



**SAN MATEO
COUNTY HEALTH**
All together better.

Implementing Racial Equity in County Health

July 15, 2020, 2-4pm Web Forum

Being Recorded

Shireen Malekafzali (she/her)

Senior Manager for Policy, Planning and Equity
Health Policy and Planning Program of
Public Health Policy and Planning Division

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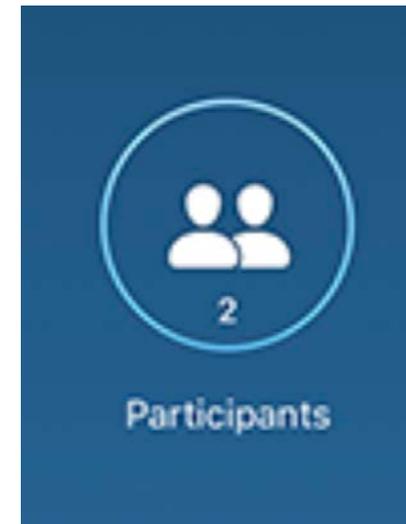
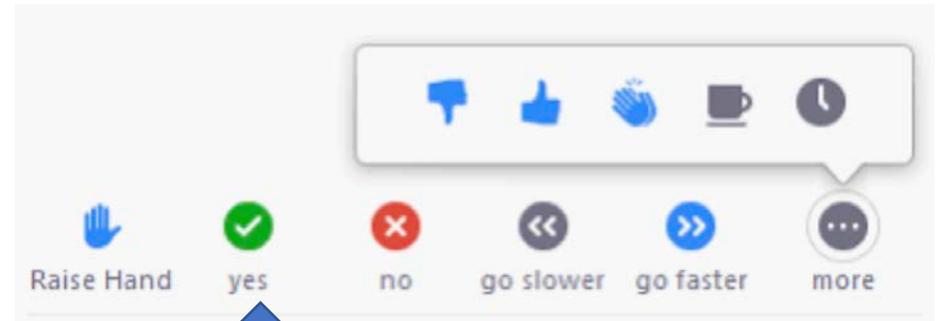


Land Acknowledgement – Ohlone Land



Zoom Housekeeping:

- Participants will be muted
- Polls are anonymous & results shared immediately
- To be unmuted during Q/A:
 - Use “Raise Hand” button
 - Use “Thumbs up” button (phone)
 - Use *6 to unmute (for phone only)
- Can chat questions into chat box
- There will be specific times held for those joining by phone to ask questions*
- The recording will be made available
- **Rename your zoom to include preferred pronouns (3 dots on top right – rename)**
- **Closed captioning included**



Thank you to the Web Forum Dream Team Behind the Scenes



Sharon Calaunan, Darryl Lampkin,
Cassius Lockett, Erika Rincon, Rosa
Torpis, Wanda Showaker, Katy
Bradford Vosburg

Poll #1: Catscale





Poll #2: Pre-Survey on Awareness & Interest

- What is your level of awareness of racial equity work in County Health?
 - What is your level of interest and/or engagement in racial equity efforts related to County Health or County Health partner efforts?
- 

Agenda

- **Open - Housekeeping** – Shireen Malekafzali (10 mins)
- **Welcome** - Louise Rogers – (5 min)
- **Panel Presentations** - Srija Srinivasan, Deputy Chief of County Health; Jei Africa, Director of BHRS Marin County (35 mins)
- **Q/A with panelists** - (10 mins)
- **Calming Pause, Stretch, or Journaling** - (5 mins)
- **Discussion** - Small breakout groups (20 mins); Large group discussion (10 mins); Summary of next steps (5 mins)
- **Wellness Component** - Cindy Donis, Mental Health Program Specialist, NMT Program (10 mins)
- **Closing** - Maria Loretta Foresti, Director of Office of Diversity and Equity, BHRS (5 mins)

Framing - Here is what I know...

- Racism is real
- We are all affected
- We need to act with urgency to change
- Racial equity discussions are difficult
- This will be far from perfect
- This is just the beginning
- We are all partners in this work – we need each other

Group Agreements from Cultural Humility

- Listen as if the speaker is wise; Listen to understand
- Practice “I” statements when speaking
- Okay to respectfully disagree
- Take risks
- No pressure to speak
- Be disciplined about not making assumptions
- No blaming, no shaming
- Confidentiality, if stories are shared
- Courage to interrupt if something is going amiss or being left unsaid: Make the invisible visible
- Voices, thoughts, ideas, experiences welcome
- Pay attention to what moves you: use oops and ouch



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



WELCOME

Louise F. Rogers, Chief
San Mateo County
Health





All Together Better
Race, Equity, and Health
Health staff dialogue, July 15 2020

**Srija Srinivasan, Deputy Chief
County Health**



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COUNTY HEALTH**
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PURPOSE (for this session)

- Unify our understanding of **why** San Mateo County Health is engaged in work on racial equity and **what** we are working on
- Learn from each other to keep getting better at doing this work
- Inform planning of cross-Division Government Alliance on Racial Equity (GARE) cohort and SMC Health next steps



Why are we prioritizing work on racial equity?

History of governmental policies that increased racial inequities that we are working to overcome

Race matters -- health outcomes, service gaps, workforce composition – and is foundational to addressing other inequities

We cannot achieve longer and better lives for **everyone** without addressing gaps

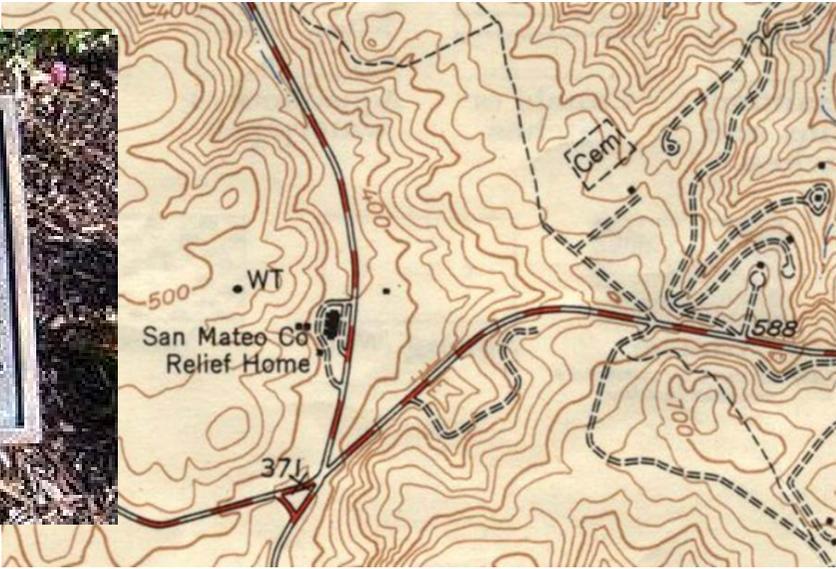
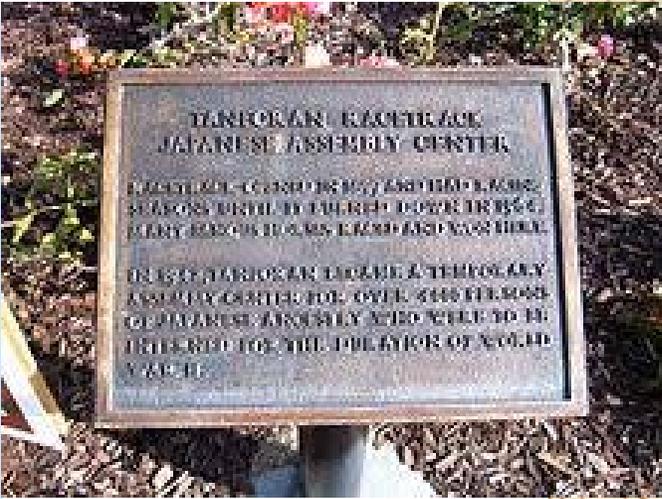
OUR SMC AND SMC HEALTH HISTORY...

Many, many staff, partners, clients, residents who have helped us learn through the years...

From the Daily Journal archives

Let us build a better tomorrow

By Warren Slocum and Mike Callagy Jun 19, 2020 1



ELIMINATING RACISM IS A PUBLIC HEALTH PRIORITY



Inequitable community conditions create inequitable health outcomes:

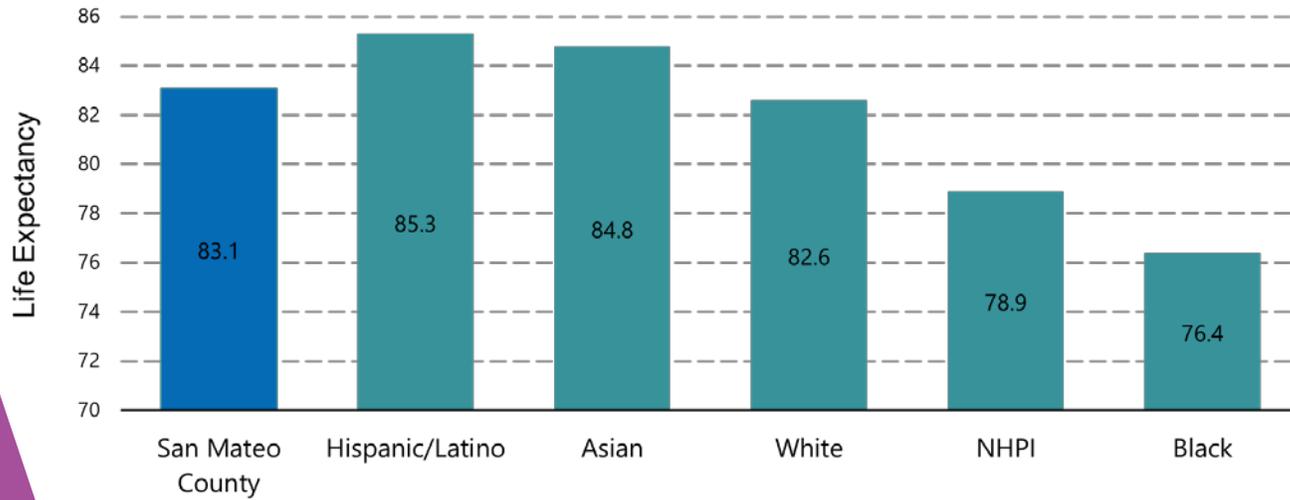
Life Expectancy
Black and Pacific Islander residents have the shortest life expectancy in the County. Black life expectancy estimates are over 6 years shorter than the County average.
Source: SMC Health Office of

Low Birthweight
Babies of color are more likely than White babies to be born below a healthy weight of 2,500 grams, which can have significant long-term impacts on a child's health.
Source: SMC Health Office of Epidemiology 2014-

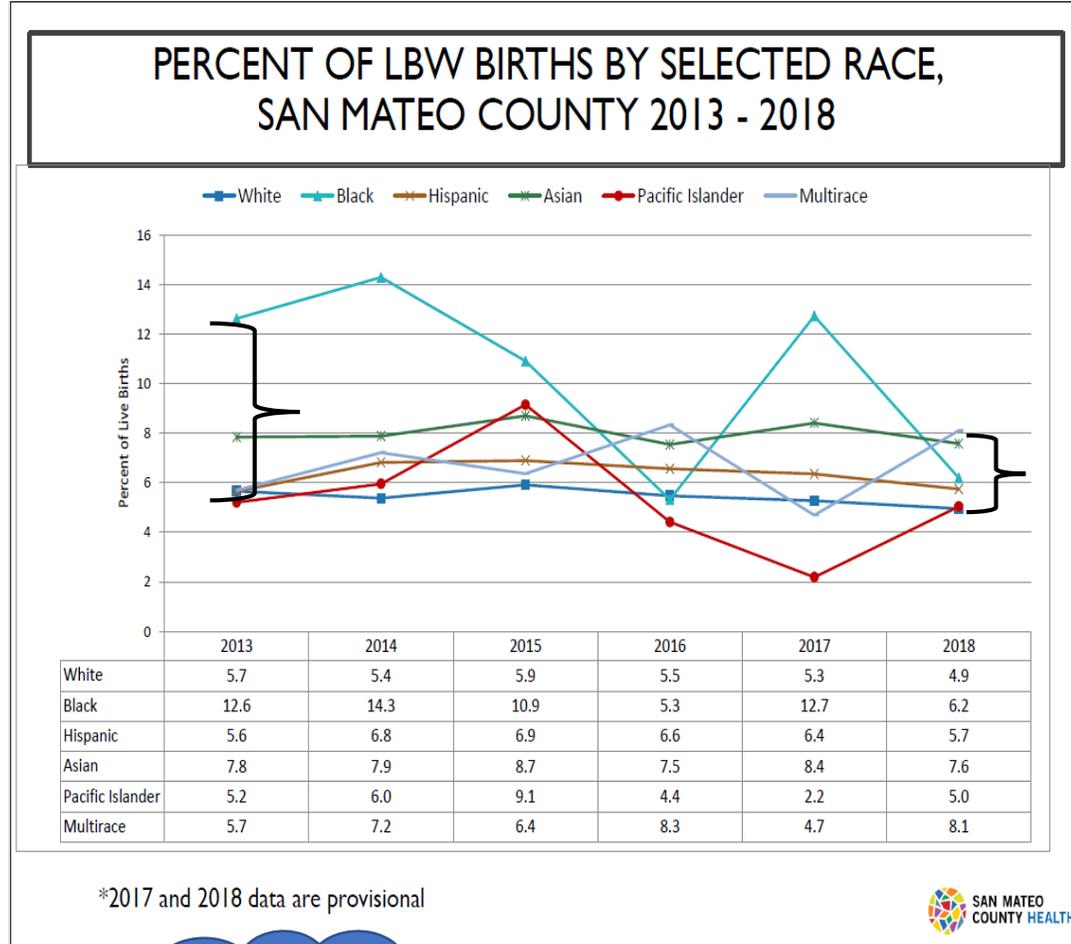
Premature Deaths
The Black premature death rate is more than double the number of years of potential life lost before the age of 75 per 100,000 residents Countywide.
Source: SMC Health Office of

Mental Health
The average number of days that SMC survey respondents felt worried, tense or anxious is much higher for residents of color.
Source: SMC 2013 Community Health Needs

LIFE EXPECTANCY BY RACE/ETHNICITY



Gaps persist...



But getting better...

INEQUITIES HIGHLIGHTED BY COVID-19



San Mateo County COVID-19 Data Dashboard

Case data up to and including July 14, 2020



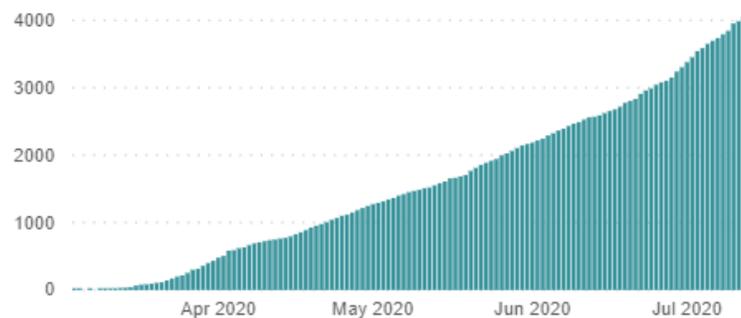
Total Cases

4254

Cases by Sex



Total Cases by Day



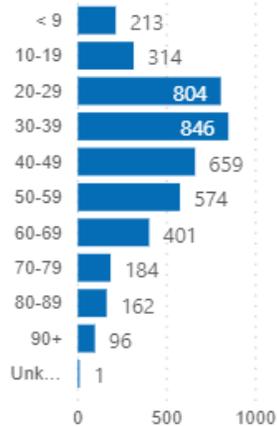
Total Deaths

114

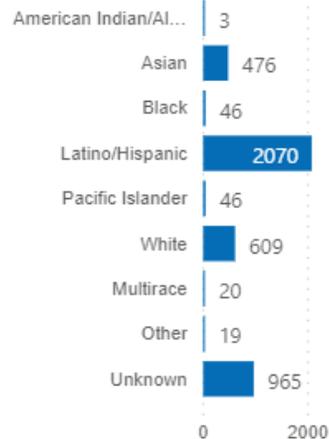
Deaths by Sex



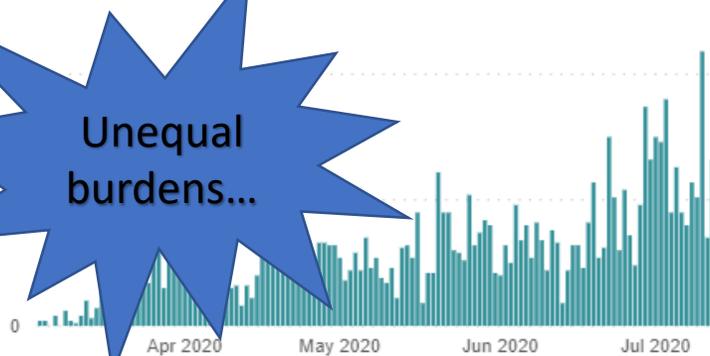
Cases by Age Group



Cases by Race/Ethnicity



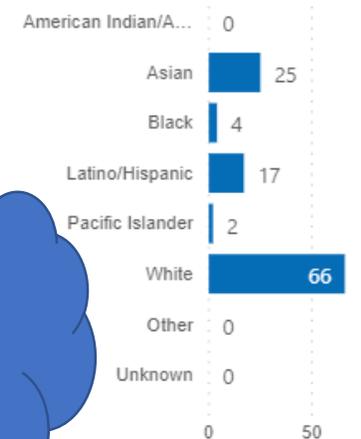
New Cases by Day



Deaths by Age Group



Deaths by Race/Ethnicity



Unequal burdens...

What can we learn about protective factors?...

Why are we prioritizing internal work on racial equity?

Progress requires **safety and trust** for everyone in our organization

Safety and trust require us to **normalize** dialogue about race and inclusion

Normalize → Organize → Operationalize

WHAT WE KNOW FROM SURVEYS AND WORKFORCE DATA

- Strong sense of competence in working with those of a different race/ethnicity
- Most of us trust our supervisor
- Strong basic understanding of racial equity concepts
- 50/50 sense of progress at improving racial equity at Division/ Department level
- Variation in response rate, sense of comfort and progress
- We are more diverse and reflective of population we serve at line staff than leadership levels
- 8% of us did not share race/ethnicity info



WORKING ON GETTING BETTER...

2017 SM County Eligible Workforce by Race/Ethnicity*								
	American Indian	Asian**	Black	Hispanic or Latino	Native Hawaiian / PI	White	Other	Unspecified
All workforce	0.20%	29%	3%	26%	1%	39%	1%	0.70%
All County	0.70%	26%	6%	25%	2%	34%	2%	5%
Health System	0.70%	30%	5%	25%	2%	24%	2%	12%

2019 SM County Eligible Workforce by Race/Ethnicity*								
	American Indian	Asian**	Black	Hispanic or Latino	Native Hawaiian/ PI	White	Other	Unspecified
All available workforce	0.20%	26%	3%	26%	1%	42%	1%	0.70%
All County	0.70%	26%	6%	25%	2%	34%	2%	5%
SMC Health***	0.60%	31%	5%	28%	4%	23%	2%	10%

WORKING ON GETTING BETTER...

1. Surveyed 2,829 County Health staff 31% response rate overall - 5 Divisions with 60+% response rate (*EMS, FHS, HCU, HIT, PHPP*)
2. Advocated to have County Employee Engagement data stratified by race/ethnicity
3. Race, Equity and Health training for 268 managers and supervisors (74%), representing all but one division
4. Developed Racial Health Equity infographic with key localized data about current gaps
5. Initiated Health Boards and Commissions support/assessment to reinforce goal of diverse advisory bodies
6. Building capacity of 21-member cross-Division team, includes 17 managers/supervisors that are guiding and carrying out cross-cutting work

WORKING ON GETTING BETTER...

7. Equity built into budget planning and recommendations
8. More explicit communication about Health's equity agenda
9. Health Executive Committee (HEC) learning and prioritizing equity
10. Learning from Divisional work to reduce gaps in outcomes, services, workforce
11. Learning from escalation of inequitable service, engagement, other harms
12. Supporting staff leadership on equity issues – May 1 Town Hall with County Leaders, June 19th Solidarity Event
13. County leadership and prioritization of equity under BOS President Warren Slocum
14. County efforts with equity platform – SPI, COVID-19 long-range recovery, Countywide racial equity workgroup

AREAS OF FOCUS FOR OUR SMC HEALTH-WIDE WORK

- Building safety and trust through every supervisory chain
- Continuing to increase knowledge and safety – Race, Equity and Health trainings
- Cross-Department workgroups (see next slide); Countywide workgroup initiated this year
- Unifying and strengthening communication and HR practices
- Sharing learnings from population-specific successes and challenges carried out across Divisions



Race Forward Lead:
Maria Lorente-Foresti, Ph.D.

SMC GARE Structure ~ Pilot



Training

Chair: TBD

Members: Maria,
Sara, Akram, Don,
Erica, Jim

PPT
Pre-Work
Logistics



Policy & Operations

Chair: Gladys

Members: Sujatha,
Tania, Katia, Shireen,
Lalitha

RE Tool
RE post training activities
Experiments

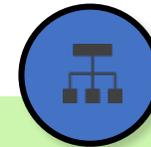


Data

Chair: Don

Members: Sara,
Lalitha, Don, Erica

Standard Work to
request
Data Files
Analysis

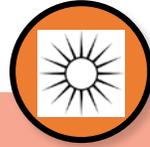


Communication & Recruitments

Chair: Tania

Members: Sujatha, Gladys,
Sara, Darryl, Maria

Resources (GARE & Other)
Mtg: Agenda & Minutes



Intro Cohort

Chair: Frances

Members: Don,,
Katia, Lusette, Tania,
Erica,

Race Forward
Homework
REAP updates

GARE 2019

Meetings: 1. Committee Meetings: Monthly 2. Internal GARE Cohort Meeting: Monthly 3. Chairs Meeting: TBD

CONTACT US



Office of Diversity and Equity

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Health Administration

Srija Srinivasan

SSrinivasan@smcgov.org

“Not everything that is faced can be changed. But nothing can be changed until it is faced.”

— James Baldwin



SAN MATEO COUNTY HEALTH

All together better.

Thank you!



Jei Africa, Director
Behavioral Health and Recovery
Marin County Health





SUPPORT



TRUST



UNITY



EXCELLENCE

Marin County's Efforts Toward Advancing Racial Equity

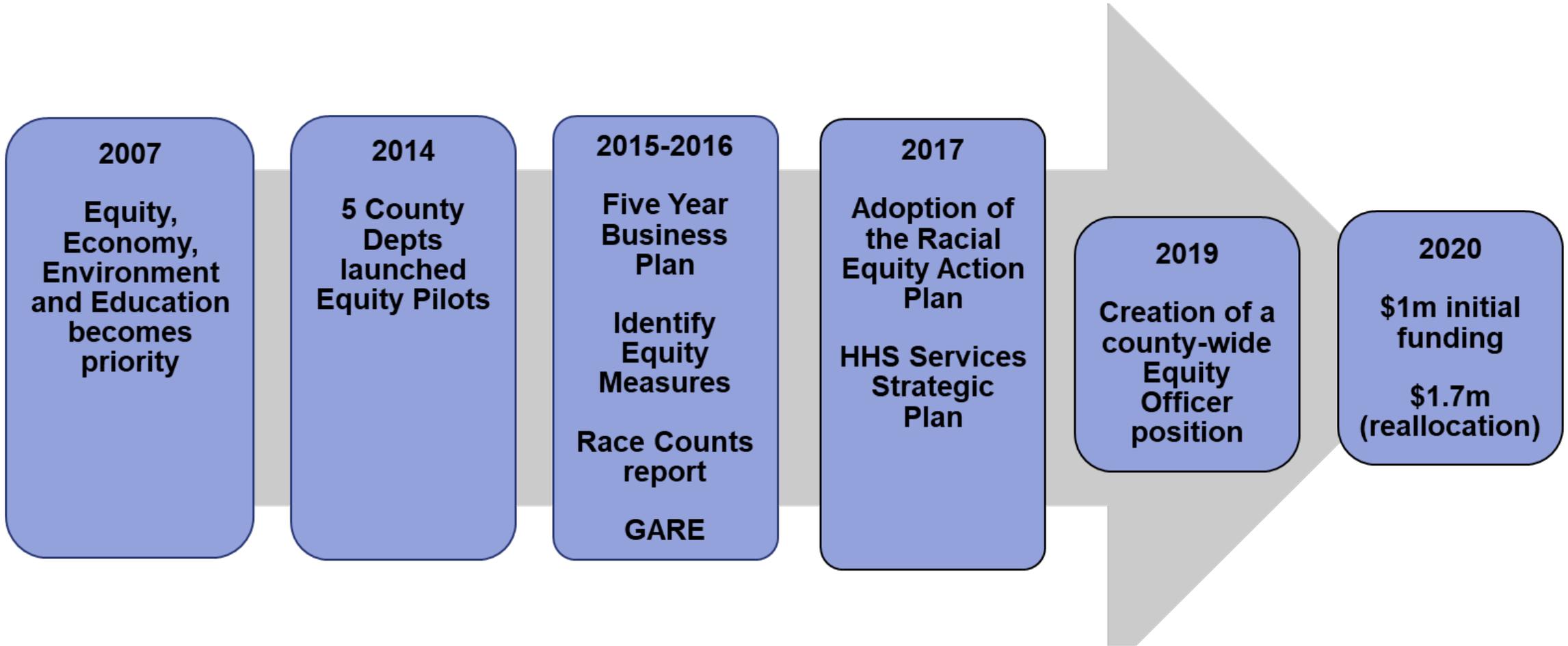
July 2020



Background



- 260,000 residents; 85% White
- Median income \$105,000
- Single family homes \$1.2 million
- San Anselmo, Ross and Belvedere – least racially diverse cities (80% White)
- Average rent for one bedroom \$2,250
- Average rent for two bedroom \$3,360
- Ranked #1 RWJF Health Outcomes
- #1 among 58 counties for racial disparities



Racial Equity Work

County Rankings

RACE COUNTS measures the overall performance, amount of racial disparity, and impact by population size of counties and cities in California. We found that the past still very much drives who has access to the promise of the Golden State. To push California forward, we need effective ways to measure and address long-standing racial disparities. We have ranked all 58 counties in California using our comprehensive measurement across 44 indicators and seven key issues areas. Learn more at RACECOUNTS.org.

PERFORMANCE

Rank 1 = Highest Performance
How well people are doing? How high are graduation, health insurance, and home ownership rates?

DISPARITY

Rank 1 = Highest Disparity
How well are different racial groups doing compared to one another? Are graduation, health insurance, and home ownership rates similar across races or very different?

***RACE COUNTS County Types**

	RACIAL DISPARITY	PERFORMANCE
GAINS AT RISK	LOW	HIGH
STRUGGLING TO PROSPER	LOW	LOW
PROSPERITY FOR THE FEW	HIGH	HIGH
STUCK AND UNEQUAL	HIGH	LOW

COUNTY*	DISPARITY	PERFORMANCE	POPULATION
Alameda	4	17	1,559,308
Alpine	N/A	4	1,202
Amador	56	24	37,159
Butte	23	48	221,578
Calaveras	55	21	44,921
Colusa	12	29	21,424
Contra Costa	30	12	1,081,232
Del Norte	15	51	28,068
El Dorado	16	5	181,465
Fresno	6	53	948,844
Glenn	34	42	28,019
Humboldt	13	33	134,876
Imperial	2	50	177,026
Inyo	17	16	18,439
Kern	33	55	857,730
Kings	8	58	161,390
Lake	19	47	64,209
Lassen	27	41	33,356
Los Angeles	28	44	9,974,203
Madera	11	45	162,452
Marin	1	1	256,802
Mariposa	39	27	17,946
Mendocino	22	32	87,812
Merced	44	58	261,609
Modoc	20	37	9,335
Mono	3	15	14,193
Monterey	18	39	424,927
Napa	42	7	139,253
Nevada	24	13	98,606

Race Counts

<https://www.racecounts.org/county/marin/>



Marin County's Commitment

- Commit to Building an **Anti-Racist Multicultural Organization**
- Ensure that all work is done through a **collective impact** approach; equity work as integral to Marin County's collective success
- Build a culture of equity and belonging in Marin County which focuses on:
 - Leadership grounding
 - Building an anti-racist multicultural organization
 - Policy implementation and change
 - Strategic questioning

Current Goals

- **Training:** Ensure that every county employee has taken Cultural Intelligence Training by the end of 2020
- **Investments:** Every budget decision and every program decision is assessed through the lens of equity
- **Communication:** Develop internal and external communication strategies through an equity framework
- **Process:** Ensure meaningful community engagement in all levels of decision making



Current County Efforts

- Created an Equity Team and continued work with GARE
- Cultural Intelligence & Competency Training for all employees
- Focus on equity in Marin County Leadership Academy (MCLA) training and projects
- DREAM (Diversity, Respect, Encouragement, Acceptance, Marin) and County supported affinity groups
- [Equity Dashboard](#)
- [Diversity Hiring Toolkit](#) & Subsequent Best Practices Training
- Developed new Personnel policies that eliminate artificial barriers to recruitment
- Anti-Bias training for hiring managers and supervisors
- County-wide “Safe Space/Brave Space”

Affinity Groups



COMAEA

County of Marin African-American
Employees Association



Marin Dawn

Marin Disability Awareness and
Workplace Networking



MAPLE

Marin Asian-American Public Local
Employees



MARIN SAGA

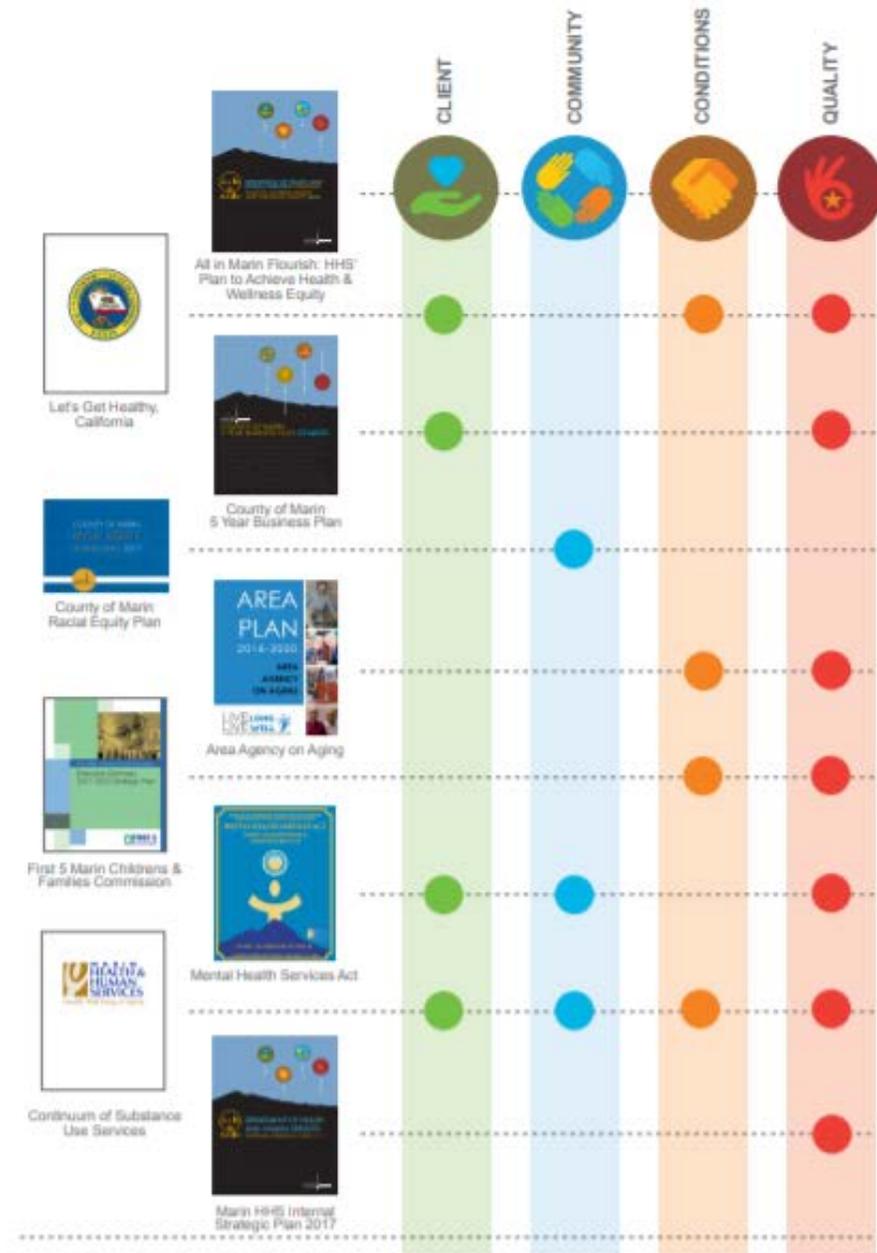
Marin Sexuality and Gender
Acceptance



MCOLE

Marin County Organization of Latino
Employees

HHS Strategic Plan: Aligning with County and State Plans



Additional Efforts [HHS & BHRS]

- HHS: Specific Action Teams focused on HHS Strategic Plan
- HHS: Department wide “mandate” to collaborate with other divisions
- BHRS: Cultural Competence Advisory Committee
- BHRS: Manager for Behavioral Health Equity and Inclusion; expansion of oversight
- BHRS: Investments using MHSA
- BHRS: Cultural Humility Consultations
 - Focused on strengthening mid-management skills
 - Coaching sessions

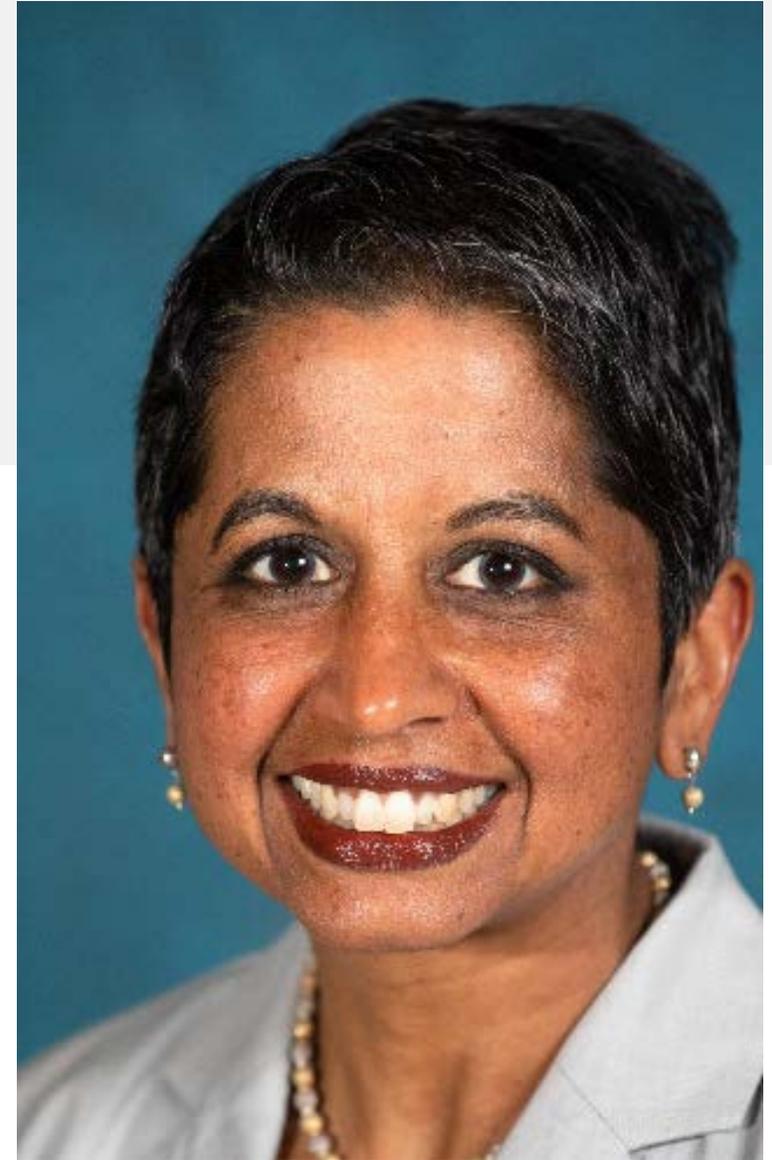
Reflections

- All of us have a role to play. [How does change happen?]
- Equally aligned focus – internal and external – efforts. [Workforce – building strengths and skills]
- Stories convince, data reinforces.
- This work can be challenging, exhausting and frustrating. [How do I show up with all of myself?"]
- Know the difference between feeling “unsafe” discomfort.
- Leadership (starts with self, first).

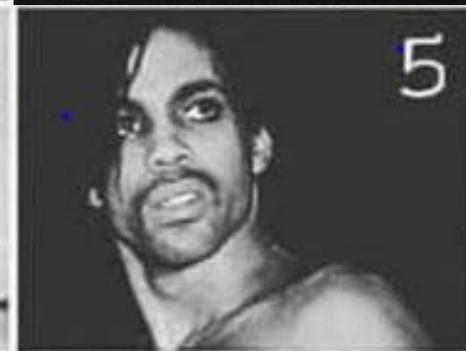


Panel Q & A

1. **Voice questions: Use raise hand feature under “Participants”**
2. **Phone: *6 to unmute yourself when prompted**
3. **Written: Use chat function**



Poll #3:
On a scale of
Prince –
how are you
feeling now?





We acknowledge:

This work is hard

It's personal

It can be painful

It can be uncomfortable

We need to pause – breath –
stretch – journal.

Breakouts: Facilitated Discussion Forum

- What are some of the **key strengths** that San Mateo County Health - our staff, partners, our structures and programs - brings to this work already, based on your experience and vantage point?
- What **additional work needs to be done** to support our staff, contractors and boards/commissions to advance racial equity in our collective work?
- Anything else that you feel **would make a difference** in our ability to advance racial equity thoughtfully?
- How can we best move forward **to learn together and improve** continuously?



Share a few
salient points





Next Steps/Follow up from Forum

- Share the recording
 - Survey to get additional ideas and prioritize ideas
 - Respond to chat questions
 - Take information back
 - GARE plans to support racial equity orientation training for County Health staff
-

Closing

Maria Lorente Foresti, Director
Office of Diversity and Equity
Behavioral Health and Recovery Services





Wellness

Cindy Donis, Mental Health
Program Specialist, NMT Program



Poll #4: Post-forum Poll

- What is your level of awareness of racial equity work in County Health?
- What is your level of interest and/or engagement in racial equity efforts related to County Health or County Health partner efforts?
- How important do you think it is for County Health to have a focus on racial equity?

For questions, comments or feedback: HPP@smcgov.org

THANK YOU

^f
Next Steps:

- Share Recording
- Respond to Additional Chat Questions
- Distribute Survey of Priorities

Goals for our 2-hour Web Forum

- **Staff, Contracted Partners, Health Boards/Commissioners:**
 - learn about the **equity work underway** by County Health
 - learn about **neighboring county efforts** to see where and how we could expand our work
 - have a forum to connect with one another **to share ideas** on our collective efforts to advance racial equity
 - have more touch points **to learn** about racial justice
- 