



You Made It - Welcome!

- This webinar is being recorded and will be posted on our website for future review:

<http://www.cdph.ca.gov/programs/Pages/OHEStrategicPlan.aspx>

Documents for today's webinar are now available on the site

- Due to the volume of participants, you will be on silent mode (muted) throughout this webinar
- Please ask questions by typing in the Q and A window
- The green WebEx control panel tab is typically at the top center of your monitor; however, it may be in another location on your computer
- If you experience technical difficulties, please call Dawn Muñoz at 916-893-9946



Office of Health Equity (OHE)

California's Statewide Plan to Promote Health and Mental Health Equity: Learn, Engage, and Be a Part of its Development

OHE Webinar
April 16, 2014



Webinar Presenters

Wm. Jahmal Miller, MHA
CDPH Office of Health Equity
Deputy Director

Tamu Nolfo, PhD
CDPH Office of Health Equity
Special Consultant

Sandi Gàlvez, MSW
Bay Area Regional Health Inequities Initiative (BARHII)
Executive Director
Office of Health Equity Advisory Committee
Chair

Webinar Objectives

- ✓ Introduce The Office of Health Equity (OHE) and its key duties.
- ✓ Provide a context for the development of the statewide plan.
- ✓ Report on progress to date.
- ✓ Share the most current version of the set of initiatives and goals called the strategic framework.
- ✓ Engage with stakeholders to further the development of the strategic framework, which will eventually become the statewide plan.
- ✓ Identify partners to implement the plan.

CA Health and Safety Code 131019.5

The Office of Health Equity (OHE) was established in 2012 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
- Work collaboratively with the Health in All Policies (HiAP) Task Force
- 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
- Improve the health status of all populations and places, with a priority on eliminating health and mental health disparities and inequities



Key Duties of the Office of Health Equity

- Conduct policy analysis and develop strategic policies and plans regarding specific issues affecting vulnerable communities and vulnerable places.
- The policies and plans shall also include strategies to address social and environmental inequities and improve health and mental health.
- The office shall assist other departments in their missions to increase access to services and supports and improve quality of care for vulnerable communities.



Specific Requirements of the Statewide Plan

- Establish a comprehensive, cross-sectoral strategic plan to eliminate health and mental health disparities and inequities
- The plan shall be developed in collaboration with the Health in All Policies Task Force
- The plan shall establish goals and benchmarks for specific strategies in order to measure and track disparities and the effectiveness of these strategies
- The first plan shall be due July 1, 2014



Data on Underlying Conditions to Inform & Complement Strategic Planning

In identifying and developing recommendations for strategic plans, the Office of Health Equity shall, at a minimum, do all of the following:

- Conduct demographic analyses on health and mental health disparities and inequities
- The report shall include an analysis of the underlying conditions that contribute to health and well being
- The first report shall be due July 1, 2014
- This information shall be updated periodically, but not less than every two years, and made available through public dissemination, including posting on the department's Internet Web site

- ✓ The strategic plan and the data report, together, will be referred to as the California Statewide Plan to Promote Health and Mental Health Equity.
- ✓ CDPH will sponsor the document.
- ✓ OHE is the keeper of the Statewide Plan and will facilitate the planning process.
- ✓ OHE invites input, expertise and decision-making help from the Advisory Committee and other stakeholders, but OHE submits the final plan to the California Health and Human Services Agency.

Advisory Committee

- Consult regularly with the advisory committee established by subdivision (f) for input and updates on the policy recommendations, strategic plans, and status of cross-sectoral work.



OFFICE OF HEALTH EQUITY ADVISORY COMMITTEE

Consists of a broad range of 24 health experts, advocates, clinicians and consumers who will help advance the goals of the office and advise in the development and implementation of the Statewide Plan

- **Sergio Aguilar-Gaxiola**, MD, PhD, Director, Center for Reducing Health Disparities and Professor of Clinical Internal Medicine, University of California, Davis School of Medicine
- **Paula Braveman**, MD, MPH, Director, Center on Social Disparities in Health and Professor of Family and Community Medicine, University of California, San Francisco
- **Delphine Brody**, Former Program Director of Mental Health Services Act (MHSA) Client Involvement, public policy, and self-help technical assistance for the California Network of Mental Health Clients
- **Jeremy Cantor**, MPH, Program Manager, Prevention Institute of Oakland
- **Yvonna Cázares**, Policy Manager, Gay-Straight Alliance Network
- **C. Rocco Cheng**, PhD, Corporate Director, Prevention and Early Intervention Services, Pacific Clinics
- **Kathleen Derby**, Legislative Analyst, California State Independent Living Council
- **Aaron Fox**, MPM, Health Policy Manager, LA Gay and Lesbian Center
- **Sandi Gálvez**, MSW, Executive Director, Bay Area Regional Health Inequities Initiative - CHAIR
- **Alvaro Garza**, MD, MPH, Health Officer at San Joaquin County Public Health Services
- **Cynthia Gómez**, PhD, Founding Director, Health Equity Institute, San Francisco State University
- **Willie Graham**, Pastor, Christian Body Life Fellowship Church
- **General Jeff**, Founder, Issues and Solutions and serves on the Board of Directors of the Downtown Los Angeles Neighborhood Council (DLANC)
- **Carrie Johnson**, PhD, Director/Clinical Psychologist, Seven Generations Child and Family Counseling Center at United American Indian Involvement in Los Angeles, California
- **Neal Kohatsu**, MD, MPH, Medical Director, California Department of Health Care Services
- **Dexter Louie**, MD, JD, MPA, Founding Member and Chair, Board of the National Council of Asian Pacific Islander Physicians
- **Francis Lu**, MD, Luke and Grace Kim Professor in Cultural Psychiatry, Emeritus, University of California, Davis
- **Gail Newel**, MD, MPH, Medical Director, Maternal Child and Adolescent Health, Fresno County Department of Public Health
- **Teresa Ogan**, MSW, Supervising Care Manager, California Health Collaborative Multipurpose Senior Service Program
- **José Oseguera**, Chief, Plan Review and Committee Operations, Mental Health Services Oversight and Accountability Commission
- **Hermia Parks**, MA, RN, PHN, Director, Public Health Nursing/Maternal, Child Adolescent Health, Riverside County Department of Public Health
- **Diana E. Ramos**, MD, MPH, Director, Reproductive Health, Los Angeles County Public Health
- **Patricia Ryan**, MPA, Executive Director, California Mental Health Directors Association
- **Linda Wheaton**, Assistant Director for Intergovernmental Affairs for the California Department of Housing & Community Development (HCD).
- **Ellen Wu**, MPH, Executive Director, Urban Habitat

GOING UPSTREAM TO ADJUST POOR POLICIES & PRACTICES

“Because children of color are so disproportionately represented in low-income families and impoverished communities,...requires addressing historic and current structural barriers to opportunity, such as exposure to environmental toxins and enrollment in under-resourced schools, which are a direct result of past policies and practices of racialization and privilege.”

Dr. Gail C. Christopher

Vice President - Program Strategy, W.K. Kellogg Foundation



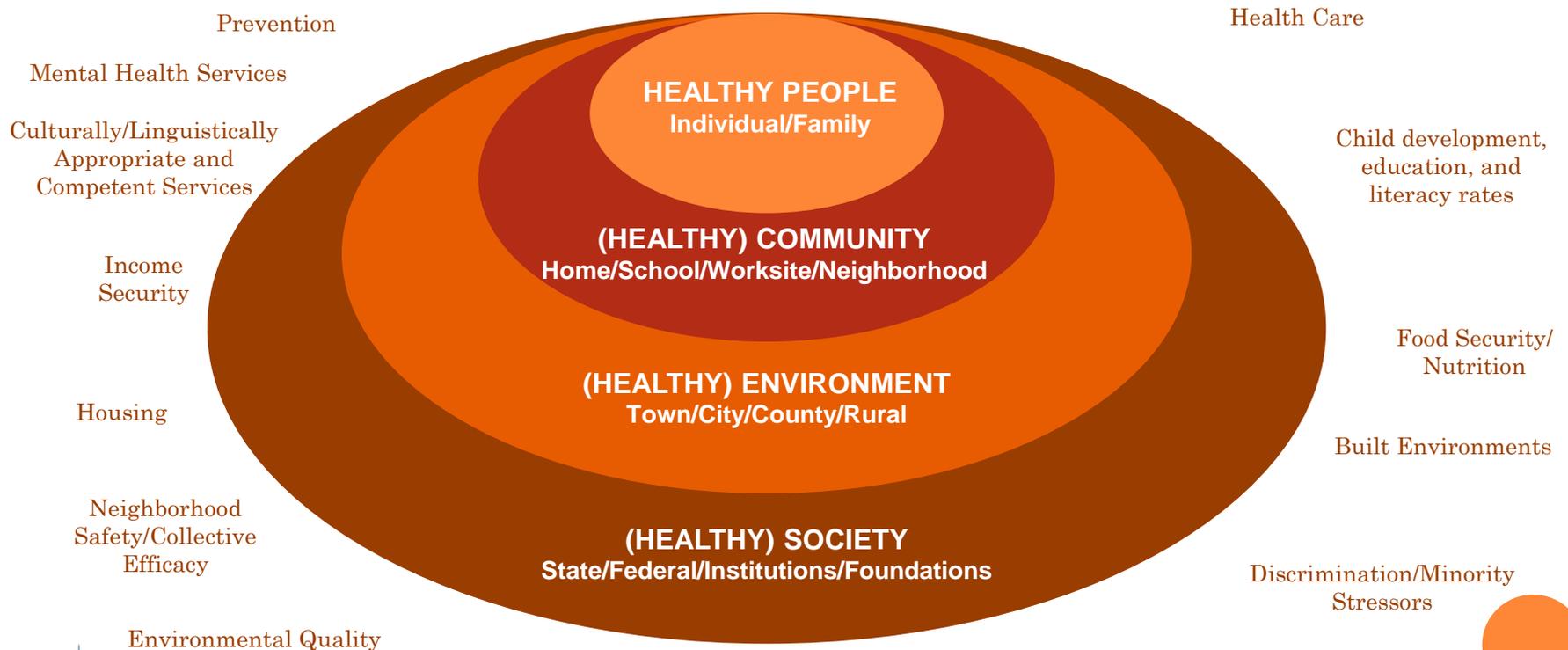
“Health equity” means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

Health and Safety Code
Section 131019.5



ACHIEVING HEALTH & MENTAL HEALTH EQUITY AT EVERY LEVEL

Transforming the conditions in which people are
BORN, GROW, LIVE, WORK and AGE
for optimal health, mental health & well-being.



WHAT WE'RE UP AGAINST

“THE HAVE AND HAVE-NOTS OF HEALTH ON DISPLAY IN EAST SAC, OAK PARK”

- Visible differences between the two neighborhoods.
- The 95819 and 95817 ZIP codes, which encompass much of east Sacramento and Oak Park, respectively, share a border.
 - Each has about 15,000 residents.
 - In 2010, Oak Park residents are more than three times as likely to go to the emergency room for asthma, diabetes or high blood pressure.



WHAT WE'RE UP AGAINST

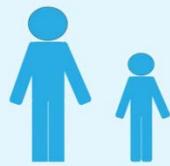
TALE OF TWO CITIES - MARIN CITY



- Statistics consistently show that Marin is one of the healthiest counties in the state and the country. But those statistics mask an uncomfortable truth: Marin also has some of the most severe health disparities in the state. Simply put: Where you live in Marin plays a role in how long you live.

MARIN CITY FACT SHEET

Total Population (census tract 1290): 2666*



38.9% White
 38.1% African-American
 13.7% Hispanic or Latino
 11.6% Asian/Pacific Islander
 4.5% Other
(One race - hispanic and/or latino calculated as a percent of total population)

People under the age of 18: 23.7%
 People over the age of 65: 9.4%

Approximately 39% of Marin City Residents live below 200% of the federal poverty level



*Marin City's Median Household Income: \$37,857

*Low income range: \$5,629-\$31,205
 *County of Marin Median Household Income: \$90,962

US Census, 2010 & American Fact Finder, 2012 - *Tract 1290 does not include all of Marin City



14.9% Obesity Rate

60.9% Overweight Rate

78.6 - Life Expectancy

(Human Impact Partners, 2012)



50% of 7th Graders are overweight or obese
(Human Impact Partner, 2012)
 ED visits for asthma in children in Marin County

*151 - African American
 *37.2 - Hispanic/Latino
 *27.0 White
(Calculated per 10,000 people, OSHPD, 2010)

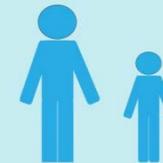
MARIN CITY STATS

- 2,509 Population (census tract 0604112900)
- 63% of African Americans living in poverty (at or below 185% federal poverty level)
- 7 of schools (k-8, preschools)
- 0 of public parks
- 0 of farmers markets
- 0 of supermarkets/large grocery stores
- 4 of fast food outlets near schools
- 2 of other food sources (CVS and Dollar Tree)



ROSS FACT SHEET

Total Population: 2415



93.8% White
 0.2% African-American
 3.9% Hispanic or Latino
 2% Asian/Pacific Islander
 .8% Other
(One race - hispanic and/or latino calculated as a percent of total population)

People under the age of 18: 30.3%
 People over the age of 65: 17.1%

Approximately 10.7% of Ross Residents live below 200% of the federal poverty level



*Ross's Median Household Income: \$114,750
 *Low Income range: \$66,894-114,332
 *County of Marin Median Household Income: \$90,962

US Census, 2010 & American Fact Finder, 2012



0% Obesity Rate

54.5% Overweight Rate

94.4 - Life Expectancy

(Human Impact Partners, 2012)



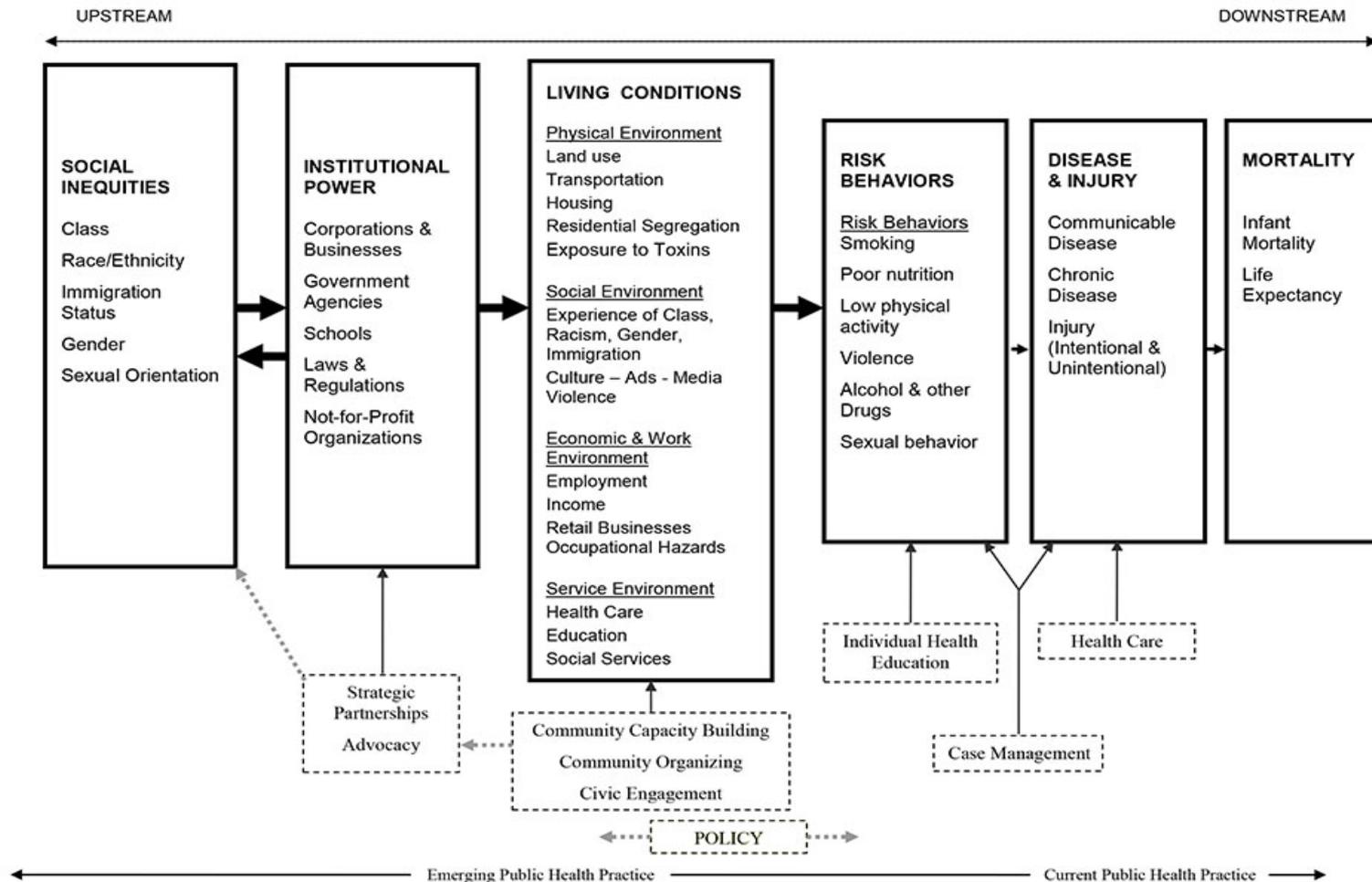
16.3% of 7th Graders are overweight or obese
(Human Impact Partner, 2012)

ED visits for asthma in children in Marin County

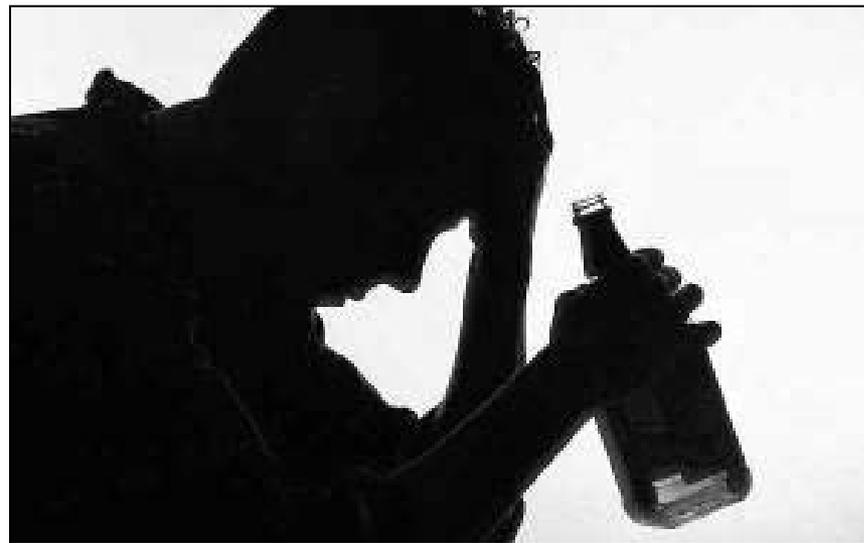
*151 - African American
 *37.2 - Hispanic/Latino
 *27.0 White
(Calculated per 10,000 people, OSHPD, 2010)

HOW DO WE GET THERE?

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES



WE HAVE TO DISRUPT CURRENT DEFAULTS...



...WITH POSITIVE, HEALTHY DEFAULTS



BREASTFEEDING
It Rocks!





Statewide Plan Vision, Mission, and Central Challenge

Vision: Everyone in California has equal opportunities for optimal health, mental 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 achieve health equity and improve the health, mental health and well-being of all.



Statewide Plan Draft Major Initiative A

Identify and Disseminate Actionable Information on Disparities

- Do we have the information we need to move this work forward?
- Are we well connected with others who are doing this work?
- Are we providing solutions?

Polling Question:

If there were an opportunity for you/your organization to engage in this initiative, would there be a strong enough interest to do so?



Statewide Plan

Draft Major Initiative B

Embed Health, Mental Health, and Equity into Institutional Policies and Practices Across Non-Health Fields

- Do we know the extent to which we can have an impact outside of our traditional health partners?
- Do non-health institutions have the information and incentives they need to be good promoters of health and mental health equity?
- Can we think as large as reducing greenhouse emissions to protect our most vulnerable communities?

Polling Question:

If there were an opportunity for you/your organization to engage in this initiative, would there be a strong enough interest to do so?



Statewide Plan

Draft Major Initiative C

Embed Equity into Institutional Policies and Practices Across the Health Field

- Do we know where our health field is missing the mark?
- Could we provide better support to strengthen and expand the field?
- How can we maximize the opportunities posed by the Affordable Care Act and protect those who will continue to be uninsured?

Polling Question:

If there were an opportunity for you/your organization to engage in this initiative, would there be a strong enough interest to do so?



Statewide Plan

Draft Major Initiative D

Empower Communities in Disparity Reduction Initiatives

- To what extent is there work being done throughout California's communities to reduce disparities?
- How can we more broadly replicate effective efforts?
- How can we encourage the initiation and sustainability of local efforts aimed at the social determinants of health?

Polling Question:

If there were an opportunity for you/your organization to engage in this initiative, would there be a strong enough interest to do so?



Statewide Plan

Draft Major Initiative E

Develop and Align Sustainable Multi-Sector Infrastructure and Support

- How can we build a workforce that has the capacity to effectively dismantle health and mental health inequities?
- How can funding criteria and priorities be leveraged across sectors?
- What are the opportunities to capitalize on national and other efforts already underway?

Polling Question:

If there were an opportunity for you/your organization to engage in this initiative, would there be a strong enough interest to do so?



Statewide Plan Draft Major Initiative F

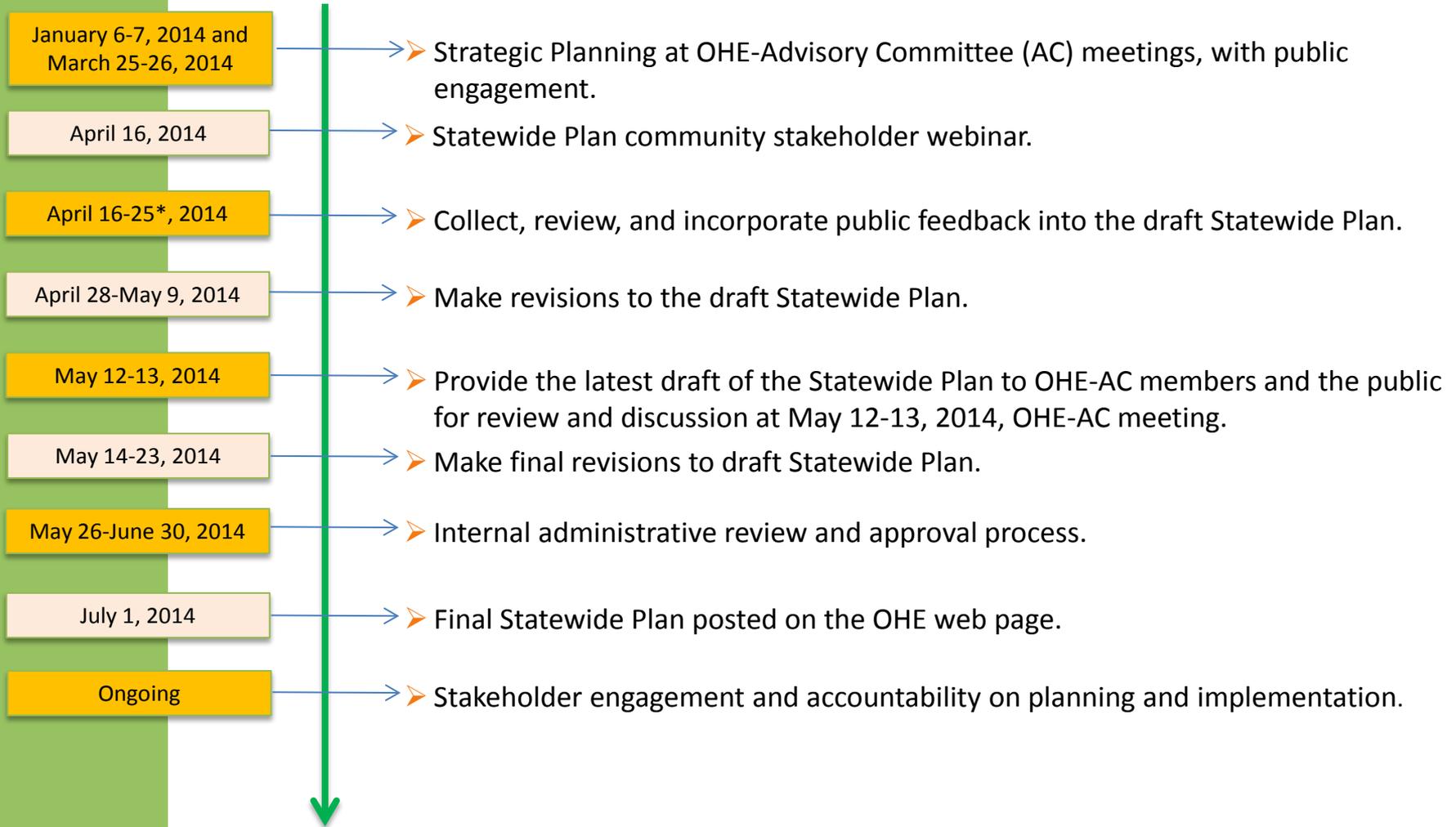
OHE Capacity Building for Implementation of the Strategic Initiatives

- How can OHE be as transparent and accessible as possible in the planning and implementation of the Statewide Plan?
- Can the Strategic Initiatives catalyze partners and resources?
- How can we build the capacity needed to effectively deliver on the Statewide Plan?

Polling Question:

If there were an opportunity for you/your organization to engage in this initiative, would there be a strong enough interest to do so?

Statewide Plan – Updated Timeline



* OHE will continue to receive feedback, via the OHE-AC members and the public, through May 13, 2014.