



SAN MATEO COUNTY HEALTH  
**PUBLIC HEALTH,  
POLICY & PLANNING**

# **Equity Plan Report**

**San Mateo County Health  
Public Health, Policy & Planning  
March 1, 2024 – March 1, 2025**

*“Any equity effort should be reflected across all services, ideally services provided are multi-faceted and meet the needs across the system. Without unity across divisions, implementation cannot be effective.”*  
- Community Member

## Table of Contents

Message from the Public Health, Policy & Planning Director	2
Acknowledgements	3
Executive Summary	4
Lessons Learned	5
Purpose & Timeline	6
Equity Matters to PHPP	7
Guiding Frameworks & Principles	7
The Role of the Community	8
San Mateo County Health Equity Action Plans	8
Leadership Engagement	9
Staff Engagement	10
Staff Relationship Building & Equity Plan Work Group	12
Presenting the 2024-2025 Equity Plan	14
Implementation	17
Conclusion	18

## Message from the Public Health, Policy & Planning Director



A handwritten signature in black ink that reads "T Jones".

**Tamarra Jones, DrPH**

Director of Public Health, Policy & Planning

Dear PHPP Team,

I am excited to share the Equity Plan for our PHPP programs. This plan outlines the collective work of each team within the division to uplift and advance equity at a program level. This plan is unique because it encompasses each program's dedication to addressing internal and external equity priorities. This plan serves as the foundation for ensuring that equity is a core commitment within the division.

The Equity Plan compliments and builds upon our dedication to equity as highlighted in the San Mateo County Health Racial Equity Action Plan, the PHPP Strategic Plan, and in the framework of the 10 Essential Public Health Services. This plan serves as the first of many annual commitments to advancing equity.

The other distinct aspect of this plan is that its development has been driven and led by the workforce. Thank you to the equity workgroup members for your leadership and commitment to this work.

## Acknowledgements

This equity plan would not be possible without the leadership and guidance of Darryl Lampkin and Deandra Lee of the Health Equity, Policy & Planning team and Dr. Tamarra Jones as former Public Health Equity Officer now Public Health, Policy & Planning Director. It’s vision, development, and implementation are thanks to the intentionality and dedication of the PHPP Equity Plan Work Group and the commitment of PHPP leadership and staff to systems transformation.

Thank you to all the Work Group members, past and present, who have dedicated their time and expertise to bring the Equity Plan to life.

Many hands and hearts have touched and contributed to the fruition of equity as an imperative of public health at Public Health, Policy & Planning including but not limited to the California Department of Public Health Office of Health Equity, San Mateo County Deputy Health Officer Dr. Curtis Chan, community members, and Health Equity, Policy & Planning Health Equity Team interns and work-out-of-class staff.

Administration & Finance <b>Juvy Ann Reyes</b> <b>Mario Navarro</b>	Communicable Disease Control & Prevention (CD) <b>Morgan Peterson</b>	Office of Epidemiology & Evaluation (Epi) <b>Aracely Tamayo</b> <b>Corina Chung</b>
Animal Control & Licensing/Vital Records (ACL/VR) <b>Jovana Nuevo</b> <b>Marian Coronel</b>	Edison & Mobile Clinics (Clinics) <b>Marysol Patino-Orozco</b>	Public Health Laboratory (PH Lab) <b>Kristina Hsieh</b>
Bridges to Wellness <b>Angela Leung</b> <b>Christina Genetti</b> <b>Ky Ngo</b> <b>Nancy Wilson Locke</b>	Health Equity, Policy & Planning <b>Angie Cavazos</b> <b>Sonali Suratkar</b>	TB/STI/HIV Disease Control & Prevention (TB/STI/HIV) <b>Marissa Wagner</b>

The PHPP division within SMC Health consists of nine programs. The PHPP structure includes a manager per program and their respective supervisors, a Public Health Equity Officer, and a Division Director that form the PHPP Leadership team.

The equity plan is facilitated, and report authored, by Nupoor Kulkarni, MPH, Health Equity, Policy & Planning. Please contact [nkulkarni@smcgov.org](mailto:nkulkarni@smcgov.org) for more information.

## Executive Summary

Public health programs are at different places in their equity learning. Equity professionals must honor their pace to move the public health system together. Establishing an equity-focused, workforce-driven work group creates opportunities for shared decision-making and buy-in to explicitly name, embed, and enact equity practices across a public health department. A baseline of equity efforts in the Public Health, Policy & Planning department (PHPP) at San Mateo County Health was established. These findings supported buy-in for the development of a public health Equity Plan with emphasis on workforce engagement and input from all staff via staff discussions and a survey. An Equity Plan work group (WG) was formed with representatives from each PHPP program. Tools were developed and provided to the WG to gather data from program staff for program-specific equity objectives. The WG members acted as liaisons to their program leadership to communicate WG progress, make asks, and to elevate equity work within PHPP as equity champions. The WG also identified PHPP department-wide priority objectives that require all program participation. 134 staff were engaged in the initial data gathering via nine all-staff meetings, with a 94% survey response rate. The WG developed at least two equity objectives for their program—one internal equity infrastructure and one external equity infrastructure—and finalized all objectives with program leadership (18 objectives total). These objectives are now in the implementation phase to embed equity into the PHPP structure via an established and adaptable Equity Plan. Furthermore, this plan is embedded into the upcoming PHPP Strategic Plan as it establishes equity as a strategic imperative requiring continued leadership commitment and allocation of workforce staffing to ensure implementation and adaptation on progress in future years. Finally, this process highlights the need to institutionalize the WG as part of the departmental structure to incorporate equity capacity-building and technical assistance that supports ongoing plan development with sustainable strategies for measurable change.



## Lessons Learned

Equity happens in practice and in process—an equity plan is one method to bring equity into governmental spaces. Institutionalizing and operationalizing equity is the destination.

Below are some key learnings from the Equity Plan development phase.

### Move at the speed of trust

- **Resourcing time** for this work, engaging **all programs** to identify and commit to objectives, **adapting** to support the WG's progress, and including equity concepts and updates in WG and Leadership meetings built trust in the marathon of embedding equity into the PHPP structure.

### Widgets are helpful, but trying is the point

- Data-informed specificity in goals can help monitor progress and measure change, but **system's change requires trying**, recalibrating approaches, adapting, and trying again. Not meeting an objective should not paralyze action.

### Build relationships across all levels of staff

- The **consistency, time, and space** with all PHPP programs to build together is critical to the work of institutionalizing equity.

### Sustainability

- Adapting to meet the WG's needs bends time to **be flexible with those doing the work** to ensure the plan's continuity and success within a traditional governmental system.

### Leveraging existing efforts and frameworks

- Use the momentum of equity commitments and work to **gather evidence** for an organizational equity effort and/or plan.

### Navigating power structures

- **Multiple feedback loops** to gather information from staff, engage program leadership, and update PHPP Leadership consistently allowed the WG to see themselves and their program reflected in this division-wide effort and **build collective power**.

### Provide technical assistance and support

- **Embed trainings, tools, and creative activities** to actualize equity as the core function of the PHPP system by practicing it at the interpersonal and personal levels.

## Purpose & Timeline

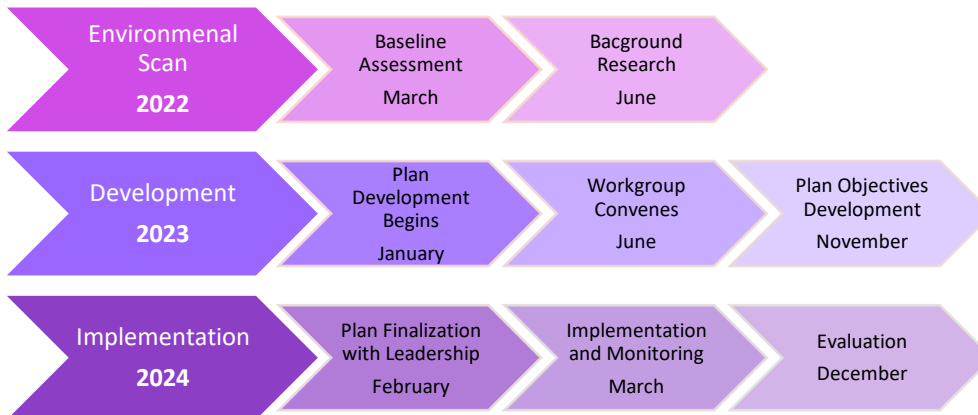
In alignment with the County and other divisions of San Mateo County Health (SMC Health), the PHPP division sought to create an Equity Plan to embed equity principles into PHPP work culture, division operations, and the work we do. This involved the following:

Engaging PHPP leadership and staff to assess program efforts to address equity and gather input on priority focus areas.

Applying learnings and resources from departmental, countywide, GARE and state Equity Plans to inform the PHPP equity plan.

Forming a workgroup with representatives from each program to identify objectives and strategies and execute implementation.

An equity plan is a vehicle to embed equity into public health. It requires building workforce power by leveraging staff knowledge and skillsets to develop and operationalize sustained equity efforts. With staff and leadership committed to shared programmatic objectives, equity is institutionalized through an iterative process of improvement.



The development of the equity plan consisted of the following parts: background research and leadership engagement, staff engagement, equity objectives development, and finalization.

The overall timeline to develop the equity plan was about two years.



## Equity Matters to PHPP

PHPP considers guiding frameworks, direct community input and priorities, and various plans to embed equity into division processes. In 2021, SMC Health received funding from the CDPH California Equitable Recovery Initiative (CERI) alongside 47 local health jurisdictions (LHJs) to advance health equity in California. This statewide direction was a catalyst to guide an equity development process within PHPP. Equity development was informed by CDPH and CDC frameworks, by San Mateo County community, and other internal SMC Health equity plans.

### Guiding Frameworks & Principles

CDPH's Office of Health Equity (OHE) also developed the State Health Equity Plan (SHEP). Processes to develop PHPP's equity plan are in alignment with the SHEP framework.

The 10 Essential Public Health Services ([EPHS](#)) were established in 1994 as a framework that defines public health and distinguishes it from healthcare. The 10 EPHS were revised in 2020 to establish equity as a core function central to the work of public health. In the wake of the pandemic, PHPP has adopted this framework as an organizing principle to mobilize support for continued equity efforts.



Source: Communicable Disease Control revised 10 Essential Public Health Services Framework 2020



## The Role of the Community

In a parallel effort to establish external equity infrastructure, PHPP consulted with various community groups across San Mateo County. Through the [Community Collaboration Process](#), diverse groups of community shared what they imagined an equitable relationship with PHPP could look like; one built on trust, power sharing, and governmental Public Health transparency. This input from community reinforced why PHPP needed to do an equity plan and contributed to securing internal buy-in to develop the equity plan.

## San Mateo County Health Equity Action Plans

From 2016 onward San Mateo County Health created a department-wide Racial Equity Action Plan (REAP), and subsequently, divisions within SMC Health followed to develop their own specific REAPs. Through REAP reviews and stakeholder conversations, we learned that development approaches included top-down leadership-led approaches in which a division leader convened a small committee to design the equity plan, or a management-level staff member with equity experience worked with their respective leadership to develop a plan. Another approach involved sharing a preliminary equity plan structure with staff and identifying leadership-level executive sponsors held accountable to components of the plan.



## Leadership Engagement

CDPH developed a baseline [organizational assessment survey](#) to streamline a process for Local Health Jurisdictions (LHJs) to collect baseline data on their current equity infrastructure to inform future planning for equity. This consisted of twelve (12) [equity focus areas](#) with definitions.

To establish a baseline for our LHJ, the Health Equity, Policy & Planning’s Health Equity Team administered the CDPH survey to the managers of the PHPP division and the Deputy Health Officer of SMC Health. Eight (8) of ten (10) managers responded to the survey. The survey respondents were asked to rate their assessment of the division for each focus area on a six (6) point scale (with one (1) representing early and six (6) representing strong).

The average score for each focus areas was either a two (2) or three (3), half were a ‘2’, in the *‘initial stages of planning or implementation’*, and the other half were ‘3’s, *‘working towards this focus area but not fully achieved’*.

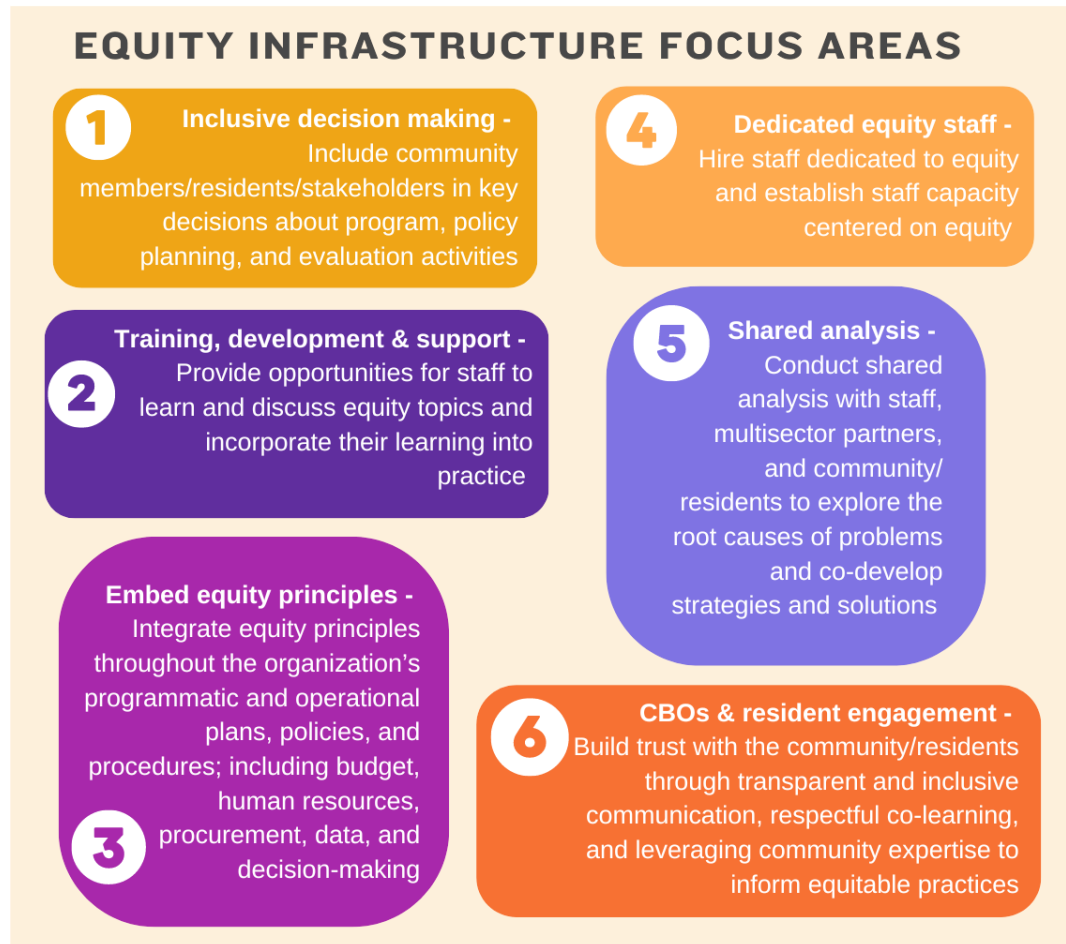
Managers also completed qualitative interviews which provided insight into their program’s approach, perspective, and progress towards equity. From the equity focus areas, leaders prioritized six (6) areas. Three areas consider internal divisional equity infrastructure: **Training, Development and Support, Dedicated Equity Staff, Embed Equity Principles**; and three focus areas consider external community-facing equity infrastructure: **CBO & Residents Engagement, Shared Analysis, and Inclusive Decision Making**.

Focus Area	Score Submitted to State
Diversity & Inclusion	3
Dedicated Equity Staff	3
Training, Development & Support	3
Structures to Build Collaboration	3
CBOs & Resident Engagement	2
Partner Across Sectors	2
Organizational Commitment	3
Funding & Resource Allocation	2
Embed Equity Principles	2
Data Collection & Usage	3
Shared Analysis	2
Inclusive Decision Making	2



Staff were asked to prioritize the six (6) equity focus areas identified by PHPP managers. The highest priority was inclusive decision-making, emphasizing the importance of power-sharing between governmental public health and community. Staff expanded on the definition to include inclusive decision-making *within* PHPP and between leaders and staff on key decisions about program, policy, and evaluation activities. Training, development, and support was the second most selected priority, confirming the need for a shared understanding and open learning environment to expand application of equity principles in public health practice.

Staff provide an equity lens with their insight into the day-to-day operations of PHPP. Additionally, staff's direct interactions with community members and clients offers a connection to equity possibilities and challenges for community.



## Staff Relationship-Building & the Equity Plan Work Group

From the all-staff survey, engagement with leadership, and learnings from other Health divisions' approaches, the team selected a staff-represented and -led approach to guide the development of the PHPP Equity Plan. Each program manager was asked to identify one (1) – two (2) staff members to represent their program in the Equity Plan Work Group (WG). The WG consisted of about 13 staff, including frontline staff, supervisors, and managers.

### Work Group Goals

The WG agreed upon the following goals for development of the equity plan:

- To create a collective PHPP Equity Plan where
  - each program is reflected in the equity efforts,
  - the objectives contribute to the PHPP mission,
  - the activities are feasible, measurable, and have sustainable outcomes and
  - the WG members keep our programs updated on our progress.

After plan development, the intent is to have the WG champion the Equity Plan and support their program's implementation. This includes the WG members highlighting objectives' progress through reporting, gathering program input, and sharing tools and other learnings.

### Process

The WG was provided worksheets and guidance to [gather data](#) and develop [program objectives](#), a timeline, and [action steps](#) with their teams. The WG worked closely with the Health Equity Team and their program leadership to identify at least one (1) internal and one (1) external objective for their program (18 objective total, two (2) per program).

Considerations for the objectives included:

- relevance to the work of the program
- feasibility of the activity within one year
- resources needed
- expected impact of the equity objective on the program(s) and the communities served

Once program leadership reviewed and approved their equity objectives, the Public Health Equity Officer and PHPP Director approved the program equity objectives.

The development process was intensive and dedicated. It included holding individual program meetings (along with the monthly WG meetings) that included technical assistance for the WG members and time for leaders to ask questions to build their understanding of the plan. This process helped to promote consistent exposure to the plan and buy-in of all parties.

Additionally, the WG’s engagement with their leadership included some programs setting aside dedicated time for the WG member to provide quick monthly updates at all staff meetings, while others met on a monthly cadence to update their leaders. This feedback loop helped establish co-ownership of the equity plan’s work with the WG member(s) and within their programs.

During program objectives development, the team identified an opportunity to incorporate trainings on equity tools and resources, such as the GARE Racial Equity Toolkit. The team adapted to offer trainings alongside objectives development to offer new methods for WG members to consider their objectives and how their programs approach day-to-day work and new projects (referenced in the Equity Tools – Equity Plan Development visual). This ensures that equity work is held by all public health practitioners, not just those with assigned equity-specific roles. This also expanded the equity team’s capacity to offer technical assistance and consultation support to programs as they consider equity in their work.








## 2024-2025 Equity Plan

The PHPP Equity Plan officially launched in March 2024. The Equity Plan is designed to be iterated and evaluated annually as progress is made on objectives and new priorities develop. As such, this plan is embedded into the upcoming PHPP Strategic Plan as it establishes equity as a strategic imperative that requires continued leadership commitment and allocation of workforce staffing to ensure implementation and adaptation for progress in future years. It includes two objectives per program, with the exception of one (1) program (17 objectives total).

Majority of programs (six of nine) identified a training requirement objective. Three (3) focused on embedding equity principles into the PHPP workforce, PHPP practices, and service delivery. And eight identified a community-engagement focused objective or a shared analysis objective that involves community in assessments of data and information.

Program	Equity Objectives	Equity Focus Areas
 <p><b>Administration &amp; Finance</b></p>	<p><b>Internal:</b> By March 1, 2025, 50% of Finance staff will be trained on applying an equity lens to budgets via a budget equity trainings/tool. -----</p> <p><b>External:</b> By March 1, 2025, Finance will identify a potential intervention to increase opportunities for supplier diversity in response to the County's Supplier Diversity Study.</p>	<p><b>Internal: Training, development &amp; support:</b> Provide opportunities for staff to learn and discuss equity topics and incorporate their learning into practice. -----</p> <p><b>External: CBOs &amp; resident engagement:</b> Build trust with the community/residents through transparent and inclusive communication, respectful co-learning, and leveraging community expertise to inform equitable practices.</p>
 <p><b>Animal Control &amp; Licensing/Vital Records (ACL/VR)</b></p>	<p><b>Internal:</b> By March 1, 2025, VR/ACL will establish equity training guidelines for new and existing employees and offer opportunities for annual training to new and existing staff. -----</p> <p><b>External:</b> By March 1, 2025, VR/ACL will translate at least 2 program documents into the 3 most spoken threshold languages.</p>	<p><b>Internal: Training, development &amp; support:</b> Provide opportunities for staff to learn and discuss equity topics and incorporate their learning into practice. -----</p> <p><b>External: CBOs &amp; resident engagement:</b> Build trust with the community/residents through transparent and inclusive communication, respectful co-learning, and leveraging community expertise to inform equitable practices.</p>

Program	Equity Objectives	Equity Focus Areas
 <p><b>Bridges to Wellness (BTW)</b></p>	<p><b>Internal:</b> By March 1, 2025, BTW will establish an equity training policy for new and existing employees and offer opportunities for annual training to new and existing staff.</p> <p><b>External:</b> By March 1, 2025, BTW will apply an equity tool to update their current client survey.</p>	<p><b>Internal: Training, development &amp; support:</b> Provide opportunities for staff to learn and discuss equity topics and incorporate their learning into practice.</p> <p>-----</p> <p><b>External: Shared analysis:</b> Conduct shared analysis with staff, multisector partners, and community/ residents to explore the root causes of problems and co-develop strategies and solution.</p>
 <p><b>Communicable Disease Control (CD)</b></p>	<p><b>Internal:</b> By March 1, 2025, CD will establish an equity training requirement for new and existing employees and offer opportunities for annual training to new and existing staff. One out of two team meetings each month will have at least 10 minutes allocated for equity discussion throughout 2024 but will likely continue indefinitely.</p> <p>-----</p> <p><b>External:</b> By March 1, 2025, CD will utilize their new position (health educator) to develop a standardized process to target and address communities who are overburdened by disease and provide education about communicable disease prevention and access to care for the primary disease-of-need. One out of two team meetings each month will have at least 10 minutes allocated for equity discussion throughout 2024 but will likely continue indefinitely.</p>	<p><b>Internal: Training, development &amp; support:</b> Provide opportunities for staff to learn and discuss equity topics and incorporate their learning into practice.</p> <p>-----</p> <p><b>External: CBOs &amp; resident engagement:</b> Build trust with the community/residents through transparent and inclusive communication, respectful co-learning, and leveraging community expertise to inform equitable practices.</p>
 <p><b>Edison &amp; Mobile Clinics (Clinics)</b></p>	<p><b>Internal:</b> By March 1, 2025, Clinics will develop and maintain a process for staff to care for their wellness.</p> <p>-----</p> <p><b>External:</b> By March 1, 2025, the Clinics will identify, establish, and publicize accessible locations for Mobile Clinic operations to reach equity-priority communities.</p>	<p><b>Internal: Embed equity principles:</b> Integrate equity principles throughout the organization’s programmatic and operational plans, policies, and procedures; including budget, human resources, procurement, data, and decision-making.</p> <p>-----</p> <p><b>External: CBOs &amp; resident engagement:</b> Build trust with the community/residents through transparent and inclusive communication, respectful co-learning, and leveraging community expertise to inform equitable practices.</p>

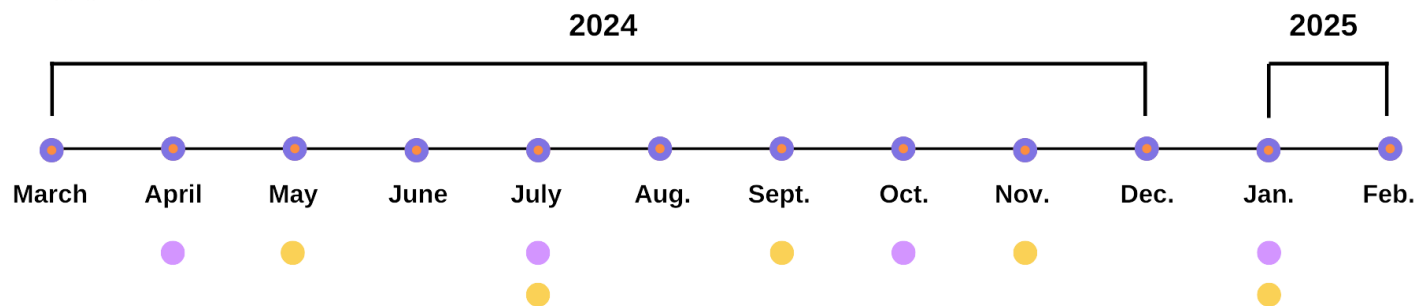
Program	Equity Objectives	Equity Focus Areas
 <p><b>Health Equity, Policy &amp; Planning</b></p>	<p><b>Internal:</b> By March 1, 2025, Health Equity, Policy &amp; Planning will develop a process to collect and share equity technical assistance tools and resources. -----</p> <p><b>External:</b> By March 1, 2025, the Healthy Schools &amp; Communities team will work with peer jurisdictions to co-design a statewide equity framework, inclusive of community guidance, for CalFresh Healthy Living in order to train and support local staff in integrating equity into existing workplans.</p>	<p><b>Internal: Embed equity principles:</b> Integrate equity principles throughout the organization’s programmatic and operational plans, policies, and procedures; including budget, human resources, procurement, data, and decision-making. -----</p> <p><b>External: Shared analysis:</b> Conduct shared analysis with staff, multisector partners, and community/ residents to explore the root causes of problems and co-develop strategies and solution.</p>
 <p><b>Office of Epidemiology &amp; Evaluation (EPI)</b></p>	<p><b>Internal:</b> By March 1, 2025, Epi will share and present out information on equity-priority communities and highlights of the county health status assessment to six programs (in and beyond PHPP) to examine how data can best align with the specific goals and objectives of public health programs, and in addressing pressing health issues in the community. -----</p> <p><b>External:</b> By March 1, 2025, Epi will share and present out information to four community-based organizations serving SMC equity priority communities regarding the health and health related indicators specific to the mission of the CBOs.</p>	<p><b>Internal: Inclusive Decision Making:</b> Include community members, residents, stakeholders in key decisions about program, policy planning, and evaluation activities. -----</p> <p><b>External: Inclusive Decision Making:</b> Include community members, residents, stakeholders in key decisions about program, policy planning, and evaluation activities.</p>
 <p><b>Public Health Laboratory (PH Lab)</b></p>	<p><b>Internal:</b> By March 1, 2025, the PH Lab will establish an equity training policy for new and existing employees and offer opportunities for annual training to new and existing staff. -----</p> <p><b>External:</b> N/A; PH Lab will focus internally this year.</p>	<p><b>Internal: Training, development &amp; support:</b> Provide opportunities for staff to learn and discuss equity topics and incorporate their learning into practice. -----</p> <p><b>External:</b> N/A</p>
 <p><b>TB/STI/HIV Disease Control &amp; Prevention (TB/STI/HIV)</b></p>	<p><b>Internal:</b> By March 1, 2025 STI/HIV/TB will provide education and training resources for career advancement to staff such as, but not limited to; attending conferences, phlebotomist training, excel classes and demos, trainings from CDPH, etc. -----</p> <p><b>External:</b> By March 1, 2025 STI/HIV/TB will ensure all forms (especially requiring client signature and/or all forms used in the course of client treatment) are available in the language of the program’s target population and include infographics/other visual aids for less literate.</p>	<p><b>Internal: Embed equity principles:</b> Integrate equity principles throughout the organization’s programmatic and operational plans, policies, and procedures; including budget, human resources, procurement, data, and decision-making. -----</p> <p><b>External: CBOs &amp; resident engagement:</b> Build trust with the community/residents through transparent and inclusive communication, respectful co-learning, and leveraging community expertise to inform equitable practices.</p>

## Implementation

The implementation strategy involves continued monthly meetings with the WG to monitor progress on objectives, troubleshoot and share challenges and successes across programs, communicate high-level progress to the PHPP division, and elevate needs to the Public Health Equity Officer.

### Implementation Phase (March 2024 - March 2025)

- **Monthly Progress Check-Ins**  
 Work Group members + Public Health Equity Officer on program and Division objectives;  
 Starts in March
- **Quarterly Update to PHPP Leadership**  
 Report on progress, lessons learned, and what was addressed in the system' shared quarterly at Leadership meetings;  
 Starts in April and occurs April, July, Oct., and Jan. 2025
- **Monthly Optional Technical Assistance Office Hours**  
 Open to WG members and program leadership and staff looking for support, resources etc.;  
 Starts in March
- **Bimonthly Equity Plan Highlights in "Public Health Matters"**  
 Program's progress, learnings, division progress;  
 Starts in May



*“Create a resource sharing platform. Facilitate cross-program learning to learn about available resources that we can provide to clients. Better resource referral process.”  
- PHPP Staff*

## Conclusion

This model of a workforce-driven equity plan is a first for the PHPP system. It sought to foster collaboration, creativity, and shared decision-making with the workforce. It required consistency for trust-building and buy-in with leadership, all staff, and the WG members. This consistency protects its sustainability. It also serves to mirror how public health institutions seek to equitably engage community in decision-making and interventions. Serendipitously, the equity plan happened concurrently with the beginnings of PHPP's strategic plan. The WG will support embedding equity as a cross cutting strategy in the PHPP strategic plan. For sustainable change, the equity plan will be evaluated and iterated upon yearly alongside the strategic plan of three to five years. PHPP must continue to center equity to ensure a just present and future for our staff and communities we serve.







**Equity Plan Report 2024-2025**