

EXECUTIVE SUMMARY:

Addressing Racial Equity: Case Studies of County-Based Health & Human Services Innovation

Background

Addressing equity, particularly racial equity, has been an animating concern in public health and healthcare for the last two decades. Continually expanding health disparities and ongoing racialized public policy and public safety heightened concerns well before the Black Lives Matter movement. Two converging developments in the 1990's laid the basis for ecological understanding and measurement of differential health status and healthcare access and outcomes: Dahlgren and Whitehead's model for social and economic determinants of health and the University of Wisconsin's County Health Rankings. These — and other efforts — provided a basis for both characterizing non-medical influences on health within communities and, eventually, specifically locating race and ethnicity within frameworks of risk and opportunity. The Robert Wood Johnson Foundation was crucial in the evolution of these analytic models and conceptualized the intersection and inter-dependency of health care, public health, and human/social services in their efforts to move healthcare upstream.

These developments shaped increased understanding of — and strategies to address — racism as a public health emergency.

This case study project is the outgrowth of more recent RWJF support for strategic, equity-related alignment of governmental and non-governmental health and human services. Their grant to the American Public Human Services Association (APHSA) and Social Current facilitated work between these two national organizations, and their local and state public and private human services members, in their efforts to build joint equity strategies. The deliberations of these partners provided the impetus for taking a closer look at three county-level equity initiatives.

Milwaukee, Mecklenburg, and San Diego Counties are the focus of the high-level case studies presented here. While there are considerable variations in the challenges they face, the resources they have, and the specific interventions they have undertaken, the approaches the

True equity is achieved and sustained when organizations align their efforts to address social, environmental, and economic challenges through the justice lens.

— 2020–2023 MECKLENBURG COUNTY EQUITY ACTION PLAN

counties have embraced share a number of critical features. Additionally, they provide a basis for considering ongoing opportunities for racial and other equity interventions, even in a time when a national assault on diversity, equity, and inclusion (DEI) is underway. In many respects, the most surprising finding from the three settings was the extent to which the strategies they identified as being crucial to addressing racial inequity are the same as those whose evidence base, in terms of efficient and effective service delivery for vulnerable populations more broadly, has been emerging over the last two decades.

This summary provides a brief review of the methods and the findings that are more explicitly described within each of the case studies. The studies are high-level reviews of three jurisdictions; they offer opportunities to consider both how much further the spread and scale of these approaches may already be occurring and how similar approaches may well continue to optimize access to and use of health and human services by populations at risk.

Methods Summary

This study grew out of the RWJF-funded efforts of APhSA and Social Current. The eighteen-month project supported a diverse mix of their members in the development of a collaborative equity-focused curriculum currently being deployed through their state and local affiliates. Their efforts provided the impetus to look more closely at three sites in action; additionally, their deliberations suggested useful content to pursue as well as possible settings for review.

Several other health and human/social service RWJF grantees provided additional recommendations

for potential sites and, in some cases, for particular local innovations. Investigator review of publicly available information about the potential counties' efforts — and select key informant interviews with national, state, and local staff familiar with the settings — narrowed the focus. Site selection criteria included existing public-private health and human services multi-sector alignment that was equity focused, had preferably been underway for at least a five-year period, and was community engaged. Investigators also hoped to achieve some variation in geography, county government structure and resources, and the mix of population and service interventions the localities identified as exemplary of their equity efforts.

Extensive document review, both as identified by the investigators and as recommended by participants, provided the backdrop for virtual interviews that were done with public and private sector personnel and community members from each site over a fifteen-month period from May 2024 through July 2025. The researchers sought to *characterize the impetus, process, and impact of public-private cross-sector healthcare and human service delivery innovations that were centered in community and informed by equity*. All interviews began with lead County personnel who both identified two select areas of equity work for the case study focus and provided initial internal and external interviewee recommendations that were pursued in a snowball fashion.

The goal had been to conduct at least seven to eight individual interviews per site. Some settings chose to do interviews as group processes so the total number of individuals participating varied and is noted in each report. All lead interviewees were offered the opportunity to review the reports for accuracy. Participants are generally identified relative to their governmental/non-governmental status; interviewee quotes which appear in italics in each of the reports are not individually attributed. While not planned initially, investigators decided to anonymize all information because of growing challenges sites were facing regarding equity efforts during the course of the study.

The case study research proposal was reviewed and determined to be exempt by the Northeastern University IRB. Nonetheless, verbal consents were executed with all interviewees.

Findings Highlights

Case study sites were selected because they had already made demonstrable commitments to addressing equity, particularly racial equity, through their alignment and other efforts in health and human services. Therefore, it may not be surprising that all exhibited tremendous pride in characterizing their planning and execution of strategic initiatives within government and in collaboration with their private partners. Interviewees, both community members and public agency staff, shared a sense of pride — and humility — that came from engaging a large societal issue that often was personally challenging, and identifying, developing, and executing meaningful responses. Even for those arenas where the work is still in progress, there was a deep sense of the value of working together across sectors to tackle the embedded threats of structural racism and other aspects of inequity. This kind of engagement, learning, satisfaction, and ongoing collaborative struggle can often be missing from the hard work of delivering the care vulnerable populations rely upon. The collective engagement that has evolved in these settings, and is reported in others, is a resource that can and should be built upon, even in a time of threat.

Our premise is that racism is perpetuated through institutional structures, policies, and processes... Insiders must be willing to acknowledge and question unequal policies and practices and subsequently institute remedies through culturally competent stewardship.

— MILWAUKEE COUNTY STRATEGIC PLAN, 2020

What animated each site's embrace of equity as a policy priority differed as did the arenas they identified as emblematic of their progress. Differential histories of racism, resources, and governmental processes shaped the circumstances under which the three Counties built internal and external capacity to respond. In both Milwaukee

and Mecklenburg, recent racial unrest and police brutality catapulted the jurisdictions into action. In San Diego, a long history of collective impact work and regional community-based data analysis, planning and service delivery set the stage for collaborative responses to racial equity. All three jurisdictions benefited from the evolution of the frameworks and strategies associated with Targeted Universalism and, to differing extents, the related support of the Government Alliance on Race and Equity.

Racism underpins health inequities throughout the region and has a substantial correlation to disproportionate impacts on the quality of life of County residents... the County has a responsibility to tackle this issue head-on to improve the overall health of our residents.

— SAN DIEGO COUNTY BOARD OF SUPERVISORS, 2021

Concurrent and prior county administrative changes in agency structures and their program and fiscal management shifted the equity-related opportunities that were available to both public and private partners. Some of these changes resulted from major state and national funding declines; others were the result of counties seeking to achieve more efficiencies and better outcomes. Over time, litigation and other community pressures also shaped the environment that made racial and other equity commitments possible. Finally, significant changes in county personnel brought needed creativity and leadership to long term struggles. A not inconsiderable force in all three settings were local and national philanthropic partners. Mecklenburg provided a particularly rich example of foundation commitment to transformation; philanthropic partners supported diverse governmental and non-governmental actors in a deep reflection on the County's legacy of racialized practices that needed to be engaged

in order to move forward. This broad, cross-sector process of collective learning, reconciliation, and action is an ongoing effort begun by the Charlotte-Mecklenburg Opportunity Task Force in 2013.

We need only the courage to confront what may hurt, embrace that which will help, and sustain collective action in the spirit of truth, trust, and compromise.

— THE OPPORTUNITY TASK FORCE, 2017

Each site had particular equity innovations that arose from their individual histories and that constitute the focus of the case studies. Milwaukee re-designed their overall health and human services agency structure and re-fashioned the County's community behavioral health care; Mecklenburg re-aligned health and human service delivery through strategically located Community Resource Centers and undertook a major shift in their maternal and child health delivery; and San Diego focused on restructuring both their services for families and children as well as their elder care and support. Socializing equity throughout their governmental policies and processes and with their external partners was a shared objective and, in every case, drove changes in health and human services and beyond as these agencies generally took the lead in the broader County commitments around race.

While different histories and resources facilitate the efforts undertaken by the sites, there are strategies that were embraced by all counties that demonstrate shared understanding of the barriers to — and promoters of — resolving racial and other inequities. Additionally, these strategies have evolved over the last two to three decades and reflect the evidence base that has evolved regarding effective and efficient health and human services support for many vulnerable populations: families involved in child welfare; transition-aged youth; and elders and people with disabilities including people with behavioral health disorders, among others. The absence of having adequately spread and scaled proven interventions has

disproportionately negatively impacted people of color. It is thus no surprise that these proven approaches — and the associated rationales — emerged as priority equity strategies across all sites.

- 1 Establishing a publicly engaged, government-wide equity plan, with benchmarks and ongoing review, is foundational.
- 2 Population-specific data development, transparency, and democratization provides both the basis for equitable service planning and redesign and the mechanisms for public accountability.
- 3 Meaningful community engagement is core to building effective and responsive interventions and the trust necessary for those efforts to succeed.
- 4 Equity-focused systems rely upon minimizing administrative, regulatory, and other barriers to care access and loss to follow-up; they require:
 - Aligning service and care delivery strategies and mechanisms;
 - Assuring cross-service eligibility, enrollment, care planning, referral, care management and delivery to the maximum extent possible;
 - Building 'No Wrong Door' access points that facilitate entry into systems of care; and
 - Addressing the whole person's needs.
- 5 Building equity-responsive systems of care requires developing more diverse service providers through changing procurement related practices, building capacity, targeting new resources and re-directing existing ones.
- 6 Internal and external system change requires socializing equity through ongoing processes that shift understandings of race and other inequities; change institutional culture, norms, personnel, and roles; places of and approaches to delivery of care and support.
 - Both governmental and non-governmental partners in health and human services need aligned mechanisms that support these changes over time and that are available for understanding and critique by affected community members.

Socializing equity requires a constant conversation that has to come from all levels and has to have leadership involvement

7 Governmental leadership is necessary — but insufficient by itself — to drive equity agendas. Cross-sector collaborations and mechanisms for ongoing engagement with business, academia, philanthropy, and diverse communities is required to support — and challenge — the barriers to change both internal to and outside of government.

For all settings, implementing racial and other equity related strategies is a work in progress. Some components of their plans are still aspirational and community members as well as governmental and private agency staff expressed concerns about the work still ahead. There was a shared sense that the trust necessary for success is fragile: *it is hard to gain and easy to lose*. Finding sufficient revenue to power new strategies is difficult and because all sites relied in part on ARPA related funds that are now sunsetting, some progress is

being put at risk. Needed structural, administrative, and regulatory changes in the county governments can easily hit roadblocks, especially when there is regime change. And, finally, transformation within community organizations can also be difficult.

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.

The recognition of risks and challenges did not deter participants' optimism about the importance of the mission. The goal of truly *operationalizing equity* drives the efforts of government and community groups alike and the plans and strategies they have put in place hold out great hope because of the engagement — and the accountability — that has been embraced. The work of these sites has the potential to inform other settings and to support the continuation of equity innovations even as they face ongoing threats.

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