

Developing a Workforce-designed Public Health Department Equity Plan

Lessons Learned at Each Step

1. Baseline Assessment

- Understand where your department is in their equity journey by using the **Organizational Assessment for Equity Infrastructure**.
- Qualitative interviews with program **leadership for buy-in**.

Scan or go to
bit.ly/CDPH-OHE-EquityBaseline



2. Background Research

- **Leverage existing efforts and frameworks.**
 - EX: 10 Essential Public Health Services
- **Move at the speed of trust:**
 - Community input
 - Staff input

3. Establish Workgroup

- Build relationships across **all levels of staff.**
 - At least one representative per program
- **Workgroup members champion the Equity Plan:**
 - Highlight efforts through reporting
 - Gather program input
 - Share tools and learnings

4. Develop Objectives

- Consider at least **one internal equity objective** and **one external equity objective** per program.
- Objective considerations should include:
 - Relevance to the work of the program
 - Feasibility of the activity within one year (or relevant timeframe)
 - Resources needed (including staffing)
 - Expected impact of the equity objective on programs and communities served
 - Remember, widgets are helpful, but trying is the point
- **Navigating power structures** is instrumental at all phases but especially here.

5. Finalize Equity Plan

- Present equity objectives to relevant leadership chain for approval.
- **Embed the equity plan** into the department strategic plan or map plan to the department's mission/vision/values.
 - Establishes equity as strategic imperative

6. Implementation Phase

- **Iterative process of improvement:**
 - Monthly work group meetings
 - Monthly optional technical assistance office hours
 - Quarterly updates to leadership
 - Bimonthly equity plan highlights in newsletter
 - Apply the baseline assessment in Step 1 for evaluation

Definitions:

Department: Greater division or organizational entity (ex: public health department)

Program: Specific teams within a department (ex: Vital Records program within public health department).

Equity Focus Areas

Domain 1: Workforce and Capacity

- A) Competency: **Diversity & Inclusion**
Definition: Recruit, hire, and develop a professional workforce that reflects the populations served and communities facing health inequities.
- B) Competency: **Dedicated Equity Staff**
Definition: Hire staff dedicated to equity and establish staff capacity centered on equity.
- C) Competency: **Training, Development, and Support**
Definition: Provide opportunities for staff to learn and discuss equity topics and incorporate their learning into practice.

Domain 2: Collaborative Partnerships

- A) Competency: **Structures to Build Collaboration**
Definition: Establish vehicles and venues to support/develop meaningful collaboration.
- B) Competency: **Community Based Organization & Resident Engagement**
Definition: Build trust with CBOs/residents through transparent and inclusive communication, respectful co-learning, and leveraging community expertise to inform equitable practices.
- C) Competency: **Partner Across Sectors**
Definition: Collaborate with other agencies and organizations across sectors to amplify equity and address the root causes related to the environmental, social, and economic conditions which impact health (social determinants of health).

Domain 3: Equity in Organization Policies and Practices

- A) Competency: **Organizational Commitment**
Definition: Organizational commitment to equity (race/ethnicity, disability status, age, socioeconomic status, etc.) is seen and felt internally and externally; reinforced in culture and communication.
- B) Competency: **Funding and Resource Allocation**
Definition: Strategically direct staff resources and funding to build organizational capacity to address equity and to focus resources on ways that benefit communities experiencing greatest inequities

- C) Competency: **Embed Equity Principles**
Definition: Integrate equity principles throughout the organization’s programmatic and operational plans, policies, and procedures; including budget, human resources, procurement, data, and decision-making.

Domain 4: Planning and Shared Decision-making

- A) Competency: **Data Collection and Usage**
Definition: Collect data to reflect the experience of communities impacted by inequities and make it accessible to the community for shared use in policy and program planning.
- B) Competency: **Shared Analysis**
Definition: Conduct shared analysis with staff, multi-sector partners, and CBOs/residents to explore the root causes of problems and co-develop strategies and solutions.
- C) Competency: **Inclusive Decision-making**
Definition: Include CBOs/residents and multi-sector partners in key decisions about program, policy planning, and evaluation activities.

Assessment Scale:

Early		Establish		Strong	
1	2	3	4	5	6
Not yet, or learning stage	Planned but not started or in initial/pilot stages of implementation	Working towards this but not fully achieved	Fully achieved	In place with evidence of its use (e.g., policies, procedures, robust evaluation plan)	Practices are sustainable and ongoing and may be shared with others as “best practices”

Source: California Department of Public Health Office of Health Equity
Organizational Assessment for Equity Infrastructure

Program(s) Equity ACTIVITY

Your name: _____

Your program: _____

INSTRUCTIONS

- Add relevant potential equity activities for consideration.
- Talk with your program staff, and put a circle around activities your program could do.
- Put a star next to activities applicable department/organization-wide.
- Add staff’s ideas or activities you heard to the list where relevant.

TRAININGS/RESOURCES

- Example: Creating an equity-language/framing toolkit
- Ex: Power-sharing trainings
- Ex: All staff trained on equity concepts, ongoing trainings, not one-offs

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POLICY

- Ex: Participatory budgeting
- Ex: Language access policy
- Ex: Leadership communication on how decisions impact processes

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COMMUNITY

- Ex: Community participation in strategic planning, and to identify the priorities of PHPP and strategies to address inequities
- Ex: Health education process

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OTHER ACTIVITIES

- Ex: Dedicated funding for equity work
- Ex: Adding equity to staff meeting agendas
- Ex: Standardized data collection and infrastructure

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Program(s) Equity ACTIVITY

INSTRUCTIONS

- Connect with your program and complete the following chart. We recommend asking for time at a team meeting OR setting up 1-on-1s with program leadership and at least 2 colleagues. Consider and reference the program-specific activities you circled above. What are some strengths of your program to implement specific activities, and/or what might be some barriers to your program's implementation?
- To introduce this to your team, share the following:
 - [Share any relevant data]. From the staff ideas, we want to identify activities specific to our program, such as (read what you circled in the table above).
 - We also want to understand feasibility of these activities – any strengths of our program, and any potential barriers to implementation both internally (such as workflows and team processes), and externally (community-facing/focused).
 - Your input will help inform the activities (and resources we can provide) in the final Equity Plan.
- Here are some questions to help our discussion.

WHAT ARE OUR PROGRAM'S BEST PRACTICES AND STRENGTHS FOR **INTERNAL** EQUITY INFRASTRUCTURE?

WHAT ARE SOME BARRIERS THAT IMPACT OUR PROGRAM'S ABILITY TO WORK ON **INTERNAL** EQUITY INFRASTRUCTURE ACTIVITIES?

WHAT ARE OUR PROGRAM'S BEST PRACTICES AND STRENGTHS FOR **EXTERNAL** EQUITY INFRASTRUCTURE (COMMUNITY-FOCUSED, COMMUNITY-FACING)?

WHAT ARE SOME BARRIERS THAT IMPACT OUR PROGRAM'S ABILITY TO WORK ON **EXTERNAL** EQUITY INFRASTRUCTURE ACTIVITIES?