# A Case Study of the Equity Initiative of Montgomery County Department of Health and Human Services with Technical Assistance from CommonHealth Action

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LEADERSHIP STRATEGIES

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# EXECUTIVE SUMMARY

Over five years, beginning in 2008, the Consumer Health Foundation has invested in the equity efforts of the Montgomery County Department of Health and Human Services. With technical assistance from CommonHealth ACTION, the Department has outlined a definition and principles for equity, and begun integrating them into decision-making structures, programming, customer service training, and communications efforts. Department staffers, imbued with greater skills and confidence to talk about equity, have become informal ambassadors, linking equity concepts into the work of other agencies and efforts across the county.

These results are impressive, especially in light of a number of challenges facing the work. For example, few models existed for this work five years ago. The economic downturn constrained the Department's resources and lowered staff morale, while also bringing urgency to the equity work. Staff turnover challenged the project's momentum. Philosophically, tension over whether to focus on race explicitly or all equity concerns equally continues to challenge the process.

The project revealed several lessons that can be instructive as this project moves forward, as well as to others engaging in similar work:

1.  Equity work is a lifelong learning and developmental process.

2.  You can't short the process – and there are ways to shorten the process.

3.  Lead from the top down and bottom up.

4.  Focus explicitly on race within a broader equity framework.

5.  Bring the community in – and take the conversation out.

Next steps for the Department include expanding the conversation internally, embedding equity into policies and practices, connecting it to other Department initiatives, and making the commitment to equity more public. This project also offers several questions for reflection to the Foundation, particularly as it determines the various ways to invest in and move forward its commitment to equity.

This case study is designed as a tool for learning and development – to the Foundation as well as to its grantee partners. Thanks to staff of the Montgomery County Department of Health and Human Services and CommonHealth ACTION for sharing their honest reflections in the spirit of learning.

# INTRODUCTION

The mission of the Consumer Health Foundation is to achieve health justice in the Washington, D.C. region through activities that advance the health and well being of historically underserved communities.

To meet that mission, the Foundation has invested in building the equity capacity of its grantees. Recognizing that different organizational contexts require different types of processes and interventions in order to institutionalize equity, the Foundation has steered away from a singular approach, but rather has "built a movement of people in their own institutions who are trying to work on these issues in their own ways," and then created mechanisms for those people to connect with and learn from each other. This case study is intended to contribute to that learning.

Beginning with a grant in 2008 to support a "Disparities Self-Assessment", the Foundation has invested over five years in the equity efforts of the Montgomery County Department of Health and Human Services (the Department, MCDHHS), which has 1600 staff people. To this end, grants have been made directly to the Department as well as to CommonHealth ACTION (CHA), a national nonprofit public health organization with a depth of knowledge and experience on equity change processes, to provide targeted technical assistance to the Department. In turn, the Department made a considerable investment in the form of personnel who participated at various levels of this project, including 15 staff who participated in the Equity Work Group (EWG) that stewarded the process. This case study provides a reflection of the work to date and uplifts lessons that can inform the Foundation as well as the Department and CHA as they proceed with their respective efforts to advance equity.

A total of 12 people informed this reflection: five members of the Equity Work Group at MCDHHS, three CHA consultants who worked with the Department over the five-year period, two community-based partners, and two current and former Foundation program officers who worked closely with this grant. Collectively, these key informants reflected thoughtfully and honestly about the challenges of the work and what they learned through the process. While everyone offered examples of results that had been accomplished, generally speaking, interviewees tended to under-estimate the success of this effort. At the very least, this case study can serve as a mirror of the many important results that have come out of the work, as well as point to next steps needed to continue and build on progress.

## Why a Department of Health and Human Services?

For a Foundation that typically makes grants to nonprofit organizations, an investment of this scale in a government agency stands out. Given the disproportionate representation of people

of color accessing the services of a department of health and human services, and recognizing that government itself is one site where inequities are produced, this grant offered a unique opportunity to focus on an institution with significant power to influence community outcomes.

Further, the Foundation saw an opportunity to invest in a system leader like Uma Ahluwalia who was committed to equity and willing to take a hard look internally at how the Department's own actions might be contributing to inequity. Ahluwalia reflected, "Do we have policies, practices, processes, and capacities that steer people touching our system to predetermined outcomes?" This can be a difficult question to ask, especially for a Department that attracts staff people who have dedicated their professional lives to helping people and have an inherent commitment to justice and equity. To turn the lens inward and ask difficult questions like these requires courage and fortitude. Partnering with this kind of leader, one who champions equity and welcomes the self-scrutiny that comes with it, provides a unique opportunity to effect change.

As described below, working with a consolidated department of health and human services also brought particular challenges. But the overall opportunity should not be dismissed. Doing equity work anywhere is difficult; the particular difficulties of this experience do not suggest that investing here was a mistake. Quite the contrary. What has been and can be accomplished could have profound impact on the citizens of Maryland, as well as serve as a model across the country.

## What does it mean to operate with an equity lens?

CHA provided technical assistance to MCDHHS so that it could sharpen its "equity lens" and subsequently improve its services to the community. As described below, one necessary and important challenge of the work was to define "equity" in terms that were most relevant and resonant to the diverse staff and programming of a consolidated department of health and human services. The process as well as the resulting definition will be discussed in greater detail in the following sections. For the sake of accelerating the understanding of readers of this case study, CHA's articulation of what it means to operate with an "equity lens" can be helpful:

- Recognizing the equity impact of decisions – i.e., that decisions are not "equity neutral," but do have some impact, positive or negative, on equity.

- Considering who bears the burdens and who receives the benefits of decisions.

- Making resource cuts and investments to spread the burdens and benefits.

- Embedding this orientation in policies and practices in order to move from individual perspective transformation to institutional perspective transformation.

## Work to date

CHA has worked with MCDHHS since 2008 and specifically with the project leadership team known as the Equity Work Group since November 2009. Equity work is, by its nature, an evolving learning process. While there may be some initial motivation to "become more equitable," specific outcomes are hard to predict at the beginning of the process. Like others who have embarked on this journey, MCDHHS had to learn more about equity, and what was possible, in order to understand what equity means to the Department, the rationale for focusing on equity and building the Department's equity capacity, ways equity can be applied to the actual work of the Department, and specific outcomes that can be achieved.

Last year, MCDHHS developed a logic model for its equity work, identifying four long-term impacts:

1. Residents who need services can equitably access and receive what they need, when they need it, and where they need it.

2. Services and programs are delivered in a manner compatible with consumers' cultural beliefs, practices, and preferred language.

3. MCDHHS workforce has the capacity, support, and resources to achieve equity.

4. MCDHHS and the health and human services continuum have a shared understanding and commitment to equity.

In some ways, five years of focused, intensive work has gotten the Department to the starting point of its equity efforts. It is now poised to develop and implement an action plan that will bring equity to life through the Department's policies and practices, programs, and relationships with clients and partners.

The following sections describe the many results that have been accomplished, the challenges of doing this work, lessons learned, and next steps.

# RESULTS OF EQUITY WORK AT MCDHHS

Equity work is complex and there simply cannot be any shortcuts; the struggle itself is part of the learning process and helps solidify commitment to the change that is necessary. The majority of results enumerated by staff and consultants are process results – i.e., they position the Department for further work. But these cannot be underestimated in either the significance of the accomplishments or the potential for greater impact that they enable.

1.  First and foremost, the MCDHHS Equity Work Group clarified its definition of equity in a way that was particularly relevant and resonant with its context, mission, and programming:

    > *Equity refers to fair policies, decisions, and actions by MCDHHS when impacting the lives of people.*

    The EWG broadened and solidified its understanding of equity by articulating five equity principles: Dignity, Elimination of Disparities, Access, Distribution of Resources, and Community Engagement and Participation. (The full equity definition is included as an attachment to this case study.)

    As one EWG member explained, "It's fair practices for the way we work with clients, treat staff, develop policy, and make plans. It's equitable decisions about who gets resources and who doesn't. It's about asking, are we excluding folks we should be serving? At the line level, it's what it means for interactions with the people we serve."

2.  With this clarity, equity is being discussed at MCDHHS more explicitly than in the past, especially among the senior leadership level in its decision making. EWG members report that even staff who have not been directly involved in the process are asking "are we looking at equity?" in all sorts of discussions. The EWG has developed an Equity Decision Making Guide to help managers and leaders think systematically about the equity impact of decisions, bringing the five principles to life with questions like:

    - Will the decision help eliminate disparities?
    - Does the decision promote or improve access to services?
    - Have you considered who will be the most and least advantaged by your decision?
    - Are the voices of all groups affected by the decision at the table?

    One staffer reported that when the Department thought it would need to cut the budget again this past year, the team brought out the guide to help in its decision making. Though the budget ended up being spared, it was a good exercise and an important

example of the Department's willingness to use equity principles in real-life decisions.

3. Equity principles also were applied to a 2011 assessment of the minority health programs serving African American, Latino, and Asian communities. The assessment recommended that a focus on equity, social determinants of health, and the elimination of racial and ethnic disparities be further integrated into these programs. Further, the road map acknowledged that responsibility for this work could not lie solely with three discrete programs, but needed to be embedded across MCDHHS programs and operations. While population-specific interventions will continue through the three minority health initiatives, a new Leadership Institute for Equity and Elimination of Disparities will bring together and coordinate the work of the minority health programs, the Equity Work Group, and related outreach functions in order bring a unified, system-wide approach at DHHS.

4. MCDHHS reports that, thanks to the sharpened equity lens, the Department is tracking data in a very sophisticated way to get a more accurate picture of where needs lie. Colleagues from a community-based organization commended the Department's "Neighborhood Opportunity Network" as an example of paying attention to the data and responding with a strategy that intentionally "privileges isolated, marginalized people in the community" by taking health and human services directly into the communities where accessibility to the system's resources is a challenge. While this initiative was not a direct result of the equity work, it arises from the same commitment and reflects the growing capability to design programs with explicit attention to equity outcomes.

5. Though more work lies ahead, the equity principles have started to expand internally throughout the Department. A recent customer service training integrated the equity lens. A communications plan is almost completed and will help further disseminate the work throughout the organization.

6. In addition to becoming more aware about what equity is and how it applies to their work, Department staffers are becoming more confident and brave – and thus more committed to equity. This surely will help as the equity work rolls out internally, but is equally important externally. While the Department has not yet made a public statement about its equity work, or shared its thinking and progress explicitly with partners, the internal efforts cannot help but have a ripple effect. As Department staffers engage with other committees and initiatives in the community, such as land use planning, they naturally bring their equity lens and language into cross-agency and –county work.

The results MCDHHS has achieved are impressive – all the more so when considered in the context of some daunting challenges, as described in the following section.

# CHALLENGES TO MCDHHS'S EQUITY EFFORTS

Overall, the challenges can be summed up by two sentiments expressed by MCDHHS staff:

⇨　"I didn't think it would take so long."

⇨　"I thought we would do more."

While the results enumerated above counter the second quote, no doubt Department staff underestimated the complexity of equity work when they embarked on this path five years ago. Working out the logic model last year brought into stark relief what a huge scope of work they were undertaking. MCDHHS staff as well as their consultants from CHA reflected on a number of challenges they encountered over the course of this project.

A.　Five years ago, equity work was still fairly new, and few models existed – especially of a consolidated county-level department of health and human services. This created the fundamental challenge of not being able to see a path or destination point for this work. To be sure, this also opened an opportunity – to experiment, innovate, and model for others. But in general, EWG members found it hard to get their arms around the work and sometimes felt overwhelmed by the enormity and ambiguity of the task.

B.　As a consolidated health and human services department, MCDHHS runs a large number and diversity of programs, and also has a widely diverse population walking through its doors. In some ways, this is a perfect match for equity work. A multi-issue organization that touches multiple systems – like health, child welfare, housing, employment – seems ideally suited for complex systems change that cannot be achieved by a single-issue organization. And yet, this also means that different subcultures and ways of doing the work are constantly being negotiated internally. As a result, MCDHHS took even longer than most organizations to build consensus about the equity work on both sides of the health and human services house.

*These two challenges – the lack of models to follow and the complexity of the consolidated department – contributed to the following challenge…*

C.　The EWG discovered that it needed to spend considerable time defining what equity means to the Department and articulating how it would affect people's work. Though everyone acknowledged the value of the struggle to create core definitions, as it created true buy-in to the process, they also expressed a wish that it had been less long and painful. To some, the exercise felt somewhat academic, and they grew impatient with waiting to see the practical application of equity.

*This fear was in part driven by the following challenge…*

D.  This work coincided with the economic downturn, which in turn tightened resources and lowered morale. It created pressure and put everyone on edge – thus exacerbating the fears that EWG members felt about making a mistake with the equity work. At the same time, the economic situation also helped create a rationale and sense of urgency for the equity work – the Department literally needed to do its work differently in order to meet the needs of the community with fewer resources.

E.  A related challenge came from the nature of bureaucracy – in a consensus process, who has the authority to make decisions? While the leadership of Department head Uma Ahluwalia was critical to initiating the work and driving it forward, she recognized that the EWG needed to struggle together and make decisions as a team in order for any results to stick. As a result, some decisions took longer to make. Also, it was sometimes unclear when a decision was truly final, which made it difficult to put an end point to one discussion or activity and be able to move on to the next.

F.  Further, staffing the project proved challenging. Internally, there was recognition that, ultimately, the work needs to be everyone's responsibility. But until it is fully institutionalized, it also needs dedicated staff who can focus on moving the work forward day in and day out. Three people have occupied the equity planner position in the five years of the project. This turnover has made it difficult to keep up the momentum.

G.  Likewise, the EWG had turnover in its external consultants. While the assistance from CHA was invaluable, the EWG was challenged by not having a consistent point person over the life of the project.

H.  While the Foundation's annual investment was not insignificant, as is often the case, the scope of work exceeded the resources available.

I.  Finally, one key challenge emerged from the beginning and continues to cause some discomfort: the inability to reconcile whether equity work should focus primarily on race or encompass a full range of social structures and identities, such as gender, sexuality, class, age, ability, etc. While not diametrically opposed, EWG members and their CHA consultants had subtle differences in perspective that became most prominent during the definitional process.

On one hand, EWG members felt strongly that, because the Department serves such a diverse population and set of needs, the equity work needed to encompass all identities. Thus, their understanding of equity **emphasized** but did not **solely** focus on race.

> While the distance between the Department's and CHA's perspectives seems small, it cuts deep. The point is not that either MCDHHS or CHA is right or wrong about how to frame the equity issues, but that even a subtle tension can have profound impact on the process and results.

While not easy or comfortable to address, these challenges created a rich context for the project. From this process, several important lessons emerged that can be instructive to MCDHHS, as well as to CHA and the Foundation, as each entity proceeds with its respective equity efforts.

# LESSONS LEARNED

*"We always thought we got it," said one EWG member, "and then we realized we didn't."*

1. The most obvious lesson is that equity work is a lifelong learning and developmental process. While specific documents or activities or other tangible products help point to the concrete results of equity work, the most important change is in mindset. "It's the approach to how you do your work," explained one Department staffer.

*Interviewees articulated these additional cross-cutting lessons:*

2. **You can't short the process – and the process could have been shortened**. While all agreed that the struggle to articulate definitions, values, and outcomes helped create buy-in, it came at a cost in terms of people's stamina and focus. From a purely tactical perspective, CHA reflected that trying to work with a group of 15 to make decisions each step of the way was impractical; the group made most progress when sub-groups of three or four worked on a specific piece and then brought a recommendation to the full group. Further, some upfront training on key concepts and language might have jump-started the process of adapting a conceptual framework specific to MCDHHS's context. CHA has a lot of experience and expertise on equity, but also has an approach to facilitation that emphasizes group discovery; perhaps this balance could have shifted to enable more knowledge transfer from CHA to the EWG, at least as a starting point for its work.

   Both MCDHHS and CHA agreed that the best learning and progress came from the examples about and presentations from other jurisdictions, such as King County (Seattle). Though not an exact mirror of MCDHHS, these examples made the equity work less abstract, provided a model to adapt, and most importantly, sent the message that change is possible and MCDHHS is not alone in trying to make the change. Other examples and models also might have been helpful.

3. **Lead from the top down and bottom up**. While having a champion at the top of the organization definitely jump started the work, the kind of culture shift that equity entails requires leadership from all levels of the organization. The Department will be an equitable organization only when the values and skills of equity, penetrate all levels and aspects of the work.

4. **Focus explicitly on race within a broader equity framework**. To be sure, MCDHHS serves the full spectrum of county residents, and thus intersects with every –ism imaginable. Equity in its fullest sense certainly requires removing barriers of all kinds. And

yet, the very nature of structural racism makes it particularly salient to the place-based work of a county-level department of health and human services. Race has been very literally structured into the physical landscape, neighborhood configurations, and zip codes. As a result, life outcomes can be predicted on the basis of the intersection of race and place. Finding that sweet spot where race can be explicitly highlighted without overlooking the importance of other equity issues is challenging but critical to this work having any real focus or impact.

5. **Bring the community in – and take the conversation out**. While the MCDHHS team understandably wants to do its own work and make progress before involving others, engaging a broader constituency might accelerate the work. A community advisory team could have provided important insights into how equity plays out in the day-to-day experience of constituents interacting with the Department, helping to push the definitional work along. Further, stating publicly that the Department was engaging in internal reflection and conversation about equity might have catalyzed others to take on similar work, thus creating a critical mass of support for community-wide systems change.

# NEXT STEPS FOR MCDHHS

With these lessons under its belt, MCDHHS is poised for the next steps in its equity journey:

⇨ **Expand the equity conversation** internally to all managers and front line staff, getting a critical mass of employees trained in equity. One EWG member noted, "If managers always have [equity] in their minds when they are working with staff, then it will become second nature for staff working with clients."

⇨ **Embed the equity work** in every nook and cranny of the Department – especially prominent and influential systems like personnel policies, new employee orientation, and performance appraisal mechanisms, as well as making it an explicit part of planning any new service. This will ensure that the work will outlast any specific people who are attached to it, while also making sure it remains top of mind and doesn't get lost.

⇨ Be sure to **frame other Department initiatives** – like technology modernization, roll-out of the Affordable Care Act, and ongoing investment in customer service – in the language of equity so that these do not become discrete, competing efforts.

⇨ **Go public** with the commitment to equity and engage other parts of county government and community partners. Past success with language access and the Neighborhood Opportunity Network – both of which embody equity principles, incidentally – set the stage for MCDHHS to catalyze county-wide change.
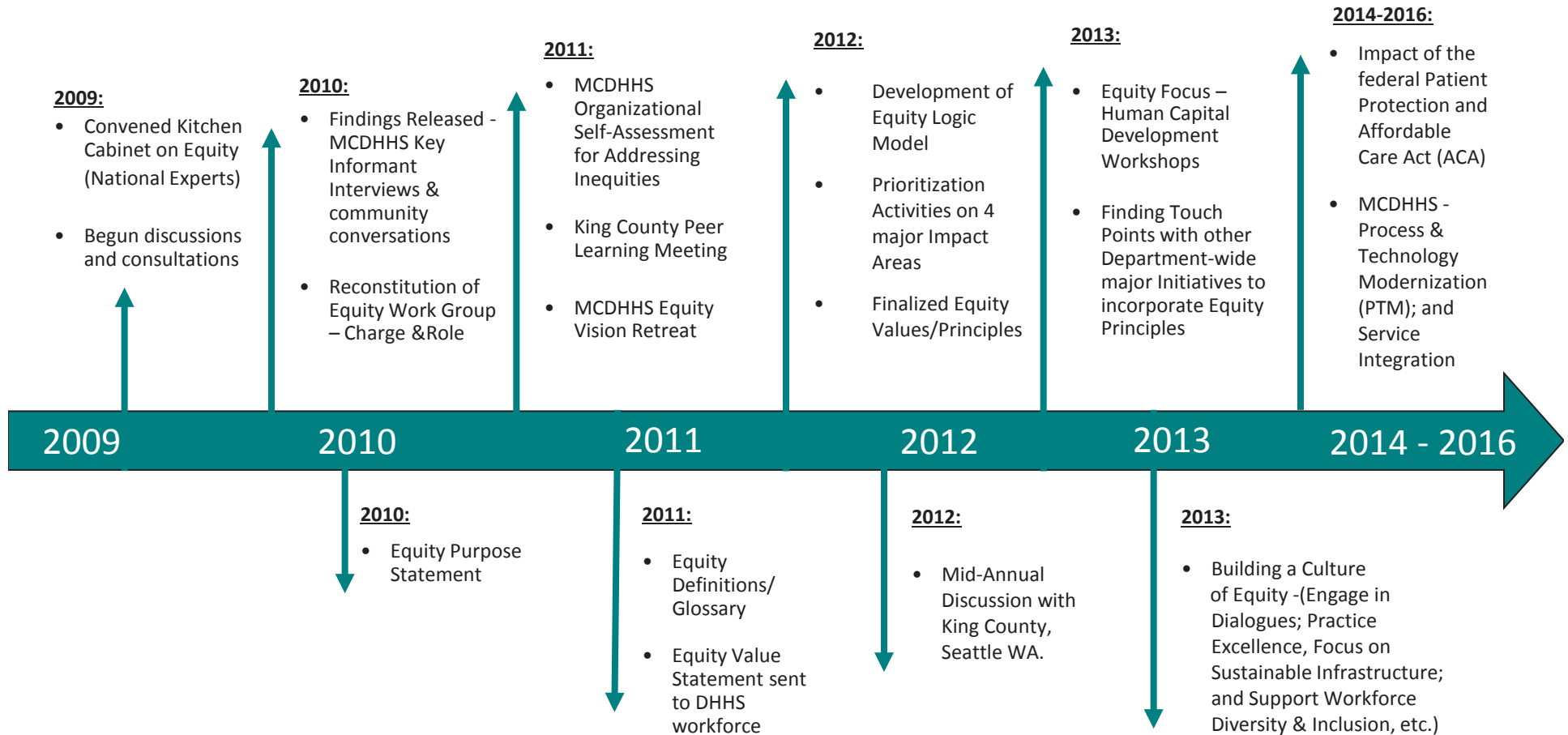
# REFLECTION QUESTIONS FOR THE FOUNDATION

Equally, the Foundation can integrate these learnings and consider its own next steps by addressing the following questions:

1. What is the adequate investment in an equity change initiative? Recognizing that the Foundation is a relatively small funder, and sees itself as a first investor rather than the sole one in any endeavor, how can the Foundation ensure that grantees are pursuing and mobilizing all needed resources to position the project for success? And what additional resources can be catalyzed or leveraged to enable the work to happen at the depth and pace needed?

2. What is the right level at which to intervene in order to catalyze community change? The King County (Seattle) example suggests the importance of working with a county executive to drive change across multiple agencies simultaneously. And yet, this level of commitment is rare. How can the work of one organization, regardless of its size or scope or position in the community, be an entry point for equity across a field or geography?

3. How can the Foundation engage leaders of important and influential community institutions who are not yet bought into or skilled to lead on equity?

4. How does personal work to change the values, attitudes, and behaviors of individuals fit into a conceptual framework of systems change? Does changing policies change behaviors, or vice versa? What kinds of interventions will hold the work in proper balance?

5. How can the Foundation support future initiatives of this scope and scale within its overall, multi-faceted approach to racial equity?

The Foundation, as well as its grantee partners MCDHHS and CHA, are to be commended for their deep and thoughtful work and their willingness to stick with it through the inevitable challenges that arose over the first five years of the project. This reflection points to the many meaningful results that have been achieved thus far, as well as specific opportunities to continue moving forward in the lifelong journey toward equity.

# MCDHHS Equity Milestones



**2009:**
- Convened Kitchen Cabinet on Equity (National Experts)
- Begun discussions and consultations

**2010:**
- Findings Released - MCDHHS Key Informant Interviews & community conversations
- Reconstitution of Equity Work Group – Charge &Role

**2011:**
- MCDHHS Organizational Self-Assessment for Addressing Inequities
- King County Peer Learning Meeting
- MCDHHS Equity Vision Retreat

**2012:**
- Development of Equity Logic Model
- Prioritization Activities on 4 major Impact Areas
- Finalized Equity Values/Principles

**2013:**
- Equity Focus – Human Capital Development Workshops
- Finding Touch Points with other Department-wide major Initiatives to incorporate Equity Principles

**2014-2016:**
- Impact of the federal Patient Protection and Affordable Care Act (ACA)
- MCDHHS - Process & Technology Modernization (PTM); and Service Integration

| 2009 | 2010 | 2011 | 2012 | 2013 | 2014 - 2016 |

**2010:**
- Equity Purpose Statement

**2011:**
- Equity Definitions/ Glossary
- Equity Value Statement sent to DHHS workforce

**2012:**
- Mid-Annual Discussion with King County, Seattle WA.

**2013:**
- Building a Culture of Equity -(Engage in Dialogues; Practice Excellence, Focus on Sustainable Infrastructure; and Support Workforce Diversity & Inclusion, etc.)

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# Equity…
## MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

## ACHIEVING A HEALTHY, SAFE AND STRONG MONTGOMERY COUNTY

**Equity** refers to fair policies, decisions, and actions by the Montgomery County Department of Health and Human Services when impacting the lives of people.

**Equity** is a value of fairness that guides the way that Montgomery County Department of Health and Human Services works with customers, staff, and community to promote health, safety, well-being and self-sufficiency.

Together we build a culture of inclusion, a Department that tailors its approaches to achieve the best possible outcomes for the communities and customers we serve.

Our Equity Principles address five major areas:

**Dignity** – We believe that all individuals should be treated with dignity and respect.

**Elimination of Disparities** – We believe in preventing and eliminating social and health disparities to achieve optimal health and well being.

**Access** – We believe in ensuring access to effective and high quality services that meet people's needs, when they need them, delivered by a professional workforce which is competent to provide those services in a caring and respectful manner.

**Distribution of Resources** – We believe that the resources of the Department should be distributed in a manner that maximizes the health, safety, well-being and self-sufficiency of the community as a whole.

**Community Engagement and Participation** – We believe that our diverse communities should be meaningfully engaged in providing input and feedback on policies, practices and services.

**CHARGE AND ROLE -** To improve the Department's capacity to serve the community and fulfill its mission to eliminate inequities in health and human services, including child welfare, juvenile justice, behavioral health services, and employment and housing assistance. This work involves engaging in systematic planning, implementation, and evaluation of activities to help the Department understand and adopt equity as a value in all of its work and successfully integrate equity into the fabric of the Department.

### EQUITY WORKGROUP MEMBERS

**Uma Ahluwalia**, *Director*

**Elena Alvarado**, *Office of Community Affairs*

**Theresa Bennett**, *Behavioral Health and Crisis Services*

**Sara Black**, *Housing Stabilization Services, Special Needs Housing*

**JoAnne Calderone**, *Planning, Accountability & Customer Service*

**Perry Chan**, *Asian American Health Initiative*

**Raymond Crowel**, *Chief, Behavioral Health and Crisis Services*

**Betty Lam**, *Office of Community Affairs*

**Helen Lettlow**, *Public Health Services*

**Sonia Mora**, *Latino Health Initiative*

**Maria Paganini**, *Income Supports*

**Colleen Ryan-Smith**, *Healthy Montgomery*

**Adriene Schifrien**, *Human Resources*

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OPPORTUNTIES FOR ACHIEVING A HEALTHY, SAFE AND STRONG MONTGOMERY COUNTY

# LEADERSHIP INSTITUTE FOR EQUITY AND THE ELIMINATION OF DISPARITIES (LIEED) FACT SHEET

## Eliminating Disparities and Providing Equitable and Quality Services to Racial/Ethnic Communities in Montgomery County

## Background

The missions of the DHHS minority health initiatives/Program (MHI/P) were conceived to better meet the health needs of minority communities in Montgomery County.  The African-American Health Program, the Asian American Health Initiative and the Latino Health Initiative, have been highly effective at building community relationships - working in collaboration with their respective Executive/Steering committees - to address issues of health disparities, access, and quality of care since 1999.

In the summer of 2011, DHHS embarked on an intensive 20-month process to explore, discuss and design a framework to enhance the work of eliminating disparities in health and well being of the communities we serve. The process involved the formation of an interim Advisory Group comprised of DHHS senior leadership as well as representatives from the three minority health advisory committees.  It created a road map for DHHS to guide the future functioning of the minority health programs with a focus on equity, social determinants of health and well being, and the elimination of racial and ethnic health disparities while building on the value, purpose and effectiveness of the three initiatives.

## The MHI/P Assessment Process

We realized that as a sizable department with very diverse constituencies, it is critical to better understand internally each other's vision around elimination of disparities and disproportionalities.  Therefore, we organized dialogues with senior managers of the five service area , and key offices within the department to discuss and explore opportunities to build a shared agenda.

We took the information gathered and worked with the interim MHIP Advisory Group to design a two phase approach to continue the assessment process.  Phase One – Discovery and Learning – provided an opportunity for the Advisory Group members to gain a deeper understanding of community needs, programs and services provided by DHHS, and opportunities for collaboration across DHHS. Phase Two was devoted to identifying priority areas and developing Specific recommendations that needed to be addressed in order to better serve racial/ethnic minority populations, including emerging communities. It was determined that attention should be given to how to promote and encourage collaboration and coordination across the DHHS with a focus on leveraging the knowledge, expertise, and community relationships of the MHI/P to inform and support the elimination of racial/ethnic disparities and promote equity goals across the DHHS.

## Priority Areas Identified

The priorities and recommendations unanimously approved by the Advisory Group evolved from detailed discussions of key themes and opportunities identified during the Learning and Discovery Phase. These major priority areas are:

- *Systemic and Systematic Approach* – Use systemic and systematic approaches to develop, implement, review and adjust/improve practices, policies and infrastructure of the department and its contractors to better serve racial/ethnic minorities and emerging populations.

- *Access to and Delivery of Quality and Equitable Services* – Ensure equitable access to and delivery of quality services and programs provided by HHS and its contractors to serve racial/ethnic minorities and emerging populations.

- *HHS workforce* – Ensure that the diversity of the DHHS workforce at all levels of staff, from leadership to program delivery, is proportional to the County's demographics.  In addition, ensure that staff has the skills, experience, and capacity to effectively serve racial/ethnic minorities and emerging populations.

- *Accountability* – Identify accountability processes to monitor progress of the implementation of the final recommendations.

## Providing Strategic Leadership

The Advisory Group recognized that eliminating health disparities and ensuring equitable treatment of all consumers could not be the responsibility of any one program within DHHS. To be successful, responsibility would have to be embedded across all aspects of the department's operations including programs and services, technology, and administrative functions.  As such, the critical need to institutionalize department-wide policies and practices to better serve racial and ethnic groups became paramount.

Hence, the Advisory Group's recommendation for implementing these operational and structural changes is the establishment of a *Leadership Institute for Equity and Elimination of Disparities* **(LIEED)** that would be supported under the auspices of the Office of Community Affairs (OCA). The LIEED would bring together the MHI/P, the Equity Work Group and related outreach functions of the OCA in order to provide greater collaboration and coordination among these closely-related key activities. These functions brought together through the Institute would serve as a bridge to the underserved communities.

## Next Steps

The LIEED will provide coordination of the work of the existing MHI/P, Equity Work Group, and OCA outreach efforts. Under the general supervision of the Chief of the OCA and with support and guidance from the MHI/P Advisory Group, the LIEED will continue its direct population-specific interventions via the existing structures of the three minority health initiatives.  More importantly, there will be a systems enhancement approach aimed at institutionalizing culturally and linguistically appropriate and equitable policies, infrastructure and practices within DHHS.

The establishment of the LIEED will be incrementally phased-in over a two to three year period, beginning in July 2013, contingent on the availability of appropriate resources. DHHS will develop a specific work plan to guide the implementation of the Advisory Group's recommendations. In addition, the Advisory Group will remain active to support and monitor the work; and will also be expanded to include representatives from emerging populations.