



GROWING A CULTURE OF HEALTH EQUITY: INFRASTRUCTURE AND CULTURE CHANGE

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Overview:

1. Going for Gold: CAPE, Baldrige (integration), PHAB and Workforce Development
2. *Live Well San Diego* – Cross threading and Collective Impact
3. CCLHO Framework - 4 Pillars of Approach to Health Equity
4. Culture Change
5. Three (3) Lessons Learned
6. Key Questions
7. What's Next?

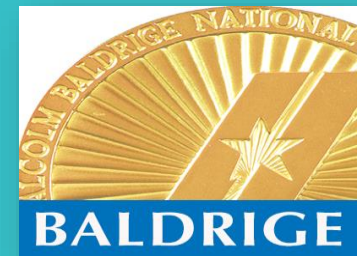


GOING FOR GOLD:

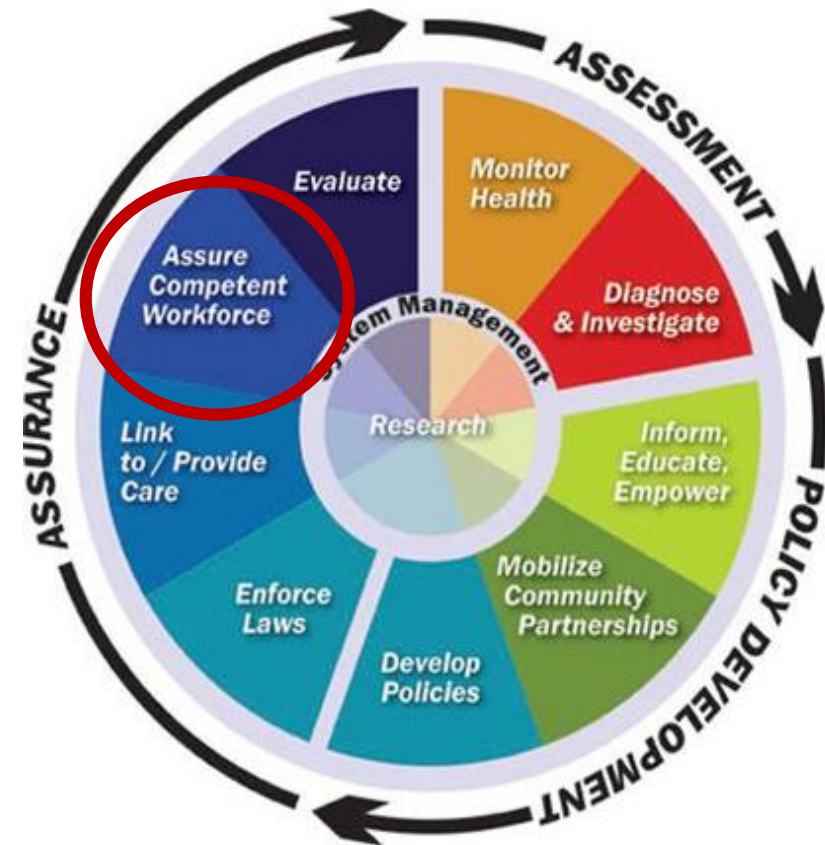


CALIFORNIA AWARDS FOR PERFORMANCE
EXCELLENCE AND

MALCOLM BALDRIGE NATIONAL QUALITY
AWARD



10 Essential Functions of Public Health



Monitor health



Diagnose and investigate



Inform, educate and empower



Mobilize community partnerships



Develop policies



Enforce laws



Link to and provide care



Assure a competent workforce



Evaluate



Research



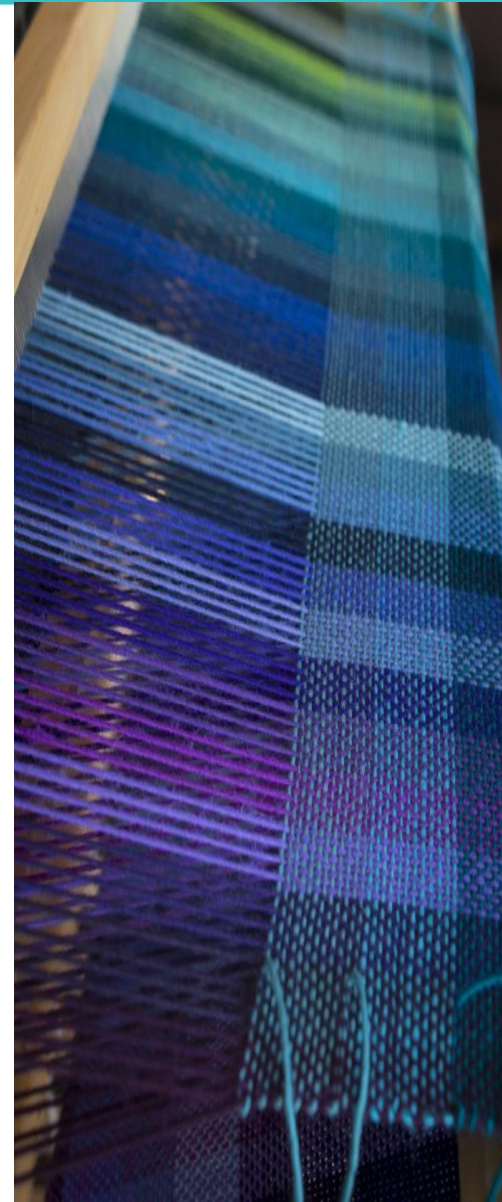
Baldrige Criteria for Performance Excellence Framework: A Systems Perspective



An Integrated Approach

Baldrige Criteria Overview

The Baldrige performance system consists of categories that define processes and achieved results. The term Integration at the center of the figure indicates that all the elements of the system are interrelated.



Cross Threading: Integrated Approach



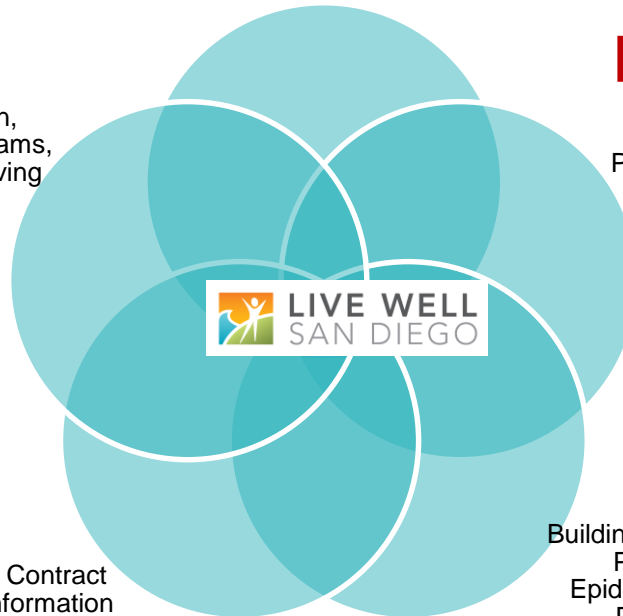
LIVE WELL
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COUNTY, HHSA AND PHS STRATEGIC INITIATIVES

Person-Centered, Trauma-Informed
Customer Service and Resilience
Promotion, Engagement, Innovation,
Connect Well, Referrals, Partnerships,
Systems Thinking, Local Public Health
System

Workforce Development, Recognition,
Leadership of Diverse and Inclusive Teams,
Coaching, Knowledge Transfer, Improving
the Culture from Within

Management of Fiscal Resources, Contract
Management, Financial Literacy, Information
Technology, IT gaps, Innovation



Heath Equity, Diversity
and Inclusion, and Climate Change,
Resilience, Adaptation, Public Health
Preparedness and Response, NIMS/ICS,
Partner Relay Disparity,
Disproportionality, Prevention, Policy,
Systems and Environmental Changes,
Supporting Positive Choices

Building a Better Service Delivery System,
Performance Management, QI,
Epidemiology, Biostatistics, Indicators,
Data Threading, Data Literacy,
Performance Dashboards, CHA and
CHIPs



1. Organization (Internal)
2. Workforce (Internal)
3. Community (External)
4. Data (External)



#1: ORGANIZATION



- Embedding Health Equity in Public Health Practice, leveraging Accreditation, cross threading various initiatives
- Health Equity: Committee, Strategic Plan, Annual Work Plans (including Climate Change and Diversity and Inclusion), Policy
- Health Equity embedded in PHS 3-year Strategic Plan (each branch has a Health Equity goal), white papers on Health Equity related topics
- State & National Representation: CDPH, Office of Health Equity Advisory Committee
- NACCHO/BCHC Working Group on Health Equity, CCLHO Health Equity Committee
- PHASC Working Group and Strategic Plan on Health Equity



#2. WORKFORCE:

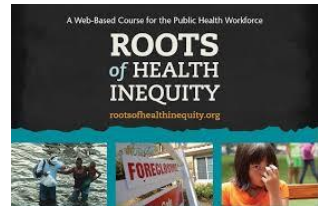


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1. Policy Link Technical Assistance and Roots of Inequity

2. Public Health Sciences:

- Public Health 101
 - Part 1: History
 - Part 2: Concepts
 - Part 3: Data
- Health Equity 101
- Climate Change 101
- Data Literacy



#2. WORKFORCE



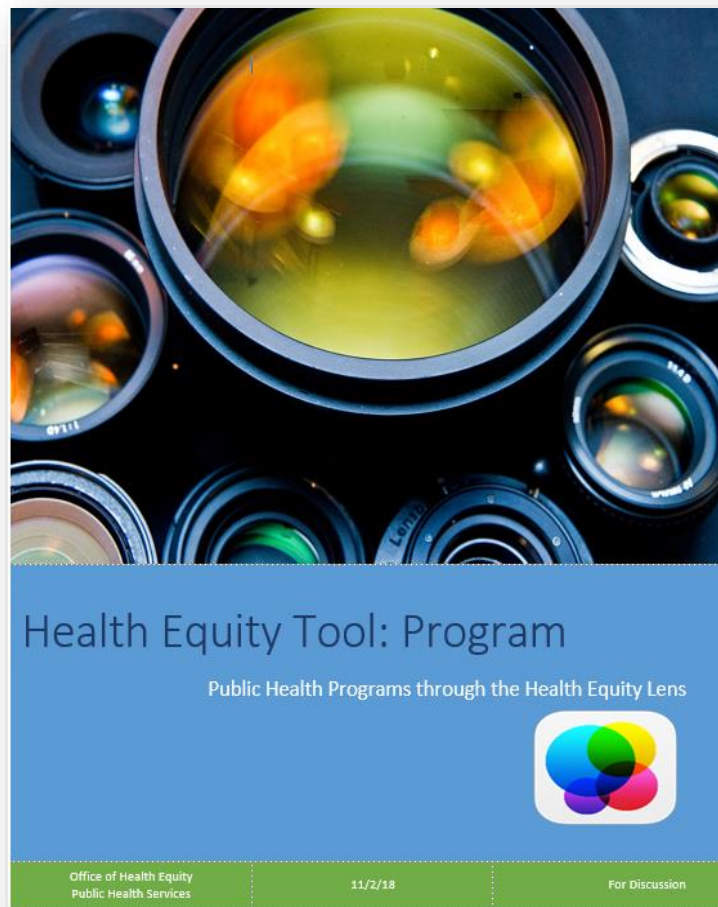
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3. Branch Level Workshops: Health Equity in Action Metrics, and Performance Dashboards to move the needle on Health Equity
4. Health Equity presentations Senior Staff and Public Health Leaders meetings and/or advances
5. Disproportionality training (e.g., poverty, homelessness, refugee, various cultures, bias)
6. Monthly meetings Health Equity Committee (resources, TA, Tools for Programs and Individuals)





HEALTH EQUITY TOOL FOR PROGRAMS:

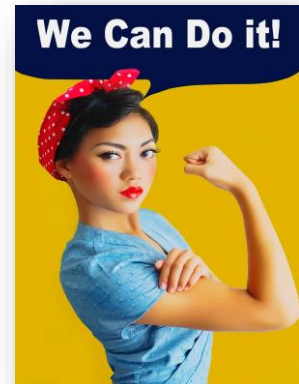
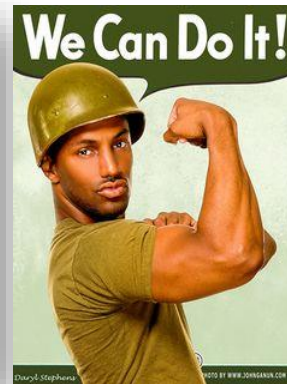
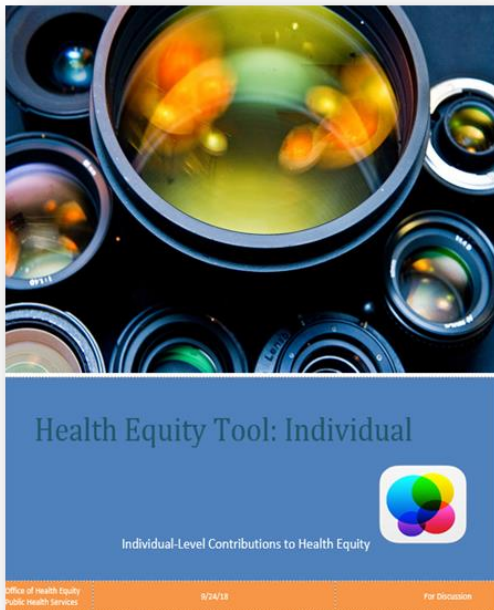


Health Equity Tool for Individuals



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Health Equity Tool for the Individual



Take Action

"To know and not to do is not to know yet." Stephen R. Covey

"I hear and I forget. I see and I remember. I do and I understand." Confucius

"Knowing is not enough, we must apply. Willing is not enough, we must do." Goethe

Increase Knowledge

*Education is the most effective means of preventing intolerance.** UNESCO

"Not to know is bad. Not to wish to know is worse." African proverb

"Real knowledge is to know the extent of one's ignorance." Confucius

Enhance Interpersonal Communication and Compassion

"Love and compassion are necessities not luxuries. Without them, humanity cannot survive." Dalai Lama

"I would like my life to be a statement of love and compassion and where it is not, that's where my work lies." Ram Das

"Never worry about the numbers. Help one person at a time and always help the person nearest you." Mother Teresa

#2. WORKFORCE



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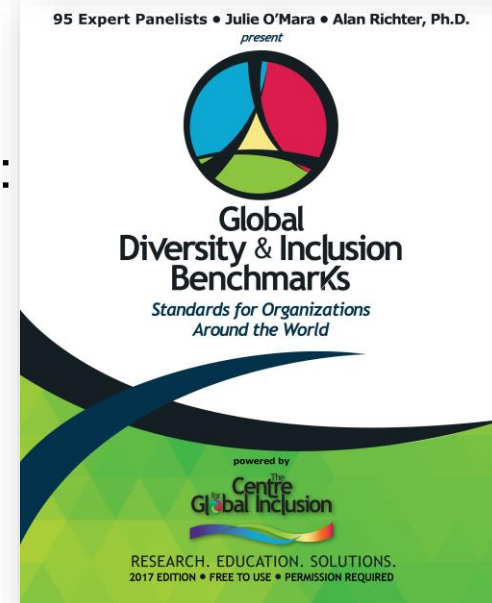
- Facilitating workshops on link between Public Health and Climate Change (HEC, PH Leaders, Epi, HHSA and regions)
- Focus on clients: Connect Well, Person-Centered Services, Trauma, Customer Service H.E.A.R.T., Family Planning Disaster Guide Dissemination
- Mandatory training in:
 - Cultural Competency (4 hours)
 - Customer Service (4 hours)
 - Trauma-Informed Services and Resiliency (101 and 201)
 - Mental Health First Aid (8 hours)
 - NIMS/ICS



#2. WORKFORCE



- Four Admin Professionals Workshops on various initiatives
- Coaching workshops for Senior Staff
- Leadership Development Training RTC (e.g., EQ interpersonal communication, change management, systems thinking, boundary spanning)
- Leveraging Global Diversity and Inclusion Benchmarks: Workshops on Leadership and Accountability and Leaders Advance (*From doing to being*: compassion, authenticity and active listening); annual HHSA Executive Advances on Diversity and Inclusion



#3. COMMUNITY



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- Collective impact – *Live Well San Diego*
- Chronic Disease and Health Equity Unit grant-funded programs (policy, systems and environmental changes to advance Health Equity)
- Regional Community Leadership Teams (MAPP, CHIP/CHA)
- Regional Leadership Academies (RLAs)
- Hundreds of partners
- Annual *Live Well Advance*



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2019 Live Well Advance

Uniting for Impact

#4. DATA



NEW! Identifying Health Disparities to Achieve Health Equity in San Diego County Series: Age, Gender, Geography, Race/Ethnicity, and Socioeconomic Status.

- Executive Summary
- Age
- Gender
- Geography
- Race/Ethnicity
- Socioeconomic Status

Overview of Health Equity in San Diego County



**LIVE WELL
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- Branch Chief presentations on disparity and disproportionality
- Health Equity in Action Workshops
- Performance Dashboards (3 buckets: Program, Operations, Population Outcomes)
- Health Equity Reports series (five lenses)
- Branch Health Equity Strategic Plan Priorities
- Branch Chief Presentations on application of Health Equity Tools
- *Live Well* Indicators
- BARHII-based surveys on Health Equity and Cultural Competence
- Public Health 101 on Data Basics, Data Literacy, Community Health Assessment Data
- Vulnerability Assessment and regional data on public health impacts of climate change





- Data Reports and Portal
- Performance Dashboards
- Tablets, Phones
- E-Newsletter
- Innovation
- Web Portal
- Connect Well

- Health Equity Committee
- Diversity and Inclusion activities
- Customer Service
- Trauma-Informed
- Recognition
- Training
- KSABs
- Coaching
- Change Management
- Leadership Development
- Engagement



- HEC with Charter
- Monthly meetings
- Branch Action Plans (e.g., D & I, CS)
- BARHII Surveys
- Strategic Plan
- Work Plans
- Policy
- HE/Metrics Workshops
- HE Tools for Programs and Individuals
- Continuous Improvement



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3 Lessons Learned



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1. **Help me help you:** Staff and Management need program and classification specific guidance on their role in advancing health equity otherwise status quo.
2. **It is not either or:** There are numerous ways to embed health equity: Do them all, and then do some more.
3. **Sustain efforts and get creative:** *Continuously* find engaging ways to help staff and management dig in on the concepts and make it work for their branches, programs, and the classifications (e.g., Tool for Programs, Individuals, Workshops).



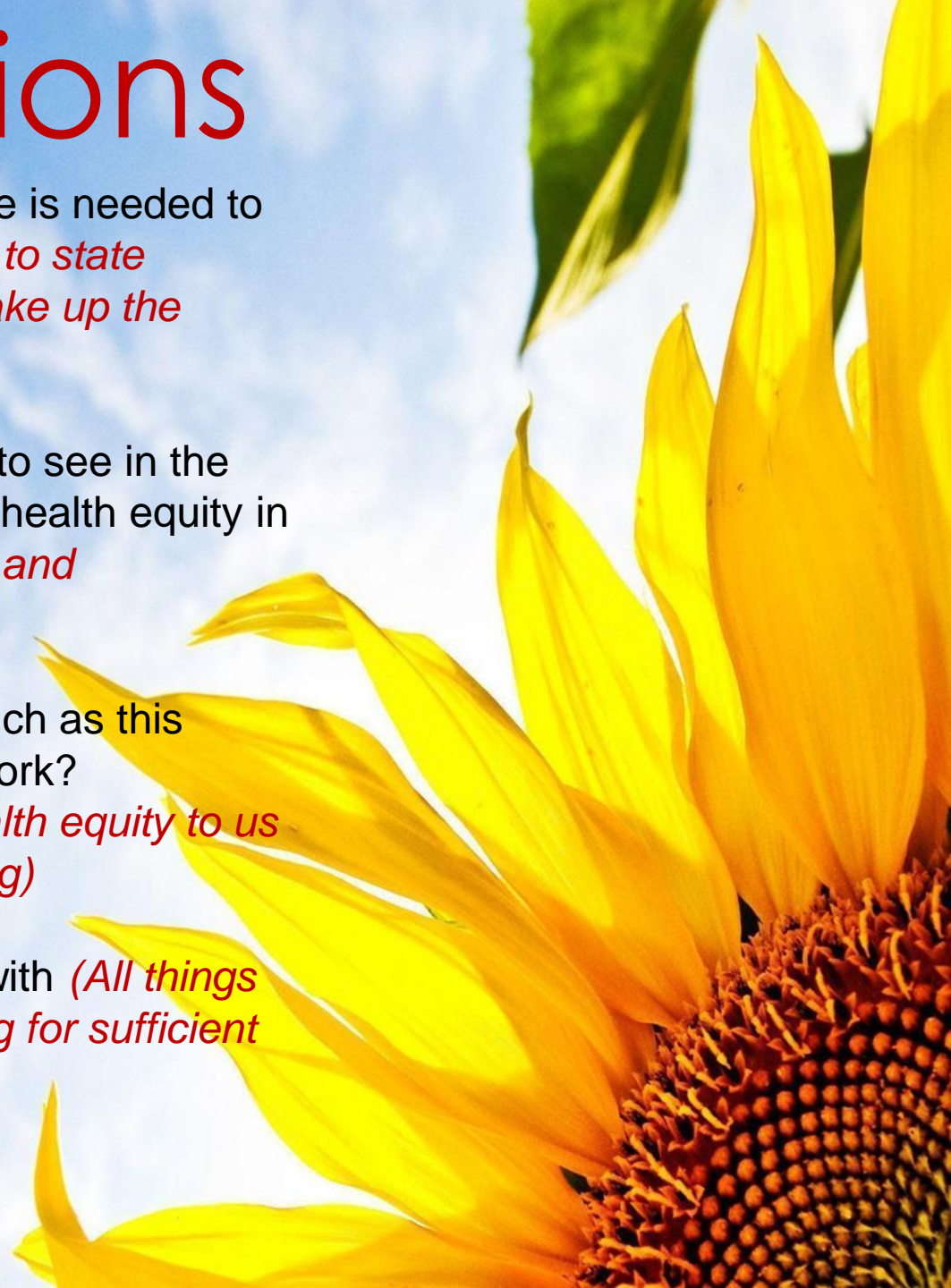
Key Questions

Where do we go from here? What else is needed to further these efforts? (*State guidance to state programs re. health equity as they make up the majority of the LHD*)

Looking forward, what would you like to see in the space of building internal capacity for health equity in the next 5 years? (*HiAP and program and classification specific training*)

How can a collective CHEAC effort such as this deepen the impact of this important work? (*Roadshow – bring innovations in health equity to us or create a HE themed LHD convening*)

Takeaways for attendees walk away with (*All things big and small – do it all without waiting for sufficient resources*)





WHAT'S NEXT:

- Regional Health Equity Plan
- State AC Health Equity
- BARHII Survey Results Staff
- BARHII Survey Stakeholders
- *Live Well* Advance
- Climate Change Convening
- Chief Presentations on Health Equity Tool for Programs
- D & I all-staff Potluck
- D & I Leadership and Accountability Action Plans
- Trauma 201
- Branch Health Equity Goals
- GARE Staff Training
- Health Equity Listening Sessions Community

Thank You! What questions do you have?



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