

# PHHS BLOCK GRANT SUCCESS STORY 2016

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## OFFICE OF HEALTH EQUITY

### CALIFORNIA TACKLES THE UPSTREAM DRIVERS OF HEALTH INEQUITIES.

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**Issue:** For nearly every health outcome and social determinant of health, California has inequities based on race. In looking at a root-cause map, racism and other forms of institutional and structural discrimination are the greatest drivers of health inequities. As a state, we will never achieve our goal of health equity unless we first understand and acknowledge the role that racism and discrimination plays in driving health outcomes, including through institutional processes. Furthermore, inequities are sustained by historical legacies, structures, and systems. Solutions will need to be facilitated and supported by government; there is a unique and important role for government in advancing racial equity.

**Intervention:** As a first step to understanding and addressing institutional racism, the California Department of Public Health (CDPH) Office of Health Equity (OHE) is looking internally at Department operations, policies, systems, and procedures, to identify and address our own institutional practices that inadvertently advantage certain groups and disadvantage others. To do this, CDPH has spent a year examining internal operations through a racial-equity lens to critically examine institutional practices. This work has been formalized into a five-year Racial and Health Equity Action Plan that lays out an aggressive five-year plan for institutional racial equity through nine goal areas: (1) Organizational Commitment; (2) Leadership and Management; (3) Recruitment, Hiring, and Retention; (4) Education, Training, and Competencies; (5) Community and Stakeholder Engagement and Partnership; (6) Budgeting and Contracting; (7) Communications; (8) Data Collection and Evaluation; and (9) Programs and Services.

Actions during the first year include: (1) Launch a cross-departmental Racial and Health Equity Leadership Cohort (charged with leading implementation); (2) Develop equity definitions and principles to be adopted by the Department; (3) Research and launch employee affinity groups; (4) Research and pilot racial equity tools; (5) Research and identify training curriculum for CDPH; (6) Pilot trainings; and (7) Engage with external stakeholders, including the Office of Health Equity's Advisory Committee and California Conference of Local Health Officers (CCLHO).

OHE leads the Racial and Health Equity Initiative. The PHHS Block Grant is the sole funding source for Implementation of the initiative.

**Impact:** The long-term vision of the Racial and Health Equity Initiative is a California in which race is no longer a predictor of one's health outcomes and where all Californians can achieve their highest level of health and well-being. Through the implementation of CDPH's Racial and Health Action Plan over the next five years, CDPH hopes to set an example for local health departments and fellow state departments, agencies, and offices to transform our own institutions so we can better promote and achieve health equity.