ONTRACK
PROGRAM RESOURCES

Sacramento County
Public Health

Health and Racial Equity: Assessment Report

May, 2023

Acknowledgments

ONTRACK Program Resources, in collaboration with LPC Consulting Associates and the Sacramento Department of Health Services, Public Health Division's Health and Racial Equity Unit, launched a health and racial equity assessment process beginning in February 2023. The health and racial equity assessment consisted of an online staff assessment survey and seven key personnel interviews. These would inform a ONTRACK's health and racial equity capacity building process within and across Sacramento County Public Health (SCPH) programs.

The staff survey was developed, collected, and analyzed by LPC Consulting Associates, and consisted of five categories: *Advancing Health and Racial Equity*; *Knowledge Opportunities and Challenges*; *Recruitment, Hiring and Promotion*; *Empowerment and Training* and; *Staff Support, Supervision and Management*. Section one of the report will detail the findings of the survey. The key personnel interviews were developed by LPC Consulting Associates and conducted by ONTRACK Program Resources. The primary purpose of the interviews was to give texture and nuance to the survey. The findings from the interviews shape section two of this report.

We would like to extend our sincere gratitude to all of the individuals and organizations who contributed to the successful completion of this report. We are particularly grateful to the staff members who participated in the survey and interviews. Your insights and feedback were invaluable in helping us to better understand the challenges and opportunities related to health and racial equity within the Sacramento Department of Health Services, Public Health Division.

Finally, we'd like to thank the Heath and Racial Equity Unit team for their masterful facilitation of the data collection process. We trust that the findings in this report will be a valuable resource for the Public Health Division as they increase their capacity to advance health and racial equity within their programs in service of Sacramento's rich and diverse communities.

I. Introduction:

ONTRACK Program Resources, in collaboration with the *Sacramento Department of Health Services, Public Health Division's Health and Racial Equity Project,* launched a Staff Assessment Survey in February 2023 to inform efforts to achieve health and racial equity within and across Sacramento County Public Health (SCPH) programs. This section of the report summarizes feedback from Staff, Supervisors, and Leadership around five key health and racial equity areas: (1) Advancing Health and Racial Equity, (2) Knowledge, Opportunities, and Challenges, (3) Recruitment, Hiring and Promotion, (4) Empowerment and Training, and (5) Staff Support, Supervision and Management. All SCPH Staff were invited and encouraged to complete the survey.

Survey Respondents

A total of 293 surveys were submitted, categorized into three staff type.

Staff [Administrative staff, Front line staff, and "Other"]	220 (75%)
Supervisors [Supervisor (not senior management) and Leadership team (program planners, etc.)]	55 (19%)
Leadership [Senior management level/unit or program lead/manager]	18 (6%)
Total	293 (100%)[1]

SCPH Program | Respondents were concentrated in three programs: Maternal, Child, and Family Services (33%), Disease Control, Surveillance, and Preparedness (24%), or Community Health Promotion (21%). Other programs include Budget and Administration (4%), Accreditation (3%), and Health and Racial Equity (3%). Approximately 13 percent of respondents selected "Other Program," including IAP, PHEP, COVID Strike Team and WIC. Several staff preferred not to specify their program, feeling it was "too leading" or "should not be included on an anonymous survey."

Race/Ethnicity | The largest group of Staff self-identified as White[2] (32%), followed by Latino (21%) or Asian (19%), African American/Black (13%) or Multiracial (13%). Similarly, the largest group of Supervisors self-identified as White (46%), followed by Asian (21%), African American/Black (13%), or Multiracial (13%) and only 5 percent Latino. In contrast, over half of the Leadership respondents self-identified as White (57%), followed by Latino (29%), African American/Black (7%), or Multiracial (7%).

Gender | Across all groups, the majority of respondents identified as women, and a handful of respondents in each group opted not to identify their gender. Both the Staff and the Supervisors sample were more diverse than the Leadership sample, with respondents identifying as men, genderfluid nonbinary, or genderqueer.

A. Key Findings

- Most, but not all, respondents agree that advancing health and racial equity in SCPH is important.
- Over one-third (38%) said they *do not* face any racial injustice/racism challenges in their work.
- Many respondents acknowledge the steps SCPH has taken already towards health and racial equity, but many expressed feelings of frustration that steps have been "all talk" or "checking the boxes."
- Respondents at all levels prioritize training and education for all levels of staff.
- Many training topics emerged, including terms, supportive spaces, and conversations, identifying, and addressing institutional/structural/systemic racism, and training for hiring/promotion committees.
- Respondents at different levels have varying ideas about how to improve diversity of staff and in promotions, but overall, agree that outreach networks need to be more diverse.
- A common theme across the entire survey is that respondents are ready for action.

B. Key Themes

I. Respondents are ready for action.

- Advancing Health and Racial Equity
- Knowledge, Opportunities, and Challenges
- Recruitment, Hiring, and Promotion
- Empowerment and Training

II. Survey Findings and Implications

Advancing Health and Racial Equity

For the purposes of this survey, health and racial equity means: the process of eliminating racial disparities and improving health outcomes for everyone, so that racial status cannot be used to predict the health outcomes of groups. Advancing health and racial equity is the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color for the benefit of all. The following statements were coded on a scale ranging from one to four, where one (1) means "strongly disagree" and four (4) means "strongly agree."

It is important for SCPH to advance health and racial equity within its programs:

Leadership (n=16)	Supervisors (n=46)	Staff (n=190)	Overall (n=252)
3.75	3.65	3.58	3.66

SCPH is committed to advancing health and racial equity within its programs.

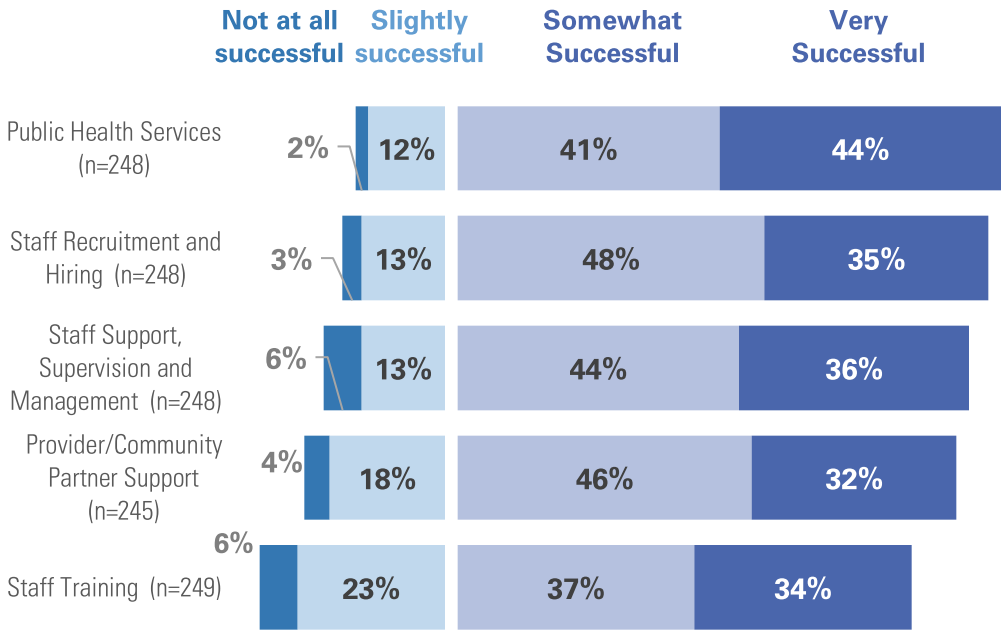
Leadership (n=17)	Supervisors (n=46)	Staff (n=189)	Overall (n=252)
3.24	3.39	3.43	3.35

SCPH advances health and racial equity within its programs.

Leadership (n=17)	Supervisors (n=46)	Staff (n=190)	Overall (n=253)
2.94	3.15	3.32	3.14

Overall, Leadership rated the importance of advancing health and racial equity the highest, while Staff rated SCPH's commitment and level of advancement the highest of all three groups. However, the extent to which SCPH advances health and racial equity within its programs was rated the lowest, overall.

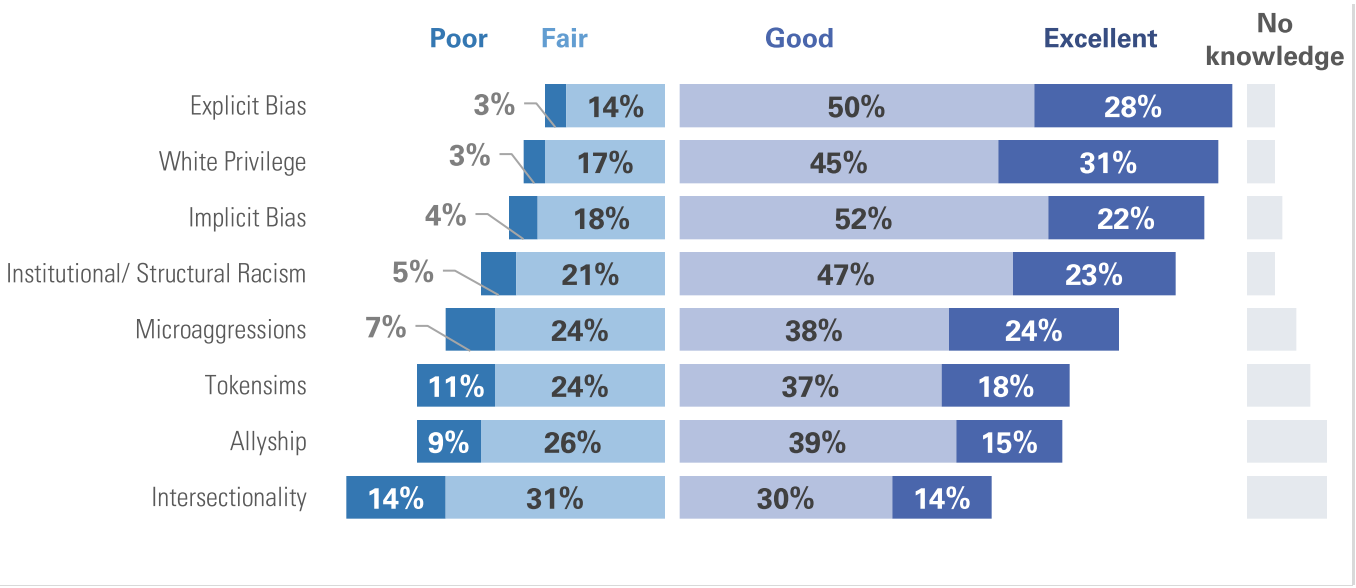
Current Successes | Public Health Services (health services to individuals that are underserved and/or with limited access to health and wellness services) were rated as the most successful area. In contrast, **Staff Support, Supervision, and Management** and **Staff Training** had the greatest proportion of respondents saying SCPH was "not at all successful" in these areas (6% each).



Many respondents commented that SCPH has "just started" in terms of addressing health and racial equity and "has a long way to go." Several respondents felt that they could not speak for SPCH overall, and only were able to respond in terms of their own program. Many also highlighted specific needs for public health service clients, including interpreters, vouchers, transportation, and trainings on how to work with a broad and diverse patient population. Other common themes included improving "**communication between management and staff**," encouraging Leadership to "**have difficult conversations [without] worry of political repercussions**," improving **recruitment, hiring, and promotion** both in SCPH and at the County-level, and in "providing staff with **education and training focusing on interacting with people of color and other races**." Interestingly, one respondent stated, "SCPH does not have health and racial inequality. Most of peoples' health is dependent on personal choices," indicating opportunities to increase knowledge, awareness, and understanding of health and racial equity.

Knowledge, Opportunities, and Challenges

Knowledge of Health and Racial Equity Concepts | Respondents reported the most knowledge (self-rated as good or excellent) of explicit bias (78%), white privilege (76%), implicit bias (74%) and institutional/structural racism (70%). Respondents were less knowledgeable about topics such as microaggressions (62%), tokenism (54%), allyship (54%), and intersectionality (44%). **The topics where knowledge can increase reinforce several comments throughout the survey mentioning the need for shared knowledge and a common language to talk about health and racial equity.**



Support | Across each level, **immediate supervisors** and **SCPH staff peers** were the groups most often cited as supportive spaces for talking about health equity, race, racism, racial allyship, and/or racial equity. These two groups were also the most common spaces where respondents had conversations about health equity, race, racism, racial allyship, and/or racial equity. Only 23 respondents (8%) stated that they do not feel like there is a supportive space for talking about race, racism, racial allyship, and/or racial equity within SCPH.

Challenges | **Over one-third of respondents (38%) said they did not currently face any racial injustice/racism challenges in their work.** Of the 73 respondents who said they do face racial injustice/racism challenges in their work, the most common challenge cited was **insufficient training on how to center their work in health and racial equity**. Over half of respondents who faced challenges (56%) cited **witnessing or experiencing microaggressions**. The biggest variation was in perceptions of whether **SCPH Leadership views health and racial equity as a priority** in the work: Leadership (8%), Supervisors (19%), and Staff (28%).

Caucus Groups | Only 43 respondents (15%) stated that they had ever (now or in the past) regularly attended a meeting of one of Sacramento County's Caucus groups. Over half of the respondents who regularly attended a Caucus meeting (58%) went to SCPH Racial and Health Equity Advisory Team (REHEAT) meetings. Due to the small number of attendees, only the 24 SPCH REHEAT attendee responses were analyzed; **almost all (92%) agreed or strongly agreed that**

they benefited from attending the REHEAT meetings.

Health & Racial Equity Unit | The most common idea about what the SCPH Health & Racial Equity Unit could do right now to help address the challenges SCPH employees are facing in confronting racism in all its forms and/or promoting health and racial equity in their work was through **training and education, for all staff**. In addition, a few respondents mentioned the need for consolidated and shared information across Sacramento County, acknowledging that "the Health & Racial Equity Unit is just one unit of Sacramento County." Other respondents acknowledged that "**it takes time to build a safe workplace**," including "address[ing] **communication styles** based on background (e.g., assertiveness and intimidation)" and "training for staff on all levels and tools for supervisors to immediately address **microaggression/bias**."

ONTRACK | Many of the suggestions for what ONTRACK can do to address the challenges respondents are facing reflected the same suggestions as for the Health & Racial Equity Unit (i.e., **training and education**). In addition, a common theme was a hope that ONTRACK could provide "**stronger tools** to immediately address [subtle judgmental comments about certain groups of patients]" and a "**safe space** to help educate leadership." One respondent specifically asked for ONTRACK to "**facilitate open discussions** between leadership, management, and staff, as well as provide [a space for] self-reflection." Many respondents acknowledged the need for support at all staff levels and highlighted "training to all SCPH senior leadership [and] 1-on-1 coaching for senior leadership," as well as "**leadership-specific training** to work on how to discuss these topics with staff." Overall, respondents want ONTRACK to "**really call this system out on where it is falling short**."

Be very honest with SCPH managers and supervisors about what they can do to advance health and racial equity in their work. There are a lot of departments in SCPH that are not very diverse and do not accurately reflect [the] priority populations we work with.

Throughout the survey, the theme of action emerged: several respondents are seeking inspiration and discussion, "like a TED talk" or "more training including hands on work, self-tests, role play, etc. (not just webinar)."

Having ONTRACK lead the classes and/or the Brown Bag lunch conversations especially in the beginning would be good to help make it a safer (not led by SCPH staff) space.

Recruitment, Hiring, and Promotion

On a scale of scale ranging from one to four, where one (1) means "strongly disagree" and four (4) means "strongly agree," respondents' agreement that **SCPH recruiting efforts reach a racially diverse pool of applicants** was relatively low (less than "somewhat agree").

Leadership (n=15)	Supervisors (n=39)	Staff (n=163)	Overall (n=217)
2.80	2.97	3.17	2.98

In order to increase the representation of Black, Indigenous, and People of Color (BIPOC) in future SCPH Staff, all groups recommended **increasing the diversity of outreach networks**, as well as **actively encouraging BIPOC candidates to apply**. A larger proportion of Supervisor and Staff respondents recommended **increasing cultural competence** and/or **diversity within the SCPH staff selection committee** than Leadership respondents did. In contrast, a larger proportion of Leadership respondents recommended **better incorporating equity commitment and goals in SCPH job descriptions**. Finally, a larger proportion of Supervisors recommend **addressing racial bias in the interview process** than other groups did.

While adjusting the compensation scale was the least often selected strategy overall, 10% of Staff respondents and 8% of Supervisor respondents made this recommendation, but 0% of Leadership respondents selected this as one of their "top two" strategies to increase BIPOC representation.

In order to increase the representation of Black, Indigenous, and People of Color (BIPOC) Staff…	Leadership (n=16)	Supervisors (n=38)	Staff (n=163)	All Groups (n=217)
Increase the diversity of outreach networks	56%	50%	47%	**48%**
More actively encourage BIPOC candidates to apply	25%	24%	26%	26%
Increase cultural competence and/or diversity within the SCPH staff selection committee	6%	29%	21%	21%
Better incorporate equity commitment and goals in SCPH Staff recruitment materials	38%	11%	14%	15%
Better define eligibility and selection criteria	6%	13%	14%	13%
Better incorporate equity commitment and goals in the SCPH job descriptions	25%	8%	13%	13%
Better incorporate equity commitment and goals in application materials	13%	11%	12%	12%
Address racial bias in the interview process	6%	16%	8%	9%
Adjust compensation scale	0%	8%	10%	9%
Other	13%	13%	7%	9%

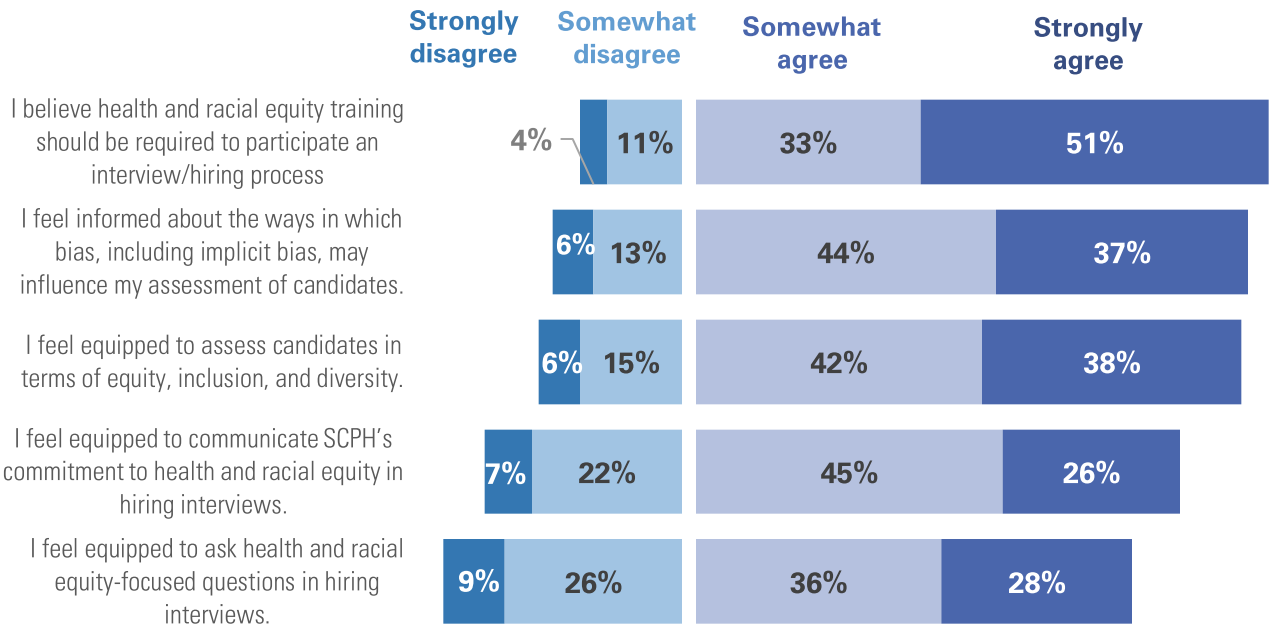
Hiring Interviews | Overall, less than 12 percent of respondents (35 total) reported seeing or experiencing racial bias during their interview process. In an open-ended question, respondents were asked what would have helped them to perform better in the interview. Themes from the responses included:

- Being better prepared and less nervous
- Having more confidence and comfort in speaking about their background
- Making the interview environment more comfortable
- Having the interview in person (many interviews were virtual due to Covid-19)

One respondent said plainly that they would have done better in their interview if "**there was someone on the panel who looked like me AND understood my culture.**"

Approximately one-third of respondents (34%) have participated in an interview/hiring committee. Overall, 84 percent of those 100 respondents who had participated in an interview process believe **health and racial equity training should be required to participate in an interview/hiring process**. However, **respondents felt the least equipped to ask health and**

racial equity-focused questions in hiring interviews.



Once staff are employed, there is a relatively low level of agreement that **SCPH policies and practices encourage promotion of a racially diverse pool of staff**, with Staff more positive than other groups.

Leadership (n=15)	Supervisors (n=39)	Staff (n=166)	Overall (n=220)
2.73	2.77	3.16	2.89

Increasing the diversity of outreach networks for promotion opportunities was the most mentioned strategy to increase the promotion of Black, Indigenous, and People of Color (BIPOC) in SCPH across all three groups. Staff most often cited **increasing options for active mentoring of BIPOC staff** and **increasing cultural competence and/or diversity of the promotion committee**. Again, the biggest variation between groups were regarding **adjusting compensation scale** for internal candidates (0% of Staff compared to 11% of Supervisors) and **addressing racial bias in the promotion process** (31% of Leadership compared to 6% of Supervisors).

In order to increase the promotion of Black, Indigenous, and People of Color (BIPOC) Staff…	Leadership (n=16)	Supervisors (n=35)	Staff (n=160)	All Groups (n=211)
Increase the diversity of outreach networks for promotion opportunities	38%	38%	26%	**36%**
Increase options for active mentoring of BIPOC staff	38%	19%	46%	25%
More actively encourage BIPOC candidates to apply for promotion	13%	26%	17%	23%
Increase cultural competence and/or diversity within the SCPH staff promotion committee	19%	19%	31%	21%
Create opportunities for exposure to SCPH senior leadership	19%	20%	17%	19%

In order to increase the promotion of Black, Indigenous, and People of Color (BIPOC) Staff…	Leadership (n=16)	Supervisors (n=35)	Staff (n=160)	All Groups (n=211)
Better define eligibility and selection criteria for promotion	13%	17%	17%	17%
Better incorporate equity commitment and goals in internal SCPH job descriptions	13%	14%	14%	14%
Adjust compensation scale for internal candidates	6%	11%	0%	9%
Address racial bias in the promotion process	31%	6%	11%	9%
Other	0%	6%	6%	6%

Empowerment and Training

Leadership and Staff respondents report feeling slightly more **empowered to advance health and racial equity in [their] work** than Supervisors. But overall, respondents only "somewhat agree" that they feel empowered.

Leadership (n=15)	Supervisors (n=39)	Staff (n=161)	Overall (n=215)
3.07	3.00	3.07	3.05

Increasing Empowerment | Although almost **one-third of all respondents (32%) said they were content with the level of support they receive to advance health equity**; the most common way respondents would feel more empowered to advance health and racial equity in their work was if they **had more information and/or training so they knew how**, especially for Supervisors (62%). Leaders were much more likely to feel more empowered if they were **confident that there was senior leadership buy-in within service partner organizations** (29%), compared to 10 percent of Supervisors and 6 percent of staff. Notably, only two individual respondents stated that they were uncomfortable or unwilling to advance health and racial equity.

I would feel more comfortable advancing health and racial equity if…	Leadership (n=17)	Supervisors (n=39)	Staff (n=160)	All groups (n=216)
I had more information and/or training so I knew how to do so	29%	62%	44%	**46%**
I am content with the level of support I receive to advance health and racial equity	35%	13%	36%	32%
I had more time	12%	21%	16%	17%
I received acknowledgement for my efforts to advance health and racial equity	18%	3%	10%	9%
I had the support of SCPH Leadership	12%	13%	8%	9%
I was confident that there was senior leadership buy-in within our service partner organizations	29%	10%	6%	9%
I had the support of my immediate supervisor	6%	5%	6%	6%
I had equity accountability requirements in my performance reviews	0%	10%	3%	0%
I am uncomfortable or unwilling to advance health and racial equity	0%	3%	1%	0%
Other	0%	5%	6%	0%

Leadership respondents most strongly agree that **health and racial equity <u>should be</u> a central**

component of the SCPH Staff training program.

Leadership (n=16)	Supervisors (n=39)	Staff (n=164)	Overall (n=219)
3.63	3.46	3.32	3.47

However, there is much less agreement that **health and racial equity <u>currently is</u> a central component of the SCPH Staff training program**.

Leadership (n=16)	Supervisors (n=39)	Staff (n=159)	Overall (n=219)
2.19	2.51	2.86	2.52

Strategies to Improve Trainings | These responses indicate an opportunity and desire for information and trainings about how to improve health and racial equity-focused training at SCPH, across all staff levels. Just under one-quarter of respondents stated that they were satisfied with the quality of health and racial equity-focused training at SCPH, but almost one-third of Leadership respondents felt this way. Overall, the most common suggestion for improvement across all levels is for **more health and racial equity-focused training activities and discussion**.

Strategies that would improve health and racial equity-focused training at SCPH include….	Leadership (n=15)	Supervisors (n=39)	Staff (n=156)	All groups (n=210)
More health and racial equity-focused training activities and discussions	47%	29%	36%	**38%**
More and/or better collectively available health and racial equity resources	7%	25%	29%	28%
Better centering of health and racial equity within all SCPH trainings and events	27%	36%	26%	27%
Increased participation requirements for health and racial equity-focused training activities and discussions	40%	26%	21%	23%
None of the above. I am satisfied with the quality of health and racial equity-focused training within SCPH	7%	20%	25%	22%
Increased quality of health and racial equity training curriculum and speakers	33%	21%	20%	21%
Other	7%	1%	1%	2%

Training Topics | **The desired topics for training differ depending on staff level.** Overall, just over one-quarter of respondents (26%) identified **identifying and addressing institutional/structural/systemic racism** as one of the two topics of most training interest. However, this selection reflects just over half of Leadership (56%), compared to fewer Supervisors (34%) and even fewer Staff (20%). More Staff want training in **identifying and addressing racial bias** (27%), compared to Supervisors (13%) or Leadership (6%). More Leadership respondents want training on **health and racial equity in County services** than other groups.

Desired content areas for SCPH trainings include…	Leadership (n=16)	Supervisors (n=38)	Staff (n=157)	All groups (n=211)
Identifying and addressing institutional/structural/systemic racism	56%	34%	20%	**26%**
Identifying and addressing racial bias	6%	13%	27%	23%

Communicating the significance of health and racial equity in public health	19%	18%	20%	20%
Identifying and addressing interpersonal/individual racism (including microaggressions)	13%	26%	18%	19%
Health and racial equity in County services	38%	16%	18%	19%
Identifying and addressing white privilege	13%	16%	17%	16%
History of public health (in)justice	6%	13%	17%	15%
Strategies for guiding conversations about race	13%	18%	12%	13%
None of the above	6%	13%	14%	13%
Effective allyship	19%	8%	10%	10%
Intersecting axes of inequality	0%	8%	1%	0%
Other	0%	3%	1%	0%

Staff Support, Supervision, and Management

Leadership and Supervisor respondents were asked a series of questions related to their capacity and comfort addressing issues of race, racism, racial allyship, and/or health and racial equity as managers.

Management Capacity | Overall, Leadership respondents more strongly agree that they **feel equipped to talk about race, racism, racial allyship, and/or health and racial equity with SCPH Staff** than Supervisors do.

Leadership (n=16)	Supervisors (n=39)	Overall (n=55)
2.88	2.62	2.75

Similarly, Leadership respondents, on average, have **conversations about race, racism, racial allyship, and/or health and racial equity with SCPH Staff** more frequently than Supervisors.[3]

Leadership (n=15)	Supervisors (n=39)	Overall (n=54)
2.80	2.54	2.67

Both Leadership and Supervisor respondents highlighted **training and practice** as ways they could feel better equipped to talk about race, racism, racial allyship, and/or health and racial equity with SCPH Staff. Other requests included a "**safe environment in which to discuss**," including "**ways to hold space open for conversations**" and "**increased normalization, increased frequency of discussions**."

While one respondent who self-identified as "not a person of color" specifically requested "hearing from people of color what their experiences are in the community, [in order to] better understand from their point of view," another respondent requested "**subject matter expertise**." There seems to be buy-in among Leaders and Supervisors, who are looking for **support from "upper management"** and more "communication tools and phrases that reflect **cultural humility**."

We've been in the "sales pitch" mode on health and racial equity for many years. I'm ready to buy so let's get moving. I am concerned that every meeting I have attended regarding HRE turns into, "let me tell you personal stories about every bad thing that has happened to me in

my life." Our experiences with racism frame who we are, but making the meeting all about me and my life often distracts and doesn't get us closer to taking meaningful action. [I] suggest we have some healing circles for people to share and commiserate and set some ground rules for the meetings to try to keep us on task. This survey asks a lot about recruiting and hiring more BIPOC staff. Our staff makeup is actually pretty representative of our community and we have good BIPOC representation, including our leadership (a good thing). County list eligibility criteria could be improved across the board, but I don't think workforce demographics are what have kept us from addressing equity.

Overall, Leadership and Supervisor respondents are ready for action. No Leaders or Supervisors indicated that they were uncomfortable or unwilling to support SCPH Staff in advancing health and racial equity in their work. Leadership respondents more strongly agree that they **actively encourage the SCPH Staff I work with to advance health and racial equity in their work** than Supervisors do.

Leadership (n=16)	Supervisors (n=37)	Overall (n=53)
3.25	2.92	3.08

Management Development | Like the request for additional trainings in other areas, Leadership and Supervisors together (41%) most often requested training and resources on how to embed health and racial equity into Staff's work. Leadership respondents, in particular, identified more time and/or feeling less overwhelmed by their work as a way to help staff advance health and racial equity in their work.

I would feel better equipped to help SCPH Staff to advance health and racial equity in their work if...	Leadership (n=16)	Supervisors (n=38)	Overall (n=54)
SCPH Supervisors received training and resources on how to embed health and racial equity into Staff's work	44%	39%	**41%**
I had more information and/or training in this area	38%	37%	37%
I had more resources/tools to support SCPH Staff	38%	32%	33%
I had more time and/or felt less overwhelmed in my work	38%	18%	24%
None of the above. I am content with the level of support I provide SCPH Staff in advancing health and racial equity in their work.	6%	18%	15%
SCPH job descriptions included equity accountability requirements	6%	16%	13%
I was confident that service partner organizations were supportive of health and racial equity initiatives	6%	3%	4%
Other	6%	3%	4%
The communities served by service partner organizations had a greater need for such efforts	0%	3%	0%

Only 15 percent of Leadership and Supervisor respondents said they were content with the level of support that they provide SCPH Staff in advancing health and racial equity in their work.

Summary

In summary, the Staff Assessment Survey highlights the desire – and need – for health and racial

equity training across the Sacramento County Department of Public Health. While many respondents acknowledge the work of the Racial Equity Health Unit, several respondents highlighted their appreciation for an external subject matter expert, such as ONTRACK Program Resources, to provide trainings and help create supportive spaces for conversations about health and racial equity.

Survey responses identify several areas for capacity building, and highlight differences between SCPH levels in perception, needs, and supports to embed health and racial equity into the work. Overall, the majority of respondents are ready to expand and deepen the work completed to date across all levels across SCPH.

Most respondents see the need for – and want – to increase their own knowledge and the knowledge of their peers and leadership, and to build a system and culture of health and racial equity across SCPH, and the entire County.

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[1] 75% of surveys were "complete." The number of responses provided per question is indicated throughout.

[2] *Note: White is capitalized to bring attention to the fact that this often "unmarked" category is racialized.*

[3] On a scale of 1-4 (Never = 1, Once or twice a year = 2, At least once a month = 3, At least once a week = 4)

KEY PERSONNEL INTERVIEW SUMMARY

Between January and March 2023, eight key personnel were interviewed to assess the racial equity and inclusion status of Sacramento Public Health Division. The purpose of the interviews was to gather information on the organization's current racial equity practices and policies, identify areas where the organization can improve its racial equity efforts, and develop a capacity building plan for how the organization can improve its racial equity capacity to benefit Sacramento's diverse communities.

The participants were selected based on their diversity of racial and ethnic backgrounds, and job functions. The interviews were recorded and transcribed, and the data analyzed.

The interviews had several limitations, including the small sample size, which focused on leadership and supervision, rather than front-line staff and community. However, the findings of the study provide valuable insights into the racial equity challenges facing SCPH and can be used to inform health and racial equity capacity building efforts.

The findings of the interviews revealed several key themes, including:

- Lack of diversity and inclusion in leadership
- Perceptions of bias and discrimination among staff
- Lack of training and resources on racial equity among all programs

- Need for more accountability and transparency.
- Need for a common language to discuss racial equity.
- These themes will be explored in more detail below.

Key Informant Interviews: Findings

1. The culture and climate of SCPH are mixed in terms of its commitment to advancing health and racial equity

In general, interviewees viewed the racial equity climate and culture at SCPH as inconsistent. On the one hand, the establishment of the Health and Racial Equity Unit is a source energy and of promise, though a number of other factors indicate that a substantial amount of work remains. It was noted that prior to Covid it was mostly just talk about health equity, but things changed after George Floyd and the public declaration that racism was a public matter. Yet, there was "cautious optimism" that the "will" to do the work could be developed across the SCPH.

- "I think there are, you know, really great conversations happening, and a really exciting momentum. That's really kind of taking off."
- "I love the fact that we don't just call it 'health equity' or 'dei,' that we are calling it 'health and racial equity.' We're putting a name to it. And we're saying out loud to the public that this is something that we care about and work that we want to do. But I don't know that all staff hear that on a regular basis."
- "I do believe the priority is to, to try to continue the path of learning and to increase understanding and actions regarding racial and health equity. And I think a good example of that is "we created these units, we're dedicating funding, we're creating, you know, trying to demonstrate to put forward the resources so that we can have very specific concentrated and focused efforts on advancing equity within our programs and also externally within our community. So I would say there's a high level of commitment to equity."
- "Everyone wanted to make racial equity a priority. But it kept getting put on sort of the back burner, like, as far as what we're going to do around changing our culture, working with staff, having difficult conversations, things like that, that kind of thing kept getting put on the back burner. I feel like you know, we've always said we want health equity, let's work towards it, let's build programs around it. But then internally, you know, we're just now getting around to it. Covid helped with that."
- "The accreditation process was moving along, but the actions necessary to embed a racial equity lens into the accreditation process. So yeah, was not occurring."

2. There is a lack of understanding of what health and racial equity actually is.

Interviewees agreed that there was a lack of understanding of the issue. Indeed, none of the people interviewed defined health and racial equity in the same way. Most stating that health and racial equity was about "access" to resources.

- "We have to be able to talk about racial equity. Right now we don't have the language."
- " In the way we talked about equity, 'health equity was in the forefront.' I think there was a point in time when the conversation shifted to 'racial equity.' And so we've, you know, changed the terminology that we use."
- "People became upset when we'd say racial equity without saying "health and racial equity."
- "Health and racial equity is disparities around health outcomes."
- "Everyone should have equal access to resources."
- "There are people who don't understand modifying services for communities, they see it as catering to people who want special treatment."
- Racial equity is when all people get the same treatment."

3. Staff of color do not feel comfortable or safe at work.

Some interviewees noted that they thought many people of color, especially Black people did not feel comfortable at work. Interviewees maintained that there were a number of things that supervisors could do to improve the ability of people of color, especially Blacks, to feel both comfortable and safe at work.

- Supervisors can help to raise awareness of racial equity and its impact on health by providing training and resources to their staff. They can also create a culture of inclusion and respect in their workplace.
- Supervisors can help to promote dialogue and understanding about race and racism by creating opportunities for their staff to have open and honest conversations about these topics. They can also model respectful and inclusive behavior in their own interactions with staff.
- Supervisors can support staff who are experiencing racial discrimination by providing them with resources and referrals. They can also create a safe space for staff to share their experiences and to seek support.
- Supervisors can hold staff accountable for their actions by creating clear expectations and by enforcing policies and procedures and eliminating microaggressions. They can also

model the behavior that they expect from their staff.

- "People need to feel they can be themselves and be valued. Right now a lot of people of color, especially Black people, feel like they are walking on egg shells. As long as it remains like this there can't be real change. Some people think the issue is the community, not the systems."
- "The development of strategies for establishing relationships with individuals from diverse backgrounds and gaining knowledge of their experiences

4. Health and racial equity are more important in some programs than in others.

This theme recognized a disparity in programs that demonstrated that health and racial equity was important and that this could prove challenge to making it a division-wide priority. Some departments have less direct contact with communities in their programming, and consequently less need to be responsive to diverse community need. It was noted that funding sources are sometimes categorical and don't prioritize racial equity or community voice.

- "Racial equity is maybe not so well understood at the program level. And I think that's where we need to go with this."
- "We are so siloed. We need an integrated information system so that information and other resources needed by our priority communities can be accessed."
- "A lot of our Maternal and Child Health Programs have, have really gotten the racial equity memo a lot earlier about those inequalities and the challenges. And so I think a lot of those programs have already been doing a lot of work in this arena. I also think like our sexual health programs have definitely been working within sort of a health inequality realm, not always racial based, but definitely looking at how people identify and sort of what their culture is and how that impacts different disease rates. But I think sort of some of our other programs, maybe haven't done as much of it. So I think that there's a lot of experience, there's a lot of, of sort of best practices that we could be, you know, taking from and seeing what work has already been accomplished."
- "Some programs have racial equity goals attached to their funding, others don't."
- "You know, we also have a lot of administrative staff and people who aren't necessarily out doing program work, who work in public health, but don't necessarily see themselves as public health workers. So I think those staff who have very valid life histories and experiences and all kinds of things that would be very beneficial to all of us to have conversations about, don't necessarily feel like they are a part of the racial equity conversations."

5. There is a need for a more diverse workforce at SCPH

There was a strong belief among interviewees that a good working environment and a sense of belonging for people of color would include a more generous effort to hire people of color, more opportunities for open dialogue within programs and orientation to different cultures, and a more inclusive onboarding process.

- "Some of the programs are doing well in terms of communications materials, but we are challenged in terms of hiring a diverse staff that can actually engage a community as diverse as Sacramento."
- "In order to get a more diverse workforce we will need to add racial equity into the onboarding, change the MQs, and amplify experience rather than education."
- "We will have to improve our cross racial communication if we are going to make any progress together."

6. Increase direct community engagement to inform programming and accountability

There was a sense that accountability around racial equity was not happening. Community engagement was viewed as a way to increase accountability and cultural competence.

- "I attend some community collaboratives. And when I introduce myself, they are surprised that I am black, you know, I'm one of theirs, or they feel comfortable here or somebody that looks like me, has the same experiences, and is looking out for me. Yeah, our public health does not do that. And in fact, very few people go into the community. And it's even worse since zoom. So people go because they're mandated and they do not participate. They sit and are quiet. And so there is no relationship building."
- "And for some reason, in certain neighborhoods, government just does the right thing and fixes it. And then other neighborhoods, they make you come out, and they make you talk, and they make you give your speech about why this is so important, and why they should allocate resources to your neighborhood. And I just really thought, like, that's, it's so true, like, for certain neighborhoods, we just do it. And we just know that, that neighborhoods going to be fine. And we don't have to ask their opinion. And we don't have to make them come out on a Tuesday night and give them a burrito in order to like, tell us how they feel about their neighborhoods. We should just do it. Unfortunately, we have to ask them what they need."
- "Instead of working in the community, we're outsourcing services to community people, community health workers, community navigators. So when you ask for a true public health employee to come, it's usually not someone who looks like me. So yes, we do need our community navigators. But they're not sitting at the table decide? So, you can't really even talk about, you know, how a CPH can make itself seem like a more reliable partner around

health and racial equity, because you don't have anybody there."

NEXT STEPS

The information gathered from this report will inform ONTRACKS continued capacity building efforts, which include the following:

- Develop and implement health and racial equity training plan, which includes seven trainings and supporting materials, to increase staff knowledge of health and racial equity principles and practices in public health programming. These trainings will be conducted both in-person and online;
- Development of a racial equity library/tool kit that supports staff in their health and racial equity efforts at the personal, interpersonal, organizational, and structural levels. The toolkit will be accessible online for all staff;
- Develop a web-based onboarding training curriculum. The onboarding will consist of a series of videos and online workshops that will be accessible through the county training platform.