

ONTRACK Program Resources, in collaboration with the *Sacramento Department of Health Services, Public Health Division’s (SCPH) Health and Racial Equity (HRE) Unit*, launched a second annual Staff Assessment Survey in May/June 2024 to inform efforts to achieve health and racial equity within and across SCPH. This memo summarizes feedback from Staff, Supervisors/Managers, 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, Supervisors/Managers, and Leaders were invited and encouraged to respond.

The following pages summarize 2024 findings, with comparable 2023 findings provided, where applicable, in the far-right column, for comparison. Qualitative narrative focuses on - and quotations were provided in - 2024.

Key Findings

- Most, but not all, respondents (93%) agree that advancing health and racial equity in SCPH is important.
- Almost one-half (46%) said they *do not* face any racial injustice/racism challenges in their work.
- Many respondents acknowledge the steps SCPH has taken towards health and racial equity, but many expressed feelings of frustration that trainings have resulted in a “backlash” or more microaggressions.
- Many training topics emerged, with staff prioritizing strategies for guiding conversations about race and communicating the significance of health and racial equity in public health.
- Respondents acknowledge that HRE work is progressing, but the focus should be on how it relates to public health and how to apply it to SCPH programs to better help communities served.
- 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 and increase encouragement for BIPOC candidates to apply.
- A common theme across the entire survey is a need for continued trainings, with a focus on action and implementation, along with a need to prioritize trainings for Leaders, Supervisors, and Managers to help embed health and racial equity across SCPH.

Survey Respondents

A total of **190 surveys** were submitted in 2024, categorized into three staff types:

Role	2024	2023
Staff	130 (68%)	220 (75%)
Supervisors and Managers	49 (26%)	55 (19%)
Leadership	11 (6%)	18 (6%)
Total	190 (100%)¹	293 (100%)

The reduced number of respondents is understandable considering that the HRE Unit’s work was well underway by 2024, it is worth noting that the proportion of reported race/ethnicity of respondents changed in 2024, as described below. As a comparison, in 2023, 32% of respondents self-identified as White, while in 2024, only 17% of respondents self-identified as White. In contrast, the percent of respondents who identified as Asian increased from 21% in 2023 to 27% of the sample in 2024. Overall, more of the 2024 sample identified with a BIPOC group (83%) compared to the 2023 sample (68%). This indicates that the decrease in 2024 respondents were mostly among White respondents.

Finally, it is important to note that the role descriptions changed slightly from year to year. In 2023, “Staff” included administrative staff, front line staff, and other staff; “Supervisors” included supervisors (not senior management) and leadership team (program planners, etc.); and “Leadership” included senior management level/unit or program lead/manager. In 2024, “Staff” included front line staff and other; “Supervisors and Managers” included supervisors and managers; and “Leadership” included Health Program Manager (HPM) and above.

Race/ Ethnicity | The largest group of 2024 Staff self-identified as Asian (27%), followed by Hispanic or Latino (25%) or White² (17%), Black or African American (16%), American Indian or Alaska Native (4%), or Native Hawaiian or Pacific Islander (2%); 8% of Staff identified as “Other.” In contrast, the largest group of Supervisors/Managers self-identified as White (53%), followed by Asian (17%), Hispanic or Latino (11%), Black or African American (9%), or American Indian or Alaska Native (4%); 6% of Supervisors/Managers identified as “Other.” Similarly, over half of the Leadership respondents self-identified as White (57%), followed by equal percentages (14% each) Asian, Black or African American, or Hispanic or Latino. No Leadership respondents identified as “Other.”

Gender | Across all groups, the majority of respondents identified as women (82-86%), and a handful of respondents in each group opted not to identify their gender, including a small number of respondents (7% of Staff and 8% of Supervisors/Managers) who declined to identify their gender.

Advancing Health and Racial Equity

For the purposes of the 2024 survey, the definition of health and racial equity was updated to align with the Health and Racial Equity Action Plan (HREAP) to mean: **the process of eliminating racial disparities and improving health outcomes for everyone. It is the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color.** 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:

	Supervisors/ Managers (n=49)	Staff (n=128)	Overall 2024 (n=187)	Overall 2023 (n=252)
Leadership (n=10)	3.50	3.57	3.60	3.66

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

	Supervisors/ Managers (n=49)	Staff (n=127)	Overall 2024 (n=186)	Overall 2023 (n=252)
Leadership (n=10)	3.70	3.48	3.61	3.35

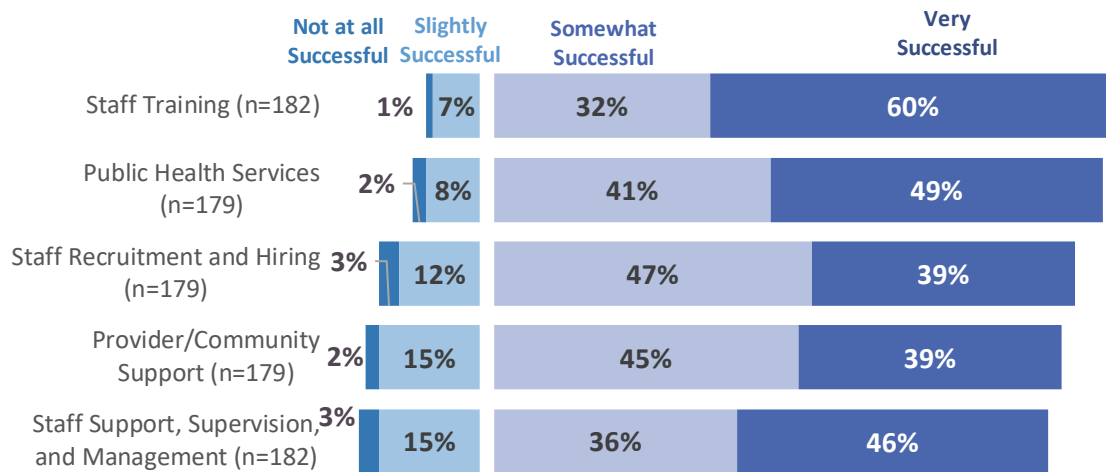
SCPH advances health and racial equity within its programs.

	Supervisors/ Managers (n=49)	Staff (n=128)	Overall 2024 (n=187)	Overall 2023 (n=252)
Leadership (n=10)	3.40	3.40	3.40	3.14

Overall, Supervisors/Managers rated the importance of advancing health and racial equity and the level of advancement the highest, while Leadership rated SCPH’s commitment the highest of all three groups. The

extent to which SCPH advances health and racial equity within its programs was rated the lowest, overall.

Current Successes | Staff Trainings were rated as the most successful area in advancing health and racial equity. In contrast, **Staff Support, Supervision, and Management** and **Staff Recruitment and Hiring** had the greatest proportion of respondents saying SCPH was “not at all successful” in these areas (3% each).



Survey respondents reiterated that while HRE work is progressing, **the focus should be on how it relates to public health and how to apply it to SCPH programs to better help communities served.** One staff elaborated: “the biggest place SCPH can work on is increasing the understanding and capacity of staff to implement programs in an equitable and community-driven way. [Examples include] conducting needs assessments with community involvement, practices for collecting and analyzing data in an equitable way, [and] community driven projects.” Respondents offered conflicting statements on the stance and state of HRE in SCPH: While one person thought the “abundance of training offerings, power hours, equity in strategic planning and the CHIP suggest there’s been a strong and sustained push to advance racial equity,” others thought their “work environment is not safe [for] speaking out and not receiving retaliation. If you want to actually advance health and racial equity, then there needs to be a safe work environment and ALL programs [need to] get involved with the community more.” Lastly, staff mentioned SCPH could achieve more success in this area through senior management opportunities for people of color, employing staff from communities served, more diversity in the Top Director, Division Manager, and Executive Leadership roles, and “all programs, facing and non-community facing, should embed HRE policies, education and trainings.”

Knowledge, Opportunities, and Challenges

Knowledge of Health and Racial Equity Concepts | Respondents reported the most knowledge (self-rated as good or excellent) of the concepts of diversity (91%), racial equity (89%), health equity (88%) and explicit bias and inclusion (87% each). Respondents were less knowledgeable about topics such as structural racism (77%), implicit bias (78%), and belonging (80%). The areas where knowledge can be expanded echo numerous comments in the survey highlighting the necessity for shared understanding and a common language to discuss health and racial equity and address more nuanced concepts.

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 nine respondents (2%) 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.

While most people listed individuals in response to this question, some noted that they either do not have interest in or comfort for discussing the topics above, saying: “I have no interest in talking about it,” “I do not feel comfortable talking about these topics,” and “there is a lot of judgment related to discussing these concepts, still.” One respondent explained “being Caucasian, there isn’t a supportive space to talk about the backlash thrown at us.” Other respondents listed spaces, groups, or individuals where they feel supported, including HRE trainings, friends and colleagues outside of the workplace, the HRE newsletter (specifically the conversation opener), the team they supervise, and their immediate unit. One respondent qualified that while they have conversations about it, they do not discuss the topics on “the level this [the trainings] is taking it to.”

Challenges | Almost half of respondents (46%) said they did not currently face any racial injustice/racism challenges in their work. Of the 36 respondents who said they *do* face racial injustice/racism challenges in their work, the most common challenge cited was limitations in their own knowledge (78%), witnessing or experiencing microaggressions (72%), and insufficient training on how to center their work in health and racial equity (47%). One person reported that they have never experienced a need, but they did not clarify whether this was to have a discussion on the topic, employ concepts learned, etc. Another said that, while they haven’t experienced any racial injustice in their county position, they would feel comfortable reporting it or talking about it. Others noted the following challenges:

- Limited resources to engage in proactive outreach
- Privilege impacting staff ability to absorb the information and recognize its importance
- Different cultures and races are not equally prioritized in trainings
- Time outside of training to interact with other programs in public health to share ideas
- Competing priorities and lack of funding
- Rigid hiring guidelines and minimum qualifications don’t allow for experience to be accounted for
- County Executive Office shows poor leadership in racial equity work and strategy

Caucus Groups | Approximately 36% of respondents (68) 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 (53%) went to SCPH Racial and Health Equity Advisory Team (RHEAT) meetings. Of the 40 SCPH RHEAT attendees, almost all (92%) agreed or strongly agreed that they benefited from attending the RHEAT meetings.

Health & Racial Equity Unit | The most common idea about what the SCPH Health & Racial Equity (HRE) 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 continuing to provide consistent supportive spaces and trainings. In addition to requests for the HRE Unit to “help create safe spaces without judgement,” some respondents asked for specific tools and topics, such as a “discussing racism toolkit/bibliography/resource page with links to important websites or articles on the topic” and that “a training of how to heal relationships with groups that may not feel comfortable with our programs based on history would be very helpful.” One respondent urged the HRE Unit to “continue to keep open conversations regarding sensitive topics [and] have trainings regarding racism Hispanic and Asian populations face in the community.”

Communicate to staff that HRE work is public health work and that it's not going away. There is a growing sentiment (outside of work) that DEI and racial equity work is falling out of fashion. Leadership should affirm that it's foundational to our core business practice.

Throughout the survey, the theme of balancing trainings and culture change emerged: several respondents are seeking knowledge, support, and practice. Several people asked for “sharing more examples of how [SCPH] programs have use and equity approach in their work,” and clarity that “all levels need to get on board with racial and health equity.” Many survey responses demonstrated the contrast between the statement that “Staff and colleagues I have talked to are tired of the HRE trainings. Some think the County is going overboard with the trainings” and a request to “provide training to the few Minority Supervisors/Managers on how to deal with their own fears & stress of internal racism & retaliation for managing White staff with favoritism over the BIPOC staff.” Despite the multiple trainings that have occurred, there still seems to be a disconnect between different staff experiences across SCPH that the HRE Unit is trying to address.

Continue to do this work! Raise issues and don't be afraid if it is difficult or challenging. It takes time, but this unit is making a difference.

Many respondents commented on the HRE trainings, current inequities and discrimination within SCPH that need to be addressed, and a need to both continue and create safe spaces. As described above, one staff suggested developing and releasing a “discussing racism” toolkit with links, resources, and articles on the topic. Many would like to see additional specific trainings, including some specifically for minority supervisors and managers on dealing with fears or instances of internal racism for managing white staff, how to incorporate equity into programs, a focus on additional various ethnic backgrounds including Asian and Hispanic cultures, and town halls. Many respondents re-emphasized a desire to learn about how to incorporate learned concepts tangibly into current SCPH programs and offerings. In addition to the trainings, many would like to have more open discussion, safe spaces without judgment, and a space to heal from racism-related trauma. In other words, “a confidential space within each program where people know they can go and talk about issues.” One respondent specified how a safe space could be created, suggesting to “set meeting guidelines so staff aren’t attacking and name calling others for differences of opinions,” as well as engaging an external partner or contractor for staff to submit encounters with racism in the workplace. However, some respondents noted that either they or colleagues they have spoken with “are tired of the HRE trainings” and “think the County is going overboard with the trainings.” Some suggested continuing HRE Power Hours, saying they have been “VERY helpful in me learning more about the historical context of racism and consider how to better safeguard health and racial equity.” Two respondents would like to see RHEAT support the Caucuses in “teach[ing] them how to use their platform to educate employees about HRE, not just fundraising.”

In addition to more trainings, safe spaces, and Caucus support, others suggested top-down affirmations and resource allocations. Staff thought “leadership should affirm that [HRE work] is foundational to our core business practice” and that both leaders and staff should “stop allowing people to tiptoe around these issues.” Respondents wanted leadership specifically to be trained in microaggressions, white privilege, and retaliation, with one saying retaliation against them was allowed by their manager after they reported an incident. One person wanted assistance from Dr. Kasirye to “develop more clarity in the role HRE plays with respect to other

[racial equity] initiatives in the county.” Respondents would like to see more equitable hiring practices, with flexibility that honors experience as much as degrees. Interestingly, one suggested that people who work in SCPH but live and “drive off to Roseville, El Dorado Hills, Davis, etc. [are] not invested in racial inequities.” Some respondents wanted to increase access to interpretation services, saying the lack of access leads to inequitable care.

Recruitment Hiring and Promotion

On a 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”).

	Supervisors/ Managers (n=39)	Staff (n=102)	Overall 2024 (n=150)	Overall 2023 (n=217)
Leadership (n=9)	3.22	3.08	3.19	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** and **increasing the cultural competence and/or diversity within the SCPH staff selection committee**. In contrast, no Leadership respondents recommended **better incorporating equity commitment and goals in SCPH job descriptions** or in **recruitment materials**. However, a larger proportion of Leadership respondents recommended **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 20% of Supervisor respondents made this recommendation, but 0% of Leadership respondents selected this as one of their “top two” strategies to increase BIPOC representation.

<i>In order to increase the representation of Black, Indigenous, and People of Color (BIPOC) Staff...</i>	Leadership (n=8)	Supervisors/ Managers (n=40)	Staff (n=100)	All Groups (n=148)	All Groups 2023 (n=217)
Increase the diversity of outreach networks	38%	35%	35%	35%	48%
More actively encourage BIPOC candidates to apply	50%	30%	28%	30%	26%
Increase cultural competence and/or diversity within the SCPH staff selection committee	25%	33%	27%	28%	21%
Better define eligibility and selection criteria	13%	10%	18%	16%	13%
Address racial bias in the interview process	38%	13%	11%	13%	9%
Adjust compensation scale	0%	20%	10%	12%	9%
Better incorporate equity commitment and goals in SCPH Staff recruitment materials	0%	8%	14%	11%	12%
Better incorporate equity commitment and goals in the SCPH job descriptions	0%	8%	13%	11%	13%
Other	25%	13%	8%	10%	9%
Better incorporate equity commitment and goals in application materials	13%	8%	10%	9%	15%

Respondents for this question mostly said that SCPH is already doing an “excellent” job of hiring a diverse, equitable workforce. Respondents believe “our staff represents our community” and that staff is “wonderfully diverse.” Additional suggested strategies included adding more entry level jobs, transparency and

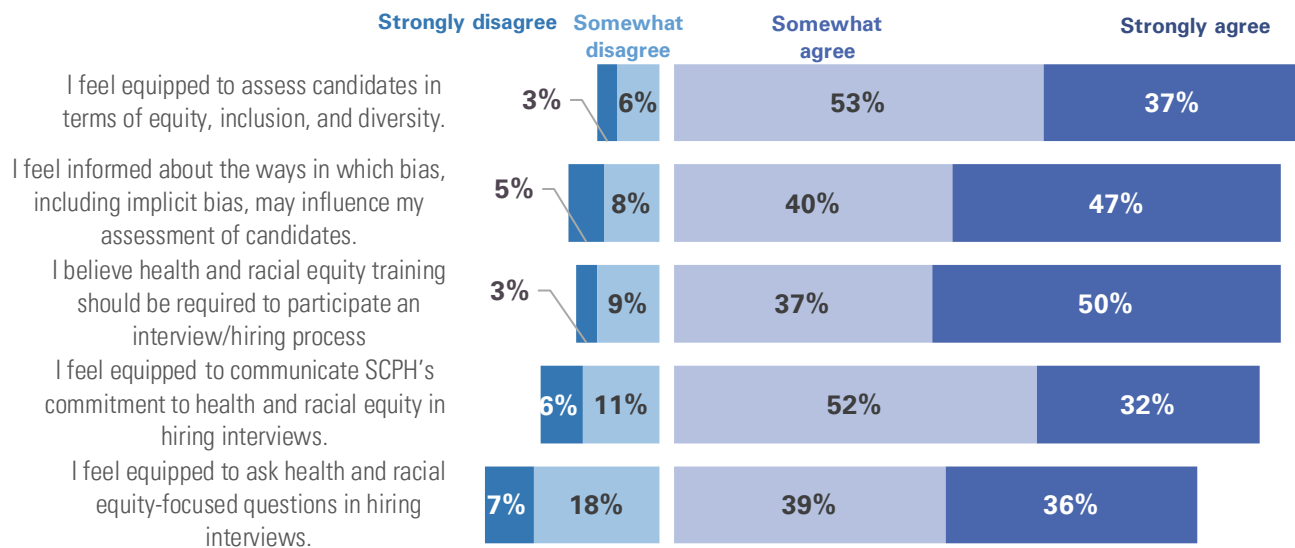
accountability for hiring managers, and “reducing unnecessary classification requirements (e.g. degrees when not absolutely integral to the role)” and “[taking] experience into consideration in place of education requirements,” including lived experience in addition to work experience.

Hiring Interviews | Overall, less than one-third of respondents (45 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
- Having less anxiety and a better understanding of the role and/or process
- Making the interview environment more comfortable

Respondents thought they would have performed better if they weren’t as nervous, felt less intimidated, did not feel like they were put on the spot, were better prepared, or had more confidence in themselves. Regarding the interview questions and structure, staff thought they would have performed better if they could review the questions ahead of time, they had a copy of the questions in front of them, they had more time to highlight their strengths, if there were fewer irrelevant questions, or if the questions were prefaced with more background on SCPH, such as value and cultures. While some mentioned their interview panel was diverse, one person thought they would have performed better if “the interview panel looked like me.” One respondent felt judged by their accent, and similarly another thought their performance would be improved if their English was better, being an ESL speaker. Three people mentioned they wanted a better or more clear description of the role and its daily tasks. Several respondents thought their interviews went well and said “N/A,” “my interview went well,” and “it was the most comfortable interview I’ve ever had.”

Hiring Committees | Just under half of respondents (47%) have participated in an interview/hiring committee. Overall, 90% of those 87 respondents who had participated in an interview process felt equipped to assess candidates in terms of equity, inclusion, and diversity. However, only three-quarters (75) felt 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 Leadership more positive than other groups.

Leadership (n=8)	Supervisors/ Managers (n=43)	Staff (n=106)	Overall 2024 (n=157)	Overall 2023 (n=220)
3.25	3.21	3.14	3.20	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 (26% of respondents). In addition, staff most often cited more actively encouraging BIPOC candidates to apply for promotion, creating opportunities for exposure to SCPH senior leadership, and increasing cultural competence and/or diversity within the SCPH staff promotion committee.

In order to increase the promotion of Black, Indigenous, and People of Color (BIPOC) Staff...

	Leadership (n=8)	Supervisors/ Managers (n=38)	Staff (n=98)	All 2024 (n=144)	All 2023 (n=211)
Increase the diversity of outreach networks for promotion opportunities	38%	18%	28%	26%	36%
More actively encourage BIPOC candidates to apply for promotion	13%	29%	24%	25%	23%
Increase cultural competence and/or diversity within the SCPH staff promotion committee	25%	32%	20%	24%	21%
Create opportunities for exposure to SCPH senior leadership	50%	18%	20%	22%	19%
Better define eligibility and selection criteria for promotion	0%	21%	16%	17%	17%
Increase options for active mentoring of BIPOC staff	25%	16%	15%	16%	25%
Address racial bias in the promotion process	25%	16%	13%	15%	9%
Better incorporate equity commitment and goals in internal SCPH job descriptions	0%	16%	16%	15%	14%
Adjust compensation scale for internal candidates	0%	11%	12%	11%	9%
Other	13%	8%	8%	8%	6%

Two respondents thought this area did not need improvement, saying, “the data doesn’t show this as a weakness for us; [this is] not where I would focus our energy.” Other suggestions included requiring external interview panelists when interviewing internal candidates, implementing programs to help BIPOC staff increase knowledge and experience to meet qualifications, and basing promotions on work ethic, leadership, and ability to grow the organization. Lastly, one staff said, “I feel that the best candidate should be selected regardless of race. If staff wish to be promoted, then that individual has the right to excel based on performance and inter-office skills.”

Empowerment and Training

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

Leadership (n=8)	Supervisors/ Managers (n=42)	Staff (n=103)	Overall 2024 (n=153)	Overall 2023 (n=215)
3.62	3.21	3.22	3.35	3.05

Increasing Empowerment | Although almost **one-third of all respondents (35%) 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/ Managers (45%). Leaders were much more likely to feel more empowered if they were **confident that there was senior leadership support** (25%), compared to 7% of Supervisors/Managers and 6% of Staff. Notably, five individual respondents stated that they were uncomfortable or unwilling to advance health and racial equity.

<i>I would feel more comfortable advancing health and racial equity if...</i>	Leadership (n=8)	Supervisors/ Managers (n=42)	Staff (n=103)	Overall 2024 (n=153)	Overall 2023 (n=216)
I am content with the level of support I receive to advance health and racial equity	25%	26%	39%	35%	32%
I had more information and/or training so I knew how to do so	25%	45%	20%	27%	46%
I had more time	38%	19%	19%	20%	17%
I received acknowledgement for my efforts to advance health and racial equity	0%	10%	15%	12%	9%
I had the support of my immediate supervisor	13%	12%	10%	10%	6%
I was confident that there was senior leadership buy-in within our service partner organizations	0%	10%	11%	10%	9%
I had equity accountability requirements in my performance reviews	0%	14%	7%	8%	0%
I had the support of SCPH Leadership	25%	7%	6%	7%	9%
I am uncomfortable or unwilling to advance health and racial equity	0%	2%	4%	3%	0%
Other	0%	0%	3%	2%	0%

Few respondents (5) provided open-ended comments on this question, with one saying that it is “not really applicable in my role” and another simply commenting “my co-workers.” The remaining stated they would feel empowered “if all departments practiced racial equity tools” and suggested to “make competitive processes for contracting with the County less rigid (reduce the number of forms, signatures, insurance requirements) [because] it is burdensome and results in fewer agencies being able to apply and serve their populations.”

Trainings | Both Leadership and Supervisor/Manager respondents most strongly agree that **health and racial equity should be a central component of the SCPH Staff training program**.

Leadership (n=8)	Supervisors/ Managers (n=42)	Staff (n=103)	Overall 2024 (n=153)	Overall 2023 (n=219)
3.50	3.50	3.41	3.47	3.47

However, there is slightly less agreement that **health and racial equity currently is a central component of the SCPH Staff training program**.

Leadership (n=8)	Supervisors/ Managers (n=42)	Staff (n=102)	Overall 2024 (n=152)	Overall 2023 (n=219)
3.25	3.19	3.16	3.20	2.52

Strategies to Improve Trainings | There continues to be an opportunity and desire for information and trainings about how to improve health and racial equity-focused training at SCPH, across all staff levels. Approximately

40% respondents stated that they were satisfied with the quality of health and racial equity-focused training at SCPH, which may be a function of the 2023/24 HRE Training series. However, only 3% 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 and for more and/or better collectively available health and racial equity resources (23% each).

<i>Strategies that would improve health and racial equity-focused training at SCPH include....</i>	Leadership (n=8)	Supervisors/ Managers (n=42)	Staff (n=104)	Overall 2024 (n=154)	Overall 2023 (n=210)
None. I am satisfied with the quality of health and racial equity-focused training within SCPH	3%	15%	41%	40%	22%
More health and racial equity-focused training activities and discussions	2%	12%	20%	23%	38%
More and/or better collectively available health and racial equity resources	3%	9%	23%	23%	28%
Increased quality of health and racial equity training curriculum and speakers	2%	11%	18%	21%	21%
Increased participation requirements for health and racial equity-focused training activities and discussions	0%	8%	17%	17%	23%
Better centering of health and racial equity within all SCPH trainings and events	1%	8%	15%	16%	27%
Other	0%	1%	5%	4%	2%

To improve HRE training at SCPH, survey respondents recommended conflicting suggestions. One respondent recommended daily work, while another suggested “less training” because “[i]t’s taking me away from being out in the community helping others.” One SCPH staff would like to see self-paced online modules, while a different respondent suggested “in-person trainings only.” Remaining suggestions included delivering the trainings in a variety of ways to maintain engagement, and having post-training discussions within individual teams or divisions to review learnings and how they can be used in the team’s daily work.

Training Topics | The desired topics for training differ depending on staff level. Overall, almost one-quarter of respondents (23%) identified **strategies for guiding conversations about race** as one of the two topics of most training interest, followed closely by **communicating the significance of health and racial equity in public health** (21%). However, this selection reflects very few Leadership respondents (1-2%), slightly more Supervisors/Managers (7-13%), but the largest percentage of Staff (21-23%). Staff also identified effective allyship as a desired training area. In contrast, very few Leadership respondents identified areas for desired trainings.

<i>Desired content areas for SCPH trainings include...</i>	Leadership (n=8)	Supervisors/ Managers (n=42)	Staff (n=100)	Overall 2024 (n=150)	Overall 2023 (n=211)
Strategies for guiding conversations about race	1%	13%	21%	23%	13%
Communicating the significance of health and racial equity in public health	2%	7%	23%	21%	20%
Health and racial equity in County services	2%	6%	19%	18%	19%
Effective allyship	1%	5%	21%	18%	10%
None of the above	1%	8%	16%	17%	13%
Identifying and addressing racial bias	0%	1%	18%	13%	23%
Identifying and addressing interpersonal/individual racism (including microaggressions)	1%	9%	10%	13%	19%

<i>Desired content areas for SCPH trainings include...</i>	Leadership (n=8)	Supervisors/ Managers (n=42)	Staff (n=100)	Overall 2024 (n=150)	Overall 2023 (n=211)
History of public health (in)justice	2%	1%	15%	12%	15%
Identifying and addressing institutional/structural/systemic racism	0%	6%	10%	11%	NA-new question
Identifying and addressing white privilege	1%	4%	9%	9%	16%
Intersecting axes of inequality	1%	3%	6%	7%	0%
Other	1%	3%	3%	5%	0%

Three respondents wanted to incorporate equity content into their program and evaluation, suggesting “establishing data capture and program assessment based on HRE metrics,” “three steps to addressing equity with your program” and “how to embed racial equity into program design and evaluate results.” Another respondent would like to see training on better schools and school programs, and the last suggested more information on the history of racial injustice, with a caveat of also learning more about overall SCPH strengths and weaknesses. They explained, “my concern with the questions in this survey is that they focus mostly on training, but do we know as an organization what our strengths and weaknesses are?”

Staff Support, Supervision, and Management

Leadership and Supervisor/Manager 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/Managers do.

Leadership (n=8)	Supervisors/ Managers (n=39)	Overall 2024 (n=50)	Overall 2023 (n=55)
3.25	2.90	3.08	2.75

Both Leadership and Supervisor/Manager respondents highlighted **senior leadership support and specific actions** 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 space without judgement,” including “more opportunities to [talk about it] in small groups” and “more resources and a focused training specifically for leadership/management staff [regarding] issues they may face or how to discuss and include HRE topics in the workplace.”

While one Supervisor/Manager specifically wished for “less pushback from employees” and that “some employees have expressively vocalized they do not like talking about these topics or feel like these topics may exclude some races,” another Supervisor/Manager requested to “...also talk about doing something instead of just talking. It's a lot of talking.” There seems to be a desire for more support and training specifically relating to supervision and management, including one request for “specific standardized questions for 1:1 meetings.” In contrast, another Supervisor/Manager said that they “feel equipped but [are] uncertain if high level leadership is committed.”

Actual concrete tips and tricks [would help]. Right now, my actions are based on being authentic[,] listening, meeting people where they are at, understanding [that] a person's story is their truth and reality and has great impact, acknowledging my privilege, maintaining a growth mindset and desire be change agent.

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/Manager.³

Leadership (n=8)	Supervisors/ Managers (n=43)	Overall 2024 (n=51)	Overall 2023 (n=54)
2.75	2.58	2.67	2.67

Several respondents reported that they have not had conversations on any of the topics listed or have not felt the need for these conversations. One person reiterated there is a lot of judgment around discussing these topics, and another said while they have not had the conversations, they feel that they could participate in them. Others reported having conversations in the HRE trainings, or from newsletter conversation insights with the SCPH team they supervise, with the team or staff they supervise, with family members, and with other supervisors.

Overall, Leadership and Supervisor/Manager respondents are ready for action. No Leaders or Supervisors/Managers 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/Managers do.

Leadership (n=8)	Supervisors/ Managers (n=42)	Overall 2024 (n=50)	Overall 2023 (n=53)
3.25	2.93	3.09	3.08

Management Development | Leadership and Supervisors/Managers together (40%) most often would feel better equipped if they had **more time and/or felt less overwhelmed** in their work, followed by more **training and resources** on how to embed health and racial equity into Staff's work (34%). Leadership respondents, in particular, identified the need to have 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>I would feel better equipped to help SCPH Staff to advance health and racial equity in their work if...</i>	Leadership (n=8)	Supervisors/ Managers (n=42)	Overall 2024 (n=50)	Overall 2023 (n=54)
I had more time and/or felt less overwhelmed in my work	50%	38%	40%	24%
SCPH Supervisors received training and resources on how to embed health and racial equity into Staff's work	25%	36%	34%	41%
None. I am content with the level of support I provide SCPH Staff in advancing health and racial equity in their work.	25%	24%	24%	15%
I had more resources/tools to support SCPH Staff	25%	21%	22%	33%
I had more information and/or training in this area	13%	19%	18%	37%
SCPH job descriptions included equity accountability requirements	13%	10%	10%	13%
The communities served by service partner organizations had a greater need for such efforts	0%	5%	4%	0%

<i>I would feel better equipped to help SCPH Staff to advance health and racial equity in their work if...</i>	Leadership (n=8)	Supervisors/ Managers (n=42)	Overall 2024 (n=50)	Overall 2023 (n=54)
I was confident that service partner organizations were supportive of health and racial equity initiatives	0%	2%	2%	4%
Other	0%	2%	2%	4%

Approximately one-quarter (24%) of Leadership and Supervisor/Manager respondents said they were content with the level of support that they provide SCPH Staff in advancing health and racial equity in their work.

Many respondents reported that having high-level leadership and management not only believe in, but also support, the need to discuss and address HRE issues, would help them feel better equipped to have these discussions. Respondents explained “upper management truly believing there is a problem that needs to be addressed” would help them feel more equipped. Another respondent shared, “I feel equipped but [I am] unsure if high-level leadership is committed,” and “if I felt more supported by senior leadership, I would feel more comfortable having conversations.”

Other frequent suggestions included safe, continuous spaces for discussion as well as tangible ways to implement or act on concepts discussed. Respondents would like more opportunities to talk in small groups, because “speaking in large trainings can be intimidating.” One small group idea included creating “a supportive space just for people that manage staff.” Having these groups frequently would also help “increase normalization [and] increase frequency of discussions.” Many also suggested content for future safe space discussions or trainings, including celebrating small and big HRE “wins” and “losses,” tools and guidance on how to openly discuss the topics without causing others to feel uncomfortable, language to use as a Caucasian person talking about HRE, specific data on program-related outcomes by race, and a focus on the different types of personal wellness.

Multiple respondents would like to see “actual concrete tips and tricks,” including specific questions to ask, sample language on how to frame discussions, and “if we also talked about doing something instead of just talking.” One person suggested more signage and posters that emphasize the need for equity in public health, and another would like to hear how other programs within SCPH are embedding equity into their work.

Summary

In summary, the second annual Staff Assessment Survey in 2024 highlights the ongoing desire – and need – for health and racial equity training across SCPH. While many respondents acknowledge the trainings conducted by ONTRACK in partnership with the Health & Racial Equity Unit, several respondents highlighted the challenges that have emerged in despite of – and sometimes because of – the trainings, and the challenges to create supportive spaces for conversations about health and racial equity.

Teaching someone about racial equity doesn't make someone less racist. It just makes them keep quiet about it. Sadly, a lot of my coworkers show microaggressions every day and the trainings have not reduced this. If anything, it has just made them complain more about how it is not fair to them.

Overall, survey respondents had mixed comments about health and racial equity within SCPH. While some thought trainings were beneficial, suggest a “strong and sustained push to advance racial equity at SCPH,” and

that “all programs should embed HRE trainings,” many had critiques about the concepts not being integrated into programs or even thinking the trainings create more divisiveness. Respondents commented that hiring practices are still not equitable, that SCPH can do a better job at employing staff from the communities served, and the work environment is not safe to speaking out about racism and equity. Regarding the concepts discussed not being integrated into SCPH programs, staff explained that they “feel we are still trying to convince people equity is important instead of helping them embed equity into their work.” Staff would like to see more specific trainings on strategies to implement grants in an equitable manner and would like to see more outcomes as a result of the trainings. Some think the desired outcomes may not even be possible, as shown in the quote above. Another respondent believed the trainings are “used to create hate and division,” explaining “everybody who works in public health treats their clients equally.” This person cited the “Black Moms Matter” training as counterproductive; however, this respondent seems to be on the extreme end of the spectrum and mostly an outlier. While several respondents thought HRE trainings and policies must be embedded throughout departments, others think they have helped equity both within the SCPH workplace and in the programs they implement.

In summary, this second annual staff survey identifies several areas for continued capacity building, and highlights differences between SCPH levels in perception, needs, and supports to embed health and racial equity into the work. While the 2023 survey highlighted a strong need and desire for racial equity training and resources, the 2024 findings highlight the challenges that have emerged after trainings and additional areas for future training and support; in particular, supervision and staff management. While there are areas showing improvement, there is still room to grow in advancing health and racial equity within and across SCPH.

¹ 83% 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)