5-2020

Examining the History of Racial Groups to Understand Health Disparities in Monterey County

Virginia Murillo
California State University, Monterey Bay

Examining the History of Racial Groups to Understand Health Disparities in Monterey County

Virginia Murillo

Health Equity Scholars Academy

Christina Santana

Collaborative Health & Human Services

Department of Health Human Services and Public Policy

California State University Monterey Bay

May 11th, 2019

Author Note

Virginia Murillo, Department of Health Human Services and Public Policy, California State University Monterey Bay. This research was supported by the Health Equity Scholars Academy of the Monterey County Health Department. Correspondence concerning this report should be addressed to Virginia Murillo, California State University Monterey Bay, 100 Campus Center, Seaside, CA, 93955. Contact: vmurillo@csumb.edu

Abstract

The Monterey County Health Department's Health Equity Scholars Academy aspires to train health workforce leaders to prioritize equity into services. Health inequities occur when there are systematic differences in the health statuses of different populations. These disparities perpetuate negative health outcomes for minority groups. In Monterey County, too few public employees are aware of the types and pervasiveness of health inequities experienced by a significant proportion of the population. A timeline was developed to provide a more accessible way to educate public employees about significant events and policies affecting Monterey County resident's health. Content from the timeline has been incorporated into the Civil Rights training for government employees and knowledge gained will be measured after the training to determine awareness of inequities experienced in the community. Findings show participants believe they are better able to serve their communities if they possess this knowledge. Future recommendations include expanding the sharing of the timeline content among non-profit agencies as well as the public.

Keywords: *health disparities, health equity, systemic racism, civil rights training, minority health, Monterey County, health department*

Agency and their Partnerships

The Monterey County Health Department (MCHD) is the agency responsible for carrying out the initiatives and objectives within the health and human services policy area of the strategic plan of Monterey County. The initiatives aim to "improve health and quality of life through County supported policies, programs, and services, promoting access to equitable opportunities for healthy choices and healthy environments in collaboration with communities" (County of Monterey, 2019). The mission of the MCHD is "creating a legacy of health together" and the vision states its goal is to "enhance, promote, and protect the health of Monterey County individuals, families, communities, and environment" (MCHD, 2018).

The MCHD is made up of seven bureaus (Appendix A: MCHD organizational chart), each with a set of objectives which are broken down into specific measurable goals. The Administration bureau is responsible for "providing services in planning, information technology, risk management and facilities" (MCHD, 2019). Within Administration lies the Planning, Evaluation, and Policy Unit (PEP) (Appendix B: PEP organizational chart) which is tasked with overseeing the facilitation and implementation of the MCHD Strategic Plan, ensuring performance standards are measured and monitored according to national public health accreditation requirements, and "addressing social and environmental policies that contribute to creating more equitable health outcomes" (MCHD, 2019).

PEP collaborates with other County agencies to provide employee training in areas such as the Civil Rights Office's mandatory Civil Rights training. PEP's work around health equity is rooted in a Health in All Policies (HiAP) framework, designed for a collaborative approach to working towards improved health outcomes of the population by "incorporating health

considerations into decision making in all sectors and policy areas" (MCHD, 2019). This approach involves engaging cross sector partners both in government and non-governmental agencies bringing together traditional health promotion partners with other non-traditional health partners [1]to maximize the benefits for the population (Rudolph, Caplan, Ben-Moshe, & Dillon, 2013).

PEP also oversees the Health Equity Scholars Academy (HESA) which is a MCHD employee training initiative (Appendix C: HESA mission and vision) geared towards those who "have demonstrated a commitment to social justice and equity for low-income and communities of color, have strong personal motivation, seek learning and growth opportunities" (MCHD, 2019). HESA is delivered through five monthly in-person sessions consisting of four-hour modules (Appendix D: Curriculum Overview).

The MCHD is funded through revenues collected by the County of Monterey Including collection of taxes, payments for licenses, permits, and franchise fees, fines, forfeitures and penalties charged, charges for County government services, as well as state and federal grants, and other miscellaneous revenues (County of Monterey, 2019)

Community Served by the Agency

Given that PEP operates within the scope of serving both MCHD employees and the general population it is important to highlight the demographics of both communities. Table 1

[1] Non-traditional health partners refer to agencies not typically considered health-related such as: schools and universities, public safety agencies, arts, economic and philanthropic organizations, faith institutions, youth development organizations, and environmental agencies, among others. https://www.co.monterey.ca.us/home/showdocument?id=18356

depicts a comparison between select demographic characteristics between the MCHD employee population and the general population of Monterey County.

Table 1 *Comparison of demographics of MCHD Employees and general population*

	MCHD Employees	**Monterey County**
Race and Ethnicity		
Hispanic	47%	57.9%
White	33%	30.6%
Asian/Pacific Islander	6%	2.5%
African American	3%	5.6%
Native American/Alaskan Native	1%	0.2%

Note. Data for MCHD employees from MCHD (2017), for Monterey County from U.S. Census (2017).

The table highlights the similarities between the MCHD employees and the community in racial and ethnic categories of White, Hispanic, and African Americans. This is important to note because a "diverse, geographically distributed workforce is needed to meet the health needs of our increasingly diverse population" (APHA, 2011).

In 2013 the MCHD PEP unit conducted research on health equity and the social determinants of health[2] in Monterey County. Health disparities were defined as occurring when certain population groups, most often minorities, "experience a disproportionate burden of preventable diseases (MCHD, 2013). According to the study, 70% of Monterey County residents are members of a racial or ethnic minority group. The study also highlights disparities happening

[2] Social determinants of health are defined by MCHD as being the "social, economic, and environmental factors" that contribute to the overall health of the community (MCHD, 2013).

from city to city within the County. For example, in Pacific Grove, 4.1% of residents 25 or older reported speaking English less than very well, while 54.6% responded the same in King City, 45.8% in Greenfield, 54.6% in Castroville. When considering high school graduation rates among the same population groups, the city with the lowest reported percentage is Castroville with a graduation rate of 33.0% of adults over the age of 25, followed by King City at 42.1% (2013). The evidence is clear that health inequities present in our county are rooted in social and economic factors that influence the overall community's health. Using a HiAP framework to "incorporate health into decision making in all sectors and policy areas" will work to address the social determinants that impact the health of our community (2013).

Problem Description

The agency-specific problem is too few government employees possess knowledge about the types of health inequities experienced by minority groups in Monterey County. This problem can be partially attributed to the recent introduction of health equity concepts into MCHD strategic plans, a limited focus on Health Department employee's receiving health equity education, and because of limited time available for professional development for staff. Consequently, while this lack of knowledge exists, there is a disconnect between the services agencies provide and the needs of the population. Additionally, the very health disparities agencies seek to address, are perpetuated by the lack of knowledge.

On a societal level, social inequities perpetuate negative health outcomes for minority groups among other vulnerable populations. Legacies of structural racism and systems of oppression have contributed to this problem, and have resulted in greater economic losses and increased burden of disease as a consequence of health disparities related to social inequities. A

lack of empowering communities through community capacity building[3], further exacerbates the problem as well. Figure # 1 summarizes the problem at both the micro and micro level.

Figure 1

Problem Model

CAUSES TO AGENCY PROBLEM	AGENCY-SPECIFIC "MICRO-LEVEL" PROBLEM ADDRESSED BY PROJECT	CONSEQUENCES TO AGENCY
Health equity as a new concept in County strategic plans	Too few government employees possess knowledge about the types of racial inequities experienced by minority groups in Monterey County	Disconnect between services provided and actual needs of the population
Limited focus on education for MCHD employees		Increase in health disparities
Staff priorities: voluntary training vs. mandatory responsibilities		Perpetuates a "narrative of exclusion" (Institute of Medicine, 2014)
CAUSES/RISK FACTORS TO BROADER PROBLEM	**BROADER "MACRO-LEVEL" HEALTH/SOCIAL PROBLEM**	**CONSEQUENCES TO SOCIETY**
Structural racism[4]	Social inequities[5] perpetuate negative health outcomes among minority groups.	Greater burden of disease
Systems of oppression[6]		Higher unemployment rate
Lack of Community Capacity Building		Loss of productivity

Micro Level Problem Description

Too few government employees possess knowledge about the types of racial inequities experienced by minority groups in Monterey County.

When employees lack knowledge relevant to their target population, they are unable to adequately meet the needs of that group. The Monterey County Board of Supervisors has

[3] Community Capacity Building is defined as "the interaction of human capital, organizational resources, and social capital existing within a given community that can be leveraged to solve collective problems, and improve or maintain the well being of that community" (Traverso-Yepez, Maddalena, Bavington, & Donovan, 2012)
[4] Structural Racism "refers to the system in which public policies, institutional practices, cultural representations, and other norms work in various ways to perpetuate racial group inequity" (Alameda County Public Health Department, 2008)
[5] Systems of Oppression occur when prejudice and institutional power combine to create "a system that regularly and severely discriminates against some groups and benefits other groups" (NMAAHC, 2020)
[6] Social inequities exist when there is "disparities in power and wealth, often accompanied by discriminations, social exclusion, poverty and low wages, lack of affordable housing, exposure to hazards, and community social decay" (2008)

identified one of its objectives as “reduce, regional, socio-economic inequities in health outcomes” (County of Monterey, 2019). In order to meet this objective, other (non-health related) public agencies must possess knowledge about what types of inequities the community has experienced in the past and continue to experience in the present, to determine the best approach for addressing them.

The concept of health equity is relatively new in the MCHD structure, in 2011 the Strategic Plan of the Health Department introduced the Health Equity Framework (Appendix E: Health Equity Framework) however this applied with a focus of using the tool for disease prevention efforts, and was not necessarily geared toward employee education (MCHD, 2011)

Only as of 2018, has health equity been explicitly included as an objective to work towards with measurement metrics in place (MCHD, 2018). The 2018-2022 MCHD Strategic Plan Goal 4 Objective 4.1, section C reads “increase skills of MCHD workforce in priority areas/ to ensure workforce can be responsive to needs” and identifies knowledge gained as an effectiveness measures for HESA training participants as a metric for meeting this goal (2018). This affirms the commitment to improve employee health equity education, yet limits the target population to that of the Health Department, and leaves other County government agencies such as the County Administrative Office, Sherriff’s Office, District Attorney and Agricultural Commissioner out of the focus for education efforts. Additionally, due to limited staff, time and resources within the Health Department, HESA training has held only six cohorts of participants since its inception in 2014 (MCHD, 2018).

When the staff of public agencies is not receiving this content and lack an understanding of its impact on health outcomes for the populations being served, there is a disconnect between the services needed and provided to the population. As MCHD explains, “our collective impact

is possible through collaborations among numerous partnering agencies that traditionally are not health-related" (2013). This approach involves addressing the root causes of poor health such as "poverty, limited education, disenfranchisement, and institutional perpetuation of social inequities" (2013).

This lack of knowledge also perpetuates the health disparities experienced by residents. From November 2010 to April 2011, the MCHD collected community input as part of the strategic planning process. When asking questions about "their most urgent health concerns and the improvements they would like to see" regional differences in priorities became apparent (2014). Knowing that the South County and Salinas regions experience the highest obesity rates in the County compared to the Coastal and North County region, would provide more context for understanding why Obesity was listed as a top concern for South County and Salinas (2014). Without the knowledge of these existing disparities, agencies cannot meet the needs of the community to address conditions like obesity and improve other health outcomes.

For residents to develop a sense of trust with their government agencies, it is important to be transparent about the history of how health inequities were created. According to the Institute of Health, "you have to have people see the invisible realities that are occurring throughout society. You have to make the invisible visible to people. That is part of changing the narrative". Without this acknowledgement that exclusion has been the common denominator in practices of social injustices, marginalized populations feel isolated, and the community loses the potential of their human capital to improve the conditions from past injustices (2014).

Macro Level Problem Description

Social inequities are responsible for perpetuating negative health outcomes for minority groups. According to the Alameda County Public Health Department, social inequities are

defined as “disparities in power and wealth, often accompanied by discrimination, social exclusion, poverty and low wages, lack of affordable housing, exposure to hazards and community social decay” (2008). These inequities are experienced at higher rates among racial and ethnic minorities who are the most directly affected. The National Academy of Sciences argues that “Racial and ethnic disparities are arguably the most obstinate inequities in health over time, despite the many strides that have been made to improve health in the United States”. Data for prevalence of chronic diseases such as Obesity, Hearth Disease and Cancer indicate that ethnic minorities experience higher rates of disease and premature death compared to white counterparts (2017).

One of the significant contributing factors to the problem is the history of structural racism in the United States. A classic example of structural racism includes the various forms of segregation that have occurred over time such as the pervasive discriminatory practices in the South that segregated schools and other institutions, and the practice of redlining[7] neighborhoods across the Country. Segregation in schools has been linked to negative behaviors that affect health such as excessive drinking, and decreased educational aspirations, while residential segregation contributes to an increased risk of cancers related to air pollution (Gee & Ford, 2011). The CDC reports that individuals with lower levels of education and income “generally experience increased rates of mortality, morbidity, and risk-taking behaviors” (2013).

An alarming consequence of health disparities includes the unnecessary direct and indirect economic costs to society. According to the CDC, if the United States were to eliminate health disparities among minorities, there would be a reduction in “direct medical care

[7] Redlining refers to the practice of “denying or limiting financial services to certain neighborhoods based on racial or ethnic composition without regard to the residents’ qualifications or creditworthiness” (MCHD, 2019)

expenditures by $229.4 billion and reduced indirect costs associated with illness and premature death by approximately $1trillion during 2003-2006" (2013). Health disparities affect labor productivity in two ways, 1) by causing employees without sick leave to miss work or not meet performance standards as a result of poor health and 2) by causing elevated stress levels in employees who work alongside those who miss work or perform poorly (Suthers, 2008). A higher unemployment rate is also a direct consequence of social inequity. The prevalence of unemployment in 2010 was "twice as high in the black and Hispanic populations as in the white population (CDC, 2013).

Project description and justification

Project title: Examining the history of racial groups to understand health disparities in Monterey County

Project Description

The project involves developing an interactive historical timeline titled "The Experience of Racial Groups in Monterey County: A brief historical timeline" which depicts events and government policies that have either contributed to racial inequities or sought to counteract their effects. This timeline is intended to help the County achieve more equitable outcomes for all residents of Monterey County, by making this information available to the public and decision-makers. One example of how the historic timeline has been used is the incorporation of four excerpts into the County-wide Civil Rights training (Appendix F: Snapshot of Civil Rights Training), which is facilitated through a partnership between the County Civil Rights Office and MCHD PEP unit. Additionally, these excerpts were also included into the first module of HESA training among the seventh cohort of MCHD employee participants. The content was used as an

educational tool to inform local government employees about the significance of historic and ongoing events and policies that affect Monterey County residents' social and health outcomes.

The timeline was presented in Civil Rights training sessions to as many participants as possible. The target audience is people directly involved in decision making, program planning, and program implementation of operations and services that are being delivered to Monterey County residents. To understand who was reached by this intervention, the project will record who attends the sessions, the agency they are employed by and their position as management or non-management.

Project Justification:

The primary purpose of the project is to increase knowledge and awareness of racial inequities in Monterey County and encourage employees to be more intentional about the work they do around health equity. The short-term objective is to measure the number of participants who gained awareness because of receiving this content. The social problem that this project addresses is the lack of information that both traditional and nontraditional health partners possess as it relates to social and health inequities and the circumstances that create those inequities as they exist today.

Benefits:

This project contributed to Monterey County's efforts to achieve the goals as described in the Strategic Initiatives; specifically, addressing the objectives to "reduce regional, socio-economic inequities in health outcomes" and "improve health outcomes through health and wellness promotion and access to top quality healthcare" (County of Monterey, 2019). By

educating County employees across departments, people in decision making positions gained insight into the social-ecological model of health[8], and possess a better understanding about how the work they do affects the health of for all County residents.

The MCHD benefits from this project because it contributes to efforts aimed at achieving goal number 2 in the MCHD Strategic Plan, to "address public health and safety risks through policy and systems change" (MCHD, 2019). One of the objectives of this goal is aimed at developing new and strengthening existing relationships with both traditional and nontraditional health partners to support Racial and Health Equity in All Policies (2019). Employees receiving the information within these departments and agencies benefited by learning about how the work they do influences social and health outcomes of residents, whether it is through decision making about funding, program planning, or program implementation.

Project implementation plan

Implementation Method:

The implementation strategy that was used in this project involved developing an interactive timeline and accompanying talking points script and delivering the content through Civil Rights Trainings.

Participants:

Implementation of this project will require participation from several individuals. As the agency intern, my responsibilities and role in this project will be primarily to conduct research

[8] The social ecological model considers the complex relationship between "individual, relationship, community, and societal factors" that influence one's health (CDC, 2019).

around the content to be included in the timeline and to construct the timeline itself. This includes conducting digital as well as in person historical research, coordinating with local history librarians and local historical societies to gather more relevant content, and coordinate meetings with agencies and departments, to deliver the timeline, as opportunities become available.

The mentor will be primarily delivering the presentation content, with participation from the intern when available. A member of the Civil Rights Office collaborated on selecting what content from the timeline should be included in the training. To gather the desired data, the mentor and intern will collaborate in creating evaluation questions to be distributed following the training. The data will then be compiled and analyzed to present findings. The mentor, Health in All Policies Program Manager, and the PEP Program Manager will review the timeline content for accuracy and revise the presentation materials as needed. Outside of the PEP unit, local history librarians will be needed to gather historical research and verify the credibility of the information received.

Resources:

Conference rooms will need to be available to conduct trainings. Within those conference rooms, the presenter (s) will need access to a projection screen, computer, and internet to access the timeline. A suitable interactive platform was selected after testing various options and concluding it suited the needs of the timeline best. Information technology personnel were needed to collaborate with on the coding aspects of the interactive platform.

Potential Challenges:

The possibility of being denied by the Civil Rights office to conduct evaluation specific to the timeline content would act as a roadblock for gathering data. The limitations of the web-based interactive timeline platform could impact the accessibility of the timeline during trainings.

Scope of Work and Timeline

Overview

The first step was to compile the local history research and complete the timeline for submission by February. While that was in progress, selections were made about what content to include into the Civil Rights training presentations in the winter of 2019. Evaluation questions were then drafted and submitted for approval in February of 2019. Trainings occurred in February and March where the content was delivered. Data collection occurred at the trainings and was evaluated in April 2020. Finally, findings were presented at the Capstone festival in May 2020. Table 2 lists the major components of the project.

Table 2 *Scope of Worktable*

Title: Examining the History of Racial Groups to Understand Health Disparities in Monterey County			
Project description: An educational intervention that uses a historic timeline as an educational tool that aims to expose participants to content about specific instances of racial and ethnic inequities experienced in Monterey County			
Goal: Reduce health and social disparities for minorities in Monterey County.			
Primary objective of the project: Increase public employees' awareness of racial inequities in Monterey County.			
Activities		**Deliverables**	**Timeline/deadlines**
1	Discuss capstone project ideas with mentor	Final capstone project idea approved	Sep 2019
2	Complete timeline	Submit timeline to mentor for approval and revisions	October 2019
3	Meet with mentor to discuss timeline presentation options	Schedule meetings with appropriate agencies	November 2019

4	Submit timeline content for review by Civil Rights Office	Content chosen and approved for use in trainings	Dec 2019
5	Meet with mentor to discus alternative methods for presenting timeline content	Schedule follow up meeting with Civil Rights Office and HESA coordinator	Jan 2020
6	Draft evaluation questions for Civil Rights and HESA trainings	Submit evaluation for approval	Feb 2020
7	Content presented in Civil Rights/ HESA trainings	Evaluations received for analysis	March 2020
8	COVID-19 Alternate evaluation method	Distribute google form to PEP staff for completion	April 2020
9	Analyze results of evaluations	Submit preliminary findings for approval	April 2020
10	Complete reporting requirements	Final agency and capstone reports	May 2020
11	Prepare capstone presentation in PPT	Present at Dress Rehearsal for grading	May 2020
12	Final preparation for Capstone Festival	Final presentation at Capstone Festival!!	May 2020

Project Assessment Plan

Expected Outcome

The use of a historic timeline as an educational tool aims to expose participants to content about specific instances of racial and ethnic inequities experienced in Monterey County. By incorporating historical facts into the mandatory Civil Rights training, the agency aims to reach employees working in both the traditional and non-traditional agencies that influence health, such as members of the Health Department, District Attorney's office, County Administrative Office, Agricultural Commissioner, Human Resources, and Social Services. It is expected that many participants will report having no or limited prior knowledge on the content presented.

The number of participants who report gaining knowledge in the evaluation will show whether the intervention achieved the short-term outcome; to increase public employees' awareness of racial inequities in Monterey County. The expected intermediate outcome is to have government employees invest more program planning and service delivery resources in areas where minorities experience disparities. On a long-term projection, we expect to see a reduction in health and social disparities for minorities in Monterey County. In addition, there

will also be a measure of perceived influence on effective delivery of health services, measured by the number of participants who agree or strongly agree with the statement provided. The statements will aim to gauge how much influence employees feel they have over ensuring the County provides equitable services to those in the community who have experienced inequity (Appendix G: Civil Rights Training Evaluation Questions).

Assessment Plan

The measures used to assess the project's success include knowledge gained by the Civil Rights Training participants in the following areas: knowledge gained on racial inequities in Monterey County, opinion on whether government employees should be required to know about the racial and ethnic inequities experienced by their community, and how much influence employees feel they have over ensuring County services address the needs of those who have been marginalized in the past.

The method used to gather evidence of knowledge gained include delivering a survey following the training with evaluation questions specific to the timeline content. All participants will complete the evaluation and their answers will be reviewed following completion of the training. The response mechanism that will be used will be a four-point Likert scale. To assess whether awareness was gained through the content delivery, participants will respond to three statements using a five-point Likert scale. According to the CDC, Likert scale evaluation is common in public health practices and "may meet your needs when you have attitude, belief, or behavior items" (2012). This measure is most appropriate for accurately reflecting findings as this evaluation raises a question about influence that is rooted in individual perceptions of attitudes and beliefs.

Evaluation questions specific to this content will be integrated into the existing Civil Rights training evaluation and will be distributed following the end of the sessions. The evaluation will ask questions about what prior knowledge participants possessed, as well as assess their understanding about the connection between this knowledge and the work they do out in the field. Results will be inputted into an MS Excel spreadsheet for analysis.

Project Findings and Results of Assessment

Findings: Results confirm a general lack of knowledge on historic and ongoing racial inequities experienced in Monterey County. Additionally, respondents agree that possessing this type of knowledge enables them to better serve the community as government employees. Respondents confirmed that this knowledge should be in relation to the inequities experienced by the at large community and should not be isolated by program specific populations. Finally, there was no substantial data to support the claim that employees have more influence over ensuring equitable distribution of services whether they learn about past racial inequities or not.

Assessment Results*:*

The immediate expected outcome measured was assessing whether participants gained knowledge on racial inequities experienced in Monterey County. In a survey question that asked participants to identify the level of knowledge they possess on the topic following the viewing of the timeline content, respondents reported that they have "some knowledge on the topic", a measure that indicates the timeline content was effective in expanding awareness levels. The data for measuring the opinion on whether government employees should be required to know about the racial and ethnic inequities experienced by their community shows respondents strongly agree to the statement asked *"Monterey County employees can better serve their communities by learning about past racial and ethnic inequities"*. This supports the introduction of this content

into the Civil Rights training as participants state this type of educational content has the potential to influence the actions of government employees across departments, beyond the current Health Department efforts. Responses aimed at measuring whether employees feel content on racial inequities enables them to exhibit more or less influence over ensuring County services will address the needs of those who have experienced disparities is inconclusive, and not enough to draw a significant conclusion from.

Strengths/Successes*:*

Choosing an interactive platform for presenting the timeline content made both the design and accessibility of the timeline both user friendly and made for efficient collaboration. Having both the HESA training modules and Civil Rights Training as avenues for including the content into was crucial in being able to reach a more diverse population of employees both within and outside of the Health Department. The collaboration with local history experts provided invaluable expertise and resources into the research of the local inequities experienced by minorities.

Limitations/Challenges:

The COVID-19 pandemic hindered the evaluation component of this project by cancelling all planned Civil Rights and HESA trainings which made it impossible to collect data from those sources. The limited data that was available from one HESA session was inaccessible because of the shelter-in-place orders issued by the local Health Officer. As a result, the assessment shifted from the originally planned evaluation of the content presented at those two trainings, to an evaluation administered to PEP staff via digital means only. The lack of data from HESA trainings makes it difficult to draw conclusive findings out of the assessment results

and limits the respondent pool to employees who are already exposed to and working on projects related to health equity.

Recommendations

Recommendations for the agency

This project has introduced a new tool for education that can be used and applied through various methods of delivery. The web-based timeline makes its content easy to access from any mobile or desktop device and can be used in both in person and distance learning platforms. This format also allows for content to be edited or omitted if necessary. The agency should consider making the timeline available to the public and government employees. A link to the timeline could be included into either the HiAP or Health Equity web pages on the Health Department website, as well as on the Civil Rights training packet lists of additional resources for trainees. In both instances I also suggest creating a submission form for both employees and the public to submit suggestions for content to be added to the timeline. A future intern could be charged with reviewing entries and adding content as appropriate from the submissions to create a more comprehensive tool.

Broader social significance

The effort put forth by the agency to acknowledge and be critical of how the institution they are a part of has contributed to the existence of racial inequities is a significant step in working towards improving the social outcomes of the groups affected by inequities. The explicit acknowledgment of policies and practices in a visual chronological format serves as a type of measure of accountability and reaffirms the agencies commitment to do better in the future.

Conclusions and Personal Reflection

Having been born and raised in this community as a minority member of the community, learning about the history of inequities involved facing harsh truths that I did not expect to encounter as a part of this experience. The experience taught me about the difference between feeling an emotional connection to your work, while remaining objective as a professional. This lesson has been of the utmost importance to me as an emerging health and human services professional because the work being done in this profession most often produces emotional responses, yet we have a responsibility to the communities we serve to remain professional and self-regulate our emotions so that they do not ethically interfere with our work. The process of collaborating with individuals with decades more experience than myself taught me to not doubt myself simply because of my lack of experience. In every experience with professionals who intimidated me, I gained valuable knowledge and in some, gained a mentor and resource who I know I can connect to in the future if need be. The CHHS field practice program gave me the opportunity to experience growth beyond the level of my comfort zone, and through this process I learned that in that place of discomfort, we have the most to gain and learn from.

References

Alameda County Public Health Department. (2008). *Part two: Social inequities.* Retrieved from: http://www.acphd.org/media/144730/lduc-part2.pdf

American Public Health Association. June 2011. *The Affordable care act's public health Workforce provisions: opportunities and challenges.* Retrieved from: https://www.apha.org/~/media/files/pdf/topics/aca/apha_workforce.ashx

Centers for Disease Control and Prevention. (2019). *The social-ecological model.* Retrieved from: https://www.cdc.gov/violenceprevention/publichealthissue/socialecologicalmodel.html

County of Monterey. (2019). *Recommended budget 2020.* Retrieved from: https://www.co.monterey.ca.us/home/showdocument?id=77798

Gee, G. C., & Ford, C. L. (2011). *Structural Racism and health inequities: Old Issues, New Directions*. *Du Bois review: social science research on race, 8*(1), 115–132. https://doi.org/10.1017/S1742058X11000130

Institute of Medicine. (2014). *Supporting a movement for health and health equity: lessons from social movements: workshop summary*. Washington, DC: The National Academies Press.

doi:10.17226/18751.

Kaplan, G., Mason, V., BoLinn, G., Carayon, P., Pronovost, P., Rouse, W., et.al. (2013). *Bringing a systems approach to health.* Discussion Paper, Institute of Medicine and National Academy of Engineering, Washington, DC. https://www.nae.edu/File.aspx?id=86344

Monterey County Health Department. (2011). *2011-2014 Strategic Plan.* Retrieved from:

https://www.co.monterey.ca.us/home/showdocument?id=18020

Monterey County Health Department. (2013). *The road to health equity in our community:*

Social determinants of health in Monterey County. Retrieved from: http://co.monterey.ca.

Us. /home/showdocument?id=18870

Monterey County Health Department. (2018). *Health Dept. Bureaus.* Retrieved from: https://www.co.monterey.ca.us/government/departments-a-h/health/general/health-dept-bureaus

Monterey County Health Department. (2013). *Monterey County 203 Community health*

assessment. Retrieved from:

https://www.co.monterey.ca.us/home/showdocument?id=18020

Monterey County. (2016). *Board of Supervisors strategic initiatives and managing for results.* Retrieved from: https://www.co.monterey.ca.us/home/showdocument?id=18774

Monterey County Health Department. (2018). *2018-2014 Community health improvement plan For Monterey County California.* Retrieved from: http://www.co.monterey.ca.us/showdocument?id=18356

Monterey County Health Department. (2019) *What is planning, evaluation, and policy (PEP).* Retrieved from: http://www.co.monterey.ca.us/government/departments-a-h /health/general/planning-evaluation-and-policy-pep

Monterey County Health Department. (2018). *2018-2021 Workforce development plan.* Print.

Monterey County Health Department. (2018) *2018-2022 Strategic plan.* Retrieved from:| http://www.co.monterey.ca.us/home/showdocument?id=65689

Monterey County Health Department. (2019). *Health in all policies (HiAP).* Retrieved from: http://www.co.monterey.ca.us/government/departments-a-h/health/general/ Health-in-all-policies-hiap

Monterey County Health Department. (2019). *Redlining in Monterey County.* Retrieved from: https://www.co.monterey.ca.us/government/departments-a-h/health/general/health-in-all-policies-hiap/redlining-in-monterey-county

National Academies of Sciences, Engineering, and Medicine. (2017). *Communities in Action: Pathways to Health Equity.* Washington, DC: The National Academies Press. https://doi.org/10.17226/24624

Suthers, K. (2008). *Evaluating the economic causes and consequences of racial and ethnic health disparities.* Retrieved from: https://www.apha.org/~/media/files/pdf/factsheets/corrected_econ_disparities_final2.ashx

U. S. Census Bureau. (2017). *American Community survey 5-year estimates 2013-2017.* Retrieved from: https://factfinder.cesus.gov/faces/tableservices/jsf/pages/productview.Xhtml?src=CF

U.S. Census Bureau. (2019). *Quick Facts: Monterey County, California; California; United States.* Retrieved from: https://www.census.gov/quickfacts/fact/table/montereycountycalifornia, CA,US/PST045218

U.S. Centers for Disease Control and Prevention. (2013). *CDC Health disparities and inequalities report -United States, 2013.* Retrieved from: https://www.cdc.gov/mmwr/pdf/other/su6203.pdf

U.S. Center for Disease Control and Prevention-Division of Community Health. *A practitioner guide for advancing health equity: community strategies for Preventing chronic disease.* Retrieved from:

https://cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf

U.S. Centers for Disease Control and Prevention. 2012. *CDC Coffee Break: using likert scales in Evaluation survey work.* Retrieved from:

https://www.cdc.gov/dhdsp/pubs/docs/CB_February_14_2012.pdf

U.S. Department of Health and Human Services. (2019). *National Healthcare quality and Disparities report 2018.* Retrieved from:

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2018qdr-final-es.pdf

Traverso-Yepez, M., Maddalena, V., Bavington, W., & Donovan, C. (2012). *Community capacity building for health: a critical look at the practical implications of this approach. https://doi.org/10.1177/2158244012446996*

Woolf, S., & Braveman, P. (2011). Where health disparities begin. The role of social and economic determinants-and why current policies may make matters worse. *Health Affairs, 30* (10). doi:10.1377/hlthaff.2011.0685

Appendix A

The Seven Bureaus of the Monterey County Health Department

1. Administration Bureau: Provides budget and finance, human resources, planning/evaluation/policy, information technology, and facilities functions in addition to oversight of the six other Bureau's.

2. Behavioral Health Bureau: Links County residents who have mental health and addictive disorders to a continuum of behavioral health interventions.

3. Clinic Services Bureau: Operates seven FQHC look-alike clinics providing comprehensive primary medical care, health promotion education and disease preventions services regardless of the patient's ability to pay.

4. Emergency Medical Services (EMS) Agency: Works with partners to provide medical care to pre-hospital emergency patients by maintaining an EMS system, paramedic/ambulance franchise, EMS training programs and preparing disaster plans. This division plans, coordinates and evaluates emergency medical services to ensure that emergency medical care is available and consistent at the emergency scene, during transport and in the emergency room.

5. Environmental Health Bureau: Educates the public and enforces federal, state, and local statues covering consumer health, drinking water, environmental health review, hazardous materials, recycling and resources recovery, and solid waste management. This Bureau also oversees the Animal Services Program.

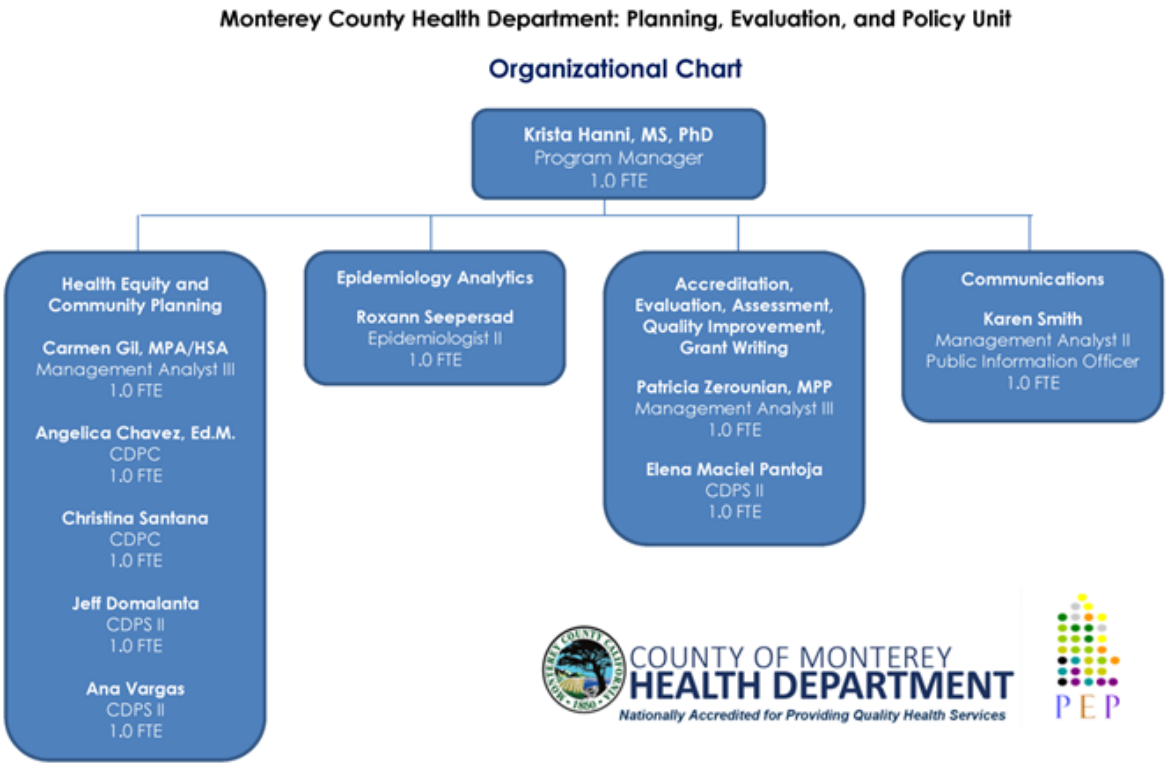
6. Public Health Bureau: Programs in the Bureau cover several essential public health services, including surveillance, disaster preparedness, diagnosing and addressing health problems, outreach, and education, and mobilizing community partnerships to identify and solve health problems.

7. Public Administration/ Public Guardian: Controls and safeguards all property subject to loss, injury, waste or misappropriation of Monterey County residents who died without leaving a will or apparent heirs, and also acts as a Representative Payee for Monterey County Residents who are incapable of managing their public entitlement benefits on their own behalf.

(MCHD, 2018)

Appendix B

Planning/Evaluation/Policy (PEP) Unit Organizational Chart



https://www.co.monterey.ca.us/government/departments-a-h/health/general/planning-evaluation-and-policy-pep/planning-evaluation-and-policy-pep-staff

Appendix C

Health Equity Scholars Academy Mission and Vision

Mission: The Academy strives to empower all Monterey County Health Department employees to affect change in Monterey County. Each module fosters the values that our services are effective, efficient, safe, equitable, and timely. We see our mission as training public health workforce leaders to transform the culture of our department to be more intentional in our work around health equity. The Academy's mission incorporates the strategic plans' systems integration to carry these initiatives forward for Monterey County with a focus on prevention that advocates Health in All Policies (HiAP), a "whole government" approach to health. HiAP acknowledges that health and well-being are influenced by government sectors other than the health sector alone.

Vision: The Health Equity Scholars Academy explores being active within the context of a systems-oriented approach to enhancing people's status to address health inequalities and injustices in our local communities. The Academy is based on the principle that differences in status generate differences in health outcomes, unlike the conventional view of health disparities that points the finger at access and personal behavior. The Academy will provide Scholars with practical skills and tools to educate their peers and address health disparities in the communities we serve. The modules are interactive and attempt to bring forth the life experiences of our staff participants for a more enriching learning experience.

https://www.co.monterey.ca.us/government/departments-a-h/health/planning-evaluation-and-policy-pep/health-equity-scholars-academy

Appendix D

Health Equity Scholars Academy Curriculum Overview

Module I: Public Health History, Public Health System, Core Functions and 10 Essential Services

Learning Objectives:

- Define public health and know major events in public health history
- Describe 3 main organizational levels of the public health system
- List the Bureaus of MCHD and their functions
- Describe 3 core functions and 10 essential services of public health
- Understand the connection between the 3 core functions and 10 essential services

Module II: Cultural Competency & Inclusion

Learning Objectives:

- Increase awareness and appreciation of the diversity of Monterey County's population
- Increase awareness and appreciation of MCHD staff's cultural diversity
- Enhance our capacities and skills to work across different cultures and diverse groups
- Increase understanding of cultural competence and cultural humility in public health practice

Module III: Racing to Health

Learning Objectives:

- Identify the underlying social, economic, and political conditions that disproportionately privilege some groups while disadvantaging others
- Identify how structural racialization impacts Monterey County residents, especially in relation to health outcomes
- Create a safe environment where MCHD staff can discuss concerns about and ideas for addressing structural racialization and its impact on staff, MCHD, and the broader community
- Identify possible next steps to address structural racialization at the department level

Module IV: Social & Health Equity

Learning Objectives:

- Increase awareness of how historical and current policies link to social inequities, which link to health inequities

- Learn how MCHD is taking action and finding solutions

Module V: Community Capacity Building

Learning Objectives:

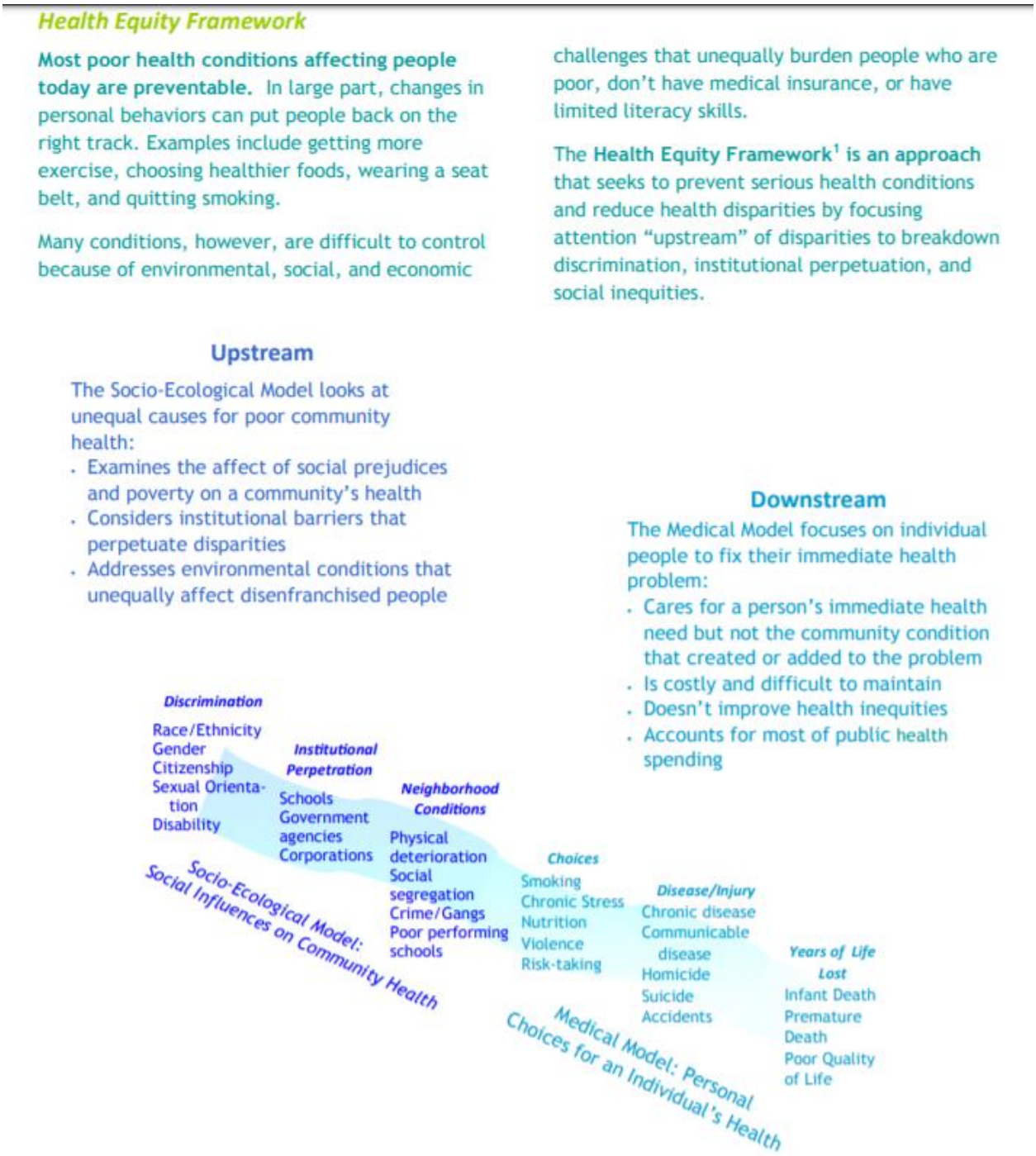
- Increase knowledge of MCHD Community Capacity Building (CCB) projects, and how they help to reduce health inequities

- Increase awareness of how CCB is done

- Explore the benefits and challenges of CCB

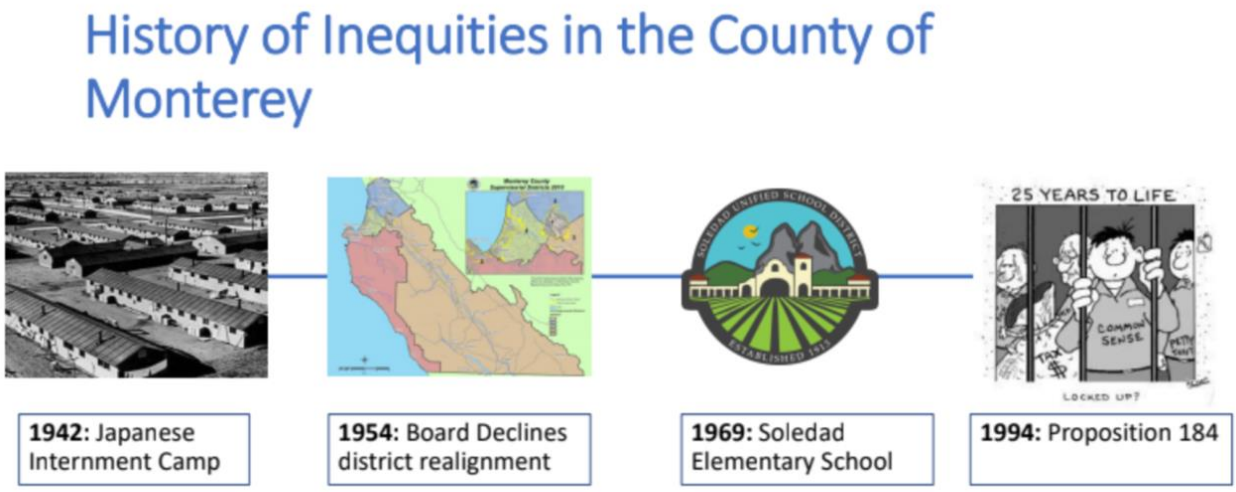
Appendix E

Health Equity Framework (MCHD, 2011)



Appendix F

Snapshot of Civil Rights Training timeline content



Appendix G

Civil Rights Training Evaluation Questions

1. Please check the boxes that most closely describe your knowledge of each topic.

	I have extensive knowledge of this topic	I have some knowledge of the topic	I have limited knowledge of the topic	I have no knowledge of the topic
Racial Inequities in Monterey County (in general)	☐	☐	☐	☐

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Monterey County employees can better serve their communities by learning about past racial and ethnic inequities	☐	☐	☐	☐	☐
Monterey County employees should be required to know about past racial and ethnic inequities experienced ONLY by the residents affected in THEIR PROGRAMS SPECIFICALLY to better serve program participants	☐	☐	☐	☐	☐
Monterey County employees should be required to know about past racial and ethnic inequities experienced by ALL residents of Monterey County to better serve the entire community	☐	☐	☐	☐	☐
Monterey County Employees have the influence to ensure County services will serve racial and ethnic communities who experience disparities ONLY after learning about past racial inequities.	☐	☐	☐	☐	☐