to community needs.
 - 4) Making Informational resources, such as brochures and posters, available in the appropriate languages for the respective communities consistent with program requirements.
 - 5) Developing PHS organizational capacity to conduct outreach in all threshold languages, based on census data, to reach the diverse residents within San Diego County, as needed.
 - 6) Community outreach and messaging is core work of PHS health promotion staff; see the *PHS Health Promotion Framework* document for detailed information. All health promotion efforts are conducted through a health equity lens.

8. Ensure Services Meet Community Needs

- a. PHS will ensure that internal policies and procedures related to the design and operations of its programs and services consider key issues for specific populations, including building these considerations into Requests for Proposals for new services and program planning.
- b. Each branch will utilize County contract resources for translation and interpretation services (e.g., using professional translators and interpretation services provided through the County's contracted service providers).
 - 1) Branch Management will instruct PHS staff on how to provide clients with translation and interpretation services through the development and/or distribution of County, HHSA, PHS, and/or Branch policies and/or procedures that outline the following:
 - a) How and when staff will be trained in accessing of these services for clients.
 - b) How and when quality assurance efforts will be made to ensure staff training was effective and procedures are being followed.
 - 2) Staff skilled in languages other than English, especially if they represent the priority population for the communication, will review professionally translated educational material provided to the community for completeness and quality, as appropriate/needed.
 - 3) Branch Management will monitor and improve the quality of these services using the following information:

- a) County's customer service initiative, H.E.A.R.T (Helpfulness, Expertise, Attentiveness, Respect, and Timeliness), or other forms of feedback from clients (e.g., focus groups) to improve services.
- b) Feedback from clients on language services is to be provided to the County's Contracting Officer's Representative (COR) for language services.
- c. Staff will translate all educational materials into the eight (8) County threshold languages, and others, where possible.

B. Committees

1. Health Equity and Climate Change Working Group

- a. Purpose and Accountability
 - 1) The PHS Health Equity Working Group will develop, implement, and monitor a plan to support the incorporation of Health Equity in all programs and services in accordance with the *Health Equity Working Group Charter (Appendix #05)*.
 - 2) The PHS Health Equity Working Group is accountable to Branches and the Public Health Officer for supporting the efforts in achieving Health Equity.
- b. Committee Composition
 - 1) The PHS Health Equity Working Group shall be composed of the following individuals:
 - a) Public Health Officer;
 - b) Health Equity Coordinator;
 - c) Public Health Preparedness and Response Branch staff;
 - d) Epidemiology and Immunization Services Branch staff;
 - e) HIV, STD, and Hepatitis Branch staff;
 - f) Maternal Child and Family Health Services Branch staff;
 - g) California Children's Services Branch staff;
 - h) Public Health Services Administration staff (i.e., Office of Health Equity, Office of Border Health, Office of Performance Management, and Community Health Statistics Unit); and
 - i) Tuberculosis and Refugee Health Branch staff.
- c. Meeting Frequency
 - 1) PHS Health Equity Working Group shall meet on a monthly or bi-monthly basis, as needed.
- d. Roles and Responsibilities
 - 1) Discuss development of programs and services that incorporate health equity practice.

- 2) Promote innovative approaches to advance health equity in program practice.
- 3) Provide input, review, and approve health equity policy and procedures, strategic plans, work plans, presentations, trainings, grant or project proposals, educational material, tools, resources, and other documents, to ensure applicability to branches and programs, and that social, cultural, language and other differences are addressed, especially for populations at higher risk for poor health outcomes, as needed.
- 4) Discuss any questions and issues with respect to implementing health equity in PHS.
- 5) Coordinate health equity efforts across all PHS Branches.
- 6) Communicate health equity efforts of all PHS Branches towards incorporating the Health Equity Strategic Plan and Work Plan.
- 7) Align the work of Public Health Services to, and participate in, County and Agency efforts (e.g., health equity, racial justice, environmental and/or climate justice, sustainability, Diversity, and Inclusion).

C. Decision-Making Process

1. Policy
 - a. Decisions for the policy were made by the Public Health Officer and Co-Chair of the Health Equity Working Group with input from members of the Health Equity Working Group.
2. Health Equity
 - a. All programs and activities will examine outcomes and efforts through the lens of the Healthy Places Index.
 - b. An annual report of program outcomes will be generated and include services by Healthy Places Index.
 - c. All PHS branches will have at least one health equity goal in the *PHS Strategic Plan*.
 - d. All PHS branch programs will examine data through the health equity lenses and assess program outcome data through the Healthy Places Index.
 - e. The PHS Community Health Statistics Unit will periodically publish a Health Equity Report in the five areas of age, gender, geography, race/ethnicity, and socioeconomic status, where possible. Other areas such as LGBTQ and disability will also be included, where possible.

D. Communications

1. Internal Communication

- a. All new PHS employees will receive a copy of this policy and corresponding attachment(s) during their orientation to the County and no later than thirty (30) days after beginning employment with PHS through PolicyTech.
- b. This policy will be brought to the attention of staff through the Policy Tech notification system and additionally through the PHS Health Equity Working Group representatives and Branch Chiefs.
- c. Progress towards ensuring 100% of staff having reviewed this policy will be tracked by the PHS Office of Health Equity and Climate Change and reported to Chiefs and the PHS Health Equity Working Group representatives regularly.

2. External Communication

- a. All PHS reports will include data presented through a health equity lens, including age, gender, geographic, race/ethnicity, and socioeconomic status, where possible.
- b. In addition, where possible, data will also be presented through a disability, LGBTQ, and poverty lens.
- c. The PHS Health Equity Report will be posted on the PHS Community Health Statistics website.

E. Documentation

1. The main documentation related to the implementation of health equity within the department include the Health Equity Plan, the Health Equity Policy and Procedure, the annual Work Plan, the Health Equity 101 training, the other 101 series (e.g., public health concepts, data, history of public health, climate change) the Health Equity Tool for Programs, the Health Equity Tool for Individuals, the BARHII survey for staff, the Operation Manual for the Office of Health Equity and Climate Change, the calendar of cultural events, the presentation on the Public Health Impacts of Climate Change, the Adaptation Plan, the Diversity and Inclusion Strategic Plan, and the 2-pager on Diversity and Inclusion.
2. The health equity and climate change documents will be updated regularly by the PHS Health Equity Working Group and approved by the Public Health Officer.
3. The Diversity and Inclusion documents are updated by the County of San Diego.

F. Confidentiality

1. Confidentiality will be maintained for all data efforts.

G. Training and Education

1. All PHS staff will be required to read this policy and corresponding attachment(s) after each document is approved and published in PolicyTech.
 - a. The policy and attachment(s) will be updated and read once **every 36 months**.
 - b. Assigned staff will have **45 days** to read the policy and attachment(s), once assigned in PolicyTech.
2. PHS supervisors and Managers will provide employees under their supervision sufficient information and training to understand applicable laws, rules, regulations, policies, and standards as described in this policy and as relevant to the employee's responsibilities.

H. Quality Assurance

1. The Coordinator of the Office of Health Equity and Climate Change will run reports from PolicyTech annually to verify policy has been reviewed by all PHS staff. (*Appendix #06*).
2. Reports will be provided to Branch Chiefs and representatives of the PHS Health Equity Working Group.
3. Health Equity outcomes will be included in the *PHS Annual Report*.

VI. ATTACHMENTS

A. Appendix #01: Health Equity Framework

[HHSA-PHS-ADMIN-HECC-001-Appendix#01-Public Health Services Health Equity Framework](#)

B. Appendix #02: [County of San Diego Code of Ethics](#)

C. Appendix #03: [Public Health Code of Ethics](#)

D. Appendix #04: Tools to Assess Readability

[HHSA-PHS-ADMIN-HECC-001-Appendix#04-Tools to Assess Readability](#)

E. Appendix #05: Health Equity Working Group Charter

[HHSA-PHS-ADMIN-HECC-001-Appendix#05-Health Equity Working Group Charter](#)

F. Appendix #06: Overdue Task Assignment Report Instructions

[HHSA-PHS-ADMIN-IMS-PolicyTech-Overdue Task Assignment Report Instructions](#)

VII. SUNSET DATE

Pursuant to the HHSA/PHS Clinical Quality Management (CQM) policy and procedures manual ([HHSA-PHS-CQM-004: CQM-Policy and Procedure Document Renewal Policy](#)), all PHS policy and procedures documents shall be reviewed every three years. As such, this policy and procedure will be reviewed and approved for continuance by **September 30, 2025**.

10. Charter for Public Health Services Health Equity Working Group

Public Health Services (PHS) Health Equity Working Group Charter This is Appendix #05 for [HHSA-PHS-ADMIN-HECC-001-Health Equity Policy](#)

Purpose: The purpose of the Public Health Services (PHS) Health Equity and Climate Change Working Group (HECCWG) is to operationalize health equity across Public Health Service’s programs, services, and policies by implementing County, HHSA, and PHS initiatives that promote health equity and climate change adaptation and mitigation strategies.

Scope: Health Equity; Justice, Equity, Diversity and Inclusion; Environmental Justice; and Public Health impacts of Climate Change.

Vision: Health equity for San Diego County staff and residents.

Mission: To advance health equity in the department of Public Health Services through operational responsiveness; continuous improvement of programs, services, policies and operations; and staff engagement.

Structure: The Working Group is **Co-Chaired** by the Public Health Officer and the Program Coordinator for the Office of Health Equity and Climate Change. A volunteer representative from each of the PHS Administrative Branch and the six PHS programmatic branches are required to attend and will rotate co-facilitation of meetings. The Working Group could consist of sub-committees to achieve the goals and objectives of the Working Group. Sub-committees will be determined by the Working Group and the Public Health Officer, if necessary.

Roles and Responsibilities:

- Collaborate on the development and implementation of the PHS **Health Equity Strategic Plan** (long-term goals) and HEWG annual work plans (short-term goals and objectives).
- Provide input on, and implement, the County’s **Strategic Plan for Diversity and Inclusion (D & I)**.
- Lead and/or participate in sub-committees and other relevant groups, report to the Working Group.
- Share key efforts underway in each branch pertaining to the scope.
- Identify opportunities for organizational transformation and collaboration.
- Establish indicators, monitor and report on results, performance dashboards, or other accountability metrics.
- Assess branch level work through equity lens (e.g., see Health Equity Tool for Programs).
- Promote Employee Resource Group (ERG) and related events and communication within the branch.
- Monitor and track progress toward key Health Equity goals identified in the PHS Strategic Plan.

Accountability: The Health Equity Working Group is accountable to the Public Health Officer of the Public Health Services department, in the County of San Diego Health and Human Services Agency. The working group may develop and/or disseminate annual work plans, accomplishment reports, and data from indicators and surveys (e.g., BARHII surveys on Health Equity and Cultural Competency) to staff and stakeholders.

HEALTH EQUITY PLAN
FY 24/25 & 25/26

Rules of Engagement:

- Attendance at regular meetings is mandatory for a minimum of **one** representative per branch and others are welcome to participate on a voluntary basis.
- Meetings will focus on decision making and strategic guidance.
- Branch Chiefs have the final authority to confirm their respective Branch representatives.
- If a Branch representative cannot attend a meeting (e.g., due to schedule conflict), they are asked to identify a minimum of **one** alternate to represent their Branch.
- All PHS employees are invited to participate in the Diversity and Inclusion portion of the meeting and/or sub-committee.
- Sign-in sheet to reflect attendance.
- Quorum is established at meeting for action items by representatives.
- Health Equity efforts encompass both PHS staff (internal), and the communities they represent including both the general and populations most affected by disparities and inequities (external) of San Diego County.
- To ensure accountability and achieve results, the Office of Health Equity collaborates closely with Branch Chiefs, the Office of Performance Management, and the Community Health Statistics Unit, SDSU Research Foundation, UCSD, community-based experts and partner agencies.
- The Health Equity and Climate Change Working Group (HEWG) works to implement the PHS Health Equity Strategic Plan, the County Diversity and Inclusion Strategic Plan, and the Annual PHS Health Equity Work Plans.

Strategic Linkages: Health Equity is part of an integrated approach, and aligns with County, HHS and PHS efforts and initiatives including but not limited to: Customer Experience Initiative, Justice, Equity, Diversity, and Inclusion, Disproportionality/Live Well Communities, and Trauma-Informed Services. The Health Equity activities of Public Health Services (PHS) align with:

1. The County of San Diego **Office of Equity and Racial Justice**, including declaration of Racism as a Public Health Crisis and the **Equity and Racial Justice Administrative Policy 0010-17**.
 2. The County of San Diego **Justice, Equity, Diversity and Inclusion** Strategic Plan and the Health and Human Services Agency's Diversity and Inclusion Transformation Team.
 3. County **Live Well San Diego** efforts towards a population that is healthy, safe, and thriving.
 4. County of San Diego **Strategic Initiatives**: Sustainability; Equity; Empower; Community; and Justice.
 5. County of San Diego **Values**: Integrity; Belonging; Equity; Excellence; Access; and Sustainability
 6. Health and Human Services Agency's **mission** to make people's lives healthier, safer, and self-sufficient by delivering essential services in San Diego County.
 7. Land Use and Environment Group, County of San Diego's **Climate Action Plan** and General Plan **Environmental Justice**, and Safety Elements.
 8. PHS **Strategic Plan**: Objective 8.1.3: Coordinate health equity work across the department through the PHS Health Equity Working Group (HWEWG) comprised of representatives from all seven PHS branches.
9. Public Health **Accreditation** including:
- Domain 1: Assess and monitor population health
 - Domain 2: Investigate, diagnose, and address health hazards and root causes
 - Domain 3: Communicate effectively to inform and educate
 - Domain 4: Strengthen, support, and mobilize communities and partnerships
 - Domain 5: Create, champion, and implement policies, plans, and laws
 - Domain 6: Utilize legal and regulatory actions

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- Domain 7: Enable equitable access
- Domain 8: Build a diverse and skilled workforce
- Domain 9: Improve and innovate through evaluation, research, and quality improvement
- Domain 10: Build and maintain a strong organizational infrastructure for public health

10. **San Diego Regional Climate Collaborative** and its strategies for equitable climate adaptation and GHG reductions.

11. The **Public Health Alliance of Southern California Health Equity Working Group on Health Equity** Strategic Plan.

12. The **California Department of Public Health, Office of Health Equity and Climate Change** Strategic Plan

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