



California Pan-Ethnic
HEALTH NETWORK

Time for Change: A Snapshot of Health and Racial Equity Efforts in California State Government



2023

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Executive Summary

The COVID-19 pandemic laid bare the impact of systemic racism on the health of California's communities of color which has resulted in a well-documented widening gap in Californian's life expectancy with Latinx, Black, and Asian populations experiencing a larger decrease in life expectancy in 2020 and 2021 compared to Whites, while Native Americans' average lifespan is 67 years, a decrease of more than 7 years since 2012.

Subsequent public outcry over the disparate impact of COVID-19, the 2020 police murder of George Floyd and anti-Black violence spurred a public reckoning and a renewed public commitment by state departments and legislative leaders to address California's long history of racial injustice and the impacts which are felt acutely today. Nationwide, dozens of cities and counties have responded to community calls to declare racism as a public health crisis. Here in California, 34 local jurisdictions declared racism a public health crisis, although the state of California has yet to do so.

In August 2022, the California Health Care Foundation (CHCF) commissioned the California Pan-Ethnic Health Network (CPEHN) to conduct a landscape assessment of California policy efforts to advance health equity. As part of this assessment, CPEHN reviewed published materials, including legislation, public statements, and department and agency reports documenting state initiatives related to equity, specifically health equity and racial equity. In addition, CPEHN interviewed representatives from 11 state agencies, including the California Health and Human Services Agency and its key departments, and interviewed 7 state legislators and legislative staff from the Senate and Assembly. Based on this research, CPEHN assessed the state's actions and commitments towards addressing health equity and advancing a more diverse, equitable and inclusive workforce that is responsive to the needs of California's diverse communities.

Progress to Date

Our research uncovered increased interest and significant activities by the Governor, the Legislature, and California agencies and departments related to health equity. Specifically, CPEHN's landscape assessment found seven critical cross-cutting strategies aimed at advancing health equity.

1. **Collecting and Using Demographic Data about Californians Served.** Fundamental to advancing health equity is the collection and use of comprehensive demographic data, including race, ethnicity, language, sexual orientation, gender identity, and disability, about individuals using California government programs and services. The California Health and Human Services Agency (CalHHS) is leading the way with this strategy with its Data Exchange Framework, which will require all key health system actors to follow common standards when sharing data electronically.
2. **Utilizing Health Equity Tools.** Many California agencies and departments are using tools developed by the Government Alliance on Race and Equity (GARE) in their equity work and accessing training and tools from the Capitol Collaborative on Race and Equity (CCORE).
3. **Engaging Californians in Program Activities and Design.** A few California agencies are actively engaging the users of their programs and activities, including consumers, recipients, and beneficiaries, as well as community representatives and advocates. In 2022, the Department of Health Care Services (DHCS) created a DHCS Medi-Cal Member Advisory Committee to help address structural racism and provide an active voice for communities and individuals that have been historically marginalized in informing and designing DHCS' programs.
4. **Partnering with Community-Based Organizations:** Many California agencies have implemented specific initiatives to share resources with communities being served, including CDPH's California Reducing Disparities Project and and Community Equitable Recovery Initiative. In 2021, the California Department of Social Services (CDSS) and the Labor and Workforce Development Agency (LWDA) partnered with the Sierra Health Foundation to provide more than \$17.3 million in grants to 110 community-based organizations to support community engagement, public health education and COVID-19 vaccination.
5. **Increasing Diversity of Suppliers and of Governing Boards of Regulated Organizations.** Our landscape assessment and key informant interviews highlighted several departments engaging in efforts to monitor and increase the diversity of their suppliers and contractors, and their governing boards.
6. **Aligning Equity Efforts Across Departments and Agencies.** A few California departments and agencies are intentionally aligning their efforts to advance health equity. In the past year, Covered California, the Department of Health Care Services, the Department of Managed Health Care, and the California Public Employees' Retirement System have used similar health plan quality measures, stratified by race, ethnicity, language, and other health plan member demographic data.
7. **Leveraging State Budget Spending and Legislation.** Many key informants highlighted state budget priorities and state legislation as the primary levers for change in advancing health equity and emphasized that applying an equity lens to decisions about funding priorities is a critical step to ensuring that current funding priorities and allocations do not intentionally or unintentionally perpetuate inequities.

SIGNIFICANT OPPORTUNITIES EXIST FOR GREATER ALIGNMENT, IMPROVEMENT, AND ENGAGEMENT

Although equity activities have increased at the state level, the explicitness and centrality of equity – especially racial equity – remains uneven across the efforts of California agencies and departments, threatening to undermine the state’s progress. CPEHN has identified seven key areas of opportunity that will help to transform how California state government defines, operationalizes, and holds itself accountable for achieving equity and racial equity:

1. Establish Common Definitions of Equity and Racial Equity
2. Strengthen Public Accountability for Meeting Concrete Equity and Racial Equity Goals
3. Hire Staff and Leaders with Lived Experience and Expand Training Opportunities
4. Develop and Enforce Standards for Collecting and Reporting Demographic Data
5. Establish Robust, Authentic Community Partnerships
6. Commit Ongoing, Meaningful Resources to Address Historic Harms
7. Ensure All Eligible Californians Access Services

1. Establish Common Definitions of Equity and Racial Equity	Our assessment uncovered the lack of uniform definitions for equity and racial equity, which threatens to dilute the power of interventions intended to right historic wrongs and undermine progress in meeting the state’s aspirational equity goals. An effective definition of equity should explicitly include racial equity and define racial equity in a way that is actionable rather than just aspirational.
2. Strengthen Public Accountability for Meeting Concrete Equity and Racial Equity Goals	Several California state agencies are now participating in equity initiatives such as CCORE, establishing equity offices, and developing Racial Equity Action Plans (REAPs). However, too few of these efforts and plans have been shared publicly. Agencies should be required to publicly share and regularly update their efforts and plans to advance racial equity. In addition, California agencies need to be held accountable for their specific efforts to advance health equity.
3. Hire Staff and Leaders with Lived Experience and Expand Training Opportunities	Hiring individuals with lived experience can have a profound impact on state programmatic policies and priorities. The Administration can support this effort by creating a standard definition of “lived experience,” developing qualifications for job descriptions, and providing guidance on how to evaluate that experience in the recruiting and hiring process. In addition, either as part of CCORE or through other HR and DEI efforts, 100% of agency and legislative staff should be provided training on racial equity, diversity and inclusion, and trauma-informed policies and practices.

4. Develop and Enforce Standards for Collecting and Reporting Demographic Data	<p>Our research highlighted the lack of clear and consistent state standards for demographic data collection and reporting. California's new Data Exchange Framework is an important step towards standardizing demographic data categories. This framework should include standards for collecting and managing race, ethnicity, and other demographic data, metrics for measuring and tracking equity in state services and programs, and service delivery standards to support equity. In addition, state agencies should be required to update public data and dashboards, and make sure such information is accessible, health literacy and numeracy-appropriate, and user friendly.</p>
5. Establish Robust, Authentic Community Partnerships	<p>Authentic and ongoing community engagement is critical to informing the work of state agencies and departments as communities bring their lived experiences to such work and should have a voice in the design of programs meant to serve them. All state agencies need to actively create and support more opportunities for authentic and deep engagement between state government – staff, advisory boards, commissions, and workgroups – and community stakeholders.</p>
6. Commit Ongoing, Meaningful Resources to Address Historic Harms	<p>The most effective approaches to addressing health inequities require explicit consideration of structural inequities and systemic racism. State agencies and departments should continue to make tangible budgetary investments to address systemic racism, and policymakers must work to identify and amend laws and regulations to facilitate greater investment into strategies that directly address racism.</p>
7. Ensure All Eligible Californians Access Services	<p>There will never be full equity until all eligible Californians are successfully accessing the services that they need. California policymakers and agencies need to do a better job ensuring that all eligible Californians, including communities of color, immigrants, Limited English Proficient, LGBTQ+ and persons with disabilities receive and utilize health insurance, food, housing and other supports.</p>

Background and Methods

California's communities of color, including lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals and persons with disabilities, face dramatic and deeply entrenched disparities in health access, quality, and outcomes. Race itself does not lead to these differences; rather, systemic racism in health care and throughout society, including within our government institutions, is the driver of disparate health outcomes for communities of color. These disparities are often intersectional due to the way systems of racism, poverty, and sexism overlap.¹

Despite individual actions and intentions, racial disparities in health care quality, access, and outcomes are persistent. Black Californians continue to experience the highest rates of prenatal and postpartum depressive symptoms and infant and maternal mortality.² Asthma prevalence among American Indians and Alaska Natives is more than 40% higher than among Whites. Black and Latinx Californians have twice the prevalence of type 2 diabetes and are twice as likely to die from the disease than Whites.³



The COVID-19 pandemic laid bare the impact of systemic racism on health. People of color who had received lower quality care and lived with chronic conditions long ignored by the health care system were more vulnerable to COVID-19, and their communities were disproportionately impacted by the virus. Disaggregated data in Los Angeles County showed that COVID-19 infected Pacific Islanders at a rate more than twice that of the state as a whole – and killed them at a rate 2.6 times higher, the highest rates of any racial or ethnic group.⁴

The COVID-19 pandemic also highlighted how systemic racism in employment, housing, and other sectors exacerbates health inequities. Whether one can work from home, safely isolate in secure housing, access online education and telehealth, or order food and household supplies online have a direct relationship to health. In California, workers of color constitute the majority of the state's low-wage workers. Latinx workers, who make up only 38 percent of the state's workforce, represent half of the state's frontline workers. Black and Latinx workers were least likely to have jobs that could be done remotely.⁵

As a result, COVID-19 has resulted in a well-documented widening gap in Californian's life expectancy with Latinx, Black, and Asian populations experiencing larger decreases in life expectancy in 2020 and 2021 compared to Whites.⁶ Another study found that Native Americans' average lifespan decreased by more than 6 years from 71.8 in 2019 to 65.4 in 2021.⁷

The pandemic, coupled with the 2020 murder of George Floyd and anti-Black violence, spurred a public reckoning and renewed commitment by state leaders to address California's long-standing history of racial injustice. Since 2020, state government and legislative leaders have made public commitments, started new initiatives, and engaged stakeholders on equity. This project seeks to shed light on the many efforts currently underway and to understand where opportunities still lie for greater alignment, improvement, and engagement.

Methods

In August 2022, the California Health Care Foundation (CHCF) commissioned the California Pan-Ethnic Health Network (CPEHN) to conduct a landscape assessment of California policy efforts to advance health equity. Many, if not all, state departments and agencies impact the health of Californians through their efforts. The scope of this report is limited to those most centrally focused on health, including departments within the California Health and Human Services Agency (CalHHS), Covered California, the California Department of Insurance, and the California Public Employees' Retirement System. The report includes some activities of the Legislature, the Governor, and the Strategic Growth Council; however, more analysis is needed to fully evaluate the efforts of those actors and broader health and racial equity efforts across state government.

CPEHN's landscape assessment consisted of three main strategies:

1. **Research Review** – CPEHN reviewed published materials, including legislation, public statements, and department and agency reports documenting state initiatives related to equity, and more specifically to health equity and racial equity.
2. **Key Informant Interviews** – CPEHN conducted interviews with 11 state agencies, including the California Health and Human Services Agency and its key departments, California's insurance regulators, and Covered California, the California state health insurance marketplace. CPEHN also conducted interviews with the Office of the Governor and 7 state legislators and legislative staff from the Senate and Assembly, including the Assembly Speaker and Chair of the Senate Health Committee. Interviews were conducted between August 2022 and January 2023. Each interview focused on the following topics:

- Definitions of Health Equity
- Key Staff and Roles
- Levers for Change
- Resource Commitments
- Programmatic Priorities
- Accountability
- Transparency and Public Engagement



See [Appendix 1](#) for the list of key informant interviewees.

3. **Assessment of State Actions Towards Health Equity** – Using the information gathered during the research review and informant interviews, CPEHN conducted a detailed assessment of the state's approach to health equity focusing on the actions of the governor, the legislature, and relevant state agencies and departments. To facilitate this assessment, CPEHN developed an assessment tool to evaluate the activities of each key state agency and department across a standard set of domains.

Specifically, CPEHN's assessment tool evaluated each state actor across nine parameters:

- Includes Equity in Strategic Plan
- Has Racial Equity Action Plan
- Participates in Capital Collaborative on Racial Equity (CCORE)
- Has Health Equity Officer/Equity Officer
- Provides Equity Training for Staff
- Includes Budget Line for Equity (besides staffing)
- Collects and Publicly Reports Demographic Data about Californians Served
- Engages Community/Stakeholders on Equity

CPEHN's assessment tool was adapted from the Organizational Assessment of Equity Infrastructure Tool developed by the California Department of Public Health (CDPH) in 2020, to assist its local health department partners to assess their response to the historic and unprecedented challenges of COVID-19. (See [Appendix 2](#) for the CDPH tool.)

Agencies and departments were given an opportunity to review CPEHN's assessments and provide clarification and/or responses, which CPEHN considered in finalizing the assessments. The final assessments were used to develop policy recommendations for state policymakers to strengthen health equity efforts.

CPEHN conducted the assessment from August 2022 to July 2023. In this report, CPEHN highlights key initiatives underway at that time, and areas of opportunity based upon the research. It is not intended to be a comprehensive listing of every relevant initiative underway.



Cross-Cutting Strategies to Advance Health Equity

CPEHN's landscape assessment found that California's health focused agencies and departments are implementing seven critical cross-cutting strategies to integrate and advance health equity. However, not all agencies and departments are implementing all these strategies, highlighting opportunities for further alignment, coordination, and impact.

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While we know it's going to take time to make a culture shift, it takes a long time. It matters who the messengers are, it matters to build a diversity of ambassadors across the organization. I'm proud of the opportunity to address inequities. It is an absolute privilege, and so every project and every program, and every opportunity to be intentional about that, is a great day.

— Kim Johnson, Director, and Marcela Ruiz, JD, Director, Office of Equity at the Department of Social Services

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● Collecting and Using Demographic Data About Californians Served

A fundamental strategy for advancing health equity is collecting and using comprehensive, disaggregated, and self-reported demographic data, including race, ethnicity, language, sexual orientation, gender identity, and disability, about individuals using California government programs and services.

The California Health and Human Services Agency (CalHHS) is leading the way with this strategy with its Data Exchange Framework, a significant milestone in advancing data interoperability.⁸ Beginning in 2024, all key health care system actors – health plans, hospitals and health systems, community health centers, physician practices, and local health jurisdictions – will be required to follow common standards when electronically exchanging health information about shared patients. The standards include race, ethnicity, preferred language, sex assigned at birth, gender identity, sexual orientation, and health-related social needs (e.g., housing insecurity, food insecurity, transportation needs) as data elements to be exchanged. Patient disability and functional status, and tribal affiliation will be added to the data elements at a later date.

The Data Exchange Framework establishes advancing health equity as its first guiding principle.



We must develop and implement data exchange policies, processes, and programs to better understand and address health inequities and disparities among all Californians. Advancing health equity requires filling gaps in data completeness and quality for historically underserved and underrepresented populations and creating information-sharing infrastructure capable of consolidating and curating individual demographic and health information.

The Data Exchange Framework will be fundamental to helping specific agencies and providers identify gaps in care, increase health equity, and support quality improvement; however, sufficient training, resources, and support will be needed to ensure the full promise of the Data Exchange Framework. Several key informants emphasized that more training and support is needed for their staff, contractors, grantees, and local government partners to improve the comprehensiveness and completeness of demographic data collection and utilization.

During our key informant interview with Covered California staff, they shared how they shifted from a compliance and enforcement approach with their contracted health plans to a technical assistance and training approach, where the health plans are now learning and implementing best practices for data collection and utilization from each other.

Beyond the Data Exchange Framework, both the California Department of Aging (CDA) and California Department of Social Services (CDSS) have devoted significant effort to developing and publishing publicly available dashboards that provide information about the utilization of their services. Key informants at both agencies, however, noted that there is more work to be done to disaggregate the data they share.

Similarly, the Department of Health Care Access and Information (HCAI) houses a treasure trove of data, which it makes available to the public, and has begun to stratify and analyze data by key demographic categories.

● Utilizing Health Equity tools

There are an increasing number of frameworks and tools available to operationalize and integrate equity, including equity impact assessments, equity budgeting, and equity in contracting. Many California agencies and departments are using tools developed by the Government Alliance on Race and Equity (GARE) in their equity work. Additionally, the Capitol Collaborative on Race and



Equity (CCORE) provides training and tools to participants from state agencies to apply to policy decision-making, programs and budgeting. House Resolution 39 (2021), will encourage the adoption of equity impact analysis into the State Assembly's existing committee and floor bill analysis process. One of the tasks of Governor Newsom's newly established Racial Equity Commission will be to develop budget methodologies, including equity assessment tools, that entities can use to analyze how budget allocations benefit or burden communities of color.

● Engaging Californians in Program Activities and Design

An important element of integrating equity into state government's health programs and activities is to broaden and deepen engagement with the Californians served by those programs and activities, preferably the direct consumers, users, recipients, and beneficiaries, as well as community representatives and advocates.

In 2022, the Department of Health Care Services (DHCS) created a Medi-Cal Member Consumer Advisory Committee in recognition of the need to address structural racism and to provide an active voice for communities and individuals that have been historically marginalized in informing and designing DHCS' programs. To better serve Medi-Cal enrollees and understand their recommendations, the Medi-Cal Member Advisory Committee will be comprised of Medi-Cal consumers (including youth of an appropriate age) with direct, lived experience in the Medi-Cal delivery systems from across the State who will advise on DHCS' policy and programs. DHCS will also leverage other venues, such as informal focus groups and town halls, site visits and engagement with MCPs and health care delivery systems, and stakeholder meetings to gather feedback from Medi-Cal enrollees.

There have also been two important advisory committees on health equity convened by the Department of Managed Health Care (DMHC) and the Department of Health Care Access and Information (HCAI). The DMHC's Equity and Quality Measures Advisory Committee included consumer advocates, including staff from the CPEHN. Unfortunately, this committee had a very short life, only meeting nine times from February through September 2022. Although health plans will begin reporting on equity and quality measures starting with Measurement Year 2023, DMHC is not likely to re-convene the advisory committee until 2027.

HCAI's Hospital Equity Measures Committee included several consumer advocates including staff from CPEHN. This committee met six times from August through December 2022, and will continue to meet in 2023 as HCAI develops regulations and begins implementation of its requirement for hospitals to submit annual hospital equity reports.

In addition, both the California Department of Public Health and California Department of Aging have held community townhalls and other activities to directly engage with Californians served. Despite these activities, direct engagement of Californians served through townhalls, community forums, listening sessions, focus groups, surveys, and other methods remains sporadic.



● Partnering with Community-Based Organizations

Another vital strategy to advancing health equity is to share resources with communities being served, partnering with community-based organizations representing and directly serving those communities and populations. The CDPH has implemented several initiatives to share resources with community-based organizations, including the California Reducing Disparities Project and the current Community Equitable Recovery Initiative.

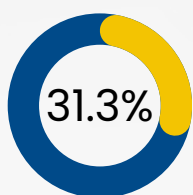
And in 2021 in a historic and unprecedented move, the California Department of Social Services (CDSS) and the Labor and Workforce Development Agency (LWDA) in partnership with the Sierra Health Foundation provided more than \$17.3 million in grants to 110 community-based organizations throughout California to support community engagement, public health education and encourage COVID-19 vaccination among those who have been hardest hit by the pandemic.

● Increasing Diversity of Suppliers and of Governing Boards of Regulated Organizations

Our landscape assessment and key informant interviews highlighted several health-related departments engaging in efforts to monitor and increase the diversity of their suppliers and contractors, and their governing boards. California Public Employees' Retirement System (CalPERS) has a long-standing program on increasing supplier diversity.⁹

In 2011, the California Department of Insurance (CDI) established its Insurance Diversity Initiative to encourage increased procurement from diverse suppliers and enhanced diversity among insurer governing boards within California's \$409 billion insurance industry. Insurers who collect at least \$75 million in annual premiums from Californians are required to report their governing board demographics and their supplier diversity. Since 2012, survey results indicate a 233% increase in spend by California insurers with diverse businesses, from \$930 million to \$3.1 billion in 2021. In 2021, 31.3 percent of members of insurer governing boards were from diverse ethnic backgrounds, 23.8 percent were women, and 0.7 percent were individuals who identified as LGBTQ+.





of members of insurer governing boards were from diverse ethnic backgrounds

233% increase in spend by California insurers with diverse businesses

The California Department of Health Care Access and Information (HCAI) also has a supplier diversity initiative that requires California hospitals to report on their procurement efforts regarding certified minority, women, lesbian, gay, bisexual, transgender (LGBT), and disabled veteran business enterprises. Licensed hospitals with operating expenses of at least \$50 million, and hospitals within a hospital system with operating expenses of at least \$25 million are required to submit these supplier diversity reports. In 2021, reporting California hospitals spent \$2.3 billion on diverse suppliers, out of a total spend of \$116 billion (less than 2 percent). Similar supplier and contractor diversity efforts could be implemented by all California agencies and departments.

● Aligning Equity Efforts Across Departments and Agencies

Several key informants noted how their own efforts to advance health equity were now intentionally being aligned with the efforts of other health-related departments and agencies.

In the past year, Covered California, the Department of Health Care Services, the Department of Managed Health Care, and the California Public Employees' Retirement System have used similar health plan quality measures, stratified by race, ethnicity, language, and other health plan member demographic data.

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This is the most collaboration among California public purchasers there has ever been...It's remarkable and deliberate; we spend a lot of time in direct communication and in meetings with each other. When there is more synergy, our health plans and providers also have a better chance of success, and will not be as resistant to these changes. The health plans see that all three of the public purchasers clearly support equity and are trying to create aligned, manageable, and realistic requirements, which we think they appreciate. They feel heard, in contrast to the past, when there were so many different quality measures and requirements.

– Lisa Albers, MD, Director Clinical Policy and Programs, CalPERS

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For about a year, Covered California and CalPERS have also started collaborating on monthly technical assistance calls with health plan chief medical officers, and quality improvement and data teams on quality improvement and equity issues. CalPERS and Covered California alternate leading the planning of those calls with all the health plan teams.

CalHHS is convening cross-cutting tables across departments, to create communities of practice on whole child, older and disabled populations, justice-involved, homeless, workforce, and single payer and access issues. One component of this work will be honing in on equity, with the perspectives of different departments regarding the same populations.

Key informants noted that there are additional opportunities for alignment in advancing health equity, related to behavioral health access, advanced primary care, and other issues.

● Leveraging State Budget Spending and Legislation

Many key informants highlighted state budget priorities and state legislation as the primary levers for change in advancing health equity. Several noted the opportunities to use an equity lens to inform how the state of California spends significant amounts of federal funding (for COVID-19 response and recovery, infrastructure, public health modernization, and other federal priorities). As one key informant noted, *“are we looking to disrupt inequity with a particular investment?”*

Key informants emphasized that applying an equity lens to decisions about funding priorities is a critical step to challenging whether continuing current funding priorities and allocations intentionally or unintentionally perpetuate inequities. They recommended embedding equity considerations into multi-year planning and budgeting so that these transformational commitments are not subject to the ups and downs of annual budgets and short-term economic and tax revenue cycles. According to the Governor’s Office, departments must now include equity considerations in their Budget Change Proposals (BCP), which are the mechanism by which departments request funding or other budget changes.

The work of the Department of Managed Health Care on equity and quality measures for health plans required by Assembly Bill 133, and of the Department of Health Care Access and Information on hospital equity measures required by Assembly Bill 1204, are two current examples of how legislation has resulted in specific actions that will create new data and significant accountability for advancing health equity among California health plans and hospitals.



Office of the Governor's and Legislature's Approach to Equity

In a state as diverse as California, advancing health equity and racial equity should be a priority for all of California state government. CPEHN interviewed, researched and evaluated some efforts of the Office of the Governor, the Legislature, and the cabinet-level Strategic Growth Council as detailed below. Due to the broad scope of each of these actors, the analysis of their efforts is not comprehensive and there may be additional equity-focused activities that are not included in this analysis.



Selected Equity Initiatives by Governor Gavin Newsom:

Since assuming office in 2019, Governor Gavin Newsom has undertaken several actions to address health equity.

- Governor Newsom established the office of a **California Surgeon General**, one of only five state surgeon generals in the country. As the state's first Surgeon General, he appointed Dr. Nadine Burke-Harris, an expert on adverse childhood experiences, trauma-informed care, and addressing the root causes and social drivers of health.
- Governor Newsom's first budget proposal, "**California for All**," prioritized support for early childhood development, more affordable higher education, expanded health insurance coverage, and increased affordable housing.
- In 2019, Governor Gavin Newsom issued a historic apology to California Native Americans and established a **Truth and Healing Council**.
- Most significantly, Newsom established the state's first **Racial Equity Commission** (with a September 2022 executive order). The 11-member commission is tasked with developing a statewide Racial Equity Framework (by April 2025) that will include:
 - Methodologies and tools that can be employed in California to advance racial equity and address structural racism.
 - Budget methodologies, including equity assessment tools, that entities can use to analyze how budget allocations benefit or burden communities of color.
 - Processes for collecting and analyzing data effectively and safely, as appropriate and practicable, including disaggregation by race, ethnicity, sexual orientation and gender identity, disability, income, veteran status, or other key demographic variables and the use of proxies.

The Commission is also charged with providing technical assistance and encouraging racial equity initiatives by local governments, and producing an annual report, beginning April 2026.

The design of the commission, however, falls short of its original conception as outlined in Senate Bill 17, which called for the creation of a Racial Equity Office that would have included accountability and enforcement mechanisms for power-sharing and transformative change (see [Appendix 3](#)).

- **The Governor's September 2022 Executive Order** also required California agencies and departments that are developing and updating their strategic plans between now and 2026 to more effectively advance equity and address identified disparities in these plans. The order directs these departments to engage and gather input from historically disadvantaged and underserved communities; to change their mission, values, goals, programs, and policies to serve all Californians more effectively; and to make their plans public.

The Executive Order also requires agencies to facilitate increased access for small businesses, tribal and community stakeholders to federal Infrastructure Investment and Jobs Act funds. The executive order, however, failed to define racial equity, acknowledge current and ongoing historic inequities or to provide increased contracting opportunities from federal funding sources beyond the Infrastructure Investment and Jobs Act. While the Governor does not have the authority to appropriate funds through executive action, the executive order does not direct specific existing resources in furtherance of its goals, nor does it commit to using the Governor's annual budget proposal to advance equity work.

It is important to note, however, that the FY 2023–2024 enacted state budget included statutory language, with a definition of racial equity, and budget resources to implement the Racial Equity Commission.

Equity Initiatives by California's Legislature

Over the last decade, California's state legislature has become increasingly diverse. Nearly half of the state's legislators are now people of color, with 25% Latinx legislators, 10% Black legislators, 9% Asian or Pacific Islander legislators 0.8% Native American legislators. In addition, women make up 47% of legislators, and LGBTQ+ individuals make up 10% of the legislature.

For this report, CPEHN interviewed 7 legislators (or their health staff), who all were legislators of color (see [Appendix 1](#)). The California State Legislature has demonstrated a commitment to working to advance more equitable policies in California.

- The State Assembly has a number of **select committees focused on racial equality**, including those on: Latina Inequities; Racism, Hate, and Xenophobia; Reparatory Justice; Status of Boys and Men of Color; and Workforce Development and Diversity in the Innovation Economy.
- In 2020, the California Legislature established the nation's first statewide **Reparations Task Force (Assembly Bill 3121)** to make recommendations for reparations to the state's African American community. The Task Force's 2022 interim report details the systemic anti-Black racism that has been pervasive and persistent throughout California's history, including the role of California state government in perpetuating that structural and institutional racism. Examples cited by the Task Force include the continued under-representation of Black physicians and medical students, persistent disparities in maternal and infant health outcomes, unmet mental health needs, and forced sterilization and unconsented medical experimentation on Black women and men.

- In 2021, the State Assembly passed **House Resolution 39**, which requires the Assembly to explore methods to integrate equity more formally into its daily activities, including the potential adoption of equity impact analysis into the existing committee and floor bill analysis process.
- In 2022, the State Assembly hired an **Equity Advisor** who reports to the Chief Administrative Officer and serves *"as the California State Assembly's lead on issues, policies, and activities related to diversity, equity, and inclusion (DEI)."* Specific job responsibilities include:
 - Monitoring and evaluating occupational areas to identify opportunities to increase inclusiveness of employees in various racial, ethnic, gender, and disability categories.
 - Developing, creating, and tracking DEI metrics.
 - Collaborating with Human Resources and Assembly offices to integrate diversity best practices in the workplace.
 - Establishing effective modes of communication to ensure staff are kept informed of the Assembly's ongoing DEI efforts.
 - Maintaining and developing relationships with colleges and universities, professional organizations, and public agencies.
- The Legislature passed specific legislation driving equity actions by state agencies and departments including:
 - **AB 133 (2021)**, which required the Department of Managed Health Care to convene its Health Equity and Quality Committee to establish enforceable standards and annual benchmarks for health and behavioral health plans to meet in order to improve quality and advance equity.
 - **AB 1204 (2021)**, which required the Department of Health Care Access and Information (HCAI) to convene a Hospital Equity Measures Advisory Committee to advise HCAI on required hospital equity measures to be included in annual reports due to the agency; the Advisory Committee will also be providing input into required reporting related to hospital community benefits.
 - In 2022, the Legislature advanced **Health4all**, effective January 1, 2024. The legislature is also working on expansive policies like Food4All and Safety-Net4All, though those are still in progress.



Equity Initiatives by the Strategic Growth Council

California's **Strategic Growth Council (SGC)** is a California state government cabinet-level committee within the Governor's Office of Planning and Research that is tasked with coordinating the activities of state agencies across a wide variety of objectives, including promoting public health and equity. Interviewees from CalHHS departments references their participation in several SGC initiatives as key to their equity efforts.

The SGC's 2019 **Racial Equity Action Plan (REAP)**¹⁰ defines racial equity as ensuring that all people "have the same fair opportunities for health and wellbeing regardless of place and race." The REAP was revised in 2021 to include more regular reporting and public discussion opportunities on the council's progress.

SGC's **Health in all Policies Initiative**¹¹ is a collaborative approach to improving health by incorporating health considerations into decision-making across sectors. In 2018, the SGC piloted the **Capitol Collaborative on Race and Equity (CCORE)**¹² to increase the capacity of state employees to engage in racial equity work (2018). Participants receive training and tools to apply to policy decision-making, programs, and budgeting. Support is provided through the SGC, the **Public Health Institute (PHI)**, and an external organization, Race Forward and its **Government Alliance for Race and Equity (GARE)**¹³ program. In 2021, CCORE completed a 15-month learning cohort with 25 California state entities, including most CalHHS agencies. (See [Tables 1 and 2](#) for more information on which agencies and departments are participating in CCORE).

More Work Needed by the Governor and Legislature to Advance Equity

Despite these promising efforts, much work remains to be done at the gubernatorial and legislative level to address equity. Specifically, our research identified four key areas of future focus.

1. **Require the use of racial equity tools.** The Governor should require all agencies and departments to use racial equity tools in developing and implementing their budgets, programs, and activities and to more proactively engage Californians served and partner with community-based organizations. The Legislature could adopt racial equity tools and analysis in developing and adopting the state budget, and in analyzing the equity impacts of all proposed legislation. For example, an equity impact assessment could be a requirement in all committee and floor bill analyses, and committees could specifically request testimony and public comments about the equity impact of each bill prior to voting on that bill.
2. **Increase hiring and training dedicated to advancing equity.** The Office of the Governor should dedicate additional positions to advancing equity (with positional authority) and should continue efforts to diversify the state government workforce, including the hiring, retention, and promotion of individuals with diverse lived experiences. In addition, there should be more comprehensive staff training on equity including the development and implementation of ongoing training about equity for the staff of the Legislative Analyst Office as well as Legislative member and committee staff.

3. **Require comprehensive, disaggregated data collection and analysis.** The state needs to do a better job of collecting data and analyzing racial disparities and gaps among Californians served by state government programs and service. This analysis needs to include evaluation of Californians who are eligible but not accessing available programs and services, including an analysis of the characteristics of these Californians including income levels, immigration status, race, ethnicity, geography, and other barriers to access and utilization. The Legislature could also do more to establish common standards and requirements for data collection and analyses about Californians served and meaningful community engagement.
4. **Strengthen accountability towards meeting concrete equity goals.** The Governor's Office should elevate the Racial Equity Commission to a Racial Equity Office with the authority to make real change through community stakeholder power-sharing. Additionally, the Governor should require state agencies and departments to work with the Commission to develop a standard definition of racial equity that acknowledges current and ongoing historic harms, and ties those harms to concrete plans to address them. The Governor and Legislature should work together to allocate ongoing state dollars and facilitate access to additional federal funds, beyond the Infrastructure Investment and Jobs Act to address disparities identified by the Commission.



CalHHS Actions to Advance Health Equity

The California Health and Human Services Agency (CalHHS) includes 12 departments tasked with administration and oversight of state and federal programs for health care, social services, public health, and rehabilitation. CPEHN's assessment of the state's approach to health equity focused on the 6 departments most directly involved with the financing and delivery of health care and advancing public health:

- Department of Public Health
- Department of Health Care Services
- Department of Health Care Access and Information
- Department of Managed Health Care
- Department of Social Services
- Department of Aging

Leaders of each of these Departments were interviewed for this landscape assessment (see [Appendix 1](#) for list of key informant interviewees).

CalHHS Guiding Principles

"Where equity is not just a word or concept but the core value."

"We must be a leader in the fight for equity and strive to create programs that address persistent and systemic inequities. The COVID-19 pandemic showed us how so many people are far behind and that the distance to make up to achieve equity is driven by historical, deep seated structural factors of racism, sexism and other forms of discrimination. In order to create a state where all of us can have a chance to thrive based on our efforts and hard work, we cannot allow certain groups and individuals to be disadvantaged because of the color of their skin, gender identity, sexual orientation, age or disability. We will seek to lift all boats, but some boats need to be lifted more."¹⁴

CalHHS has engaged in several strategies to advance health equity at the agency level, as well as within its departments. We assessed the agency's activities against our nine parameters. Highlights from our analysis of activities follow, starting with the areas where HHS has made good progress.

● Established Equity Strategic Plan

CalHHS requested and received \$500,000 through a Budget Change Proposal for fiscal year 2022–23 to develop an Equity Strategic Plan¹⁵ to help implement initiatives to reduce health inequities and disparities.

“Health equity has been a key focus of the Administration, and the COVID-19 Pandemic has accelerated the need for additional action. It is critical that Californians of all ages, abilities, and backgrounds have equitable access to the conditions that optimize health. This is especially critical for communities who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequities. To do this, CalHHS must work both internally and externally. CalHHS must make sure that all of its employees, as well as the individuals that it serves, are respected, valued, included, and safe to pursue healthy and meaningful lives. CalHHS also must make sure that its policies and programs are strategically aligned to further its equity goals.”

● Launched a Justice, Equity, Diversity, and Inclusion (JEDI) Workgroup

In 2021, CalHHS launched the JEDI workgroup, co-led by the equity directors of the California Department of Social Services (CDSS) and the California Department of Public Health (CDPH). The workgroup meets quarterly and includes chief equity officers and subject matter experts from all CalHHS departments.

The workgroup’s goals are to improve data collection and measurement; develop an agency and department equity dashboard; implement diversity, equity, and inclusion trainings; and ensure language access. To date, the workgroup has provided education around racial equity, targeted universalism, equity allocation formulas, and equity based on place, income, and race.

● Participated in Capitol Collaborative on Race and Equity (CCORE)

In the fall of 2021, CalHHS asked all its departments to begin participating in the Capitol Collaborative on Race and Equity (CCORE). Through CCORE, participating staff receive training, racial equity tools to apply to policy decision making, program planning, and budgeting, and support to develop racial equity action plans (REAPs). While this is an important first step, participation is still voluntary and not supported by a centralized, coordinated, or sustained budget. The Public Health Institute (PHI) conducted a detailed assessment of the state’s involvement with CCORE and made several meaningful recommendations, including setting clear expectations that REAPs are accountability tools and provided technical assistance to agency staff developing REAPs. (See [Appendix 4](#) for more of their recommendations.)

● **Directed All Departments to Appoint a Senior Leader as a Chief Equity Officer**

In the fall of 2021, CalHHS directed all its departments to appoint a senior leader as a Chief Equity Officer. The agency also created such a position at the agency level. However, this agency Chief Equity Officer was not hired until February 2023.

● **More Work Needed by CalHHS to Advance Equity**

Despite the progress made towards health equity through these initiatives, there remains much work to do. Specifically, our research, conversations with key informants, and landscape assessment identified three primary areas of focus.

Define Racial Equity

Our research and key informant interviews revealed that CalHHS and its departments do not have a common definition of racial equity or health equity. In fact, some departments have yet to define equity at all.



It is important for us to clearly define equity to ensure that our collective work meaningfully drives change. We cannot conflate equity with equality, and we must look to address the disparities in our data not only related race or ethnicity, but also sexual orientation, gender identity, and disability. Ensuring that our team and our partners are working from a common set of definitions gives us the opportunity to make greater progress together.

– Marko Mijic, Undersecretary, California Health and Human Services Agency



Recruit, Hire, and Develop a Workforce that Reflects the Populations Served

CalHHS and many of its departments are finding a mismatch between their existing staff and the staff needed to advance health equity (i.e., staff who understand inequities and have experience and expertise in developing and implementing strategies, programs, and activities to address those inequities). Those leading this work understand that this is not simply increasing surface-level diversity in hiring, (e.g., hiring more people of color) but changing fundamental approaches to human resource development to value elements of job applicants' backgrounds that traditionally have not been valued (i.e. lived experiences, working relationships with communities and populations served, etc.). If doing health equity work means transforming existing systems, policies, and processes, then the goal is not just having a more demographically diverse workforce doing the same things, but bringing in diverse staff that will do things differently (i.e., be more inclusive, and prioritize and operationalize equity).



Our people in government are our strongest asset. We must do better at recruiting individuals that are representative of the communities we serve. We also must create the conditions that allow individuals with lived experience to not only be hired within state service, but also succeed in state service. Ensuring that our workforce is diverse and inclusive enables us to better serve California.

– Marko Mijic, Undersecretary, California Health and Human Services Agency



Some key informants noted the importance of training and capacity-building approaches to support these changes in human resources policies, which include changing job descriptions, recruitment, diversity of interview panels, and interview questions.

Other key informants stressed the importance of providing education, training, and support for existing staff in how to use and implement diversity, equity, and inclusion (DEI) frameworks, tools, and skills is also vitally important.

Dedicate Resources to Advancing Health Equity

Very few California agencies and departments have budget line items focused on advancing equity, with the exception of the designated equity staff positions.

However, without specific budget support for agencies and departments to advance equity, any equity plans and strategies will be less meaningful and less likely to succeed. Since equity requires transformational work – and the shifting of resources away from “business as usual”, there is still much work for California agencies and departments to move from words to actions – and measurable impact – in advancing equity.

CalHHS Department Actions to Address Health Equity



In addition to assessing activities to advance racial equity at the agency level, we conducted detailed research and analysis of the six CalHHS departments most focused on health care (see [Table 1](#)).

This chapter focuses on notable activities to advance health equity undertaken by individual departments.

California Department of Public Health

The California Department of Public Health (CDPH) has done the most long-standing and visible work on health equity of any of the CalHHS departments.

- In 2009, CDPH launched **California Reducing Disparities Project (CRDP)** with the goal of achieving mental health equity for five priority populations in California: African American, Latino, Native American, Asian and Pacific Islander, and lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals. The first phase of the CRDP focused on developing population specific knowledge about mental health challenges and community-defined solutions. In the second phase, 35 community-based organizations were funded to conduct and evaluate population specific approaches to mental health.
- Beginning in 2012, CDPH also led efforts to develop a state health needs assessment and improvement plan, **Let's Get Healthy California**, adopted in 2014. Although the term “health equity” was not included in the plan, concepts such as providing easy access to “high quality health care that meet physical, cultural, and language needs” was a key strategy throughout the plan.¹⁶
- In 2012, CDPH established the first **Office of Health Equity (OHE)** in the state through legislation sponsored by CPEHN, and the first OHE director was appointed in 2013.¹⁷ Jamal Miller played a key leadership role in reducing health and mental health disparities experienced by vulnerable communities in California through building cross-sector partnerships.
- To date, the CDPH is the only CalHHS department that has published a strategic plan or workplan focused on equity. In addition, we understand that the CDPH also has developed a **Racial Equity Action Plan**, but has yet to make it publicly available.
- In 2020, CDPH developed the **Organizational Assessment of Equity Infrastructure** tool, to assist its local health department partners to meet the historic and unprecedented challenges of COVID-19.
- Most recently, the CDPH implemented its \$2.6 million **California Equitable Recovery Initiative (CERI)**, with grantmaking through The Center at the Sierra Health Foundation. Grants of up to \$300,000 will be made to advance work to close racial, ethnic, and other disparities related to COVID-19 and associated chronic conditions. Community-based organizations can use the funding for projects to reduce underlying inequities that have contributed to disproportionate harm from COVID-19 among certain communities.¹⁸

Department of Health Care Services



DHCS' health equity roadmap is intended to center the voice of members and communities. We're listening to people who are accessing Medi-Cal benefits and services, and working to reach those who are not, to understand what their barriers are to access and utilization. Our primary goal is to get people the care they need when they need it in the right setting.

– Pamela Riley, MD, MPH, Chief Health Equity Officer & Assistant Deputy Director, Department of Health Care Services



As California's Medicaid agency, the Department of Health Care Services (DHCS) finances and administers California's health care safety-net which provides medical, dental, mental health, substance use treatment services and long-term care. About one-third of Californians receive health care services financed or organized by DHCS, making the department the largest health care purchaser in California. Medi-Cal provides health coverage for 15 million beneficiaries.

While DHCS has yet to define equity, the department has recently implemented several strategies focused on advancing health equity.

- In May 2022, DHCS hired Pamela Riley, MD, MPH, as the department's first Chief Equity Officer.
- DHCS is currently working on a **health equity roadmap** that will have an explicit focus on advancing racial equity and advance a shared definition of health equity for the department.
- Additionally, DHCS is in the process of updating its **strategic plan**:

Medi-Cal provides health coverage for 15 million beneficiaries.



As part of our current update of DHCS' Strategic Plan, health equity is a core focus. We are working with programs across our Department to develop guiding principles so our internal Diversity, Equity, and Inclusion initiatives and our programmatic efforts are laser focused on advancing health equity.

– Pamela Riley, MD, PHD, Chief Health Equity Officer & Assistant Deputy Director, Department of Health Care Services



- DHCS recently launched a **Medi-Cal Consumer Advisory Committee** that is comprised of Medi-Cal beneficiaries in an effort to employ more inclusive decision-making processes.
- DHCS has also implemented several specific Medi-Cal initiatives focused on health equity:
 - **CalAIM** will require Medi-Cal managed care plans to proactively address the health needs and preferences of Medi-Cal beneficiaries across the continuum of care, using a **Population Health Management** approach. As part of Cal-AIM, Medi-Cal managed care plans (MCPs) are encouraged to offer tailored interventions through Community Supports, such as housing services, asthma remediation and medically tailored meals, to address the social drivers that impact overall health and wellbeing. In addition, the highest need members will be designated as “populations of focus” and will receive intensive in-person case management through **Enhanced Care Management (ECM)**.
 - CalAIM also includes important changes to behavioral health in Medi-Cal, updating eligibility criteria, screening procedures, and documentation to reduce barriers to mental health and substance use disorder services, including optional consolidation of activities into a behavioral health MCP with a value-based payment system and the provision of a “no wrong door” policy to quickly connect Medi-Cal members to behavioral health services, regardless of where they initially seek care.
- For the first time, health systems will be able to bill for services provided by community health workers and doulas who will be instrumental in connecting members to care.
- Beginning in January 2024, all income-eligible adults residing in California, regardless of immigration status, will be eligible for Medi-Cal.
- DHCS has made changes to Medi-Cal managed care plan contracts (2022) including:
- Requiring MCPs to routinely and publicly report on access, quality improvement, and health equity activities.
- Linking plan payment to quality and equity for the first time. MCPs must identify physical and behavioral health disparities and inequities in access, utilization, and outcomes by race, ethnicity, language, and sexual orientation. And plans must implement focused efforts to improve health outcomes within the most impacted groups.
- Mandating that MCPs and any subcontracted health plans achieve **National Committee for Quality Assurance Health Equity Accreditation**.
- Requiring MCPs to have a Chief Health Equity Officer.

Department of Health Care Access and Information

The California Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development, oversees the collection and reporting of data from the state’s health care sector, including health plans and hospitals, analyzes the cost and affordability of health care, and provides planning and support for the health workforce.





This is a moment in time to address structural racism, to work on racial equity. Our hearts were broken about George Floyd, a reality that people of color always knew. And then the realities of COVID-19 reinforced the inequities. We need to be bold and take risks; and be OK about making mistakes. Even in the CCORE conversations, staff has asked why we have to notice race; the answer is that we still have work to do [on structural racism]...we are bringing equity both to the workplace and in our programs, we still are at the beginning of this work to normalize equity, especially racial equity. For example, this year 100% of staff are required to have an implicit bias 101 training, and a 201 training on mitigating bias.

– Elizabeth Landsberg, JD, Director, Department of Health Care Access and Information



Over the last several years, HCAI has engaged in several activities to promote health equity, including:

- Hired a Chief Equity Officer, Elia Gallardo, JD, in 2022.
- Updated HCAI's mission and vision to include equity. HCAI is also advancing health equity as a strategic priority, by having department leadership formally sponsor the work and champion it through staffing and budget commitments. The Chief Equity Officer for HCAI told us: *"This [support for equity] is coming from the leadership of our department, one of the executive sponsors of this work is the director. Equity work is in both our backgrounds, in our nature, we are 100% in, and being brave."*
- Convened a **Hospital Equity Measures Advisory Committee** to identify health care quality measures for hospitals to report progress on equity goals. The reports are mandated by Assembly Bill 1204 (2021), and the first hospital equity reports will be due in September 2025. The HCAI Committee has recommended structural measures of hospital equity based on Centers for Medicare & Medicaid Services measures, Joint Commission hospital accreditation requirements, and common hospital quality measures (such as all-cause readmissions and items from the Consumer Assessment of Healthcare Providers and Systems (CAHPS)). The committee's recommended measures are currently under review and will be implemented by HCAI through regulations.
- HCAI is currently in the process of updating its community benefits requirements for hospitals to address the needs of an expanded list of *"vulnerable populations,"* which includes racial and ethnic groups experiencing disparities health outcomes, the unhoused, people with disabilities, people identifying as LGBTQ+, people with limited English proficiency, and other socially disadvantaged groups (also required by Assembly Bill 1204 2022).
- HCAI's goals in workforce development includes increasing the diversity and language concordance of the health care workforce to better align with California's population. To this end and despite the limitations imposed by anti-affirmative action policies such as Proposition 209, HCAI includes criteria in awarding its grants, scholarships and loan repayment to support historically marginalized and underrepresented communities in the health professions.

- In 2022, the California Health Care Quality and Affordability Act (SB 184) established the **Office of Health Care Affordability** within HCAI. The HCAI director told us: “equity will be part of the work of the Office of Health Care Affordability, because we can’t limit cost growth at the expense of equity or quality”. The Board recently appointed the Health Care Affordability Advisory Committee which will provide input to the Board on topics ranging from spending targets to benchmarks for adoption of alternative payment models. Equity will be an important component of this work.
- HCAI is also reviewing all its data products to add stratifications by race and ethnicity and other equity variables.

Department of Managed Health Care



The DMHC has prioritized improving the equitable delivery of high-quality care for all Californians, especially members of historically marginalized communities. The Department will hold health plans regulated by the Department accountable for delivering quality care to enrollees in more equitable and meaningful ways. Within our Department, we are building a culture of inclusion and belonging within our diverse workforce through education and the celebration of our employees’ cultures, understanding the internal environment we create positively impacts the external work we do.

– Mary Watanabe, Director, Department of Managed Health Care



The Department of Managed Health Care (DMHC) is a unique California state government agency that licenses and provides oversight of managed care plans and their contracted provider networks.

In 2022, DMHC convened a **Health Equity and Quality Committee** to identify health care quality measures for health plans to report progress on advancing health equity, as required by law (AB 133). In December 2022, this committee recommended 13 quality measures to be reported by all DMHC-regulated health plans, with performance data stratified by health plan member demographics.

Most significantly, the Committee recommended holding all health plans to the same quality performance benchmark (either the 25th or 50th percentile of the performance of national Medicaid plans), regardless of line of business. This would be a first-in-the-nation approach of holding health plans accountable for the same quality performance across Medicaid, the Affordable Care Act (ACA) state health insurance marketplace, and commercial insurance.

The DMHC adopted the Committee’s recommended 13 measures and is requiring that all health plans report initial data, stratified by race and ethnicity, beginning this Measurement Year 2023. Additionally, under AB 133, DMHC has hired ongoing, dedicated positions focused on equity and quality to advance this work.

Department of Social Services

The California Department of Social Services (CDSS) oversees cash assistance, food and nutrition, children, adult, and family support services (including foster care and adoption).¹⁹ CDSS also administers programs for immigrants and refugees, individuals who are deaf or visually impaired, victims of human trafficking and disasters, and individuals who are homeless, unhoused, and have insecure housing.

“

All our work is related to equity, because of our goal and mission – whether it be related to service of people in poverty, disability/ability, older adults, housing, homelessness – the root causes are structural racism and equity....if we are doing our jobs, we are improving outcomes for the lives of those that we're serving. And by virtue of doing that, we are addressing some inequities that are presently embedded into the system.

– Kim Johnson, Director, and Marcela Ruiz, JD, Director, Office of Equity,
Department of Social Services

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In July 2020, CDSS created its Office of Equity. In 2021, CDSS adopted a **racial equity action plan** with the following priorities:

- Foster a culture of diversity and inclusion within CDSS
- Use CDSS data to make inequities visible
- Advance equity through training, tools, and technical assistance
- Improve language access and access for communities with disabilities
- Support on-going partnerships with those communities most affected by inequities

CDSS has created four subcommittees charged with implementation of its racial equity action plan.

Communications and Training	This subcommittee seeks to ensure that CDSS employees understand and are committed to achieving racial equity, gathering input through an employee racial equity survey and developing a training program on racial equity and inclusion for CDSS staff.
Language Access	This subcommittee works to guarantee that language will not be a barrier to full participation in CDSS programs. Planned actions include review of CDSS's interpretation and translation practices, evaluation of our community partnerships, and recommendation of a language access framework to be applied to programs and activities department-wide.

Workforce Equity	This subcommittee's goal is for CDSS to employ a diverse workforce at all levels that is reflective of the population we serve and afford staff equal upward mobility and career growth opportunities. They will collaborate with relevant CDSS branches and internal stakeholders to actualize the Department's commitment to hiring a diverse workforce and ensure all existing staff are educated and have resources on upward mobility options and civil service laws and rules.
Data	This subcommittee seeks to ensure that CDSS utilizes agency-wide data to meaningfully inform strategies for advancing racial equity, including improving awareness by collection and analysis of racial equity survey data, and developing data usage and education across the department.

Department of Aging

The California Department of Aging (CDA) oversees programs that serve older adults, adults with disabilities, family caregivers, and residents in long-term care facilities throughout California, administering federal and state funding. CDA contracts with a network of **33 Area Agencies on Aging**, who manage a wide array of federal and state-funded services that provide meals, help finding employment; supportive services to assist older individuals as well as younger adults with disabilities to live as independently as possible; promote healthy aging and community involvement; and support family members in their vital care giving role.

The CDA has hired an Equity Officer and a Tribal Affairs Liaison and prioritized equity in aging in its **Master Plan for Aging**,²⁰ to ensure all Californians have access to opportunities and services to live how and where they choose, regardless of age, disability, race, ethnicity, immigration status, and other demographic characteristics. The Master Plan for Aging is guided by the Equity Advisory Committee on Aging and Disability made up of 22 subject matter experts with lived experience. The department also created a **Direct Care Workforce Initiative**²¹ that focuses on the support of older workers doing direct care. These workers primarily identify as Black, Latino, Asian American, and Pacific Islander. CDA also convenes with experts within specific populations, including Limited English Proficient (LEP), farmworkers, LGBTQ+ and Native American communities, to ensure that the work of CDA serves these communities.

Other Health-Focused California Agencies and Departments



Beyond CalHHS departments, CPEHN evaluated 3 state agencies and departments focused on health care purchasing and regulation.

- Covered California
- California Public Employees' Retirement System
- Department of Insurance

See [Table 2](#) for our assessment of the activities of these agencies to advance health equity.

Covered California

Covered California is California's state health insurance marketplace established by the **Affordable Care Act**.²² Covered California provides health insurance for more than 1.7 million Californians.²³



Equity is core to Covered California's mission and incorporated in everything we do, from outreach, marketing, and enrollment to our disparities reduction requirements for health plans. Equity was part of our early vision and has been foundational to nearly all our programming and activities since. Over the past ten years, the organization has continued to invest in areas that will enhance our ability to better understand and dive deeper into communities, and strengthen the bridge between health insurance and access to equitable, quality and affordable care

– Taylor Priestley, Deputy Director Health Equity & Quality Transformation, Health Equity Officer, Covered California

- In 2017, Covered California created its **Health Equity Officer** position, initially focused on outreach, education, and enrollment. In 2018, the position was moved to plan management, and now focuses on health disparities reduction and addressing the social determinants of health.
- Covered California has continued to add staff members focused on health equity and now has an entire **division focused on health equity and quality**, where quality improvement and disparities reduction are not separate; it hopes to continue to grow the team as health equity requirements continue to be included in Covered California's contracts with its qualified health plans.
- Covered California has developed a formal diversity, equity, and inclusion (DEI) roadmap, and includes DEI questions about hiring, training, and organizational culture in its annual employee survey.²⁴

- Aligned with DHCS, Covered California requires their contracted health plans to achieve **National Committee for Quality Assurance (NCQA) Health Equity Accreditation**. The NCQA HEA standards include requirements for demographic data collection (race, ethnicity, language, sexual orientation, and gender identity), culturally responsive provider networks, language access services, culturally and linguistically appropriate services, and identification and reduction of health care disparities.²⁵
- Covered California is requiring their contracted health plans to report many of the same health plan quality measures as DHCS, to stratify plan data by member demographics (race, ethnicity, language, and eventually sexual orientation, gender identity, and disability as more demographic data is collected and available), and to compare with specific goals, incentives, and penalties to reduce identified disparities.

California Public Employees' Retirement System

The California Public Employees' Retirement System (CalPERS) provides health insurance for over 1.5 million California state and local government employees, retirees, and their families.²⁶



Exceptional care includes equitable care, so it's baked into our mission; you can't have high quality care for all if some individuals are treated less equitably.

– Adrian Naidu, Health Equity Officer, CalPERS



CalPERS does not currently include equity in its mission, but equity is integrated throughout CalPERS 2022–2027 strategic plan and is a focus of the health program's strategic goals. The agency expects that its health equity staff will grow in the near future as its work on health equity with its contracted health plans increases, in alignment with health plan contract requirements from Covered California and Medi-Cal. CalPERS is working to align health plan contract requirements related to quality, equity, and member engagement with DHCS and Covered California. The agency hired a Chief DEI Officer in 2021, and conducts staff and board trainings on implicit bias. Staff noted that because the CalPERS budget is not dependent on the legislature, it can be more nimble in making changes in its organizational culture.

California Department of Insurance (CDI)

The CDI, as regulator of insurance plans, protects Californians from excessive or discriminatory insurance rates and any unfair practices. CDI oversees more than 1,400 insurance companies and licenses more than 485,000 insurance agents, brokers, adjusters, bail agents, and business entities.²⁷ The agency views health equity in a broad sense that includes historically disadvantaged groups, such as undocumented and LGBTQ+ populations, as well as racial groups. CDI has 8 full-time staff, led by Insurance Commissioner Ricardo Lara, devoted to work on health equity.

The CDI is implementing an **Insurance Diversity Initiative Strategic Plan**,²⁸ which encourages procurement from diverse suppliers and enhanced diversity among insurer governing boards. The department participates in the **National Association of Insurance Commissioners (NAIC) Special Committee on Race and Insurance**,²⁹ where it is working to lower the cost of health care and to promote access to care and coverage. The work has a specific focus on people of color, low-income and rural populations, and historically marginalized groups, such as the LGBTQ+ community, individuals with disabilities, and Alaska Native and other Native and Indigenous people. The committee is also researching health care disparities and insurance responses to the COVID-19 pandemic and its impact across demographic populations.



Recommendations

CPEHN used the information from our key informant interviews and our research to develop recommendations for how health-focused California agencies and departments, and the California Legislature, can best advance equity, including health and racial equity more specifically. CPEHN has identified seven key strategies that will help transform how California state government defines, operationalizes, and holds itself accountable for achieving health equity and racial equity.

1. Establish Common Definitions of Equity and Racial Equity



Our assessment uncovered variation in the way each state agency or department defines equity, with some not defining equity at all. Among those that do define equity, some explicitly integrate racial equity in their definitions while others take an overly broad approach by including other drivers (e.g., regional, gender-based disparities) and areas beyond health. While a focus on the intersectionality of inequities is important, an explicit focus on racial equity is needed to address inequities for communities of color.

The lack of uniform definitions for equity and racial equity threatens to dilute the power of interventions intended to right historic wrongs and undermine progress in meeting the state's aspirational equity goals.

Specifically, an effective definition of equity must:

1. Explicitly include racial equity in the definitions of both equity and health equity.
2. Define racial equity in a way that is actionable rather than just aspirational.

California can look to equity and racial equity definitions established by the Biden Administration, Oregon, and Washington (see [Appendix 5](#)). The Oregon Health Authority's definition of health equity is notable because it explicitly calls for the redistribution of both decision-making power and resources.

Health equity and racial equity should also be explicitly included in the mission, vision, and values of every agency and department. Governor Newsom's Executive Order requires California agencies and departments to embed health equity and racial equity in their strategic plans. However, this directive only applies to those involved in strategic planning through 2026 and should be extended beyond 2026.

2. Strengthen Public Accountability for Meeting Concrete Equity and Racial Equity Goals

Numerous California state departments are now participating in equity initiatives such as CCORE, and many agencies are beginning to train their staff on the importance of equity, establish equity offices, and review hiring practices to prioritize staff with lived experience. However, during our key informant interviews, we were not able to gain a clear understanding of how agencies are measuring success.



More agencies are developing **Racial Equity Action Plans (REAPs)**; however, many of these plans have yet to be shared publicly. There should be a statewide directive that these plans need to be made publicly available, and updated regularly. Some agencies may develop both a public and an internal REAP, which can be helpful if there is not staff buy-in and/or components of the plan require statutory changes or approved funding before they can be made public. REAPs shared with the public must contain clear, actionable goals and identify key staff contacts responsible for advancing equity to function properly as an accountability tool.

Public health advocates have pointed to the importance of storytelling with data and the need for increased communication on racial equity work within state government. This heightened visibility will encourage greater staff commitment to equity goals while allowing staff to better visualize their role and responsibility in prioritizing racial equity and encouraging *“friendly competition and collaboration”* across departments and agencies. Agencies shared a desire for technical assistance on how to message equity initiatives, *“Packaging the work in a way that’s understandable is where we fail miserably.”*

Across all public-facing communications, standards for cultural and linguistic access, access for individuals with disabilities, and appropriate literacy must also be established and enforced.

Beyond public communications, California agencies need to be held accountable for their specific efforts to advance health equity.

3. Hire Staff and Leaders with Lived Experience and Expand Training Opportunities



Hiring individuals with lived experience can have a profound impact on state programmatic policies and priorities. This is important for programmatic work, but also for internal staff development work. The Administration can help provide additional resources, support, and coordination of this work, especially by creating a standard definition of *“lived experience,”* developing qualifications for job descriptions, and providing guidance on how to evaluate that experience in the recruiting and hiring process.

The Governor's executive order includes an important directive for the California Department of Human Resources (Cal-HR) to report and analyze existing detailed state employee data, and collect new data on employee demographics, collect hiring and vacancy data from agencies and departments, identify critical hard-to-fill positions, and create new pathways and/or apprenticeship opportunities for new and existing employees to qualify for these positions. For these pathways to be effective in recruiting, hiring, and retaining staff with lived experience, there must be adequate resources to support these opportunities, including training for hiring managers, and continuous monitoring and public reporting on progress towards achieving these goals. Legislative leaders could be good partners and advisors to the state on hiring and other practices at CalHR including through hosting informational sessions for prospective job applicants with state agencies to make state hiring practices more accessible.

100% of staff should be provided training on racial equity, diversity, and inclusion, and trauma-informed policies and practices.

California's CCORE initiative should be expanded to other agencies and departments; every agency and department should have a CCORE project. Either as part of CCORE or through other HR and DEI efforts, 100% of staff should be provided training on racial equity, diversity and inclusion, and trauma-informed policies and practices. Managers and supervisors should be provided additional training on hiring, supporting, and managing diverse teams, inclusive practices, and integrating equity into programmatic and operational work.

Training similar to CCORE also should be provided to all legislative staff. Additionally, training opportunities must also be extended to and supported for county partners.

4. Develop and Enforce Standards for Collecting and Reporting Demographic Data

Our interviews highlighted the lack of clear and consistent state standards for demographic data collection and reporting across agencies and departments. Despite equity being "baked" into the mission of various agencies and departments, collection of disaggregated data is still a major challenge. For example, even now, advocates are still not able to access disaggregated data on Medi-Cal enrollment, making it impossible to evaluate the degree to which the state's navigator program is reaching vulnerable communities.

Additionally, the availability of healthcare quality data disaggregated by race, ethnicity, and other variables is limited, making it difficult for the state to hold health plans that receive public dollars accountable for providing quality, culturally and linguistically competent care. Similarly, our team's initial review of the CDSS CalFresh food assistance program data dashboard did not allow us to access demographic data and the CDPH's COVID-19 data is still lacking the level of detail needed to identify and address disparities for smaller populations.





California's new **Data Exchange Framework** is an important step towards standardizing demographic data categories. This framework should include standards for collecting, reporting, and managing race, ethnicity, and other demographic data, metrics for measuring and tracking equity in state services and programs, and service delivery standards to support equity.

In addition, state agencies should be required to update public data and dashboards, and make sure such information is accessible, health literacy and numeracy-appropriate, and user friendly. And state agencies and departments should partner with researchers to make such data and information available more readily to researchers and the public.

5. Establish Robust, Authentic Community Partnerships

Our assessment revealed limited engagement of communities and individuals served in informing health care programs and racial equity initiatives. Authentic and ongoing community engagement is critical to informing the work of state agencies and departments as communities bring their lived experiences to such work and should have a voice in the design of programs meant to serve them.

While the Governor's executive order directing agencies to include stakeholder engagement in their strategic planning is an important step, there must be clear guidance and standards on what that engagement should look like.

The launch of DHCS' new **Consumer Advisory Committee** will provide an important opportunity for communities and individuals that have been historically marginalized to play an active role in informing and designing DHCS programs. However, all state agencies need to actively create and support more opportunities for authentic and deep engagement between state government – staff, advisory boards, commissions, and workgroups – and community stakeholders. And agencies need to make it easy for interested individuals to become involved, through clear and transparent information and external communications about stakeholder opportunities.

The Office of the Governor and state agencies and departments can learn from partners in the state Legislature, who regularly engage with their communities through district meetings, site and facility visits, and public townhalls, as well as informational hearings and committee hearings at the state Capitol. The State should consider ways to better leverage multiple types of stakeholder engagement strategies, and possibly partner with their counterparts in the Legislature to expand forums for this type of feedback.

To truly encourage community engagement, the state needs to commit ongoing resources and create incentives. The Administration should include **Health Equity and Racial Justice (HERJ)** funds in the state budget for local health jurisdictions to build stronger ongoing relationships with local community-based organizations, especially those led by and serving diverse racial, ethnic, and other demographic populations. In addition, state contracts with county partners should incentivize counties to partner with local communities and stakeholders more broadly to achieve more equitable health outcomes.



6. Commit Ongoing, Meaningful Resources to Address Historic Harms

The most effective approaches to addressing health inequities require explicit consideration of structural inequities and systemic racism. While short-term solutions such as convening the Governor's Racial Equity Commission can help to better target interventions in the short-term, longer-term investments and commitments are needed to dismantle systemic racism.

State agencies and departments should continue to make tangible budgetary investments to address systemic racism, including allocating funds for recommendations tied directly to the findings of the state's **Reparations Task Force**, and continuing to invest directly in community supports such as health care subsidies, services and navigation, and housing and food assistance.

Policymakers must work to identify and amend laws and regulations to facilitate greater investment into strategies that directly address racism. This includes repealing laws such as Proposition 209, which are often cited as barriers to creating public policies that acknowledge and address structural inequities.

7. Ensure all Eligible Californians Access Services

As a final activity to address health equity and racial equity, California needs to do more to ensure access for all Californians to the state's health care programs and services. Many state programs – including **Medi-Cal**, **Covered California**, **CalFresh** – have a significant number of “*eligible but not enrolled*” Californians yet no publicly available, year-over-year targets that demonstrate the state's progress towards reducing those numbers. Explicit and funded state government support for enrollment into California programs and services is needed not just when there are new programs or changes in eligibility, but on an ongoing and comprehensive basis. There will never be full equity if not all eligible Californians are successfully accessing the services that they need.

There will never be full equity if not all eligible Californians are successfully accessing the health care services that they need.

Some key informants observed the continuing regional inequalities in a state as large and geographically diverse as California, with rural and less populated areas often underserved.

Several key informants raised the issue of ensuring language access to all California programs and services. While some departments such as the **Department of Health Care Services** have prioritized language access, there is no statewide language access plan, no coordination of interpreter services, and no standardized processes for translations or development of alternate formats for the hundreds of state government application forms, notices, and other vital communications required for Californians applying for and receiving state government services. There is no overall accountability for how California agencies and departments address language access needs, and no consequences within state government when language access continues to be a barrier to access.

In addition, California agencies and departments need to do more to ensure that people of color, immigrants, Limited English Proficient, LGBTQ+ and persons with disabilities understand their eligibility for public programs and services and utilize those services by providing such information through culturally and linguistically appropriate messages, formats, and channels. The state's experience with COVID-19 provides examples about what is needed to effectively reach diverse Californians with public health and education messages. This experience highlighted the importance of communications that are in multiple languages and formats, leverage social media, and are widely disseminated through multiple channels, ethnic media, and trusted community-based organizations and messengers.

Conclusion

This landscape assessment has documented the increased interest and significant activities by the state of California and its health and human services agencies and departments on issues of health equity, racial equity, and equity. However, the explicitness and centrality of equity – especially racial equity – remains uneven across these agencies and departments. While there are emerging best practices for how to develop and implement a strategy to advance equity, no agency or department has established a comprehensive approach that could be lifted up as a model or template for other agencies and departments.

This landscape assessment also highlighted the importance of a “*whole-of-state-government*” approach to advancing equity. While Governor Gavin Newsom has shown ground-breaking leadership apologizing to and beginning healing with California Native Americans and supporting the exploration of reparations for California African Americans, his September 2022 executive order on equity is limited in its scope and application. Compared to other states such as Oregon and Washington, California state government’s chief executive could be doing much more to lead this work.

Our landscape assessment underscored the critical role that the California Legislature has in advancing equity. Through legislation mandating state agency and department actions, budget allocations, and oversight activities, the Legislature provides leverage, support, and accountability for these equity activities.

Finally, while equity definitions, frameworks, assessments, tools, strategies, and measures are vital, achieving progress on advancing equity will require more than these technical and incremental solutions. Achieving equity will require a fundamental transformation of state government and its relationship with the people of California. For California health and human services agencies, this requires a foundational shift away from “*providing services to those in need*” to partnering with Californians who have been underserved and poorly served to co-design, implement, and evaluate initiatives, programs, and services that will address the root causes of their needs. This needs to include structural racism, generational wealth gaps, and other systemic exclusions and marginalization. Until California state agencies and departments begin to share their power and resources with the Californians they are charged with serving, any work around equity will be well-intentioned but the impact on the lives and futures of Californians will be limited. This assessment has documented the initial actions that some California agencies and departments have taken to advance equity. These actions need to be amplified, replicated, and sustained to achieve equity for the diverse people of California.

Acknowledgements

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About the Authors: The California Pan-Ethnic Health Network (CPEHN) is a multicultural health policy organization dedicated to improving the health of communities of color in California. CPEHN’s mission is to advance health equity by advocating for public policies and sufficient resources to address the health needs of the state’s new majority. We gather the strength of communities of color to build a united and powerful voice in health advocacy. More about CPEHN can be found here: www.cpehn.org

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California Pan-Ethnic
HEALTH NETWORK

TABLE 1: CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY AND ITS DEPARTMENTS EQUITY INFRASTRUCTURE JULY 2023

	Health and Human Services Agency*	Department of Public Health	Department of Health Care Services	Department of Health Care Access and Information	Department of Managed Health Care	Department of Aging	Department of Social Services
Includes Equity in Strategic Plan	Yes	Yes	Yes	Yes	No, but forthcoming	Yes	Yes
Has Racial Equity Action Plan	No, but in development	Yes, but 2017-2021 Racial and Health equity Action Plan is not publicly available; update in development	No, but forthcoming	No, but in development	Yes, but not publicly	Yes	Yes
Participates in Capital Collaborative on Racial Equity (CCORE)	Yes	Yes, and co-chairs JEDI workgroup	Yes	Yes	No	Yes	Yes, and co-chairs JEDI workgroup
Has Health Equity Officer/ Equity Officer	Daniel Torres	Rohan Radhakrisna	Pamela Riley	Ella Gallardo	Anna Wright	Marina Castillo-Augusto	Marcela Ruiz
Has Additional Staff Dedicated to Equity (FTEs)	Yes, within various departments	OHE has 42 staff and is growing, and dedicated equity positions across the department including 9 Equity Liaisons (8 currently hired) within other Centers and Offices	5 FTEs from various offices	Health Equity Coordinator and numerous FTEs	3 FTEs	3 FTEs, including Tribal Engagement Liaison	7 FTEs
Provides Equity Training to Staff	Yes	Yes	Yes, online DEI trainings available to staff	Yes, including mandatory training on implicit bias and on agenda of staff meetings	Yes, through learning management system and Racial Equity and Disability Advisory Committee	Yes, through CCORE	Yes
Includes Budget Line for Equity (besides staffing)	Yes	Yes, e.g., California Reducing Disparities Project	Yes	Yes, embedded in programs and trainings	Yes, for contractor to support Health Equity and Quality Initiative	No	Yes, for training and consultants
Collects and Publicly Reports Demographic Data About Californians Served	Yes, some departments and programs	Yes, for some programs such as California Reducing Disparities Project	Yes, about Medi-Cal enrollees, starting to disaggregate managed care plan quality data	Yes, about patients and suppliers from hospitals and other health facilities, and from the healthcare workforce	Yes, about health plan members from health plans	Yes, included in Data Dashboard for Aging	Yes, for some programs
Engages Community /Stakeholders on Equity	Yes, Stakeholder Advisory Groups and Children and Youth Behavioral Health Initiative listening sessions	Yes, Office of Equity Advisory Committee (other groups include Office of AIDS, Sexually Transmitted Diseases Branch, Tobacco Education, Research Oversight Committee)	Yes, Stakeholder Advisory Groups	Yes, Advisory Committees	Yes, Equity and Quality Measures Advisory Committee and Equity in Action Committee	Yes, Equity Advisory Committee in Aging and Disability	Yes, varies by program

Table 1: California Health and Human Services Agency and its Departments Equity Infrastructure July 2023

*Note: The California Health and Human Services Agency (CalHHS) oversees a total of 12 departments that are tasked with administration and oversight of state and federal programs for health care, social services, public health and rehabilitation. CPEHN's assessment of Cal-HHS focused on 6 departments most directly involved with the financing and delivery of health care and advancing public health.

California Health and Human Services Agency.
<https://www.chhs.ca.gov/about/>

California Department of Public Health
<https://www.cdph.ca.gov/Pages/About.aspx>

California Department of Health Care Services
<https://www.dhcs.ca.gov/Pages/AboutUs.aspx>

California Department of Health Care Access and Information
<https://hcai.ca.gov/about/>

California Department of Managed Health Care
<https://www.dmhc.ca.gov/AbouttheDMHC.aspx>

California Department of Aging
<https://aging.ca.gov/download.ashx?IE0rcNUV0zYf0n5LW3eu6w%3d%3d>

California Department of Social Services
<https://www.cdss.ca.gov/home/about-cdss>

**TABLE 2: OTHER CALIFORNIA AGENCIES AND DEPARTMENTS
EQUITY INFRASTRUCTURE JULY 2023**

	<u>Covered California</u>	<u>California Public Employees' Retirement System (CalPERS)</u>	<u>Department of Insurance</u>
Includes Equity in Strategic Plan	No, but forthcoming	Yes	No
Has Racial Equity Action Plan	Yes	No	No
Participates in Capital Collaborative on Racial Equity (CCORE)	No	No	No
Has Health Equity Officer/ Equity Officer	Taylor Priestley	Adrian Naidu; also Chief Diversity Officer	Stesha Hodges
Has Additional Staff Dedicated to Equity (FTEs)	5 FTEs + 1 temporary FTE	2 FTEs	Health Equity and Access Office has 8 FTEs
Provides Equity Training to Staff	Yes, training is part of DEI Roadmap	Yes	Yes
Includes Budget Line for Equity (besides staffing)	Yes, \$130,000/year for next 3 years to support implementation of DEI Roadmap	Yes, for health equity consultant	Not clear
Collects and Publicly Reports Demographic Data about Californians Served	Yes, about health plan members from enrollment applications and from contracted health plans	Yes, about health plan members from contracted health plans and from member-initiated demographic profiles	Yes, about health plan board members as "suppliers"
Engages Community/ Stakeholders on Equity	Yes, Plan Management Advisory Group	Yes, directly with members with health demographic profile	Yes, stakeholder discussions

APPENDIX 1: AGENCY, DEPARTMENT AND LEGISLATOR KEY INFORMANT INTERVIEWEES

Office of Governor

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California Health and Human Services Agency

Marko Mijic, MPP, Undersecretary

Department of Health Care Services

Pamela Riley, MD, MPH, Chief Health Equity Officer & Assistant Deputy Director, Quality and Population Health Management

Department of Public Health

Rohan Radhakrishna, MD, MPH, Deputy Director and Director, Office of Health Equity

Department of Managed Health Care

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Nathan Nau, MBA, Deputy Director, Office of Plan Monitoring

Department of Health Care Access and Information

Elizabeth Landsberg, JD, Director
Elia Gallardo, JD, Deputy Director of Legislative and Government Affairs, and Health Equity Officer

Department of Social Services

Kim Johnson, Director
Marcela Ruiz, JD, Director, Office of Equity

Department of Aging

Susan DeMarois, Director

Covered California

Alice Hm Chen, MD, MPH, Chief Medical Officer
Taylor Priestley, MPH,MSW, Deputy Director Health Equity and Quality Transformation, and Health Equity Officer
Rebecca Alcantar, MPA, Senior Health Equity Specialist

California Department of Insurance

Michael Martinez, Chief Deputy Commissioner and Legislative Director
Stesha Hodges, JD, Assistant Chief Counsel and Chief of Health Equity and Access Office

California Public Employees' Retirement System

Lisa Albers, MD, Assistant Chief, Clinical Policy and Programs Division
Adrian Naidu, MS, Health Equity Officer

California Strategic Growth Council

Kirin Kumar, Deputy Director of Equity and Government Transformation
Jazmine Garcia Delgadillo, DrPH, MPH, Health and Equity Program Manager

Legislators

Senator Richard Pan

Senator Maria Elena Durazo

Assembly Speaker Anthony Rendon

Assemblymember Cecilia Aguiar-Curry

Assemblymember Alex Lee

Assemblymember Joaquin Arambula

Assemblymember Robert Rivas



APPENDIX 2: WHAT IS CDPH'S ORGANIZATIONAL ASSESSMENT OF EQUITY INFRASTRUCTURE TOOL?

The CDPH Office of Health Equity (OHE) and Fusion Center (formerly the Office of Strategic Development and External Relations) developed the Organizational Assessment of Equity Infrastructure for local health jurisdictions. This health department organizational assessment was used as part of the implementation of the federally-funded California Equitable Recovery Initiative, to encourage the advancement of health equity principles among local health departments.³⁰

Baseline Organizational Assessment for Equity Infrastructure

What is Equity? What is Health Equity?

Equity recognizes that because different individuals or groups have different histories and circumstances, they have unique needs and unequal starting points. Using an equity approach, individuals and groups receive different resources, opportunities, support, or treatment based on their specific needs. By providing what each individual or group needs, they can have equal or fair outcomes.

The Fusion Center had collected COVID-19 equity plans in October 2020, and COVID- 19 equity investment plans in June 2021 from each local health jurisdiction.³¹

The Organizational Assessment of Equity Infrastructure has four domains, each with three competencies. The competencies are assessed on a six-point scale (1-2 is “early”, 3-4 is “established”, and 5-6 is “strong”).

Domain 1: Workforce and Capacity

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



Domain 2: Collaborative Partnerships

Structures to Build Collaboration	Establish vehicles and venues to support/develop meaningful collaboration
Community Based Organization (CBO) & Resident Engagement	Build trust with the community/residents through transparent and inclusive communication, respectful co-learning, and leveraging community expertise to inform equitable practice
Partner Across Sectors	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 Organizational Policies and Practices

Organizational Commitment	Organizational commitment to equity (race/ethnicity, disability status, age, socioeconomic status, etc.) is seen and felt internally and externally; reinforced in culture and communication
Funding and Resource Allocation	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
Embed Equity Principles	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

Data Collection and Usage	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
Shared Analysis	Conduct shared analysis with staff, multisector partners, and community/residents to explore the root causes of problem and co-develop strategies and solutions
Inclusive Decision-making	Include community members/residents and stakeholders in key decisions about program, policy planning, and evaluation activities

The competencies can be cross-walked with the core competencies of local health departments that are required for accreditation by the Public Health Accreditation Board. These competencies are based on the Ten Essential Public Health Services framework that has been adopted by the federal Centers for Disease Control and Prevention.^{32, 33}

59 of the 61 local health jurisdictions in California completed the assessment in March and April 2022, and the CDPH OHE compiled and analyzed those responses. The CDPH OHE found the Structures to Build Collaboration in the Collaborative Partnership domain the highest rated competency overall (2.86 of 6) and the Training, Development, and Support competency in the Workforce and Capacity domain, Embed Equity Principles in the Equity in Organizational Policies & Practices domain, and in Inclusive Decision-making competency in the Planning and Shared Decision-making domain as the competencies most prioritized for improvement.³⁴

Interestingly, CDPH does not seem to have used this organizational assessment to rate itself or other state agencies.

APPENDIX 3: EXECUTIVE ORDER N-16-22



On July 14, 2020, the California Pan-Ethnic Health Network (CPEHN) and over 200 organizations across the state called on Governor Newsom to declare racism to be a public health crisis and to commit to specific action steps.

Since that time, dozens of states and localities have taken this action. In California, the Legislature advanced SB 17, which sought to acknowledge racial inequities and create a Racial Equity Office. In September 2022, Governor Newsom issued Executive Order N-16-22.

What Governor Newsom's Executive Order Does:

- Requires all California agencies and departments that are developing or updating their strategic plans between now and state fiscal year 2025-2026 (July 2025- June 2026) to “reflect the use of data analysis and inclusive practices to more effectively advance equity and to respond to identified disparities with changes to the organization's mission, vision, goals, data tools, policies, programs, operations, community engagement, tribal consultation policies and practices, and other actions as necessary to serve all Californians”.
- Requires these departments to “engage and gather input from California communities that have been historically disadvantaged and underserved within the scope of policies or programs administered or implemented by the agency or department, and make the plans publicly available”.
- Requires California agencies and departments to increase access to federal Infrastructure Investment and Jobs Act funding for small and disadvantaged businesses, tribal governments, nonprofits, and other community organizations.
- Creates an eleven-member Racial Equity Commission within the Governor's Office of Planning and Research to develop resources, best practices, and tools for advancing racial equity by developing a statewide Racial Equity Framework (by April 2025) that will include:
 - Methodologies and tools that can be employed in California to advance racial equity and address structural racism;
 - Budget methodologies, including equity assessment tools, that entities can use to analyze how budget allocations benefit or burden communities of color; and
 - Processes for collecting and analyzing data effectively and safely, as appropriate and practicable, including disaggregation by race, ethnicity, sexual orientation and gender identity, disability, income, veteran status, or other key demographic variables and the use of proxies
- The Commission is also charged with providing technical assistance and encouraging racial equity initiatives by local governments, and producing an annual report, beginning April 2026.
- Directs actions on race and ethnicity data collection, human resources policies, and civil rights, anti-discrimination, and anti-hate activities, and requires CalHHS and the Government Operations Agency to develop recommendations (by September 2023) to improve language and communications access to state government services and programs.

It is important to note that Governor Newsom's executive order was followed by the addition of statutory language and resources, including staff positions, to implement the Racial Equity Commission through the 2024-2025 state budget. The budget language included a definition of racial equity.

At the federal level, President Biden issued an executive order to address racial equity on the day of his inauguration, and followed it with a second executive order in February 2023. These executive orders, while not sufficient, take a more comprehensive approach.

What President Biden's Executive Orders Do:

- Include a clear definition of equity.
- Require the Office of Management and Budget to advance equity in the President's budget proposal.
 - Beginning with the Fiscal Year 2025 budget, the Office of Management and Budget must consider how the proposed budget can support the agency equity action plans.
- Require each federal agency to conduct an equity assessment of select programs and determine the extent to which underserved communities face barriers to accessing benefits and opportunities related to these programs.
- Require each federal agency to develop a plan for addressing the barriers to benefits and opportunities identified in their programs and the barriers to equal contracting and procurement opportunities. Beginning in September 2023, the action plans must:
 - Be made publicly available.
 - Report on progress, barriers to accessing benefits and opportunities, and new and revised agency strategies.
 - Include a description of how the agency will engage with communities.
- Require agencies to consult with underserved communities. Specifically requires agencies to:
 - Conduct proactive engagement related to annual Equity Action Plans, annual budget submissions, grants and funding opportunities.
 - In collaboration with the Office of Management and Budget, identify tools and methods to engage communities in agency budget development and rulemaking.
 - Encourage federal funding recipients to engage with communities.
 - Identify opportunities for community-based organizations to improve access to agency programs and benefits.
 - Identify and address barriers to engagement specific to people with disabilities and older adults.
- Establish a data equity working group.
- Require each agency to establish an Equity Team to implement their equity plans. The Agency Equity Teams must:
 - Be led by a senior official.
 - Support equity training and leadership development for staff of the agency.
 - Have sufficient resources, including staffing and data collection capacity, to advance the equity goals.
- Set a government-wide goal for Fiscal Year 2025 to award 15% of federal procurement dollars to small businesses owned by socially and economically disadvantaged individuals.
- Require agencies to consider opportunities to elevate and increase the staffing capacity of their civil rights offices, increase coordination with community-based and civil rights organizations, and improve accessibility for people with disabilities and people with limited English proficiency.

	California Executive Order	Federal Executive Order(s)	Senate Bill 17
Defines Racial Equity	No	Yes	Yes
Acknowledges current and historic inequities	No	Yes	Yes
*Commits to including resources in future budget proposals to right historic injustices for underserved communities	No	Yes	No
Includes language regarding shared power and decision-making	No	No	Yes
Is measurable and transparent, and can be used to hold the state government accountable for its commitment to racial equity	No	Yes	Yes
*Directs funds for Black, Indigenous, and people of color-led community-based organizations	Yes (federal funds only)	No	No

***Note:** Executive orders cannot independently appropriate funds, but can shape the Governor or President’s future budget proposals and/or focus existing resources toward equity goals.

APPENDIX 4: PUBLIC HEALTH INSTITUTE (PHI) EQUITY ANALYSIS OF CALIFORNIA STATE GOVERNMENT (2020)



A 2020 analysis by the Public Health Institute (PHI) recommended that the CCORE be expanded and adjusted to establish the groundwork for a permanent Office of Equity within California state government. The analysis proposed the following functions for an Office of Equity:

1. Coordinate racial equity work across the departments and agencies in California state government as a centralized office.
2. Cultivate a shared understanding and definition of racial equity.
3. Ensure incorporation of racial equity priorities and goals in strategic plans and incorporation of racial equity competencies in performance review metrics for staff.
4. Provide training and workforce development.
5. Conduct state-level community engagement.
6. Communicate the goals and measured progress of racial equity work of the state government internally and externally.
7. Employ a collaborative, non-punitive accountability and enforcement mechanism.³⁶

The PHI analysis recommended that while legal authorization and funding for an Office of Equity is being identified and secured, the CCORE should be expanded and adjusted in the following ways:

1. The Governor's Office should explicitly state support for racial equity work, including CCORE; and participating departments and agencies should share their Racial Equity Action Plans (REAPS) with the Governor's Office.
2. CCORE should set clear expectations at the start of the program that REAPs are accountability tools and should eventually be published online; the program should include flexibility on when and how the plans will be published.
3. Participating department and agencies should deploy strategies to build collective staff commitments to racial equity activities in the REAPs as racial equity work cannot be siloed to a few people.
4. Storytelling with data and increased communication on racial equity work within the state government will increase staff commitment to racial equity work.
5. As departments and agencies develop and implement their REAPs, they should receive additional tailored, technical assistance.
6. CCORE should employ greater communications with stakeholder groups including the public, publicly demonstrating the state's commitment to racial equity and inviting input on REAPs from the communities of color most impacted by racial inequities; an annual public briefing from CCORE may be one approach to this.
7. CCORE should collect more impact stories from participating departments and agencies and communicate them out strategically to the enterprise to increase awareness of the program and its benefits.
8. CCORE should partner with CalHR to pursue workforce equity together, such as providing clarifications on Proposition 209 and integrating racial equity in trainings offered by CalHR.

This PHI analysis and recommendations remain highly relevant, and have informed this landscape assessment and recommendations.

APPENDIX 5: FEDERAL AND OTHER STATE FRAMEWORKS TO ADVANCE HEALTH EQUITY



Federal Government Framework

At the national level, there has been a prioritized focus on advancing equity generally, and racial equity specifically. President Joe Biden issued an inaugural day executive order on advancing racial equity. Executive Order 13985.³⁷ The executive order explicitly calls out the need for racial equity while recognizing other underserved communities:

Entrenched disparities in our laws and public policies, and in our public and private institutions, have often denied...equal opportunity to individuals and communities. Our country faces converging economic, health, and climate crises that have exposed and exacerbated inequities, while a historic movement for justice has highlighted the unbearable human costs of systemic racism.

The Biden Administration is using a “whole of government” approach to advance equity: It is therefore the policy of my Administration that the Federal Government should pursue a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. Affirmatively advancing equity, civil rights, racial justice, and equal opportunity is the responsibility of the whole of our Government. Because advancing equity requires a systematic approach to embedding fairness in decision making processes, executive departments and agencies (agencies) must recognize and work to redress inequities in their policies and programs that serve as barriers to equal opportunity.

The federal Office of Management and Budget (OMB) and the White House Domestic Policy Council are responsible for the implementation of the executive order. In May 2021, OMB issued a Request for Information for methods and leading practices for advancing equity through government programs, services, processes, and operations.³⁸ Nearly 500 responses to the RFI were received and have been summarized by OMB.³⁹

OMB also conducted its own research and analyses, and issued a July 2021 report on methods to assess equity in government programs and activities.⁴⁰ That OMB report made the following findings:

1. Equity assessment represents an expanding though still nascent body of work in public policy, data science, and organizational change management.
2. Administrative burden exacerbates inequity.
3. The Federal Government needs to expand opportunities for meaningful stakeholder engagement.
4. Advancing equity requires long-term change management, attention to culture, and a dedicated strategy for sustainability.
5. The scope of initiatives by the Federal Government creates an opportunity to ensure that resources are made available equitably through financial management and procurement functions.

In January 2022, over 90 federal agencies released equity action plans, detailing specific actions they have taken or are planning to advance equity.⁴¹

The Department of Health and Human Services (HHS) Equity Action Plan highlights its work on civil rights protections and laws, increasing contracting opportunities for disadvantaged and small businesses, incorporating equity considerations in grant funding opportunities, building organizational capacity to conduct equity assessments and disparity impact strategies, and reducing morbidity and mortality among Black and American Indian/Alaska Native pregnant and childbearing people.⁴²

It is significant that this HHS Equity Action Plan includes re-prioritization in funding and support for capacity- building as ongoing, longer-term systems and policy changes as well as the short-term, immediate focus on reducing morbidity and mortality among Black and American Indian/Alaska Native as a specific intervention to advance racial equity.

The White House maintains transparency and accountability by continuing to summarize and report its progress on this whole of government approach to advancing equity and racial justice, including health equity.⁴³

On February 16, 2023, President Biden issued a follow-up Executive Order 14091 to strengthen and extend these all-of-government equity commitments.⁴⁴

The executive order requires that the Federal agency and department Equity Action Plans be updated annually and that each agency and department designate and provide resources to Agency Equity Teams for implementation, adds increased requirements for engagement with and investments in impacted communities, addresses emerging risks from technology, and continues data equity and transparency.^{45, 46}

Meanwhile, health equity has been identified as a strategic priority by the federal Centers for Medicare & Medicare Services (CMS) within HHS, with advancing health equity being the first “pillar” of CMS’ current strategic plan.⁴⁷ Each of the CMS centers has a specific health equity goal, and actions that are being taken to achieve that goal. More recently, CMS’ Office of Minority Health has released a more detailed framework for advancing health equity.⁴⁸

The CMS OMH framework’s priorities include:



In addition, national foundations have developed recommendations for fundamental reforms and modernization of national, territorial, state, and local public health systems after the lessons of COVID-19. In June 2022, The Commonwealth Fund Commission on a National Public Health System made recommendations that included:

- Assess the structural and policy changes needed to provide foundational capabilities for all their residents.
- Build connections between the health care system and public health to strengthen day-to-day health improvement efforts and better prepare for emergencies.
- Involve community partners in decision-making about public health.⁴⁹

In December 2022, the Robert Wood Johnson Foundation (RWJF) called on the federal Centers for Disease Control and Prevention (CDC) to center equity as part of post- COVID-19 national, territorial, state, and local public health systems. Specifically, RWJF urged the CDC to center equity in the following ways:

1. Vision, leadership, and governance. CDC should take a holistic approach to equity and position and resource equity efforts for success. Efforts must span workforce, strategy, and programs as well as culture, policies, and organizational structure.
2. Partnerships and trust. CDC should pair strong national leadership with a decentralized model of action that resources and empowers state and local partners, including community-based organizations. With this infrastructure, CDC would be better positioned not only to respond to public health emergencies but also to foster more just systems of public health that are accessible and visible to all.
3. Data and accountability. CDC must measure progress and hone its strategy based on the experiences and outcomes of people most affected by structural discrimination. As recommended by the National Commission to Transform Public Health Data Systems, CDC and other federal health agencies should develop and implement standards for data collection aiming to include marginalized groups and their unique perspectives.
4. Communications and narrative. While tracking messages, mindsets, and misinformation, the agency must communicate accessibly and strategically. The goal should be an equity-focused narrative, tailored for various audiences, that fosters a broader understanding of racism—not race—as the cause of poorer health outcomes for people of color.
5. People and culture. CDC must value equity when recruiting, training, and evaluating staff and when conceptualizing public health expertise. CDC should develop a set of health equity competencies, spanning all parts of the agency. Externally, it should fund state and local health departments to build equity knowledge, skills, and commitments across the public health system.⁵⁰

While these recommendations are directed at federal, territorial, state, and local public health departments, they can be applied to all health and human services agencies. All these federal frameworks, assessments, findings, and strategic priorities for advancing health equity can be models for California state government, especially to coordinate a similar “whole of (state) government” approach.

State Frameworks

Oregon

As California continues to advance health equity, lessons can also be learned from sister states. For example, both Oregon and Washington state governments have adopted broad diversity, inclusion, and equity frameworks, and specific frameworks to advance health equity. For example, the Oregon Health Authority (OHA) defines and seeks to operationalize health equity:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.⁵¹

What is significant about this definition is that it explicitly includes the equitable redistribution of resources and power, and the recognizing, reconciling, and rectifying historical and contemporary injustices. These elements of shifting (yielding and sharing) resources and power, and acknowledging and undoing the harm from inequities make this definition both unique and powerful. Many internal champions of health equity within the OHA – and external community advocates – have been able to use this definition to drive systemic and transformational change towards health equity.

In Oregon, there has been a prioritization of equity and racial justice from the Governor's office as well as long-standing work on health equity by the Oregon Health Authority (OHA), especially through the implementation of its Medicaid Coordinated Care Organization (CCO) program.

Governor Kate Brown established an Office of Diversity, Equity, and Inclusion, and convened a Racial Justice Council in 2020,⁵² and issued a statewide Diversity, Equity, and Inclusion Action Plan in 2021.⁵³

The Racial Justice Council was codified by House Bill 2167, enacted in 2021.⁵⁴

While Governor Brown was termed out at the end of 2022, her successor, Tina Kotek, will continue this prioritization of equity and racial justice.⁵⁵

As noted above, the OHA has adopted a definition of health equity that was developed by its Health Equity Committee.⁵⁶

The OHA has a Division of Equity and Inclusion that will expand from a current staff of 22 (April 2022) to a staff of 66 to support the operationalization of that health equity equity definition throughout OHA's programs and activities, in both its internal operations and its external partnerships.⁵⁷



OHA has adopted a three-year Equity Advancement Plan to improve diversity, inclusion, and equity within its own operations from 2021 to 2023.⁵⁸

In addition, OHA's Oregon Health Policy Board has prioritized equity as one of the agency's four strategic priorities, through 2023.⁵⁹

The OHA Health Equity Committee also continues to meet, and several other OHA advisory committees have prioritized work on advancing health equity, including its Healthcare Workforce Committee and its Metrics and Scoring Committee.^{60, 61}

Washington

In Washington state, equity work has been championed by both the Washington Legislature and Governor Jay Inslee. In 2019, an Office of Equity Task Force was created by House Bill 1109; the Task Force was convened by the Governor's Interagency Council on Health Disparities. The Task Force articulated the following core principle of community engagement for its work:⁶²

We recognize that we can only achieve equity if communities impacted by inequities are at the center of our work. We acknowledge that communities know best their assets, needs, and solutions. We recognize and share power and structure our meetings to foster meaningful engagement. Community engagement will be intentional and inclusive. We will create opportunities as a Task Force, individual members, and staff to listen, learn, and seek input to guide our work. We will incorporate stories of lived experience into our reports and recommendations.

In its December 2019 report, the Task Force summarized lessons learned about its community engagement activities, which included representation on the Task Force, public comments during Task Force meetings, community forums, and online surveys:

- Community engagement takes time
- Community engagement means going into communities
- Community engagement means working with grassroots organizations
- Community engagement requires practicing cultural humility and an open mindset
- Community engagement means involving community in all phases of work⁶³

The Office of Equity Task Force developed the following definition of equity:

*Developing, strengthening, and supporting policies and procedures that distribute and prioritize resources to those who have been historically and currently marginalized, including tribes. It requires the elimination of systemic barriers that have been deeply entrenched in systems of inequality and oppression. Equity achieves procedural and outcome fairness, promoting dignity, honor, and respect for all people.*⁶⁴



In developing this definition, the Task Force articulated and applied the following principles: A definition of 'equity' must relate inward to state government and outward to communities.

- A definition of 'equity' must be community-informed and evolve to reflect community priorities and needs.
- A definition of 'equity' and its application must result in tangible benefits for communities and individuals, especially those historically and currently marginalized.
- Equity is not the same as equality, and it goes beyond reaching parity. Equity ensures everyone has full access to the opportunities, power, and resources they need to flourish and achieve their full potential.
- Definitions, statements, and legislation must balance the use of inclusive language with the boldness of naming specific communities that have been historically marginalized and most impacted by inequities.⁶⁵

In addition, the Task Force developed the following "equity statement" which explicitly references institutional racism and oppression to contextualize its definition of equity:

Equity requires a commitment to bold action. It begins with the acknowledgement of historical systems of institutional racism and oppression that have led to the uneven distribution of benefits and burdens in our communities. Racism is ingrained in our history and deeply embedded in our institutions, affecting all sectors. An equitable decision-making process prioritizes community-led solutions, driven by those most affected. Generational healing takes time and requires us to embrace discomfort and practice humility. Equity ensures everyone has full access to the opportunities, power, and resources they need to flourish and achieve their full potential.

In April 2020, a statewide Office of Equity was established by House Bill 1783.⁶⁶ The office was initially allocated \$1.2 million in state budget funding, but because of the COVID-19 pandemic, funding was not made immediately available. In December 2020, Governor Inslee declared Washington to be an anti-racist state, and announced \$356 million in state budget commitments to advance equity, including \$1.1 million from state general funds to build the capacity of community-based organizations to advance racial equity in state funding decisions and future investments. He tasked the Office of Equity with developing a five-year equity plan, and directed that state agencies center their budgetary decision packages and legislation around equity.⁶⁷

The Office of Equity has now adopted the following guiding principles for its work:⁶⁸

- Equity is not equality. Equity requires developing, strengthening, and supporting policies and procedures that distribute and prioritize resources to people in identify groups who have historically been and currently are marginalized, including tribes;
- Equity requires the elimination of systemic barriers that have been deeply entrenched in systems of inequality and oppression; and
- Equity achieves procedural and outcome fairness, promoting dignity, honor, and respect for all people.

Our legislative and rulemaking priorities, policy recommendations, and consultation with state agencies will focus on co-creating a seamless, integrated, world-class, equitable and just public service delivery system where a team of actively engaged public servants bring their whole self and A-game to work to provide a superior customer experience to Washingtonians seeking assistance. We will partner with others to decrease inequities in employment and contracting, improve access to state services, and surpass accessibility (language, physical, technological/internet) requirements across state government. Finally, we recognize that existing laws, rules, policies, program, and practices (including budget decisions) can have adverse unintended consequences if equity is not intentionally and systematically considered. We commit to using an equity lens and a targeted universalism framework, where appropriate, to promote access to equitable opportunities, power and resources that reduce disparities and improve outcomes statewide across state government.

The Washington Legislature then enacted Senate Bill 5405 in 2021, requiring the Joint Legislative Audit and Review Committee to conduct a racial equity analysis in all its performance audits, sunset reviews, and other audits and reports.⁶⁹

In January 2022, Governor Inslee issued executive orders requiring increased equity in public contracting, and then in public employment, education, and services.^{70, 71}

And then in March 2022, Governor Inslee issued another executive order implementing a statewide Pro-Equity Anti-Racism (PEAR) Plan and Playbook. For example, an Equity Impact Review will be required prior to proposing changes to agency policies, programs, and practices. The Office of Equity will continue to provide templates, toolkits, consultation, guidance, technical assistance, and training necessary for state agencies to develop, implement, and measure the effectiveness of their pro-equity, racial justice, access, and belonging strategic action plans. Every state government agency will be required to convene a team of employees and communities to determine whether the performance measures established accurately measure the effectiveness of agency programs and services in the communities served. Washington state will create online dashboards to publish statewide and agency-specific plans, performance measures, and outcomes, beginning no later than September 2023. In the executive order, the governor declares:⁷²

I will hold all leaders of state agencies accountable for the effectiveness of your services and programs on reducing disparities, using input from the communities served by your organizations...

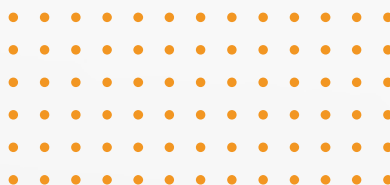
In November 2022, the Office of Equity conducted an Equity Summit, reviewing progress made and updated measures and actions for increased equity in public education, public services, public contracting, and public employment for 2023.



Participants at the summit used the Pro-Equity Anti-Racism (PEAR) Plan as a framework.⁷³

Together, this state government infrastructure and these actions – accompanied by state budget support – have created ongoing agency and department processes that are measurable and transparent, and can be used to hold the state government accountable for its commitment to racial equity.

The examples of whole of state government efforts to advance equity are useful models for California, especially given the alignment between activities from the governor’s office and operationalization and implementation by state agencies and departments.



References



- 1 Crenshaw, Kimberle (1989). "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," *University of Chicago Legal Forum*: Vol. 1989, Article 8. Available at: <https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>.
- 2 Thomas, Megan and Alison Valentine (Aurrera Health Group). "2021 Edition—Health Disparities by Race and Ethnicity in California: Pattern of Inequity," *California Health Care Foundation's California Health Care Almanac*, October 22, 2021. Available at: <https://www.chcf.org/publication/2021-edition-health-disparities-race-ethnicity-california/>.
- 3 California Department of Health Care Services, Managed Care Quality and Monitoring Division. 2020 Health Disparities Report, December 2021. Available at: <https://www.dhcs.ca.gov/Documents/MCQMD/CA2020-21-Health-Disparities-Report.pdf>.
- 4 Savage Sangwan, Kiran (Guest Commentary). "COVID-19 has shown that California must fix inequities in health care for communities of color." *CalMatters*, May 19, 2020. Available at: <https://calmatters.org/commentary/my-turn/2020/05/covid-19-has-shown-that-california-must-fix-inequities-in-health-care-for-communities-of-color/>.
- 5 Alamo, Chas. "COVID-19 and the Labor Market: Who Are California's Frontline and Remote Workers?" *Legislative Analyst's Office*, December 8, 2020. Available at: <https://lao.ca.gov/LAOEconTax/article/Detail/593>.
- 6 Kuang, Jeanne. "COVID pulls down Latino, Black, Asian life expectancy more than whites, study says." *CalMatters*, July 7, 2022. Available at: <https://calmatters.org/california-divide/2022/07/california-life-expectancy/>.
- 7 Goldman, Noreen and Theresa Andrasfay. "Life expectancy loss among Native Americans during the COVID-19 pandemic," *Demographic Research*: Vol. 47 – Article 9, pages 233–246. Available at: <https://www.demographic-research.org/volumes/vol47/9/47-9.pdf>.
- 8 Secretary Ghaly Appoints Expert Stakeholder Advisory Group to inform development of new Health and Human Services Data Exchange Framework." Available at: <https://www.chhs.ca.gov/data-exchange-framework/>.
- 9 California Public Employees' Retirement System (CalPERS). Commitment to Diversity, Equity & Inclusion Report (2020–21): Supplier Diversity. Available at: <https://www.calpers.ca.gov/page/forms-publications/diversity-equity-inclusion-report-2020-21/supplier-diversity>.
- 10 California Strategic Growth Council. Updated Racial Equity Action Plan (2019–2022), August 2020, presentation. Available at: https://sgc.ca.gov/about/docs/20200922-Updated_2019-2022_SGC_Racial_Equity_Action_Plan.pdf.
- 11 California Strategic Growth Council. Health in All Policies Initiative. Available at: <https://sgc.ca.gov/programs/healthandequity/hiap/>.
- 12 California Strategic Growth Council. Governing for Racial Equity: California's Capital Collaborative on Race & Equity. Available at: <https://sgc.ca.gov/programs/healthandequity/racial-equity/>.
- 13 Government Alliance on Race & Equity. Available at: <https://www.racialequityalliance.org/>.
- 14 California Department of Health & Human Services. Guiding Principles & Strategic Priorities. Available at: <https://www.chhs.ca.gov/guiding-principles-strategic-priorities/#focus-on-equity>.
- 15 State of California Budget Change Proposal: Equity Implementation (FY 2022–23), April 1, 2022. Available at: https://esd.dof.ca.gov/Documents/bcp/2223/FY2223_ORG0530_BCP5705.pdf.
- 16 Dooley Diana and Donald Berwick, Task Force Co-Chairs. "Let's Get Healthy California Task Force Final Report," December 19, 2012. Available at: <https://letsgethealthy.ca.gov/the-story/>.
- 17 SB-1007 Health. (2011–2012). Available at: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201120120SB1007&s%20earch_keywords=Office+of+Health+Equity%23%23%23Department+of+Public+Health%20Wm.
- 18 The Center at Sierra Health Foundation. California Equitable Recovery Initiative. Available at: <https://www.shfcenter.org/programs-and-initiatives/california-equitable-recovery-initiative>.
- 19 California Department of Social Services (CDSS). Benefits and Services. Available at: <https://www.cdss.ca.gov/benefits-services>.
- 20 California Department of Aging. Equity in Aging Resource Center. Available at: https://aging.ca.gov/Equity_in_Aging_Resource_Center/.

- 21 California Department of Aging. "Growing a Resilient and Outstanding Workforce in the Home and Community: California GROWS," CDA webinar, June 14, 2022. Available at: <https://aging.ca.gov/download.ashx?IE0rcNUV0zZ7xsl%2FCXHKLw%3D%3D>.
- 22 What is Covered California? Available at: <https://www.coveredca.com/>.
- 23 "Covered California Finishes Open Enrollment With More Than 1.7 Million People Signed Up to Receive Quality Health Care Coverage," March 9, 2023, news release. Available at: <https://www.coveredca.com/newsroom/news-releases/2023/03/09/>.
- 24 Altman, Jessica (Executive Director, Covered California). Executive Director's Report, Covered California, May 19, 2022, Board Meeting. Available at: https://board.coveredca.com/meetings/2022/May/2022.05.19_ED.Report.pdf (slides 15-22).
- 25 National Committee for Quality Assurance (NCQA). Health Equity Accreditation. Available at: <https://www.ncqa.org/programs/health-equity-accreditation/>.
- 26 California Public Employees' Retirement System (CalPERS). Health Benefits, Facts at a Glance for Fiscal Year 2021-22. Available at: <https://www.calpers.ca.gov/docs/forms-publications/facts-health-benefits.pdf>.
- 27 California Department of Insurance. About the Department. Available at: <https://www.insurance.ca.gov/0500-about-us/02-department/index.cfm>.
- 28 California Department of Insurance. Insurance Diversity Initiative – Diversity Task Force. 2020-21 Strategic Plan. Available at: <https://www.insurance.ca.gov/0500-about-us/02-department/index.cfm>.
- 29 Executive (EX) Committee. Special (EX) Committee on Race and Insurance. 2023 Adopted Charges. Available at: https://content.naic.org/cmte_ex_race_and_insurance.htm.
- 30 California Department of Public Health, Office of Health Equity. Organizational Assessment for Equity Infrastructure. Available at: <https://www.cdph.ca.gov/Programs/OHE/Pages/Baseline-Organizational-Assessment-for-Equity-Infrastructure.aspx>
- 31 California Department of Public Health. Beyond the Blueprint: Targeted Equity Investment Plans, June 11, 2021. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Targeted-Equity-Investment-Plans.aspx>
- 32 Public Health Accreditation Board (PHAB). Standards & Measures for Initial Accreditation, Version 2022. Available at: <https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf>
- 33 Centers for Disease Control and Prevention (CDC). 10 Essential Public Health Services. Available at: <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>.
- 34 California Department of Public Health (May 2022). Baseline Organizational Assessment for Equity Infrastructure. Richmond, CA: California Department of Public Health. Available at: <https://www.cdph.ca.gov/Programs/OHE/CDPH%20Document%20Library/Results%20Report.pdf>
- 35 California Pan-Ethnic Health Network (CPEHN). Racism As a Public Health Crisis, July 14, 2020, Letter to the Governor. Available at: <https://cpehn.org/what-we-do-2/our-networks/racism-as-a-public-health-crisis/>.
- 36 Kim, Hye Sun. Public Health Institute (PHI). Policy Memo: Advancing Racial equity in California State Government, July 23, 2020. Available at: <https://www.phi.org/thought-leadership/policy-memo-advancing-racial-equity-in-california-state-government/>
- 37 Exec. Order No. 13985, 86 Fed. Reg. 7009 (January 20, 2021). Available at: <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.
- 38 Office of Management and Budget (OMB) Request for Information, 86 Fed. Reg. 24029 (May 5, 2021). Available at: <https://www.govinfo.gov/content/pkg/FR-2021-05-05/pdf/2021-09109.pdf>
- 39 Methods and Leading Practices for Advancing Equity and Support for Underserved Communities through Government, Summary of stakeholder Responses to the OMB Request for Information (RFI). Available at: <https://www.performance.gov/equity/rfi-summary/#responses>.
- 40 Office of Management and Budget (OMB). Study to Identify Methods to Assess Equity: Report to the President, July 2021. Available at: https://www.whitehouse.gov/wp-content/uploads/2021/08/OMB-Report-on-E013985-Implementation_508-Compliant-Secure-v1.1.pdf
- 41 Advancing Equitable Government. Available at: <https://www.performance.gov/equity/#action-plans>

- 42 U.S. Department of Health and Human Services (HHS).HHS Equity Action Plan, April 2022.Available at: <https://www.hhs.gov/sites/default/files/hhs-equity-action-plan.pdf>.
- 43 The White House.Advancing Equity and Racial Justice Through The Federal Government (Executive Order 13985). Available at: <https://www.whitehouse.gov/equity/#health-equity>.
- 44 Exec. Order No. 14091, 88 Fed. Reg. 10825 (February 16, 2023). Available at: <https://www.govinfo.gov/content/pkg/FR-2023-02-22/pdf/2023-03779.pdf>
- 45 The White House. Executive Order on Further Advancing Racial Equity and Support for Underserved Communities Through The Federal Government (February 16, 2023). Available at: <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/02/16/executive-order-on-further-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>
- 46 The White House. Fact Sheet: President Biden Signs Executive Order to Strengthen Racial equity and Support for Underserved Communities Across the Federal Government (February 16, 2023). Available at: <https://www.whitehouse.gov/briefing-room/statements-releases/2023/02/16/fact-sheet-president-biden-signs-executive-order-to-strengthen-racial-equity-and-support-for-underserved-communities-across-the-federal-government/>
- 47 Centers for Medicare & Medicaid Services (CMS). CMS Strategic Plan Health Equity Fact Sheet, May 2023. Available at: <https://www.cms.gov/files/document/health-equity-fact-sheet.pdf>
- 48 Centers for Medicare & Medicaid Services (CMS). Health Equity Programs. Available at: <https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs>
- 49 Commonwealth Fund Commission on a National Public Health System, Meeting America’s Public Health Challenge: Recommendations for Building a National Public Health System That Addresses Ongoing and Future Health Crises, Advances Equity, and Earns Trust (Commonwealth Fund, June 2022). Available at: <https://doi.org/10.26099/snjc-bb40>.
- 50 Robert Wood Johnson Foundation (RWJF). CDC Can Seize the Moment by Centering Equity, News Release, December 1, 2022. Available at: <https://www.rwjf.org/en/about-rwjf/newsroom/2022/12/cdc-can-seize-the-moment-by-centering-equity.html>
- 51 Oregon Health Authority, Equity and Inclusion Division. Available at: <https://www.oregon.gov/oha/oei/pages/health-equity-committee.aspx>
- 52 Oregon Racial Justice Council. Available at: <https://www.oregon.gov/gov/policies/pages/racial-justice-council.aspx>
- 53 Stoudamire-Wesley, S. et al. (State of Oregon). Diversity, Equity, and Inclusion Action Plan, A Roadmap to racial Equity and Belonging, August 2021. Available at: https://www.oregon.gov/das/Docs/DEI_Action_Plan_2021.pdf
- 54 HB 2167 (2021). Available at: <https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/HB2167>
- 55 Tina Kotek Campaign for Oregon Governor. Racial Justice and BIPOC Organizations Back Tina Kotek for Governor, March 14, 2022. Available at: <https://www.tinafororegon.com/news/racial-justice-and-bipoc-organizations-back-tina-kotek-for-governor/>
- 56 Oregon Health Authority, Equity and Inclusion Division. Available at: <https://www.oregon.gov/oha/oei/pages/health-equity-committee.aspx>
- 57 Johnson, L. (Director, Equity and Inclusion Division, Oregon Health Authority). Equity and Inclusion, Oregon Health Authority. Available at: <https://www.oregon.gov/oha/OHPB/MtgDocs/2.0%20Equity%20and%20Inclusion%20Slides.pdf>.
- 58 Oregon Health Authority Equity Advancement Plan, 2021–2023. Available at: <https://sharedsystems.dhs.oha.state.or.us/DHSForms/Served/Ie9813.pdf>
- 59 Oregon Health Policy Board. Available at: <https://www.oregon.gov/oha/OHPB/Pages/index.aspx>
- 60 Oregon Health Authority. Health Care Workforce Committee Equity Framework. Report to the Oregon Health Policy Board, October 5, 2021. Available at: <https://www.oregon.gov/oha/HPA/HP-HCW/Documents/HCCWF-Committee-Equity-Framework-Report-final-Oct-2021.pdf>
- 61 Campbell, M. et al. (Oregon Health Authority). Metrics & Scoring Committee Equity Impact Assessment, May 2021. Available at: <https://www.oregon.gov/oha/HPA/ANALYTICS/MetricsScoringMeetingDocuments/6b.-05.2021-MSC-Equity-Impact-Assessment-Report.pdf>

- 62 Office of Equity Task Force. Preliminary Report to the Governor and the Legislature, December 2019, page 10. Available at: https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=Equity%20Office%20Task%20Force%20-%20Preliminary%20Report%20%28final%29_bc5c8348-1883-4350-8e54-18abfab2f01a.pdf
- 63 Ibid, page 16.
- 64 Ibid, page 26.
- 65 Ibid, page 25.
- 66 HB 1783 – 2019-20. Available at: <https://app.leg.wa.gov/billsummary?BillNumber=1783&Year=2019>
- 67 Office of the Governor Jay Inslee, State of Washington. “A historic commitment to diversity, equity and inclusion,” Policy Brief, December 2020. Available at: https://governor.wa.gov/sites/default/files/2023-01/Equity_PolicyBrief_Dec%2014.pdf
- 68 The Washington State Office of Equity. Available at: <https://equity.wa.gov/policy/about-policy>
- 69 SB 5405 – 2021-22. Available at: <https://app.leg.wa.gov/billsummary?BillNumber=5405&Initiative=false&Year=2021>
- 70 Office of Governor Jay Inslee, State of Washington. Exec. Ord. 22-01, Equity in Public Contracting. Available at: https://governor.wa.gov/sites/default/files/exe_order/22-01%20-%20Equity%20in%20Public%20Contracting.pdf
- 71 Office of Governor Jay Inslee, State of Washington. Exec. Ord. 22-02, Achieving Equity in Washington State Government. Available at: https://governor.wa.gov/sites/default/files/exe_order/22-02%20-%20Equity%20in%20State%20Government%20%28tmp%29.pdf
- 72 Office of Governor Jay Inslee, State of Washington. Exec. Ord. 22-04, Implementing the Washington State Pro-Equity Anti-Racism (PEAR) Plan & Playbook. Available at: https://governor.wa.gov/sites/default/files/exe_order/22-04%20-%20Implementing%20PEAR%20%28tmp%29.pdf
- 73 The Washington State Office of Equity. Governor Inslee’s 2022 Equity Summit: Working Together for Results, November 30, 2022 (Post Summit Report). Available at: <https://equity.wa.gov/sites/default/files/2022-12/Post%20Summit%20Report.pdf>



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