NASTAD

ADVANCING ORGANIZATIONAL EQUITY

TOOLKIT

CONTENTS

ACKNOWLEDGEMENTS

Special thank you to all those who contributed to the development of the Advancing Organizational Equity Toolkit.

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INTRODUCTION

NASTAD is a leading non-partisan non-profit association that represents public health officials who administer HIV and hepatitis programs in the U.S. We work to advance the health and dignity of people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics by strengthening governmental public health through advocacy, capacity building, and social justice.

Each of NASTAD's seven programmatic teams—Health Care Access, Health Systems Integration, Policy & Legislative Affairs, Hepatitis, Prevention, Health Equity, and Drug User Health—interpret and influence policies, conduct trainings, offer technical assistance, and provide advocacy mobilization for U.S. health departments to improve health outcomes for people living with HIV and hepatitis.

Formed in July 2020, NASTAD's Anti-racism in Public Health Subcommittee (ARPH) relies on the expertise and experience of NASTAD's membership to operationalize concrete actions, with a primary focus on internal accountability, diversity, equity, and inclusion, to dismantle the systems of oppression that fuel racial disparities in access and outcomes in HIV, hepatitis, and drug user health programming within health departments and within NASTAD's program areas. The ARPH is comprised of health department staff from NASTAD's membership jurisdictions, including board and non-board members.

The purpose of the Advancing Organizational Equity (AOE) Toolkit is to compile and disseminate the experiences and promising practices from jurisdictions operationalizing equity principles and frameworks to increase organizational capacity to address internal inequities (e.g., hiring and retention, creating internal equity groups, providing high impact, on-going equity training to staff). The AOE Toolkit: (1) Provides tangible strategies to assist EHE and NASTAD member jurisdictions with implementation of equity principles and frameworks within their agencies; (2) Provides specific guidance for operationalizing equity concepts and frameworks for EHE and NASTAD member jurisdictions; and (3) Provides technical assistance resources to health department staff receiving limited support to operationalize organizational equity work.

NASTAD encourages readers of the AOE Toolkit to use this resource to:

1. Adopt initiatives within the AOE Toolkit by sharing these promising practices with senior leadership, key decision makers, and existing equity workgroups within your jurisdiction.

2. Connect with peers with similar equity implementation challenges to share promising practices.

3. Incorporate additional support mechanisms for people, particularly Black, Indigenous, and People of Color (BIPOC) individuals leading equity work within your jurisdiction.

MESSAGE FROM OUR EXECUTIVE DIRECTOR

Dear Colleagues,

NASTAD is pleased to announce the release of a new resource, the Advancing Organizational Equity (AOE) Toolkit. This toolkit provides an overview of innovative approaches to integrating organizational equity principles into the work we do as public health professionals. Developed in collaboration with NASTAD's Anti-Racism in Public Health (ARPH) Board of Directors subcommittee, NASTAD's Health Equity team and Dr. Jennifer Lee, this project is the result of close collaboration with health department staff from California, Iowa, Michigan, New York State, North Dakota, Chicago, Philadelphia, and Cuyahoga County County.

The death of George Floyd and COVID-19 pandemic were the catalyst for a renewed wave of addressing the racial and health inequities across the nation and a stark reminder of the advances that are yet to be made. We recognize the progress brought forth by that tragic loss of life and acknowledge the need to build sustainable practices to ensure that this work continues to move forward. The process of developing this toolkit demonstrated the importance of senior level leadership support, securing sustainable funding for this work, using community feedback to drive equity initiatives, and providing tangible support to staff members driving health and racial equity initiatives forward.

The AOE toolkit aims to harness the wealth of existing knowledge among health department leaders in the health and racial equity spaces. By making the goals, strategies, and outcomes of these pioneering projects accessible to our membership, we intend to facilitate connections amongst like-minded peers undertaking these initiatives to enable coalition building across jurisdictions. This tool provides agile, thoughtful, and community-driven responses to racial equity challenges in an ever-changing public health landscape.

We hope this tool will aid NASTAD members in advancing organizational equity work within their respective jurisdictions. In creating this repository of knowledge, we hope to generate spaces that will be catalysts for learning, stewardship, and advancement in the fields of health equity and anti-racism.

Sincerely,

Stephen Lee MD, MBA, DHSM
Executive Director, NASTAD

METHODS AND LIMITATIONS

An Organizational Equity Interest Form was distributed to NASTAD members, Ending the HIV Epidemic (EHE) jurisdictions, and alumni from the Minority Leadership Program (MLP) to determine relevant topics, engagement methods, and interest in participating. The form asked respondents from state and local health departments to share initiatives focused on equity activities that increase internal capacity to provide services and support for clients, including (but not limited to) adopting equitable hiring and retention practices, developing specific equity objectives in programmatic or individual work plans, establishing a Health Equity council or other internal equity workgroup, collaborating across government agencies, or fostering community partnerships.

The interest form was divided into three sections. The first asked for a general overview of the equity initiative, respondents were prompted to describe their initiative and indicate the length of implementation, the setting it took place in, and whether they could provide data that demonstrated impact. The second section focused on implementation support, particularly the identities of staff involved in the initiative – this served to better understand the involvement of underrepresented communities. Finally, participants were asked to indicate their availability for individual and group interviews.

Based on responses to the interest form and their alignment with the inclusion criteria, eight state health departments were selected for individual interviews. In these interviews, participants were asked to detail their department's equity-focused initiatives, identify one initiative that would be highlighted in the toolkit, and describe the support systems in place for the staff members leading these initiatives. NASTAD used the data gathered during these interviews to identify key themes and commonalities that determined pairings for the group interview phase. The health department initiatives were placed into four categories:

GROUP A
Supporting Individual Champions Doing This Work

GROUP B
Health Equity Staffing Workarounds

GROUP C
Using Community Feedback to Create Organizational Equity Initiatives

GROUP D
Keeping People Engaged in the Work After the Murder of George Floyd

The data was gathered digitally using a combination of surveys and virtual interviews. The NASTAD team developed the initial Organizational Equity Interest Form, scripts for individual and group interviews, and a final implementation and impact survey. The data was synthesized and categorized using a code book developed by Rachel Browning, NASTAD Health Equity Senior Manager, and Dr. Jennifer Lee, NASTAD Consultant.

Many of the limitations encountered in this process were due to the small sample size. The team intended to include ten jurisdictions in the toolkit but only received responses from eight jurisdictions that met the inclusion criteria. Additionally, southern jurisdictions are not represented in the current data set. Due to the small sample size, these insights are generalizations based on the experiences of health department officials who participated. For many of these initiatives, impact was measured based on self-reported qualitative data that was reflective of a small sample of people.

KEY THEMES

Introductory Overview

After analyzing the data from the individual interview phase, the project team noticed commonalities between the eight jurisdictions that were interviewed. Four key themes emerged and determined cohort selection for the next phase of discussion-based group interviews. This second round of interviews allowed the team to delve deeper into the ideas shared in the first interview phase by using thematic jurisdictional pairings to generate group discussions.

Supporting Individual Staff Members Leading Equity Initiatives

This theme underscores the need for comprehensive support structures for health department staff spearheading equity initiatives. Interviewees noted a need for more coordination to ensure that equity work isn't siloed to one program area. Similar concerns were raised about the lack of flexible funding – equity work is often tied to well-funded HIV programs, which consequently limits program reach. Additional concerns included continuity, trust, and transparency in leadership roles, namely the need for leaders to be accountable, knowledgeable, and invested in equity work. There is also a need for succession planning to ensure that commitment remains consistent despite changes in leadership. Respondents also noted that this work should not be the responsibility of one person, and that lateral capacity for equity work should be built across teams. Health equity impacts all people, not just BIPOC, and that must be reflected in institutional approaches.

Funding and Hiring Strategies to Sustain Equity Positions

This theme focuses on creative solutions for sustaining this work in challenging environments, particularly in scenarios where legislative changes have impacted a department's ability to operationalize equity work through more traditional means such as mandatory DEI training. Having a foundation of support amongst colleagues plays a large role in moving this work forward within health departments. Leadership can help navigate administrative challenges, gain buy-in amongst their peers, and advance key priorities through strategic planning. In challenging environments, framing is everything: leveraging community relationships, connecting with people who have lived experience, and emphasizing the importance of this work, particularly in relationship to special populations, emerged as successful strategies. Being intentional with language is key for ensuring compliance with legislation and developing creative workarounds. Respondents suggested leveraging relationships with external partners to provide necessary information while still being compliant with legislative restrictions. Continuing to move the work forward, even in small ways, maintains momentum and helps staff stay motivated despite challenges.

"As the work moves forward, your purpose remains"

– AOE Toolkit Key Informant

KEY THEMES

Using Community – Driven Feedback to Create Organizational Equity Initiatives

This theme focuses on equity initiatives shaped and driven by community engagement. Respondents underscored the importance of transparency, knowledge sharing, accountability, ownership of past mistakes, and the need for consistent and adaptable engagement with community members. It is also important to draw a distinction between CBOs and community – both are vital, but one is not a proxy for the other. This theme emphasizes the importance of resisting hierarchies between funders and grant recipients, building flexible and accessible funding mechanisms, and allowing community partners to have ownership of their projects. It is essential for health departments to develop tools, benchmarks, and solutions in partnership with the communities they serve, and to demonstrate a commitment to operationalizing equity within all levels of community engagement, such as embedding organizational equity assessments within RFPs.

"The expectation to do this work rather than a fight to do this work"

– AOE Toolkit Key Informant

Keeping Health Department Staff Engaged in Organizational Equity Work After the Murder of George Floyd

For many health departments we spoke with, George Floyd's death was a catalyst for amplifying equity-related work during a global pandemic. While a great amount of activity was generated by this tragic event, there has been a loss of momentum in some spaces. Combined with the political and social backlash against DEI concepts in recent years, there has been a gradual divestment from this work. This theme centers on how health departments are continuing the work, methods for keeping staff engaged, and hopes for the future. Participants observed several variables that contributed to disengagement from equity-related work. Legislative causes include anti-trans policies and restrictions on education about histories of oppression, such as the implementation of mandatory DEI training. Environmental causes include a lack of support from leadership and inconsistent involvement across health departments, specifically a disparity between HIV-related programs and divisions, which were typically more engaged in equity work, compared to non-HIV-related counterparts. In addition to these material causes, the psychological impact of these factors on staff, particularly staff from marginalized groups, led to decreased engagement. Proposed solutions include intentional spaces for healing, building capacity for others to lead this work so that it is distributed evenly, and bringing in external partners to help better support staff, and building connections amongst health department staff doing equity work.

RECOMMENDATIONS FOR SUPPORTING BIPOC EQUITY CHAMPIONS

Amid a global pandemic, the murder of George Floyd and Breonna Taylor and publicized violence against Black lives became the catalyst for many local and state health department staff to encourage their leadership to review current policies and practices to move towards being more equitable and anti-racist organizations. As health departments embarked upon this work, they identified the need for an individual or group of individuals to lead this work to ensure it was impactful and sustainable. Some health departments worked with external consulting groups, others identified internal staff, and some combined both activities. Within health departments that relied on staff to lead racial and health equity work, many earlier leaders were Black, Indigenous and People of Color (BIPOC). BIPOC individuals leading equity initiatives within their institutions were tasked with dismantling centuries-old systems of oppression and developing a new organizational culture that prioritized equity and anti-racism. Many BIPOC individuals engaged in equity initiatives did this in addition to their ongoing roles, duties, (and often COVID deployments) and without receiving additional compensation. Engaging in equity work regardless of your racial or ethnic background can impact your mental and physical health, particularly when the necessary support is not available1. BIPOC experience the impact of working in unsupportive environments more severely than their white counterparts, as they are doubly impacted by the resistance to equity work in their workplace and navigating racist systems that devalue the lives of BIPOC people1,2.

WHAT IS THE PURPOSE OF THIS SECTION?

As a part of the Advancing Organizational Equity (AOE) Toolkit, NASTAD seeks to highlight the experiences of BIPOC people leading and engaging in equity work within their health departments as well as provide recommendations to health departments to create healing centered and supportive spaces for BIPOC Equity Champions engaged in equity work. The recommendations featured in this section have been formulated from key informant interviews and from survey responses from health department officials from the eight jurisdictions featured in the AOE Toolkit. The data gathered includes responses from 48% (n=12) BIPOC people and 52% (n=13) white people who were asked to respond to: (1) How health departments are currently creating supportive spaces for BIPOC Equity Champions, and (2) What activities should health departments adopt to further support BIPOC Equity Champions engaged in equity work.

HOW CAN I UTILIZE THE INFORMATION IN THIS SECTION?

NASTAD invites the reader to consider how the recommendations included in this section could be adopted by your jurisdiction and importantly, how the adoption of these recommendations includes the voices of BIPOC people who will ultimately be impacted by them.

RECOMMENDATION 1: Secure Commitment from Senior and Executive Level Leadership

Among the eight jurisdictions included in the Advancing Organizational Equity (AOE) Toolkit, all key informants noted that getting leadership buy-in to advance racial and health equity (RHE) is vital for success. Many people reported this was particularly important to ensure the larger organization viewed RHE work as an organizational commitment and not an effort being led and implemented by a few individuals. Those within senior and executive leadership should consider how they can support BIPOC Equity Champions by examining their power and positionality, taking actionable steps to demonstrate continuous support for initiatives and those leading this work, and making the contributions and success of BIPOC Equity Champions visible to the larger organization, community members, and Board of Directors.

Examine Power and Positionality

As a part of supporting BIPOC Equity Champions, senior and executive leadership need to conduct self-examination of their own biases and hesitations that may result in wavering support for RHE initiatives. This is particularly important for white leadership, who may need to fully comprehend that RHE work is vital and directly impacts BIPOC staff members in addition to the community. All senior and executive-level leadership should understand why RHE work is essential to the organization and how leadership can utilize their power and positionality to provide on-going support to BIPOC Equity Champions and others participating in advancing RHE within the organization.

"...leadership support sometimes seems to waver or fluctuate because of funding, or they don't understand what it is you're trying to do because, unfortunately, leadership is primarily white. The leadership of most of these organizations, most public health departments, are white individuals, and a lot of them don't understand their privilege, and they don't understand the space that they hold."

– AOE Toolkit Key Informant

Adopt an On-going Organizational Commitment to Equity

Adopting an organizational commitment to equity starts with senior and executive leadership investment and understanding the importance of operationalizing organizational RHE within the health department. This should include on-going actions to ensure all program areas are embedding RHE into their health department/division/bureau mission, vision, and values, work plans and policies. This may include "de-silo-ing" RHE as work that is only lead and supported by BIPOC Equity Champions or specific teams (i.e., DEI team). Additionally, it includes acknowledging the impact of world events that continue to oppress BIPOC and other systemically marginalized communities. This acknowledgement can strengthen organizational trust, when leadership can call out acts of oppression that occur, provide spaces for staff to participate in healing centered sessions that acknowledge these events, and provide additional learning opportunities for staff to further their own learning about how to disrupt systems of oppression that function in present day.

"...folks that do this work get burned out. And you know, sometimes people fall off. Or it's frustrating because it often feels like people will be engaged when there are traumatic or serious things happening in the world, like when George Floyd and Breonna Taylor were killed."

– AOE Toolkit Key Informant

Share Power and Trust BIPOC Equity Champions

Senior and executive level leadership must actively participate, garner resources, and give BIPOC Equity Champions and others leading RHE work the autonomy to lead the organization to become a more equitable and anti-racist organization. Micro-management, unnecessary, burdensome processes requiring non-critical approval points and consistently questioning the actions of BIPOC Equity Champions leads to disruptions and delays in achieving RHE organizational goals. In addition, it undermines the lived experience and expertise of BIPOC Equity Champions who are seen by other staff members as holding a certain level of expertise in RHE work. RHE work. Additionally, leadership should encourage BIPOC Equity Champions to show up to RHE work authentically, adopt their own leadership style, and freely share their thoughts and opinions.

Acknowledge and Celebrate BIPOC Equity Champions

RHE work is a long-term commitment. Celebrating successes and acknowledging the efforts of all staff engaged in this work is critical to sustaining a high level of engagement over time. Senior and executive-level leadership should create opportunities to acknowledge BIPOC and other individuals leading RHE work. This acknowledgment can help those leading this work to feel valued for their contributions.

Increase Transparency Around Priorities

There should be alignment and consistent communication between senior and executive leadership and BIPOC Equity Champions leading RHE work. Those leading this work should know how the organization plans to continue to prioritize RHE work (e.g., funding, changing responsibilities/expectations, etc.) and how these activities will be sustained.

Support BIPOC Equity Champions Who Are Supervisors

Creating supportive spaces specifically for BIPOC Equity Champions who lead this work and supervise staff is critical. These staff members often feel they have less support because organizationally they are assumed to be the "expert" and often provide more support to others than they receive for themselves. Additionally, many BIPOC supervisors are providing additional support for BIPOC Equity Champions engaged in RHE work, by creating healing centered spaces for staff to gain support (i.e., addressing microaggressions) and elevating the concerns of other BIPOC staff in the organization.

"It's really hard to find someone to talk to about this stuff [impacts of RHE work] because you're looked at as the leader, and you're looked at as the person who has all the answers. So, it's kind of a difficult space to be in. I certainly don't regret it, but it is an on-going journey to find someone to support me."

– AOE Toolkit Key Informant

RECOMMENDATION 2: Develop Succession Plans

A critical step to ensure RHE work is continuously prioritized and operationalized is ensuring there are succession plans in place so that multiple staff have been identified and can take the lead in advancing RHE. Staff turnover or staff taking new positions can impact the sustainability of RHE work, and more intentional planning is required for the long term. Additionally, taking the reliance off one person to lead RHE efforts makes it more feasible for individuals doing this work to take time for rest and prioritize themselves outside of the office.

Pre-Plan with BIPOC Equity Champions

Having meetings about sustainability and succession with BIPOC Equity Champions should occur regularly. This can provide leadership with key insights on future projects, resources, or funding opportunities that align with this work and what additional support will be needed. Having this foresight can assist with identifying funding to hire new staff or identifying current staff and resources/funding across the health department that can support future RHE work.

Promote Forward-Thinking Leadership

Succession planning at the leadership level should also be a conversation with BIPOC Equity Champions and others engaged in RHE work. This ensures that when leaders who make critical decisions about RHE work leave, they are replaced by people with a similar or higher commitment and awareness of RHE work, and progress is not impeded.

RECOMMENDATION 3: Ensure Adequate and Sustainable Funding

BIPOC Equity Champions leading this work need adequate resources to fully engage in RHE work. Financial resources are of particular importance to ensure that BIPOC Equity Champions can hire additional staff or consultants to support RHE work, engage in additional education or professional development opportunities, work on specific projects aligned with grant opportunities, or have sufficient wages that allow them to engage in self-care activities and meet basic needs (e.g., stable housing, food security, transportation, etc.).

Pay Employees Fair Wages

Health departments need to provide fair pay for BIPOC Equity Champions that is not dependent only on educational attainment but lived experience and expertise. Ensuring BIPOC Equity Champions receive fair and equitable pay can assist these individuals taking time off as needed, accessing other opportunities outside of work for healing and self-care, and showing a commitment to workplace wellness.

> *"... there's nothing worse than doing all this work, and then you can't afford to take yourself on a weekend. That makes it [doing RHE work] worse."*
>
> *– AOE Toolkit Key Informant*

Build and Sustain Capacity

Senior and executive leadership should work with BIPOC Equity Champions and others leading this work to identify funding streams to provide additional support with operationalizing RHE work. This can include working with consultants and other subject matter experts, aligning grant objectives across program areas to ensure RHE work is integrated throughout the health department, and acquiring funding to identify additional staff to directly support RHE work. This is particularly important for BIPOC Equity Champions, who rely

on staff volunteers to support RHE work. Moreover, additional resources directly impacting marginalized communities through RFA/RFP processes can transform communities most impacted by health inequities and disparities.

Provide Leadership Development Opportunities

BIPOC Equity Champions should be provided with funding to participate in opportunities specifically for BIPOC Equity Champions to develop their leadership skills. BIPOC-specific leadership development provides an opportunity these individuals to safely discuss issues and identify solutions (e.g., microaggressions, workplace triggers, workplace trauma). These leadership opportunities can provide skills to assist BIPOC Equity Champions with finding and utilizing their voice to navigate challenges and barriers with moving RHE work forward and self-advocating for additional support needed.

"...getting the chance to be a part of NASTAD's Minority Leadership Program (MLP) cohort and understanding my power as a minority leader helped me amplify my message. And I couldn't have done that without [my leadership] supporting me in the background as well."

– AOE Toolkit Key Informant

RECOMMENDATION 4: Provide Healing and Supportive Spaces

In addition to leadership support, succession planning, and providing adequate and sustainable funding, health departments should establish formal and informal spaces for BIPOC Equity Champions to be supported by peers and to prioritize their self-care to continue to engage in RHE work.

Prioritize Rest

Leadership and peers acknowledge and value the importance of wellness by encouraging and supporting BIPOC Equity Champions doing this work to take time off to rest. BIPOC Equity Champions are not just doing this work but living within and beyond the walls of the health department, which requires more time to take care of themselves. Being able to accumulate time off, having the freedom to utilize time off as needed (e.g., mental health days), and reducing the approval process and paperwork to utilize time off are all strategies to ensure BIPOC Equity Champions can prioritize themselves. Additionally, direct supervisors should encourage BIPOC Equity Champions to take time off and ensure other staff respect boundaries to ensure that when staff take time off, they are able to fully disconnect (i.e., not sending texts when someone is not working).

Prioritize Workplace Wellness

Health departments should provide the option for clinical supervision with a mental health counselor who can provide additional support and resources. Additionally, Health departments should determine if BIPOC Equity Champions trust and feel comfortable accessing employee assistance programs that can provide additional support. BIPOC Equity Champions should also be made aware of other groups within their health department or other state agencies specific to individuals engaged in equity work. Having access to these spaces can help build a supportive network for those engaged in this work. (**See Additional Resources**[3])

Support and Build Relationships with BIPOC Equity Champions

Creating relationships with staff leading this work to ensure there is an "open door" policy where BIPOC Equity Champions can provide constructive feedback, discuss how certain events within the workplace continue to be triggering and re-traumatizing, and access support and a space to brainstorm solutions to challenges is essential. Additionally, supervisors should support BIPOC Equity Champions by holding themselves, other staff, and the larger organization accountable when instances of microaggressions and racism occur in the workplace.

"Well, I think the big thing for me and leading this group is that we are a safe space, and the conversations and discussions are not always easy. We joke and say that if we're not uncomfortable, we're not doing our jobs in this space. We've had some heated conversations but know it's a safe space. I think we've gotten to a culture where if I say something that somebody doesn't agree with, I want them to call me out on it. The only way I can get better at my job is if my team calls me out."

– AOE Toolkit Key Informant

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JURISDICTIONAL PROFILES

California

21-Day Racial Equity Challenge

INTRODUCTION

This profile highlights the 21-Day Racial Equity Challenge from the California Department of Public Health (CDPH) HIV Prevention Branch, Office of AIDS (OA). This initiative aims to engage staff across OA to develop a shared understanding of equity frameworks and build their capacity to utilize a racial equity lens within their work.

21-DAY RACIAL EQUITY CHALLENGE AT A GLANCE

Impacted Partners	All Office of AIDS staff.
Setting	California Department of Public Health
Model	Adapted from the California for Health (CA4Health) 21-Day Racial Equity and Social Justice Challenge **(See Additional Resources[1])**
Initiative Funding	No funding was needed to implement the initiative.
Staffing	Staff volunteers who will be a part of the planning, implementation, and facilitation of activities within the challenge. Staff participants who will be a part of a cohort. Ideally, there should be two facilitators per cohort of participants.

OVERVIEW OF EQUITY WORK

OA implements equity initiatives primarily through state-funded demonstration projects and CDC-funded grants to local health departments. Requests for proposals for state-funded demonstration projects are developed with community feedback to get input from those receiving services. Methods of obtaining community feedback include surveys, stakeholder webinars, focus groups and input from the California Planning Group (CPG) and other stakeholders. Demonstration projects not only support clients of these projects, with trauma-informed care and creating a safe and secure program environment but also make sure that those approaches apply to the people who work within those funded agencies. This section provides a snapshot of OA's equity work.

CDC Funded Demonstration Projects

OA funds 20 local health departments that have the highest HIV prevalence in the state.

State-Funded Demonstration Projects

Project Empowerment

- Reduces and prevents HIV transmission and acquisition among Black/African American and Latinx communities.
- Supportszs community health and wellness.

PrEP and PEP Navigator Project

- Improves and increases access to PrEP and PEP for Black/African American, Latinx and other communities who are disproportionately affected by HIV.
- Establishes and integrates PrEP and PEP navigation.
- Makes low-barrier PrEP and PEP available to priority populations.
- Utilizes evidence-informed and innovative approaches (e.g., trauma-informed approaches, cultural humility, etc.)

Strategic Rapid Anti-Retroviral Treatment Project

- Improves health outcomes for Black/African American, Latinx and other communities who are disproportionately affected by HIV.
- Utilizes telehealth to increase engagement.
- Reduces time to viral suppression.
- Provides education for clients, providers, and staff.
- Promotes Undetectable = Untransmissible (U=U)

Project Cornerstone

- Addresses the clinical and non-clinical needs of people living with HIV who are 50 years old or older (PLWH50+), with a focus on Black/African American and Latinx individuals.

Providing HIV Treatment to Justice-Involved Communities

- OA partners with the AIDS Drug Assistance (ADAP) Branch to offer HIV treatment within county jails.

Transgender Cultural Humility Awareness and Responsiveness Training

- This training is provided to OA staff and other local health departments to increase their capacity to (1) Utilize a cultural humility approach in their work, (2) Properly use terms and concepts related to gender identity, (3) Recognize the impact of minority stress, transphobia and microaggressions on transgender and gender non-conforming people, (4) Identify best practices and policies to create a more trans-inclusive and affirming workplace. **(See Additional Resources[15])**

State-wide Coordination Efforts

- OA leads quarterly webinars, learning collaboratives, and communities of practice for funded agencies. These engagements aim to share promising practices, discuss challenges, increase learning on specific topics (e.g., PrEP and PEP navigation), and create a peer networking space for health departments across the state.

OVERVIEW OF ORGANIZATIONAL EQUITY INITIATIVE

The 21-Day Racial Equity Challenge, led by OA, was adapted from the CA4Health 21-Day Racial Equity and Social Justice Challenge. The initiative aims to engage staff across OA to develop a shared understanding of equity frameworks and build their capacity to utilize a racial equity lens within their work. **(See Additional Resources[1])**

SETTING THE STAGE

In 2020 and 2021, following the murders of Ahmaud Arbery, George Floyd and Breonna Taylor, staff within the CDPH wanted senior leadership to recognize the violence that ensued following the murders. The challenge started in response to the murders of these folks. It was a call to action for them to collectively to acknowledge the racism and social injustices behind these murders and to also engage in organizational learning collectively about racism, white supremacy and privilege, policing, the criminal justice system and how these topics and others have a major impact on health equity.

In response, OA established multiple workgroups to support the implementation of activities to engage staff in conversations about racism and its impact on a personal and professional level. Some of these workgroups include:

Cross-Department CDPH Health Racial and Health Equity Group

This group includes several offices within CDPH and meets every quarter. The different offices that are a part of this group take turns facilitating this group. **(See Additional Resources[2])**

OA Racial and Health Equity Work Group

Two OA staff co-chair this workgroup that is open to all OA staff. The workgroup implements "root work", which are conversations that allow staff to learn about microaggressions, social determinants of health and what it means to be anti-racist. These topics are shared with staff through videos and other media, followed by debrief conversations.

Within the OA Racial and Health Equity Work Group, two sub-groups also support health and racial equity initiatives. These two sub-groups are:

The Racial and Health Equity Action and Learning (RHEAL) Lounge

The Environmental Health Investigations Branch (EHIB), OA, and STD Control Branch (STDCB) lead the RHEAL Lounge. This discussion-based space is an informal mechanism for staff to increase their learning about racial and health equity-related topics by discussing podcasts, books, articles, and videos.

Staff Recruitment, Retention, and Support Work Group

This workgroup aims to create a workplace culture rooted in diversity, equity, belonging, and healing and ensure hiring practices align with these values. And create pathways for existing staff to advance within their work and positions.

Awake to Woke to Work

In addition to the multiple workgroups supporting equity work, OA used the Equity in The Center report, "Awake to Woke to Work: Building a Race Equity Culture". This resource provides insights, strategies, and best practices for people in management positions to change organizational culture and operationalize equity. OA used this publication to determine steps to inform actions to operationalize racial equity. These steps include (1) Establishing a shared vocabulary, (2) Identifying race equity champions at the senior leadership level, (3) Name race equity work as a strategic imperative for the organization, (4) Open a continuous dialogue about race equity work, (5) Disaggregate data. The identification of these next steps led to the 21-Day Racial Equity Challenge. **(See Additional Resources[3])**

INITIATIVE STRUCTURE

1. Determine the Goals of the Challenge

The OA implementation team's goals for the 21-Day Racial Equity Challenge were to (1) Build new habits that prioritize a workplace culture rooted in racial equity, (2) Support staff to take action in advancing racial equity, (3) Create a group learning experience, (4) Participate in meaningful conversations about racial equity throughout OA, (4) Embrace racial equity work throughout OA program areas.

2. Determine the Model for the Challenge

OA adapted the 21-Day Racial Equity Challenge from the C4Health Racial Equity and Social Justice Challenge. All staff from OA are required to participate.

The pilot cohort was led by the ADAP Branch Chief and consisted of participants from the Prevention Branch. The ADAP Branch Chief assembled a team of staff volunteers to help develop and provide feedback on the format and components of the challenge. Volunteers went on to become cohort facilitators when the challenge was implemented with the rest of OA. The cohort facilitator's role is to guide and facilitate training for their peers. Two facilitators support each cohort. Cohorts consist of eight to ten people, with several cohorts happening simultaneously. Cohorts are kept to eight to ten people to allow staff to develop a sense of comfort and familiarity with one another. Staff members were randomly assigned to their cohorts.

Every day of the challenge, each cohort member receives an email outlining the daily challenge. Daily emails include a combination of required articles and videos. Cohort members can pace themselves with reading and watching the required material throughout the week. There are also optional resources for those who want to increase their learning. At the end of the week, the cohort meets with the two facilitators to debrief on the content reviewed during the week. **(See Additional Resources [5,7,8,9,10,14])**

3. Preparing Facilitators

The facilitators hold check-ins at the end of each week to prepare for the following week's cohort discussion. The facilitation team shared pre-developed materials amongst each other to ensure consistency, reduce the need for facilitators to develop their own material, and easily adapt resources to their specific cohort.

4. Creating Mechanisms to Support Participants

Staff participating in the challenge are from different backgrounds and engage with the content differently depending on their lived experience. Some of the topics discussed can be triggering or re-traumatizing, particularly for people of color. The facilitators take steps to mitigate harm and increase learning by utilizing group agreements, sharing resources with participants on self-care measures after the challenge, and encouraging white colleagues to do their own learning rather than engaging with their BIPOC peers to supplement information not covered in the challenge. Additionally, facilitators try to pair triggering material with other strengths-based and positive material. **(See Additional Resources[4])**

5. Celebrate Completion

The facilitators create opportunities to celebrate completion by providing shout-outs when people complete different activities within the challenge and providing a certificate of completion. Participants could also complete the Reflection Chart to reflect on their participation in the challenge and determine their commitment after it ends. **(See Additional Resources[11])**

6. Evaluation

Each participant receives a post-survey to assess their engagement level with resources, determine what was missing from the challenge, identify which activities were most impactful, and gain general feedback on the challenge's structure (e.g., weekly debriefs). **(See Additional Resources[6])**

> *"You can see the progression of the 21-day challenge throughout the weeks. With everyone meeting at the end of the week, you can see that folks get more and more comfortable, and there's a closeness and a camaraderie that develops within that group. We did it [the challenge] within a month, and when the STD Control Branch took it on, they turned it into the 21-week challenge. They stretched it out because they thought it was going too fast, so they decided to take it slower and have more time with it, which I think is great, that that folks can adopt it."*
>
> *– Chief, Local Capacity Building & Program Development Unit*

SECURING BUY-IN

The 21-Day Racial Equity Challenge is implemented with all staff within the OA. To implement the initiative successfully, leadership and staff needed to be invested in implementing the challenge. The following strategies were used to secure buy-in for the initiative:

Ensure leadership understands the need to embed equity in all program areas

The OA Division Chief has had a history of supporting racial equity work. The OA Division Chief acted as a champion of this work, understood the importance of embedding racial equity throughout OA program areas and saw the potential impact of the 21-Day Racial Equity Challenge to achieve that.

Establish a culture of trust and mutual respect amongst staff

Before the challenge, OA staff had already been engaging in informal conversations about the impact of racism on staff, particularly BIPOC staff members. These previous conversations resulted in high interpersonal relationships among OA staff. An established culture of mutual care and respect made it easier to create an environment where some staff felt safer to fully participate and to hold space for their peers to learn and make mistakes.

> *"... it's probably going to be more difficult for some than others. It really depends on the culture within the organization. The Office of AIDS is a close-knit group of people. You can tell that people love and care about each other. There are, you know, a lot of friendships that people have, within and outside of the office. And so, I think in that the challenge is great in that kind of nurturing environment."*
>
> *– Chief, Local Capacity Building & Program Development Unit*

OUTCOMES AND SUCCESSES

The 21-Day Racial Equity Challenge initiative is an internal capacity-building effort to establish spaces for OA staff to engage in learning and discussion opportunities to increase their understanding of operationalizing racial equity. Outcomes from implementation of the initiative extend beyond individual participation of OA staff members and are reflective of organizational change. Some of the outcomes and successes are:

- Integrating racial equity and justice into the 2022 CDPH HIV, STD, and Hepatitis Integrated Plan.
- Including racial and health equity-specific language within all the duty statements of OA staff.
- Completing six rounds of the challenge in 15 small group cohorts.
- 136 (76.4%) OA staff participated in the initiative. (The 23% of OA who did not participate had been reassigned to support COVID-19 response efforts.)
- Recruiting and training six additional facilitators, who led multiple cohorts.
- Adapting and replicating the 21-Day Racial Equity Challenge across other offices within the CDPH.

CHALLENGES AND BARRIERS

The 21-Day Racial Equity Challenge requires coordination across the OA to ensure all staff can participate. Additionally, successful implementation requires providing challenge participants with relevant and digestible content, given their baseline knowledge of racial equity. Challenges experienced during implementation and identified solutions include:

Keeping staff Engaged

Staff engagement in the 21-Day Racial Equity Challenge varied for those participating in and facilitating the challenge. Participants reported struggling to fully participate in the challenge because of a lack of time to engage with the weekly resources while prioritizing other work priorities. Suggested solutions include facilitators trying to align with participants' work schedules and tasks by implementing the challenge during a less busy time of the year (i.e., not during multiple RFP releases). Additionally, after completing the 21-Day Racial Equity Challenge, some staff felt they did not need to engage in additional racial and health equity workgroups or initiatives that are not a part of their job tasks and responsibilities. The OA Racial and Health Equity workgroups try to keep people engaged by sending regular emails to staff highlighting new training opportunities on emerging issues (e.g., critical race theory).

Varying levels of engagement also impact the challenge and workgroup facilitators. Lower engagement in optional racial and health equity activities has resulted in burnout for some volunteers who support this work and are not seeing the return of increased engagement despite their best efforts. Identifying new workgroup members and facilitators can help bring new ideas to increase engagement to the forefront.

> *"...these subgroups that we have are optional. It can very easily turn into people of color just leading this work and trying to constantly get people engaged. And then you end up just leading these meetings. And people are quiet. And you are making decisions. And it's frustrating."*
>
> *– Chief, Local Capacity Building & Program Development Unit*

Creating Brave Spaces for Participants

Ensuring a brave space can increase participant engagement in the challenge and other optional racial and health equity learning opportunities. Group agreements are established in each cohort to ensure participants can fully engage in the challenge and with their peers. Some of these group agreements include **(See Additional Resources[4])**:

- **No hierarchy:** Everyone has uniquely valuable experiences and knowledge related to this subject, not always based on their work. Formal leader roles and job titles can take a break today.
- **No retaliation:** Everyone is encouraged to raise issues challenging power or decision-making relationships in our work, and we've got each other's backs.
- **Get outside the box:** Forget about what you think OA or CDPH would or wouldn't do and instead focus on how to do our work right.

Embedding Racial Equity Across Program Areas

One of the larger aims of the 21-Day Racial Equity Challenge is to work with other offices within CDPH to adopt the challenge to increase the learning and the embedding of racial equity across the health department. The OA sometimes experiences resistance to implementing initiatives with an equity lens because other staff have not engaged with racial equity work to the same extent and do not understand why it is crucial to operationalize in all areas of the health department. An example is when OA had to work with CDPH's Human Resources Department to embed a commitment to racial and health equity language in all duty statements and move qualified candidates with lived experience into the application review and interview phases. Suggested solutions include:

- Encouraging HR to be transparent about their policies and practices.
- Asking them to address policies and practices that are prohibitive from hiring people of lived experience.
- Partnering with them to provide learning opportunities about health equity, social determinants of health a nd explaining the importance of duty statements to be rooted in racial and health equity.

REPLICATION TIPS AND ADVICE TO OTHER HEALTH DEPARTMENTS

Successful implementation of the 21-Day Racial Equity Challenge requires staff and leadership buy-in, adapting the model to meet staff needs, building trust amongst staff, identifying opportunities to support staff during and after the challenge, celebrating once the challenge is complete and conducting an evaluation to gather feedback. Health departments contemplating implementing 21-Day Racial Equity Challenge should consider the following: **(See Additional Resources[12])**

Preparing Staff for Implementation:

- **Secure leadership support before implementing the initiative.** Leadership should clearly understand why providing opportunities for staff to learn about racial equity is vital to public health and their work. Leadership should commit to encouraging and/ or requiring all staff to participate in the challenge to embed racial equity throughout the programs.
- **Build a culture of safety and mutual respect amongst staff.** One of the benefits the facilitation team had was that the staff within OA were already familiar with each other and had invested in interpersonal relationships. Having this level of closeness will make it easier to have difficult conversations among staff. And for staff to be committed to supporting their peers through the challenge and creating space for peers to make mistakes while learning. Establishing group agreements can also help develop mutual respect and safety norms.
- **Adapt the 21-Day Racial Equity Challenge model for your jurisdiction, establish the goals, and outline the activities of the challenge.** Within OA, the implementation team wanted the staff to develop a shared vocabulary and understanding of specific terms such as anti-racism and social determinants of health. And create brave spaces for staff to discuss how these concepts impact and show up in their work. Ultimately, staff should utilize this knowledge to determine opportunities for implementing services with a health and racial equity lens. The challenge is fully adaptable based on jurisdictional and/or organizational needs. Consider scaling the challenge up, or down based on the number of staff who will participate. Also, consider extending the 21 days to a longer period of time and at a slower pace, which can make it more digestible.
- **Consider the dynamics of the participants and how they may impact participation.** The OA implementation team had to determine how to group participants to create braver spaces, for example, choosing not to group managers with the staff they supervise to reduce the impact of power hierarchies. Set group agreements and normalize a non-hierarchical structure in this learning activity. And increase transparency by letting participants know which cohort their direct supervisor and team members are participating in so they can decide if they will feel comfortable participating in that cohort.

- **Provide formal training to volunteer facilitators.** The OA implementation team did their best to train new facilitators and orient them to the challenge. Formal training for new facilitators can assist facilitators in feeling more confident in their ability to work with their peers. Consider an external consultant to provide training to reduce burnout of the implementation team.
- **Consider holding the facilitator debrief session every two weeks rather than weekly.** These debrief sessions should focus on assessing feedback, participation challenges/ barriers, and developing solutions to any problems.

Supporting Staff Through Implementation:

- **Create opportunities after each cohort is complete for staff to volunteer as facilitators.** Staff volunteers should be identified throughout the challenge to decrease fatigue and burnout of the initial facilitation team. Additional volunteers bring new ideas and perspectives on engaging staff in racial equity work. Training new facilitators also helps to create a co-facilitation model where facilitators can develop their facilitation style when working with the cohorts.

"One thing I noticed is the younger generations of folks come in and reinvigorate the conversation, and are on board with this work, understand the importance, and bring their perspective to the work, and that is so lovely"

– Chief, Local Capacity Building & Program Development Unit

- **Before the challenge ends, develop a mechanism to recognize staff completing the challenge.** Recognition helps to honor the effort of staff and can increase engagement for future challenges. Consider creating certificates and sending out an announcement to all staff. Completion should also include data gathered from evaluating staff experience with the challenge.
- **Before the challenge ends, ensure there are accessible resources and formal spaces for self-care and continued learning.** Engaging with materials that increase learning in racial equity can impact people differently. BIPOC people may be triggered or re-traumatized because of their lived experience with racism. Additionally, facilitators should make additional resources available to reduce the likelihood of BIPOC people educating their peers instead of focusing on their self-care. **(See Additional Resources[13])**

"...people of color are often going to be reading and watching things that are going to feel triggering, heavy, and depressing. And then, there will be people who have not experienced those things firsthand, and they're well-meaning and want to learn, but also, it is their job to do the learning themselves and not put emotional labor on other people of color to do that work for them."

– Chief, Local Capacity Building & Program Development Unit

- **Have training on relevant topics between each iteration of the 21-Day Racial Equity Challenge.** In between the first iteration of the challenge the OA holds trainings on white supremacy, anti-racism, critical race theory, the pillars of public health, and how public health services are provided in California. OA leveraged capacity-building assistance funding from the CDC to request local training partners to offer a two-part training for staff on anti-racism in public health and critical race theory.
- **Expand evaluation to determine the impact on learning and comfort with the application of concepts.** This data can be utilized to create benchmarks for specific offices working to operationalize racial equity within their work, increase buy-in by demonstrating the impact of the challenge, and to inform the activities of future challenges.

CONCLUSION

CDPH's OA successfully led the first iteration of the 21 Racial Equity Challenge. A key success is that the challenge has been adopted by other offices in CDPH, creating opportunities to further embed racial equity throughout CDPH. The initiative illustrates how health departments can utilize existing racial equity challenge models and adapt them for their jurisdiction to advance racial equity across all program areas.

> *"A lot of government agency employees tend to want to leave their personal thoughts and ideas and opinions at the door and just come in and do their job. But we have to talk about these things [racial inequities] because they directly relate to the programs we develop and fund. And they are part of our education and understanding of why we need to prioritize this work, not just within our office but in the programs we fund. And I think it's [21 Day Racial Equity Challenge] just a great tool for organizations."*
>
> *– Chief, Local Capacity Building & Program Development Unit*

ADDITIONAL RESOURCES

[1] **California for Health (CA4Health) 21-Day Racial Equity and Social Justice Challenge**
https://ca4health.wixsite.com/ca4healthchallenge

[2] **Cross-Department Racial and Health Equity Training Invitation Example**

[3] **Equity In the Center, "Awake to Woke to Work: Building a Race Equity Culture"**
https://equityinthecenter.org/aww/

[4] **Food Solutions New England Network, The 21-Day Racial Equity Habit – Building Challenge: Discussion Guide for Groups (PDF)**
https://foodsolutionsne.org/wp-content/uploads/2022/03/2019-REC-Discussion-Guide-Rev1.pdf
Resource that provides examples of group agreements that can be adopted to create brave spaces for participants to participate (see page 17).

[5] **Office of AIDS 21-Day Racial Equity Challenge Weekly Debrief PowerPoint**

[6] **21-Day Racial Equity Challenge Survey**

[7] **21-Day Racial Equity Challenge Sign-Up Email**

[8] **21-Day Racial Equity Challenge Welcome Email**

[9] **21-Day Racial Equity Challenge Cohort Sign-Up List**

[10] **21-Day Racial Equity Challenge Cohort Schedule**

[11] **Office of AIDS 21-Day Racial Equity Challenge Reflection Chart**

[12] **Office of AIDS 21-Day Racial Equity Challenge Summary and Replication Tips**
A summary of the implementation challenges and how to implement the 21 Day Challenge.

[13] **Office of AIDS Racial Equity Discussion Post-Care PowerPoint**
Ideas for self-care for staff experiencing triggers/trauma after engaging in the 21 Day Challenge.

[14] **Office of AIDS 21-Day Racial Equity Challenge Video and Articles List**
Examples of articles and videos shared during the 21 Day Challenge.

[15] **Transgender Cultural Humility Awareness/ Responsiveness: Creating a Tran-Inclusive & Affirming Workplace Presentation**
Presentation by the Office of AIDS to increase staff learning on engaging with transgender and gender expansive clients and colleagues.

Tema Okun's Principles of White Supremacy Culture
https://drive.google.com/file/d/1XR_7M_9qa64zZ00_JyFVTAjmjVU-uSz8/view
This article highlights the principles of white supremacy culture and can be used to start conversations about workplace culture and anti-racism.

University Health Services Tang Center, A Toolkit for Recruiting and Hiring a More Diverse Workforce
https://diversity.berkeley.edu/sites/default/files/recruiting_a_more_diverse_workforce_uhs.pdf
UC Berkeley Toolkit with suggestions on recruiting a more diverse workforce.

Cuyahoga County

Equity, Diversity, and Inclusion (EDI) Strategic Plan

INTRODUCTION

This profile highlights the Cuyahoga County County Board of Health's (CCBH) Equity, Diversity, and Inclusion (EDI) Strategic Plan. The EDI Plan aims to advance and operationalize EDI amongst all CCBH staff. **(See Additional Resources[1])**

EDI STRATEGIC PLAN AT A GLANCE

Impacted Partners	Cuyahoga County County Board of Health staff.
Setting	Cuyahoga County County Board of Health
Model	Implementation of the Bay Area Regional Health Inequities Initiative (BARHII) Equity Assessment among staff and community members to determine five EDI priority areas and the EDI Strategic Plan.
Initiative Funding	Ohio Equity Institute (OEI) maternal and child health grant funding (state funding) and general revenue funding from CCBH.
Staffing	Director of Equity, Diversity, and Inclusion (EDI) or a similar position at the senior leadership level.

OVERVIEW OF EQUITY WORK

In collaboration with staff volunteers, the Director of Equity, Diversity, and Inclusion (EDI) leads the operationalization of equity initiatives within the Cuyahoga County County Board of Health (CCBH). An overview of CCBH's EDI work includes:

Data Story-Telling

- The epidemiology, surveillance, and informatics program areas lead this initiative. The initiative aims to contextualize why specific communities experience more negative health outcomes by using data equity frameworks to disseminate and interpret the data collected.

CCBH Internal Notice of Intent (NOI) to Apply for Outside Funds Form

All internal NOIs submitted by any of the five Service Area Directors are reviewed by the CCBH's Director of Equity, Diversity, and Inclusion (EDI) prior to being submitted to the Health Commissioner for final approval. The equity-focused review provides an opportunity to ensure that health equity is intentionally addressed in all new and renewing programs at CCBH. Additionally, it also provides an opportunity for the Director of EDI to offer equity-focused technical assistance to the CCBH's five service areas to increase their programs' focus on equity, diversity, and inclusion in alignment with CCBH's organizational mission, vision, and values. **(See Additional Resources[2])**

Additionally, two equity-related prompts were added to the "Internal Notice of Intent to Apply for Outside Funds" form:

1. Which health equity priority population(s) will this project serve? (Check all that apply)
2. Please provide a description of how this project will advance health equity.

OVERVIEW OF ORGANIZATIONAL EQUITY INITIATIVE

The Equity, Diversity, and Inclusion Strategic Plan developed by the Cuyahoga County County Board of Health (CCBH) guides the implementation of EDI initiatives within CCBH.

SETTING THE STAGE

Cuyahoga County County Board of Health (CCBH) has had an Equity, Diversity, and Inclusion (EDI) committee since 2015 comprising staff from the five different service areas: Administration; Environmental Public Health; Epidemiology, Surveillance, and Informatics; Nursing and Clinical Services; and Population Health. The EDI committee wanted to have a deeper involvement in equity but realized one of their initial challenges was that the EDI Committee was primarily engaging frontline staff. Senior leadership was not very active in staff training or equity initiatives, resulting in an inability to make sustainable and actionable change.

In 2020, after the murder of George Floyd, CCBH declared racism a public health priority for the health department. In April 2022, a new Health Commissioner was appointed who was a strong advocate for EDI work. The Health Commissioner supported approving and hiring a senior-level Director of Equity, Diversity, and Inclusion (EDI). The Director of EDI reports directly to the Health Commissioner and, within the organizational chart, sits unilaterally with the other four service area directors. This positionality ensures that equity is prioritized at the senior leadership level.

In September 2022, the EDI Committee implemented an equity assessment from the Bay Area Regional Health Inequities Initiative (BARHII) with staff and community members. Implementation of the BARHII Equity Assessment was a funding requirement under a grant provided by the Ohio Equity Institute. Funding under this grant is used to prevent infant and maternal mortality. The Director of EDI and EDI Committee analyzed the results of the Equity Assessment to determine five priority areas: (1) Advocacy, (2) Coordinating and Oversight, (3) Education and Training, (4) Outreach and Community Partnerships, (5) Policies and Procedures. The EDI Committee also developed subsequent activities for each priority area. **(See Additional Resources[3])**

> *I didn't want us to be at a place where we had these big ideas and challenges overhauling the organization. And then we get to December, and we haven't done anything, and then we feel bad. We feel like we failed. It was a waste of our time. And that, I know, is a big motivation killer. So, we were like, Okay, what can we do? That is aspirational but also feasible.*
>
> *– Director of Equity, Diversity, and Inclusion*

As a part of the Ohio Equity Institute funding requirements, CCBH must have a strategic plan for racial equity. Funding stipulated that the plan only needed to advance racial equity within the maternal and child health program. However, the EDI Committee expanded the plan's focus to include strategies that could be implemented across other service areas and cover different topics besides racial equity. The EDI Committee used the results from the equity assessment to inform the development of the Equity, Diversity, and Inclusion Strategic Plan.

And so, we were like, okay, we'll do what is required of us because we have to get our money, but also thinking about really making it work and making it something that's going to benefit us and not just an exercise that we're doing to fulfill some grant requirements.

– Director of Equity, Diversity, and Inclusion

INITIATIVE MODEL

CCBH used the BARHII Equity Assessment results to develop their EDI Strategic Plan. Staff and community feedback from the BARHII informed the development of CCBH's EDI priority areas and activities. The BARHII asks CCBH staff and community members specific questions about how well CCBH is doing to meet their strategic priority areas.

Implement the BARHII Equity Assessment to Determine to Inform the EDI Strategic Plan

CCBH required all staff (roughly 180 people) to complete the BARHII Equity Assessment. Each staff member received an email from the Health Commissioner requesting they participate. Community partners also completed the survey. The response rate to the assessment was 88% (n=149). The assessment provided data that the EDI Committee then used to develop the five priority areas: (1) Advocacy, (2) Coordinating and Oversight, (3) Education and Training, (4) Outreach and Community Partnerships, and (5) Policies and Procedures. Each of the five priority areas also lead to the development of five EDI Committee subcommittees. For the second iteration of the BARHII Equity Assessment, the EDI Committee is incorporating survey questions from the Government Alliance on Race and Equity and other online sources to ensure the survey is more specific to CCBH and reduce the number of questions to sustain a high response rate over time. **(See additional Resources[4])**

The BARHII Equity Assessment also asks CCBH staff and community members to respond to a series of questions to determine how well CCBH they are doing to advance EDI amongst staff and within communities CCBH serves. If less than 50% of respondents noted that CCBH was doing "good" or "very good," then the Director of EDI would engage with staff who had historically been leading EDI work to gain additional insight on prioritizing specific activities. The five subcommittees Advocacy, Coordinating and Oversight, Education and Training, Outreach and Community Partnerships, and Policies and Procedures, support the implementation of the EDI Strategic Plan.

The section below highlights the BARHII Equity Assessment results for the five priority areas and subsequent activities to support meeting these priority areas.

Priority 1: Advocacy

Only 34.2% (n=149) of staff surveyed felt CCBH had strategies to advocate for public policies that address environmental, social, and economic conditions that impact health inequities. To address this, CCBH will create an Advocacy Statement Guidance Toolkit. The toolkit will assist CCBH strategies on how to advocate for issues and other mechanisms of advocacy beyond advocacy statements. These different methods may include posting on their website, sharing in a flyer, or sharing information in another manner.

Priority 2: Coordinating and Oversight

52% (n=149) of staff surveyed agree or strongly agree that they know how the work of other parts of CCBH contributes to addressing the health inequities of community members. To address this, the EDI Committee will increase staff awareness about EDI work by creating a newsletter to share information about health equity initiatives across CCBH, such as the lunch and learn series and other internal and external training. The oversight component will also highlight the need to ensure that the EDI Committee has what it needs to advocate for resources and different needs to implement its work.

Priority 3: Education and Training

57.3% (n=149) of staff surveyed said they had received training on how public health can address the social determinants of health since starting to work at CCBH. The EDI Committee held one all-staff training in November 2023 to address this. All-staff training was also a stipulation in the OEI grant. To further address the training requirement, the EDI Committee launched a monthly 60-minute lunch and learn series. Topics covered thus far have included using pronouns and gender identity, microaggressions, and unconscious bias. There will also be longer quarterly trainings to focus on other topics such as workforce development and other learning opportunities not tied to the EDI Strategic Plan.

> *"That was a huge priority for us because we could not expect that we're going to send folks out into the community to work with residents and community organizations and have them advance EDI if we don't have it together internally. So that was a huge priority for us, and it was to get this staff training and the other kinds of subsequent training off the ground to build upon that for other things that we wanted to accomplish over the next few years."*
>
> *– Director of Equity, Diversity, and Inclusion*

Priority 4: Outreach and Community Partnerships

54.4% (n=149) of staff reported feeling that CCBH demonstrated a commitment to working with external partners to address the social determinants of health. To address this, the EDI committee established an equity-focused community advisory board (CAB) to increase the opportunities for community members to inform CCBH's programs and services. The EDI Committee established their CAB by determining 35 critical populations of people they wanted to include. The EDI Community Engagement subcommittee, larger EDI Committee, CCBH Health Commissioner, and senior leadership were involved with the key populations. The EDI Committee, senior leadership team, and staff determined who they knew fit within the 35 key populations. Those who participate in the CAB receive food and 20-dollar gas cards.

The EDI Community Advisory Board has participated in meetings focused on the purpose, goals for the group, and expectations members had for the group, reviewed the 2023 EDI Strategic Plan and discussing progress thus far, and provided input on activities to incorporate into the 2024 EDI Strategic Plan. The EDI Committee used feedback on the 2024 EDI Plan to refine the activities for 2024. **(See Additional Resources[5])**

> *"...we needed to increase the number of community partnerships that we have with organizations and individual community residents also to provide more opportunities for those folks to be at the table to make decisions. And not a tokenistic, hey, we need you all to rubber stamp this thing we've already put together or that we will do regardless of whether you tell us it's okay. But, being able to have some power, and some say and a seat at the table."*
>
> *– Director of Equity, Diversity, and Inclusion*

Policies and Procedures

Less than 50% (n=149) of staff agreed or strongly agreed that staff are encouraged to learn how to address social determinants of health from one another or external sources. To address this, the EDI Committee, Organizational Policies and Procedures subcommittee established a process for reviewing and revising CCBH internal policies to ensure equity for staff and community members. Specifically, the policy review will focus on each policy's differential impact or benefit. The EDI Committee developed a checklist to guide policy reviewers in determining the differential burden or benefit across different demographics (i.e., race and ethnicity, veteran status, gender identity, family status, sexual orientation, etc.). The review process also includes reviewing policies for modern language using the Chicago Style manual and an EDI lens.

Reviewers will provide recommendations to update policies and procedures to the Human Resource Department, Program Directors, or other individuals that the policy or procedure is in their purview. The Board of Commissioners will then approve updated policies and procedures. **(See Additional Resources[6])**

SECURING BUY IN

Securing the support of leadership, staff, and community is an important step when designing and implementing organizational equity initiatives. Working closely with these entities to co-design the initiative is one way to secure support. The following strategies assisted the Director of EDI with securing buy-in for the initiative:

- **Advocate for senior leadership to declare racism as a public health crisis and take action:**
  Prior to the Director of EDI being hired, other staff members advocated for the Health Commissioner to declare racism a public health crisis. This declaration prompted the hiring of the Director of EDI and positioned this role and function at the senior leadership level to ensure EDI work is prioritized within every level and facet of the CCBH's programming and services.

- **Position those leading equity work within the senior leadership level:**
  The Director of EDI being in decision making spaces and in leadership meetings to allows him to continuously call-in peers to prioritize EDI work.

- **Demonstrate a commitment to EDI work among senior leadership:**
  All staff received an email from the Health Commissioner asking all staff to complete the required BARHII Equity Assessment. This email showed a commitment from the highest level of leadership of the importance of staff participating in activities to advance EDI work within CCBH.

- **Utilize feedback from staff:**
  Staff feedback from the BARHII Equity Assessment was used to create actionable activities to address their needs and concerns.

- **Include community input in the development of the EDI Strategic Plan:**
  The BARHII Equity Assessment was sent by email to community partners of CCBH. The email outlined that CCBH wanted community feedback to help them understand the current equity landscape of CCBH and Cuyahoga County County, and their suggestions on how to improve equity within CCBH and in the community. Additionally, CCBH formed the EDI CAB that provides on-going input on the EDI Strategic Plan.

"Creating a culture of EDI is getting people to understand that EDI work is public health work. It's not additional on the side, you know. One of the big barriers that I continue to hear from people about why they can't advance EDI work is because they don't have the time, and so trying to help people to understand, as you're planning whatever other components that are part of this program or the service that you're providing, you have to have equity in there because it is just the right thing to do. But also, we must recognize who we are. We're not a private hospital, club Med, or something like that like we are a public health department, and we often tend to serve the most marginalized of our community."

– Director of Equity, Diversity, and Inclusion

OUTCOMES AND SUCCESSES

The Equity, Diversity, and Inclusion (EDI) Strategic Plan has already demonstrated some initial successes with meeting activities within the five priority areas. **(See Additional Resources[7])**

Advocacy

- Piloting and refining a process for releasing advocacy statements.
- Released statements on modernizing HIV criminalization laws, housing discrimination, and recognizing gun violence as a public health crisis.

Coordinating and Oversight

- Monthly newsletter sent to all CCBH staff and the Board of Commissioners highlighting health equity initiatives across CCBH, successes from the implementation of initiatives, upcoming events (i.e., lunch and learns, training, etc.), and outreach activities to reach diverse communities. Each newsletter includes a resource section with materials that people can access to increase their learning on EDI topics.

Education and Training

- Developed a draft list of required and optional EDI training for new and existing staff awaiting approval from the Board of Commissioners.
- Offering monthly EDI "lunch and learns."
- Implemented an all-staff EDI training with roughly 170 (N=180) CCBH employees in November 2023. The training was mandatory, and those who could not attend were either out of the office or frontline staff who could not leave because they were managing the building. The training focused on developing a foundational understanding of what EDI is and why it is essential to CCBH's work.

Outreach and Community Partnerships

- Established the EDI Community Advisory Board

Policies and Procedures

- Finalizing a process to review the language and impact of every organizational policy and provide recommendations for making policies more gender inclusive and equitable for all staff.
- Developed a process and reviewed the Culturally and Linguistically Appropriate Services policy.

CHALLENGES AND BARRIERS

Creating systems-level change to address inequities may result in challenges when implementing an initiative like the Equity, Diversity, and Inclusion Strategic Plan. Challenges experienced and solutions developed by those implementing the initiative include:

Changing the Culture of Data Evaluation:
Historically, CCBH focused most of its evaluation on completing activities rather than evaluating their impact. For example, data may illustrate that CCBH disseminated Naloxone kits and referral cards. However, the data do not include how many people followed up on the referrals or the demographic data of people who did or didn't follow up on referrals. To address this, in May 2024, CCBH is planning a mandatory all staff training on data equity. Additionally, the Director of Epidemiology, Surveillance, and Informatics (ESI) service area has instituted a data modernization committee that the EDI Director participates in. ESI is also hosting "Data Days" that will allow staff and community partners to discuss various data challenges and opportunities.

"So, if we're giving out all these resources, and only the privileged people are taking them where we're just exacerbating the disparities that already exist. And that is certainly not what we want to do."

– Director of Equity, Diversity, and Inclusion

Appropriately Compensating Community Advisory Board (CAB) members:
CAB members who attend meetings receive food, gift cards and 20-dollar gas cards. Stipulations about how specific funding can provide incentives can prohibit CAB members from other incentives that can meet other essential needs (e.g., housing security, educational attainment, food security, reliable transportation, etc.). The EDI Director will continue to work with CCBH's Chief Financial Officer to determine opportunities to financially support other basic needs for CAB members.

Moving From Equality to Equity:
One of the aims of promoting EDI in CCBH is creating activities for staff to understand what equity means. There is a high level of commitment from staff to reach all clients. Still, additional learning is needed for people to understand that to achieve their programmatic goals, they must allocate resources depending on who is most impacted. The Director of EDI has addressed this by an All-Staff Equity Grounding training and during quarterly new staff orientations where information is shared about the differences between equity and equality, and reasons (e.g., exacerbating existing disparities) for CCBH staff to focus on equity. **(See Additional Resources[7,8])**

"If we want to achieve the goals we set out to do. We need to help people to understand what equity means. One of the things that I continue to hear at some large staff meetings is that we want to serve everybody, not just the most marginalized, and I always push back every time on that because it is not enough to give everybody the same thing. And so that is a challenge. It is my biggest challenge."

– Director of Equity, Diversity, and Inclusion

REPLICATION TIPS AND ADVICE TO OTHER HEALTH DEPARTMENTS

Successful implementation of the Equity, Diversity, and Inclusion Strategic Plan requires organizations to ensure the prioritization of EDI work across all levels of the health department, utilize feedback from staff and community to inform EDI activities, have a clear vision of what organizations want to achieve by engaging in EDI work, use existing resources and adapt them to fit the needs of their organizations and revisit resources and processes that guide EDI work on updating them based on lessons learned and feedback from staff and community. Health departments contemplating developing an EDI Strategic Plan should consider the following:

Preparing Staff and Community for Implementation:

- **Ensure that those leading EDI work are part of senior leadership.**
  Having those leading EDI work within senior leadership ensures that service areas prioritize EDI and that someone with decision-making power has a keen focus on EDI. Within CCBH, the Director of Equity, Diversity, and Inclusion (EDI) is a part of multiple meetings within other service areas, which provides the opportunity to oversee on how the goals of priority areas are being met; they are the point of contact for EDI-related needs and concerns, and lead coordination efforts across program areas (e.g., reducing duplication of efforts and resources in different program areas, determining how to hold all staff trainings that align with the day to day activities of each service area, etc.).

"I'm a director, which is, the level right below our Health Commissioner. That has allowed me to be in the room when decisions are being made to provide suggestions, to ask questions that need to be asked about, where's the equity components of this to be able to have an ongoing conversation with the Health Commissioner to be able to talk about the challenges, my ideas, or our ideas for the [EDI] committee's ideas around policies, procedures, training, etc. And so, it has just given more weight to the work that I do sit at that at the director's level."

– Director of Equity, Diversity, and Inclusion

- **Identify existing tools and resources that model how to operationalize EDI work within organizations.**
  Providing staff and senior and mid-level leadership with this information can increase buy-in by demonstrating that EDI work can be implemented and providing guiding steps for implementation. Additionally, these tools and resources can serve as models that can be adapted and used to meet the needs of a jurisdiction.

- **In partnership with senior leadership, those leading EDI work should develop a clear vision of how EDI work will be implemented.**
  Having this clarity helps ensure that those implementing and supporting EDI work know what they are committing to and can move with intentionality during the implementation phases. All staff members must be clear on the vision of EDI work to ensure continuity across service areas and within leadership.

"If you're trying to use a culture of EDI, especially when there hasn't been one, or it's been very minimal like that is, going to take intentionality. So, I always tell people that organic is for food and not people. Nothing is going to happen organically in this space. It all has to be intentional."

– Director of Equity, Diversity, and Inclusion

- **Collect and use data to make informed decisions.**
  Getting buy-in for EDI work can be more successful when those leading EDI work share data with staff and leadership that clearly illustrates how advancing EDI work can support capacity building for staff and positively impact organizational equity outcomes. The EDI Committee has used data from the BARHII Equity Assessment to determine activities within the five priority areas. The EDI Committee also administers a staff demographic survey to determine how well they are doing with hiring staff at various leadership levels who reflect priority communities.

- **Acknowledge that staff within different program areas may have different levels of knowledge about EDI and how it applies to their work.**
  Training for staff should include foundational learning in addition to the application of concepts within specific program areas. Additionally, those leading EDI work should consider how they can leverage the expertise of those with higher levels of knowledge to support other staff who may need additional support comprehending and applying EDI within their work. For example, these staff members could support training for other staff, co-lead program-specific initiatives, or contribute feedback during the training development phase.

- **Identify adequate financial resources to support EDI work overtime.**
  Health departments should identify financial resources to cover the time needed by new or existing staff supporting EDI work. As new needs are identified, funding should be available to hire new staff or consultants to provide additional support.

"And [EDI work] is not easy, it's tough work, and it is depressing work at times because you're just confronting all the ugliness of the world. It is very easy for people to shy away from it or de-prioritize it because it doesn't feel as good as other things they are doing. I think money and resources are a big part of doing this work and supporting the people doing the work itself."

– Director of Equity, Diversity, and Inclusion

- **Prioritize EDI in hiring and onboarding:**
  Part of creating a culture of EDI is ensuring that staff hiring and onboarding practices use an EDI lens. CCBH uses a hiring panel of individuals who are frontline, administrative, and human resources staff who can provide diverse perspectives on how the experience and expertise of candidates meet the needs of the position being hired for. Additionally, the Director of EDI developed a set of EDI questions for candidates, at least one of these questions is incorporated into each interview depending on the position. Each EDI question holds the same weight as all other questions in the interview scoring rubric. Further, CCBH orients new staff to the idea that EDI is vital to the work of all program areas. CCBH holds quarterly all-day orientations with new staff. One hour of this training is reserved for the Director of EDI to share information with new staff about equity v. equality, privilege, understanding your identity, and other EDI concepts. Holding these quarterly onboarding sessions ensures that new staff get this information closer to when they are hired rather than waiting for an annual all-staff training. It also provides an opportunity to meet with these new staff in a smaller setting to answer questions and provide additional resources if they need support understanding EDI and how it will apply to their work. **(See Additional Resources[8,10])**

Supporting Staff and Community Through Implementation:

- **Adapt the EDI Committee structure to keep members engaged and maximize impact.**
  One of the challenges of EDI work is keeping those leading it actively involved and engaged. Initially, the EDI Committee met bi-monthly, and the subcommittees would meet in the interim months to complete activities within the five priority areas. As activities were being completed, the group moved to monthly meetings with one large body. This new structure helps to keep people engaged and helps to put more support toward unmet activities within the strategic plan. Each meeting is 90 minutes to two hours. In these meetings, the EDI Committee members provide updates on work in progress, discuss emerging issues, and plan for implementing other activities within the strategic plan (i.e., developing a process to review their policies and procedures with an equity lens).

- **Utilize feedback from Community Advisory Boards (CAB) to inform strategic planning.**
  Annual strategic planning should always include community input; CABs are a method to ensure the community is a part of the decision-making process to determine EDI activities. The EDI Committee meets with their CAB to determine new activities for the upcoming year's EDI Strategic Plan.

- **Revisiting the EDI Strategic Plan and evaluation processes.**
  Implementing EDI work requires reviewing stated priority areas and activities to determine that they still align with the current needs of staff and the community. The updated 2024 Strategic Plan will include feedback from CAB members on new or refined activities for each priority area. Additionally, the EDI Committee used strategic, measurable, actionable, relevant, timely, inclusive, and equitable (SMARTIE) goals rather than SMART goals. In the updated 2025 Strategic Plan, the Director of EDI wants to implement a tiered system to assist program areas with developing EDI-related activities. The first tier will ensure each activity has an EDI component to it. The second tier will ensure that people implementing the activities participate in an internal (i.e., EDI Committee) or external equity group. The third tier will ensure that staff

continues to build capacity by requiring them to participate in at least two EDI-focused training sessions (e.g., "lunch and learns", external training) each year. These tiers will evaluate how each program area has embedded equity work into their work and among staff activities.

CONCLUSION

The Equity, Diversity, and Inclusion Strategic Plan developed by the Cuyahoga County County Board (CCBH) of Health demonstrates how to use staff and community feedback to guide the implementation of EDI across all health department programs. Additionally, the success of CCBH meeting many of their priority areas within the first year of enacting the EDI plan demonstrates the necessity of adequate funding and having those leading EDI work within the senior leadership level to ensure EDI work is prioritized across leadership and within program areas.

> *"Without the resources to do this [EDI] work, it will not get done, and without the intentionality of doing this work, it won't get done. And so, as much as they can figure out how to, you know, move some positions around, find some extra money, whatever needs to be done, that is going to be a huge benefit to the folks who are deeply immersed in this work because otherwise, it's just going to be a whole lot of suggestions that don't go anywhere."*
>
> *– Director of Equity, Diversity, and Inclusion*

ADDITIONAL RESOURCES

[1] **CCBH Equity, Diversity, and Inclusion Strategic Plan 2023**
Linked in folder

[2] **CCBH "Internal Notice of Intent to Apply for Outside Funds" Equity Prompts (Blank)**

[3] **Bay Area Regional Health Inequities Initiative, Equity Assessment (PDF)**
https://barhii.org
The original BARHII Equity Assessment adapted by CCBH to inform the development of their five priority areas within the EDI Strategic Plan.

[4] **Government Alliance on Race and Equity, Racial Equity: Getting to Results (PDF)**
https://www.racialequityalliance.org/resources/racial-equity-getting-results/
CCBH used this document to guide the implementation of the EDI Strategic Plan.

[5] **CCBH EDI Community Advisory Board (CAB) Invitation Letter**
The invitation letter sent to invite community members to join the CCBH EDI CAB. The letter outlines the role and responsibility of the CAB, the purpose of the CAB, meeting frequency, incentives for participation, and next steps for those who are interested.

[6] **CCBH Policies and Procedure Equity Review Checklist**
This tool is used by CCBH to review internal policies and procedures to assess their differential impact on staff of different demographic backgrounds and ensure each policy is equitable for all staff.

[7] **Equity, Diversity, and Inclusion Data Dissemination for OEDI October 2023 (PDF)**
Link in folder

This document contains the initial outcomes of work completed within the 2023 EDI Strategic Plan.

[8] **CCBH New Staff Orientation EDI Slides**
This presentation is designed for all new staff who participate in the quarterly new staff orientations. The presentation provides all new staff with information on EDI principles and how they apply to their work at CCBH.

[9] **CCBH All-Staff Grounding Foundational Training Slides**
Training slides used during the All-Staff Grounding Foundational training focused on developing a foundational understanding of EDI is and its importance to the work of CCBH.

[10] **EDI Interview Questions**
A list of EDI questions developed by the Director of EDI. These questions can be incorporated into all new staff interviews for all CCBH service areas.

Illinois and Chicago

The THRIVE. Capacity and Infrastructure Development Initiative

INTRODUCTION

This profile highlights the THRIVE. Capacity and Infrastructure Development Initiative from the Chicago (CDPH) and Illinois (IDPH) Departments of Public Health. The THRIVE. Initiative aims to increase equitable access and receipt of funding for Black-led HIV service organizations located across the state.

THRIVE. AT A GLANCE

Impacted Partners	Black-led organizations in Chicago and throughout Illinois that provide HIV services.
Setting	Health Departments and Community-Based Organizations
Model	The initiative comprises a five-pillar capacity building and infrastructure model to increase equity in funding, long-term investment in and sustainability of Black-led organizations.
Initiative Funding	The primary funding source is Illinois State General Revenue. In 2024 funding will be expanded to include the Centers for Disease Control and Prevention (CDC) and Ryan White Program Part A, Ending the Epidemic (EHE).
Staffing	• IDPH: Risk Reduction Coordinator (1 FTE, 18% level of support) • IDPH: HIV Section Chief (1 FTE, 15% level of effort) • CDPH: Public Health Administrator/LGBTQ+ Liaison (1 FTE, 15% level of support) • CDPH: Assistant Commissioner for Finance and Administration (1 FTE, 15% level of support) • CDPH: Deputy Commissioner of Syndemic Infectious Disease Bureau (1 FTE, 15% level of support) • Consultant: Vision Què! LLC
Infrastructure Needed	• External consultants with executive leadership training expertise should lead ongoing engagement with community organizations through the five pillars of the initiative model. • Development of capacity development tools (i.e., organizational needs assessment, logic model • Synergy and transformative partnership between external consultant team and health department staff team. • Opportunities to benchmark and assess status of overall project and status reports with the health department and external consultant team. • System and adjoining methods for engaging, tracking and assessing process and progress with organizations, (i.e. contact sheets, status report templates etc.) • Project manager to monitor budget and resources on a systematic basis and manage special events, programs, and meeting logistics.

OVERVIEW OF EQUITY WORK

Operationalizing equity requires health departments to embed equity throughout their programs. This section highlights CDPH and IDPH's equity related projects and activities:

Healthy Chicago 2025 (Chicago)

- Provides action steps for CDPH, community members, and other public health partners to implement activities that reduce the life expectancy gap between Black and White Chicagoans by using a root cause approach to identify health inequities rather than focusing on the specific diseases and conditions experienced by communities. Within the health department, every bureau and individual program uses this document to inform the provision of services and programming provided. **(See Additional Resources[1])**

Chief Racial Equity Officer (Chicago)

- CDPH created this executive-level position in 2019 to have a dedicated individual to advance racial and health equity opportunities across the health department. This position also supports the health department's Communications Team. **(See Additional Resources[2])**

Strategic Funding to Reach Those Most Impacted (Chicago)

- Surveillance data demonstrate that populations most impacted by HIV are Black and Latine gay, bisexual, and other men who have sex with men (GBM), Black and Latine women of transgender experience, and Black cisgender heterosexual women. Criteria for funding from CDPH require organizations to provide services to one or more of these priority populations.

Embedding Equity into Request for Proposal (RFPs) and Funding Opportunities (Chicago/Illinois)

- All RFPs from CDPH's Syndemic Infectious Disease Bureau include questions to assess each organization's commitment to and history of deconstructing racism through their programs, policies, and operations, using a trauma-informed lens to provide care, implementing trauma reduction and prevention measures, and applying a cultural humility lens. These questions account for 30% of the overall RFP scoring rubric.
  (See Additional Resources[3])

- All IDPH grantees must complete a Health Equity Checklist, which accounts for 35% of the total points in the scoring rubric. **(See Additional Resources[4])**

Workforce Development for All Staff (Chicago and Illinois)

- CDPH, in collaboration with an external consultant group, provides racial equity / deconstructing racist systems training for all staff focused on addressing and deconstructing racist systems and other racial equity topics. The training series comprises three parts; all staff must take the first part. Managers and supervisors are required to take the first and second series. The third series is optional for staff who want to further develop their capacity. CDPH's Inclusion, Diversity, Equity, and Action (IDEA) Bureau also coordinates cultural events throughout the year, honoring the many cultures that make up the CDPH team.

- The IDPH Diversity Equity and Inclusion (DEI) Officer and Health Equity Committee provide monthly programming to staff. These engagements include informational webinars, DEI book clubs, in-person and virtual lunch and learns to connect staff across the health department, and programming around national celebration and remembrance days (e.g., Indigenous People's Day, Transgender Day of Remembrance).

OVERVIEW OF ORGANIZATIONAL EQUITY INITIATIVE

The THRIVE. Capacity and Infrastructure Development Initiative is a collaborative effort between the Chicago (CDPH) and Illinois (IDPH) Departments of Health focused on building the internal leadership capacity and infrastructure of Black-led organizations providing HIV services within the state. THRIVE. aims to address the funding inequities that have resulted in Illinois-based Black-led not receiving equitable funding to provide services to the most impacted communities.

SETTING THE STAGE

From 2016 to 2018, CDPH reorganized their approach to funding HIV services in the Chicago, eligible metropolitan area (EMA). They chose to braid their funding sources to create a system of status-neutral, comprehensive, and bundled services they felt better met clients' needs.

In 2017, in preparation for the request for proposals (RFPs) to be released in 2018, CDPH allocated $800,000 in capacity and infrastructure support for organizations funded to provide HIV prevention services, including many Black-led organizations. CDPH held multiple trainings for these organizations on grant writing and how to form partnerships with healthcare organizations as a non-clinical community-based organization. In the 2018 RFP cycle, despite CDPH's best intentions, smaller, non-clinical organizations, including Black-led organizations, only received four to five million dollars of the 42 million dollars available. While this represented a small overall increase in funding for Black-led organizations, the disparity remained significant.

Ultimately, CDPH found that Black-led organizations had received significantly less funding because they did not provide services in categories where most funding is allocated (because of federal requirements and local planning council decisions):

1. Medical care
2. Long-term stable housing (i.e., Housing Opportunities for People with AIDS (HOPWA))
3. Behavioral health care, mental health care, and substance use disorder treatment

Following this discovery, both health departments met with leaders from Black-led organizations to develop solutions that would increase the likelihood of these organizations receiving funding in future funding cycles. The solution was for both health departments to make a long-term investment in strengthening the capacity and organizational infrastructure of Black-led organizations, allowing them to identify priorities and to receive tailored support.

> *"It wasn't trying to just fix the immediate problem, to silence the critics. It was acknowledging what these organizations were saying was true, but also acknowledging that the fix probably wasn't gonna be quick or short term, but rather a long-term sustained investment from public health in the infrastructure and capacity of the organizations overall."*
>
> *– CDPH Deputy Commissioner of Syndemic Infectious Disease Bureau*

INITIATIVE STRUCTURE

THRIVE. was developed to assist Illinois-based, Black-led HIV service organizations with building their internal capacity and infrastructure to provide services fundable by CDPH, IDPH, CDC, HRSA, and other entities. The initiative began in June 2022 and will extend until at least 2025. CDPH and IDPH have been working with an external, expert executive leadership consultant group, Vision Què! LLC, to provide support to nine Black-led organizations. They also continue to engage with 10 other Black-led organizations by inviting them to THRIVE. meetings and sending them updates on the initiative's progress. There are upcoming plans to provide additional capacity and infrastructure support for Black-led organizations that are newer and to Black-led federally qualified health centers (FQHCs).

The THRIVE. team began focusing on the first pillar of the initiative, Strengthening Executive Leadership. Vision Què! LLC provided tailored activities such as coaching, mentoring, and training and individualized capacity-building assistance to establish or enhance boards of directors, enhance strategic planning, and improve human resources. Vision Què! LLC, is currently in the planning stages of assisting THRIVE. organizations with achieving goals in the second and third pillars, Strengthening Organizational Infrastructure and Developing and Strengthening Human Infrastructure.

THRIVE. comprises five pillars to guide engagement with organizations participating in the initiative:

Strengthening Executive Leadership	This pillar works with executive leadership, which includes helping to set priorities for the organization, developing peer support networks, and providing coaching and mentoring. In collaboration with the consultants, each executive leader will complete an Organizational Assessment, which will inform the development of a capacity and infrastructure development work plan for each organization.
Strengthening Organizational Infrastructure	This pillar strengthens organizational processes like data management systems, finance, and accounting, as well as the role of the board of directors in leadership and oversight of the organization.
Developing and Strengthening Human Infrastructure	This pillar includes strengthening team morale and the recruitment, retention and development of staff.
Optimizing Service Delivery and Outcome Achievement	This pillar optimizes service delivery to achieve outcomes, which includes working with programmatic teams to understand their outcomes, how they will reach the outcomes, and how existing programs can be revamped to be more effective at achieving the intended outcomes.
Addressing Systemic and Structural Issues	This pillar works with organizations to address barriers (e.g., delayed reimbursement of grant funds) caused by institutions like the health department.

SECURING BUY IN

When designing and implementing organizational equity initiatives, securing the support of leadership, staff, and community is essential. One way to ensure support is to work closely with these entities to co-design the initiative. The following strategies assisted the THRIVE. team with securing buy-in for the initiative:

Create a culture of prioritizing equity amongst leadership:
It is essential to garner the support of executive leadership to support initiatives, such as THRIVE. CDPH and IDPH have created a culture where their leadership have demonstrated a commitment (i.e., Health Chicago 2025) to equity which made it easier for them to seek support to implement the THRIVE. Initiative.

Understand the internal capacity of staff supporting the initiative:
Work with an external consultant to ensure adequate and sustainable capacity (i.e., available staff, level of effort) to implement this initiative fully. Currently, five health department staff members are liaisons with the Vision Què! LLC, consultancy group.

Acknowledge the inherent power dynamic between the health department and THRIVE. organizations:
Recognize that as the funder of these organizations, there is a need to practice sharing power by creating the space for THRIVE. organizations to lead the processes to determine their needs and priorities to strengthen their capacity and infrastructure.

Create multiple opportunities to build trust:
Acknowledge any previous harms or missteps the health department has made when engaging the community. Both health departments recognized that their current process of distributing funding was disproportionately excluding Black-led organizations, despite that not being the intent in developing their funding mechanisms. Both health departments initially met individually with leaders from Black-led organizations to gain feedback. Then, both health departments met with 19 organizational leaders to better coordinate efforts and solutions between the state (Illinois) and eligible metropolitan area (Chicago). CDPH and IDPH held multiple meetings to gather feedback, co-developing the THRIVE. Initiative with the community and sharing information about participation in THRIVE.

> *"...I am truly excited about the work that I am currently engaged in with the coaches who have been assigned to me and strongly believe that this work will lead to significant impact for me as an executive director and for our organization as a whole."*
>
> *– THRIVE. Organization*

OUTCOMES AND SUCCESSES

The THRIVE. Initiative is a multi-year project and has already demonstrated some initial successes from those implementing the initiative and Black-led organizations participating.

- Developed and use an organizational assessment to measure and understand how organizations participating in THRIVE. are impacted by microaggressions, trauma, burnout, staff retention challenges, and hiring new staff with diverse backgrounds.
- Nine Black-led organizations are receiving intensive capacity building assistance (CBA) and technical assistance (TA) that has resulted in THRIVE. organizations, (1) Utilizing the organizational assessment tool to determine organizational priorities, (2) Developing community advisory boards, and (3) Committing to diversity funding and implementation of a strategic funding development plan. **(See Additional Resources[5])**
- Ten other Black-led organizations, not participating in CBA and TA, are attending THRIVE. meetings and receive updates on the progress of the initiative.
- Black-led organizations lead the priority and goal setting for their organization.
- Deeper partnerships and relationships have been developed with the community, demonstrating both health departments' long-term commitment to developing community-driven solutions.
- Identifying funding from the health department to support THRIVE. demonstrates a long-term commitment to address the current funding and infrastructure inequities.
- Developed and implemented communication strategies for community members to address funding and infrastructure inequities.

CHALLENGES AND BARRIERS

Creating systems-level change to address inequities may result in challenges when implementing an initiative like THRIVE. Challenges experienced and solutions developed by those implementing the initiative include:

Owning mistakes:
Despite CDPH and IDPH's best intentions to make funding opportunities more impactful for those seeking services, they excluded smaller, non-clinical, Black-led organizations from receiving funding. Both entities used this learning moment to meet with the community to determine other solutions to prioritize equitable funding allocation.

Honoring history and rebuilding trust:
Both CDPH and IDPH had been receiving feedback from non-clinical community-led organizations, and in particular, Black-led organizations, that the current funding mechanisms were creating challenges for them to seek funding and sustain their programs, particularly if funds were delayed. CDPH and IDPH took the necessary steps to meet with 19 Black-led organizations to understand their challenges and determine what solutions the health department could offer. There was some resistance to participating in THRIVE. because of a previous feeling that the health departments needed to be more receptive to their needs. To address this resistance, CDPH and IDPH continued meeting with community members to make THRIVE. and their intent for the initiative to be as transparent as possible.

Equitable power sharing and decision making:
Both CDPH and IDPH were aware that historically, Black-led organizations were not receiving equitable funding compared to other organizations. In the design and implementation of THRIVE. both health departments ensured that Black-led organizations could contribute to the planning and decision-making processes before implementation. Both health departments also removed themselves from providing direct technical assistance to intentionally create space for Black-led organizations to have the autonomy to identify and set their priorities and needs.

Creating a culture of transparency:
CDPH and IDPH held multiple engagements with Black-led organizations to share the purpose and activities associated with participating in THRIVE. Although they made these efforts, some organizations noted needing clarification on the initiative's purpose. In the future, both health departments will consider other mechanisms to share information about THRIVE. with Black-led organizations, such as developing a newsletter to share progress with the initiative, publishing annual reports to highlight actions taken and successes, and continuing to meet with other Black-led organizations that may still be interested in THRIVE.

> *"But I feel like we've turned a corner. And while we aren't working with all 19 organizations we're working with a good number and the feedback that we're getting from those organizations has been really, really positive".*
>
> *– Deputy Commissioner of Syndemic Infectious Disease Bureau*

REPLICATION TIPS AND ADVICE TO OTHER HEALTH DEPARTMENTS

Successful implementation of the THRIVE. initiative involves building community trust, holding health departments accountable, focusing on leadership as the first step in building internal capacity, and letting leaders of community organizations determine their own needs and priorities. Health departments contemplating implementing THRIVE. should consider the following:

Preparing Staff and Community for Implementation:

- **Identify a consultant group to ensure adequate internal capacity to support the initiative's activities.**
  Working with an external entity also helps to lessen the impact of the inherent power dynamic between the health department and THRIVE. organizations by allowing these organizations more autonomy to work directly with consultants to determine their priorities and areas of focus.

- **Normalize and establish a culture of power-sharing between health department staff supporting the initiative and organizations interested in participating in THRIVE.**
  Allowing the community to lead and contribute to the initiative's development ensures the initiative reflects the needs of those participating in THRIVE.

- **Center Black-led organizations that are serving the most impacted communities.**
  From the onset, CDPH and IDPH wanted to identify Black-led organizations serving the most impacted communities in THRIVE. These organizations are offered technical and capacity-building assistance and play a pivotal role in the design and implementation of THRIVE.

- **Create multiple opportunities for Black-led organizations to learn about THRIVE.**
  Health departments should consider various methods to gather feedback to inform planning and decision-making. Methods can include attending meetings at Black-led organizations, surveys, and focus groups, that compensates participants.

Supporting Staff and Community Through Implementation:

- **Develop mechanisms for community and staff to provide feedback throughout the initiative.**
  These mechanisms can include anonymous surveys, formal check-in with each THRIVE. organization, and holding quarterly feedback meetings. Feedback can inform implementation and ensure that everyone involved can express their concerns.

- **Celebrate successes.**
  As a multi-year initiative, organizations may achieve their goals at different points throughout the initiative. As the health department, create a formalized way to share updates about the progress of each THRIVE. organization regularly.

- **Let Black-led organizations lead.**
  An essential component of this initiative is to let THRIVE. organizations determine their priorities and areas of focus when working with the consultants providing technical assistance.

- **Create intentional space to focus on immediate needs while addressing the five pillars.**
  One of the main challenges for THRIVE. organizations receiving funding from CDPH and IDPH are experiencing delays in reimbursement. While executive leaders from THRIVE. organizations participating in the five pillars of the initiative, the health department should be working internally to identify reserve funding or improve processes that impact the organizations participating in the initiative.

CONCLUSION

The initiative provides an opportunity to engage with Black-led community organizations that provide HIV services to those most impacted. And to determine solutions with these organizations to increase their ability to achieve equity in receiving funding and strengthen their internal capacity and organizational infrastructure. This community-centered approach demonstrates how health departments can work collaboratively with Black-led community-based organizations to ensure they receive equitable funding and long-term investment in these organizations to meet the dynamic needs of the communities they serve through capacity and infrastructure support.

ADDITIONAL RESOURCES

[1] Healthy Chicago 2.0 Plan

https://www.chicago.gov/city/en/depts/cdph/provdrs/healthychicago.html

Strategic plan used by all bureaus within the Chicago Department of Public Health to guide the provision of services and implementation of programs.

[2] CDPH Chief Racial Equity Officer Office Job Description

A description of the job duties and responsibilities of the CDPH Chief Racial Equity Officer.

[3] CDPH Division of Sexually Transmitted and Bloodborne Diseases, HIV/AIDS/TB Program Request for Proposals (RFP) Scoring Rubric

Questions and rubric used to assess each grantee's organizational commitment to address racism, utilize a trauma-informed and cultural humility lens, and implement trauma-reduction and prevention measures across programs, policies, and operations.

[4] IDPH Health Equity Checklist Training for Grantees

Presentation provided to grantees to help them complete the Health Equity Checklist (HEC). The HEC is used to provide grantees with recommendations and action steps to assess health equity by engaging the most impacted communities and to assess long and short terms outcomes for those most impacted communities.

[5] THRIVE. Activities Infographic

This infographic further outlines the specific coaching, training, and events that THRIVE. organizations are engaged in as a part of their participation in the initiative.

Iowa

18-Month Racial Equity Challenge

INTRODUCTION

This profile highlights the 18-month Racial Equity Challenge from the Iowa Department of Health and Human Services (Iowa HHS) Capacity Extension Unit Health Equity Program. This initiative aims to engage staff within Iowa HHS's Bureau of HIV, STI, and Hepatitis to increase learning opportunities for staff on racial equity and its impact on their work.

EDI STRATEGIC PLAN AT A GLANCE

Impacted Partners	Iowa HHS Bureau of HIV, STI, and Hepatitis staff.
Setting	Iowa HHS, Bureau of HIV, STI, and Hepatitis.
Model	Adaptation of Dr. Eddie Moore Jr.'s 21–Day Racial Equity Challenge and expanding it to 18 months. Inclusion of evaluation tools to assess the impact of the challenge on staff. Development and implementation of the Racial Equity Challenge, Managers Consultation and Coaching.
Initiative Funding	Ryan White HIV/AIDS Program rebate funding and some internal state funding.
Staffing	• Equity Coordinators or similar positions to lead the effort. • A planning committee that is at minimum 20% the size of the staff who will participate. • Coaching consultants to support the Racial Equity Challenge, Managers Consultation, and Coaching.
Infrastructure Needed	Consistent meeting time approved by leadership, meeting space with break-out rooms (in person or virtual), verified educational resources, and funding for coaching.

OVERVIEW OF EQUITY WORK

Iowa HHS, Bureau of HIV, STI, and Hepatitis (the Bureau) implements its equity initiatives through its Capacity Extension Unit Health Equity Program. Some of the current equity work being implemented by the Health Equity Program includes:

Providing Technical Assistance to the Community

- The Bureau had a growing need for positions to support health equity, hepatitis, and trauma-informed care. The Bureau worked with their Benefits Drug Assistance Program (formerly ADAP) provider, NuCara, to establish a staffing agency. This staffing agency has more freedom to implement equitable hiring practices that would have been difficult

or impossible to implement using the traditional Iowa HHS hiring procedures. NuCara Staffing Agency was created as an extension of NuCara's pharmacy to staff Iowa HHS Bureau of HIV, STI, and Hepatitis Capacity Extension Unit Health Equity Program. The Health Equity Program does not do any pharmaceutical work.

Including Community Advisory Boards in the Hiring Processes

- The Bureau Management Team gathered members from the Community Planning Group (CPG) to help identify the final candidate for the Bureau of HIV, STI, and Hepatitis Health and Racial Equity Coordinator position. Candidates did a presentation on a topic of their choice to the CPG, and then the CPG scored each candidate and assisted in the hiring decision-making process.

Vaccine Equity Program

- The HE Team hired a Vaccine Access and Equity Coordinator to launch a vaccine equity program to increase vaccine access for the most impacted communities.

Providing Public Health Detailing

- The HE Team's Regional Health Specialists provide one-on-one education and outreach to healthcare providers (particularly rural providers) who are experiencing barriers to engaging people living with HIV and other community members most impacted by HIV, STIs, and Hepatitis. Regional Health Specialists assist providers with addressing their unconscious bias and creating accessible service spaces for clients.

OVERVIEW OF ORGANIZATIONAL EQUITY INITIATIVE

The 18-Month Racial Equity Challenge, led by the Health Equity (HE) Program, was adapted from Dr. Eddie Moore Jr.'s 21-Day Racial Equity Challenge **(See Additional Resources**[1]). The 18-Month Racial Equity Challenge was reformatted to extend over 18 months to accommodate the different learning capacities of staff and to have more long-term engagement around racial equity.

SETTING THE STAGE

In 2016, Iowa HHS formally adopted health equity as a goal for its 2016 Iowa Comprehensive HIV Plan. Iowa HHS hired its first Health Equity Coordinator in 2017 to support meeting this goal. At the time, the central role of this position was to provide Health Equity Spotlights. This consisted of working with HIV care and prevention subrecipients by hosting monthly telephone calls to share health equity resources and hold discussions to develop new health equity activities.

In 2020, Iowa HHS decided to re-hire for the Health Equity Coordinator position and to expand the role to emphasize advancing racial equity. The decision to create a Health and Racial Equity Coordinator position was also in direct response to community members who wanted to address racism as a critical barrier to achieving health equity. The Health and Racial Equity Coordinator position focuses both on external and internal initiatives. The Health and Racial Equity Coordinator was hired as a contracted employee through the extension staffing vehicle, NuCara Staffing Services.

The 18-Month Racial Equity Challenge was developed in response to the 2020 Black Lives Matter movement and a desire from staff to be more engaged in social justice. This initiative is led by the Iowa HHS Bureau of HIV, STI, and Hepatitis, Health and Racial Equity Coordinator.

> *"But also just the type of work we do [differs from HHS]. I mean, for me, our capacity extension is very community-driven. And our roles have the regional health specialists who are embedded in their communities."*
>
> *– Capacity Extension Supervisor*

INITIATIVE STRUCTURE

In response to the murder of George Floyd, there were conversations within the Bureau focused on learning more about police brutality and anti-racism. This led to the development of the goals for the Racial Equity Challenge.

STEP 1: Determine the Goals of the Racial Equity Challenge

The goals for the Racial Equity Challenge include: (1) Identify a mechanism for members of the Bureau to increase learning about the impact of racism and how racism is a public health emergency, (2) Provide opportunities for staff to be involved and actively engaged in anti-racist activities, (3) Collectively impact the Bureau culture and address conscious and unconscious bias that impact staff and the work they do.

STEP 2: Make Adaptations to the Original 21-Day Racial Equity Challenge

Bureau leadership decided to adapt Dr. Eddie Moore's 21-Day Racial Equity Challenge to create a racial equity educational model extended over 18 months. Every two weeks, all Bureau staff received three or four resources to learn about one of the racial equity topics from the original 21 Day Challenge. Every month, there was also a 90-minute meeting for staff to debrief on the resources and engage in large- and small-group discussions. The Racial Equity Challenge was voluntary for all staff who participated.

The Racial Equity Challenge Planning Committee consisted of 13 members and met three months before the Racial Equity Challenge to prepare. The group transitioned to bi-weekly meetings for the full 18 months. This planning committee consists of people from different teams within the Bureau. All new hires had the option to participate in the Racial Equity Challenge orientation so they could participate if they joined the Bureau after the challenge had already begun. **(See Additional Resources[1])**

STEP 3: Celebrate

A virtual Racial Equity Challenge completion ceremony was held. The topics covered during the challenge and the post-challenge survey results were reviewed during the ceremony. In addition, a "Bureau Vision Board for Change" was developed. The vision board includes visuals and quotes from Bureau staff that reflect their commitment to anti-racism. Each member of the Bureau received a certificate for participation and two racial equity-themed gifts to honor their work during the challenge.

STEP 4: Evaluate Impact

The Racial Equity Challenge was evaluated using a pre-survey, mid-point survey, and post-challenge survey to assess progress in knowledge and comfortability with the topics covered during the challenge.

STEP 5: Launch the Racial Equity Challenge, Managers Consultation and Coaching

After completing the 18- month challenge, the Bureau decided that the next step towards their equity goals would begin with the leadership team. Bureau leadership participated in the Racial Equity Managers Consultation and Coaching Process. The manager's consultation assessed culture and capacity within the leadership team to establish and sustain equitable practices throughout the Bureau. Each of the managers and the Bureau Chief were matched with a coach to guide them in identifying and utilizing tools to improve their racial equity lens. Managers also engaged in exercises to identify the interpersonal and team barriers that inhibit collaboration and power sharing.

As a part of the Racial Equity, Managers Consultation and Coaching, managers were able to address questions such as:

- What does health equity look like for the Bureau?
- What is the Bureau power structure?
- What are the managers' conflict styles?
- What skill sets does each manager bring to the team and how can they collaboratively affect culture change?

> *"From what I've seen, it [Manager's Consultation and Coaching] has a trickle-down effect. For instance, the managers are more equipped to understand what behaviors they may be perpetuating that are getting in the way of equitable hiring and retention. It's very important."*
>
> *– Health and Racial Equity Coordinator*

Step 6: Build Capacity Among New Hires

Although the 18-Month Racial Equity Challenge has ended, a 21-Day Racial Equity Challenge is available for all new hires. New hire cohorts participate in a month-long, 21-Day Racial Equity Challenge, with an orientation, weekly group meetings, homework, and other supports like the 18-month challenge.

SECURING BUY-IN

Securing leadership and staff support is essential to implementing the 18-month Racial Equity Challenge. The Racial Equity Challenge requires senior leadership investment in implementing the challenge across program areas to ensure racial equity is embedded across the Bureau of HIV, STI, and Hepatitis. The following strategies were used to secure buy-in for the initiative:

Ensure there is a high level of commitment from leadership:

The Health and Racial Equity Coordinator met with the HIV, STI, and Hepatitis Bureau Chief to garner support before implementation. The Bureau Chief also engages in opportunities with NASTAD's Board subcommittees and has connected with peers to learn about the impact and importance of diversity, equity, and inclusion (DEI) work.

> *"I would say that working with NASTAD has been helpful for our Bureau Chief. He has served in multiple capacities with NASTAD that have familiarized him with some of the successes and struggles of DEI work. Through NASTAD, he was able to participate in eye- opening trainings exposing him to equity concepts that he insisted be integrated into the Bureau's health equity efforts"*
>
> *– Health and Racial Equity Coordinator*

Be responsive to the needs of health department staff:

The Racial Equity Challenge was developed in direct response to staff who were grappling with the increase in health disparities due to COVID-19 and police brutality. The Racial Equity Challenge was not mandatory due to a 2021 state mandate restricting mandatory Diversity, Equity, and Inclusion training. Additionally, staff recognized the benefits of the Racial Equity Challenge and supported the second phase, the Racial Equity Challenge Manager's Consultation and Coaching.

OUTCOMES AND SUCCESSES

The 18-Month Racial Equity Challenge has already demonstrated some initial success from implementing the Racial Equity Challenge and the Managers Consultation and Coaching.

- Of the 43 staff working in the Bureau of HIV, STI, and Hepatitis, 38 people participated and responded to the post-challenge survey. Respondents to the post-challenge survey were either participants from the beginning of the challenge or were new hires who joined the challenge after participating in a Racial Equity two-part orientation.
- Managers participating in the Racial Equity Challenge, Managers Consultation and Coaching, reported feeling more confident to lead racial equity initiatives and activities within their teams.
- Peer support has increased among managers participating in the Racial Equity, Managers Consultation, and Coaching. Managers have been able to have more conversations about racial equity now that they all have a shared language to discuss racial inequities that are present in their work and in the workplace.

> *"The first Racial Equity Challenge was very well received and opened a lot of dialogue for participants. I know that I personally learned a great deal and had personal growth in how I respond to inequities. Also, I love being part of the anti-stigma work that my team is doing. It is very satisfying"*
>
> *– Iowa HHS Employee, Racial Equity Challenge Participant*

CHALLENGES AND BARRIERS

Implementing initiatives in a Bureau can present challenges in participant engagement. The team experienced the following challenges and identified the following solutions to these challenges:

Sustaining momentum:
The length of the challenge may also present challenges with keeping staff engaged. Challenge leads should maintain engagement and momentum by:

- Establishing equity goals, purpose, and values at the beginning of the challenge and reminding participants about how each topic relates to those pillars.
- Being responsive to participant feedback by making quick and obvious adjustments throughout the challenge.
- Connecting the content of the challenge to current, local, and personal events.

Resistance to equity work:
The Health Equity Program has tried to reduce resistance and criticism by vetting resources and providing discussion spaces to debrief materials shared within the challenge. Additionally, the Manager's Consultation attempted to address resistance to equitable hiring practices by educating managers and developing equitable hiring tools.

> *"Another manager, he and I share a coach. And so we've been able to kind of toss, share language, and be able to use that shared language to process some things and dynamics that are going on around white supremacy culture in particular, and strategize together in a different way."*
>
> *– Capacity Extension Supervisor*

REPLICATION TIPS AND ADVICE TO OTHER HEALTH DEPARTMENTS

Successful implementation of the 18-Month Racial Equity Challenge involves building trust among staff, having a diverse group of Planning Committee members, supporting those leading the Racial Equity Challenge, and building supportive spaces for staff who may experience burnout of unintended consequences from participating in the challenge. Health departments contemplating implementing the Racial Equity Challenge should consider the following:

Preparing Staff for Implementation:

- **Build trust among staff.**
  Many topics covered in the Racial Equity Challenge may be sensitive or new to many participants. It is vital before the challenge starts to build brave spaces for staff to engage in the activities of the challenge. Challenge leads can achieve this by understanding staff comfort with racial equity content, setting practices like group agreements, providing content warnings, and developing anonymous feedback mechanisms for people to address concerns with peers, content, or facilitators. Segmenting learning based on each individual's baseline knowledge and comfort level may also help to ease staff through the challenge to ensure intentional and full participation.

- **Have Planning Committee members who are representative of all participants.**
  Planning Committee members should be representative of those participating in the Racial Equity Challenge. Having a diverse group of volunteers on the committee can assist with securing buy-in from staff.

Supporting Staff Through Implementation:

- **Support those leading the Racial Equity Challenge.**
  Leadership should ensure that those leading it have adequate staff, time, and funding to implement elements of the challenge throughout its duration. In addition, there should be flexibility for those leading the challenge to make changes to the initial implementation plan to be responsive to the staff's learning and participation needs. Additionally, leadership recognizes that implementation of the Racial Equity Challenge is extensive, and those leading this initiative should have adequate time to commit to this work without having many competing priorities. Additionally, leadership should encourage those leading this initiative to take time off for wellness as needed.

- **Building supportive spaces for staff experiencing burnout and unintended consequences of engaging in the Racial Equity Challenge.**
  Throughout the Racial Equity Challenge, staff should have formal support mechanisms to reduce burnout. These can include feedback mechanisms to gain ideas to meet the group's needs and enact suggestions, take breaks within the challenge as needed, and provide content warnings for resources that may be re-traumatizing for staff.

CONCLUSION

Iowa HHS HIV, STI, and Hepatitis Bureau's Health Equity Program has led the implementation of the Bureau's 18-Month Racial Equity Challenge. The challenge has expanded to include engagement with the Bureau's managers to use a top-down method to combat racial inequities within each program area's work, organizational policies and practices, and team culture. The initiative illustrates how health departments can utilize existing racial equity challenge models to adapt them for their jurisdiction and advance racial equity across program areas.

"...we did some work previously, but without looking internally and doing the work required from an education standpoint. You know, there are a lot of educational resources, but then it's led us up to this second phase [Racial Equity Challenge, Managers Consultation and Coaching] of the racial equity challenge, which is focused on our workforce and how racism impacts the work."

– Capacity Extension Supervisor

ADDITIONAL RESOURCES

[1] **Dr. Eddie Moore Jr. - 21 Day Racial Equity Challenge**

https://21dayequitychallenge.com/

Framework to move organizations to develop deeper understanding around racial equity through a series of activities and discussions over the course of 21 days.

New York State

Inclusion, Diversity, Equity, and Anti-racism (IDEA) Priority Plan

INTRODUCTION

This profile highlights the New York State Department of Health (NYSDOH), AIDS Institute's Inclusion, Diversity, Equity, and Anti-racism (IDEA) Priority Plan. The IDEA Priority Plan aims to advance and operationalize health and racial equity within the AIDS Institute.

EDI STRATEGIC PLAN AT A GLANCE

Impacted Partners	NYSDOH AIDS Institute (AI) staff
Setting	New York State Department of Health, AIDS Institute
Model	The initiative comprises a five-pillar Inclusion, Diversity, Equity, and Anti-racism (IDEA) Priority Plan. The IDEA Priority Plan was developed by adapting existing resources, leveraging staff volunteers, and utilizing an external consultant to enhance internal capacity.
Initiative Funding	Internal AIDS Institute funding (state funding)
Staffing	• Health Equity Manager • Health Equity Coordinator • NYSDOH AI staff volunteers contribute 10% to 15% of their effort to support the Health Equity Initiative.
Infrastructure Needed	External consultants – The NYSDOH AI worked with Advancing Health Equity to develop the IDEA Assessment and provide recommendations on five pillars of work.

OVERVIEW OF EQUITY WORK

The NYSDOH AI Health Equity Manager, began the work of operationalizing health and racial equity across the agency in collaboration with the Office of the Medical Director with the Director of Education and Training and staff volunteers. Recently, health equity has become a unit and the unit has been moved to a newly created division, the Office of Health Equity and Policy Initiatives. An overview of the NYSDOH AI's health and racial equity work includes:

NYSDOH AI provides several online trainings for medical and non-medical providers including **(See Additional Resources[1])**:

- **Health Equity 101**
  This foundational health equity training is for non-medical health and human service providers and AI staff (particularly those in contract management). The one- hour virtual training assists participants with defining key terms related to health equity, listing the social determinants of health, describing how the social determinants of health impact health equity, and identifying three steps non-medical providers can take to implement a health equity approach in their work. There will also be eight-minute video shorts to supplement the existing training. These shorts will tackle different components that contribute to inequities including racism, implicit bias and cultural humility. The first video was recently released and focuses on explaining the differences between health inequities and disparities and why health equity is a better tool to determine solutions to improve health outcomes.

- **Applying a Health Equity Lens**
  This online, self-paced training assists organizations in engaging the leadership teams on applying a health equity lens to inform organizational change and development. The training includes 12 distinct steps and guiding questions to explore each step. Additionally, the training has been developed to either record each team member's responses to the guiding questions or allow respondents to stay anonymous. ·

- **Promoting Health Equity by Addressing Medical Mistrust**
  This two-hour, online, self-paced training consists of two separate modules that increase physician and non-medical provider's knowledge around medical mistrust by defining key terms related to medical mistrust, providing historical examples of systemic discrimination and medical negligence that create and reinforce feelings of medical mistrust; discussing how current day systemic discrimination and medical practices initiate and support feelings of medical mistrust; using scenarios where medical mistrust could arise and impact interaction with a client and; developing communication strategies rooted in Self-Determination Theory to promote client trust.

Standardizing a Social Determinants of Health Screening Tool

This initiative includes working with data collection systems to create a module to input data on community members' social determinants of health. This module uses monthly data collected for the AIDS Institute Reporting System (AIRS) to aggregate the number of people impacted by different social determinants of health (e.g., housing stability, food security, education level, etc.)

Establishing Health Competencies for Clinical Providers

The Health Equity Manager and the Director of Education and Training lead this initiative in collaboration with a cohort of doctors in New York State, many of whom provide HIV services. The group has developed a series of health equity competencies for providers to interact better with patients. The group held six sessions to discuss racial equity, trauma-informed care, and how to provide services holistically. In addition to the competencies, there are also organizational considerations so providers can have organizational support to create teams to support working with clients to address the whole person, social determinants of health, mental health, trauma, stigma, and Adverse Childhood Experiences (ACEs). **(See Additional Resources[2,3])**

Inclusion of a Health Equity Section in All Requests for Applications (RFA) and Procurement Contracts

The Health Equity Manager, in collaboration with leadership and staff, adapted a tool created by the, now defunct, Directors of Health Promotion and Education. Working groups within the AIDS Institute worked to develop guidelines to assist staff writing RFA's in embedding health equity in all RFAs. Additionally, all procurement contracts and RFAs include a health

equity section with questions developed by the same working group. The health equity section consists of five questions worth 15 points out of the 100-point evaluation. And if agencies receive the same overall score, responses to the health equity section are analyzed to determine who gets funding.

Review of all RFAs by the Health Equity Initiative

The Health Equity Initiative reviews all RFAs before they are released and gives recommendations and edits to assure RFAs have a more explicit focus on efforts to address health and racial inequities and social determinants of health.

OVERVIEW OF ORGANIZATIONAL EQUITY INITIATIVE

This Inclusion, Diversity, Equity, and Anti-racism (IDEA) Priority Plan developed by the New York State Department of Health (NYSDOH), AIDS Institute (AI) guides the implementation of initiatives within AI. The IDEA Priority Plan aims to advance and operationalize health and racial equity.

SETTING THE STAGE

Between 2017 and 2018, the New York State Department of Health (NYSDOH) AIDS Institute (AI) made a concerted effort to operationalize health and racial equity initiatives by launching an organizational self-assessment. The Health Equity at Work Assessment was developed by the Health Equity Council from the National Association of Chronic Disease Directors' (NACCD) Health Equity Council. The Health Equity Manager was a co-author of the tool. The Health Equity at Work Assessment was adapted to assist the AI in determining a baseline of the staff's knowledge about health equity. The assessment was voluntary and administered anonymously, but staff were allowed to elect to provide their contact information to volunteer to join a new workgroup eventually named the Health Equity Initiative. The work group was formed to operationalize the equity activities that would result from responses to the Health Equity at Work Assessment. The survey had a response rate of close to 50% and 65 to 70 volunteers elected to join the Health Equity Initiative. The Health Equity at Work Assessment determined that staff needed more information on health and racial equity and support applying these concepts to their work. There was also an organizational need to bolster efforts to implement practices and policies focused on diversity, equity, and inclusion. **(See Additional Resources[4])**

After completing The Health Equity at Work Assessment, NYSDOH AI took three steps: (1) Expanded the recently created Health Equity Initiative to include staff throughout the AI to operationalize and support equity work, (2) Created a new position and hired a dedicated Health Equity Coordinator, (3) Prioritized training on racial equity for all AI staff.

In 2021, the AI decided to work with an external consultant for the next step in their efforts. Advancing Health Equity, conducted an in-depth Inclusion, Diversity, Equity, and Anti-racism (IDEA) Organizational Assessment. Staff surveys, focus groups, and individual interviews were used to inform the development of the IDEA Organizational Assessment. The IDEA Organizational Assessment was voluntary and had a response rate of roughly 45%. Results from this survey illustrated each staff member's feelings about inclusion within the organization, the impact of policies on staff, and their experiences interacting with peers and supervisors. The external consultant, Health Equity Manager, and Health Equity Initiative continue to use these data sources to develop the IDEA Priority Plan to guide organizational growth in the five pillars: 1) Securing an Organizational Commitment to Racial Equity Work, 2) Creating a More Equitable Organizational Culture, 3) Recruiting, Hiring, and Retaining a Diverse Workforce, 4) Developing Accountability to and Partnership with BIPOC Communities, 5) Developing Accountability and Partnership with LGBTQIA+ Communities.

Currently, the IDEA Priority Plan is supported by the Health Equity Manager, Health Equity coordinator, Priority Planning Group (volunteer staff) and, members of the Executive Team, members of the Health Equity Initiative. These individuals determined that the first three pillars of the IDEA Priority Plan needed to be addressed first because they impact individual health department staff and their interactions with their peers. The team will explore the other two pillars in April 2024.

As mentioned earlier, the Health Equity Unit have transitioned into the recently developed Office of Health Equity and Policy Initiatives. The new division will prioritize the other two pillars. There will also be a need to recruit additional staff volunteers to support working under pillars four and five.

INITIATIVE MODEL

Step 1: Adapt the Health Equity at Work Assessment

The Health Equity at Work Assessment was initially developed by NACDD. The original assessment provides recommendations for the core health equity skills needed by the state-level public health workforce. NYSDOH AI adapted the Health Equity at Work Assessment to remove items that were specific to chronic disease. Additionally, NACDD is currently finalizing revisions to the original tool. **(See Additional Resources[4])**

Step 2: Administer the Assessment and Determine Priorities

The Health Equity Manager sent the voluntary assessment to all AI staff. Roughly 50% of AI staff completed the assessment. Results from the assessment illustrated the existing health and racial equity skills and competency support needed by staff. After analyzing the results from the assessment several themes emerged. The following recommendations were offered to the AIDS Institute leadership: (1) Develop staff skill and promote awareness through training, education and the application of health equity principles, (2) Develop staff ability to measure an organizations' readiness to address the social determinants of health, and to apply community engagement principles into our work, (3) Develop practices that promote health equity, as well as diversity and inclusion principles in hiring practices, (4) Develop policies that promote health and racial equity in all aspects of work.

Staff who volunteered to be a part of the Health Equity Initiative during the survey process were convened and charged with following up on the recommendations resulting from the survey. The Health Equity Initiative under the leadership of the Health Equity Manager have sponsored numerous opportunities for capacity building among staff including lunch and learns featuring documentary series Unnatural Causes and, Under Our Skin. The Initiative also engaged staff in a modified version of the 21-Day Racial Equity Challenge created by Dr. Eddie Moore5 and worked with an outside consultant to provide 20 rounds of three-part racial equity training. The team also launched a book club and another lunch time opportunity called Chat and Chew. Chat and Chew shares recipes with staff that can be prepared before the meeting. During the actual meeting a staff member talks about what the dish has meant to their family and sometimes to their culture. They may also talk about the history of the dish which, in some cases, has been impacted by the colonization of people's migration to the US. The Health Equity Initiative evaluated these trainings and activities for for knowledge gain and to provide additional debriefing sessions for staff to further discuss the topics.

Step 3: Develop the IDEA Organizational Assessment

After having worked in the recommendations gleaned from the Health Equity at Work Organizational Self-Assessment the AIDS Institute contracted with Advancing Health Equity to do another assessment to move their efforts forward. The assessment was designed address inclusivity, diversity equity and anti-racism. The IDEA Organizational Assessment assesses how inclusive AI staff feel the organization is regarding staff policies, interpersonal relationships with peers, and interactions with supervisors. The development of the IDEA Organizational Assessment was led by the Health Equity Manager and an external consultant, Advancing Health Equity. The survey employs a mixed method approach to collecting the data - staff surveys, focus groups, and individual interviews.

Step 4: Administer the IDEA Organizational Assessment and Determine Pillars of Work

The IDEA Organizational Assessment was voluntary and had a response rate of 45%. The IDEA Organizational Assessment was analyzed by Advancing Health Equity, and a report was provided to the Health Equity Manager. The reports featured 5 pillars of work: 1) Securing an Organizational Commitment to Racial Equity Work, 2) Creating a More Equitable Organizational Culture, 3) Recruiting, Hiring, and Retaining a Diverse Workforce, 4) Developing Accountability to and Partnership with BIPOC Communities, 5) Developing Accountability and Partnership with LGBTQIA+ Communities.

Step 5: Establish Additional Support to Operationalize the IDEA Priority Plan

After identification of the five pillars in the report prepared by Advancing Health Equity an additional volunteer staff group was formed called the Priority Planning Group. The Priority Planning Group decided to prioritize the first three pillars because they focus on building staff capacity to advance organizational equity, a critical step to operationalizing equity throughout AI. The group formed subcommittees that are tasked with operationalizing work within the first three pillars. These subcommittees are: 1) Securing an Organizational Commitment to Racial Equity, 2) Creating a More Equitable Organizational Culture, 3) Recruiting, Hiring and Retaining a Diverse Workforce.

SECURING BUY IN

Securing leadership and staff support within the New York Department of Health (NYSDOH) AIDS Institute (AI) is vital to implementing recommendations from the Health Equity at Work Organizational Self-Assessment and the IDEA Priority Plan throughout AI program areas. An initial group of staff invested in moving toward health equity were responsible for getting the attention and support from the Director of the AIDS in place at the time. With that initial support the Health Equity Initiative was formed and went on to implement the following strategies to secure buy-in for the initiative:

- **Get buy-in from senior-level leadership:**
  The Health Equity Initiative got buy-in early in the process by including leadership in crucial decision-making activities and demonstrating a need to build organizational capacity on health and racial equity. Early engagement allowed leadership to analyze information gathered from the Health Equity at Work Assessment to identify staff needs to develop their internal capacity for health and racial equity. The success of that activity increased buy-in for the development of the Inclusion, Diversity, Equity, and Anti-racism (IDEA) Priority Plan. Senior-level leadership actively participated in discussions on developing specific health equity committees to support operationalizing the five pillars within the IDEA Priority Plan.

- **Identify equity champions:**
  Within the Health Equity Initiative, staff members throughout AI took on extra tasks and roles to garner support from the AI Director and other staff members. This division of labor helps to increase buy-in across AI, as these equity champions can encourage their peers to understand how building capacity can have a direct and beneficial impact on their work within their specific program area.

OUTCOMES AND SUCCESSES

The Health Equity at Work Organizational Self-Assessment has demonstrated its impact on guiding NYSDOH AI to operationalize health and racial equity initiatives. Some of these initial successes include:

- The Health Equity at Work Assessment had a response rate of 50%, which is high for a voluntary assessment.
- There was a high level of interest in supporting the operationalization of equity; 65 to 70 volunteers joined the Health Equity Initiative.
- Completion of the IDEA Organizational Assessment had a response rate of roughly 45%.
- Inclusion of a health equity section in all procurements and requests for applications (RFA).

- Review of all RFAs by the Health Equity Initiative
- The Health Equity Initiative has provided numerous opportunities to build staff capacity around health and racial equity.
- The Health Equity Manager along with Education and training have developed several online trainings on health and racial equity available on HIVtrainingNY.org[1].
- The AIDS Institute has hired additional staff and health equity is now a unit.
- Collaborations with physician partners led to the development of the Health Equity Competencies and Organization Considerations
- The AIDS Institute is hosting the Health Equity Clinical Leadership Institute designed to have physicians or administrators implement the Health Equity Competencies or the Organizational Considerations
- The Priority Planning workgroup developed several toolkits including one to address racial equity, another to address diversity in recruitment, hiring and retention and ensuring a more equitable organizational culture.

CHALLENGES AND BARRIERS

Creating systems-level change to address inequities may result in challenges when implementing an initiative like the IDEA Priority Plan. Challenges experienced and solutions developed by those implementing the initiative include:

Identifying White Allies Within Senior Level Leadership to Support Racial Equity Work

Senior level leadership needs to be supportive and deeply connected to the advancement of racial and health equity work. Within some jurisdictions like NYSDOH, senior level leadership may have a higher number of white people who hold these positions. If senior level leadership are not reflective of the communities being served or are not people of color, it is important to identify white allies who can help to secure buy-in at the senior leadership level. Leadership being disconnected from racial and health equity results in implementation delays, modification of training or resources that do not directly address racism and inequities, a lack of continuous support, and forcing people of color and others with less positional power to consistently defend their decisions to implement racial and health equity initiatives. White allies in senior leadership can be a part of the solution by encouraging their white peers within this leadership level to do their own learning to understand why racial and health equity is essential, connecting peers (e.g., NASTAD Board subcommittees) to those who are also leading organizations implementing racial and health equity initiatives, educating white senior peers to garner additional support for racial and health equity initiatives, and giving people who are leading racial and health equity work the autonomy to make decisions and trusting their ability to do this work.

Lack of Leadership Connection to Racial and Health Equity

Senior level leadership needs to be supportive and deeply connected to the advancement of racial and health equity work. This is particularly important for white leadership who don't always understand the need to continuously uplift and build capacity to implement and fund racial and health equity initiatives. Because we, presumably, offer the same services to all clients being served by our program, the feeling can be that we are already addressing "these issues" or that we are doing enough. Leadership who are not people of color, reflective of the communities being served, or who do not support the operationalization of anti-racism/ anti-bias work can impede progress. Leadership being disconnected from racial and health equity results in implementation delays, modification of training or resources that do not directly address racism and inequities, a lack of continuous support, and forcing people of color and others with less positional power to consistently defend their decisions to implement racial and health equity initiatives. Senior leadership can be a part of the solution by engaging in their own learning to understand why racial and health equity is essential, connecting with peers (e.g., NASTAD Board subcommittees) who are also leading organizations implementing racial and health equity initiatives, educating other senior leadership level staff to garner additional support, and giving people who are leading racial and health equity work

the autonomy to make decisions and trusting their ability to do this work.

> *"I guess it's the same in every health department; in every work setting, there are always people who don't understand the need or feel they're already doing it. Some people push back, and there are challenges, but the people in power are usually not people of color It is crucial to have a commitment for this [equity work] from the top because if you don't have a commitment from the top, it trickles down, and even sometimes, when you have a commitment from the top, those people at the second and third layers will chip away at that commitment."*
>
> *– Health Equity Manager*

Addressing Inadequate Staffing Support

One of the key challenges to implementing equity initiatives is having adequate and sustainable funding to hire staff who can focus on implementing racial and health equity initiatives. Within the AIDS Institute (AI), the Health Equity Manager, for over five years, has had a fluctuating number of staff volunteers to support the work. Funding is now available to support two staff members and potentially a third position to assist the Health Equity Manager. Additional funding is essential, but there should also be additional support for managers leading this work and their ability to provide supervision to new staff. A potential solution is to work with those leading this work (i.e., the Health Equity Manager) to identify other staff who can take on additional leadership roles and determine a specific number of feasible, high-impact activities while also ensuring there is enough time to provide adequate supervision and guidance to new staff.

> *"I am fortunate to have hired two new staff members who are self-starters. And even those these individuals are very capable, I find that I don't have enough time to provide the best supervision that I can, while also leading this work. The major challenge is my time, I am constantly busy. The challenge is having to balance providing support to your staff, overseeing the work, and signing off on this and that."*
>
> *– Health Equity Manager*

REPLICATION TIPS AND ADVICE TO OTHER HEALTH DEPARTMENTS

Successful implementation of the recommendations that came from the Health Equity at Work Organizational Self-Assessment and the IDEA Priority Plan requires having dedicated staff to lead activities, having funding available for additional capacity support, having continuous leadership support, and ensuring there are sustainable resources to support the implementation of activities within the five pillars.

Preparing Staff for Implementation:

- **Identify dedicated staff to support activities that came about as a result of the organizational self-assessment a nd to meet the five pillars of the IDEA Priority Plan.**
  Within the AIDS Institute (AI), the Health Equity Initiative is the primary source of staff support for this work; most members are volunteers. This support is helpful but not always sustainable, as many of these volunteers may need to deprioritize their work on the Health Equity Initiative to support other projects or activities (e.g., site visits, meetings, etc.) within their job assignment. Currently, volunteers who support the Health Equity Initiative only have 10% to 15% of their time classified as other to meet the needs of the Health Equity Initiative. If using volunteers is the only option, those leading these groups or staff who direct all or most of their time to equity work should exercise grace, flexibility, and contingency plans when staff have other competing priorities that impact their participation.

- **Have a high level of commitment from mid to senior leadership.**
  Most of the leadership within public health organizations are not BIPOC and may not understand the necessity of equity, particularly racial equity work. Lacking this understanding or believing that it is already addressed can result in delaying or disapproving equity initiatives that are presumed to be controversial or unnecessary. Although equity staff leading this work should continue to include leadership in health and racial equity staff capacity building, leadership still needs to be aware of their privilege and growth opportunities to better support racial and health equity work.

Supporting Staff Through Implementation:

- **Support those leading equity initiatives, particularly Black, Indigenous, and Other People of Color (BIPOC).**
  Consider speaking to BIPOC staff and those engaged in equity work to determine the support needed to implement equity initiatives and reduce burnout. The AI Health Equity Manager used internal capacity to identify volunteer staff who were licensed social workers to help Health Equity Initiative staff debrief on how they were feeling throughout the implementation of activities informed by the organizational self-assessment. In addition, sharing information about the Employee Assistance Program (EAP) can offer additional resources. However, be aware that there may be some resistance to utilizing EAP because of the presumption that information shared will get back to supervisors or other leadership.

> *"My current supervisor has been immensely supportive, affirming, and humble in that he tells me regularly how much he's learned from me, and you know how much he appreciates the work I have done up to now. But it's really hard to find someone to talk to about this stuff because you're looked at as the leader, and you're looked at as the person who has all the answers. So, it's kind of a difficult space to be in. I certainly don't regret it, but it is an ongoing journey to find someone to support me."*
>
> *– Health Equity Manager*

- **Center and value those leading equity work.**
  Senior and mid-leadership should normalize recognizing and acknowledging people supporting equity work. This recognition should include equitable compensation for the work contributed by these individuals, uplifting the work and individuals leading equity work among other staff and program areas, and providing staff who are leading this work with ample time for self-care by encouraging them to use sick days as wellness days and paid time off.

> *"I am not as lettered as some of my colleagues. I have a bachelor's as opposed to a master's or a PhD. And I think that you're not always rewarded or awarded for what you bring to the table. If you're not as lettered as people think you should be. It doesn't matter how successful you've been, the things you've done, the systems you've changed or impacted, or the things you put in place. That is a kind of microaggression towards an individual that might not be seen by anyone else except the individual."*
>
> *– Health Equity Manager*

- **Ensure dedicated, sufficient, and sustainable funding to support equity initiatives.**
  Equitable financing should be available to staff leading the implementation of equity initiatives. Funding should be flexible and be used to acquire additional internal capacity and professional development materials. Funding should be dedicated and earmarked to support racial and health equity work throughout all program areas, and those leading should be able to work efficiently with different program areas to utilize that funding to operationalize racial and health equity work across the health department.

"And so if you don't fund or put resources behind it, it is limited. It does become a silo because then that person in that health equity position has to go to somebody in some other unit and say, Do you have a little extra money where I can do fill in the blank."

– Health Equity Manager

- **Use data to influence the prioritization of equity work.**
  One of the barriers to implementing equity work is having fluctuating support from mid and senior-level leadership and other staff. Those leading this work should be aware of the reality of shifting priorities and support and should prepare data-driven reasoning on why implementing equity activities is vital.

"But I guess what I want to say about that is even though you may have a commitment from leadership. You always have to stand ready to defend why you want to do something, so that is a challenge. Always be prepared, always know what you want to do, why you want to do it, and what you think the outcomes will be."

– Health Equity Manager

CONCLUSION

The recommendations from the Organizational Self-Assessment and the Inclusion, Diversity, Equity, and Anti-racism Priority Plan from NYSDOH AIDS Institute allows health the department to utilize staff input to guide the development of pillars of work to inform the operationalization of health and racial equity initiatives. With ongoing staff support and monetary resources, AI will achieve priorities, staff leading this work will feel supported, and staff within the AI will continue to successfully embed health and racial equity frameworks.

ADDITIONAL RESOURCES

[1] **New York State Department of Health, AIDS Institute HIV Education and Training Programs (Online Trainings)**
https://www.hivtrainingny.org/Home/CourseListings
Access to three courses specifically related to health equity: Health Equity, Applying a Health Equity Lens, and Promoting Health Equity by Addressing Medical Mistrust

**Users will need to make a free account to access content. However, they will need to create an account first. There is no cost and no advertising that goes out once the account is created.*

[2] **New York State Department of Health, Health Equity Competencies for Healthcare Providers (PDF)**
https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/health_equity_providers.pdf
Core competencies for healthcare providers to promote health equity in any healthcare setting.

[3] **New York State Department of Health, Healthcare Organization Considerations in Support of Health Equity (PDF)**
https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/organization_considerations.pdf
Considerations to create environments to support healthcare providers with meeting health equity competencies.

[4] **National Association of Chronic Disease Director, Health Equity at Work, Skills Assessment**
https://chronicdisease.org/health-equity-at-work-skills-assessment-of-public-health-staff/
Designed to be used by health departments to assess staff skills and knowledge as it relates to health equity.

National Association of Chronic Disease Directors, Moving to Institutional Equity: A Tool to Address Racial Equity in Public Health
https://chronicdisease.org/moving-to-institutional-equity-a-tool-to-address-racial-equity-in-public-health/
Designed to allow health departments to examine policies and practices that might unintentionally perpetuate racism and bias.

[5] **21 – Day Racial EQUITY Habit Building Challenge, Dr. Eddie Moore**
https://www.americaandmoore.com/21-day-habit-building
Directions and downloadable tools to guide the implementation of a 21 Day Racial Equity Challenge.

North Dakota

Braiding Funding to Identify, Hire, and Sustain Equity Positions

INTRODUCTION

This profile highlights how the North Dakota Department of Health and Human Services (NDHHS) Community Engagement (CE) Unit has braided funding to identify, hire, and sustain positions to engage priority populations and communities. The initiative demonstrates effective mechanisms to hire and retain staff who reflect the communities NDHHS serves.

COMMUNITY ENGAGEMENT (CE) UNIT STRATEGIC FUNDING AT A GLANCE

Impacted Partners	BIPOC and people with lived experience who support health equity initiatives within NDHHS's CE Unit.
Setting	North Dakota Department of Health and Human Services' Community Engagement Unit.
Model	The initiative identifies opportunities for braiding funding to identify, hire, and sustain positions that engage priority populations and communities to identify current and emerging needs.

Initiative Funding	• NDHHS General Revenue
	• Maternal and Child Health (MCH) Services Block Grant
	• STD/HIV Program
	• Centers for Disease Control and Prevention (CDC):
	  ◦ Public Health Infrastructure Grant (PHIG)
	  ◦ Epidemiology Lab Capacity (ELC)
	  ◦ Public Health Associates Program (PHAP)
	  ◦ COVID-19 Health Disparities Grant

Staffing	• Community Engagement Director or similar leadership position as champion who can request approval for new position and hire staff. • Positions created to address the current and emerging needs of priority populations and communities.
Infrastructure Needed	• Data systems that track demographic changes in populations within the state. • Internal system tracking system to store all the activities implemented by all equity-funded positions. • Grant writing capacity

OVERVIEW OF EQUITY WORK

Operationalizing equity requires health departments to embed equity throughout their programs. This section highlights equity related projects and activities within North Dakota Department of Health and Human Services (NDHHS) and the Community Engagement (CE) Unit:

Working With Advisory Boards

- The CE Unit formed three advisory boards from 2020 to 2021 as a COVID-response measure to engage priority communities in their jurisdiction. Additionally, members of the CE Unit support the HIV Board which was created by the STD/HIV Program. The CE Unit works with its advisory boards as bi-directional information-sharing spaces. These groups inform the development of community-specific health communication and promotional materials and provide NDHHS with feedback on emerging needs within their communities. **(See Additional Resources[1,2,3,4,5])**
    - **New American/Foreign-Born/Immigrant (NFI):**
      This board's formation is in response to the influx of NFI communities moving into the state. The CE Unit is working to establish relationships with community leaders to understand their needs and inform how NDHHS can better engage with them.
    - **BeYOU Board - Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Two-Spirit Plus (LGBTQ2S+):**
      This was the first community advisory board (CAB) in the state specifically for people who are queer. There is a specific focus on Two-Spirit people, to be inclusive of Tribal community members. This group has been participating in health advocacy efforts. Additionally, it serves as a safe space for community members to connect and receive advice from peers to assist with navigating healthcare systems in an increasingly stigmatizing environment.
    - **HIV Board:**
      This community-led board consists of members of the community who are living with HIV. The group aims to utilize resources from the state, Ryan White HIV/AIDS Program, and other national entities (e.g., CDC, HRSA etc.) to address inequities and to identify mechanisms to share essential and emerging information about HIV/AIDS with community members, particularly underserved sub-groups of people living with HIV.
    - **Youth (15 to 21 years old):**
      Youth on this board work with NDHHS to build their leadership skills and participate in community-wide planning initiatives to improve health outcomes amongst people from their communities.

HIV Integrated Plan

- The HIV Integrated Plan helps to determine the HIV and STD related needs of the NFI community. This effort is co-led by the CE Unit Assistance Director and HIV at home testing programs.

Health Equity Training Series

- These internal and external trainings are a part of the Community Engagement Unit's strategic plan. The virtual and in-person trainings are a nine-part series. The initial models focus on foundational concepts such as health equity, implicit bias, equitable communication strategies, and factors that impact social determinants of health. Additional modules focus on priority populations (i.e., Aging adults, LGBTQ2S+ etc.) in North Dakota. In addition to NDHHS staff, any agency in the state can participate in the training. Each training is 45 to 90 minutes. Each participating agency receives a certificate of completion and is featured on NDHHS's website. Participating agencies can also receive continuing education units (CEU) and continuing medical education (CME) for participating. **(See Additional Resources[6])**

Working with Leadership from Tribal Nations

- NDHHS's senior leadership, the North Dakota State Health Officer, and the Medicaid Director meet quarterly with Tribal health directors. This collaboration has helped to strengthen relationships and open communication between local Tribal Nations and the state government.

North Dakota Health Equity Committee

- This statewide leadership committee includes internal and external partners who advise and hold NDHHS accountable for addressing health inequities for all North Dakotans. The group addresses inequities by increasing access to critical services, cultural competence, data collection, advocacy efforts, and policy development. This group also plays a pivotal role in organizations across the state identifying strategies for collaboration to address inequities and realigning resources to serve those most impacted by health inequities.

Cultural Competency Training

- The National Association of Chronic Disease Directors provided this mandatory virtual training to all NDHHS staff.

> *"Equity, it's a piece of almost every grant, whether state or community-based. There's an equity component to a lot of the grant work other state agencies are doing. So, this also gives us a chance to stop duplicating efforts on some of this and take a more cohesive approach. All those boards are open to our other state agencies, our community-based organizations, and our local public health units, and those boards have all been utilized by certain different State agencies, like DOT, the Department of Commerce…"*
>
> *– Capacity Extension Supervisor*

OVERVIEW OF ORGANIZATIONAL EQUITY INITIATIVE

North Dakota Department of Health and Human Services' (NDHHS) Community Engagement Unit's strategic braids funding to identify, hire, and sustain equity positions that engage priority populations and communities to identify current and emerging needs. This initiative also demonstrates effective mechanisms to hire and retain staff who reflect the communities of highest priority.

SETTING THE STAGE

In 2016, the United States Office of Minority Health (OMH) funded states to advance equity-related work. NDHHS utilized this funding to hire a Health Equity Officer. By 2018, the Health Equity Officer had left the NDHHS, and NDHHS was not receiving OMH funding. During this time, NDHHS became more interested in investing in health equity and decided to re-hire for the Health Equity Officer position (hereinafter Community Engagement Unit Director). NDHHS braided funding with maternal and child health (MCH) programs to support the Community Engagement (CE) Unit Director. The CE Unit Director supported MCH as the MCH Grant Coordinator. The position was created to support MCH programs (50% of the time) and to support health equity (50% of the time). The Health Equity Officer supported MCH and health equity for three years. In 2021, there was a growing need for the CE Unit Director to focus exclusively on health equity, and the position transitioned to only supporting health equity, although the position continued to be 50% funded by MCH programs.

In 2019, to support the growing need for health equity support, the Community Engagement (CE) Director identified a full-time Assistant Director using braided funding streams between the HIV/STD and MCH programs. This position supports equity activities within the MCH and STD/HIV programs. In response to the COVID-19 epidemic and the growing need for equity-driven response activities, the CE Director submitted a grant proposal to secure funding through the CDC's Health

Equity Grant. In 2020, the CE Unit utilized a portion of this funding to hire a Community Engagement Specialist. The CE Director continued identifying additional funding through collaboration with the state's CDC Epidemiology Laboratory Capacity (ELC) Grant. The third position hired through this funding was a part-time Special Populations Coordinator to disseminate COVID information to Tribal Nations within North Dakota.

Through collaboration and partnership with another CDC ELC grant, an opportunity became e available to engage Tribal Nations. Funding from this grant allowed for hiring four Tribal Health Liaisons. The CE Unit also leveraged funding from the Immunization Program to hire a position to reach immigrant communities. **(See Additional Resources[7])**

NDHHS also received 31 million dollars in funding from the CDC COVID Equity Grant. Funding from this grant allowed for hiring a full-time New American Foreign-Born Immigrant (NFI) Liaison, and part-time NFI Liaisons. A Program Coordinator was also hired who supported increasing immunization efforts amongst special populations, managing the COVID health equity grant, and supporting youth initiatives. **(See Additional Resources[8])**

Over three years, the number of staff members supporting equity work within the CE Unit grew from one position to thirteen positions (See Initiative Model Section).

> *"It [having an infectious disease background] helped because that's where the funding was. I think with HIV, the power in that is that HIV/STDs have been doing equity work since the beginning. And I think that's why it was a good marriage for me to move into this position because we've been doing equity work."*
>
> *– Community Engagement Unit Director*

INITIATIVE STRUCTURE

Staffing for the Community Engagement (CE) Unit reflects the growing needs of NDHHS' priority communities. Funding for the positions within the Community Engagement (CE) Unit includes **(See Additional Resources[9])**:

Position	Duties Description	Funding Source
Community Engagement Director (1 FTE)	• Lead and establish equity priorities for the CE Unit. • Identify sustainable funding for CE Unit and equity positions.	State and MCH funding
Assistant Director – MCH and STD/HIV (1 FTE)	• Support equity activities within the MCH and STD/HIV programs.	STD/MCH funding
Community Engagement Specialist (1 FTE)	• Support equity activities within the COVID Health Equity Grant. • Provides internal and external equity training. • Leads the Youth Advisory Board.	COVID Health Equity Grant *Funding for the Community Engagement Specialist will transition to PHIG in 2026.*
Special Populations Coordinator (1 FTE)	• Support COVID response efforts with Tribal Nations. • Develop and implement training for other state agencies, NDHHS staff, community members, and community-based organizations within the state.	ELC Grant and STD/Ryan White *Funding for the Special Populations Coordinator will be funded through PHIG in 2026 and HIV/STD Program and Ryan White HIV/AIDS Program funding.*

Position	Duties Description	Funding Source
CDC Public Health Associates (not active) (Full-time CDC Assignees)	• Support health equity activities for the Community Engagement Unit. • Support COVID response efforts.	CDC PHAP funding
Tribal Health Liaisons (4 FTE)	• Primary point of contact with community members from Tribal Nations. • Conduct training with community members from Tribal Nations.	ELC Grant *May 26, 2024, funding for the Tribal Health Liaisons will be supported by COVID Health Equity Grant, PHIG, and ELC.*
Immunization Specialist (not active)	• Engage NFI communities to increase COVID-19 vaccinations. • Setting up vaccine clinics for NDHHS.	Immunization funding
Graduate Assistants – North Dakota State University (3 PTE)	• Support health equity activities for the Community Engagement Unit. • Support COVID response efforts.	State funding and COVID Health Equity Grant
New American Foreign-Born Immigrant (NFI) Liaisons (1 FTE) (1 half-time, non-permanent position, (20 hr/wk))	• Establish NFI Advisory Board. • Increase COVID-19 vaccination amongst the NFI community.	COVID Health Equity Grant *Funding for the NFI Liaisons will transition to PHIG in 2026. Long-term funding is being identified to support 1 PTE position).*
Community Engagement Coordinators (2 full-time, non-permanent positions)	• Conduct training. • Participate in special projects. • Coordinate the CE newsletter. • Contribute to the CE strategic plan.	COVID Health Equity Grant

SECURING BUY-IN

When designing and implementing organizational equity initiatives, securing the support of leadership, staff, and community is imperative for initial and long-term success. The following strategies assisted the Community Engagement (CE) Unit with securing buy-in for the initiative:

Demonstrate to leadership the importance of supporting equity work:
The CE Unit was able to engage leadership within NDHHS and the larger state legislature to illustrate the importance of committing to equity work. Within the state legislature, the CE Director took advantage of an opportunity to conduct a presentation with the Governor's Cabinet on the impact of racism following the murder of George Floyd. Leveraging this opportunity has led to further commitment from the state by developing an Inclusion, Diversity, Equity, Access, and Action (IDEAA) committee. This committee encompasses members from across state agencies, who implement practices to ensure a sense of belonging for state employees and conduct educational workshops on the sub-populations (e.g., NFI, LGBTQ2S+) living in the state. A state-wide commitment to equity has been beneficial when the CE Unit has sought additional funding for staff positions to ensure this work continues.

When engaging with NDHHS' Chief Financial Officer, Chief Operations Officer, and State Health Officer, the CE Unit gathered data on their activities to illustrate the growing need for support for equity work to secure sustainable funding for positions and investment in engaging with leaders (i.e., Tribal leaders) from priority communities.

Share promising practice with other NDHHS staff:
One of the goals of operationalizing equity within health departments is to ensure it is embedded across all program areas. Garnering support for equitable practices from other health department staff starts with knowledge sharing. The CE Unit was able to get buy-in from other staff outside of their Unit by demonstrating the impact of their work, supporting other programs by giving them access to community input through the Advisory Boards, and providing educational opportunities for people to increase their knowledge about equity.

> *"...they [other NDHHS units and offices] see our connection to the community as being an advocate for those inequities and bringing things to the table. Especially voices that they haven't heard [from]..."*
>
> *– Special Populations Coordinator*

Work with the community to address emerging needs:
The CE Unit established the BeYOU (LGBTQ2S+), NFI, HIV, and Youth advisory boards to ensure they were bringing the voices of community members to the forefront to help inform future equity initiatives and to create an open dialogue. In addition to these advisory boards, the CE Unit also worked with the Indian Affairs Commission to get approval for their Tribal Health Liaison positions. The CE Unit also wanted to ensure that the individuals hired for these positions were members of Tribal Nations within the state. The CE Unit successfully hired three of the four liaisons who are members of the Tribal Nations in the state. And the fourth liaison had previous experience working with the tribe they are a liaison for.

OUTCOMES AND SUCCESSES

The strategic funding initiative from the Community Engagement (CE) Unit has demonstrated success, with the Unit growing from one to thirteen staff members. Additionally, the Unit's growth has already had an initial impact on advancing health equity within the state.

- Development of a culture within leadership that prioritizes equity and reflects this support through funding for equity-related initiatives (e.g., staff training, etc.).
- Deeper partnerships and relationships with communities to ensure equity work is effective and sustainable.
- Priority populations can communicate their needs. Moreover, there is flexibility within NDHHS to shift priorities as these needs change over time.
- Tools and resources (e.g., training) are available and utilized universally across the department and with other agencies within the state to develop a coordinated effort to address inequities.
- Across NDHHS, deeper engagement and understanding of health equity principles are integrated throughout the daily work through ongoing staff training.
- Retention and recruitment of staff of different community experiences.
- State-level leadership investment to hire BIPOC and people with lived experience to lead equity work.

> *"I'll be honest, when you live in a community that is almost 90% white, having a resource like the trainers from the state is tremendous. There has been an opportunity for many to ask questions and engage in conversations that they may not have had in the community before."*
>
> *– Local North Dakota Local Public Health Unit*

"...they [state leadership] knew we had an equity group in public health, having the ability to present on that [equity] information and having the Governor's cabinet understand why this is important. Those are those baby steps, you know, just getting that education out there. And it turns into these larger learning initiatives."

– Community Engagement Unit Director

CHALLENGES AND BARRIERS

Hiring BIPOC and people with lived experience to support equity work may present challenges if leadership is unaware of the importance of hiring specific individuals for these roles and understanding their impact on overall health outcomes for community members. Additionally, identifying sustainable funding can present challenges as the need for equity work grows, but funding sources become scarcer. This section highlights some of the challenges experienced by the CE Unit, and solutions to these challenges.

- **Identifying funding and getting positions posted:**
  There needs to be substantial support from leadership, particularly in states and jurisdictions where some governmental leaders may not prioritize health equity. The CE Unit had the support of their Chief Financial Officer (CFO), Chief Operating Officer (COO), and State Health Officer, which made it easier to get positions approved through the state government.

- **Recognizing community mistrust:**
  When seeking buy-in from Tribal Nations, two of the five Tribal leaders resisted working with the Tribal Health Liaisons due to negative experiences engaging with the NDHSS. NDHHS, therefore, needed to reflect internally upon historical barriers and harms. As the health department had hired staff with lived experience, the Tribal Health Liaisons was able to their own experience engaging with NDHHS to normalize a shared experience of distrust and create spaces for open dialogue about the history of the health department engaging with the Tribal Nations. These Tribal Health Liaisons have continued to engage with Tribal Nations because trust-building is continuous and not a one-off engagement.

- **Tracking and measuring impact:**
  One of the struggles with equity work can be demonstrating the level of impact it has to improve the quality of life for community members. The CE Unit used an internal tracking system to capture the work CE Unit staff were doing, which helped illustrate their work's impact when seeking additional funding support.

"So, we're meeting with our Tribal Health Directors on an ongoing basis, where our State Health Officer is included along with the Indian Affairs Commission, and Medicaid Director. So, it's all about that ongoing communication, and it doesn't stop. You just keep going, even though your relationships are a good point. We know that those relationships can be ruined fast if you don't continue to put the work in."

– Special Populations Coordinator

- **Knowing the level of support for equity work:**
  As mentioned, leadership support is essential to support equity work and hiring equity staff. As a person engaging in this work, it is helpful to be aware of the level of support for equity work within your leadership. Knowing the level of support provides a starting place to understand the hurdles that may arise that will prevent equity-focused initiatives from coming to fruition. This knowledge can assist with understanding how much work will need to be done to build internal capacity amongst leadership to understand the importance of equity work. The CE Unit continues to provide

educational opportunities across NDHSS and work directly with leadership to increase their engagement with leaders from priority populations.

REPLICATION TIPS AND ADVICE TO OTHER HEALTH DEPARTMENTS

Successful implementation of the initiative from NDHHS's CE Unit involves building community relationships, braiding and layering funding streams, demonstrating the impact of equity work, building relationships with the state legislature, and hiring staff who are reflective of the communities being served.

Preparing Staff and Community for Implementation:

- **Hire staff with lived experience and encourage them to bring their authentic self into the workplace.**
  In addition to the mandatory questions during the hiring process, consider other questions focused on how potential new hires view themselves and how they want to use their position within the health department to engage with the communities they are a part of. Consider de-prioritizing educational attainment and focusing on people's purpose and the impact they want to make.

- **Establish relationships with community leaders.**
  Engaging with the community was helpful for the CE Unit when creating positions for the Tribal Health Liaisons. The CE Unit met with the Tribal Leaders to explain why they wanted to hire the Liaisons and determine how they would work with them to establish a relationship with their Tribal members and NDHHS.

"I mean, look at all of the community collaboration we have now, and how much respect from some of those communities that the Department has that they didn't have before because these people are out there every day, boots on the ground"

– Community Engagement Unit Director

- **Build support through your state legislature.**
  Members of the state legislature should be engaged early on to share information on the importance of establishing and sustaining equity positions to reach specific communities. Increasing investment early on will help ensure future funding requests are supported.

"...this [getting funding for Community Engagement Unit positions] wouldn't have been possible without legacy DOH feeling how important the equity side of this was and recognizing the worth of this group. he state legislature has recognized the importance of tribal health liaison positions."

– Community Engagement Unit Director

Supporting Staff and Community Through Implementation:

- **Support staff with lived experience.**
  Staff members providing supervision to BIPOC and staff with lived experience should advocate for the health department to adopt policies and practices that dismantle racism and eliminate stigma. Supervisors should also cultivate spaces for BIPOC and staff with lived experience to feel supported, unpack and address stigma and microaggressions experienced in the workplace, take leadership roles, be a part of decision-making, and participate in leadership development opportunities.

"Normally, a superior would take care of it for you. But it was Krissie who nudged me and pushed me, said...You need to amplify your voice... and it was, in essence, creating a safe environment, but [also] establishing and stating that a person of color can stand on their own two feet, on their own merit and address racial discrimination, or gender microaggression on their own..."

– Special Populations Coordinator

- **Pay attention to changing demographics to ensure new positions are responsive to these changes.**
  The CE Unit, in partnership with their Health Statistics and Performance section (epidemiology team), utilized demographic data and determined that in the next decade, immigrant communities moving to North Dakota will make up the majority of people within the state. The CE Unit used funding from the COVID Health Equity grant to hire two Community Liaisons to start building relationships within New American Foreign Born Immigrant (NFI)communities.

- **Continuously seek opportunities for additional funding to sustain equity positions.**
  COVID-related grants fund many of the equity positions with the CE Unit. The CE Unit already has plans to utilize other funding sources like the CDC Public Health Infrastructure Grant (PHIG) and to seek additional funding support from the state legislature. There are also plans to braid funding with other Health and Human Services programs, such as behavioral health and Medicaid. Many of the liaisons, particularly the Tribal Health Liaisons, have supported these programs to engage community members.

- **Use data to demonstrate impact and justify the sustainability of equity positions.**
  Outside of braiding and laying funding, tracking all activities to show the impact of equity work is vital to build support from NDHHS and the state legislature. For each position, the CE Unit tracked all activities (e.g., number of partner engagements, number of new relationships built with other agencies, etc.) to demonstrate impact.

- **Equity work must be thoughtful and engaging of multiple communities within communities and identities.**
  Developing community partnerships between the CE Unit and Tribal, New American and Foreign-Born Immigrant, and LGBTQ2S+ leaders has allowed the CE Unit to identify new staff to address the growing need to support these communities and establish external initiatives to address each community's needs.

- **Communicate to staff that equity work is incremental.**
  As needs emerge for new positions or programs, leadership should communicate to staff that there may be delays or a reduction of support due to changes in priorities as the political climate changes at the state and federal levels. Although this can cause an interruption in progress, leadership should do their best to support staff members to stay engaged and identify other avenues for work to progress.

"It can be frustrating for staff doing health equity work when certain initiatives can't be moved forward, need to be scaled back, or edited due to the topic and political climate of the state (e.g., LGBTQ2S+). Supporting team members in their work without squashing or adjusting their ideas and work can be a challenge."

– NDHHS Staff

CONCLUSION

The NDHHS's Community Engagement Unit's initiative provides health departments with a model to hire and sustain equity positions using braided and layering funding. Additionally, the initiative illustrates the importance of hiring people who are reflective of priority populations to create meaningful engagement with the community. It also demonstrates the significance of using data to show the impact of equity work to advance the progress of NDHSS to engage the most impacted communities. Finally, this community–centered approach illustrates how health departments can work closely with community members to garner support for staff positions directly working with the community.

"...we've done a lot of things right. But we've got a long way to go. It goes back tounderstanding success in equity work is gradual. This is a very new program for us. Five years is not a very long time. So it'll be very interesting to see where we're at in another five years..."

– Community Engagement Unit Director

ADDITIONAL RESOURCES

[1] **North Dakota Health and Human Services, 2024 Strategic Plan (PDF)**
https://www.hhs.nd.gov/sites/www/files/documents/nd_ceu_strategic_plan_2024.pdf
Includes demographic information on why NDHSS decided to engage specific communities to form their community advisory boards.

[2] **North Dakota Health and Human Services, Address COVID-19 in Special Populations**
https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Community%20Engagement/Addressing_COVID-19_in_Special_Populations.pdf
Includes demographic information on why NDHSS decided to engage specific communities to form their community advisory boards.

[3] **North Dakota Health and Human Services, Youth Advisory Board**
https://www.hhs.nd.gov/health/engagement/advisory-boards/youth
Description of the NDHHS Youth Advisory Board.

[4] **North Dakota Health and Human Services, Health Equity BeYOU (LGBTQIA2S+) Advisory Board**
https://www.hhs.nd.gov/health/engagement/advisory-boards/BeYOU
Description of the NDHHS BeYOU Advisory Board.

[5] **NDHHS New Americans/ Foreign Born Immigrant Advisory Board**
https://www.hhs.nd.gov/health/engagement/advisory-boards/NFI
Description of the NDHHS New American/ Foreign Born Immigrant Advisory Board.

[6] **NDHHS Health Equity Specific Resources – Health Equity Training Series**
https://www.hhs.nd.gov/health/engagement/resources#collapse-accordion-10680-4
Access to nine health equity trainings used by the NDHHS Community Engagement Unit.

[7] **Tribal Health Liaison Job Description**

[8] **Community Liaison Job Description**

[9] **NDHHS Community Engagement Unit Organizational Chart**
NDHHS Health Equity Specific Resources – Lunch and Learns
https://www.hhs.nd.gov/health/engagement/resources
Recorded lunch and learns implemented by the NDHHS Community Engagement Unit.

Philadelphia

Embedding Equity Requirements into Request for Proposals

INTRODUCTION

This profile highlights an initiative from the Philadelphia Department of Public Health, Division of HIV Health (DHH). The initiative advances equity by embedding equity requirements into request for proposals (RFPs) and providing capacity-building assistance to all funded agencies. The initiative aims to increase the capacity of funded agencies to operationalize equity principles and practices within their organization.

COMMUNITY ENGAGEMENT (CE) UNIT STRATEGIC FUNDING AT A GLANCE

Impacted Partners	HIV service agencies in Philadelphia funded through the DHH's 2021 Ending the Epidemic funding. This is now extended to all Philadelphia-based providers regardless of funding sources.
Setting	Health Department, Community-Based Organizations, Hospital-based HIV practices, Federally Qualified Health Centers (FQHCs), etc.
Model	The initiative consists of changes to the RFP process that embed equity requirements, providing financial support to support internal capacity to operationalize equity initiatives, and assisting agencies with completing the Equity Assessment and setting their organizational equity benchmarks based on the assessment results.
Initiative Funding	An initial $20,000 per agency for the first round of grants beholden to these new equity requisites from the Philadelphia DHH for internal equity capacity-building assistance (e.g., training, subject matter expert support, etc.).
Staffing	At a minimum, a Health Equity Officer or similar position who can make decisions and identify equity opportunities across the program, division, or bureau.
Infrastructure Needed	Initial capacity-building assistance funding was provided for agencies to assist with meeting equity benchmarks. As this initiative has continued, support is extended on as as-needed basis.

OVERVIEW OF EQUITY WORK

Operationalizing equity requires health departments to embed equity throughout their programs. This section highlights DHH's equity related projects and activities:

Building Internal Capacity for DHH Staff

- Since 2020, DHH has supported staff through their weekly "Identity Series" emails that provide information about different communities and promising practices for working with these communities using a cultural competency lens.

DHH also provides quarterly trainings on different marginalized and vulnerable populations as well as important issues, theories, and concepts that pertain to equitable access and systemic eradication of disparities. These resources are archived and reviewed by new staff during the onboarding process.

Equity in Hiring Practices

- DHH implemented a minimum hiring contract salary requirement minimum of $45,000to ensure staff receive fair and livable wages (except where salary is subject to larger scale changes to union contracting that DHH does not have control over augmenting or amending). DHH eliminated education requirements other than high school equivalency for non-specialists paired with viable in the field experience. DHH is able to consider candidates for employment based on other work experience and if the candidate earned any promotions or other merit-based rewards, volunteer experience, special interests, participation in activist or advocate programs, language skills (i.e., speaking English in addition to other languages), time spent working in positions with transferable skills that match the job the candidate is applying for.

"...field specialists just don't need that [higher education requirements] to interview people. They need customer service experience... if somebody said that they've worked the floor of a Pac Sun doing customer service assistance...that is exchangeable experience."

– Equity in Funding Practices

- All HIV service agencies applying for grants start with a base grant amount between $48,000 and $50,000.

Health Equity Institutes

- DHH implemented a monthly, 12-week Health Equity (HEI) Institute focused on health disparities (e.g., sex work, economic access, etc.) that impact access to HIV services, are central components of health disparities, and contribute to barriers in prevention and care. There are two iterations of the HE Institutes that are available. The AIDS Healthcare Foundation (AHF) leads mandatory training for DHH-funded agencies on a specific grant. The Mid-Atlantic AIDS Education Training Center Service (MAAETC) conducts another optional training. The opportunity through MAAETC also provides continuing education units (CEUs).

DHH Health Policy

- The DHH Health Policy is a document that helps guide DHH's operationalization of equity through health equity research and identifying opportunities for advancement. The DHH Health Policy includes two sections; DHH Health Equity Values, Guidelines and Standards of Operation. **(See Additional Resources[4])**

Low HIV Literacy Guide

- The Low Literacy Guide ensures that all low threshold sexual health hubs provide clinical care at universal literacy best practice standards. The Guide includes: (1) an HIV clinical terminology-specific literacy test, (2) best practices, (3) a glossary of simplified terminology synonyms, (4) a training guide for users with basic definitions and issues of low health literacy, (5) instructions for using the Guide. **(See Additional Resources[2,3])**

Language Access Audit

- The Language Access Audit aims to determine if all 48 DHH-funded agencies provide efficient, effective, and quality Spanish translation services to clients who call in to request resources and assistance. The audit results inform the creation of individualized reports for each agency with improvement measures. DHH will develop a community-facing report (that is not agency-specific and anonymized). It will recommend best practices for improvement and an accountability statement that DHH and the agencies will adopt going forward.

Blind and Deaf/Blind Inclusivity Training for Funded Agencies

- All funded agencies must participate in training on the PA Relay System, a program that provides services for accepting and receiving calls from people who are blind, deaf, or deaf-blind. An external contractor, Hamilton Relay, provides this training.

Focus Groups for Aging Adults with HIV

- The focus groups aim to get a localized understanding of the population's current and impending community needs.

RFP Pre-proposal conferences

- DHH holds pre-proposal conferences open to all agencies seeking funding for an RFP. The pre-proposal conferences help agencies understand the purpose of the RFP and answer questions about the RFP application process to increase the success of applicants receiving funding and encourage new agencies to apply.

OVERVIEW OF ORGANIZATIONAL EQUITY INITIATIVE

The initiative from the Philadelphia Department of Public Health, Division of HIV Health (DHH) advances equity by embedding an organizational Equity Assessment into requests for proposals (RFPs) and providing capacity-building assistance to all funded agencies.

SETTING THE STAGE

In 2020, DHH decided to revisit the development of their request for proposals (RFP) to determine opportunities to advance equity within their funded agencies. The DHH Health Equity Officer led the design and development with their HIV Epidemic Advisor and the other members of the DHH leadership team. DHH determined that utilizing an organizational Equity Assessment would produce agency-specific benchmarks to guide the implementation of equity initiatives within each agency. **(See Additional Resources[2,3])**

Additionally, DHH was interested in supporting systems-level change (e.g., Board make-up, hiring and promotion practices, etc.) to advance equity. To accomplish this, they allocated $20,000 to each funded agency's budget to assist with achieving their equity benchmarks. The additional funds support capacity-building assistance activities such as training or working with subject matter experts to develop or update existing tools and policies. DHH decided to embed equity requirements into their RFP to ensure all funded agencies were aware of the new requirements before applying for funding. DHH aligned equity benchmarks reporting with reporting already required under the grant to decrease additional reporting deadlines and reporting measures.

> *"We know, it is considered for a lot of people or for a lot of our providers [agencies] as further labor. [That was] One of the things that was really important to me to recognize as someone who has worked on the other end and has worked in provider spaces."*
>
> *– Health Equity Officer*

INITIATIVE STRUCTURE

Step 1 Seek buy-in from Health Department leadership and identify funding to support capacity building assistance support for funded agencies

Step 2 Develop the Equity Assessment **(See Additional Resources[1])**

Step 3 Embed the new equity requirements into the RFP with support from the DHH leadership team and EHE Advisor to ensure requirements are feasible with the existing reporting, budgeting, and grant distribution of other grants.

Step 4 Release the RFP with the new requirements.

Step 5 After the release of the RFP hold town hall meetings with agencies to preview the new requirements and explain their purpose and answer questions about the RFP application process.

Step 6 After identifying funded agencies, each agency completes the Equity Assessment. The Health Equity Officer meets with each agency to set equity benchmarks based on the results of the Equity Assessment.

Step 7 Evaluate each agency on their progress in meeting their equity benchmarks. For agencies who are not meeting their benchmarks utilize an performance improvement plan to assist them with identifying solutions to address challenges (i.e., staff and leadership turnover, low staff buy-in etc.)

SECURING BUY IN

Securing the support of leadership, staff, community, and other relevant partners is crucial when designing and implementing organizational equity initiatives. Working across the health department to prioritize equity and receiving feedback from the community are two ways to secure support. The following strategies assisted the DHH team with securing buy-in for the initiative:

- **Increase transparency about new requirements:**
  DHH held pre-proposal conferences with potential grantees to review the new requirements, provide clarity on the purpose of the requirements, and answer any questions about the RFP application process.

- **Create a culture of prioritizing equity:**
  The Health Equity Officer received substantial support for this initiative from leadership and health department staff. There is a high investment from the Director of DHH because of her experience in direct service and understanding of the connection between equitable practices and improved health outcomes for clients. Health department staff had also been participating in training and other activities that had cultivated a culture of prioritizing and working towards advancing equity across all health department programs. This established culture made it easier for the Health Equity Officer to ask for assistance from other staff (e.g., Program Analysts) to develop processes to implement the initiative.

"She [DHH Director] worked in HIV medicine prior. So she's already had firsthand experience of seeing all of these [equity] issues. So I have yet to have any of these projects receive sort of like a hairy eyeball. But I think I'm in a unique experience, and that is a testament to the staffing that they've [DHH] done that completely predates me."

– Health Equity Officer

OUTCOMES AND SUCCESSES

The initiative from DHH has already demonstrated some initial successes that have allowed funded agencies to prioritize equity within their work.

- Identifying and allocating $20,000 per recipient (or grantee) agency to build internal capacity. Allocating funding shows an investment from DHH for these agencies to develop their capacity. It takes the financial burden off the agencies to try and identify funding to meet the equity benchmarks created from the Equity Assessment.
- Positive feedback from funded agencies. The new equity requirements have allowed agencies to prioritize equity with financial resources and help them achieve their equity goals.
- Some funded agencies have already met some of the equity requirements in their Equity Plans, some of these requirements are drafting and implementing a health equity policy for the program/provider agency, building an internal equity board, with incentives and compensation for participation, competency trainings related to different identities and vulnerable groups, hosting an informational townhall for staff to clarify promotion and demotion process and procedures.

"I know I've heard good things from people who are community facing and managerial, who feel that they've seen a lot of change or shifting in terms of how people treat community members and staff."

– Health Equity Officer

CHALLENGES AND BARRIERS

Creating systems-level change to address inequities may result in challenges when implementing an initiative. Challenges experienced and solutions developed by DHH include:

Changing the funding culture:
Historically, many HIV grants have focused on high testing numbers to justify allocating funds to agencies. By prioritizing equity, DHH asked funded agencies to focus less on testing numbers and more on addressing social determinants of health through equity-focused systematic change. In the first year of the grant cycle, some agencies with new leadership and limited capacity (i.e., reduced staff) struggled to embed and be accountable to their equity benchmarks. The Health Equity Officer worked with these agencies to identify solutions to meet their benchmarks.

"One of the issues we're having is that we're consistently funding things that people think, well, if I just have high testing numbers that is going to satisfy the bulk of my grant requirements. And the truth of the matter is if you're testing the same people or the same populations...We're not getting at the core of the issue..."–

– Health Equity Officer

REPLICATION TIPS AND ADVICE TO OTHER HEALTH DEPARTMENTS

Successfully implementing the funding initiative from DHH involves working across health department programs, securing buy-in from leadership, getting feedback from agencies, and supporting funded agencies in meeting their equity benchmarks.

Preparing DHH Staff and Community for Implementation:

- Identify at least one internal staff member who is tasked with evaluating each agency's Equity Assessment and can provide support on an on-going basis. This person should also be able to create equity benchmarks for each agency's equity plan and work with agencies to guide the implementation of activities to achieve these benchmarks.
- Equity requirements must be embedded in the RFP to ensure potential grantees know the additional requirements. Embedding equity requirements creates a culture of transparency between the funder and grantee about funding expectations.
- Seek support and commitment early on from leadership to ensure that progress with implementing the initiative has fewer instances of disruption.
- The Health Equity Officer worked with leadership who supervises DHH Program Analysts to expand the quarterly reporting form. The current reporting form includes space for reporting on the progress of meeting equity benchmarks. Reducing additional deadlines and paperwork is beneficial to funded agencies and Program Analysts who provide reporting data to the Health Equity Officer. Additionally, the Health Equity Officer and senior leadership can pull disaggregated data with more ease.

Supporting Staff and Community through Implementation:

- Provide funding for agencies to meet equity benchmarks. Many agencies who received funding did not have previous experience embedding equity activities into their programs and being accountable for meeting subsequent equity benchmarks. Many had participated in training (e.g., diversity and bias training) but had yet to have this high level of embedding and accountability.

CONCLUSION

The funding initiative from DHH provides an opportunity for health departments to use funding mechanisms to shift the prioritization of performance metrics (e.g. HIV testing numbers, clinic-level viral suppression) and focus on addressing the social determinants of health by developing and embedding equity requirements to seek funding. This initiative demonstrates how health departments can use internal capacity to support equity advancement financially within funded agencies. And provide on-going support by leveraging internal equity positions to help agencies develop equity benchmarks and implement activities to meet these benchmarks.

ADDITIONAL RESOURCES

[1]Philadelphia DHH HIV Low Health Literacy Guide 2023

https://www.hivphilly.org/media/documents/AACO_HIV_Low_Health_Literacy_Guide_2022.pdf

A guide for health care provider, medical case managers, service staff, and administrators to provide promising practices on accommodating the auditory and reading comprehension of people with low health literacy.

[2]Philadelphia DHH Equity Grantee Assessment, Blank (PDF)

A blank assessment used by grantees to assess their current equity activities and to identify additional equity activities grantees will implement as a part of the distribution of funding.

[3]Equity Assessment Explainer (PDF)

This document provides all of the equity requirements that grantees will be expected to meet as a part of their funding requirements.

[4]DHH Health Policy 2023 (PDF)

This document is updated annually by the DHH Health Equity Officer. And is used throughout DHH to guide their operationalization of equity through health equity research and identifying opportunities for advancement. The included DHH Health Policy was last updated in 2023.

APPENDIX