



## SAN DIEGO COUNTY:

# Addressing Equity through Building an 'Agency of One' and Restructuring Services for Families and Children and for Elders

## Introduction

Twenty-five years ago, San Diego County (SDC) was an early leader in mapping and understanding social determinants of health through expanded data analysis and community engagement. Created by SDC's Public Health Services, the Reduce and Eliminate Health Disparities with Information (REHDI) initiative began to examine public health and other health-related indicators as they were related to age, gender, geography, race/ethnicity, and socioeconomic status. In 2001, the County shared its first health disparities data with residents and began a process of ongoing cross-sector engagement in building strategies for change.

While SDC increasingly — and specifically — located race and equity in its analytic and programmatic work, it would be ten years before the County developed a Health Equity Framework, five more before the County's Office of Health Equity was established, and another five before the County established its Office of Equity and Racial Justice and declared

racism a public health crisis. Progress over time in better understanding the intersection of social determinants of health and disparate health outcomes laid the groundwork for centrally locating race and racism in the ongoing effort to build a healthier and more equitable San Diego. The breadth of the County framework situates equity in the context of education and economic opportunity; viable, healthy, and supportive communities and services; and social integration and engagement.

The commitment to democratizing data in the interest of transforming governance, services, community involvement and opportunity is a hallmark of the County's last twenty-five years.

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*San Diego County seeks a future where race will no longer be a determining factor in any person's life outcomes.*

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# Equity Framework for San Diego County

## Social Determinants of Health Under the Five Areas of Influence



### Health

- Healthcare access and utilization
- Provider availability, linguistic and cultural competency
- Quality of care
- Lifestyle behaviors



### Knowledge

- Literacy
- Early childhood education
- Educational attainment



### Standard of Living

- Socioeconomic status
- Income
- Employment
- Expenses and debt
- Medical bills
- Support
- Food insecurity
- Homelessness



### Community

- Housing
- Transportation
- Safety
- Environment
- Parks
- Playgrounds
- Walkability



### Social

- Stress
- Social integration
- Support systems
- Community engagement and involvement

But the County's pathway to equity — and, specifically, racial equity — was also aided by evolving public health strategies and significant agency restructuring and administrative changes that took place in the late 1990's. Together, these developments shaped the principles that guide the County's equity efforts: prioritizing prevention; engaging communities; shifting culture and practice; maximizing care integration and efficiencies; building cross-sector strategies; and regionalizing both planning and service delivery efforts. Along with being located in a progressive state that championed public health and healthcare policy, care delivery and financing innovation, the County has benefited greatly from the active involvement of local and statewide foundations and their related initiatives that ultimately helped shape an equity agenda.

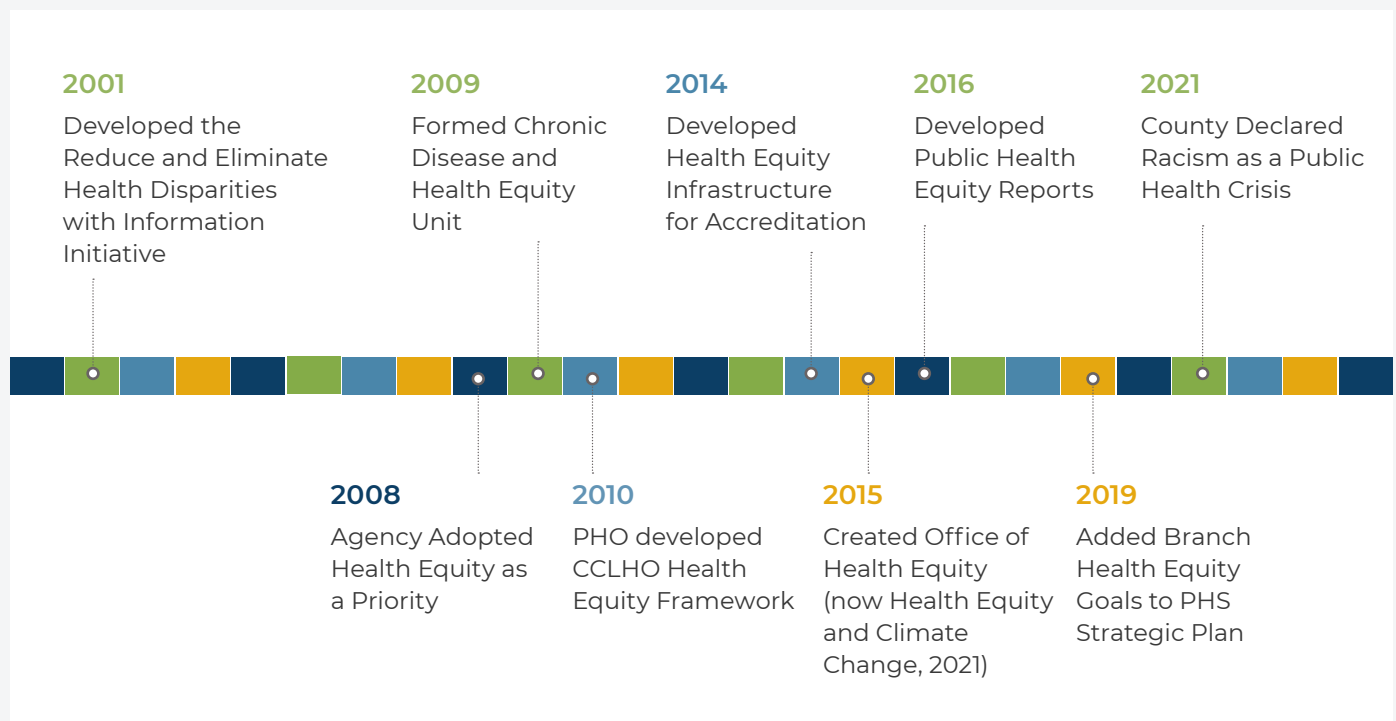
The following sections address the evolution of the County's equity efforts over time; the frameworks and strategies that informed those developments; numerous enabling circumstances that presented and supported opportunities for change; and progress and ongoing challenges. Two areas of substantive change are a particular focus of this report: the redesign of services for families and children and the Aging Roadmap and its accompanying developments. As with other settings, operationalizing equity is a work in progress.

## Planning for Equity

Increasing infectious and chronic disease related morbidity and mortality — and accompanying racial and ethnic disparities — prompted the SDC Public Health Services to develop population specific information through REHDI to provide communities with the tools to understand and address risks and improve health outcomes. The combined efforts of building the analytic tools and engaging the public in assessment and planning within their regions became foundational to the SDC's future work addressing racial and other equity concerns. Similar to many jurisdictions, in San Diego it was the public health agency that took the leadership in framing and responding to the racial and ethnic disparities that had become more evident in the late '90's. The PHS leadership — and their status within SDC as part of a still somewhat uniquely integrated Health and Human Services Agency (HHS) — provided the platform for the eventual adoption by the County of a broad-based racial equity commitment.

Like much of the country, the early 2000's focused SDC public health efforts on better documenting and understanding the differential effects of chronic illness. Their efforts led to increased awareness of the upstream social and economic determinants of poor health and the need to create a longer term, cross-sector, prevention approach. The PHS development of an Equity Agenda in 2008, their establishment of a Chronic Disease and Health Disparities (later, Equity) Unit, and the creation of a Health Equity Framework — eventually also adopted by the California Conference of Local Health Officers — helped shape the County Board of Supervisors' decision in 2010 to launch Live Well San Diego. This initiative relied upon a collective impact model that engaged individuals, families, and communities with governmental, business, education, and other sectors in building a long term, measurable, population health improvement agenda that would strive for sustained investment.

## 20 Years of PHS Health Equity



## Live Well — A platform for engagement and planning for equity

Two years of community consultation by the HHSA resulted both in the 2010 launch of Live Well and in HHSA's successful competition for two major multi-year grants from the Center for Disease Control supporting related capacity building and long-term community prevention efforts, the focus of Live Well. This initial success in garnering strategic funding has helped Live Well leverage other local, state, and national public and private resources over the last 15 years. The fact that HHSA had been a fully integrated health, public health, and social services agency for over a decade helped position the Board of Supervisor's vision to have Live Well constitute a cross-enterprise strategy to guide all County agencies and partners in building a healthier San Diego. Unusual for many collective impact structures, the County of San Diego itself was and has been the backbone structure for this public-private engagement and has been recognized as a model across the country.

Within its first two years, Live Well became the vehicle for community health planning and strategic development. Leadership teams were established in each of the six regions; regional community

health status assessments were developed and presented annually for community priority setting; priorities were captured in what is now known as Community Enrichment Plans; and these CEPs roll up into the County-wide Community Health Improvement Plan (CHIP). Community input is gathered through a structured planning process and framework called Mobilizing for Planning and Partnership (MAPP).

Developed by the National Association of County and City Health Officials, MAPP was adopted by SDC as the PHS was seeking to become a nationally accredited public health agency; the first MAPP-informed 5-year CHIP was completed in FY13–14. Over its first four years, Live Well built three over-arching components that inform its work today and were specifically adopted by the SDC Board of Supervisors: Building Better Health (2010), focused on improving the health of residents and supporting healthy choices; Living Safely (2010), focused on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities; and, Thriving (2014), focused on cultivating opportunities for all people to grow, connect and enjoy the highest quality of life.



Ten primary indicators define what it means to Live Well in San Diego County; measured across the lifespan of County residents, the indicators capture the 'collective impact of programs, services, and interventions using evidence-based practices'. These indicators map onto the five Areas of Influence that are essential for overall well-being and which form the components of the Equity Framework for the County of San Diego

(noted above): Health, Knowledge, Standard of Living, Community, and Social. The convening and partnering roles of Live Well are closely aligned with the County's governmental processes and priorities. Therefore, as PHS convened its first Health Equity Committee in 2012, it actively engaged Live Well partners. The PHS Strategic Plans have continued to incorporate findings from Live Well's Community Health Improvement Planning.

## Live Well Primary Indicators



### Health

Enjoying good health and expecting to live a full life.

### Life Expectancy

Length of life expected at birth in years.

### Quality of Life

Percent of the population sufficiently healthy to live independently (not including those who reside in nursing homes or other institutions).



### Knowledge

Learning throughout the lifespan.

### Education

Percent of population aged 25 and over with at least a High School Diploma or Equivalent.



### Standard of Living

Having enough resources for a quality of life.

### Unemployment Rate

Percent of the total labor force that is unemployed.

### Income

Percent of population spending less than 1/3 of income on housing.



### Community

Living in a clean and safe neighborhood.

### Security — Overall Crime Rate

Number of crimes per 100,000 people (all crimes including violent & property).

### Physical Environment — Air Quality

Percent of days that air quality was rated as unhealthy for sensitive population.

### Built Environment — Distance to Park

Percent of population living within a 10 minute walk (1/4 mile) of a park or community space.



### Social

Helping each other to live well.

### Vulnerable Populations — Food Insecurity

Percent of population with income of 200% or less of the federal poverty level, who have experienced food insecurity.

### Community Involvement — Volunteerism

Percent of population who volunteer.

With the help of the Health Equity Committee established in 2012, the PHS issued its first Health Equity Plan (2015) and developed a Health Equity infrastructure; this capacity was needed to meet national accreditation requirements and is a reminder of the way that operationalizing equity within governmental structures has often been facilitated by changing requirements within relevant fields of expertise, like public health. A second plan was finalized in 2021 and the third and most recent Health Equity Plan was released as a part of the HHSA Agency Promise Strategic Plan, '23-'25. During the intervening years, the agency built equity-related competencies and training resources for staff, using the resources of the Bay Area Regional Health Inequities Initiative; worked to operationalize health equity within the practices and goals in each of its branches and into the overall PHS Strategic Plan; and produced a Covid-19 Health Equity Strategy.

The work of PHS and HHSA — along with the broader national racial reckoning that was emerging — provided the backdrop and the impetus for several subsequent crucial actions. The SDC established a County level Office of Equity and Racial Justice in 2020 and the Board of Supervisors issued its 2021 report, a 'Framework for Creating an Equitable County Government through the Lens of Equity, Racial Justice, and Belonging', subsequently declaring racism a public health crisis. The Board's statement of the centrality of racism to the resolution of inequities

and the necessary cross-enterprise governmental commitment is particularly strong and was combined with their announcement of the adoption of a 'countywide Budget Equity Assessment Tool (to) institutionalize and advance equity in our County and enhance our ability to serve the needs of impacted communities, especially low-income communities, and communities of color.'

Like other governmental entities, the Board relied upon experienced external capacity to help build their enterprise-wide equity approach. Urban Policy Development (UPD) Consulting and the Othering and Belonging Institute at UC Berkley worked with the County's Leon Williams Human Relations Commission (HRC) to develop the Office of Equity and Racial Justice (OERJ) mission statement, roles, and responsibilities. And, as was true in Milwaukee and Mecklenburg Counties, the role of the Government Alliance on Racial Equity was — and continues to be — instrumental in the strategies of OERJ.

Racial equity is when race can no longer be used to predict life outcomes, and outcomes for all groups are improved.

— OFFICE OF EQUITY AND RACIAL JUSTICE

Racism underpins health inequities throughout the region and has a substantial correlation to disproportionate impacts on the quality of life of county residents. As the public health agency for the region, the County has a responsibility to tackle this issue head-on to improve the overall health of our residents. The public health and racial inequity implications of County policies extend beyond decisions in County Public Health Services to all departments...The Board proposed measures to ensure that in making decisions, the County is promoting health equity, basing decisions on equity data, and engaging our communities in a participatory process.

— SDC BOARD OF SUPERVISORS, APRIL 2021

As equity efforts have evolved in San Diego — and as race has become central to the County's approach — there continues to be considerable deference to — and inclusion of — the other ways in which inequitable access and opportunities exist in this large and diverse border county: age, language, ability, geography, rurality, urbanicity, and immigration status all shape differential equity concerns across the regions.

## Frameworks, Strategies, and Histories

### Collective Impact, Targeted Universalism, and Prevention

Central to the racial equity work in San Diego has been their long-term commitment to public health frameworks and strategies that are data driven and community-informed. Their early work uncovering health disparity data was predicated on what became the 3–4–50 community health improvement strategy: three health behaviors elevated the risk for four chronic conditions that together were causing more than fifty percent of deaths, including early deaths nationally and within the County. While REHDI and their more recent Equity Indicators inform both governmental and regional partner decision-making, it is simultaneously the County's investment in ongoing, cross-sector community engagement that drives the population health assessments and planning central to addressing equity. The capacity built through fifteen years of standing up the Live Well initiative is unique in the country and pragmatically assures an ongoing mechanism for regional decision-making. It also is reliant upon a series of other frameworks that optimize its effectiveness.

SDC's Collective Impact approach relies upon the five key elements of the Stanford model: a common agenda; a shared measurement system; coordinated and mutually reinforcing activities; open and continuous communication; and a backbone organization, in this case, the County itself. In a manner also somewhat unique to San Diego, the County invested in collectively branding the effort with Civilian, a local marketing firm, who said that the 'unifying brand turned the initiative into a movement'. The local identification with the Live Well strategy — and the broad-based analysis and replication of it in other jurisdictions — supports

this assessment. Important to the fidelity to the overall approach has been the extent to which the long-term population health goals and purposes of Live Well have driven both the external partnership development and the internal governmental alignment and decision-making.

Targeted universalism, a framework also employed by the other two counties in these case studies, actively informs SDC's equity work. The University of Berkeley's John A. Powell has been developing this strategy since 2010. His perspective is that 'Targeted universalism...is a deeper understanding of equity. And equity as opposed to equality recognizes that people are situated differently. The goal is not to treat everyone the same, but to treat everyone fairly.'

Targeted universalism means setting universal goals pursued by targeted processes to achieve those goals...universal goals are established for all groups concerned. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies to obtain the universal goal. Targeted universalism is goal oriented, and the processes are directed in service of the explicit, universal goal.

— OTHERING & BELONGING INSTITUTE

FSG, the Collective Impact Forum, the Aspen Institute and others have been evolving an understanding of how Targeted Universalism, with its mechanisms for achieving universal goals by being attentive to targeted strategies for various groups, is complementary to Collective Impact's structural approach to cross-sector collaboration. The importance of the intersection of these two approaches to SDC's internal and external equity efforts was reflected in many interviewees' comments about decision-making processes:

*Always center the voices to try to figure out what capacity building is needed... This is where targeted universalism gets important — not comparing groups against each other but comparing all to the goal.*

Deeply driving the public health approach in San Diego is a major focus on prevention — both because the costs of preventable disease in children and adults had risen considerably and because the morbidity and mortality burdens were falling differentially on vulnerable people, particularly people of color. The development of Live Well supported SDC in articulating an upstream approach to prevention where the indicators encompass social, economic, and educational components of health, including those related to the built environment and public safety. Similarly, the measures of the long-term outcomes associated with the Live Well strategy seek to account for the financial and other inputs into the preventive strategies that then bend the curve on life expectancy and quality. Such an ecosystem approach to health would have been considerably less possible in the absence of major County administrative changes that took place beginning in 1998.

*Our equity priority was to flip the pyramid from crisis orientation to prevention orientation. (This required) being responsive to what the community needs to thrive.*

### **The intersection of governance and care delivery strategies in achieving equity**

Similar to other jurisdictions, economic contractions and other considerations prompted San Diego County to significantly reorganize its administrative structure and its management strategies in the late 1990's. In 1996, the Board of Supervisors approved the merger of five existing government agencies into the Health and Human Services Agency (HHSA). These included the Departments of Health Services, Social Services, and Veterans Services, and the Area Agency on Aging and the Commission on Children Youth and Family Services. The following year the Board established six

geographic regions by which HHSA would plan and deliver services. Although equity, per se, was not the objective, building more local assessment and decision-making about integrated services and the relevant benchmarks of equitable practice was. The succeeding two decades have witnessed the ongoing evolution of this regional approach to partnership, planning, and delivery related efforts.

*There was a financial crisis and the consultant said you should integrate. It really is an infrastructure perspective. (Consolidation) really does underpin the ability to integrate.*

Also like many other counties at that time, SDC embraced new performance-based management strategies to achieve efficiencies and improve effectiveness in its service delivery models. In 1998 the County adopted the General Management System as the formal guide for the administration of all County operations. Core to the system was a five-year strategic planning process with shorter-term operational planning for budgeting and monitoring.

## **San Diego County General Management System**



That strategic planning process continues to govern County operations and agency level strategic plans; budgeting and performance benchmarks map onto it. The GMS has been updated a number of times and now prominently includes equity in its animating values with community engagement centrally located because, as noted on the website, ‘The core of the GMS is Community Engagement, based on the principle that all we do should be for, and created in partnership with, the people we serve.’

Closely intertwined with — and supported by — the restructuring of County agencies has been a number of equity related frameworks and strategies SDC has sought to pursue. No wrong door, one-stop shopping, and integrated enrollment, eligibility, and care delivery approaches, are still works in progress. Nonetheless, they have seen ongoing development through the alignment of programs within HHSA and across County government as a function of the equity priorities. Internal and external efforts to operationalize the County’s commitment to equity have resulted in both enterprise-wide improvements as well as specific sector developments. The following section describes the enterprise-wide efforts as well as equity-related innovations in child and family services and in aging, two arenas the County specifically identified for this case study.

## The Paths Forward: Equity-driven Initiatives

### 1. Enterprise-wide approaches: operationalizing and socializing equity through leadership, data analytics, system alignment, and community engagement

While equity-related planning and other developments had evolved over a fifteen year period, it was the Board’s establishment of the high level Office of Equity and Racial Justice (OERJ) in 2020 — and the subsequent issuance of the Board’s Framework for Creating an Equitable County Government — that ultimately established a clear government-wide mandate and the mechanisms for centrally locating equity as a policy and operational objective. The General Management System was revised to support this

goal, a Budget Equity Assessment Tool was adopted, and the OERJ, operating under the County Administrator, was directed to issue an Equity Indicator Report that would provide a baseline for annual review of progress towards departmental and County-wide equity goals. The aspiration was — and is — to become an ‘Agency of One’, driving equity across governmental structures.

Among its implementation strategies, the OERJ adopted the racial equity core team model from the Government Alliance on Racial Equity as a mechanism to socialize equity within the County departments. The Justice, Equity, and Inclusion Teams (JEDIs) are responsible for integrating equity into departmental procedures and processes. With representatives from each of the departments, the JEDIs function as a leadership team for OERJ and as a vehicle for facilitating coordinated change within each of the agencies. The JEDI role is both internal and external; they work with County agency personnel and with community partners, facilitating better understanding of the Targeted Universalism framework and identifying strategies for change.

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*The JEDIs are trained in and help support the GARE theory of change. They are part of the budget process, the budget equity tool kits. They incorporate principles ...into the workflow. (They ask) ‘how does this new FTE impact marginalized communities?’ OEJR is the foundational structure to help keep tweaking the change.*

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Important to their effectiveness is the corollary role that the Human Resources Office of Equity, Diversity and Inclusion plays in developing the internal staff culture to support change. In part, the EDI Office assesses those aspects of racism that are embedded in the government’s personnel structure and administrative functions. Their work has moved well beyond staff training; interviewees pointed to the impact the Office has had on supporting more frank discussions about race and more equitable recruitment, advancement, and

other personnel efforts across County government. In addition, in concert with the policy and program focus of the OERJ, staff are linking the effects of structural racism to governmental practices as diverse as budgeting, service funding and location, procurement, and community engagement.

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*For the last few years, internally, people are allowed to question things, to have conversations we never had. There were no conversations about race and equity. We talked about disproportionality, but we never had a conversation that this was racially based. It's forcing us to look more closely now at the work that we do.*

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In the case of procurement, interviewees perceived the County as having historically being very risk averse regarding entities with which it would do business. New management and more cross-agency collaboration, with the support of OERJ, is reportedly facilitating *more innovation and empowering people to take calculated risks within our change management strategies*. Multiple approaches are being employed to help smaller, more diverse, and less traditional

The GARE Approach is an organizational change model for achieving racial equity in government. The GARE approach recognizes that to achieve racial equity, we must be able to visualize and describe a racially just community and society, normalize the concepts of racial equity and our ability to talk about them; organize staff, leadership, and communities to act; and operationalize these values into concrete policies, practices and procedures that are measurable.

— GOVERNMENT ALLIANCE ON RACE AND EQUITY

contractors to successfully bid for County programs. Among other initiatives the County has undertaken is their Equity Impact Grant Program being run by the Nonprofit Institute for capacity-building with grass roots nonprofits. Some thought that SDC had been slow to embrace this component of equity-related change.

The long history of public facing data development and review from the beginning of the REHDI project situated the OERJ and the County agencies, particularly PHS, to be able to identify indicators to address the equity-focused benchmarks the Board approved in 2021. This work is, in part, a reflection of the GARE imperative to be data-driven in the operationalization of equity. Most recently, in 2024, multiple dashboards were released that crosswalk equity-specific indicators with the broader social determinants of health information in the Live Well data. These include: the Racial Equity, Self-Sufficiency Standards, and Persons Experiencing Homelessness Dashboards. Additionally, three Poverty Dashboards differentially look at areas of concentrated poverty, housing affordability, and food insecurity; family and child poverty and deep poverty with housing and employment data; and a social vulnerability index that looks at differential socioeconomic status, health conditions and health outcomes in regions of low income.

Finally, in the effort to address the GARE imperative to 'organize communities to act' the now fifteen-year history of Live Well and its alignment with community health assessment and planning, has provided the County with a regionally based mechanism for partnership development and equity-focused community-driven change and review. Having located service alignment and improved access within their equity agenda, the County, between 2016 and 2023 developed 6 regional Live Well Centers that provide both the capacity for local community engagement and a physical co-location for most HHSA services and some other County supports. Community input has helped drive the development of these Centers.

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*We are trying to be flexible, low barrier, accessible by having these sites placed in communities that have greater needs and where people live. We try to be responsive.*

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## 2. Prioritizing Prevention and Aligning Services for Families and Children: an Equity Strategy

Pathways to more equitable practices in specific health and human services arenas both share histories and strategies with broader delivery system change and have individually animating forces. In child welfare — as with many disability and aging concerns — class action litigation has often prompted the evolution of responsive public policies. In turn, these developments are often informed and shaped by preexisting and co-occurring governmental administrative and practice change. In 2002, *Katie A. v. CDSS (CA Department of Social Services)* was filed on behalf of children in California's foster care system. Plaintiffs argued that the state failed to provide adequate home and community-based mental health and other care that could have prevented unnecessary institutionalization of foster children. The case was ultimately settled in 2011; it launched significant changes across the state and within SDC that, most recently, have aligned with the shift in federal funding and regulatory oversight of child welfare nationally.

Central to the settlement was the articulation of a Core Practice Model (now called the Integrated Core Practice Model), finalized by the state in 2013, that required policy, program, and financing alignment between child welfare, behavioral

The principles of CCR are built around the right of all children to permanency in a family environment, access to a Child and Family Team (CFT) that includes collaborative service providers and natural supports with the youth's voice at the center, availability to trauma-informed, culturally relevant, and individualized mental health services regardless of placement, and an increase in support and training resources for families and caregivers.

— SDC HHSA SUMMARY

health, Medicaid and other supports. The Continuum of Care Reform (CCR) was initiated as a state-wide strategy in 2017. The following year, the federal Families First Prevention Services Act was signed into law, aligning federal funding and guidance for child welfare with evolving prevention strategies.

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*The County had been moving in the prevention direction for a number of years; starting in 2012, we created a practice framework in child welfare. It was at the same time when Live Well was being created; we wanted to align.*

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San Diego County had already integrated its health and human services agencies and embraced prevention as a core County commitment through Live Well and other mechanisms. As a result, it was well positioned to undertake a series of changes in child welfare, including accessing innovation funds from the federal Title IV-E waiver starting in 2014 to begin shifting abuse case identification and child outplacement strategies. Resulting new practices and resource allocations drove *the largest reduction in new entries into foster care in the first five years*. The County's movement to these policy and programmatic changes was also informed by its own litigation challenges; in 2009 the San Diego County Grand Jury identified significant problems in the manner in which the public authorities removed children from their homes. Further examination of those problems revealed a differential impact on children of color. While African Americans accounted for only 7% of the County's population, they constituted 25% of the children in foster care.

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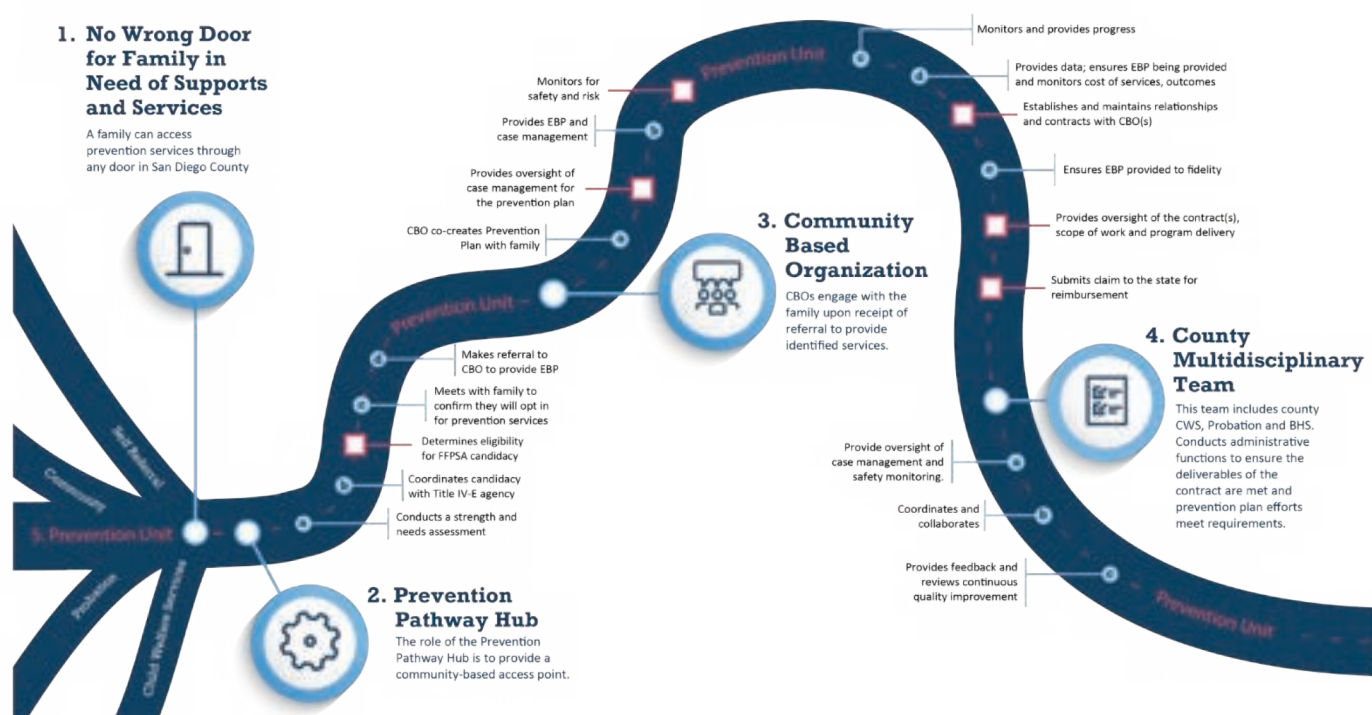
*We created an equity office in our division at the same time as the County office was established.... We shifted our approach from cultural competence to cultural humility and community and family responsiveness.*

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SDC's response to local, state, and national transformation efforts in child welfare resulted in the 2023 Board approval of a multi-year comprehensive plan that has at its core a Prevention Pathway intended to support families and prevent child outplacements. Centrally located in the press announcement were the ongoing concerns about racial inequities in the system. The evolution of the Prevention Pathway reflected the ongoing efforts to achieve a 'No Wrong Door' approach that spurred the HHSA agency

integration more than twenty years ago. The announcement of the plan centered the concerns of equity and included planned development of Prevention Pathway Hubs that could facilitate the planning and coordination of cross-agency prevention and care delivery for children and families. The 12 County Family Resource Centers (FRCs) are part of the Prevention Pathway; many of the FRCs are now co-located in the Live Well Centers, providing even more expansive HHSA service access.

## San Diego County Prevention Pathway



Many management and practice strategies seek to reinforce the prevention-orientation of the County's child and family services. Two years ago, the agency was renamed the Department of Child and Family Well-Being, signifying the shift to upstream approach. First Five San Diego and other child development and family support services, including home visiting, behavioral health, and housing assistance, are increasingly being integrated into the Department's efforts to both *strengthen the family as well as avoid out of home placement*. Data analytics are better informing their understanding of differential risk and needed interventions.

Among other things, the Department found that 70% of hotline reports were ultimately being dismissed: *We realized that people had problems affiliated with poverty, not abuse... and there was no follow-up for poverty problems*. In order to better support family stability, unification, and self-sufficiency the Department has worked across HHSA and other County agencies to make administrative changes in TANF and housing voucher coverage, for example. Similar economic support strategies are being used to assist transition-aged youth in their movement from child welfare settings to independence.

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*We are focused on changes that are going to enhance equity. For example, our review of mandated reporting procedures indicated that there was so much over-reporting of African American families. That's what starts all the inequities.*

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The Department has also reviewed neglect and abuse case identification and management procedures for differential race or other equity related impacts. They engaged Mining for Gold, an equity related transformation consulting group, to help the agency, starting with leadership, look at the ways in which racism was built into the child welfare system's practices. Ongoing work at the staff level and externally has been supporting the development and testing of new strategies for case presentations, placement and reunification decision-making, and law enforcement and other mandated provider reporting. In an ongoing effort to signal changed perspectives, the Department renamed mandated reporters as community supporters. Additionally, a state-required child and family advisory board which reviews action plans every two years — as well as multiple program advisory groups — seek to center the voices and experiences of affected community members, including individuals who themselves have been a part of the foster care system.

Among its evolving strategies has been the Department's efforts to build successful approaches to kin-first outplacements when they become necessary. Faith-in-Motion is a faith-based initiative that, among other things, is supporting the County in this endeavor by surrounding the kinship placement with a *caring community*. Internal

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*The biggest thing the County has brought is openness and willingness. The County has historically not been very favorable to churches. It feels like the County is now looking at churches and seeing they can help.*

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and external interviewees noted that differently engaging faith organizations is a recent development for the County's child welfare system. Instead of simply going to them to recruit foster parents, the Department... *flipped its approach to figure out how could the faith communities help families in crisis.*

This strategy is seen as relevant both to the prevention agenda and to addressing racial and other inequities. The County now has quarterly meetings with all the faith partners where they focus on better understanding what is happening in local communities and how faith organizations, in collaboration with SDC, can respond. Often, faith organizations can work to solve some problems that are difficult for the Department to address, from building friendships with troubled families to figuring out practical issues like how to accept and distribute needed donations. Among the pragmatic needs families face and the faith groups have raised and responded to has been figuring out... *How can you provide gas cards to someone who needs to park a car somewhere for the kids to sleep?*

Building a more equitable approach to family and child well-being is still a work in progress and internal and external collaborators worry about how the ongoing distance between the vision and the practice may disrupt the growing efforts to secure trust.

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*Having true conversations and holding ourselves accountable is making a lot of difference. But the community is not feeling the impact yet. They are still waiting to see if we are going to flip the script again. 'Hmmm, they say; this is government, and it will change again'. It's a very fragile trust.*

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### 3. Creating a Roadmap for more Equitable Aging Services through Targeting and Aligning Services and Care Coordination

While the OERJ has adopted a definition for equity for SDC, the individual HHSA agencies actually shape their equity focus predicated upon the populations they serve; racial equity is a core concern but often the inequities different populations face are also significantly shaped by circumstances beyond race. This may be most true in aging where poverty and homelessness are differentially on the rise and rurality and ability shape both access to and need for supports. Responding equitably to these diverse risks is an ongoing effort within the County.

Aging and Independence Services (AIS) is a Department within the HHSA that oversees aging and disability related services, including a broad range of home and community-based nutrition, meals, transportation, care giver, housing and other support; adult protective services and guardian assistance; long term care ombudsmen services; and assessment, care management and referral

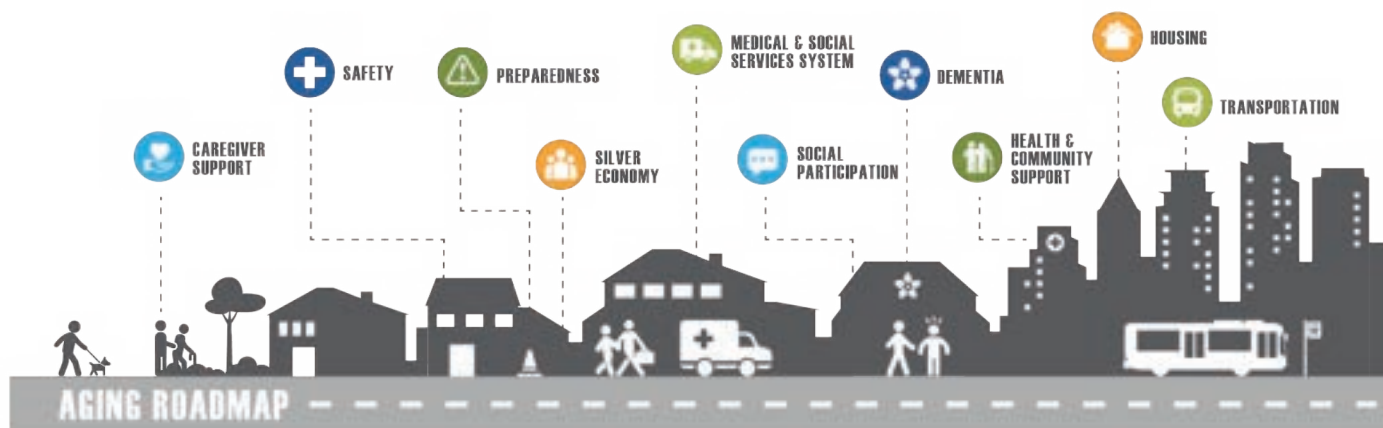
support through its role as the Area Office on Aging. AIS also functions as the Aging and Disability Resource Center, the federally recognized access point for community-based supports. Since 2019 the AIS has sought to build out its strategy for equitable and responsive aging services through its Aging Roadmap. Like the Prevention Pathway, the Aging Roadmap is an explicitly cross-sector, community-engaged and regionally based framework for supporting healthy aging.

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*Equity is at the heart of what we do. Not everyone has access to the same resources and services. It is nuanced in elders. Some communities are very hard hit... People with low literacy particularly don't have access. People may also have different perspectives about asking for help, for example, refugees... And people in the northern part of the county have very different needs than the border folks.*

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## San Diego County Aging Roadmap



Developed in alignment with the overall Live Well strategy, the Roadmap seeks to respond to a growing and more diverse elder population by addressing ten priority areas that ‘collectively represent (the) region’s comprehensive system of care, including person-centered and community-wide efforts.’ Adopted by the Board of Supervisors, the Roadmap guides a continuum of policy, program, and care delivery and financing improvements and builds upon the previous Age Well San Diego initiative and the Older Americans Act Regional Area Plans. As the County moved ahead in 2021 to build an explicit racial equity agenda, equity became a more specific focus of the Roadmap’s annual reporting.

Internally and with external partners, the strategies to create a more diverse aging services workforce had already begun. Lagging behind were efforts, eventually undertaken, to assure that program priorities and procurement policies would increasingly engage more diverse CBO and other provider partners. The Roadmap, besides explaining their approach, helps the AIS create partnerships they and the community can inter-rely on. Now, each of the programmatic divisions within the agency is tasked with supporting community action networks and creating CBO and other service delivery relationships within each region.

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*The Roadmap helps make sure that we are not just focusing on our program deliverables, but that we are looking at what elders need beyond what is right in front of us. For instance, what does a silver economy mean? Right now, it means we need to focus as more elders are becoming homeless.*

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An equity lens — along with Live Well and AIS program-based data and recent community mapping efforts — has revealed differential access and utilization of core services. For instance, AIS staff discovered that Mexican American elders had better food and nutrition access than immigrants from North Africa. To remedy that concern, the County’s meals on wheels program contracted with North African community groups to deliver culturally appropriate meals. A different arena

of reduced food access also emerged from their community survey: individuals eligible for Medi-Cal *have access to food support that others just a little above that income level don’t*. Having equity inform the AIS efforts is amplified by the work that the JEDI teams do in terms of shifting culture and addressing differential policy and program barriers. Staff can think that *because they are providing public services, they simply understand what equity is*. Interviewees appreciated the role of a leadership strategy — and the related culture change and capacity — that the County and the OEJR has made available to shift understanding and practice.

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*The JEDIs make sure that they are on track. There are technical things they do and measurement support ...and they help them... understand people of different cultures... They keep it in the forefront of everyone’s mind.*

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In the Aging and Disability arenas, San Diego has been evolving service access and coordination transformation efforts for some time; the equity implications of these strategies have become more apparent. As both an Area Agency on Aging (AAAs) and an Aging and Disability Resource Center (ADRC), San Diego is relatively unique; less than 1/3 of AAAs — and even fewer of the ADRCs — are part of local government structures. *The ADRC is our No Wrong Door and access starts with their call center*. It provides a pathway to information, referral, geriatric care assessment, and integrated service delivery, depending on individuals’ needs and insurance coverage.

As in child and family services, improved alignment of services across HHSA and with other SDC agencies, as well as the restructuring of critical departments, including Housing and Community Development, are driving strategic program development, client service access, and coordinated care delivery. As one interviewee noted, *I’ve seen lots of alignment — between aging and housing and community development. For instance, when they are building new senior community housing... there are more buildings that include a senior center on site*. Shifts in elder nutritional services,

chronic disease management, housing stabilization and homelessness prevention, and dementia related supports reflect improved governmental and public-private collaboration that is locally- and population-focused. These developments have benefited from many years of selective SDC disability and aging system development through both state and federal innovation funds in diverse arenas: behavioral health service delivery improvements; Medicaid-Medicare dually eligible long term care integration; the Whole Person Care pilots; and the current Medi-Cal CalAIM project focused on people with complex health needs.

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*We were a coordinated care initiative County. That helped us to learn a lot about working with the health plans.*

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The AIS sits at a complicated intersection of the ongoing evolution of the County's aging and disability services and the state's Medicaid program development. SDC is one of less than half of the California counties that run their own County Organized Health System, a Medi-Cal managed care plan. The County's plan is one of four in the region, all of which have an obligation to align aging and disability care management with the AIS and other community supports. Thus, as the County seeks to improve care coordination across its services and with medical care, it has to navigate relationships with the various healthcare systems and plans as another payer, a provider, and a regulator. It is beyond the scope of this case study to closely examine the operations of these plans, but the successful execution of the County's Aging Roadmap — and its ability to address equity-related concerns — inter-relies on the ongoing efforts to develop coordinated care across the entities.

There are numerous efforts to improve the alignment across the various aging and disability health and long-term services and supports providers. A Continuum of Care Board, which the County sits on, *is looking at the ecosystem of*

*CBOs and medical care.* AIS representatives also participate in a planning group of Healthy San Diego, a collaboration between HHSA and the health plans. As they work to build a meaningfully coordinated system of care, the County is establishing MOUs with the various plans and is seeking to improve both its referral and provider functions. This is occurring as new structures, like the Neighborhood Networks, are emerging to meet state requirements for community-managed networks of non-medical service providers. All plans that are providing Enhanced Care Management for their complex patients, like the County health plan, are expected to contract with these entities. How they align with the County's ADRC community care planning and coordination functions — as well as the County provided and procured support services — is still unfolding. As one interviewee noted... *This is still a work in progress.*

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*We are trying to figure out whose lane is whose. Getting a release of information is still a challenge. And where is the door for someone who needs a community provider?*

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The extent to which equity is centrally located across the many moving parts of the aging and disability system varies. As one interviewee noted... *The Neighborhood Networks don't really have a racial equity lens right now; they are mostly focused on the transactional.* This perspective was echoed by a private ECM provider and is a reminder that rapidly changing reimbursement structures can shift relationships between various provider entities, community members, and governmental structures and can heighten differential administrative and payment pressures. The Networks were incubated by the San Diego Wellness Collaborative, the successor organization to the San Diego Accountable Community for Health (ACH) which has been functioning for a decade as a public/private, 'community-driven' collaboration supporting population health and healthcare transformation.

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*The ACH is more transformational but is also being responsive to funders/funding sources. It doesn't really have an anti-racist framework per se. Everything is through the lens of partner leadership; raising up community voices; etc. Be There San Diego has been moving towards race.*

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The Collaborative is now engaged in Medicaid 1115 financing for the Network. Revenue from the Network enterprise helps support the ongoing population health efforts of the ACH, including an initiative of the Collaborative, *Be There San Diego*, which has been around since 2010 and is a nonprofit organization with the mission of building community-clinical linkages and collaborations for optimal health outcomes and health equity. The Collaborative, like other backbone and coordinating agencies, has sought to diversify its financing in a manner that continues to serve its core mission and communities. Aligning those interests, and the tensions between being a convenor and a provider as they seek to address racial and other equity concerns, is still underway.

## Enabling Circumstances

San Diego County's efforts to embrace an equity commitment benefited from several historical circumstances:

- 1 Over two decades of building and democratizing population specific public health and other data that highlighted disparities and was made broadly available to communities;
- 2 Early commitment to — and investment in — prevention as a public health and overall health and human services priority, resulting in, among other things, their recent prevention and other cross-sector roadmaps for change;
- 3 Development of performance-based governance and management strategies that facilitated program integration and coordination, including the early development of an integrated Health and Human Services Agency;

- 4 Establishment of regional mechanisms for public health and other needs assessment; service delivery planning and evaluation; and community engagement, particularly through the evolving Live Well mechanisms; and
- 5 A long history of collaborative — and opportunistic — work with cross-sector public health and clinical-community partnerships.

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*Live Well Centers are a one-stop-shops within the regions. They are convenient for clients and the co-location of services helps the employees better understand what their clients are eligible for.*

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All of these strategies supported the County in better appreciating the disparate circumstances individuals faced across their jurisdictions and in ultimately understanding racial and other equity challenges. These approaches also facilitated the type of community participation and program planning that positioned SDC well for philanthropic, state, and federal investments and initiatives, including through Medicaid innovations. Further differently positioning the County to engage racial equity has been their explicit commitment to putting in place an internal structure responsible for ongoing examination of structural racism within governmental agencies and in their care delivery and purchasing. Their engagement with the Government Alliance on Race and Equity clearly continues to inform the work of their Office on Equity and Racial Justice and the work of the JEDI teams in socializing equity throughout and in supporting agencies in their ongoing transformation. Equally important has been the evolving community collaborators who both appreciate — and challenge — the County's progress.

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*(I know) within that office (OERJ) there are more efforts to be intentional and reflective of the communities....But the structure of the County is so bureaucratic... Instead of saying what do you want to design or co-design, they are building it through their lens.*

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## Ongoing Challenges

San Diego County experiences the difficulties in realizing aspirations for racial and other equity that were reported in the other two case studies and appear in the literature. Bridging the gaps between visions, plans, and actualization, even when there is considerable leadership and well-articulated strategies, can be difficult. Resources are always an issue. However, the administrative and cultural challenges associated with critical transformation efforts like program alignment and undoing structural racism are hard for governmental agencies. Barriers to progress also exist within the community collaborations the County seeks to support. Difficulties exist across the enterprise and within the domains of the programmatic changes on which the County focused this report. The following are some examples of the work still to be done.

- **Aligning County and community equity perspectives and strategies can be difficult.**

San Diego is fortunate to have the Live Well regional service delivery and community engagement settings. They have functioned both to provide mechanisms for community input, plan development and review, and to facilitate coordinated service eligibility, enrollment and delivery. Nonetheless, optimizing transparency and communication — as well as responsive and strategic policy, programmatic, and role changes — is hard. Among other things, there is uneven understanding of the developments underway.

- *I have no idea what the organizational structure is at the County and that makes it challenging. We don't necessarily need to be doing the work, but we want to know about it, see the work reflected, not just in the speeches, but in what is getting done. In the County, the closer they are to the community, the more they understand. But then when decisions get made at a higher level — where is the transparency? That has been a struggle.*

Even internally, there have been concerns about processes and progress in equity-related alignment efforts. For instance, moving services into the

Live Well Centers responded to the one-stop-shopping and coordinated delivery needs, but was nonetheless a significant change in terms of consumer and provider experiences... *the Centers were a shift from community-based run ones.* Even as the County sought to address evolving equity perspectives about the utility of CHWs and the effectiveness of diversifying community service referrals and procurements, problems have arisen.

- *During Covid we hired CHW contractors; now there is a job classification within the County. It was challenging because we didn't want the CHWs to become government workers and lose their credibility in the community.*
- *We are trying to get better about coordination and closed-loop referrals (with community agencies).*

- **Systematically and uniformly applying an equity lens, particularly regarding race,**

to both internal County operations and with external collaborators is a work in progress. The County has invested in many efforts to socialize the concept of equity across the enterprise and to establish measurable personnel development, budgetary and programmatic benchmarks for progress inside and out. Nonetheless, both inside and outside transformation can be hard.

- *Socializing equity requires a constant conversation that has to come from all levels and has to have leadership involvement.*
  - + *In the child welfare space, an interviewee noted... Now we're trying to operationalize Faith in Motion capacity throughout the County... placement folks are now there. At the beginning there was some friction.*
  - + *And in AIS, there was a perspective that... I don't think we've really looked at race and ethnicity differences in access to aging and disability services.*
- *The systems, the policies, and the procedures are still in place that create the inequities and further the harm. All the reports and gatherings are good — but, still the same systems.*

Appreciating the centrality of community engagement in shaping an equity lens, interviewees noted its ongoing challenges, even in a jurisdiction with many participatory structures.

- *It is a continuous process that includes asking the community about who is not there — and includes evaluation and accountability... It is a place where more growth possible.*
- *For community members, we don't need to learn about why the problems are caused, we live it. I appreciate their approach and their frameworks. But the feedback is what are you doing to change it?*

- **Structural, technology, payment, and service delivery equity transformation efforts can reveal sometimes unexpected challenges**

both for the County and its community collaborators. The OERJ, the Office of Strategy and Community Engagement, and other SDC leadership have taken on multiple regulatory, practice, and structural changes to address inequities across the County in programs and supports as diverse as TANF, housing, community and workforce development, and children, families, and aging related services. Nevertheless, federal, and certain state administrative, data-sharing, and fiscal management barriers are a continuing problem across the board as the County tries to align services and ease access. Additionally, making a more responsive system, even with considerable planning, inevitably means encountering unexpected resource, practice, and cultural barriers.

- Building the necessary platforms to connect people to services has been a work in progress with ongoing difficulties in keeping technology and content current: *Connect Well/SD was in place for a number of years, but the technology just didn't keep up.*

- Procurement changes focused on new and more diverse community-based providers in County contracting sometimes ran into unexpected problems: *They worry about how to make sure they would not have to change their core mission.*

- + Sometimes those challenges were more expected, but still difficult to address: *The amount of TA to get your invoice program running is a heavy lift.*

Shifting practice, payment, partners, and platforms may be the most difficult in the ongoing efforts to align County processes with evolving Medi-Cal innovations. While health plan relationships are broadly challenging for SDC in its role as a County Organized Health System, they are even more so in the roll out of the complex care CalAIM efforts and the intersection of that effort with the County's Aging and Independence Services.

- As interviewees noted: *CalAim has been slower in San Diego and is still a work in progress* with implications for hospitals, plans, and community providers who are networked through hubs for the provision of long term services and supports and services in lieu of payment that are permitted. Among other things, having plans reliably pass along the incentive payments for those activities is still under development.
- Enhanced care management has faced particular challenges.
  - + *The state thought magically that CBOs would want to take Medicaid contracts.*
  - + *For high touch folks, this ECM doesn't work... and it's hard to sell...care management vs. the services people want and need.*
- For the County that has been trying to build No Wrong Door Aging and Independence Services... *It's hard to build a system that differently treats various poverty populations.*

- **Changing population needs and shifting state and federal politics** impact the ability to maintain commitments to equity related efforts. State and federal administrative and funding requirements reinforce the silos that the County and its community collaborators seek to diminish in the pursuit of more equitable practices. Two particular challenges addressed by interviewees were the growth and changes in the homeless populations and the increasing federal assault on racial and other equity efforts.

- *Our biggest concern is about more people becoming unhoused, especially elders. 15–20 older adults sleep outside our doors every night; there are not enough resources. We used to connect them to a case manager and*

*put them in a single room occupancy hotel for transition. They would be covered through a project-based voucher and then we work up a savings and housing placement plan. It used to take 3–4 months; now it's more like a year.*

- + *Additionally, the statewide encampment ban is forcing homeless elders to be more transient.*

- *The current political environment is going to make equity very challenging for us... DEI has been politicized and we are worried about the really dystopian era we are in and whether it will be easier (for the County) to go back to business as usual.*



## Moving Forward

With almost three decades of data, governance, and structural transformation focused on revealing and responding to disparities, San Diego County has been better positioned than many jurisdictions to respond to evolving understanding — and expectations — about building commitments to equity, especially racial equity. Having a strong internal ecosystem of equity focused structures and change-related strategies — spanning budget and procurement processes through service delivery and community engagement efforts — provides the County and external partners with accountable mechanisms with which to assess change and ongoing need. The early embrace of prevention as an over-arching goal, integrated health and human services management, and regional structures for community engagement and service delivery has differently situated SDC for engaging core equity-responsive strategies like No Wrong Door and cross-sector service alignment.

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*Our integrated HHS is unique — it is not just words. No Wrong Door... was the impetus for creating it.*

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The County has also situated its Strategic Plan to be a *living document*. On the one hand, that has positioned the plan — and the related agency performance requirements — to be usefully located for ongoing updates responsive to changing community and Board requirements. As a result, in 2021, after the County had declared racism to be a public health emergency and established the OERJ, ...*the General Management System was redone. Equity was actually stated as well as belonging*. Their progress in equity approaches has been noted by internal and external collaborators. SDC's active participation in state and federal public health and healthcare innovations continues and, along with their strong relationships with local, state, and national foundations,

promises to provide a base for ongoing equity related improvements, across race but also across the many other domains that shape differential risk and access in the County.

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*The County is making an intentional effort to facilitate the access to participation in contracted services as part of their equity commitment.*

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There have been numerous equity-related improvements in coordinated eligibility, enrollment, care management and service delivery — in public health and poverty related supports as well as in child and family services and aging efforts. There have also been many program improvements focused on particular at-risk populations across race and ethnicity. Nonetheless, the risks of going back to *business as usual* in the face of funding cuts and federal pressures is considerable. The end of ARPA resources and the increasing immigration related pressures on border communities create substantial burdens and substantively interrupt the population-level aspirations of the Targeted Universalism approach. The trust that has been built is still fragile — as are many mechanisms for change. However, the Framework for Creating an Equitable County Government established by the Board of Supervisors in 2021 provides a platform that is still equally relevant for steering San Diego through this challenging time. They sought to ensure that 'in making decisions, the County is promoting health equity, basing decisions on equity data, and engaging our communities in a participatory process'.

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*Community engagement is at the center. When we get into work, are we intentional about incorporating people usually most marginalized? Do we return to the community to ask if we got it right? It is everybody's role.*

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