

Initiatives and Goals - 2014 Through 2017

A: Identify and Disseminate Actionable Information on Disparities

1. Assess and build broad based community support on health equity issues through education and dialogue
2. Build a network of communication and support for health equity work statewide
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
4. Develop and disseminate technical assistance briefs, based on recommendations from the Office of Health Equity (OHE) Advisory Committee
5. Partner on existing Annual Health Equity Summits for practitioners and policymakers
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
7. Utilize and encourage expansion of current campaigns to promote dialogue with California communities on local initiatives to address the social determinants of health
8. Assess health equity data shortcomings and explore feasibility of creating new data and/or disaggregating existing data.

B: Embed Health and Equity into Institutional Policies and Practices Across Non-Health Fields

1. Conduct a general landscape analysis of integrated health equity practices in non-health fields
2. Partner with the HiAP (Health in All Policies) Task Force to embed health equity criteria in decision-making, grant programs, guidance documents, and strategic plans
3. Enhance understanding of climate on the state's most vulnerable populations, catalyzing public health efforts to reduce greenhouse gas emissions and achieve health co-benefits

C: Embed Equity into Institutional Policies and Practices Across the Health Field

1. Identify partnerships to conduct assessment of health equity practices throughout state departments and state-funded programs in the health field
2. Facilitate common understanding of health equity and the social determinants of health between all departments that fall under the California Health and Human Services Agency
3. Identify partnerships to support the expansion of Culturally and Linguistically Appropriate Services (CLAS), including assessment, technical assistance and training

4. Explore strategies to reduce differential access to the opportunities presented through the Affordable Care Act/Covered California, and feasibility of enacting the strategies

D:	Empower Communities in Disparity Reduction Initiatives
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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
2. Explore the feasibility of initiating local task forces to increase health and equity in all policies
3. Mobilize resources to reduce mental health and community health disparities

E:	Develop and Align Sustainable Multi-Sector Infrastructure and Support
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1. Develop workforce development opportunities aimed at increasing the capacity of state employees to effectively address health inequities
2. Recommend that health equity be embedded as a priority in existing funding streams (state, local, private)
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
4. Identify potential Health Equity Zones at the neighborhood level

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

Initiatives and Goals - 2017 Through 2019	
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A:	Identify and Disseminate Actionable Information on Disparities
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1. Leverage the community support, relationships and networks built in Phase I (A1, 2 and 7) to coordinate impact on health equity issues statewide
2. Adapt the website built in Phase I (A3) to meet current needs.

3. Continue to develop and disseminate technical assistance briefs, based on recommendations from the Office of Health Equity (OHE) Advisory Committee, if the need still exists
4. Continue to partner on existing Annual Health Equity Summits for practitioners and policymakers, if the need still exists
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, if the need still exists
6. Build on Phase I (A8) by creating new data and/or disaggregating existing data as feasible

B:	Embed Health and Equity into Institutional Policies and Practices Across Non-Health Fields
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1. Continue to partner with the HiAP (Health in All Policies) Task Force to embed health equity criteria in decision-making, grant programs, guidance documents, and strategic plans, if the need still exists
2. Continue to enhance understanding of climate on the state's most vulnerable populations, catalyzing public health efforts to reduce greenhouse gas emissions and achieve health co-benefits, if the need still exists
3. Integrate efforts to address the root causes of health inequities and language access standards in non-health agency plans
4. Facilitate common understanding of health equity and the social determinants of health between non-health agencies and organizations
5. Facilitate access to training and technical assistance for grantees of state programs on health equity, including incorporating health equity modules into current training provided by state and federal programs

C:	Embed Equity into Institutional Policies and Practices Across the Health Field
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1. Facilitate common understanding of health equity and the social determinants of health between all health departments statewide
2. Monitor and collaborate with partnerships to support the expansion of Culturally and Linguistically Appropriate Services (CLAS), including assessment, technical assistance and training
3. Enact strategies to reduce differential access to the opportunities presented through the Affordable Care Act/Covered California, as feasible
4. Integrate efforts to understand and reduce the root causes of health inequities and CLAS compliance as a requirement for funding and allowable activities of all HHS state-funded programs and grants.
5. Facilitate access to training and technical assistance for grantees of state programs on health equity, including incorporating health equity modules into current training provide by state and federal programs

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
7. Strengthen the state’s safety net for those not covered by the Affordable Care Act

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

E:	Develop and Align Sustainable Multi-Sector Infrastructure and Support
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1. Continue to develop workforce development opportunities aimed at increasing the capacity of state employees to effectively address health inequities, and expand to others outside of state employment
2. Continue to recommend that health equity be embedded as a priority in existing funding streams (state, local, private), if need still exists
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
4. Mobilize resources on the Health Equity Zones identified in Phase I (E4)

F:	OHE Capacity Building for Implementation of the Strategic Initiatives
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3. Identify new resources and re-direct existing resources to support the Strategic Initiatives and provide leadership to align resources in support of health equity
4. Identify and foster public and private partnerships for all appropriate Strategic Initiatives, including governmental, corporate, educational, research, and philanthropic institutions