



*Building Towards  
Antiracist Governments*

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# Orange County: Brave Steps



California Pan-Ethnic  
HEALTH NETWORK

# EXECUTIVE SUMMARY

Orange County (OC) is a wealthy county in Southern California that is home to a diverse and politically divided population. Despite being a “purple” county, Orange County took brave steps and enacted several key strategies in response to the health and economic disparities laid bare by the COVID-19 pandemic to make the county a more equitable place for all its residents.

1. **Used race and place-based strategies to combat COVID-19 inequities.** OC was one of the first local jurisdictions in California to develop and use a public health map. The OC Equity Map, launched in December 2020, helped public health leaders target their COVID-19 response to neighborhoods and populations most in need.
2. **Established an Office of Population Health & Equity.** In December 2020, Orange County created this new office “to advance health equity and population health.”
3. **Launched the Equity in OC (EiOC) Initiative.** With the help of CDC funding, Orange County launched the community and data driven EiOC to address social determinants of health and reduce health inequities. This initiative is notable for its partnership with community and efforts to build people power through three strategies:
  - 3.1 Equitable grant making
  - 3.2 Direct investments in BIPOC and LGBTQ+ communities
  - 3.3 Trust and relationship building
4. **Declared racism a public health crisis.** In December 2022, the Orange County Board of Supervisors unanimously passed a resolution declaring racism a public health crisis.

While these efforts have been notable, Orange County has much more to do to sustain and build upon its efforts to address racism, discrimination, and health inequities. Specifically, OC equity leaders highlight four areas for future focus.

1. **Ensuring Steady Equity Leadership.**
2. **Building True Partnerships with CBOs.**
3. **Sustaining Momentum and Funding Beyond CDC Grant.**
4. **Adding Accountability and Funding to Racism as a Public Health Crisis Resolution.**

Additionally, the Orange County government needs to acknowledge and address racism and discrimination both historically and as it happens.



*Overview of*

# ORANGE COUNTY



Known for its tourist attraction of Disneyland and beach city resorts, Orange County in southern California has a median household income of \$100,485 (2021), almost 20 percent higher than the state average. [i]

Though its political makeup leans liberal nowadays (with 3 out of 5 Supervisors being Democrats, and slightly more voters voting Democrat than Republican in the 2020 presidential election), Orange County is perhaps best described as “purple with a stubborn streak of conservatism that sets it apart from the rest of coastal California.” [ii] Orange County (OC) made headlines many times during the COVID-19 pandemic, as local businesses actively resisted state and local public health measures such as masking mandates, restrictions on indoor dining, [iii] and vaccination recommendations. [iv]

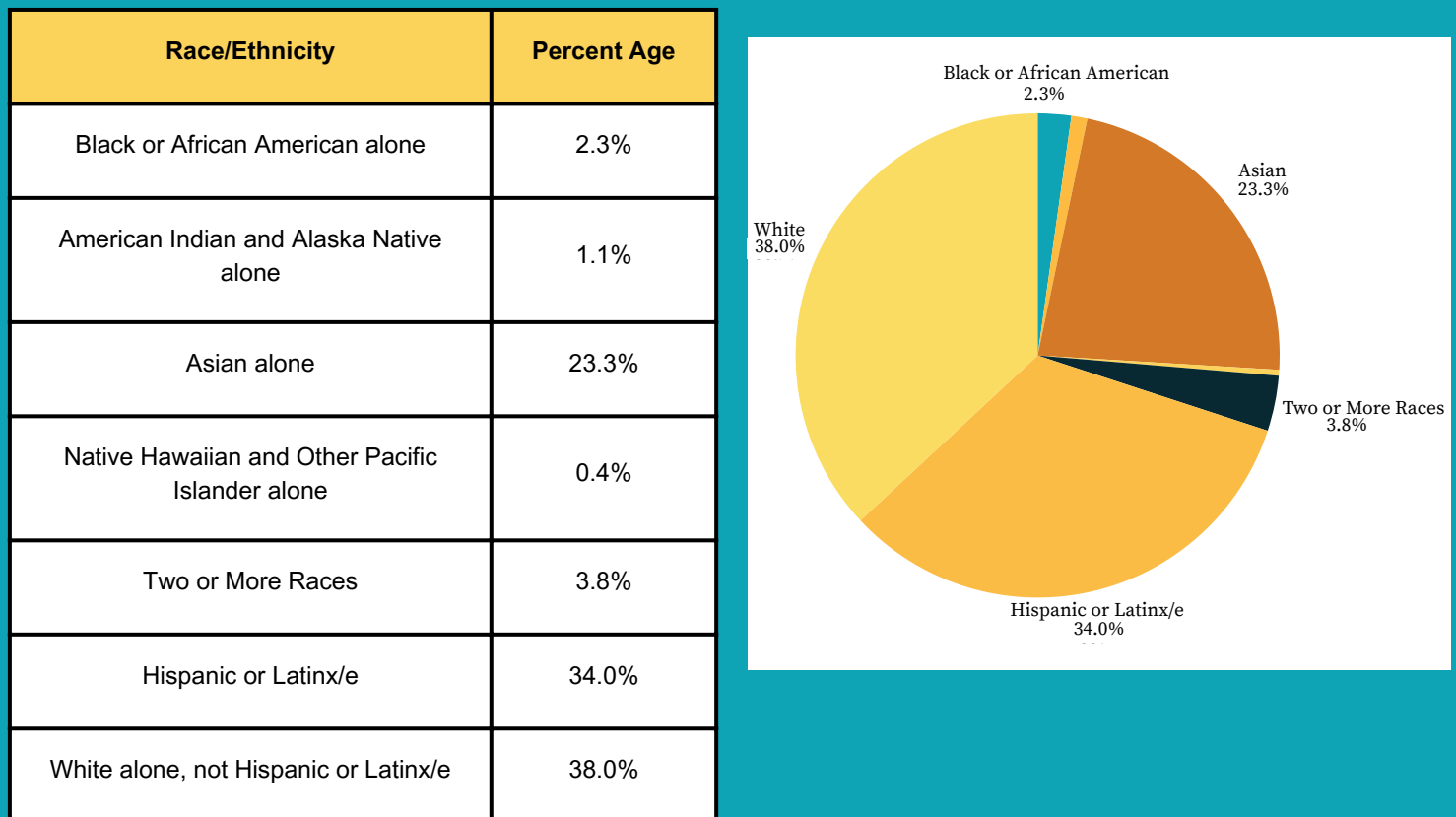
The county seems to be experiencing increased political polarization and tension, as evidenced by a 165% increase in hate crimes between 2016 and 2021, the majority racially motivated. [v] Particularly, anti-Asian hate crimes skyrocketed, and county leaders of Asian descent, including Supervisor Andrew Do, and Dr. Clayton Chau, then Director of Orange County Health Care Agency, both refugees from Vietnam, experienced racist and xenophobic attacks from the public. [vi]



## Demographics and Diversity

As the sixth most populous county in the US with a total population of 3.19 million, the metropolitan county is highly diverse (34% Latinx/e, 23.3% Asian, see Figure 1). Orange County is home to many immigrants: almost half of its residents speak a non-English language at home, and almost one in three is foreign-born. OC is also home to the third largest Asian American and Asian population in the US. [vii]

**Figure 1: Demographic Breakdown of Orange County Population**



## COVID-19 Disparities

Orange County witnessed the disproportionate impact COVID-19 had on communities of color, underscoring historic and present racism in the county such as economic disinvestment in and forced segregation of Mexican communities. [viii] A UCI study funded by the OC Health Care Agency in 2020 identified that Latinx/e communities, especially those who were low-income frontline workers in densely populated urban settings, had a much higher exposure to the virus than others. [ix]

CPEHN's analyses of cumulative COVID-19 deaths in Orange County revealed disparities in Native Hawaiian and Pacific Islander (NHPI) communities as well as their White counterparts compared to other racial and ethnic groups. As of April 6, 2023, deaths in OC were overrepresented among NHPI and White populations. As noted above, the NHPI population is about 0.4% of the total OC population, while the White population is almost 38%. Of the 8,064 total deaths within the county at that time, 52 deaths were among NHPI persons (0.6% of total deaths) and 3,463 among White persons (43% of total deaths) indicating an excess of deaths given each group's share of the OC population.

# TIMELINE OF ACTIONS

Dr. Clayton Chau became Director of Orange County Health Care Agency

May 2020

June 2020

Orange County formed a COVID-19-focused Latino Health Equity Collective in partnership with Latino Health Access

OC Health Care Agency contracted with Advance OC, a non-profit, to develop the OC Equity Map

July 2020

October 2020

Orange County formed the COVID-19-focused Asian Pacific Islander Task Force in partnership with AANHPI-serving CBOs

OCHCA established an Office of Population Health & Equity (OPHE)

December 2020

June 2021

OPHE was awarded \$22.8 million from the CDC Health Equity Grant

OC Equity Map 2.0 was launched

July 2021

November 2021

OPHE started to contract with five consulting partners using the CDC grant

Equity in OC was launched. EiOC Taskforce began to meet via monthly virtual meetings

February 2022

March 2022

The OC Board of Supervisors passed the resolution, "*County of Orange Standing in Solidarity to Denounce All Hate Crimes*"

The OC Board of Supervisors passed the resolution, "*County of Orange Standing in Solidarity with Transgender, Gender Non-Conforming and Non-Binary Individuals*"

May 2022

December 2022

The OC Board of Supervisors passed a resolution, "*Declaring Racism and Inequity as a Public Health Crisis*"

Dr. Clayton Chau resigned from his OCHCA Director position

June 2023

# ORANGE COUNTY'S EFFORTS TO ADDRESS HEALTH DISPARITIES AND RACISM

In response to the COVID-19 pandemic and the health disparities it exposed, Orange County's policymakers and equity leaders have pursued a series of brave efforts to address racism and discrimination. CPEHN interviewed Dr Clayton Chau (former Director at the Orange County Health Care Agency), Khloe Rios-Wyatt (President and CEO at Alianza Translatinx), Katie Kalvoda (President at Advance OC), and Carol Kim (Senior Director of Community Investments and Evaluation at Orange County United Way) to learn more about OC's efforts, highlighting their successes and opportunities for future action. This story will focus on four broad efforts undertaken in OC since 2020:

1. Using race and place-based strategies to combat COVID-19 inequities
2. Establishing an Office of Population Health & Equity
3. Launching the Equity in OC Initiative
  - a. Equitable grant making
  - b. Direct investments in BIPOC and LGBTQ+ communities
  - c. Trust and relationship building
4. Declaring racism a public health crisis

## 1. Used Race and Place-Based Strategies to Combat COVID-19 Inequities

The COVID-19 pandemic provided a wake-up call for the Orange County government to start acknowledging the root causes of health disparities. Early in the pandemic, the OC Board of Supervisors hosted weekly meetings on COVID-19 response and formed a Testing Ad-Hoc Committee. Critically, Dr Clayton Chau was hired as Director of OC HCA in May 2020. Chau's leadership was instrumental in ensuring equity and

elevating the role of data in the county's larger public health response throughout his tenure until June 2023. [x]

*"When I took the position and looked at the data of COVID infection... it is no surprise that the population that gets affected the most are blue collar [or] undocumented because they did not have the luxury of telework. They are the people who support the bulk of our infrastructure, food industry, supermarket, labor work... that's what we saw in Orange County, particularly in central Orange County where Santa Ana is," said Chau (OCHCA).*

To respond to high rates of transmission among the Latinx/e population, especially in urban settings, Orange County created a Santa Ana-based Latino Health Equity Initiative in July 2020 led by non-profit organization Latino Health Access to focus testing in COVID-19 "hotspot" neighborhoods. [xi] In October 2020, the county formed the Asian Pacific Islander Task Force, in partnership with community-based organizations that are trusted messengers within Asian and communities. [xii] These collectives worked closely with the OCHCA to address COVID-19 inequities through culturally and linguistically appropriate COVID-19 testing, vaccination, housing support, and food distribution. *"Within a month or two, the positivity rate in some of what we call equity zip codes actually was doing much better than the overall county positivity rate,"* said Chau (OCHCA).

In July 2020, the OC Board of Supervisors engaged Advance OC, a non-profit organization, to develop the **OC Equity Map**, a first of its kind among California local governments. The initial purpose of the map was to "develop a data



platform that informs Orange County leaders, public/private entities, and residents in the most impacted regions about the increasing risk of COVID-19.” [xiii]

The interactive OC Equity Map was launched in December 2020 and “visualizes 580 census tracts across the county and displays scores from the Social Progress Index (SPI), Centers for Disease Control (CDC) Health Indicators, and other population demographic data.” The tool allows OC decision-makers to identify “what health inequities exist and where they are most felt” so that resources can be concentrated to eliminate these inequities.

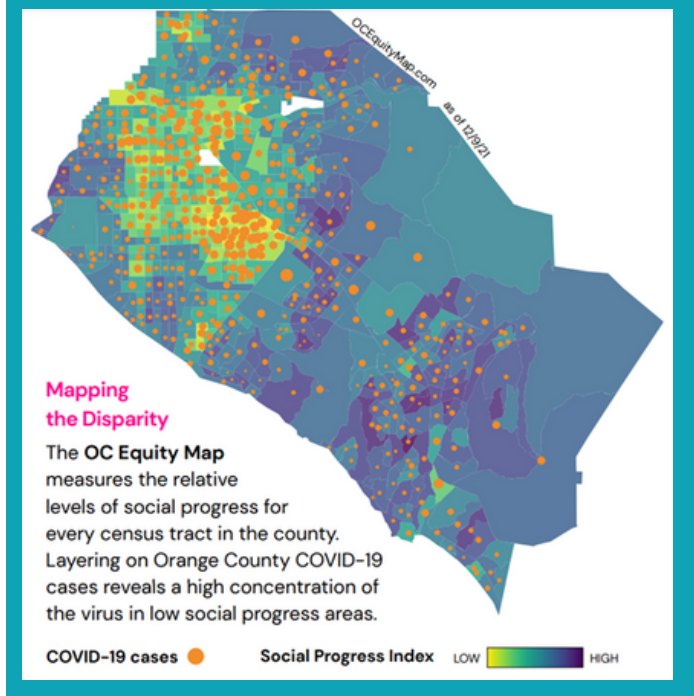
**OC Equity Map 2.0**, an updated version that incorporated 2020 Census data, was launched in July 2021. OCHCA utilized the map platform in its COVID-19 response, including testing, vaccine distribution, and other mitigation strategies. The OC Equity Map was recognized by the Southern California Association of Governments with a Sustainability Award in the category of Equity in May 2022. [xiv] OC’s efforts also predated California state government’s place-based strategies [xv] to require counties to prioritize COVID-19 testing and vaccinations for vulnerable neighborhoods.

Place-based strategies can be powerful public health measures, as they recognize the impact of living conditions on one’s health, often due to factors such as historic and present economic disinvestment and racial segregation. These maps help decision-makers conceptualize upstream social determinants of health and provide the basis for decision-making to target resources toward the most disadvantaged communities by geographic location.

## 2. Established an Office of Population Health & Equity

Under the leadership of Clayton Chau (OCHCA) who recognized that COVID-19 inequities in infection and death rates were a result of underlying structural inequities, and with support

Figure 2: OC Equity Map as of December 2021, with COVID-19 hotspot overlaying with Social Progress Index scores [xvi]



from OC’s Board of Supervisors, the OCHCA created the Office of Population Health & Equity (OPHE) in December 2020. The OPHE reports directly to the OC OCHCA’s CEO Office, rather than under a specific OCHCA department, so that it can have a cross-departmental impact. OPHE’s current mission is to “support the OCHCA’s impact and action related to addressing health disparities to advance health equity and population health.” [xvii] Notably, OC’s Health Care Agency harbors multiple county functions including public health, behavioral and mental health, environmental health, and emergency medical services, with over 2,900 staff and an annual budget of over \$1 billion.

One of OPHE’s first tasks was to apply for CDC funding through the "National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities" grant. In June 2021, Orange County was awarded \$22,886,119 for an initial two-year grant period, [xviii] which was later extended to June 2024.

With the CDC funding, OPHE contracted with five consulting partners, including the Institute for Healthcare Improvement, Orange County United Way, Advance OC, Public Health Institute, and Celery Design Collaborative [xix], to help carry out many community-facing functions for the Office.

While CDC funding was used to grow OPHE staff from the original one full-time position of director Hieu Nguyen to six staff, the county is committed to sustaining the OPHE when the CDC grant concludes. *“We will be leveraging mental health dollars as well as public health dollars to support the Office of Population Health and Equity. There’s no plan to shut it down at all,”* said Chau (OCHCA).

### **3. Launched the Equity in OC Initiative**

A pinnacle of Orange County’s equity work has been the Equity in OC (EiOC) initiative, a \$22 million community-led, data-driven initiative that the county developed leveraging the CDC Health Equity grant. Instead of investing the CDC funds OPHE obtained into the departmental COVID-19 response, OC was among the handful of counties

that decided to invest money in CBOs and community-defined strategies directly to address the root causes and systemic drivers of health inequities. By the end of 2022, the EiOC Initiative had awarded 131 grants in the total amount of \$9.18 million to OC community partners. [xx] At the time of this CPEHN report, the initiative is still running as the county obtained a no-cost extension from the CDC until June 2024 to issue the rest of the grants.

In The California Endowment’s “An Ecosystem to Build Power and Advance Health and Racial Equity”, Barsoum and Farrow described the six ecosystem elements that systems can build power through: Community and grassroots organizing centered, Shared values and analysis, Relationships, Infrastructure, Composition, and Capacities. [xxi] The EiOC initiative embedded all these elements and is indeed an exemplar of how a local government, through the extension of its consultants and partners, can function as a decision maker, thought partner, technical assistance provider as well as direct funder, all in order to build power in its local communities.

### **Equity in OC Guiding Principles**

Along with community partners, the HCA is launching the Equity in OC Initiative with the following guiding principles:

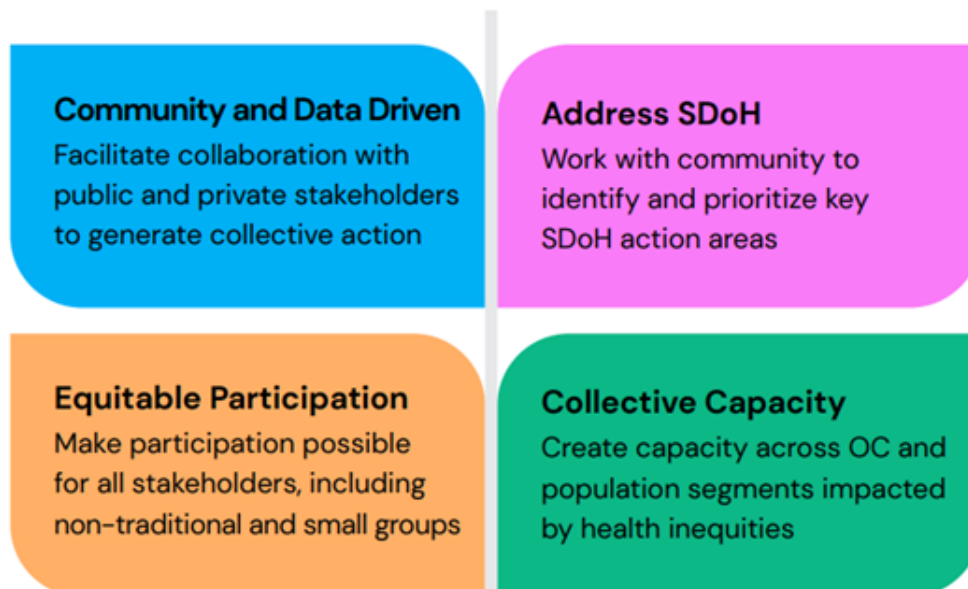


Figure 3: EiOC Guiding Principles [xxii]



EiOC builds people power through three strategies: (i) equitable grant making, (ii) direct investments in BIPOC and LGBTQ+ communities, and (iii) trust and relationship building. These strategies are not mutually exclusive but rather mutually reinforcing, as seen throughout the various activities and funding decisions under EiOC.

### 3.1 EiOC Power Building: Equitable Grant Making:

The EiOC initiative officially launched with the convening of the EiOC Taskforce in February 2022. Under the leadership of the Office of Population Health & Equity (OPHE), the Institute for Healthcare Improvement (IHI) convened virtual monthly meetings, attended by more than 200 diverse organizations that serve OC communities (including academic institutions, youth-serving organizations, faith-based organizations, and community-based organizations) and dozens of OC community residents.

Taskforce meetings were held in Spanish, Vietnamese, and American Sign Language, and materials were available in Spanish and Vietnamese. [xxiii] To ensure small or nontraditional CBOs, as well as individuals not affiliated with an organization, could participate equally, the OPHE utilized a modified Delphi process [xxiv] to arrive at a consensus. Meanwhile, community individuals were compensated for their time via participation honoraria (\$1,400 per person per year).

In recognition of the importance of social determinants of health (SDoH) in building community resilience beyond the pandemic, the initial Taskforce meetings focused on discussing and choosing three SDOH priorities for EiOC funding. After three months of discussion, the Taskforce collectively chose three priorities: **Housing as Health, Food as Medicine, and Health & Healing**. Then OPHE began funding community organization collectives, groups of nonprofit community-based organizations with one lead agency that serves as the point of contact, to

address these areas. By the end of 2022, five collectives were funded under “Housing is Health” and another seven under “Health & Healing”; no collective has been funded yet under “Food as Medicine”. [xxv]

Orange County worked with the OC United Way as a third-party grant administrator for the various grants under the entirety of EiOC. Working with OC United Way was an intentional step to make funding accessible for CBOs who otherwise may be turned away by the complicated and tedious application and reporting processes typical of traditional government grants. [xxvi] Kim (OC United Way) described the multiple ways EiOC grantmaking processes were designed to be more equitable than traditional processes [Figure 4].

Kim (OC United Way) emphasized, *“Equitable grant-making is to be flexible with the community partner. [...] When it comes to social services and community building work, the expectation that a specific outcome will occur is unrealistic [...] the CDC grant is a once-in-a-lifetime opportunity where we’re not necessarily tied to proving that we’ve achieved ‘outcomes,’ but that we are building a more resilient and equitable community in our county.”*

Rios-Wyatt at Alianza Translatinx, an EiOC grantee, shared that applying for funding from EiOC was a much easier process than applying for government funding. *“If there’s a concern or question, we’re here to help you. We want you to succeed. And that’s always been the value orientation from the beginning,”* said Kim (OC United Way). Chau (OCHCA) shared that a small portion of the CDC funds (around 10%) was kept for administrative costs to allow the OC United Way to *“roll the money out quickly because we realize that the county process just takes too long.”*

Power building can be in the form of external or internal power. [xxviii] While allowing communities to vote on priorities was a direct way to build explicit external power, EiOC also built internal

Figure 4: Comparison of Traditional and Equitable Grant-Making Processes [xxvii]

Traditional Grantmaking	Equitable Grantmaking	What Equity in OC Did
Government identifies issue or priority areas	Community defines issue or priority areas	EiOC convened a Taskforce where community organizations and residents decided on three priority social determinants of health areas for EiOC to fund: (i) Housing as Health, (ii) Health and Healing, and (iii) Food as Medicine
Government creates the Scope of Work (proposed solutions)	Community co-designs the Scope of Work (plan to address the issue)	EiOC gave block grants to BIPOC and LGBTQ+ community organizations to design and carry out programs and services that are tailored to their communities
Government has a complicated RFP process, strict guidelines, and reporting requirements (creating barriers for smaller nonprofits without a grant writer)	Government work with Community on the RFP process by providing TA and simplifying application and reporting process. Offers regular check-ins as a way to provide support	OC United Way consulted with CBOs and communities on how to improve the RFP process for EiOC and provided regular TA for grant applications; additional TA was provided through Advance OC, IHI, and Community Health Improvement Leadership Academy (CHILA)

power through increasing CBO knowledge, skills, and capacity. Advance OC offered TA through “Data Office Hours,” and the Institute for Healthcare Improvement provided training through “Health Coach.” In addition, OPHE hosted 3 Community Health Improvement Leadership Academy (CHILA) events to build capacity for CBO partners and adopt an upstream approach for their equity projects. Notably, these trainings were made available to not only the EiOC partners and grantees but also OCHCA internal teams, emphasizing the need for both internal and external knowledge building to pave the way for equity in OC.

### 3.2 EiOC Power Building: Directly Investing in BIPOC and LGBTQ+ Communities

In addition to the SDoH implementation grants, the Orange County government chose to directly invest in the most impacted communities, particularly Black, Indigenous, and Communities of Color (BIPOC) and LGBTQ+ communities through three additional EiOC grant categories:

- 3.2.1. **Power Building Grants for Small Nonprofit Organizations.** OPHE has provided grants to 29 grassroots organizations with annual operating budgets of less than \$500,000 to help them build their infrastructure and capacity

to become more sustainable partners in the EiOC Initiative. In addition to the CDC funds, Supervisor Andrew Do approved \$1 million from his District 1 discretionary budget [xxix] for these grants. These organizations are working to address the Social Determinants of Health, particularly for BIPOC, women, and LGBTQ+ communities. The county has identified these organizations as critical partners in health equity work who often lack the resources and/or power to be able to meaningfully engage in the various processes and collaborations where the work is taking place. [xxx]

Chau (OCHCA) shared the rationale for these grants: *“in our effort to initiate the Latino health and API Health Initiative, we were able to identify CBOs, some very small, who have been providing niche services for the community, but they didn’t have an infrastructure to really go after local or state funding right to do things bigger. They only rely on donations or small grants here and there. Well, this is how we should support them so that they become major players that would have an infrastructure to get funding to continue to do their work and not be at threat for running out of funding.”*

**3.2.2. Underserved and Underrepresented Communities Grant (previously, Pandemic Support & Recovery).** In 2022, EiOC granted \$180,000 each to three community organizations that serve the American Indian and Alaskan Native community, the Native Hawaiian and Pacific Islander community, and the Transgender and Gender Nonconforming (TGNC) community to build their capacity and provide COVID-19 response and recovery. Alianza Translatinx, a community organization formed during the COVID-19 pandemic and the first TGNC serving organization led by transgender people of color in Orange County, received funding under this initiative. Rios-Wyatt (Alianza Translatinx) described the impact of OPHE as *“the very first step that the county is taking towards achieving*

*equity for all in Orange County.”* She said EiOC acknowledged TGNC communities exist and have specific needs in the county, and that the funding helped Alianza Translatinx build foundational infrastructure given the organization is only three years old, as well as to create programs and services tailored to the TGNC community.

**3.2.3. Population Health Equity Collectives.**

EiOC allocated \$2.4 million to six “Population Health Equity Collectives” focused on communities with the highest COVID-19 and overall health disparities: API, Black, LGBTQ+, Latino, Individuals with Disabilities, and Older Adults. [xxxi] Similar to the SDoH Implementation Grants, each collective is a group of community partners, all serving the population. For example, the API population collective comprised 17 organizations and provided services in over 39 languages. Forming “collectives” of grantees was a courageous strategy in how EiOC intentionally disrupted power in the county. Each collective, be it by issue area or community, required CBOs under the same funding category who would traditionally compete to now collaborate. Systemic racism promotes a “scarcity mindset” where communities of color are often pitted against each other and forced to compete for limited resources. As a result, larger, more established CBOs sometimes act as “gatekeepers” and hoard resources from smaller CBOs.





## Population Health Equity Collectives

- **Individuals with Disabilities Collective** led by Illumination Institute
- **Older Adults Collective** led by Orange County Aging Services Collaborative / Alzheimer's Orange County
- **African American/Black Collective** led by Second Baptist Church of Santa Ana
- **LGBTQ+ Collective** led by Shanti Orange County
- **Asian & Pacific Islander Collective** led by The Cambodian Family
- **Latinx Collective** led by The Coalition of Orange County Community Health Centers

Chau (OCHCA) said, *“The community should have access to the county just like the county should have access to the community in sharing power; no one entity holds the power gate to the community. And so, I'll be the first one to tell you that I hate that concept of gatekeeper [...] the first year [of EiOC] was tough because we angered so many traditional gatekeepers and brought in new partners that threatened their funding source. And I said that's not fair [...] And so we want to open the door and say, if you're willing to work with us, if you are serving the community in need, come to the table.”*

Working directly with BIPOC and LGBTQ+ communities through the population equity collectives complimented the county's data-driven health equity strategy (e.g., OC Equity Map) and further uncovered disparities that existing data sets might have overlooked. *“The Black community makes up about 2% of Orange County's population, and historically speaking, there wasn't really a concerted effort to look at health disparities in the Black community because they were such a small percentage of the population. In terms of broad numbers, their community never registered the highest number*

*of cases for any condition. So, when we started working with the Black Population Collective, we realized there's very little that the county knew about this population or this community, so we worked with them to put together the first-ever Black Community Health Survey,”* said Kalvoda (Advance OC). The Black Community Health Survey received over 600 survey responses and, for the first time, highlighted many aspects of how Black residents in the OC experience inequities, including housing, nutrition, behavioral health, and healthcare discrimination. [xxxii]

A similar survey was conducted and published for LGBTQ+ youths in the OC. [xxxiii] *“There is a total lack of data on this population, and they have been invisible in the health care space forever. So, we're trying to change that narrative. We're trying to change that visibility through our partnership with the LGBTQ community,”* said Kalvoda (Advance OC).

### 3.3 EiOC Power Building: Trust and Relationship Building

Beyond the specific activities launched with EiOC, interviewees from Orange County emphasized how important relationship and trust building were to sharing and building power with communities through EiOC.

Kalvoda (Advance OC) who is a longtime equity advocate in OC communities said, *“because of the political dynamics of Orange County, there has been long-standing mistrust between the county and CBOs. Some agencies had a really bad reputation for treating CBOs very poorly. There's a subservient role instead of a partnership role [of CBOs] ...It wasn't until recently that we had new leadership in the county that we started seeing the county open itself up to more equitable practices [and] a partnership mentality [...] I hope that through Equity in OC and other initiatives, we're funding CBOs now in the way that they should be funded.”*

Chau (OCHCA) said he's most proud of engaging

with CBOs who may not have had the capacity before to interact in government decision making or policy spaces: *“we are no longer creating an invitation. We are creating a seat and we ask you to come and take a seat, rather than an invitation by privilege or relationship.... The success of that initiative is that we have now gained trust from the community. Because before, when you talked about working with the government, everybody was like, no, I don't want to do that. The county process is so complicated and so punitive. [...] I told my staff that we would view our community partner as a true partner, a subject matter expert in the area. The sharing power is no ‘Big Brother, Big Sister’ looking down when I give you funding and you must do this, but rather a partnership we walk side by side, and whatever we do, we have to gain the community input and follow the needs of the community.”* Rios-Wyatt (Alianza Translatinx) said EiOC was the first time for the county to be *“accessible and approachable”*.

EiOC also created a safe space for community members and administrators to come to terms with their personal limitations and biases when it comes to racial equity. *“[The initiative] really provided a space for the community, and for myself as well, as the grant administrator, to give ourselves grace and to be a space, to learn from each other and to acknowledge that I don't have it all figured out, the Equity in OC fund doesn't have it all figured out, community-based partners don't have it all figured out,”* said Kim (OC United Way).

#### **4. Declared Racism a Public Health Crisis**

In March 2022, the Orange County Board of Supervisors passed a resolution denouncing racism and all hate crimes in response to rising hate crimes in the county. [xxxiv] In May 2022, the OC Supervisors passed another resolution, “County of Orange Standing in Solidarity with Transgender, Gender Non-Conforming and Non-Binary Individuals,” [xxxv] a huge win for the LGBTQ+ communities.

Then, in December 2022, the Board of Supervisors unanimously passed a resolution declaring racism a public health crisis, [xxxvi] following in the footsteps of neighboring counties such as San Bernardino, Los Angeles, and San Diego after the racial justice uprisings in 2020. In the resolution, the county acknowledged that “racism can manifest in different ways ranging from violent attacks to implicit bias, to differential access to resources and opportunities” and said it would “work to promote an inclusive, well-informed, and racial equity and justice-oriented governmental organization that is conscious of injustice and unfairness” among other sentiments. [xxxvii]

*Looking Forward:*

# THE FUTURE OF ORANGE COUNTY'S EFFORTS TO ADDRESS RACISM

Orange County took a series of courageous steps to combat systemic racism, xenophobia, and discrimination in recent years through a data-led and community-centered COVID-19 response, creating an equity office under the health department, and investing millions of federal funding into community-based organizations. Despite the progress, the “purple” tinted county faces many challenges to sustain the momentum of their equity work. Specifically, CPEHN’s interviews revealed three areas for future focus:

- 1. Ensuring Steady Equity Leadership.** Most of OC’s equity work to date happened under Dr. Clayton Chau’s leadership, who recently resigned from his director position at the Health Care Agency. Dr. Chau had to withstand much hostility and racism during his time at the county, underscoring difficulties with the larger political climate. As Kalvoda (Advance OC) explained, “[Dr. Chau] was in a position of influence for three years. Are we going to have to wait another three years for another brave person who has the skills and leadership to be able to bridge the gap? I hope not. But they’re few and far between. And when they do show up, they’re really, really torn apart. And it’s very difficult work. It’s a very difficult time. It’s a very tumultuous time. But we need that steady leadership and I’m afraid that we don’t currently have a bench of people who can provide that steady leadership.” Additionally, despite progress made at the Orange County government level to address discrimination faced by LGBTQ+ communities, the City Council of Huntington Beach voted to ban pride flags within its city limits in 2023. [xxxviii]
- 2. Building True Partnerships with CBOs.** As mentioned by Rios-Wyatt (Alianza Translatinx), many of the discussions to co-create priorities between the government and CBOs under EiOC were still “basic”. “I think there needs to be more coordination between different CBOs and the county. The county puts a lot of responsibility on CBOs that should be theirs. For example, with data collection and reporting, the county relies on CBOs to do their work, and many CBOs do not have the budget to dedicate funding to data. The county needs to focus funding and resources on data and reporting so that CBOs have the ability to implement that.”
- 3. Sustaining Momentum and Funding Beyond CDC Grant.** How to sustain the momentum, partnerships, and infrastructure built under EiOC when the CDC grant ends was raised during many of our interviews. Kim (OC United Way) shared that “my goal is that by the end of the CDC grant the conversations around racial equity and health equity continue.” Chau (OCHCA) spoke about the importance of having targeted, consistent investments from federal and state governments to address racial equity, not just putting all burden on local governments: “having funding truly set aside and spelled out that we want you to spend this funding in addressing racism. Be honest and be frank about it. Don’t dance around. Because if you are not very specific about it, most counties would do whatever they can to use that funding for something else rather than racism [...] So, if you want the local jurisdiction to address racism, set aside funding and require them to do exactly just that. Nothing else.”



4. **Adding Accountability and Funding to Racism as a Public Health Crisis Resolution.** In Orange County and throughout California, CPEHN recognizes an opportunity to strengthen resolutions recognizing racism as a public health crisis. Rather than just serving as a gesture, these resolutions require accountability measures, such as including specific action steps, creating infrastructure to support the implementation, and allocating ongoing resources to implement equity work. Chau (OCHCA) said, *“Honestly, let’s ask ourselves what has changed since all these entities declared racism as a public health crisis. Do we have more funding to address racism from the Feds? No. Do we have more funding from the state to address racism? No. I think it’s all for a political show and just lip service. No concrete funding has been put towards doing this right.”*

Beyond these specific actions, equity leaders in Orange County realize that to make lasting, significant change they need to acknowledge inequitable actions from the past and continue to call attention to racism and discrimination as it happens. Kalvoda (Advance OC) stated, *“To tackle racial equity in Orange County, we have to come to terms with our past. We have to call out what’s going on today. And then it’s only going through that process that we can reconcile and be able to move forward and have that community healing process. And until we do that, we’re still going to have these small wins. These may be temporary wins, but we’re not going to have long-term systemic change...what’s happening in Orange County is we’re reconciling with the truth of Orange County.”*

# About

The California Pan-Ethnic Health Network (CPEHN) is 501(c)(3) non-profit organization in California dedicated to building power with communities of color through policy advocacy, research, network and leadership building, and storytelling.

Building Towards Antiracist Governments is a policy research project aiming to highlight how local governments can take meaningful steps to advance racial equity. “Orange County: Brave Steps” is one of the three county stories CPEHN produced in 2023 to document best efforts and lessons learned in the journey of government and community working to address systemic racism and inequities in a local jurisdiction.

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## Advisory Committee

- Public Health Institute - State of Equity
- Central California Public Health Consortium
- Bay Area Regional Health Inequities Initiative (BARHII)
- Public Health Alliance of Southern California
- Berkeley Media Studies Group
- Prevention Institute
- Race Forward and Government Alliance on Race & Equity (GARE)
- Praxis Project
- Network for Public Health Law
- Big Cities Health Coalition
- Human Impact Partners
- ChangeLab Solutions

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## Orange County Key Informants

- Clayton Chau, Orange County Health Care Agency
- Khloe Rios-Wyatt, Alianza Translatinx
- Katie Kalvoda, Advance OC
- Carol Kim, Orange County United Way

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