



TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

November 16, 2023

To: Public Health Directors & Local Health Officers

From: Dr. Tomás Aragón, CDPH Director

Re: Recommendations to Elevate and Support Local Health Equity Infrastructure

The COVID-19 pandemic taught us the importance of strong infrastructure to respond in real time to community needs in an equitable way. In response, a top strategic priority for our California Health and Human Services Agency and the California Department of Public Health is to create an Equitable Pandemic Recovery at the local, regional, and state level. As we continue to build equity infrastructure throughout all levels of public health, we celebrate the following successes and then offer specific recommendations:

- CalHHS Agency hired the first internal Chief Equity Officer, Daniel Torres, and 17 other Chief Equity Officers across all our Departments and Offices that report directly to their corresponding Department Director. This builds on the first Chief Equity Officer for the Government Operations Agency and the appointment of the [Racial Equity Commission](#) to collectively support implementation of the [Executive Order N-16-22 on Equity](#).
- CalHHS requires each department to have an impact goal and equity measure that is being tracked in an internal state dashboard for accountability.
 - The CDPH equity measure is to increase Local Health Jurisdictions (LHJs) with an Equity Lead to at least 55 out of 61.
 - The CDPH impact goal is to increase the collective LHJ self-assessed equity competency average score to 3.4 out of 6 on the [Organizational Assessment for Equity Infrastructure](#).
- CDPH administered the [California Equitable Recovery Initiative](#) (CERI) grant to 47 LHJs to hire an equity lead and develop a workplan dedicated to building internal and external capacity for equity infrastructure. The CDC just granted CDPH a no-cost-extension up until May 2026. Details on how to accept the full or partial extension will be communicated with your equity lead next week. The 11 LHJs that received direct funding from the CDC are not subject to the same no-cost-extension.
- The CDPH Regional Public Health Office (RPHO) will administer the CA Strengthening Public Health Infrastructure (CASPHI) funds that requires 1 FTE equity lead.
- The RPHO will also administer the Future of Public Health (FoPH) funds which requires LHJs to indicate how they will use funds to advance equity goals in their workplans.
- CDPH is working in collaboration with LHJs, community-based organizations (CBOs), and other key partners to develop and implement a [State Health Equity Plan](#) (SHEP). The SHEP will serve as the shared equity strategy and implementation plan for Let's Get Healthy California – the State Health Improvement Plan (SHIP). These efforts aim to collectively advance health equity and improve



community health, especially for populations experiencing significant disparities across health outcomes.

- CDPH hired new staff to help guide and drive equity efforts across several Centers and Offices via equity liaisons that represent their respective Center, Division, and Office Deputy Directors.
- CDPH has a regional equity technical assistance team within the Office of Health Equity to support local equity teams with a full menu of services including a [Portal](#) for inquiries.
- In September, we hosted the first California Equity Convening of LHJ's with 200+ local Equity Leads, regional partners, and state staff. You can see all presentations and graphic recordings of the sessions [here](#).

To sustain the equity work of your LHJ, we offer the following recommendations:

- Leverage both CASPHI and FoPH funds to continue your equity work.
- Elevate your Equity Lead position so they have more access to leadership. A best practice is having them report directly to local public health executive leadership and be part of the executive team. This structural change can amplify their influence on department wide programs promoting broader integration of equity values into decision-making and resource allocation.
- Develop an equity plan to embed equity in the department, measure it, and stay accountable. Leverage existing requirements and opportunities such as accreditation to embed equity.
 - PHAB developed a resource that identifies all the measures that include a key emphasis on equity [Focus on Equity One-Pager \(phaboard.org\)](#) including the CHA (Community Health Assessment) and CHIP (Community Health Improvement Plan).
 - CASPHI will be funding a new TA Program to support the development and enhancement of CHA/CHIP with an emphasis on health equity and collective action.
- Hire permanent staff to lead equity work rather than depending on limited term contracted staff subject to grant funding. This ensures continuity and underscores the department's long-term commitment to equity.
- Build teams and designate equity champions/liaisons/change agents throughout the department so implementing equity becomes the responsibility of the whole department and not a single person or program.
- Champion equity endeavors at the local level. Vocalize support and demonstrate commitment, thereby fostering an environment where equity is both valued and practiced by all staff members.
- Stay engaged with the CDPH Equity Team technical assistance events and peer support networks and continue to collectively advance the State Health Equity Plan (SHEP).
- Communicate using creative ways to describe equity work or embed ED&I (Equity, Diversity, and Inclusion) principles into broader initiatives and activities; as well as staff functions/duty statements to help obtain buy-in from staff and partners with varying levels of support.

By integrating these enhancements, departments can instill equity as an enduring tenet, safeguarding its resilience against temporary financial constraints. Equity is essential to public health and CDPH will continue developing our own internal strategy to implement this work and provide resources for you to do so as well. I'm grateful to be advancing health equity work together for a healthier California for all.

Sincerely,



Dr. Tomás Aragón
State Public Health Officer and Director
California Department of Public Health (CDPH)