

Dialogue4Health Web Forum
Governing for Racial Equity: California's State-Level Capitol Cohort
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It is my great pleasure to introduce our great moderator today, Dwayne Marsh, the vice-president of Institutional and Sectoral Change and Race Forward and The Center for Social Inclusion. He serves as Deputy Director of governmental alliance of.

Government Alliance on Race and Equity. Welcome to Dialogue4Health, Dwayne. Thank you.

>> Dwayne Marsh: Good afternoon.

>> Dwayne Marsh: Excellent. So I want to welcome everybody to the conversation today. You can see the distribution of registrants for today's session. We are really excited to have national participation in this conversation.

You can also see the distribution of participation that we see by sector. In addition to government we have a lot of representation from nonprofits and university sector as well.

Just a moment about what we are, being the moderator, Race Forward is a national organization that together with The Center for Social Inclusion brings 50 years of experience on institutional racism in a variety of settings, focusing on communities of color that have been marginalized historically through public policies. We had to come together as an organization to call for deeper more systemic work by organizations to step forth and help communities.

Our theory of change recognizes that multiple functions are critical. We have to shift the narrative on the conversation on race because that conversation is struggling in institutes today.

To do that we have to have research that can tell real stories, bring the perspectives of community of color that have been marginalized from conversations and outcomes we want to see in our community. We have to build capacity for people to make the change they want to see on the ground. We recognize to do that, we have to change policies, and have better outcomes than we've seen historically in our communities. If we don't change systems and structures, have institutional and sectoral change, we will not make permanent and lasting differences for the people we serve. The Government Alliance on Race and Equity is a national network that lives the institutional change. Realizing jurisdictions across the country are lifting up the generations of practice and institutional transformation that can in fact lead to better outcomes for our communities. Growing rapidly, doubling in size each of the last four years and having increasing number of state agencies as well. They are also in multiple jurisdictions with members who participate helping to put practice into action. These are jurisdictions concentrating on not just the letter of racial equity but making a difference.

Just to give you a sense of the growth of that network you can see in January of last year there was a diversity of interest in the country. If you look at July this year you can see the rapid growth we have seen in the network. We are fond of saying, New York City is a member, large

and important contribution to this network, but equally thrilled that Fort Collins, Colorado, a small town just outside of Denver, is a member. They cut across political ideology, demography, solving the question of race in our communities is something that has to be done across the United States.

In California itself, we are leading the way to. You can see close to 24 and a half million residents living in jurisdictions that are participating in the government alliance. Rapid growth. Much of that has come through a learning cohort process which you'll hear about today. There is a community of practice that are applied to make this happen. It breaks down to normalizing, operationalizing to change. Shared definitions, holding the urgency in priority of the work to advance racial equity, not being caught in the long history that brought it to this moment. Operationalizing, taking that priority and finding tools and data that can help us to identify solutions and strategies, measure their progress, make adjustments as necessary and then organizing and not just the traditional community organizing in the an institution, because if the institution failed it, organizing internally and building partnerships, working across sectors. While we can't do without government, government can't do it alone and working new ways with community not just to get input and engagement but co-design the future we want to see, visualizing the communities we want to say.

We have built cohorts which leads to the conversation we will have today, and these are year-long often processes with groups of jurisdictions representatives using a curriculum that builds the field of practice, providing technical assistance to participants, having peer to peer strategizing and having a public speaker series where leaders come in from around the country to share best practices. These teams include eight to ten people from each jurisdiction that participates. The jurisdiction receive the curriculum they can apply, train facilitators to implement with other employees, using tools to help build policy, practice, budget decisions and sample policies and decisions that move them ultimately towards having a racial equity action plan that helps the jurisdiction or department move forward.

You will hear much about this during the call today, just the importance of collective learning, how to build technical assistance, using a curriculum based on a field of practice, peer to peer strategizing and bring consistency and delivery to the, consistency to the work done in the government.

Without further ado I want to open up the panel, the first speaker, Julia Caplan, the program director for the California Health in All Policies and the Public Health Institute. She has helped build this enterprise and she'll get us started talking about how the work got started in the cohort.

>> Julia Caplan: Thanks so much, Dwayne. I'm really pleased to be part of this presentation, also even more so to be part of the work with the Capitol Cohort and with the GARE organization.

So I want to start by giving a little bit of background on California, kind of at a glance. I know that almost half of you on the phone, or a large number of you are in California. Many of you are from other parts of the country. Our population is almost 40 million people. Very large state. We have the world's sixth largest economy. We have very diverse demographics in terms of race, ethnicity. We have many immigrants, both documented and undocumented.

We have significant wealth and health inequities. We also have a governor right now who is a global leader on climate change.

All of these things are important in thinking both about our health in all policies work and about our work doing racial equity. I want to start talking about our Health in All Policies work. We have been doing Health in All Policies since 2010. This has been the platform or the foundation

that has served to kind of undergird and support all of our racial equity work and the work that we are doing now in partnership with GARE. So for the last eight years we have been building relationships. You can see up here the logos of a number of the departments and agencies we work with. We have been building multiagency relationships around health, equity, and environmental sustainability, working on issues like access to parks, healthy food, community greening, violence prevention, active transportation, so on. We staff this through a multi-organizational team with our staff at the Public Health Institute, we are housed at the strategic growth council, a branch of the state governor's office and we have staff on our team at the Department of Public Health.

The Health in All Policies Task Force has served as a multiagency venue to build equity capacity and this has looked like a lot of different things. There's a lot I could say about this, but to keep this part brief one of the areas where we have had the most traction is helping state's departments that administer grants bring an equity perspective into their grant administration. So this is helping them think about their strategies for community engagement, for public transparency and ensuring that the dollars they spend in local communities reach the communities that need them the most and not just the communities that put together the strongest proposals or that might have the resources to hire professional grant writers.

Over the course of the last eight years, equity has become more and more a central part of this work. The image on the right is one that we've used quite a lot to communicate about equity and educate and have these conversations about what equity really means.

On the bottom left of your screen you'll see where it says that there is a message that racism harms health. This is something that we began talking about a few years ago and has been an important part of the conversation around what health equity is, the way that racism is a health equity issue and is really a central part of what we need to be working on in our Health in All Policies work.

And Meredith Lee who will present later is going to share a great slide that we have created here in California and have used, about the relationship between racism and health.

So here is a brief timeline to kind of show the trajectory from our Health in All Policies work into our racial equity work. And at the top, as I said, we have been doing the Health in All Policies work. In 2012 of the Health in All Policies departments joined the GARE organization and Dwayne and his team were running a GARE cohort for local governments in the San Francisco Bay area. And the Department of Public Health and the Department of Housing and Community Development both enrolled, traveled down to the Bay area for all of the trainings and went through the year-long cohort. They reported back on their experiences.

We found that we were very interested in seeing how we could learn from that and bring that work to state government here in Sacramento. So we proposed that maybe we could actually launch a Capitol Cohort here for state government and customize it to the unique issues that are happening within state government and do it across the single enterprise, the very large jurisdiction of the State of California.

We were pleased that Dwayne and his team said yes. And in 2017 we put a lot of effort into building political will and recruiting participants. That's what I'm going to talk about in the next couple of slides.

We then launched the Capitol Cohort and Kelsey will talk about that, what that really looks like. Now we are looking to the future and what's next and we are really pleased that our participants want to continue this work.

Here is some of the strategies that we've used to build political will for this work. I want to start by talking about how important political will is for this. When we first had the idea we had many people tell us that it was a great idea, but that we would never be able to pull it off. They said this is the wrong time to do it; we are near the end of our gubernatorial term. This is not the time when departments want to take on new things. Departments are risk averse. They won't want to look this directly at their racial equity issues because of the public scrutiny. We asked departments to commit money towards paying for the trainings. We were told nobody will come up with the money.

There were a lot of people who said we would like to see it happen but we don't think it will come through. We set what we thought was a realistic goal. What if we tried to recruit four or five departments? We won't get the whole state but we'll try with a few and pilot it and see how it goes.

As it turns out, we did a really good job of recruitment and of building support. We've ended up with 18 departments participating on 12 different teams.

This comes up, this is really the key question that we get from other folks when we talk about the Capitol Cohort work that we are doing and the racial equity work. How do you get so many departments and agencies to take on this work? So I've already been talking about the relationship building, which has been absolutely fundamental to this. And as I said, we hoped for only four or five departments, but the response was far greater than that.

So I'm going to walk through a few things that we have done to build political will. One of those is, we conducted an equity survey long before we decided to do the GARE work, but a couple of years ago where we asked the departments what they were doing around equity, how did they define equity, what does equity mean to them. Do they have statutory mandates around equity, and what are they? What are their barriers to doing equity work? What are the gaps? Where do they feel they need capacity building? That yielded very important information with us.

We were able to share that out only to say departments care about equity issues and they are doing a lot, and there are significant gaps and shortcomings. They want help.

We also formed as we launched the GARE work, we formed a racial equity strategy team.

This is really a leadership team. So there are high level leaders in state government who are not going to be able to spend the time coming to all of the GARE trainings. But we want them involved, and want them involved helping to think about strategy, trouble shooting when difficult things come up, thinking about systems wide problem solving. For example, every department that we are working with cares about workforce issues. From an equity lens, we are working on our strategy team folks from the State Department of human resources to think about how to take a systems-wide approach to some of those issues that individual departments face but are not individual department issues.

We've also done a lot around public accountability. We found that the more public we are about this work that stakeholders are interested. All of the local GARE initiatives are interested in this work. They want to see this happening in state government. And so we have created a website around our GARE work and we also have through Health in All Policies an action plan around equity and government practices that includes commitments to the GARE work.

When we -- we held a recruitment session for GARE. And one of our colleagues had the brilliant idea of holding that recruitment session in the governor's chambers. The fact that it was there lent legitimacy to this effort. We were able to ask the director of the state health department and other executive leaders who work closely with our cabinet to come and present at that information session. That helped normalize the session. Dwayne talked about normalize,

operationalize, and organize, and this helped create an enabling structure that says this work is okay, it is good that the state government leadership is behind you. I think that had a lot to do with the high level of response we had.

We do a lot of executive engagement for all of the teams. We are meeting with executives in those departments on a regular basis and making sure that they are actively engaged in the work. I mentioned communications tools already, in addition to the website. We have a video, we created a FAQ sheet, Power Points, to have external communication. This webinar, in fact, is part of that.

The last bullet here is something that Meredith, who will present later, took leadership on, conducting an analysis of our state workforce salaries and looking at race and pay -- race and gender pay inequities. Although this was not taken on -- actually, some of the individual departments subsequently took this on themselves, but this initiative we took on across all state government to help highlight additional ways the need for racial equity and also be able to identify some of the pathways forward around that.

So at this point I am going to turn things over to Kelsey, who is talking about -- I guess I'm turning things back to Dwayne, and over to Kelsey, talking about the Capitol Cohort. Thanks so much.

>> Dwayne Marsh: Hello. So happy to introduce Kelsey Lyles. She is the program coordinator and equity specialist for the Public Health Institute. Also a staff member at the Health in All Policies and she manages the implementation of the Health in All Policies action plan. She is staff lead for the work of the Capitol Cohort. She'll take us deeper into the mechanics of the program.

>> Kelsey Lyles: Thank you, Dwayne and Julia and everyone who joined today. It's a pleasure to have this conversation with you all.

And as Julia was mentioning, that recruitment event in October was a really important piece of getting a sense of the interest to do this work. One piece to highlight was that outreach and advanced planning helped to support that event. GARE created a flier that we disseminated to many individuals that we thought would be interested as well as different listservs, work groups in government. We found that the word really spread quickly by word of mouth.

We also asked that attendees fill out an interest sheet to learn more information after that event. About 80 people attended. Then representation from 20 different departments filled out those cards for us to then conduct follow-up with. And that's really when the technical assistance began. We helped these 12 teams that you see represented on the slides fill out contracts, to participate, think about their team, formation, and we also offered to do leadership briefing with each team so that they could get approval from their highest level of leadership, whether it was their director or secretary.

We were so pleased to be able to work with these 12 different teams, from sectors like housing and the arts and transportation. It made it a very rich experience.

Another strategy that worked well was being very up front about expectations of this program early on and being transparent about the requirements. Our team developed a tip sheet with guidance for creating a diverse team, thinking about diversity very broadly., including identity as well as experience. So to do this work it's great to have different minds in the room from legal services, communications, human resources, program staff really all of the different functions that offer opportunities for us to transform our policy. Teams and departments made a financial commitment to participate, with \$15,000 that to us was really important. We want government to invest in racial equity.

We were also very transparent about the time commitment that this work takes. Teams have to commit to 50 hours of training and learning as well as time in between those learning sessions to really complete homework assignments and do the work as a group. I think the departments saw the return on investment by investing in this.

I would like to point out that the structure of the team, each team had a team lead that took on additional responsibility of coordinating internally and facilitating meetings, as well as an executive sponsor that was a liaison between the team and also the director or secretary to make sure that there was communications and updates and really maintaining that political will and support.

The next slide is a photo of the kickoff event. It was fun. We had over 100 people from the different agencies. There was a lot of excitement in the room. The pre-survey showed that 80 percent of the folks who participated volunteered. They are definitely champions for this work. Something that we would like to do more of in the future is to find opportunities for the departments to work more across sectors and get to know each other.

I would like to share a little bit about the key elements of the learning year. There are seven full group learning sessions that GARE comes and facilitates with their expertise on top of government's role in promoting racial equity. How do we measure our outcomes and really be outcome-focused in this work. Recently we had a workforce equity and community engagement session where we were able to partner with State Department come Lees from the Department of Health Equity and the Department of Human Resources to co-facilitate. That was very well receive. We wanted to bring in expertise from within government as well as outside government.

In between those learning sessions the teams had many group assignments to do. They research the history of historical racism and the relationship to their department. They do an organizational assessment about how they sit on a continuum of different functions such as budgeting and contracting, for example, or stakeholder engagements.

They create a racial equity visionary statement for their department. They also practice using the racial equity tool. The main outcome of this first learning year is a racial equity action plan that is tailored to their department's needs. Our team is also available to provide consultation on the development of that plan as well. We found that -- something else to point out is that we facilitate team lead meetings once a month as a safe space where people can really share how things are going in their team and get guidance and technical assistance and do problem solving together. That has helped build some trust amongst the group.

Simultaneously and in complement to those seven learning sessions, our team has been holding what we call advanced equity speaker series on different top he cans open to anyone in state government. This is a way to bring other colleagues into the fold. We are gearing up for one this week on trauma informed workplace strategies. This is a way for us to build our expertise. We house these recordings on the strategic growth council website. We invite you to check those out.

Right now the interesting part of the learning year, teams are starting to develop their action plans. Some of the early identified topics that are rising to the top include focusing internally on our workforce equity strategy such as recruitment and hiring and making sure that we represent all of California and all of the populations that we serve.

Additional topics include language access, environmental justice and thinking about other staff capacity building opportunities, whether it's implicit bias, for example. Or just other topics that we would benefit from learning more about.

And we are also thinking ahead. We've heard from many people that they would like to maintain their momentum. Although we are going through a transition period. Soon we will have a new administration. We want to make sure that our racial equity work does not get lost. So we are thinking about an implementation year for this learning cohort that has gone through the first year where they will be able to finalize the action plans, think about institutionalizing the work, do formal structures. Many teams are doing that by creating subcommittees and work groups. We are going to hear from Meredith next who will describe the public health's department's implementation plan. We are really excited about what's next.

Lastly, we would like to share that we would love to keep in touch with you all. We have a Health in All Policies website as well as Capitol Cohort web page that has a video about this work and ways to keep in touch and join our listservs. Thank you. I will turn things over to Dwayne to introduce Meredith.

>> Dwayne Marsh: Thank you so much, Kelsey, for that. And it is a pleasure to introduce Meredith Lee, a health program specialist in the Office of Health Equity at the California Department of Public Health. She serves on the Health in All Policies team and coordinates collaborative multi-agency efforts to increase active transportation, promote healthy land use and planning, and incorporate health and health equity into state policy guidance documents. She was a driving force in the local participation event the Department of Public Health had in 2016, and a bridge in some ways to the state cohort that is now robust and active. It's a pleasure to have Meredith share some of her experiences as well.

>> Meredith Lee: Thank you, Dwayne, and thanks Julia and Kelsey for providing that great background information.

Again my name is Meredith Lee. I wear two hats with our team. As Dwayne mentioned I both sit on the Health in All Policies staffer's team with Julia and Kelsey. Also within the California Department of Public Health I work in Health in All Policies as well as the health equity initiatives. I'm the lead staff person in terms of the implementation work. I lead our work group and team lead for the work group as Kelsey mentioned and the structure each team has a team lead.

I also support and staff our executive steering committee and I just wanted to acknowledge before going further both my colleagues, Dahir Nasser and Solange Gould, we are the team that did this work and I couldn't do this work without them.

I'm going to provide -- quickly, I know we are running short on time. So I'll go through the slides quickly. As Julia and others mentioned the Department of Public Health we are in the third year of our racial and health equity work. The Department of Public Health had a long commitment to health equity and only in the last few years have we taken the explicit focus on racial equity. This is our second year of participating in a GARE cohort.

Back in 2016 the Department of Public Health and the Housing and Urban Development participated with local counterparts in the first Bay area cohorts. And then I'll just kind of skip forward. We are now in our third year, working a lot on implementation. Also supporting our partners at the other state agencies and departments.

Just to get into the work a little deeper, this is our vision statement for what we are calling our racial and health equity initiative. It reads: The California Department of Public Health has a vision of California in which race is no longer a predictor of one's health outcomes and where all Californians can achieve their highest level of health and wellbeing.

This has been a really important piece of our work, centering it on the vision statement. And it has been important for us to really clarify and be articulate about our values and where we are headed with our work.

Then another piece, critical piece of our work that we have been working on early on is just the connection, why we are focusing on racial equity. Specifically why around racism. So we lead with race and racism in this work because racism directly and indirectly impacts health.

You'll see at the top of the slide on the right and the left, racism affects access to resources and living conditions, including communities, jobs, clean water, et cetera.

And that these resources and living conditions have direct and indirect impacts on health.

Additionally, though, racism and other forms of discrimination also have direct impacts, directly impacts health through chronic stress. I'm not going to go deep into the mechanism, but just to summarize I say that stress in itself is not a bad thing. Our stress responses evolved over time to make sure that we can react quickly as we move through our daily lives. For example, being able to identify a scary dog and run away in time.

However, when individuals experience chronic stress from the cumulative daily experience of racism or discrimination, the normal stress response is disrupted and we see unhealthy changes in brain and body. These are really materialized through what is known as epigenetics and allostatic load. I won't go through that now in the interests of time, about you this slide and this concept has been important for our work at the Department of Public Health, why we are explicitly focusing on not just equity but racial equity.

This next slide I think one of the key pieces, or key success factors that we have had in the third year is building an infrastructure to support the ongoing work. And this has enabled us to go beyond the three-person team, to go deeper into the department and ensure that we can have more support and buy-in in doing this work. I'll walk through it quickly at a high level. At the top of the screen we have the steering committee. This is also our executive sponsor. Kelsey mentioned that even team has an executive sponsor. Ours is a team. They are responsible for communication up the chain, as well as being our advocates and champions at the highest level. The next box down is where we call our racial and health equity work group and this is the team that is made up of 15 staff. Again we really emphasize diversity of experience, lived experience and professional experience in this group. So we have people who it's their first year working with the Department of Public Health as well as people who have 20 plus years of experience and really trying to emphasize the broad diversity that we can have.

This team right now, this is our workforce, this is the team implementing the racial health and equity action plan. We are doing that through three subgroup areas. So our team decided, we have about, the next slide I'll show you we have nine different goal areas. In order to prioritize and make sure we have early successes we identified three primary areas of work for early actions. Those areas are hiring, recruitment, retention, education, training competencies and communications.

Eventually we will build out the subgroups to have a much larger body. Right now they are relatively small. In the coming year we will recruit additional folks. This will be the means by which we implement our Department of Public Health racial and health equity action plan.

At the bottom just a little bit more information about our staff team. So this is our backbone team, the team that supports all this including the fun things like room reservation and taking notes, all the way to helping to draft work and participate in calls like this. So that's led by our office of health equity or Health in All Policies staff.

As I mentioned, we have nine different goal areas that we are focusing on. And one thing I'll just say is a lesson learned: There are advantages and disadvantages to having so many goal areas. It is great to have the breadth of areas we want to cover. As we start to do implementation, we recognize that we really need to focus in so we can prioritize actual actions and implementation. Again this is where we focused in on the three highlighted goal areas.

Then I'll just share one specific area around our education, training, and competencies. So we are in the process of, as Dwayne shared, that normalizing, organizing, operationalizing model. We are focused now on normalizing the conversation. We are doing that by building out a training team that can help provide training throughout our departments of public health. The images on this slides are our train the trainer practice session. We had 40 people participate in an intensive four-day training session. We are now in the process of actually developing and continuing to practice the trainings with these folks. These are all, everybody here is a volunteer. Some folks, their primary role is training. Many of the folks in the room, their day-to-day workload is not actually focused on training, but it is an area where they were interested in providing back to the department.

I'll just say it has been incredibly inspiring and exciting to work with this group and I think we are going to be launching our initial trainings within the department later this calendar year. Probably in November/December, with the goal of training eventually all of our Department of Public Health staff on just an introductory training on racial and health equity.

I know that we are almost out of time. I'll wrap up there and turn it back over to Dwayne.

>> Dwayne Marsh: Yes. And I thought in the interests of time I would ask a couple of questions of the team. And whoever would want to respond can do that. I'm going to offer three questions that have come in through the Q&A.

One is a question about the importance of holding equity in the name and framing. How has that made a difference?

The second question is about a mechanical issue. How do departments come up with the money when it wasn't likely starting the fiscal year with a line item for racial equity. The third question with the change of administration and transition of department heads, how do you see this taking shape? Will it slow down in the transition time?

Maybe we can get to those three questions at the least. I'll turn it over to you guys to chew on that.

>> Meredith Lee: I can go ahead and answer the first two questions from the perspective of the Department of Public Health. We in the naming of our initiative, we actually found that was essential to include all three terms, racial, health, and equity in part because the department had had such a long history of health equity. That is at the forefront of this work.

We wanted to maintain the health equity and we decided to explicitly call out racial equity, recognizing that if we don't lead with race, it often becomes the elephant in the room and that people, it makes people uncomfortable to talk about. We actually intentionally decided to lead with racial equity.

Then to answer the second question around money, that is a great question. It was different for all the different depositions. From the Department of Public Health we were actually very lucky to be able to use some of our staff savings. And then from a vacant position, but also I know that a number of other departments, because we had great high level leadership buy-in, they were able to tap various funds that were either under spent for the year or otherwise allocated for special projects.

Julia, did you want to answer question number three?

>> Julia Caplan: Yes, hi, this is Julia Caplan. The third question about the upcoming Gubernatorial change is something that we are thinking about a lot. We will be doing a lot of briefings early in 2019 with all of the new folks coming in and who will be appointed. In addition, we are meeting now with department directors and agency secretaries to talk about their equity and racial equity and Health in All Policies work and make sure that we are partnering with them on their transition planning processes to get this information into transition materials and make sure that it reaches the new administration.

We are also doing a kind of as part of our work to normalize, really trying to set this up so that there are commitments being made now for participation in 2019. And because of commitments being made now by departments and agencies, then when the new administration comes in this becomes part of business as usual in the work that's already underway. We had some success with that with the last gubernatorial transition. We are looking forward to that as well.

>> Dwayne Marsh: Great. I'm going -- go ahead, Kelsey.

>> Kelsey Lyles: Just I'll quickly add, as folks are developing their plans they are also thinking about the timeline, for example CDPH has a five-year plan. Some people are creating five or three-year plans. They are definitely thinking long-term and having that action plan approved will set a precedent that this is an important topic.

>> Dwayne Marsh: Great. Thank you, Kelsey. I'm going to try to squeeze in two more before we have to close.

One, are staff volunteered to these trainings or assigned to take it on? Is there resentment if people are assigned?

Next, can you name early wins? We talked about processes and strategies, but for people in departments that are outcome focused even though we recognize this work takes time, what have you been able to point to that shows this is something to continue?

>> Meredith Lee: Yes, I will answer the question about the trainings and start to answer the outcomes question.

So our train the trainers series, everyone who participated is a volunteer. And in terms of rolling out the actual trainings, we are starting first with a strategy of doing voluntary basis. This is something we've heard from a number of our peers, from other local jurisdictions, both within California and outside of California, starting with voluntary is recommended.

We do hope to eventually be able to go to mandatory, but I think in terms of just getting early buy-in and moving towards that tipping point theory, so having about 30 percent of our CDPH population, about 4,000 people on board, just so that we can have that momentum that we need. When we start to reach people who maybe are not champions or early adopters for this work. That's the approach we are going to take. That's a few, we are looking at about three years of training to build up to having everybody trained.

And then outcomes. Really, really good question. So one thing that I didn't talk about is our action plan really is at a very high level. It is department-wide. We are not in this action plan going down to the organized base centers. We are starting to work with our center partners to develop their own action plans that they will actually start to be able to get into kind of more programmatic pieces and measuring various outcomes. We recognized that our action plan is focused, the current existing action plan is focused on systems and processes and that to measure those health outcomes in the field is something that will take a lot longer and have to occur at the more programmatic level where they can be tracking the data in terms of the implementation but also on the ground outcomes.

I will say just quickly we did do an all staff equity survey, measuring current knowledge with the idea that we can move forward in terms of tracking knowledge as an outcome in terms of awareness and familiarity with racial and health equity.

>> Dwayne Marsh: Laura, as I hand the talking sticks back to you, I want to answer one of the questions that came in about addressing other forms of equity, gender or otherwise. Our frame is face forward. I think the themes that the teams carried into this work, all forms of marginalizations are important as intersectional beings but we lead with race because if we don't solve for race section we won't reach the others. We see disparate impacts for people of color. That frame helps us build alliances across forms of marginalization we are trying to address, but addressing centrality with solutions.

With that I'll turn it back to Laura for the close.

>> Laura Burr: Thank you, Dwayne, Julia, Kelsey and Meredith for your presentations today and a big thanks to the California endowment for sponsoring today's event.

Thank you most of all to you, our audience. Thank you for bearing with us and a recording of today's presentation along with slides and a transcript will be available for you by next week at Dialogue4Health.org. You will receive an email from us with a link to a brief survey. We hope you'll take that.

And this includes instructions for requesting a certificate of completion for this event. So thank you again so much for being with us and continuing in this event. That concludes today's web forum. Thank you. Have a great day.

(The web forum concluded at 5:30 p.m. EDT.)

(CART captioner signing off.)