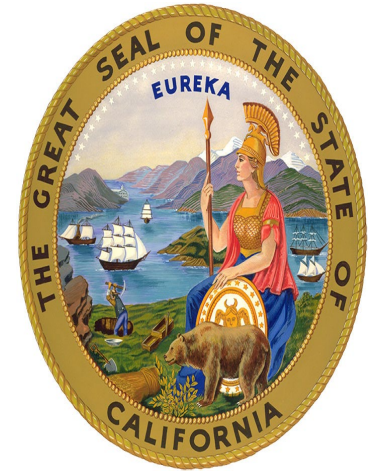


A Day in the Life of a Public Health Doctor & Chief Equity Officer

Rohan Radhakrishna MD, MPH, MS (he/him)
Chief Equity Officer and Deputy Director
Office of Health Equity
California Department of Public Health
February 3, 2023
[@DrRohanRad](#)

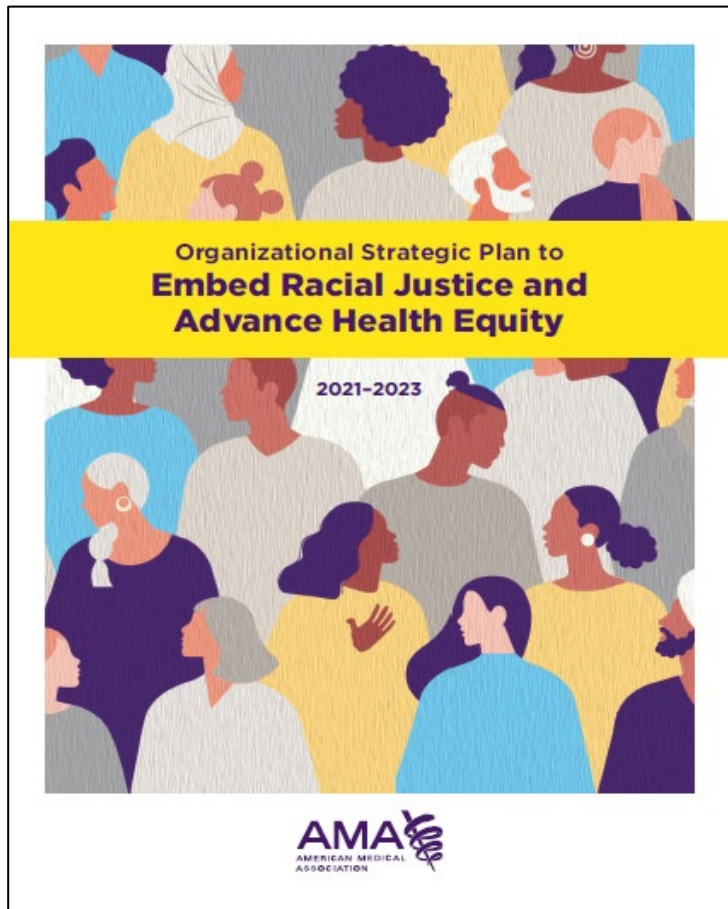


Land and Labor Acknowledgement

We acknowledge that we are all living off the taken ancestral lands of Indigenous peoples for time immemorial. We acknowledge the extraction of brilliance, energy and life for labor forced upon people of African descent for more than 400 years.

We celebrate the resilience and strength that all Indigenous people and descendants of Africa have shown in this country and worldwide. We carry our ancestors in us, and we are continually called to be better as we lead this work.





"We envision a nation in which all people live in thriving communities where resources work well; systems are equitable and create no harm nor exacerbate existing harms; where everyone has **the power, conditions, resources** and opportunities to achieve optimal health; and **all physicians are equipped with the consciousness, tools and resources to confront inequities and dismantle white supremacy, racism, and other forms of exclusion and structured oppression**, as well as embed racial justice and advance equity within and across all aspects of health systems"

Let's Get Humble California

Cultural humility—commitment to personal and institutional transformation by realizing and redressing power, privilege, and prejudice

In 1998, Melanie Tervalon and Jann Murray-García published a groundbreaking article that challenged the concept of “cultural competency” with the concept of “cultural humility” (Tervalon, 1998). Accepting cultural humility means accepting that we can never be fully culturally competent. Cultural humility means

1. committing to *lifelong learning* and *critical self-reflection*;
2. realizing our **power**, **privilege**, and **prejudice** (bias);
3. redressing *power imbalances* for *respectful partnerships*; and
4. promoting *institutional accountability*.

Humility is the noble choice to forgo your status, and to use your influence for the good of others before yourself. It is to hold your power in service of others. (Dickson, 2011).



Contra Costa County Board of Supervisors Meeting - November 10, 2020

D.3 ACCEPT report from the Health Services Director and ADOPT Resolution No. 2020/306 declaring Racism as a Public Health Crisis within Contra Costa County.



http://64.166.146.245/docs/2020/BOS/20201110_1582/43674%5FBO%5FDeclaring%20Racism%20as%20a%20Public%20Health%20Crisis%2Epdf

Dr. Radhakrishna Appointed Deputy Director of the Office of Health Equity at California Department of Public Health

written by ECT | Feb 26, 2021

15 COMMENTS



RICHARD

🕒 Feb 26, 2021 - 2:25 pm

When my wife was seen by him, I commented after to her that he was the best doctor that I'd ever met, in my 69 years. My wife agreed.



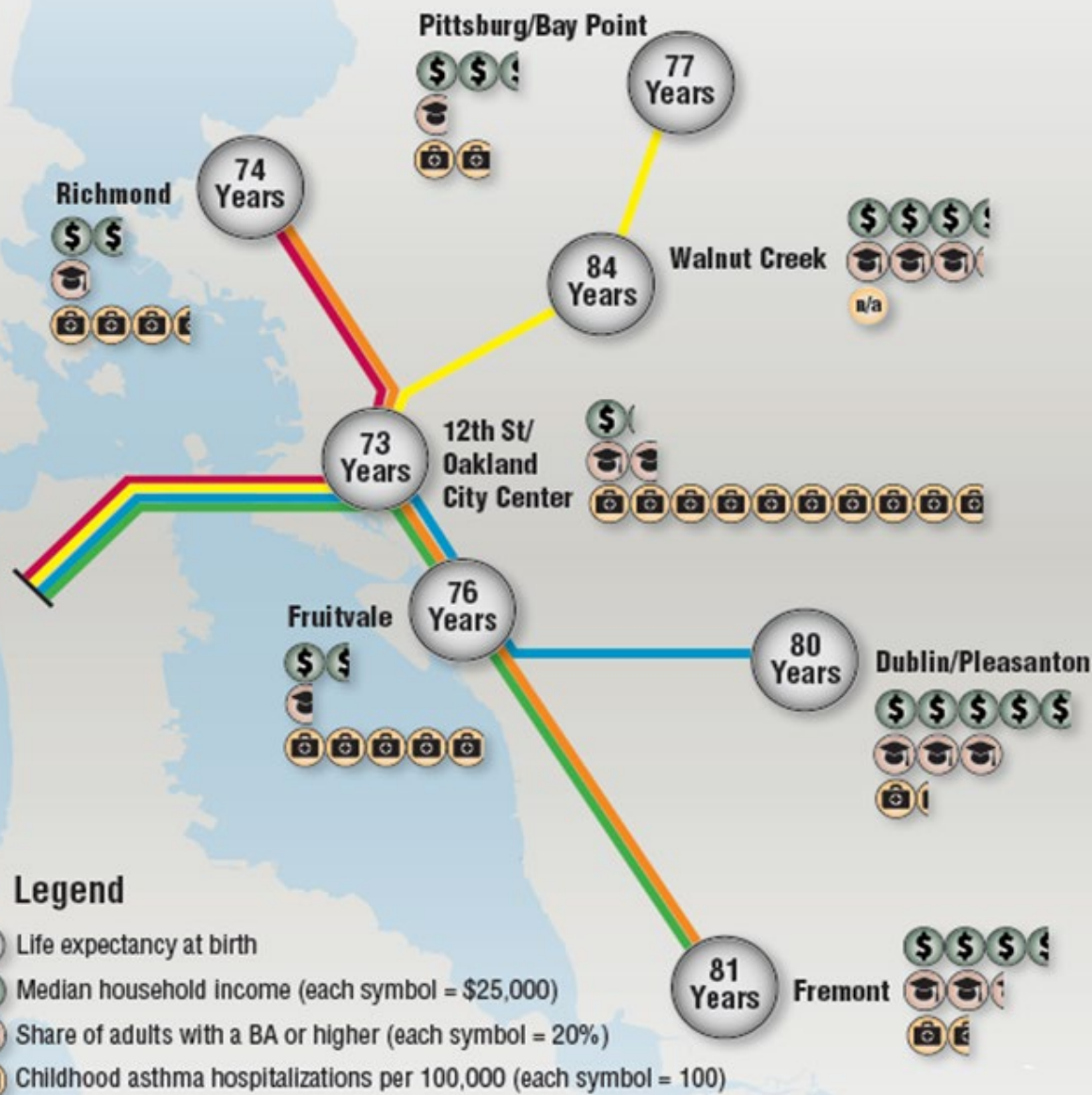
ELIZABETH STERN

🕒 Feb 26, 2021 - 5:21 pm

When will a doctor with a name like SAM JONES be appointed to head such an agency? Why is it always someone with an unpronounceable name — and a foreigner! I don't care how "good" he is. By the way, a patient really cannot judge a doctor to see whether he's competent or not. Only another doctor could do that.

Health and Wealth inequities across Bay Area Rapid Transit (BART) stations

The short distance between a few BART stations can mean an 11-year difference in life expectancy and dramatic differences in physical and economic well-being.



Legend

- Life expectancy at birth
- 💰 Median household income (each symbol = \$25,000)
- 🎓 Share of adults with a BA or higher (each symbol = 20%)
- 🩺 Childhood asthma hospitalizations per 100,000 (each symbol = 100)

The Roadmap to Reduce Disparities

A GUIDE FOR HEALTH CARE ORGANIZATIONS



From **Finding Answers:**
Disparities Research for Change



STEP 1

Equity is intrinsic to quality improvement. Even when access to care is equal, racial and ethnic minority patients tend to receive lower-quality care than Whites. Even when health outcomes improve across the entire patient population, disparities between racial/ethnic groups can remain or even worsen.



STEP 2

It's not enough for people to know that disparities are a problem; they need to recognize that disparities exist among their own patients and take responsibility for addressing those disparities. That's the beginning of all equity work.



STEP 4

Designing an equity program requires creativity and innovation. It means linking what you have learned in a root cause analysis to your institutional resources. There is no single right answer!



STEP 3

It's important to understand why disparities exist and determine which causes of disparities can be tackled. Consider the issues relevant to your patient population that might contribute to differences in care and outcomes. Assemble a team that includes patients, institutional leaders and frontline staff to conduct a root-cause analysis. Also make sure to recognize and support equity champions in your organization.



STEP 5

Buy-in is a commitment demonstrated through action. You are more likely to succeed if you have the concrete support of all stakeholders. Be specific in what you ask and walk away with a pledge.

STEP 6

Start small. Small changes help build momentum. Look for low-hanging fruit.

Measure change. You'll need evidence that you have made a difference. Create a timeline for evaluation and measurement.

Be adaptable. Strike a balance between adhering to your plan and adapting it as needed. Equity improvement is a continuous process.

The Roadmap's six-step framework helps integrate reducing disparities into all health care quality improvement efforts. It is designed to be flexible: organizations can get on the road where they need to. Its goal is to support a thoughtful and comprehensive approach to achieving equity, even though the causes of disparities may vary across regions or patient populations.

The Roadmap draws upon lessons learned from *Finding Answers'* 33 grantee projects and 11 systematic reviews of the disparities-reduction literature.

www.solvingdisparities.org

Robert Wood Johnson Foundation



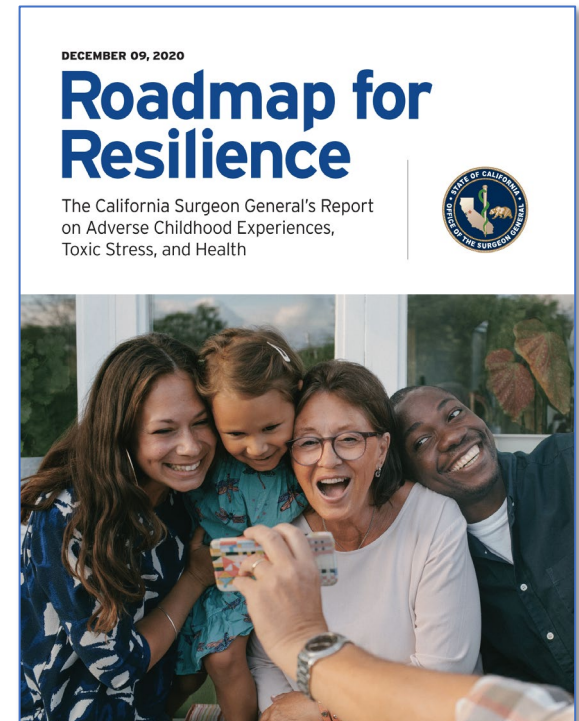
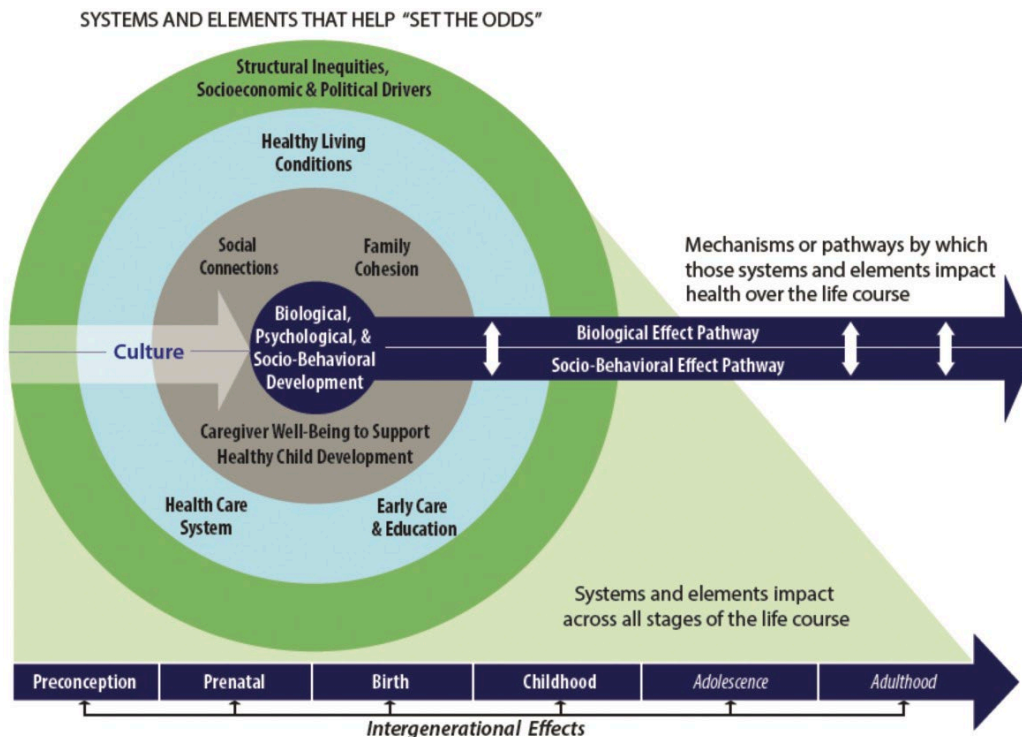
WHITE PAPER

Achieving Health Equity: A Guide for Health Care Organizations

1. Substance Over Show
-results & culture change: doing & being
2. Everyone Involved: "tone from the top"
3. Last will be First: vulnerable, generational
4. See With New Eyes: learn to see barriers
5. Personal Journey done as a Group
-more emotion than quality & safety
-involve those who experience inequity

LINK CREATE DIAGNOSE DESIGN SECURE IMPLEMENT

Multi-layered structural and contextual factors that influence life course health



<https://osg.ca.gov/sg-report/>

What is Health Equity?



The efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives¹

Sources: California Department of Public Health. (2022). (rep.). *An Update on the Portrait of Promise: Demographic Report on Health and Mental Health Equity in California*.

Image Credit: Black Hawk County Health Department

California Department of Public Health, Office of Health Equity. Legislative mandate (CA Health and Safety Code Section 131019.5. Retrieved from:

https://www.cdph.ca.gov/Programs/OHE/CDPH%20Document%20Library/Health_and_Safety_Code_131019.5.pdf

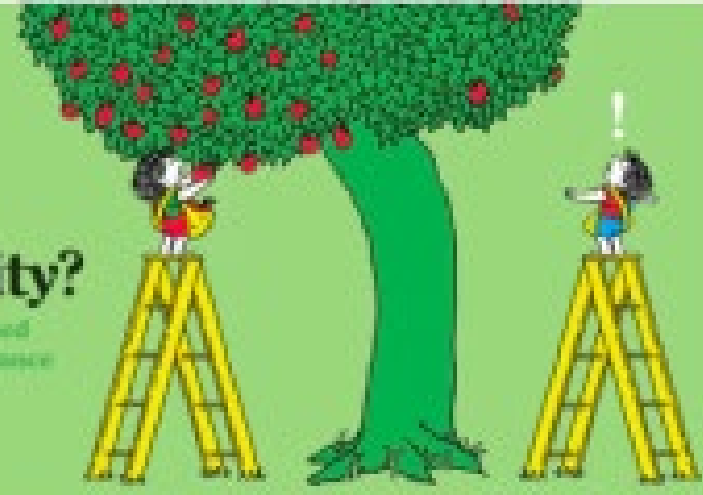
Inequality

Unequal access to opportunities



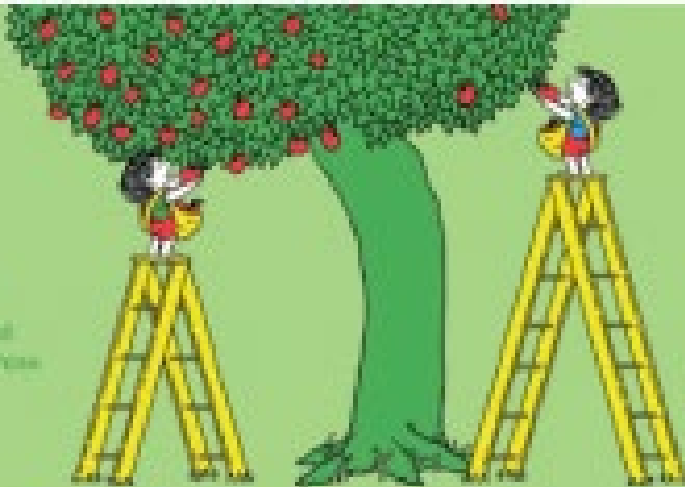
Equality?

Evenly distributed tools and assistance



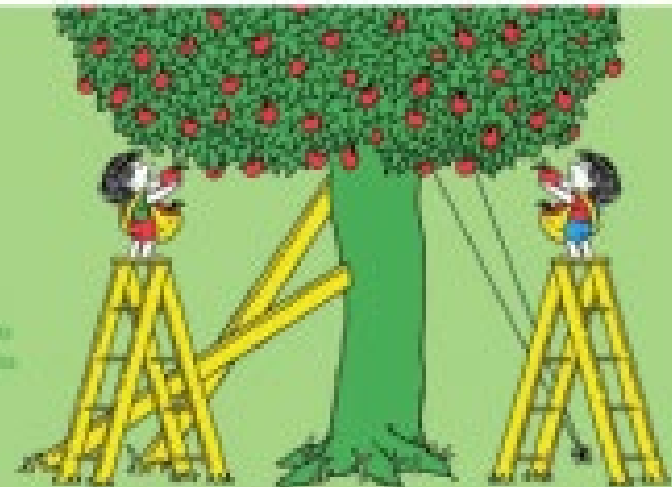
Equity

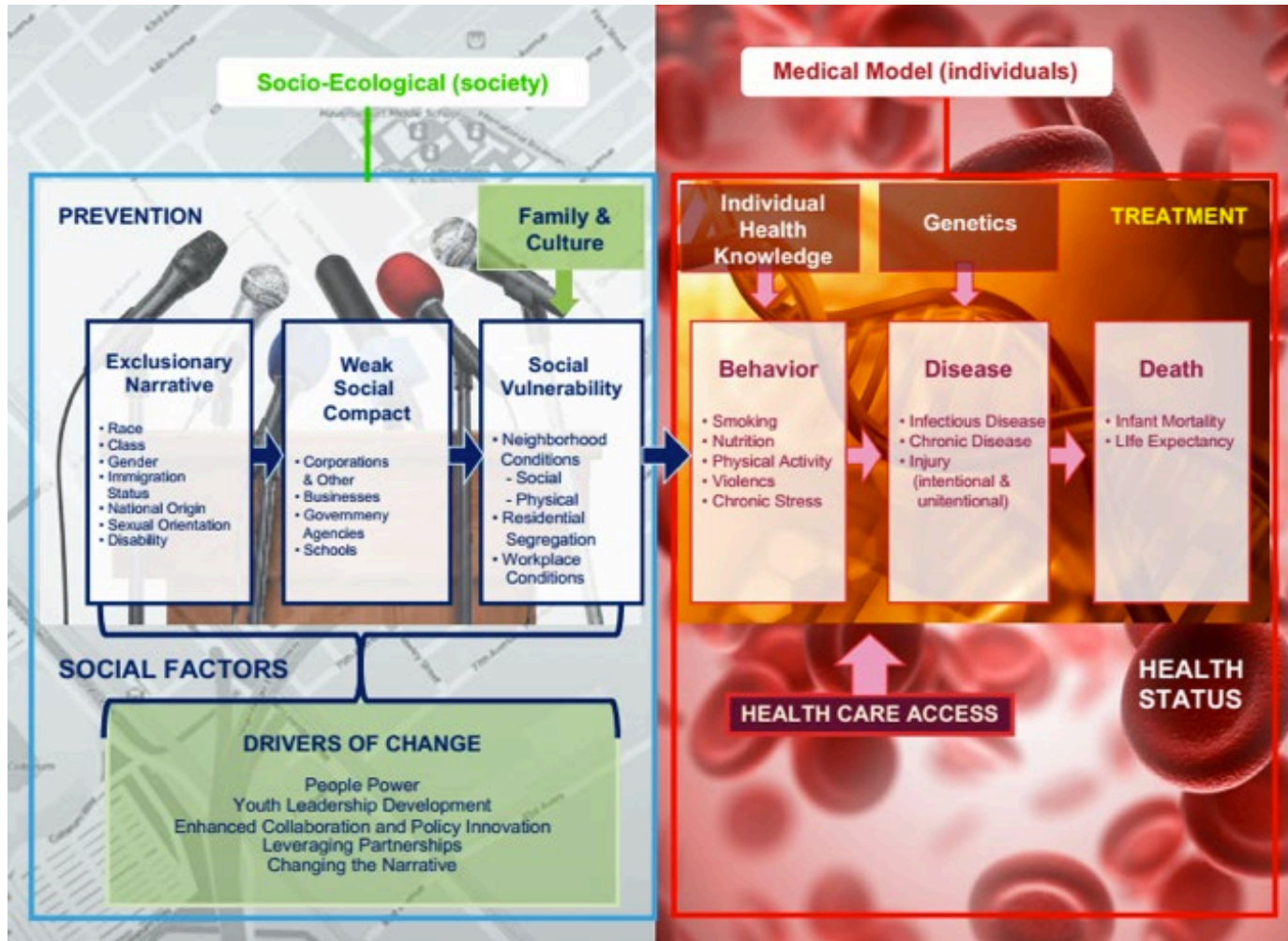
Custom tools that identify and address inequality



Justice

Fixing the system to offer equal access to both tools and opportunities





Source: Alameda County Public Health Department, *A Framework for Health Equity [Illustration]*, https://humanimpact.org/wp-content/uploads/2017/09/HIP_ACPHD_PublicHealthPolicyBrief.pdf. Accessed 17 Oct. 2022



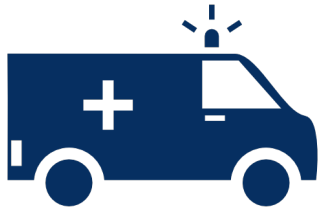
Public Health



Contra Costa Health Plan



Behavioral Health



Emergency Medical Services



Health, Housing & Homeless

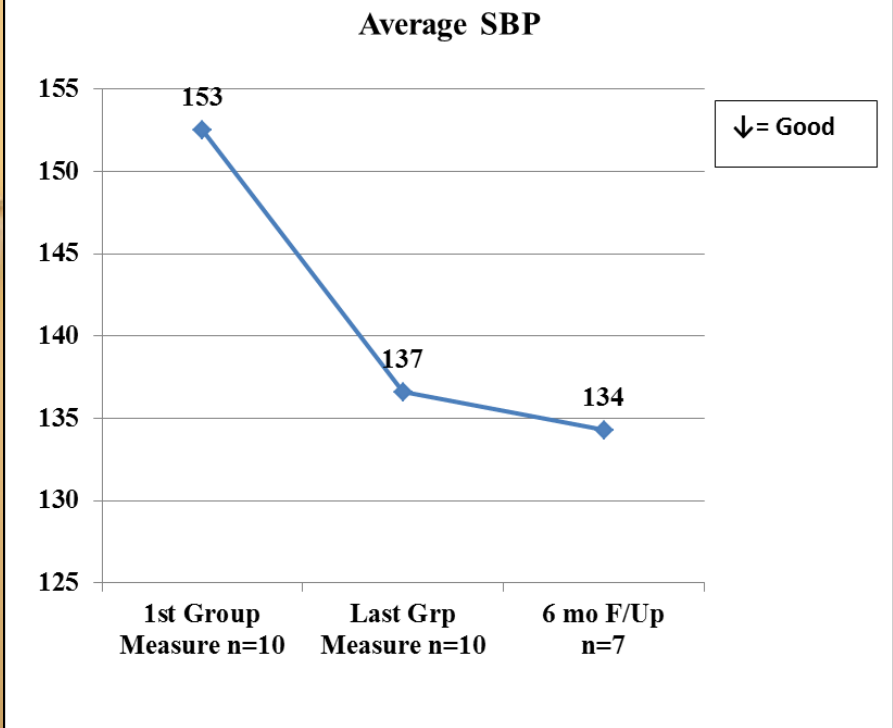


Hazardous Materials & Environmental Health



Regional Medical Center, Health Centers & Detention Health





How Low Can You Go?



“We don’t care how much you know until we know how much you care.”

- Cedric, Contra Costa Health Services patient

VOICE OF THE PATIENT



“Listen: give your ears the same opportunity as your mouth.”



KQED NPR Radio Sept 4, 2020

How to Survive the California Heat Wave

Reporter Question: “As a health expert, what can you tell people drinking hot tea and eating spicy food during a heat wave?”

Health Department Answer: “We’re at the center of an unfortunate Venn diagram with multiple overlapping emergencies. We have racism, social inequity, climate change, poor air, and a virus.”

~~What's the matter with you?~~
What matters most to you?





62%



59%



56%



51%



50%

Icons from FlatIcon



Validated 2-Item Food Security Screen

If positive Rx:

1. CalFresh enrollment
2. Food Banks / Resource Sheet
3. Food onsite



Resource
Connections
15,000+



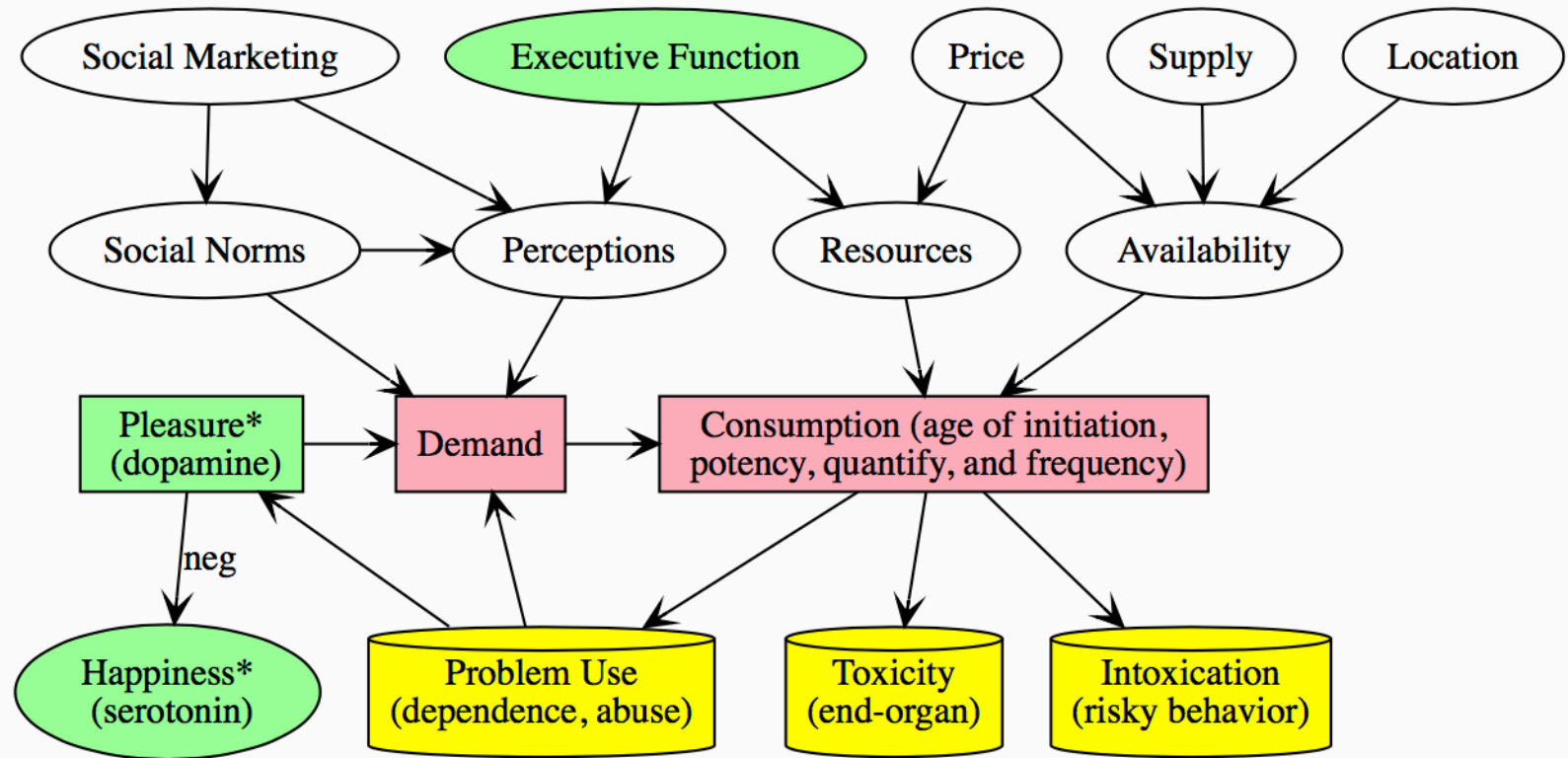
Social Needs
Screen
50%



The Hacking of the American Mind

The science behind the corporate takeover of our bodies and brains (Lustig, 2017)

Industry goals: increase normalization, demand, and consumption of addictive products



“What’s the point of treating people only to send them back to the conditions that make them ill?”

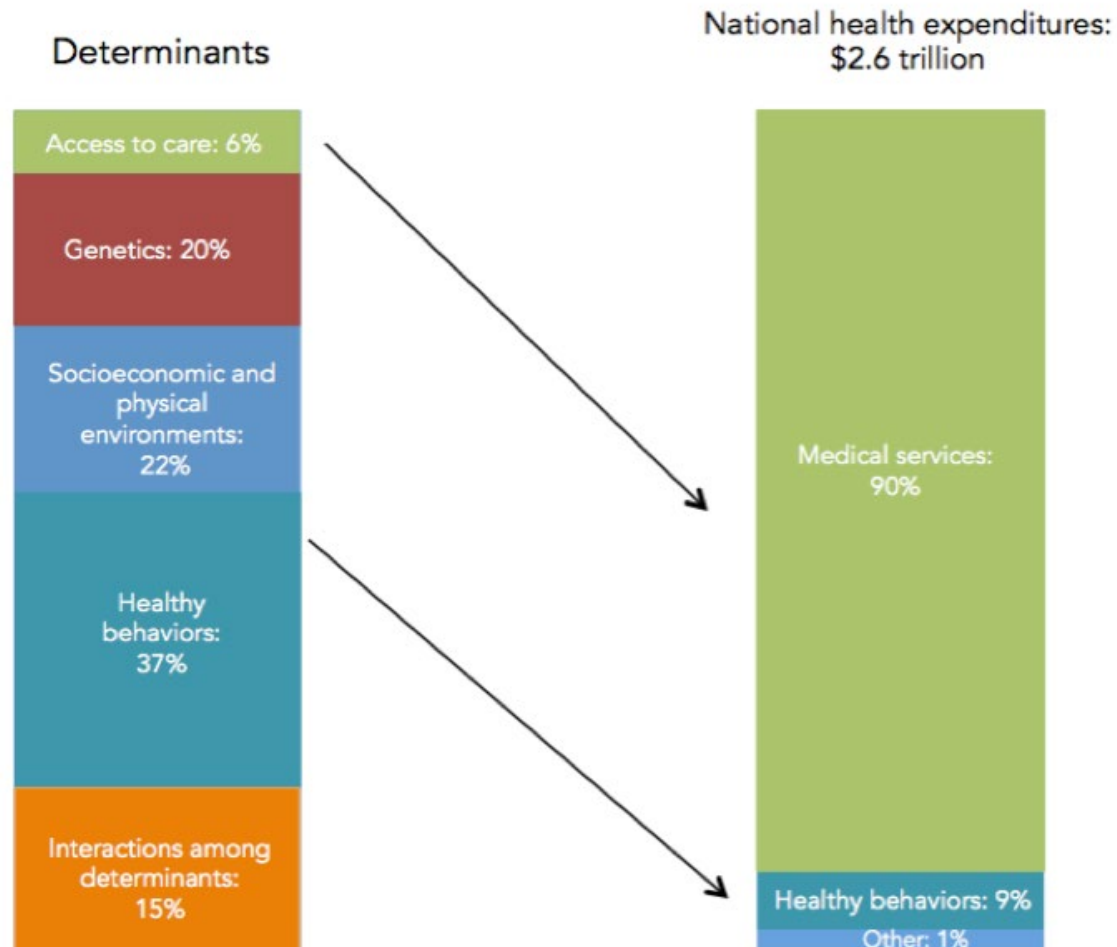
-Sir Michael Marmot

Title 17 Section 1276 CCR

“The health department shall offer ...

(i) Services directed to the **social factors affecting health ...**”

US healthcare system spends on the wrong things, wrong time, wrong place



Radical transformational leadership is being, designing, and leading change from the universal values of dignity, equity, compassion, and humility to transform self, people, systems, and cultures towards equity and sustainable results.

-adapted from Dr. Monica Sharma

- Personal Change
- Workforce Change
- Institutional Change
- Policy, Systems, Environment (PSE) Change



3AMK

Continuum on Becoming an Anti-Racist, Multicultural Institution

MONOCULTURAL		MULTICULTURAL		ANTI-RACIST		ANTI-RACIST MULTICULTURAL	
Racial and Cultural Differences Seen as Defects		Tolerant of Racial and Cultural Differences		Racial and Cultural Differences Seen as Assets			
1. Exclusive A Segregated Institution	2. Passive A "Club" Institution	3. Symbolic Change A Multicultural Institution	4. Identity Change An Anti-Racist Institution	5. Structural Change A Transforming Institution	6. Fully Inclusive A Transformed Institution in a Transformed Society		
<ul style="list-style-type: none"> Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos and Asian Americans Intentionally and publicly enforces the racist status quo throughout institution Institutionalization of racism includes formal policies and practices, teachings and decision-making on all levels Usually has similar intentional policies and practices toward other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gays, Third World citizens, etc. 	<ul style="list-style-type: none"> Tolerant of a limited number of People of Color with "proper" perspective and credentials May still secretly limit or exclude People of Color in contradiction to public policies Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings and decision-making on all levels of institutional life Often declares, "We don't have a problem." 	<ul style="list-style-type: none"> Makes official policy pronouncements regarding multicultural diversity Sees itself as "non-racist" institution with open doors to People of Color Carries out intentional inclusiveness efforts, recruiting "someone of color" on committees or office staff Expanding view of diversity includes other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gays, Third World citizens, etc. <p>But . . .</p> <ul style="list-style-type: none"> "Not those who make waves" Little or no contextual change in culture, policies and decision-making Is still relatively unaware of continuing patterns of privilege, paternalism and control 	<ul style="list-style-type: none"> Growing understanding of racism as barrier to effective diversity Develops analysis of systemic racism Sponsors programs of anti-racism training New consciousness of institutionalized white power and privilege Develops intentional identity as an "anti-racist" institution Begins to develop accountability to racially oppressed communities Increasing commitment to dismantle racism and eliminate inherent white advantage <p>But . . .</p> <ul style="list-style-type: none"> Institutional structures and culture that maintain white power and privilege still intact and relatively untouched 	<ul style="list-style-type: none"> Commits to process of intentional institutional restructuring, based on anti-racist analysis and identity Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their worldview, culture and lifestyles Implements structures, policies and practices with inclusive decision-making and other forms of power sharing on all levels of the institution's life and work Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities Anti-racist multicultural diversity becomes an institutionalized asset Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments 	<ul style="list-style-type: none"> Future vision of an institution and wider community that has overcome systemic racism Institution's life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices Full participation in decisions that shape the institution, and inclusion of diverse cultures, lifestyles and interests A sense of restored community and mutual caring Allies with others in combating all forms of social oppression <p>© By Crossroads Ministry. Adapted from original concept by Baily Jackson and Rita Hardiman, and further developed by Andrea Avazian and Ronice Branding.</p>		

The Office of Health Equity

- **Vision** - Everyone in California has equal opportunities for optimal health, mental health, and well-being.
- **Mission** - Promote equitable social, economic, and environmental conditions to achieve optimal health, mental health, and well-being for all.
- **Central Challenge** - Mobilize understanding and sustained commitment to eliminate health inequity and improve the health, mental health, and well-being for all.
- **Statute** – Established in 2012, as authorized by Section 131019.5 of the California Health and Safety Code, to provide a key leadership role to reduce health and mental health disparities to disproportionately affected communities.





Our North Star

- Where equity is not just a word or a concept but the core value
- **Where we constantly pursue social and racial justice by not only lifting all boats but especially those boats that need to be lifted more**
- Where we prioritize prevention and the upstream factors that impact and individual's health and well being
- Where necessities like housing and childcare are complimented by access to physical and behavioral health services
- Where we see the whole person and where programs and services address the social, cultural and linguistic needs of the individuals they serve
- Where climate threats collide with forward leaning health practices and policies that visibly turn the tide toward community resilience

Visit: <https://www.chhs.ca.gov/guiding-principles-strategic-priorities/> & <https://www.sgc.ca.gov/programs/racial-equity/>

CalHHS JEDI Subcommittee

Justice Equity Diversity and Inclusion



Incoming Agency Chief Equity Officer

*Language Access (\$20.3M)

*Equity Dashboard (\$3.2M)

*Training

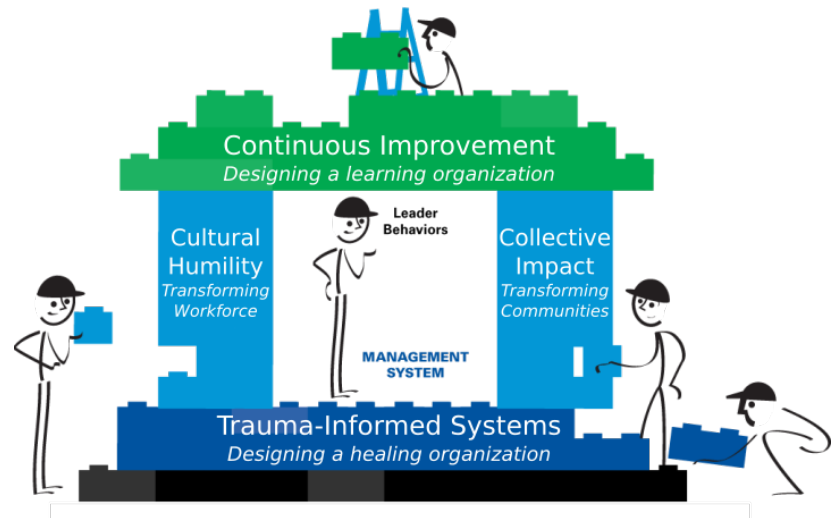
CDPH Transforming public health

Director's Internal Priorities

- Equity and antiracism
- Developing our people
- Performance improvement



Organization transformation



Office of Health Equity Priorities

1. Advancing Racial & Social Equity in Government
2. Behavioral Health Equity
3. Climate Action for Health Equity
4. Equitable COVID Recovery through Health in All Policies, Cross-Sector Planning and Partnerships
5. Housing and Homelessness

Air Pollution & Increasing Allergens

Asthma, allergies, cardiovascular and respiratory diseases

Extreme Heat

Heat-related illness and death, cardiovascular failure

Drought

Water supply impacts, dust storms, Valley Fever

Environmental Degradation

Forced migration, civil conflict, loss of jobs and income

Wildfires & Wildfire Smoke

Injuries, fatalities, loss of homes, cardiovascular and respiratory diseases

Degraded Living Conditions & Social Inequities

Exacerbation of racial and health inequities and vulnerabilities, loss of employment

Changes In Vector Ecology

Lyme disease, West Nile Virus, hantavirus, malaria, encephalitis

Food System Impacts

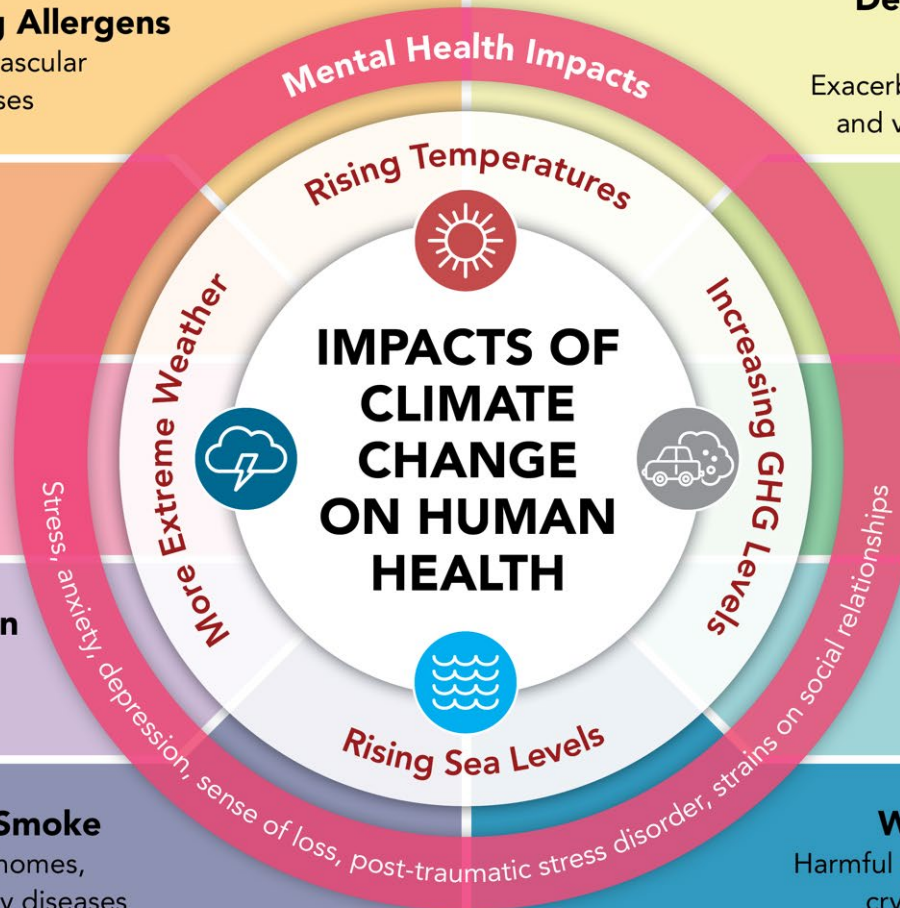
Malnutrition, food insecurity, higher food prices, foodborne illness

Severe Weather & Floods

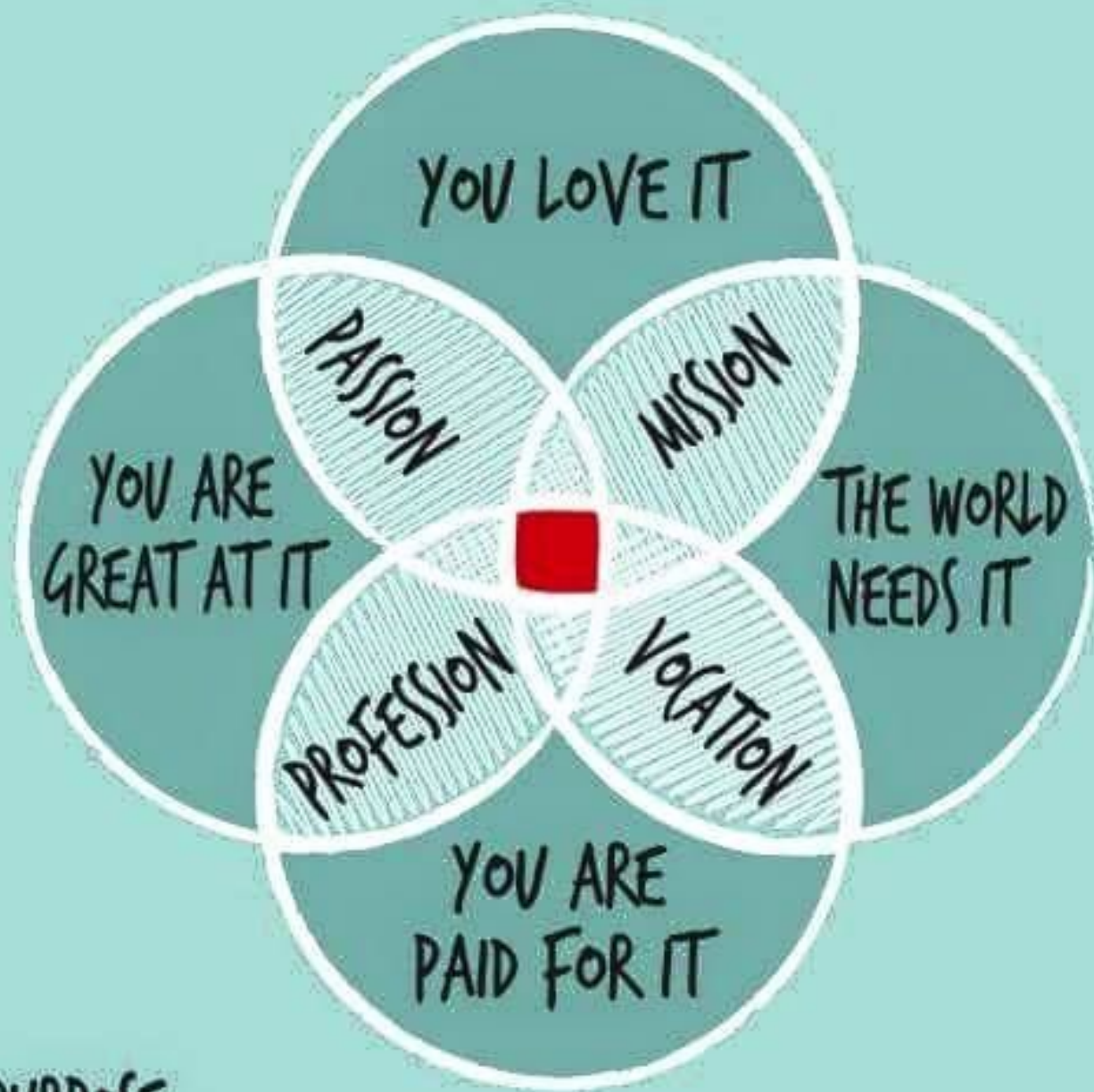
Injuries, fatalities, loss of homes, indoor fungi and mold

Water Quality Impacts

Harmful algal blooms, campylobacteriosis, cryptosporidiosis, leptospirosis



CDPH (Adapted from CDC, J. Patz)



 -PURPOSE

Self-Care is Social Justice

THE FOUR BODIES: A HOLISTIC TOOLKIT FOR COPING WITH RACIAL TRAUMA, by Jacquelyn Ogorchukwu,

<https://bit.ly/3dx2T68>

MENTAL BODY EASING OUR MINDS After a Racially Traumatic Incident	*EMOTIONAL BODY* RELEASING EMOTIONS After a Racially Traumatic Incident	*PHYSICAL BODY* TRANSFORMING TENSION After a Racially Traumatic Incident	*SPIRITUAL BODY* RETURNING TO OURSELVES After a Racially Traumatic Incident
<i>Unplug</i>	<i>Feel</i>	<i>Rest</i>	<i>Meditate</i>
<i>Pause</i>	<i>Gather</i>	<i>Move</i>	<i>Reclaim</i>
<i>Talk</i>	<i>Write</i>	<i>Self-Massage</i>	<i>Organize</i>

1. Get in the Shower and feel the water
2. Go Outside
3. Put Your Phone Away
4. Cry

Jessamyn Stanley: www.self.com 4 Simple Ways to Take Care of Yourself While Living in the World in 2020

California Pathways into Public Health (Cal-PPH) INTERNSHIP PROGRAM

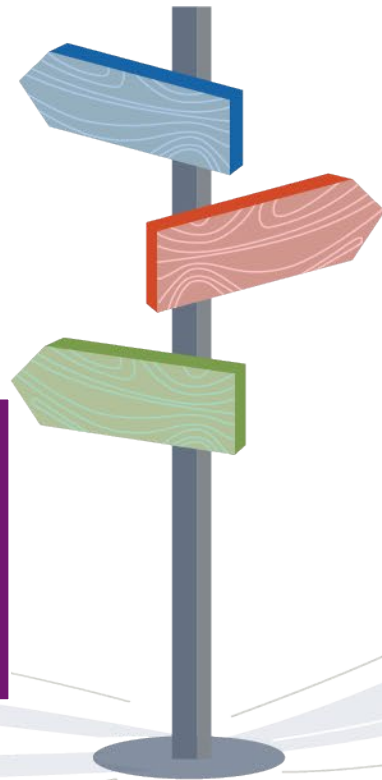
The Cal-PPH mission is to increase the workforce capacity of local health departments across California by providing training, support, and work experience for professionals from historically underrepresented and diverse backgrounds.

WHEN?
spring &
fall cohorts

WHO?
community
college/university
students enrolled in at
least 6 course units

WHAT?
placements at local
health departments
tailored to interests &
professional goals

WHY?
paid experience to gain
exposure to public
health government
service



Kern County's Public Health Pipeline Project

“Building this project in partnership with CSUB was lengthy but well worth it!”

“We are excited to work together and have fun building relationships with our communities!”



Kern County Team pictured from left to right: Sharene Yonan, MPH – Project Specialist; Jasmine Ochoa, MPH – Health Equity Officer; Jessica Jaime – Intern; Maggie Vasquez, MPA – Health Equity Coordinator.

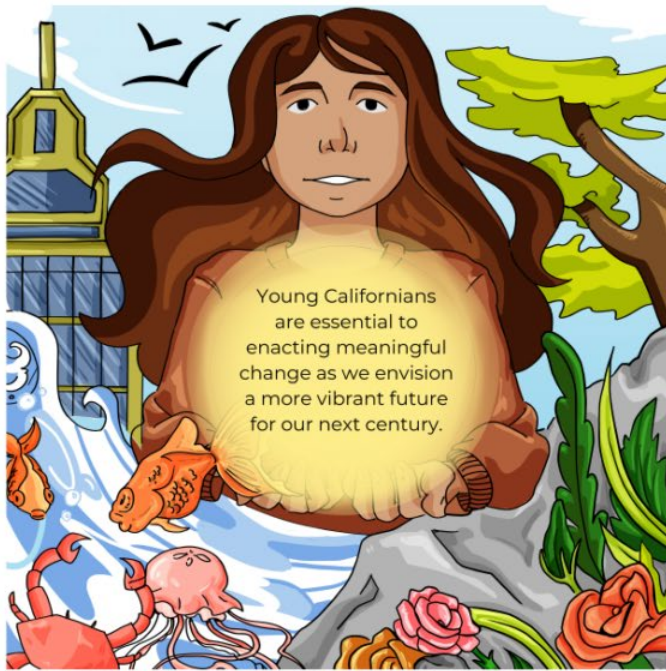
The Public Health Pipeline Project was formed by the **Kern County Public Health Services Department** in partnership with **Cal State University, Bakersfield's School of Natural Sciences, Mathematics and Engineering** division for their Bachelor of Science in Public Health degree program.

GOAL: Expose students to the diverse workforce in the Public Health Services Department, while building their experience in the public health field to prepare them for **career opportunities** upon graduation.

They aim to support Kern County students and inspire them to make change in the communities they have grown up in; to create opportunities for their **families, neighbors, and friends**.

Through the recruitment process, they looked for students with interest in working with **diverse communities** and ready to apply the values learned in their program towards the health equity work the department is building.

For more information about Kern County's Public Health Pipeline Project, please contact Jasmine Ochoa at ochoaja@kerncounty.com or visit www.kernpublichealth.com.



Young Californians are essential to enacting meaningful change as we envision a more vibrant future for our next century.



On
March
12th,
2023 ...

... our statewide Youth Summit in Sacramento will convene hundreds of young people, representing the geographical, cultural, political and racial diversity of California, ...



... to join in collective action, participate in civic and creative engagement, and build communities of belonging together.



We are calling on young leaders and creative organizers across California to dream big, join us at the California 100 Youth Summit on March 12th, 2023, and build a shared vision for the future of our state!

CALIFORNIA 100