



OFFICE OF HEALTH EQUITY UPDATE & HIGHLIGHTS

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GAME CHANGER

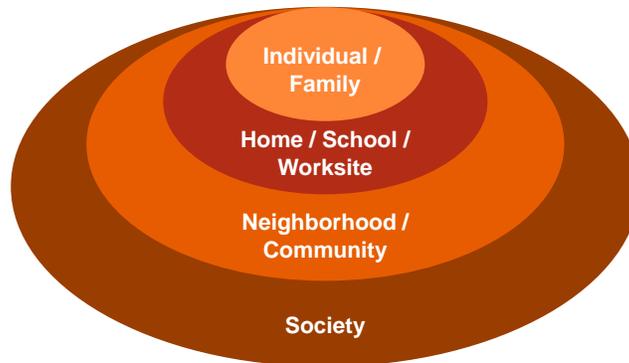
“AN EVENT, IDEA, OR PROCEDURE THAT EFFECTS A SIGNIFICANT SHIFT IN THE CURRENT MANNER OF DOING OR THINKING ABOUT SOMETHING.”



*"Reconciliation means working together to correct the legacy of past injustice."
Nelson Mandela*

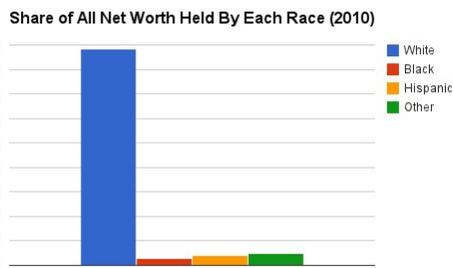
ACHIEVING HEALTH EQUITY AT EVERY LEVEL

Deploying State/Agency/CDPH Assets for Total Health



64% OF THE COUNTRY'S POPULATION...88% OF ITS WEALTH

- This racial divide is costing all of us.
- According to a recent report by the Altarum Institute:
 - Closing the earnings gap would cause total U.S. earnings to rise by nearly \$1 trillion, or 12 percent.



Source: Federal Reserve System – Survey on Consumer Finance; reported via Demos: The Racial Wealth Gap on Policy Shop by Matt Brauning - Nov. 5, 2013



WORSE HEALTH OUTCOMES THAN HIGHER INCOME GROUPS

- In all states, low-income populations have far more difficulty accessing care, receive poorer quality care and experience.



Improving Care and Health for Low-Income Populations

Commonwealth Fund report highlights areas for improvement.

Since 2006, The Commonwealth Fund's health system research reports have documented wide variations in U.S. healthcare and provided health leaders and change agents with tools and information to assess the performance of their own health systems, identify areas for improvement and set realistic and achievable performance targets. Indeed, communities across the country have adopted the research framework and are using the common standards through the Commonwealth Fund's online data center to guide their pursuit of a high-performance health system.

Ultimately... improving the health and healthcare of low-income populations will depend on strong leadership and commitment from all healthcare professionals.

State-by-state assessment of health system performance for America's most economically vulnerable individuals and families. Drawing on the most recent publicly available data typically from 2010 to 2013, the report measures seven performance scores that indicate grouped state-level dimensions: access and affordability, prevention and treatment, potentially avoidable hospital use and healthy lives.

The report includes some striking findings. In all states, low-income populations have far more difficulty accessing care, receive poorer quality care and experience more health inequalities than higher income groups. These health disparities exist within the states and are worse in a number of ways, but the size of these disparities may:

Across a number of health system indicators, there are two to four-fold differences between populations in

indicators as avoidable emergency department visits, hospital admissions for ambulatory care-sensitive conditions and premature death.

Equally striking are the disparate experiences of low-income populations from state to state. In fact, geographic variations within an income group are often greater than variations observed between groups.

Clear geographic patterns are also evident. Top performing states are largely concentrated in the Northeast and Upper Midwest, while states in the South tend to lag, with just one (49%) indicating that gaps in quality of care are either a neutral concern for all income levels or lagging across the board. Indeed, the higher income individuals living in states in the lower quartile of performance often had more care experience and/or indicators than low-income populations in leading states. This includes Michigan beneficiaries receiving high-risk medi-



WHAT ARE SOCIAL DETERMINANTS OF HEALTH?

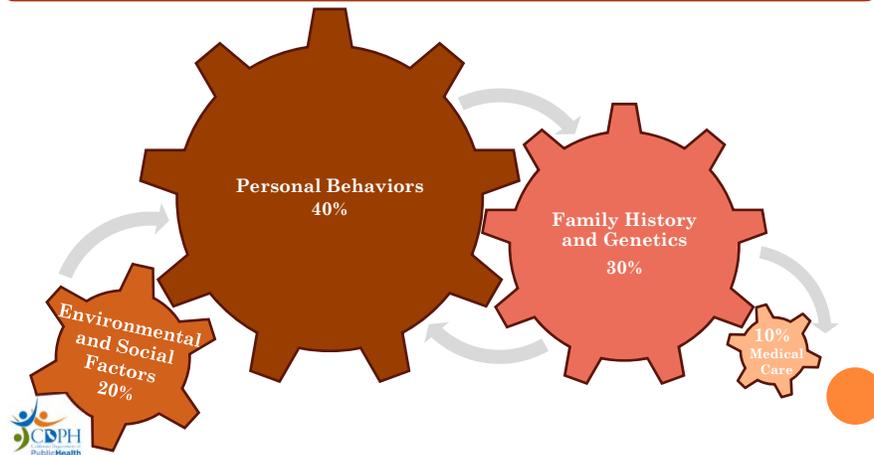
- According to the World Health Organization:
 - The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.
- Healthy People 2020 emphasizes the concept of social determinants of health.
 - Improving health requires a broad approach to promote a health in all policies approach that creates environments where the healthy choice is the easy choice.



MORE THAN ACCESS TO CARE

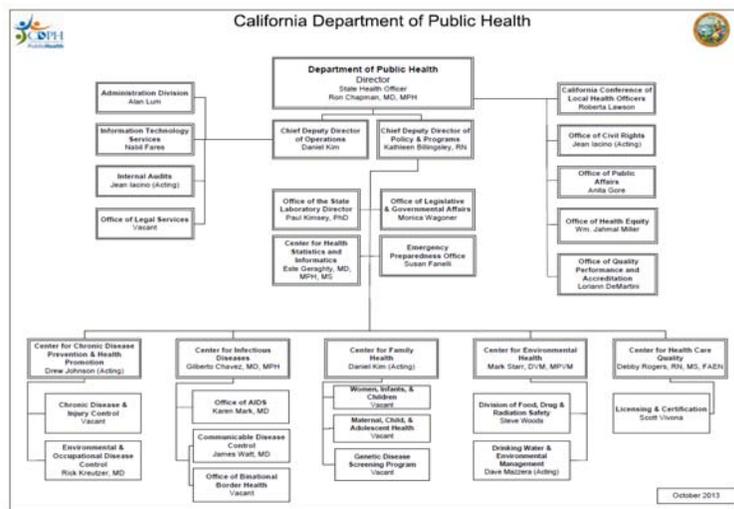
Health is driven by multiple factors that are intricately linked – of which medical care is one component.

Drivers of Health



Determinants of Health and Their Contribution to Premature Death. Adapted from McGinnis et al. Copyright 2007

H: ACHIEVE HEALTH EQUITY THROUGH PUBLIC HEALTH PROGRAMS



OFFICE OF HEALTH EQUITY

- The Office of Health Equity (OHE) was established to align state resources, decision making, and programs to accomplish all of the following:
 - **Achieve the highest level of health and mental health for all people**, with special attention focused on those who have experienced socioeconomic disadvantage and historical injustice, including, but not limited to, vulnerable communities and culturally, linguistically, and geographically isolated communities.
 - **Work collaboratively with the Health in All Policies (HiAP) Task Force** to promote work to prevent injury and illness through improved social and environmental factors that promote health and mental health.
 - **Advise and assist other state departments** in their mission to increase access to, and the quality of, *culturally and linguistically competent* health and mental health care and services.
 - Conduct **demographic analyses on health and mental health disparities and inequities** (updated periodically, but not less than every two years).
 - **Establish an interagency agreement between the State Department of Public Health and the Department of Health Care Services** to outline the process by which the departments will jointly work to advance the mission of OHE.
 - Establish a **comprehensive, cross-sectoral strategic plan** to eliminate health and mental health disparities by July 2014. (Updated every two years).



CALIFORNIA REDUCING DISPARITIES PROJECT (CRDP)

- 2013 Accomplishments
 - The California Reducing Disparities Project (CRDP) is a key statewide policy initiative to improve access, quality of care, and increase positive outcomes for racial, ethnic, LGBTQ, and cultural communities in the public mental health system.
 - The California Reducing Disparities Project (CRDP)-\$1.5m and \$60m
 - Completion of CRDP Phase I
 - Roll Out of CRDP Phase II



HEALTHY PLACES

- 2013 Accomplishments
 - Healthy Community Indicator Project
 - Populated 14 Healthy Community Indicators and posted them for immediate use to the Office of Health Equity website
 - Integrated Transport and Health Impacts Module (ITHIM)
 - Conducted a training for staff at the San Diego County Health Department and at SANDAG using ITHIM calibrated for San Diego County
 - Completed a first draft of a technical manual on ITHIM for San Diego County
 - Provided technical assistance to the HHS and the Strategic Growth Council regarding the Urban Footprint Public Health Module



CLIMATE AND PUBLIC HEALTH

- 2013 Accomplishments
 - Completed 6 focus groups with community health leaders on climate and health knowledge and attitudes
 - Conducted San Diego ITHIM training with Health Department and MPO
 - CDC-BRACE grant staff hired and created an administrative structure
 - Released *Preparing California for Extreme Heat* (w/ Cal EPA) and began dissemination and implementation plan
 - Represented CDPH in:
 - AB 32 Scoping Plan update
 - *Safeguarding California* Adaptation strategy update
 - Continue to lead the Climate Action Team Public Health Workgroup with important topical discussions on:
 - How California Hospitals and Health Care Systems are Addressing Climate Change (June 2013)
 - Regional Adaptation Planning in California (September 2013)
 - Involving Physicians and Nurses in Climate Action (November 2013)



HEALTH IN ALL POLICIES

- California's Health in All Policies Task Force was created in 2010.
- A collaborative approach to improving the health by incorporating health considerations into decision-making across sectors and policy areas.
- Task Force is facilitated by the California Department of Public Health, and includes representatives from 19 state agencies and departments.
- HiAP Task Force was supported by the legislature last year through 2012's Senate Concurrent Resolution 47.



Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute. <http://www.phi.org/resources/?re>



HEALTH IN ALL POLICIES

- 2013 Accomplishments
 - Created an inter-agency Farm to Fork Office (Departments of Education, Food and Agriculture, and Public Health)
 - Embedding health, equity, economic development, and environmental sustainability into the General Plan Guidelines, in partnership with the Governor's Office of Planning and Research
 - Engaging Corrections, General Services, Veterans Affairs, Rehabilitation, and other agencies in developing and implementing guidelines for healthy food procurement
 - Responding to growing requests from local communities for support and Technical Assistance (TA) for a Health in All Policies Approach (including Merced, Tulare, Monterey, and Del Norte counties).



HEALTH RESEARCH AND STATISTICS UNIT (HRSU)

- HRSU is the technical backbone of OHE, researching and producing data to fulfill statutory mandated reports and to provide baseline information on disparities and inequities.
- Recruiting for Research Scientist Supervisor role
- Data Workgroup Updates:
 - Developing demographic report to inform the OHE Strategic Plan Report on key factors. (A – N)
 - Inter-Agency Data Workgroup w/ DHCS to collect, analyze, and disseminate MediCal data.
 - Participates w/ Data Policy and Advisory Committee (Public Health Informatics)



HRSU DATA WORKGROUP

- Conduct demographic analyses on health and mental health disparities and inequities
- Recruiting for Research Scientist Supervisor role
- Data Workgroup Updates:
 - Developing demographic report to make inform the OHE Strategic Plan Report on key factors. (A – N)
 - Inter-Agency Data Workgroup w/ DHCS to collect, analyze, and disseminate MediCal data.
 - Participates w/ Data Policy and Advisory Committee (Public Health Informatics)
- Addressing “Key Factors” or “Social Determinants” as they relate to health and mental health disparities and inequities



THE DIVERSITY OF CALIFORNIA

Figure 11a. California population by race/ethnicity, 2011

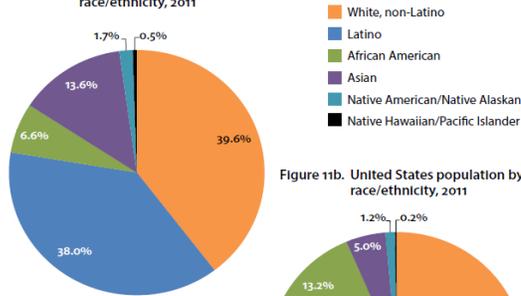
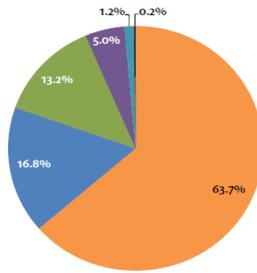


Figure 11b. United States population by race/ethnicity, 2011

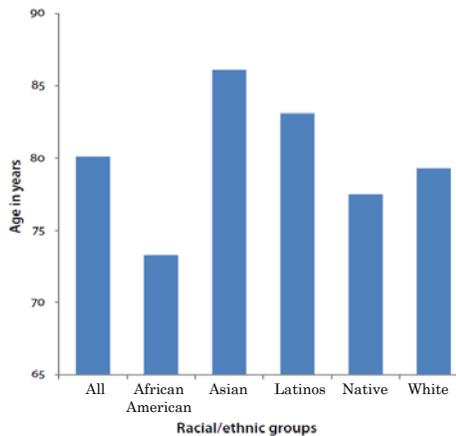


Source: U.S. Department of Commerce, U.S. Census Bureau, 2012



LIFE EXPECTANCY HAS INCREASED BUT A RACIAL/ETHNIC GAP PERSISTS

Figure 12. Life expectancy in California by race/ethnicity, 2006–2008

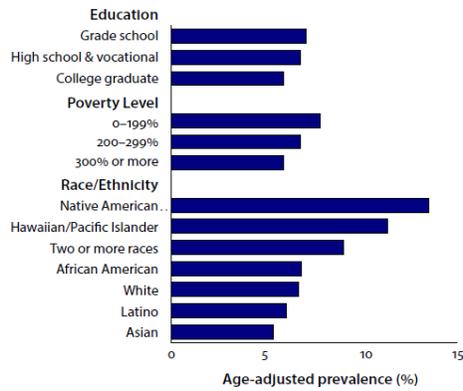


Source: Burd-Sharps and Lewis, A Portrait of California, 2011



HEART DISEASE: UNEQUAL IMPACTS

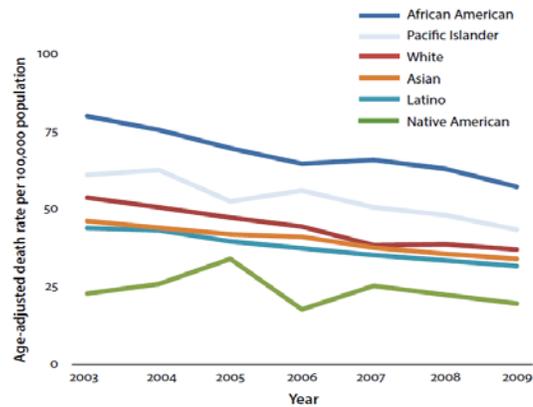
Figure 21. Social determinants influence the share of California adults who were ever told by a doctor that they have heart disease, 2007



Source: UCLA, California Health Interview Survey, 2007

STROKE: UNEQUAL IMPACTS

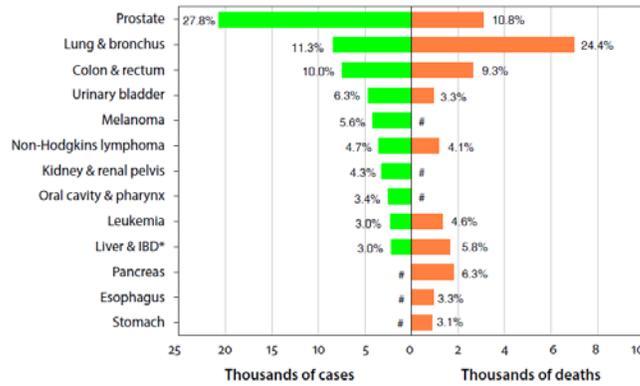
Figure 22. Stroke death rates by race/ethnicity, California, 2003-2009



Source: California Department of Public Health, California Heart Disease and Stroke Prevention Program, 2012

CALIFORNIA MEN: PROSTATE CANCER MOST COMMON, LUNG CANCER MOST DEADLY

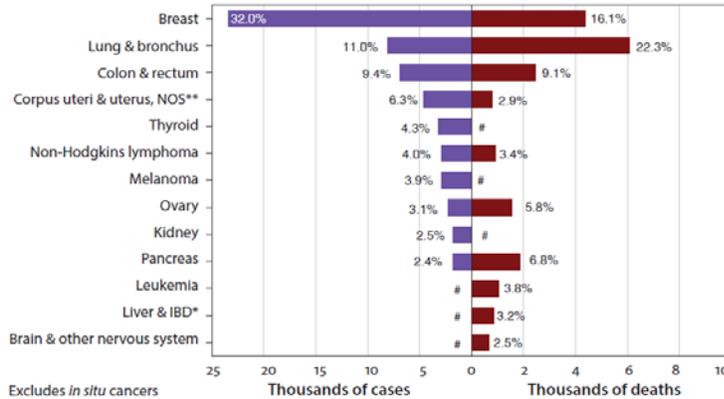
Figure 23a. Ten most common types of cancers and their incidence and death rates among males, California, 2009



Excludes *in situ* cancers except bladder
 * IBD = Intrahepatic bile duct
 # Not among the ten most common types

CALIFORNIA WOMEN: BREAST CANCER MOST COMMON, LUNG CANCER MOST DEADLY

Figure 23b. Ten most common types of cancer and their incidence and death rates among females, California, 2009



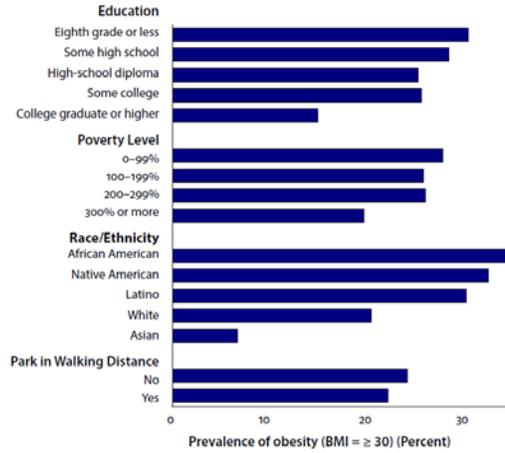
Excludes *in situ* cancers
 * IBD = Intrahepatic bile duct
 ** NOS = Not otherwise specified
 # Not among the ten most common types

Source: Hofer et al., 2012



OBESITY: UNEQUAL IMPACTS

Figure 51. Social and environmental determinants influence the share of California adults who are obese, 2007

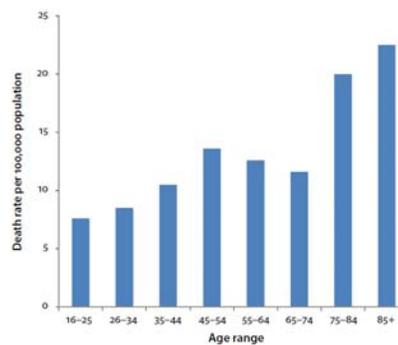


Source: University of California, Los Angeles, California Health Interview Survey, 2007

MENTAL HEALTH: UNEQUAL IMPACTS

- Suicide is a leading cause of death among young people in California.
- More Native Americans and African Americans under 35 have seriously thought about committing suicide (27% and 18%, respectively) than other groups, and
- White men have the highest age-adjusted rates of suicide (22 per 100,000 population) among all racial/ethnic groups.

Figure 54. Suicide rates by age, California, 2005

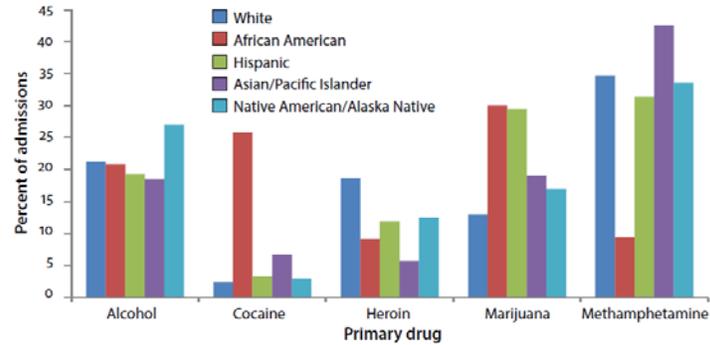


Source: California Department of Mental Health, 2007



SUBSTANCE USE DISORDERS

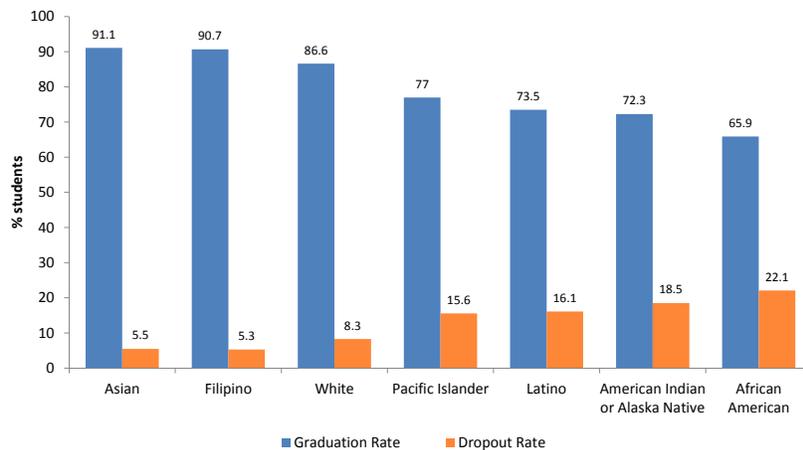
Figure 56. Primary drug reported on admission to state-funded and/or monitored treatment facilities, by race/ethnicity, California, 2010-2011



Source: California Department of Alcohol and Drug Programs, 2012



GRADUATION AND DROPOUT RATES FOR CALIFORNIA HIGH SCHOOL STUDENTS BY RACE/ETHNICITY, CLASS OF 2011-2012

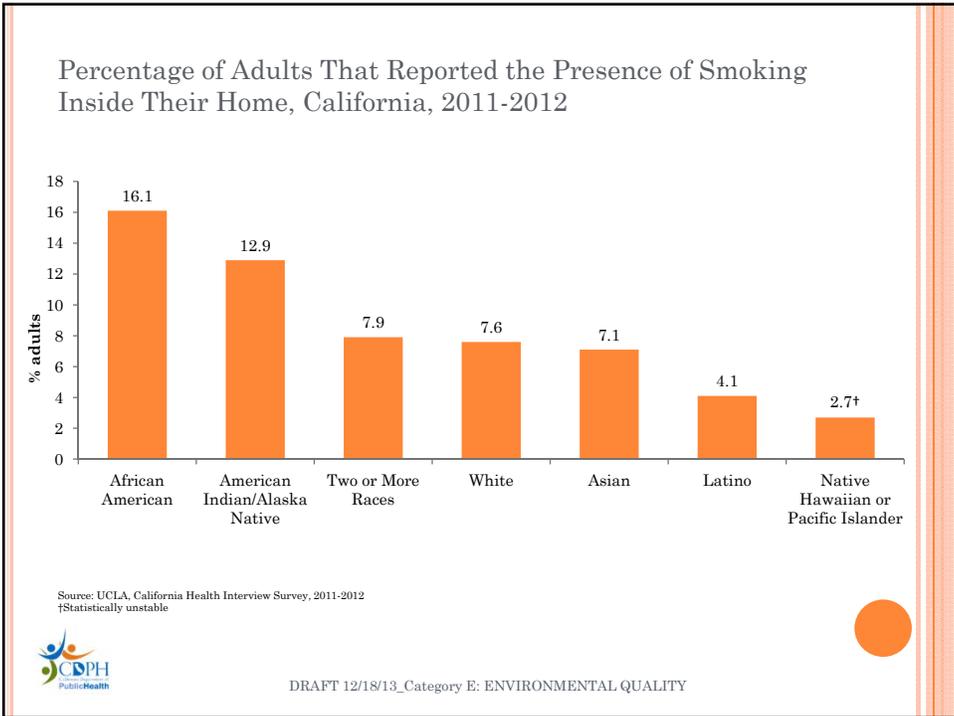
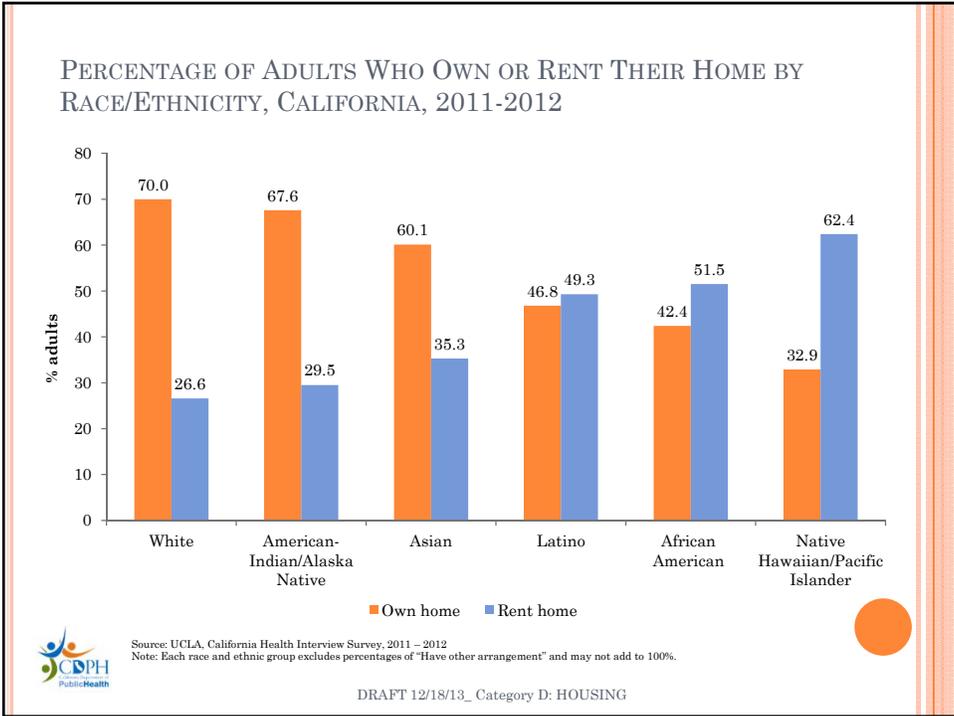


Source: California Department of Education, Data Reporting Office.
 Dropout definition: Either 1) was enrolled in grades 7, 8, 9, 10, 11 or 12 at some time during the previous school year AND left school prior to completing the school year and has not returned to school as of Information Day or 2) Did not begin attending the next grade (7, 8, 9, 10, 11 or 12) in the school to which they were assigned or in which they had pre-registered or were expected to attend by Information Day.
 Note: Each race and ethnic group excludes percentages of "Still Enrolled high school student Rates" and may not add up to 100%.

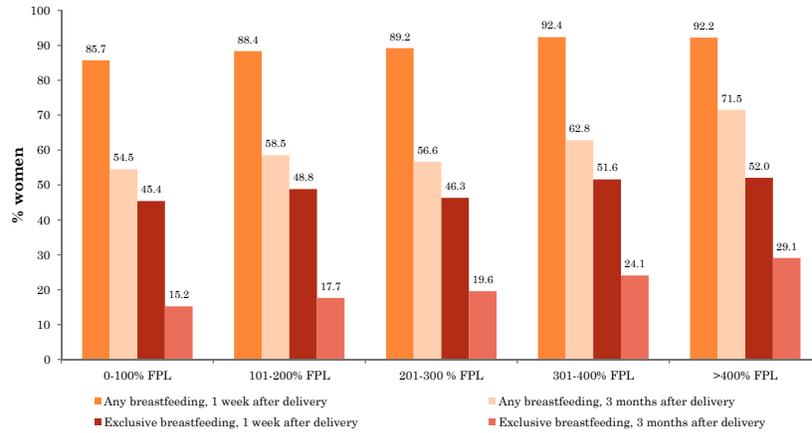


DRAFT 12/18/13_Category C: CHILD DEVELOPMENT, EDUCATION, & LITERACY RATES





PERCENTAGE OF CALIFORNIA WOMEN WHO EVER BREASTFED OR FED BREAST MILK BY FEDERAL POVERTY LEVEL (FPL), 2012

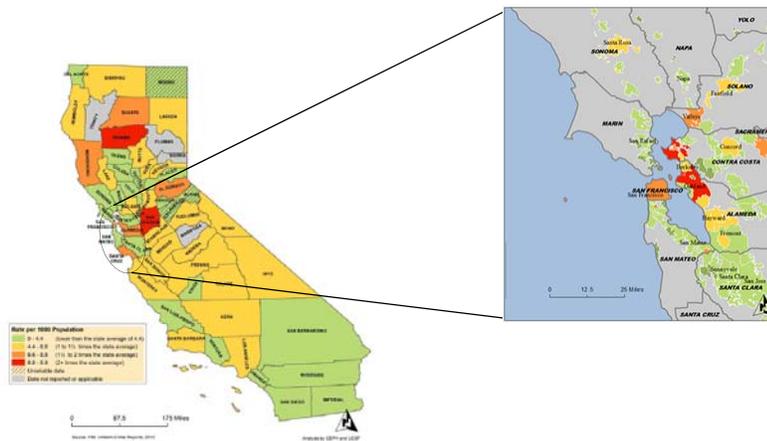


Source: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Program - Maternal and Infant Health Assessment (MIHA), 2012.
 Note: Indicators for breastfeeding at 3 months postpartum limited to women whose infant was at least 3 months old at the time of survey completion.



12/18/13_Category H: PREVENTION EFFORTS

NUMBER OF VIOLENT CRIMES PER 1,000 POPULATION BY COUNTY, CALIFORNIA, 2010



Source: Federal Bureau of Investigation: Uniform Crime Reports, 2010. Analysis by CDPH-Office of Health Equity and UCSF, Healthy Community Indicators Project.



DRAFT 12/18/13_Category J: NEIGHBORHOOD SAFETY

HOW DO WE GET THERE?

AMERICAN PUBLIC HEALTH ASSOCIATION INFOGRAPHIC

Public health keeps kids healthy and communities strong

Public health and prevention programs in your community:



We all benefit

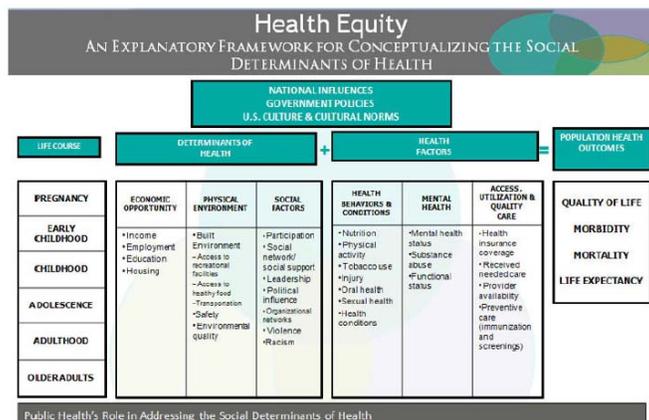


http://action.alpha.org/site/PageNavigator/Infographic_P age_2012_10_04_Round_2.html



HOW DO WE GET THERE?

COLORADO HEALTH EQUITY FRAMEWORK



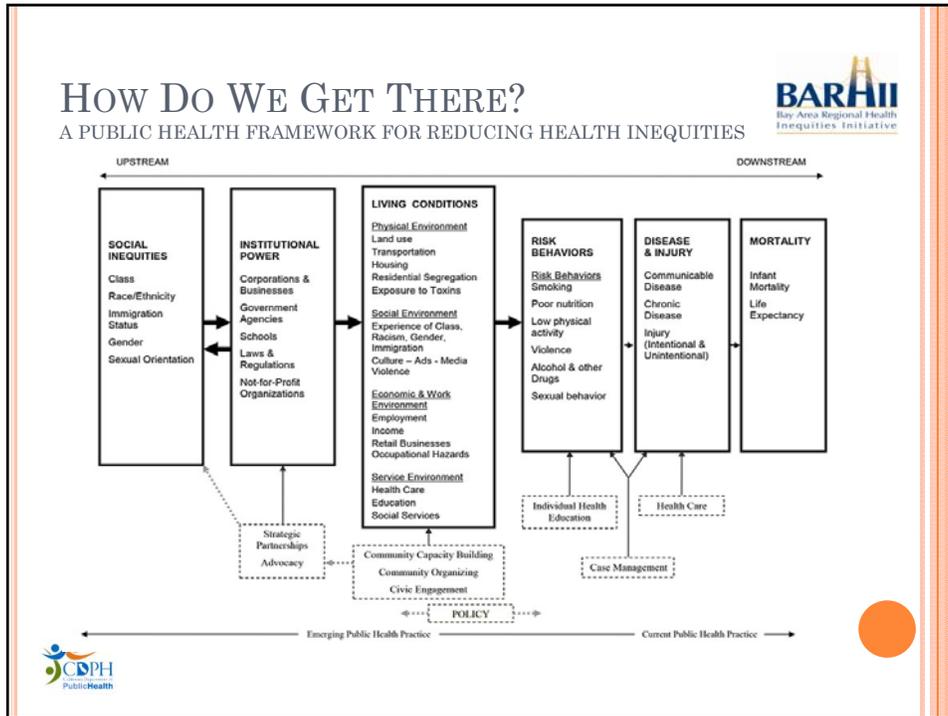
Public Health's Role in Addressing the Social Determinants of Health

- Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- Creating supportive environments to enable change
- Data collection, monitoring and surveillance
- Population based interventions to address individual factors
- Community engagement and capacity building



Colorado Department of Public Health and Environment (2013).





Closing the equity gap is not only the right thing to do, it is also in the best interest of the country as a whole...And we can do it.

Questions?

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