

# Leveraging Lean to address Equity & Disparities in Public Health

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California Department of Public Health

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# Your Speakers



Bonnie Jacobson, MSW  
Lean Transformation Officer  
Lean Transformation Office, CDPH



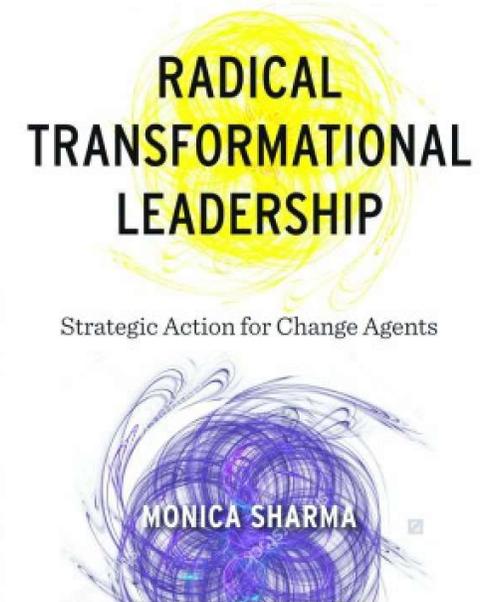
Jonathan Sears, MPH  
Senior Lean Specialist  
Lean Transformation Office



# Inspired by Dr. Monica Sharma, Former director of United Nations Leadership Development

*Radical transformational leadership is leading change from the universal values of dignity, equity, compassion and humility to transform self, people, systems and cultures towards equity, antiracism, and sustainable results.*

**Dignity • Equity • Compassion • Humility**



<https://www.radicallytransform.org/>



# Governor's Executive Order

**Issued September 13, 2022**

## EXECUTIVE DEPARTMENT STATE OF CALIFORNIA

### EXECUTIVE ORDER N-16-22

**WHEREAS** California is the largest and most diverse state in the nation, shaped by the contributions of all its residents, including California Native Americans, communities of color, immigrants, and descendants of immigrants who call our golden state home, and welcomes all people to pursue bold dreams and renews the California dream for every new generation; and

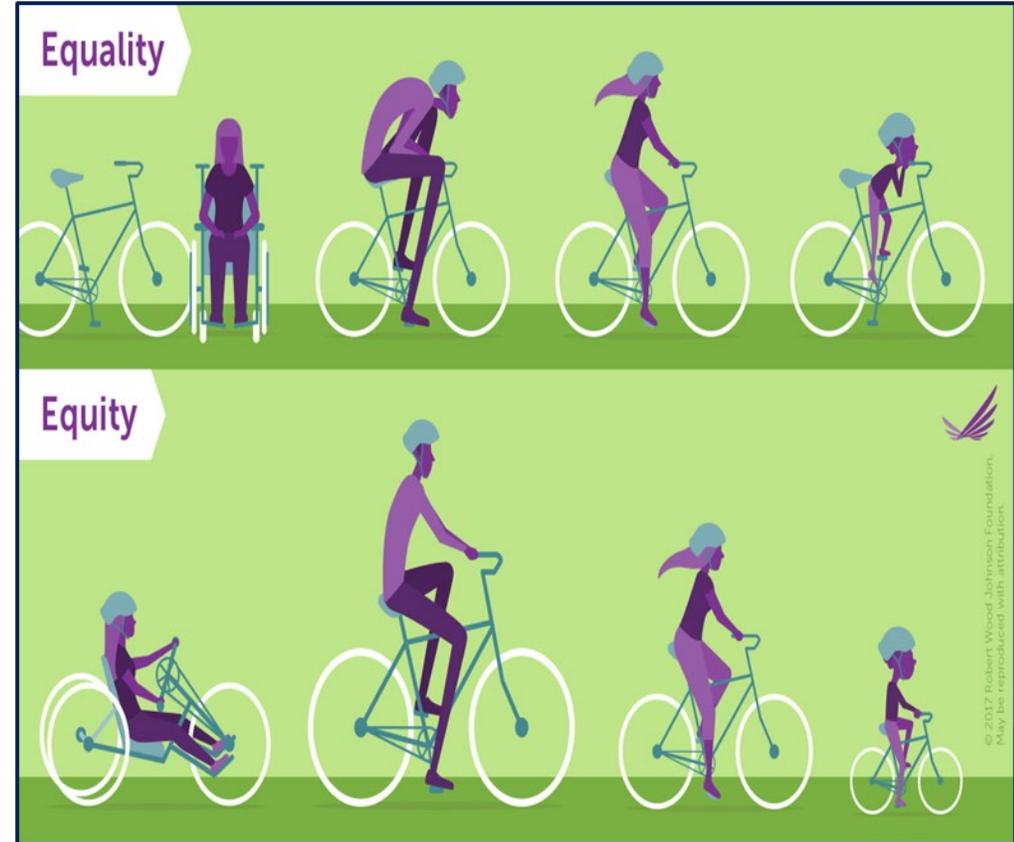
**WHEREAS** California has a strong history of fighting for freedom and civil rights for all people; and

**WHEREAS** California leads the nation in confronting the climate crisis and building community resilience through equity and opportunity, including supporting communities that experience the greatest social and health inequities from climate change; and

**WHEREAS** California continues to march towards equality and to address our nation's and our State's historical wrongs, including through recognition of gay marriage in San Francisco; placing a moratorium on the death penalty in California; advancing immigrant equity and inclusion; protecting access to reproductive health care; compensating survivors of state-sponsored sterilization; ending sub-minimum wage employment; and recently forming the Truth and Healing Council and the Reparations Task Force; and

**WHEREAS** California has also demonstrated a fundamental commitment to prosperity and opportunity for all, including, but not limited to, advancing policies around health care for all; historic financial investments to advance educational equity; age-friendly communities; actions to further gender equity with the leadership of the First Partner; and the creation of a State Chief Equity Officer to provide statewide leadership and consultation on diversity, equity, inclusion, and accessibility regarding state operations, procurement, information technology, and human resources; and

**WHEREAS** the State has invested to improve language access across the spectrum of health and human services programs, and to increase participation of Californians who are non-English or limited-English speakers in California's



# The Future of Public Health in California

*Renewed investment in the public health system to prepare the state of California and its residents for a healthier future.*

Programs	Behavioral Health	Communi- cable Disease Control	Chronic Disease and Injury Prevention	Environ- mental Public Health	Maternal, Child, and Family Health	Access to and Linkage with Clinical Care
Foundational governmental public health services		<b>Workforce development, recruitment, and training:</b> Capacity and ability to recruit, retain, and develop a diverse workforce				
		<b>Emergency preparedness and response:</b> Capacity to respond to emergencies of all kinds, from natural disasters to infectious disease outbreaks to bioterrorism				
		<b>IT, data science, and informatics:</b> Ability to track, derive insights, and take action based on community health data				
		<b>Public education, engagement, and behavior change:</b> Ability to effectively communicate to diverse public audiences with timely, science-based information				
		<b>Community Partnership:</b> Ability to harness, work with, and lead community stakeholders and to create multisector collaborations to address public health and health equity issues				
		<b>Community Health Improvement:</b> Ability to scale public health from health promotion to a comprehensive community health strategy that emphasizes life course approaches, equity and prevention				
Foundational principle	<b>Performance management:</b> Ensuring equity, efficiency, and effectiveness					

Source : <https://www.cdph.ca.gov/Programs/DO/CDPH%20Document%20Library/Future-of-Public-Health-Memo.pdf>



# Lean Transformation Begins...



## California Department of **Public Health Transformation**

*"Becoming the Best at Getting Better"*

### MISSION

To advance the health and well-being of California's diverse people and communities.

### LEAN LEADERSHIP PHILOSOPHY

#### LEAN CORE VALUES

- Respect for People
- Continuous Improvement

#### RESPECT FOR PEOPLE STARTS WITH UNIVERSAL VALUES

- Humility
- Compassion
- Equity
- Dignity



### VISION

Healthy communities with thriving families and individuals.



PLAN, DO,  
STUDY, ACT

### TACKLE KEY PUBLIC HEALTH CHALLENGES

- Future of Public Health Initiative
- Behavioral health promotion (esp. youth)
- Community and Population Health Improvement
- Emergency readiness and pandemic recovery
- Climate action and community resilience

### DEVELOP OUR PEOPLE

- Ensure core public health competencies
- Support personal professional development

### BECOME A LEARNING, HEALING, IMPACTFUL ORGANIZATION

- Deploy lean with Objectives and Key Results
- Become trauma-informed and responsive
- Promote equity, antiracism, and health equity

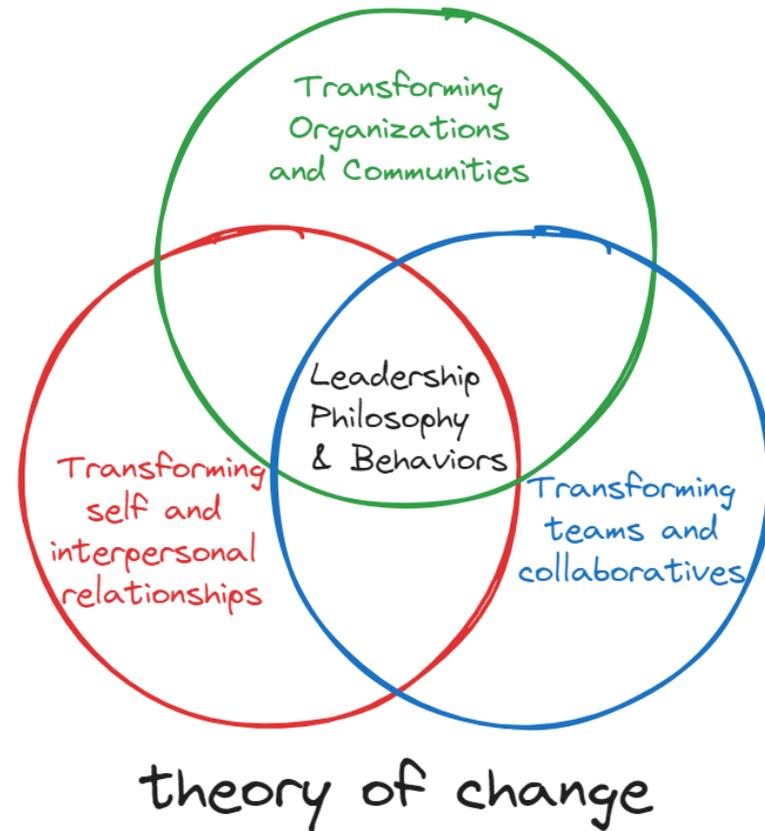


# Establishing the *CDPH* Way

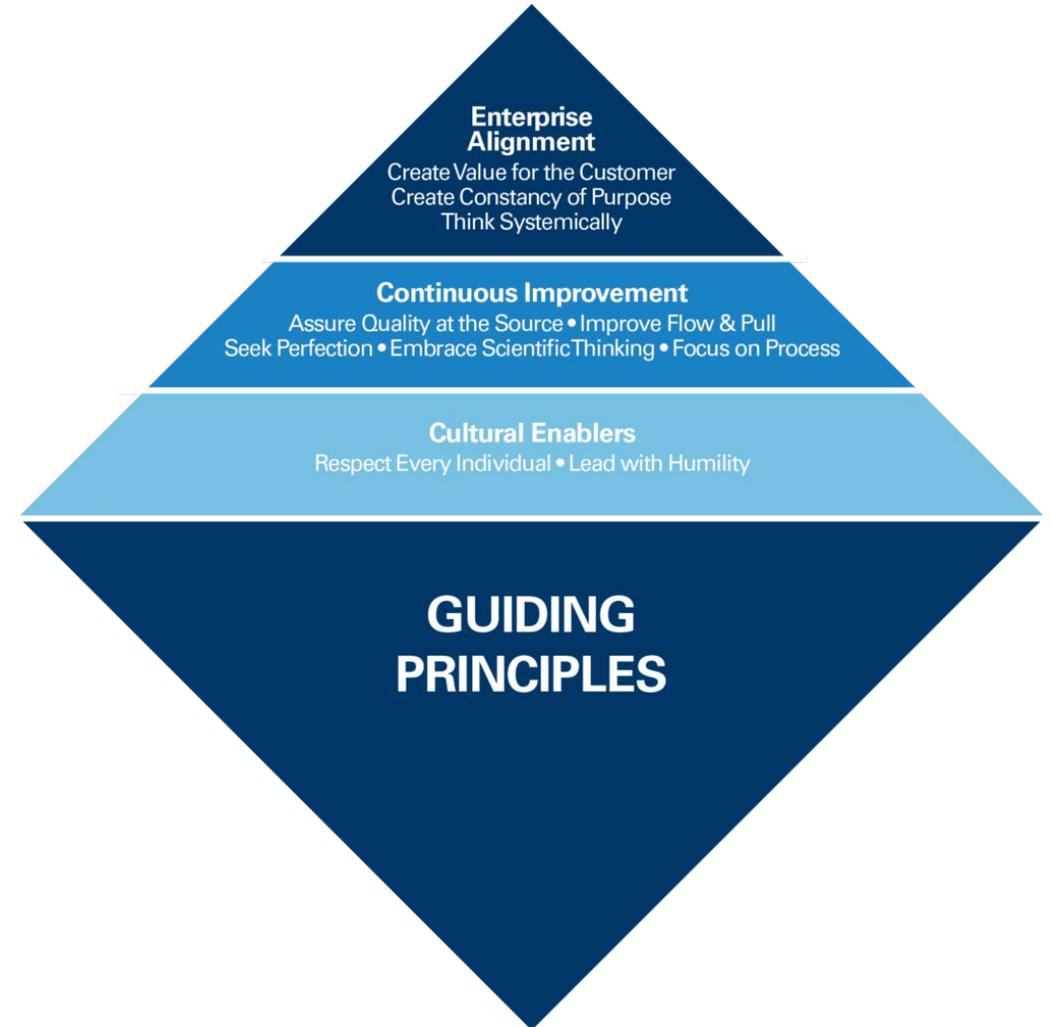
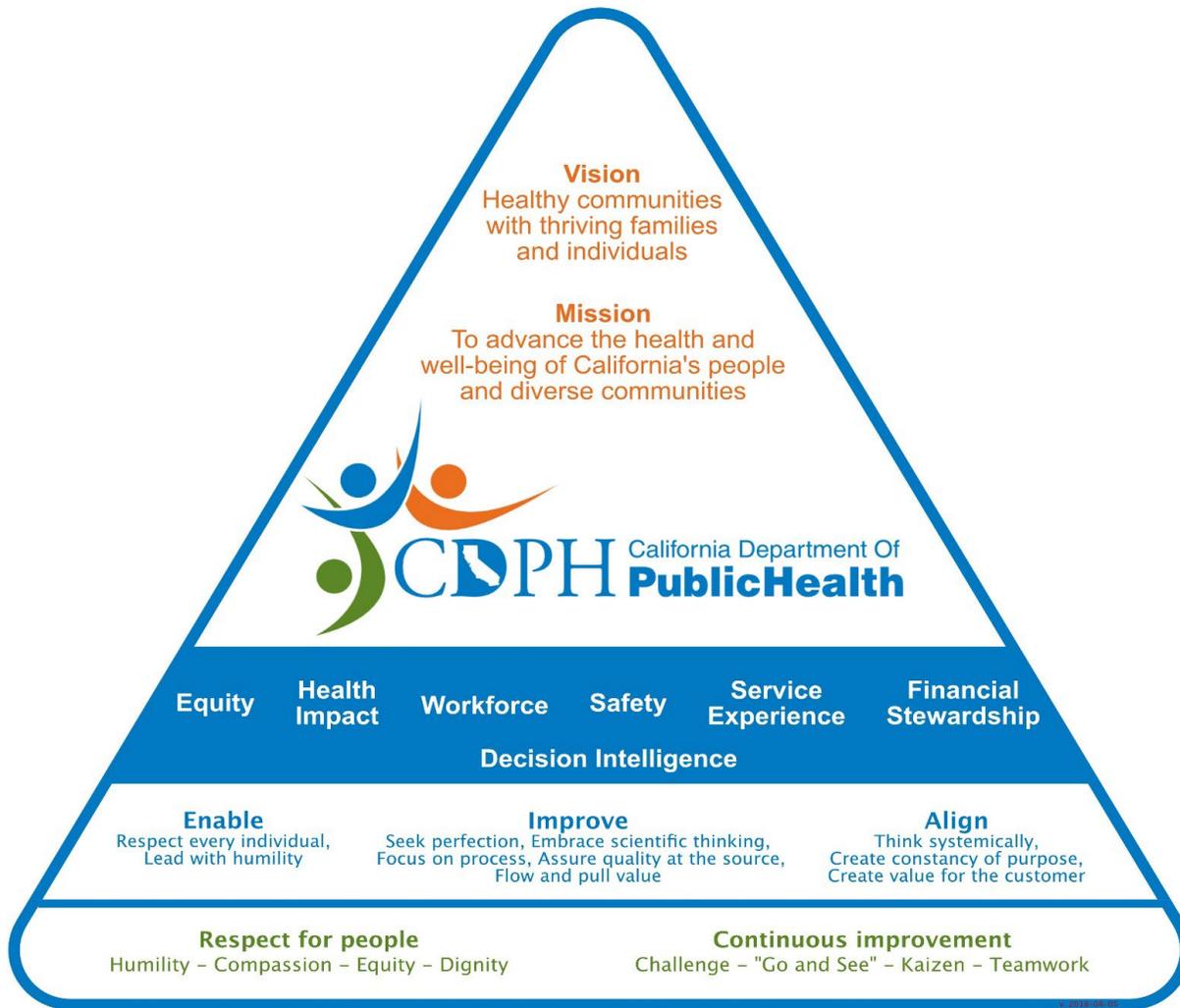
The *CDPH* Way - "Becoming the best at getting better."

## OBJECTIVES:

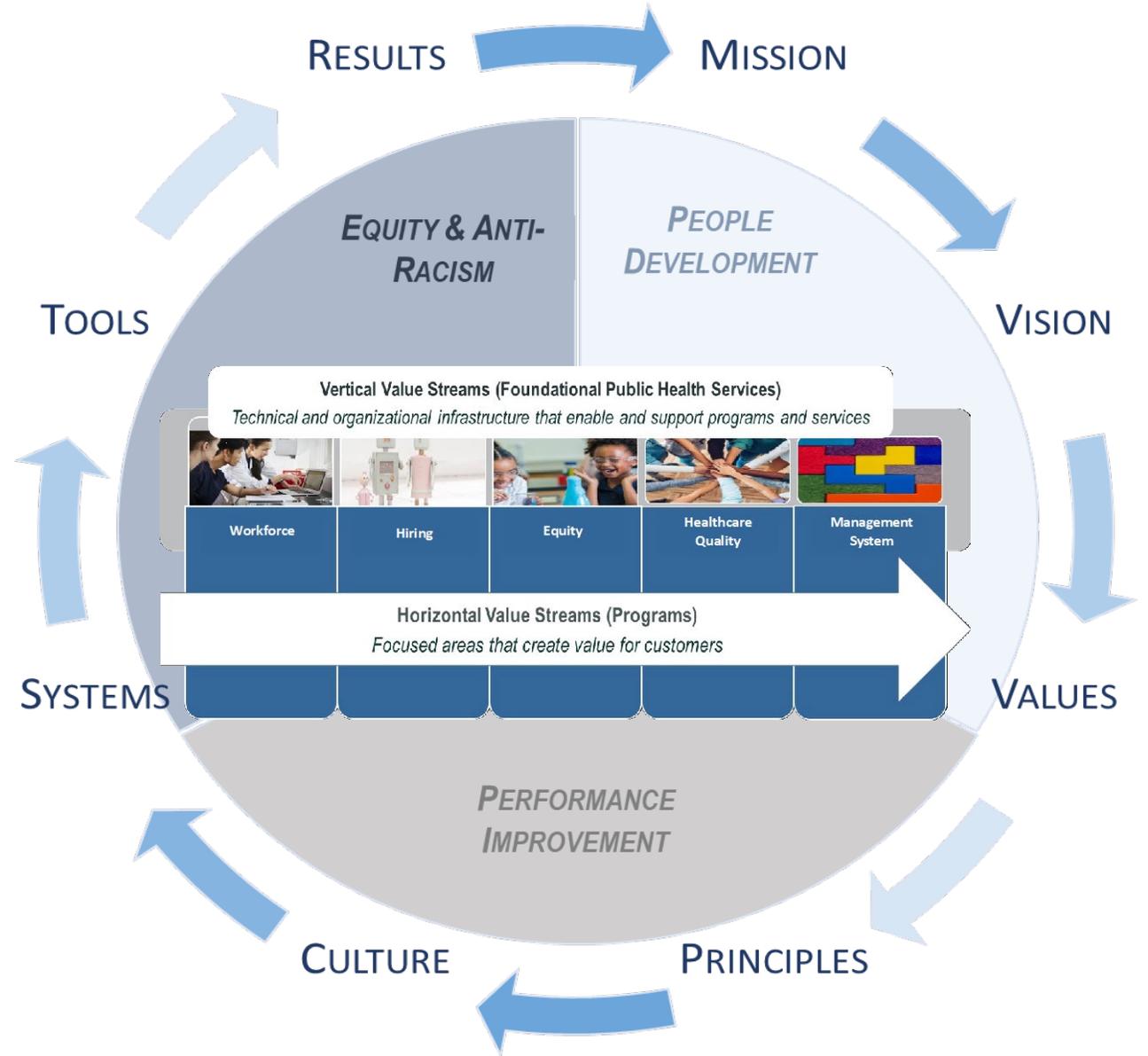
- 1 Become a learning, healing, and impactful organization.
- 2 Develop our people.
- 3 Tackle key public health challenges.



# Lean True North Compass



# How is Lean Applied?

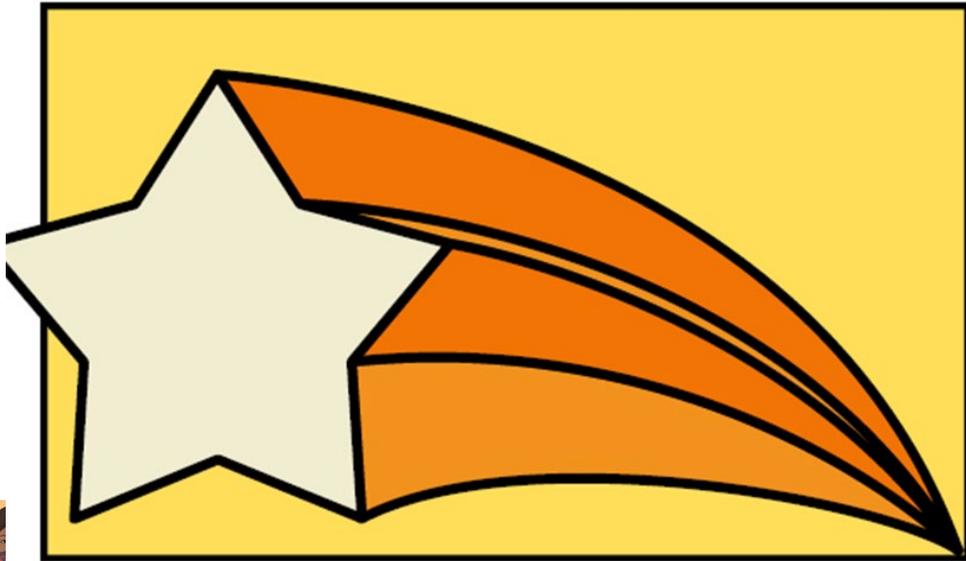


# The Strategic A3s



# Developing our People

Collaborative effort between Leadership from OPDE, HRD and the Director's Office



## A3 Target Statements/ Measures (OKR Objectives+Key Results):

Proposed countermeasures ("If we do \_\_\_ then we expect \_\_\_.")

#	If we do...	then we expect...
1	Develop a comprehensive people development system aligned with the national tiered public health competencies model <ul style="list-style-type: none"> <li>As evidenced by...</li> <li>As measured by...</li> <li>As measured by...</li> </ul>	To have clarity and consensus on core public health competencies and professional development for each position classification ... their job well (STAY survey) ... ... job well (STAY survey). ... t training to address
2	Develop training and competency systems and mandatory training evidenced by 2023.	... t training to address
3	Managers support their day-to-day development work <ul style="list-style-type: none"> <li>As measured by % of staff and managers have participated in at least 1 training or professional development activity supported by CDPH within the last year (STAY survey)</li> <li>As measured by increase in s...</li> <li>As measured by 50% of mana...</li> </ul>	... term this will allow for ... ... h levels ... to them about their progress. ... ... nt Survey.
4	Staff have the time and desire to engage in workforce development. <ul style="list-style-type: none"> <li>As measured by 70% of staff believe that their workload is reasonable for their role</li> </ul>	To identify time to use for people development by managers and staff and reduce work burden and increase value recognition
5	Staff and managers have a clear understanding of their career path. <ul style="list-style-type: none"> <li>As measured by reducing the 12-month average of number of people departing CDPH each month</li> </ul>	More quickly and efficiently respond in emergency and reduce burnout for people left behind to continue the work with fewer staff resources

**Target Condition:** CDPH staff and managers have the core public health competencies they need to meet complex public health challenges and feel supported in their development with a clear career path.

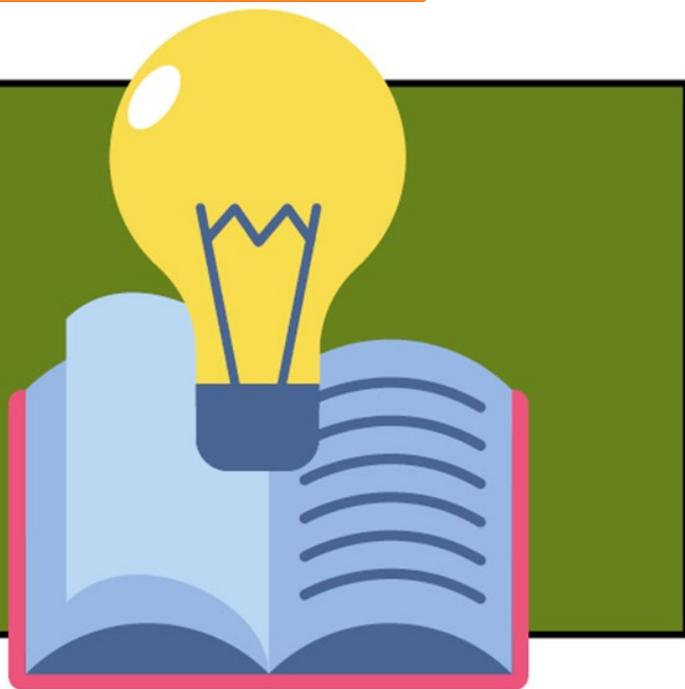
*[Nine Domains]*

*Domain 4: Health Equity*



# OPP & DO: Becoming a Learning Organization

**Target Condition:** To transform CDPH into a learning organization comprised of 4000+ problem-solvers who consistently demonstrate Lean behaviors, methods and tools. This discipline builds a culture of trust, humility, respect, innovation, learning, psychological safety, and continuous improvement.

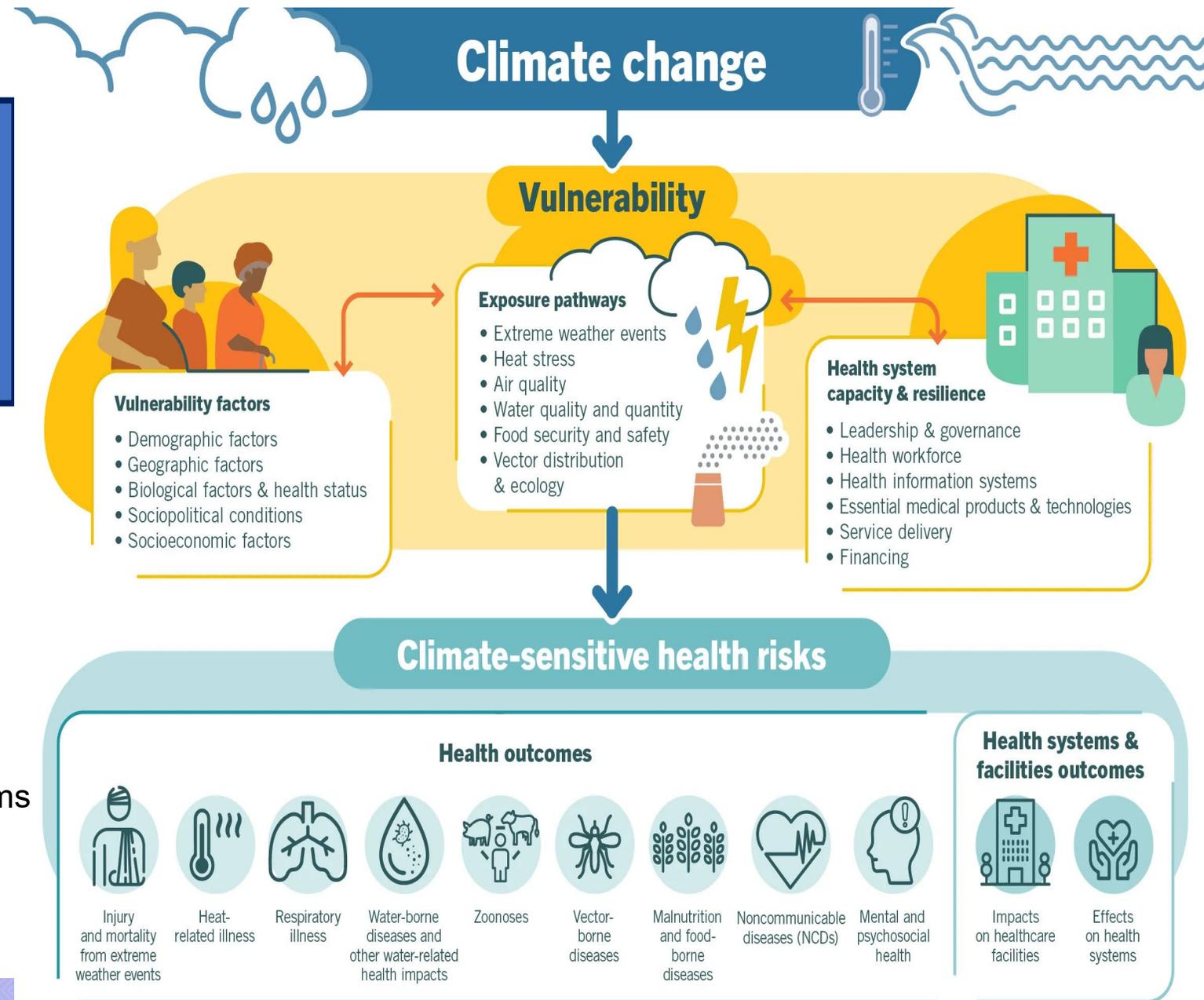


#	If we do...	then we expect...
1	Broaden the change management and communications plan to reach a wider audience.	Engage more staff in Lean Transformation and lay down roots to create a stable Lean structure while creating additional opportunity for initiation of Lean work.
2	Incubate the strategies that will create the greatest public health impact and support strategic priorities.	Leverage our financial resources to best meet the department's objectives and minimize opportunity cost.
3	Clarify and communicate our standard systems of measurement	Create a language of objectives and a habit of consistent measurement of key results that roll up to strategic objectives as set by the directorate, including a measurement of how the improvement work effects equity priorities.
4	Strengthen the roots of the Lean Transformation through expanded visual management	Build a sustainable Lean framework that will withstand the winds of change.
5	Deliver a formal and comprehensive education plan including Lean culture and leadership, which supports and expands a culture of safety.	Build Lean cultural strength and enablement through training and opportunities to implement what is learned in order to experience the power and effectiveness of Lean in all forms.



# Effects of Climate Change on Public Health

- Clean air, safe drinking water, sufficient food supplies and secure shelter
- Increased risk of emerging infectious diseases
- Embed Health Equity into climate change programs
- Re-evaluate existing infrastructure for response capacity, and resiliency



# Becoming a Healing Organization: Racial/Ethnic and Geographic Health Inequities

Become a Healing Organization

Embed into policies,  
procedures, and  
workplace culture

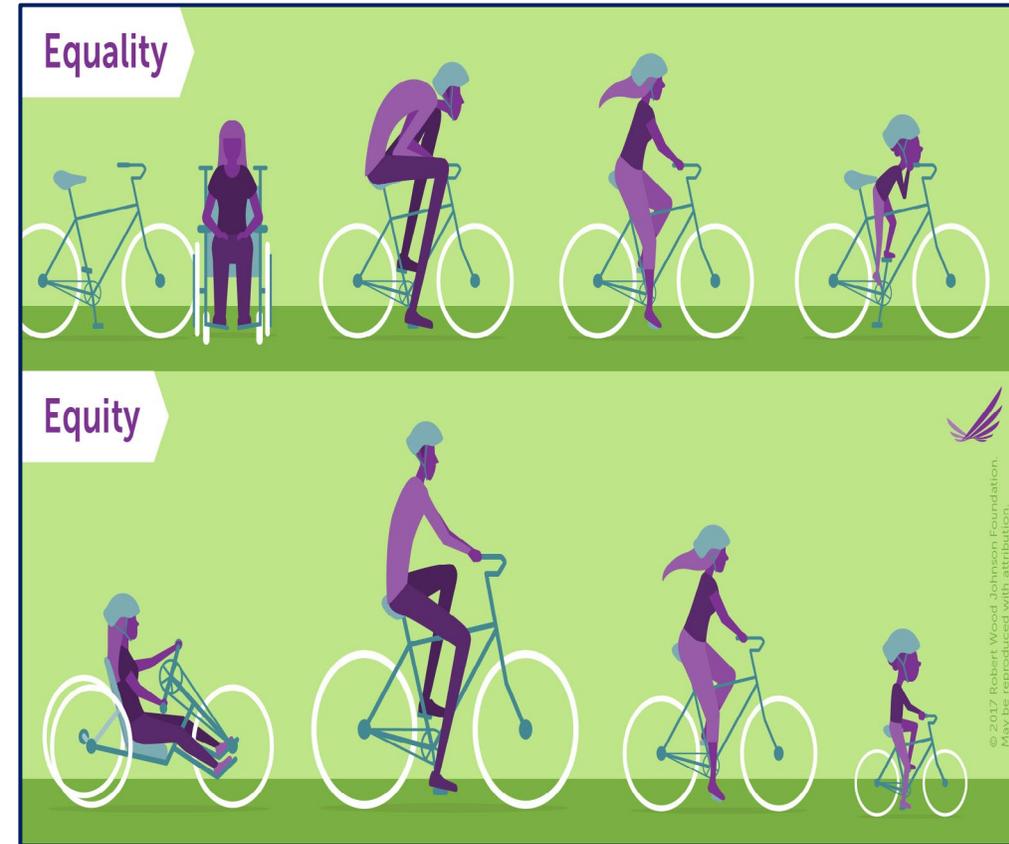
Ensure health equity with California communities

Address inequities for  
Californians

Engage and health with  
communities

Population health impact

Understand and address  
root causes of health  
inequities across race,  
ethnicity, and socio-  
geographic dimensions



CDPH is currently using Lean tools, management philosophy, and problem-solving approaches to advance health equity, trauma informed healing, and anti-racism in what is referred to as the HEART A3

Source: CDPH Office of Health Equity

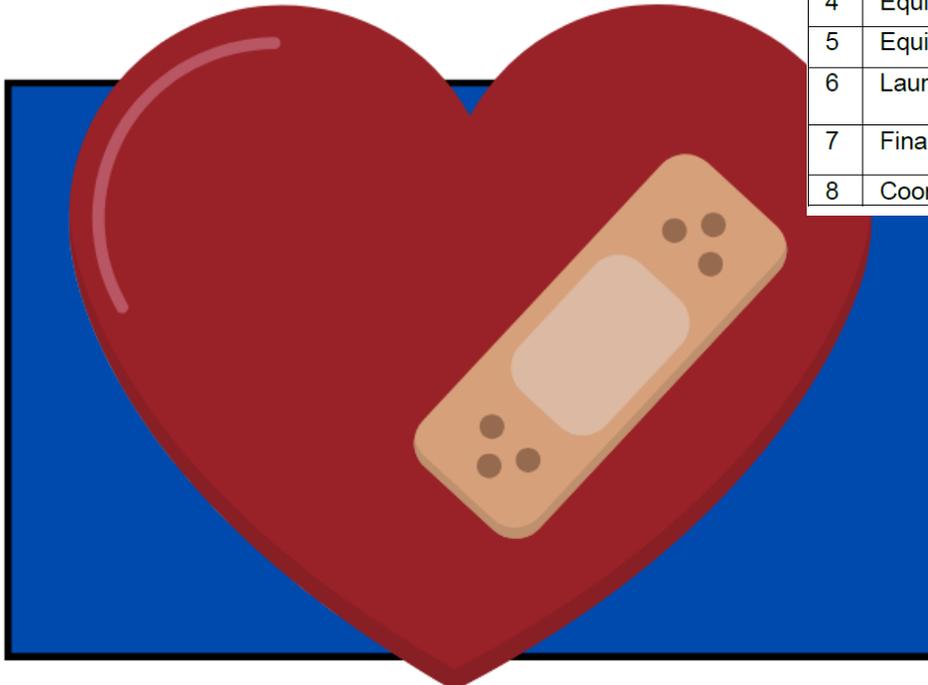


# Healing, Equity for all, Anti-Racism, Trauma Responsive Transformation - HEART

Implementation plan (action, who, by when, status)

#	Action	Who responsible	By when	Status
1	All Staff Healing and Racial Equity Survey	OHE; DO; Liaisons	11/30/2022	On track
2	Trauma Responsive training expansions	DO; Lodestar; OHE	09/21/2022	On track
3	Begin offering Can We CHAT sessions to staff; opportunity for sessions with Senior Leadership	OHE	08/23/2022	On track
4	Equity, Diversity, and Inclusion Training for all staff	OHE, HRD, DO, Liaisons	09/08/2022	On track
5	Equity in performance management trainings	OHE/OPP/OPDE	12/31/2023	On track
6	Launch "Equity in PHAM" Working Group	DO/OHE/OLS/HR/DOIT	12/30/2022	Delayed 09/01/2023
7	Finalize updates to PHAM and other relevant program administrative policies	DO/OHE/OLS/HR/DOIT	06/30/2024	On track
8	Coordinate with State Health Equity Plan			On track

**Target Condition:** Transformation of CDPH into a Healing, Equitable, Anti-Racist and Trauma Responsive Organization by embedding health & racial equity and trauma-informed and healing supports into policies, procedures, and workplace culture.



# The Othering & Belonging Institute



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- People
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WE ALL BELONG IN THE CIRCLE OF HUMAN CONCERN

## Othering is the problem of our time. Belonging is the solution.

The Othering and Belonging Institute at UC Berkeley advances groundbreaking approaches to transforming structural marginalization and inequality. We are scholars, organizers, communicators, researchers, artists, and policymakers committed to building a world where all people belong.

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## Our Story



The Othering & Belonging Institute at the University of California, Berkeley advances groundbreaking research, policy, and ideas that examine and remediate the processes of exclusion, marginalization, and structural inequality—what we call othering—in order to build a world based on inclusion, fairness, justice, and care for the earth—what we call belonging.

The concept of belonging describes more than a feeling of inclusion or welcome. Its full power is as a strategic framework for addressing ongoing structural and systemic othering, made visible, for example, in the wide disparities in outcomes found across a variety of sectors and identity groups.

Belonging, as OBI defines it, means having a meaningful voice and the opportunity to participate in the design of political, social, and cultural structures that shape one's life — the right to both contribute and make demands upon society and political institutions. At its core, structural belonging holds a radically inclusive vision because it requires mutual power, access, and opportunity among all groups and individuals within a shared container (such as a society, organization, club, etc).



**Our Vision Statement**  
[Download a copy of the Othering & Belonging Vision statement to read later.](#)



# HRD Hiring Initiative

- There is a need to fill positions at CDPH
- The length of time required for the hiring process is a barrier to meeting the demand
- We need to balance equity and inclusivity in the department through these new hires.



## A3 Target Condition (Goal):

Hiring processes will be equitable, inclusive, timely, and efficient and be flexible to adjust to swings in demand, enabling CDPH to hire diverse, representative, and highly qualified individuals.

## A3 Target Statements/ Measures (OKR Objectives + Key Results):

Quantity

1. **To build and ensure ongoing growth of public health workforce capacity making best use of investment in public health.** As measured by:

- # of 758 FY23-24 FoPH and BCP positions filled by month
- # of all positions filled by month
- # of vacant positions reduced
- Average hiring lead time (# of days)

Efficiency

1. **Program leaders to address hiring immediately upon anticipation of vacancy and ongoing without delay through selection.**  
2. **Establish time frames for program hiring processes and gain efficiencies through investment in the processes for ongoing benefit.**  
3. **Eliminate extended processes and lead times that result in ongoing loss of candidate, rework, and an inability to hire en masse.** As measured by:

- % of FoPH/BCP filled against target monthly + cumulative (volume)
- % of all position filled against target (volume)
- % of hires completed within 3 months (lead time)

Diversity

1. **To modify and create new processes that enable the achievement of these goals through the collective responsibility of the leadership team and resulting in the hire of a diverse, representative, and highly qualified individuals.** As measured by:

- # of hiring managers completing ED&I Hiring Process training
- (future metric) Changes in workforce demographics as represented in workforce plan



# Applying Lean Concepts to Our Work



# The 8 Wastes

**D**

## **Defect**

An error passed along; product of low quality; misinformation

**O**

## **Overproduction**

Production levels higher than necessary or before need arises

**W**

## **Waiting**

Time spent in delays or waiting for the next step in a process

**N**

## **Non-Utilized Talent**

Underutilized or misappropriated talents, skills, & knowledge

**T**

## **Transportation**

Unnecessary movements of product & materials

**I**

## **Inventory**

Excess product and materials going unused or unprocessed

**M**

## **Motion**

Unnecessary movements by the people doing the work

**E**

## **Extra-Processing**

A system or process more complicated than necessary



# What is a Customer?



## Identifying our customers in Public Health

Remember we have end customers (the people of California) but we also have internal customers (the person operating the next step in a process)

- *Who receives or uses our services?*
- *What products or services do we deliver?*
- *Who is the end user or recipient of the products or services we provide?*
- *Who will be affected by the quality of our work?*
- *Who is experiencing health inequities and may be impacted by our work?*



# *What is the pace of demand?*

Need visual here

$$\frac{\text{Time Available}}{\text{Demand}} = \text{Takt Time}$$



# What is "Pull" in Public Health?



# How do we measure process?

**Time Studies** focus on understanding cycle times, wait times, and lead time, the sequencing of process steps, and challenges that come up in the process from the perspective of someone who does this work.

Area/Location:		CID G&P (remote)				Date of Observation:	3/6/23
Subject Observed:		G&P Content Specialist				Start Time:	1:00pm
Process:		Guidance document review				Observer:	Jonathan Sears
Step No.	Description of Operation	Observation Time				Mode	Remarks
		1	2	3	4		
1	Pull document from email from Program submitter	0:00					
2	Open "all markups" under Tracking	20 sec					
3	Open G&P Sharepoint	41 sec					
4	Upload document into Sharepoint	1:17					
5	Create copy and rename in alignment with emailed document	1:24					
6	Create archive folder	2:05					
7	Open new renamed version from Sharepoint	2:43					
8	Open Content Specialist guidance review checklist	3:10					
9	Email Program submitter with G&P Sharepoint link and status update (in review)	5:20					
10	Begin document review using guidance review checklist	7:08					Reviewing for correct working links, health literacy aligned with reading level of intended audience, health equity lens, ADA compliance, etc.
11	Update Airtable with status update for guidance document in review	7:32					Airtable used as a G&P team tracker tracking status of each document (guidance, manuscript, policy, etc.)
12	Computer froze	8:21					
13	Computer fixed	9:45					
14	Pull up and confirm CDPH staging of draft guidance document	10:01					CDPH Comms team manages staging for the CDPH website
15	Continue document review	10:34					Checking all hyperlinks embedded in document, checking and fixing grammar and language
16	Issue with link in Sharepoint doc, check link in Staging site for document	14:39					Copying and pasting hyperlinks from word doc to Sharepoint version of doc usually changes formatting/leads the defects
17	Check last updated date for embedded hyperlink	15:49					Quality check - need to confirm external guidance linked in guidance doc reviewed is up to date. Question: should this be a responsibility for Program,
18	Continue document review	16:09					
19	Issue with draft link - confirming hyperlink works in staging site	16:56					Due to formatting challenges within Sharepoint version of draft guidance being reviewed, it's best to confirm in staging site that hyperlink formats and works
20	Fix hyperlink on Sharepoint draft guidance being reviewed	17:21					Hyperlink worked in Staging site so needed to align with draft guidance being reviewed
21	Continue document review	18:58					
22	Fixed grammar and language use to align to reading level	19:55					Language didn't fit reading level for intended audience
23	Continue document review	20:06					



# Where is the Gemba?

## Why do we observe?

*To develop a culture of transparency, openness, dialogue, and feedback to support continuous improvement!*



To understand the reality of the work



To close assumptions we make about who does what and when



To gather data to support understanding



To start conversations about the best way things are done



To support improvement work and standard work development



*To learn!*



# How do we set targets?

Rapid Improvement Event (RIE) Target Sheet									
Value Stream/Initiative	Lead Facilitator			Event Start Date					
Event Name	Co-Facilitator			Process Takt Time					
Sponsor/CDO	Process Owner			Days of operation/yr					
Event Objective									
Key Results/Measure	Baseline (from VSM or A3)			Target (from VSM or A3)			Current (at time of event)		
Key Result/Measure	Baseline	Target	Interval 1	Interval 2	Interval 3	Interval 4	Final	% Change	
Time Based Metric									
Equity Metric									
Quality Metric									
Health Impact Metric									
Process Step Reduction									
Customer Impact									
KEY IMPROVEMENTS									
1									
2									
3									
Notes:									



# Academic Partnerships



Partnerships

Training

Opportunities

## CDPH Academic Partnerships

### Decision Intelligence for Public Health

Decision intelligence is using science and technology to support teams and individuals to turn information into better actions at any scale. It is the integration of problem solving; decision quality; continuous improvement; and behavioral, data, and implementation sciences.



**UC Berkeley**  
Data and Decision Science  
Corinne A. Riddell, PhD, MSc



**UC Merced**  
Behavioral and Health Economics  
Paul Brown, PhD, MS

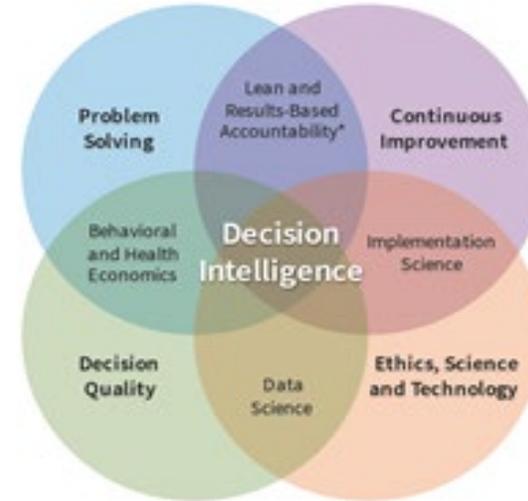


**UC San Francisco**  
Implementation Science  
Margaret Handley, PhD, MPH

Capacity-building (training, upskilling, and professional development)  
interagency agreements, October 2022 – July 2024

\*Lean and Results-Based Accountability initiatives are lead by the CDPH Office of Policy and Planning

PHIT Capacity-Building Opportunities



# Lean Management System



- Visual Management
- Sustain Continuous Improvement
- Alignment
- Bidirectional accountability
- Lean Leadership behaviors (“go and see” aka *gemba* walks)
- Coaching and developing people
- Improvement huddles (it’s more about outcome)



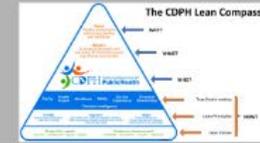
# Visual Management



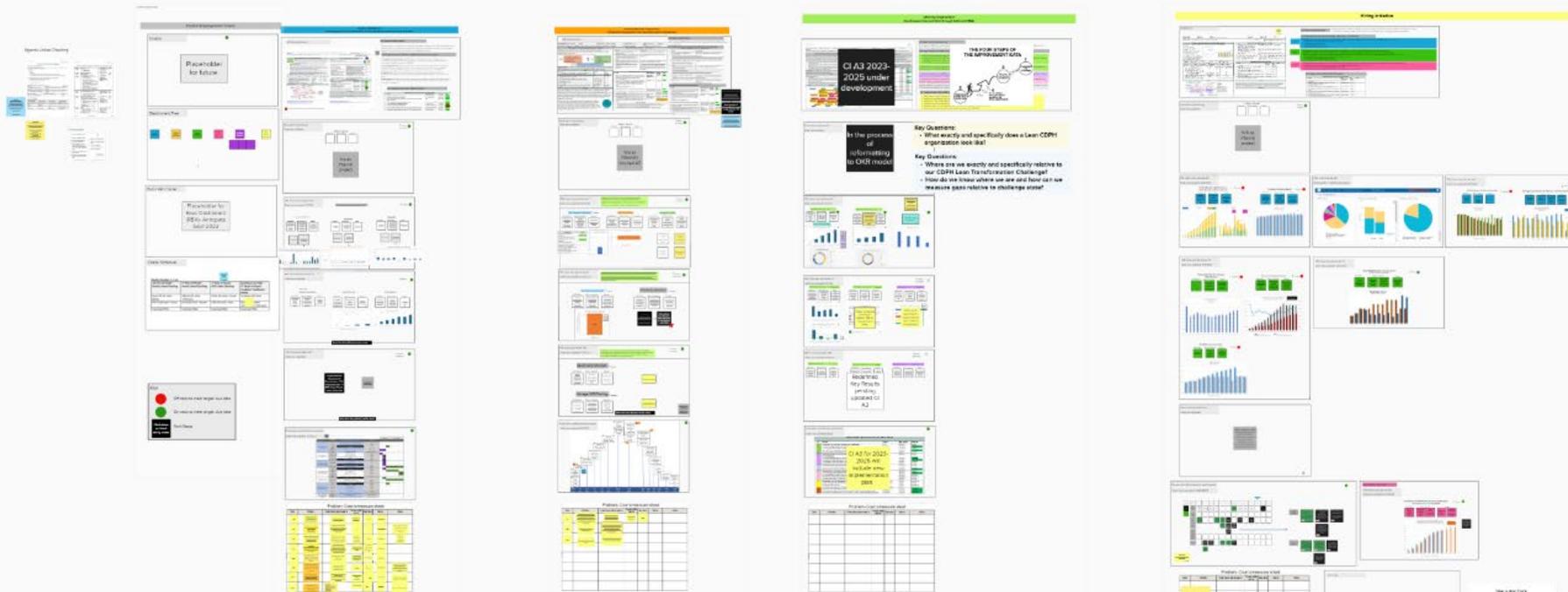
**Mission:** To advance the health and well-being of California's diverse people and communities

**Vision:** Healthy communities with thriving families and individuals.

**CDPH Core Values:** Collaboration, Competence, Equity, Integrity, Responsibility, Trust, Vision



## Executive / Hoshin Visibility Wall



# PDSA & Improvement Kata

COACHING KATA

## The Five Questions

- 1) What is the **Target Condition**?
- 2) What is the **Actual Condition** now?  
-----*(Turn Card Over)*----->
- 3) What **Obstacles** do you think are preventing you from reaching the target condition?  
Which *\*one\** are you addressing now?
- 4) What is your **Next Step**?  
(Next experiment) What do you expect?
- 5) How quickly can we go and see what we **Have Learned** from taking that step?

\*You'll often work on the same obstacle with several experiments

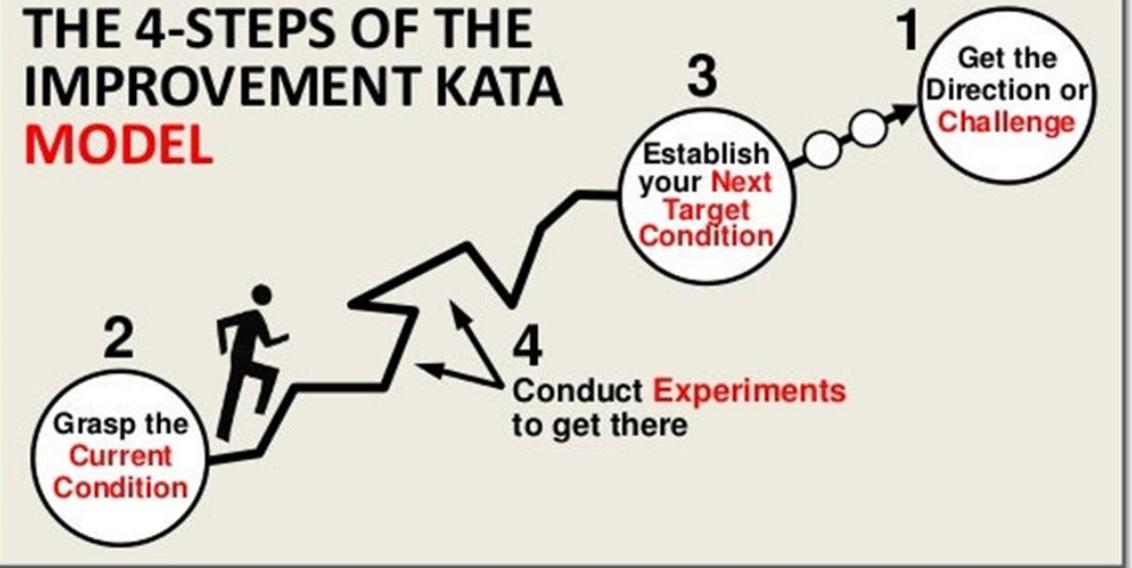
## Reflect on the Last Step Taken

Because you don't actually know what the result of a step will be!

- 1) What did you plan as your **Last Step**?
- 2) What did you **Expect**?
- 3) What **Actually Happened**?
- 4) What did you **Learn**?

-----  
*Return to question 3*

## THE 4-STEPS OF THE IMPROVEMENT KATA MODEL



The model we used to explain our findings resembles other creative and scientific models, such as:

*Systems thinking, critical thinking, learning organization, design thinking, creative thinking, solution-focused practice, preferred futuring, skills of inquiry, evidence-based learning*

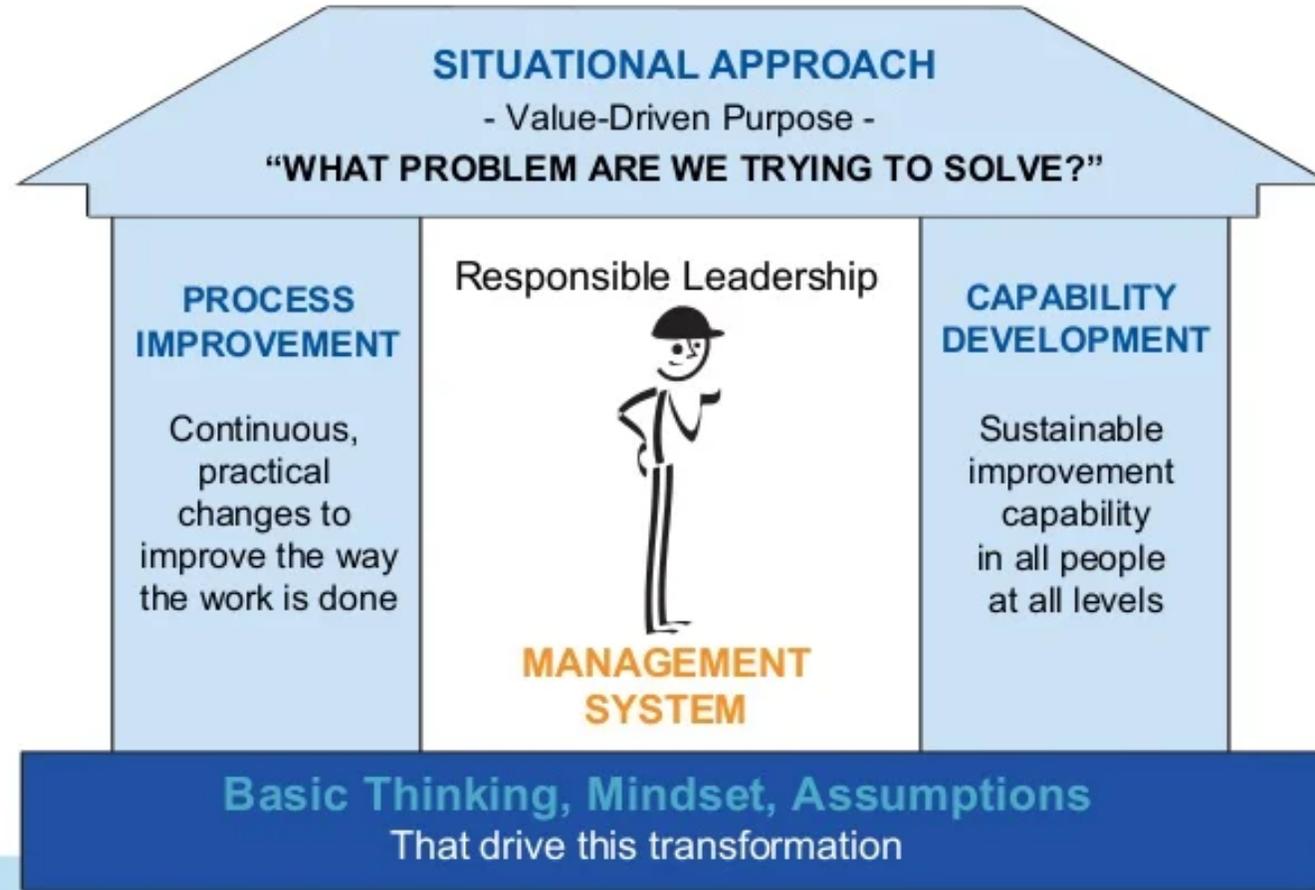


# Current Lean Transformation Work



# Education

## The Lean Transformation Model



# Lean 101



## Lean 101 Workbook

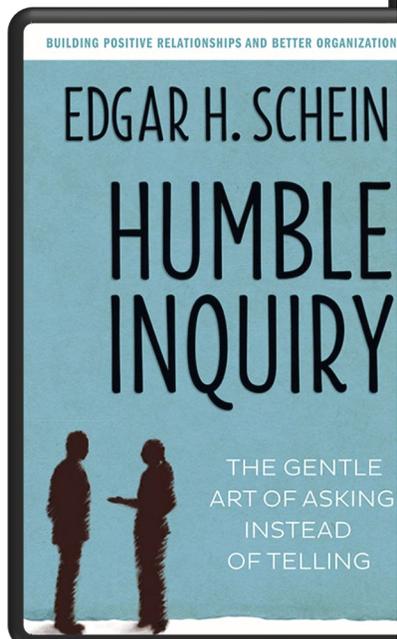
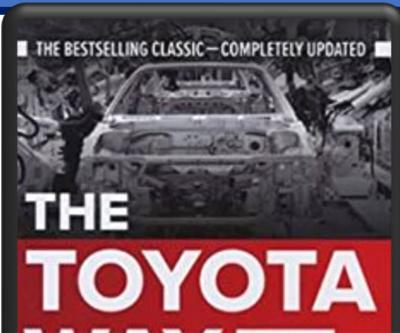
- Guides participants through the training
- Serves as a post-training reference
- Interactive format using fillable PDF

## Lean Learning Guide:

- Lean Thinking and Management
- Continuous Improvement Tools
- Results-Based Accountability Key Ideas
- Glossary of Lean Language
- Further Reading suggestions



# Lean Community of Practice (LCOP)



2023

**LEAN ZINE:** LEAN COMMUNITY OF PRACTICE  
The CDPH Lean Community Monthly Bulletin

## Welcome to the LCOP!

### In this issue...

- [CDPH Director's Message](#)
- [LCOP Study Group](#)
- [The Toyota Way - Principle 12](#)
- [Lean 101 Training schedule](#)
- [One-Point Lean Lessons](#)
- [Lean Laughs!](#)

The Lean Community of Practice (LCOP) is launching our *Lean Zine*

You are reading the inaugural edition of the digital bulletin for CDPH's Lean Community of Practice, thank you for joining us on this Lean Transformation journey! *Let's get started...*

### Lean 101 Training Dates:

- Aug 2-3
- Aug 15-16
- Sept 6-7
- Sept 19-20
- Oct 4-5
- Oct 17-18



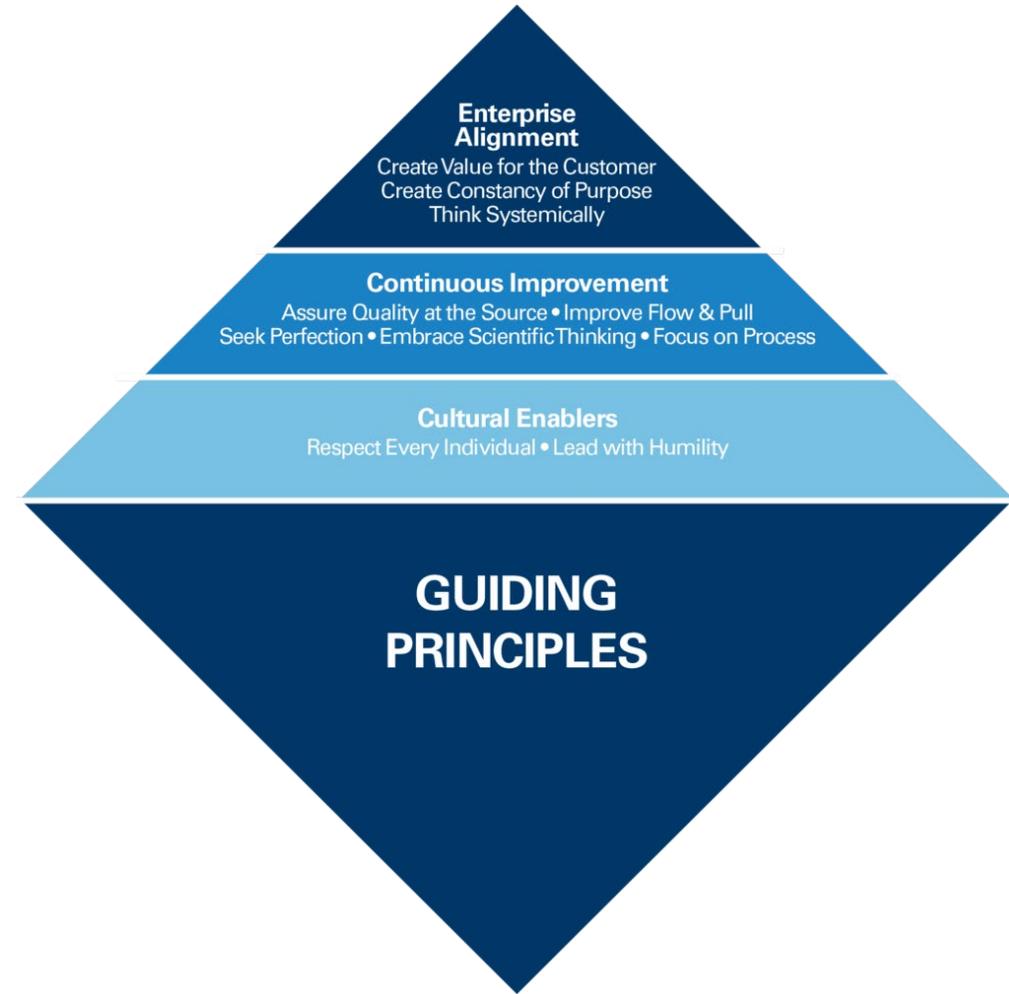
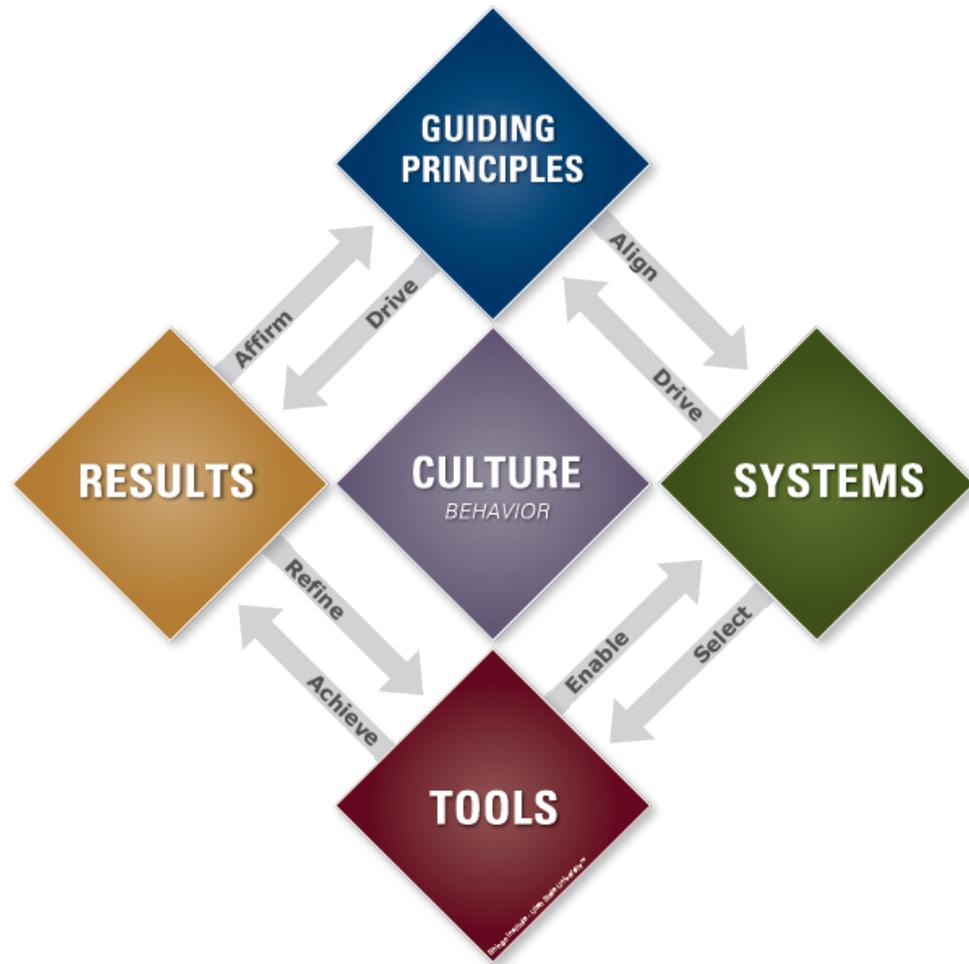
# Lean Office Hours



**Twice per month with  
our senior lean  
consultants.**



# Evaluating Culture: Shingo Insight Assessment



# Lessons Learned to Date

- First we must heal ourselves.
- Importance of Lean leadership education.
- Advantage of educating teams instead of individuals.
- Challenge of culture change in a virtual environment.
- The importance of measuring process.
- Power of a comprehensive communications strategy





# Recognitions and Celebrations

# With Gratitude

Tomas Aragon, MD, DrPH

State Public Health Officer & CDPH Director

Rohan Radhakrishna, MD

Chief Equity Officer, Deputy Director, Office of Health Equity

Susan Fanelli

Chief Deputy Director, Healthy Quality & Emergency Response

Christine Siador, MPH

CDPH Assistant Director

Kristanna Rivera,

Deputy Director, Human Resources Division



# Q&A

