



California's Statewide Plan to Promote Health and Mental Health Equity

California Department of Public Health
Office of Health Equity

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Version 3.0

Mission, Vision and Central Challenge

VISION: Everyone in California has equal opportunities for optimal health and well-being.

MISSION: Promote equitable social, economic and environmental conditions to achieve optimal health, mental health and well-being for all.

CENTRAL CHALLENGE: Mobilize understanding and sustained commitment to eliminate health inequity and improve the health, mental health and well-being of all.

PRIORITIES AND GOALS

Strategic Priority A:

Identify and Disseminate Actionable Information on Inequities and Disparities

There is a growing interest in health and mental health equity, and yet many throughout the state do not know what this terminology means, how it impacts them and others, or why they should be involved in this work. We see an opportunity to build and strengthen the existing network of individuals, organizations and institutions committed to promoting health and mental health equity – which is also strongly linked to addressing the social determinants of health. There are some key elements to expanding this network, which include gaining an understanding of who is already engaged in this work and reaching those who have a potential interest in engaging in it. In order to be both motivated and successful in reducing the inequities caused by the social determinants of health, partners need access to one another, models that work, and data that is relevant and user-friendly.

We envision a robust statewide community of people engaged in conducting their work and advocating for their needs through a health and mental health equity lens. So that these efforts are not taking place in isolation, we will seek to coordinate and convene those involved. We will capitalize on technology as well as face-to-face interaction, utilizing the communication avenues that have already been established, such as summits and forums, and building new ones as necessary. California is a vast state, and we want everyone to be included in these efforts, so special attention will be paid to reaching the corners of the state and the individuals and communities that have historically been challenged to participate in statewide dialogue and action.

It is difficult to move from dialogue to decisive action, however, when we do not have the tools we need for planning, implementation, and evaluation. We have a vision for making information about what works, for whom, and under what circumstances readily available. This will include research and case studies on evidence-based, evidence-informed, and community-based practices for reducing health and mental health disparities and inequities as well as technical assistance briefs to guide our efforts. It will also include the development and dissemination of the kind of data we have traditionally struggled to obtain – data that allows us to see disparities at the level of social determinants of health and also is disaggregated in ways that make our often invisible communities visible.

One important initiative of the Healthy Places Team in the Office of Health Equity will be to continue to build the Healthy Community Indicators Project (HCI). The goal of HCI is to enhance public health by providing data, a standardized set of statistical measures, and tools that a broad array of sectors can use for planning healthy communities and evaluating the impact of plans, projects, policy, and environmental changes on community health. With funding by the Strategic Growth Council (SGC), the HCI is a 2-year collaboration of the California Department of Public Health (CDPH) and the University of California, San Francisco (UCSF) to create and disseminate indicators linked to the Healthy Communities Framework. This framework was developed by the SGC Health in All Policies Task Force with extensive public discussion and input from community stakeholders and public health organizations. The framework identifies 20 key attributes of a healthy community through all stages of life, clustered in five broad categories: meets basic needs of all (housing, transportation, nutrition, health care, livable communities, physical activity), environmental quality and sustainability, adequate levels of economic and social development, health and social equity, and social relationships that are supportive and respectful. We will be diligent in seeking opportunities to expand this pilot so that there is significant movement on our vision for quality, accessible data that informs our policies and practices.

Phase I: 2014 Through 2017

- Goal 1.** Assess and build broad-based community support on health and mental health equity issues through education and dialogue, heightening awareness of the social determinants of health
- Goal 2.** Build a network of communication and support for health and mental health equity work statewide
- Goal 3.** Develop and host an interactive, informative and engaging state-of-the-art website with timely, accurate data, relevant research, and Evidence-Based and Community Defined Practices
- Goal 4.** Develop and disseminate technical assistance briefs, based on recommendations from the Office of Health Equity (OHE) Advisory Committee
- Goal 5.** Partner on existing Annual Health Equity Summits for practitioners and policymakers
- Goal 6.** Build awareness of and mobilize resources for assets that strengthen the state's data capacity and are driven by social determinants of health; encourage their use for planning purposes
- Goal 7.** Assess health and mental health equity data shortcomings and explore feasibility of creating new data and/or disaggregating existing data

Phase II: 2017 Through 2019

- Goal 1.** Leverage the community support, relationships, and networks built in Phase I to coordinate impact on health and mental health equity issues statewide
- Goal 2.** Adapt the website built in Phase I to meet current needs
- Goal 3.** Continue to develop and disseminate technical assistance briefs, based on recommendations from the Office of Health Equity (OHE) Advisory Committee
- Goal 4.** Continue to partner on existing Annual Health Equity Summits for practitioners and policymakers
- Goal 5.** Continue to build awareness of and mobilize resources for assets that strengthen the state's data capacity and are driven by social determinants of health; encourage their use for planning purposes
- Goal 6.** Build on Phase I by creating new data and/or disaggregating existing data as feasible

- Goal 7.** Continue to develop and promote a broad understanding and engagement among OHE’s Advisory Committee and health equity stakeholders on climate change impacts and risks to the health, well-being and equity of our state’s diverse populations

**Strategic Priority B:
Embed Health, Mental Health, and Equity into Institutional Policies and Practices across
Non-Health Fields**

While the focus of our efforts is to improve health and mental health equity, there is growing evidence that we will be limited in what we can achieve if we work just within the field of health. In fact, most of the impacts on our health come from policies and practices in fields other than health. Fortunately, there are many willing partners with whom the work of health and mental health equity has been initiated. There are many more that we have the opportunity to engage. We intend to identify the equity practices currently being conducted in non-health fields throughout the state and build upon them, with both existing and new partners.

At the level of state government, exciting work is being done with the Health in All Policies (HiAP) Task Force, which is funded by the Strategic Growth Council and funded by the Office of Health Equity. This HiAP Task Force is specifically called out in the statute that created the Office of Health Equity (California Health and Safety Code Section 131019.5), naming it as a partner in the creation of this statewide plan. As such, we recognize the HiAP Task Force’s leadership in embedding health and equity criteria in the policies and practices of multiple state agencies and departments.

We envision fostering a HiAP approach to embed health equity criteria in decision-making, grant programs, guidance documents, and strategic plans. To accomplish this, we will need to engage in earnest dialogue with those outside of the field of health to gain an understanding of their needs and challenges, and to learn how to incentivize quality of life improvements for those who are most disenfranchised – effectively closing the gap on the social determinants of health.

A key area for dialogue and action that will require the cooperation of interests inside and outside of the traditional world of health is climate change. We can anticipate the most profound consequences of climate change to disproportionately impact the state’s most vulnerable populations. As such, we intend to engage in partnerships to enhance understanding of climate change and promote efforts to reduce greenhouse gas emissions. There are opportunities through the OHE Climate and Health Team in the Office of Health Equity to incorporate health equity into the state’s Climate Action Team, share data and tools, and participate in cross-sector planning and consultation.

Phase I: 2014 Through 2017

- Goal 1.** Conduct a general landscape analysis of equity practices in non-health fields
- Goal 2.** Use a Health in All Policies Approach to embed health and equity criteria in decision making, grant programs, guidance documents, and strategic plans
- Goal 3.** Enhance understanding of climate change as a public health issue of increasing importance for the state’s most vulnerable populations, and promote widespread efforts to reduce greenhouse gas emissions, achieve health co-benefits and enhance climate resilience for vulnerable and disadvantaged communities

Goal 4. Facilitate common understanding of health equity and the social determinants of health between non-health agencies and organizations

Phase II: 2017 Through 2019

- Goal 1.** Continue to use a Health in All Policies Approach to embed health and equity criteria in decision making, grant programs, guidance documents, and strategic plans
- Goal 2.** Continue to enhance understanding of climate change as a public health issue of increasing importance for the state’s most vulnerable populations, and promote widespread efforts to reduce greenhouse gas emissions, achieve health co-benefits and enhance climate resilience for vulnerable and disadvantaged communities
- Goal 3.** Integrate efforts to address the root causes of health and mental health inequities and language access standards in non-health agency plans
- Goal 4.** Continue to facilitate common understanding of health and mental health equity and the social determinants of health between non-health agencies and organizations
- Goal 5.** Facilitate access to training and technical assistance for grantees of state programs on health and mental health equity, including incorporating health and mental health equity modules into current training provided by state and federal programs

Strategic Priority C:

Embed Equity into Institutional Policies and Practices across the Health Field

Promoters of health and mental health equity abound throughout the health field, and yet they are among the first to identify the challenges in their own field. Equity policies and practices are not consistent, and there is still learning that needs to take place around the social determinants of health and Culturally and Linguistically Appropriate Services (CLAS) Standards. We propose to take stock of the equity policies and practices in the field to determine how widespread they are, providing a basis for subsequent engagement.

The California Health and Human Services Agency (CHHS) oversees departments, boards, and offices that provide a wide range of health care services, social services, mental health services, alcohol and drug treatment services, public health services, income assistance, and services to people with disabilities. We see an opportunity to initially facilitate common understanding of health and mental health equity and the social determinants of health between the departments, boards, and offices within CHHS, and then to extend to health, behavioral health, and social services departments statewide. Awareness may be raised through film or speaker series, online learning communities, in-person and online trainings, or other mechanisms. The OHE Climate and Health Team will be a natural resource to engage in this outreach.

There is also an opportunity to synchronize our efforts with the National CLAS Standards, which were enhanced in 2013 to move toward a health equity model inclusive of health and health care. We envision widespread assessment, technical assistance and training to align California’s practitioners with the National CLAS Standards. This attention to cultural and linguistic competence will strengthen the capacity of organizations, institutions and systems to assess, plan, implement, evaluate and communicate their efforts.

The health field is changing dramatically with the implementation of the Affordable Care Act (ACA), a historic health care reform law designed to improve health care coverage and access while putting in place new protections for people who already have health insurance. Under the law, health insurance coverage is becoming affordable and accessible for millions of California residents, a factor that will help reduce health disparities. According to the Centers for Disease Control and Prevention, as reported by the National Partnership for Action, the United States' foreign-born population is currently over 2.5 times more likely than native-born Americans to be uninsured. The ACA will expand health care coverage to certain refugees and legal immigrants. However, we anticipate health coverage disparities to increase for California residents who are not legal immigrants, and there is speculation that the disparities will also widen for those residing in mixed-status households who may fear triggering immigration investigations upon ACA enrollment. We intend to explore how to maximize coverage opportunities for California's residents while protecting those who will remain uninsured.

Phase I: 2014 Through 2017

- Goal 1.** Conduct assessment of health and mental health equity practices throughout state departments and state-funded programs in the health field
- Goal 2.** Facilitate common understanding of health and mental health equity and the social determinants of health between all departments that fall under California Health and Human Services (CHHS)
- Goal 3.** Support the expansion of Culturally and Linguistically Appropriate Services (CLAS), including assessment, technical assistance and training
- Goal 4.** Explore strategies to reduce differential access to the opportunities presented through the Affordable Care Act/Covered California, and feasibility of enacting the strategies
- Goal 5.** Enhance understanding and action on climate change as a critical public health issue that is likely to impact vulnerable populations in disparate ways

Phase II: 2017 Through 2019

- Goal 1.** Facilitate common understanding of health and mental health equity and the social determinants of health between all health, behavioral health, and social service departments statewide
- Goal 2.** Support the expansion of Culturally and Linguistically Appropriate Services (CLAS), including assessment, technical assistance and training
- Goal 3.** Enact strategies to reduce differential access to the opportunities presented through the Affordable Care Act/Covered California, as feasible
- Goal 4.** Integrate efforts to understand and reduce the root causes of health and mental health inequities and CLAS compliance as a requirement for funding and allowable activities of all CHHS state-funded programs and grants
- Goal 5.** Facilitate access to training and technical assistance for grantees of state programs on health and mental health equity, including incorporating health and mental health equity modules into current training provided by state and federal programs
- Goal 6.** Foster health care institutions using a HiAP approach to partners with transportation and land use planning processes to support access to health, mental health, and health care services
- Goal 7.** Strengthen the state's safety net for those not covered by the Affordable Care Act

Strategic Priority D: Empower Communities in Inequity and Disparity Reduction Initiatives

There is tremendous formal and informal inequities and disparities reduction work being conducted throughout the state, in organizations and communities large and small, rural and urban. We intend to gain a better understanding of the work that is being conducted so that it can be networked, spotlighted, elevated and replicated. Communities that have identified effective ways to reduce inequities and disparities have much to share, and the entire state has much to learn from their successes – including how they are resourced, how they are building local capacity for sustainability, and how they are measuring their success. Our vision is to integrate these lessons statewide, and to identify the partnerships and resources that will allow that to happen.

One exciting possibility is the launch of local initiatives to increase health and mental health equity in all policies. These initiatives could build upon local, statewide and national efforts to ensure that their local policies consider equity and the social determinants of health. This would be an opportunity to build alliances across sectors traditionally and non-traditionally focused on health, such as local public health departments, county mental health or behavioral health departments, local social services, and mental health agencies, and other local agencies that address key health determinants, including, but not limited to, housing, transportation, planning, education, parks, and economic development. We have heard from stakeholders that these alliances have been difficult to forge because it is hard to make the case for common interests in a way that can be easily understood and appreciated. With this in mind, we intend to explore the feasibility of local initiatives inspired by HiAP approaches. Ideally, we will establish avenues for learning from the lessons of existing local efforts and enlist them in technical assistance for their colleagues statewide.

We will also mobilize resources to reduce mental health and community health disparities, initially through the California Reducing Disparities Project (CRDP) within the Office of Health Equity. Now in Phase II, the CRDP will provide four years of funding to implement the practices and strategies identified in the CRDP Strategic Plan (developed prior to California’s Statewide Plan to Promote Health and Mental Health Equity). The focus of Phase II will be on demonstrating the effectiveness of community-defined evidence in reducing mental health disparities. Through a multicomponent program, the California Department of Public Health plans to fund selected approaches across the five CRDP-targeted populations with strong evaluation, technical assistance, and infrastructure support components. These populations include: African Americans; Asians and Pacific Islanders; Latinos; Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ); and Native Americans. After successful completion of this multiyear investment in community-defined evidence, California will be in a position to better serve these communities and to provide the state, and the nation, a model to replicate the new strategies, approaches, and knowledge. As partnerships and resources become available, we will further seek to mobilize resources at the community level.

Phase I: 2014 Through 2017

- Goal 1.** Conduct a scan to determine how local communities are currently mobilizing to address the social determinants of health, and how they are measuring their success
- Goal 2.** Explore the feasibility of initiating local initiatives to increase health and mental health equity in all policies
- Goal 3.** Mobilize resources to reduce mental health and community health inequities and disparities

Phase II: 2017 Through 2019

- Goal 1.** Initiate local initiatives to increase health and mental health equity in all policies, as feasible
- Goal 2.** Continue to mobilize resources to reduce mental health and community health inequities and disparities
- Goal 3.** Help increase the civic participation of the communities most impacted by health and mental health inequities and disparities
- Goal 4.** Incentivize, recognize, and publicize local efforts addressing health and mental health equity and the social determinants of health, both emerging and established
- Goal 5.** Connect local efforts with partners and resources to build health and mental health equity into strategic plans, train staff and volunteers, evaluate impact, and engage with funders, colleagues, and other communities

Strategic Priority E:

Develop and Align Sustainable Multi-Sector Infrastructure and Support

Our vision is to have a workforce with the capacity to effectively dismantle health and mental health inequities. This will require education, training, guidance, support and accountability at multiple levels throughout multiple sectors. It will also require strong partnerships to leverage the resources, tools and incentives to facilitate such workforce development. We intend to bring together partners in the national, state, local, tribal, and private spheres to consider how we can build synergy from this common vision. Funding is an area of key concern, and we see opportunities for further embedding health and mental health equity into funding criteria and accompanying technical assistance.

We also see opportunities for California to benefit from the implementation efforts underway through the National Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities, and other plans and entities that are addressing the needs of historically underserved communities. Many of these efforts have resources connected to the shared vision of workforce development; monitoring them and seeking a role for California and its communities will bring synergy to our existing efforts.

The Division of Community, Family Health and Equity at the Rhode Island Department of Health has created a model for cross-program integration that includes pooled community investment grants in high need communities called "Health Equity Zones" each with a Center for Health Equity and Wellness. The model includes a statewide Healthy Places Learning Collaborative, with web-based resources, tools, and on-site technical assistance for communities; uniform contract language for all health contracts to communicate expectations for implementation of health equity work; a collaborative network of state/local stakeholders from multiple coalitions and interest groups doing cross-program state-level strategic thinking; and an on-line relational mapping database of community assets and gaps to ensure that investments and partnerships result in the greatest reach and impact. We intend to explore the feasibility of replicating the Health Equity Zones model in high need California communities.

Phase I: 2014 Through 2017

- Goal 1.** Develop workforce development opportunities aimed at increasing the capacity of state employees to effectively address health and mental health inequities and disparities
- Goal 2.** Recommend that health and mental health equity be embedded as a priority in existing funding streams (state, local, private)

- Goal 3.** Closely monitor progress of the National Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities, and other plans and entities that are addressing the needs of historically underserved communities, and seek opportunities to increase California's role
- Goal 4.** Identify potential Health Equity Zones at the neighborhood level

Phase II: 2017 Through 2019

- Goal 1.** Continue to develop workforce development opportunities aimed at increasing the capacity of state employees to effectively address health and mental health inequities, and expand to others outside of state employment
- Goal 2.** Continue to recommend that health and mental health equity be embedded as a priority in existing funding streams (state, local, private)
- Goal 3.** Continue to closely monitor progress of the National HHS Action Plan to Reduce Racial and Ethnic Health Disparities, and other plans and entities that are addressing the needs of historically underserved communities, and seek opportunities to increase California's role
- Goal 4.** Mobilize resources on the Health Equity Zones identified in Phase I

Strategic Priority F:

Capacity Building for Implementation of the Strategic Priorities

The first time that something is done is often the most exciting, and the most challenging. It can also be the most rewarding. We are at a historical moment for California, in launching our first ever Statewide Plan to Promote Health and Mental Health Equity. Hundreds of stakeholders have leaned in to be a part of the process, and we anticipate that the numbers will only grow over time. There is an air of possibility.

There is also tremendous responsibility in ensuring that the hope being fostered is not false, that the groups historically omitted from the conversation are welcomed with wide arms, and that visions for change are enacted. To move the plan from a strategic conversation to a tactical one, we have embedded a set of goals to guide and support our implementation efforts.

As the facilitator of the planning and implementation processes, the Office of Health Equity intends to build capacity for movement on its strategic priorities. First and foremost will be building mechanisms for ongoing public engagement and accountability. This will enable meaningful participation of stakeholders to engage in how the goals are prioritized, who will be involved in their implementation, and important considerations that need to be made along the way. Mechanisms will likely include both the use of technology and personal interaction, and will be designed for maximum participation and transparency.

Phase I: 2014 Through 2017

- Goal 1.** Build a mechanism for ongoing public engagement and accountability on the Strategic Priorities
- Goal 2.** Strengthen the health and mental health equity workforce development pipeline by utilizing fellows and interns in the implementation of the Strategic Priorities
- Goal 3.** Identify new resources and re-direct existing resources to support the Strategic Priorities and provide leadership to align resources in support of health and mental health equity
- Goal 4.** Identify and foster public and private partnerships for all appropriate Strategic Priorities, including governmental, corporate, educational, research, and philanthropic institutions

Phase II: 2017 Through 2019

- Goal 1.** Continue ongoing public engagement and accountability on the Strategic Priorities
- Goal 2.** Strengthen the health equity workforce development pipeline by utilizing fellows and interns in the implementation of the Strategic Priorities
- Goal 3.** Identify new resources and re-direct existing resources to support the Strategic Priorities and provide leadership to align resources in support of health and mental health equity
- Goal 4.** Identify and foster public and private partnerships for all appropriate Strategic Priorities, including governmental, corporate, educational, research, and philanthropic institutions

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