

Portrait of Promise

The California Statewide Plan to Promote Health and Mental Health Equity

CCLHO Semi-Annual Meeting Fall 2015



Tamu Nolfo, PhD

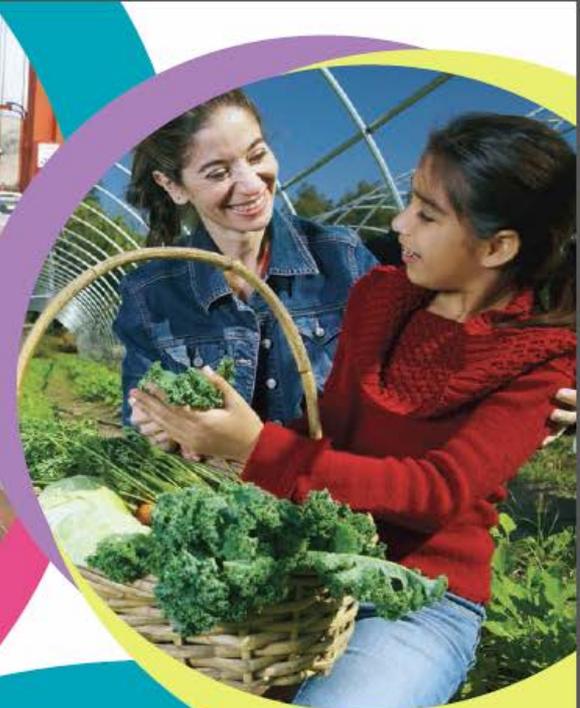
Office of Health Equity

California Department of Public Health

October 2015

Office of Health Equity MISSION

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



PORTRAIT OF PROMISE:

The California Statewide Plan to Promote Health and Mental Health Equity

Report to the Legislature and the People of California
by the Office of Health Equity,
California Department of Public Health,
August 2015

Table of Contents

Message from The Chair Office of Health Equity Advisory Committee	4
Office of Health Equity Advisory Committee	5
Acknowledgments	7
Executive Summary	8
Introduction and Background	11
California's Human Diversity: Opportunities	13
What Drives Health Disparities?	16
The Deep Roots of Health Inequities	19
Health in All Policies	21
The Case for Addressing Health Inequities	22
Creating Health Equity in California: The Office of Health Equity	24
Demographic Report on Health and Mental Health Equity in California	27
The Social Determinants Shaping the Health of California's People and Places	28
Income Security: The High Cost of Low Incomes	29
Food Security and Nutrition	32
Child Development and Education: Addressing Lifelong Disparities in Early Childhood	35
Housing: A Leading Social Determinant of Public Health	39
Environmental Quality: The Inequities of an Unhealthy Environment	43
Built Environment: Healthy Neighborhoods, Healthy People	45
Health Care Access and Quality of Care: Narrowing the Gaps	48
Clinical and Community Prevention Strategies: The Power of Prevention	51
Experiences of Discrimination and Health	54
Neighborhood Safety and Collective Efficacy	58
Cultural and Linguistic Competence: Why It Matters	61
Mental Health Services: 'No Health Without Mental Health'	64
The California Statewide Plan to Promote Health and Mental Health Equity	67
Capacity Building for Implementation of the Strategic Priorities	69
Strategic Priorities: Assessment, Communication, and Infrastructure	69
Strategic Intervention Target: Health Partners	71
Strategic Intervention Target: Health Field	72
Strategic Intervention Target: Communities	73
References	75
Appendices	82
Appendix A: Goals to Support the Strategic Priorities	82
Appendix B: Health in All Policies Task Force	92
Appendix C: Glossary	94
Appendix D: Data Limitations	96

Achieving Equity at Every Level

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



Prevention

Mental Health Services

Culturally/Linguistically Appropriate
and Competent Services

Income Security

Housing

Neighborhood
Safety/Collective Efficacy

Environmental Quality

HEALTHY COMMUNITY

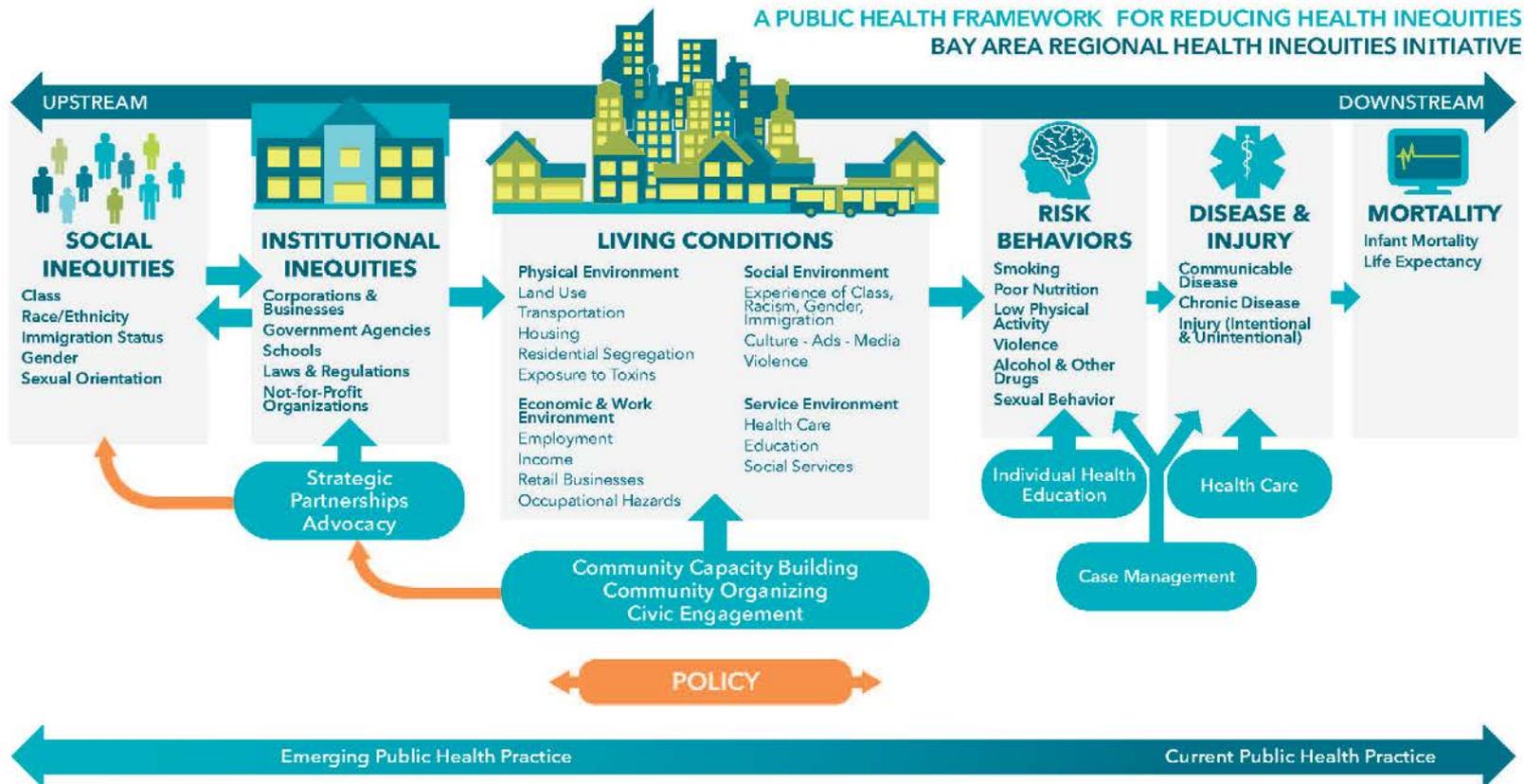
Bui

D
Mi

Achieving Health & Mental Health Equity At Every Level.

Source: California Department of Public Health, Office of Health Equity as inspired by World Health Organization, Robert Wood Johnson Foundation, and many others.

Addressing the Causes of the Causes



Visualizing the Social Determinants

1 IN 4 CHILDREN IN CALIFORNIA DOES NOT HAVE ENOUGH FOOD TO EAT

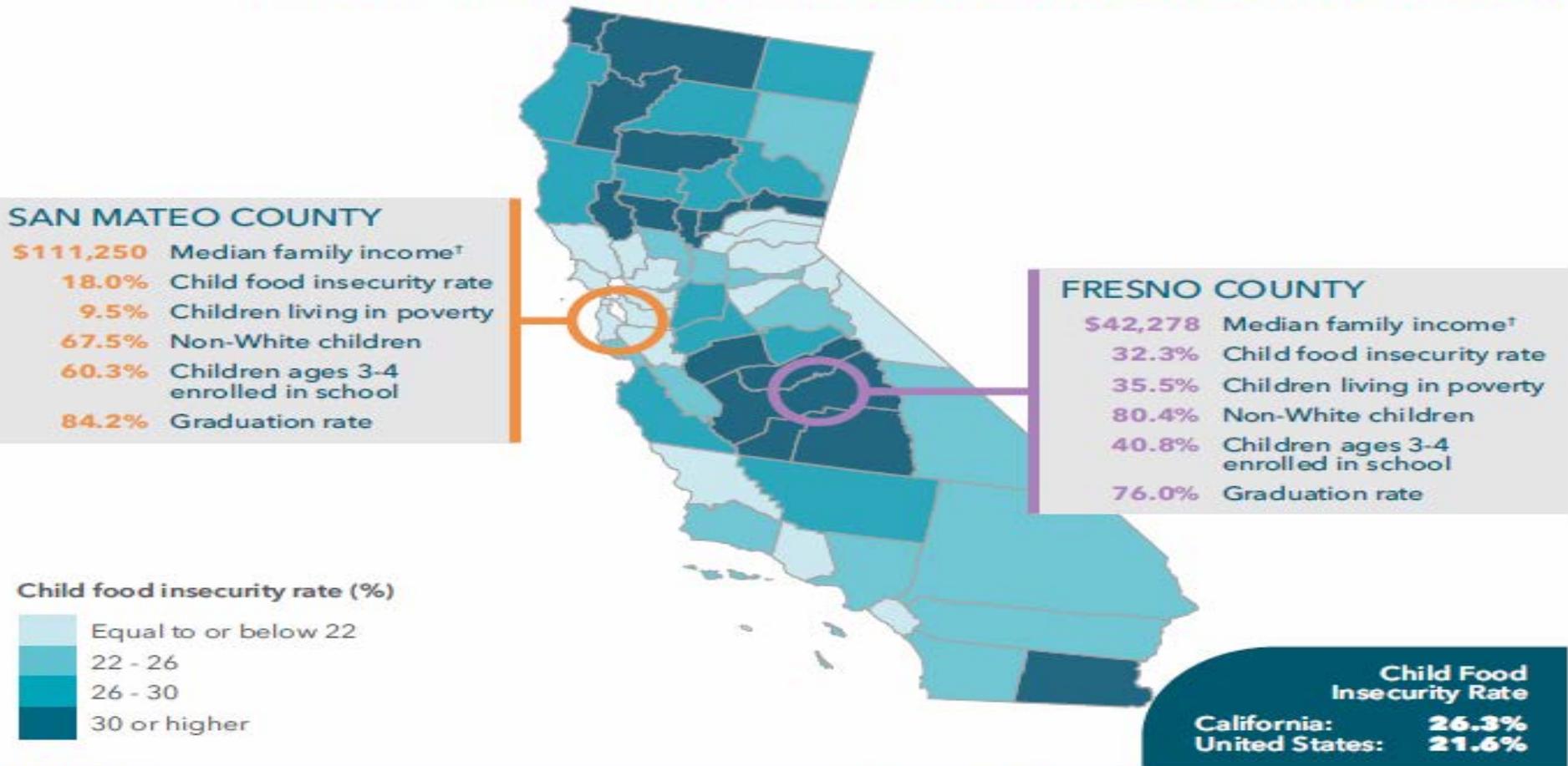


FIGURE 8: Child food insecurity rate: percentage of children under 18 years old who are food insecure, California, 2012.

Sources: Feeding America, Map the Meal Gap, 2012; U.S. Census Bureau, American Community Survey, 3-Year Estimates (2009-2011) and 5-Year Estimates (2008-2012); and California Department of Education, Graduation Data, 2011-2012.

†Median family income with own children under 18 years.

MORE THAN 40% OF LOW-INCOME ADULTS ARE UNABLE TO AFFORD ENOUGH FOOD

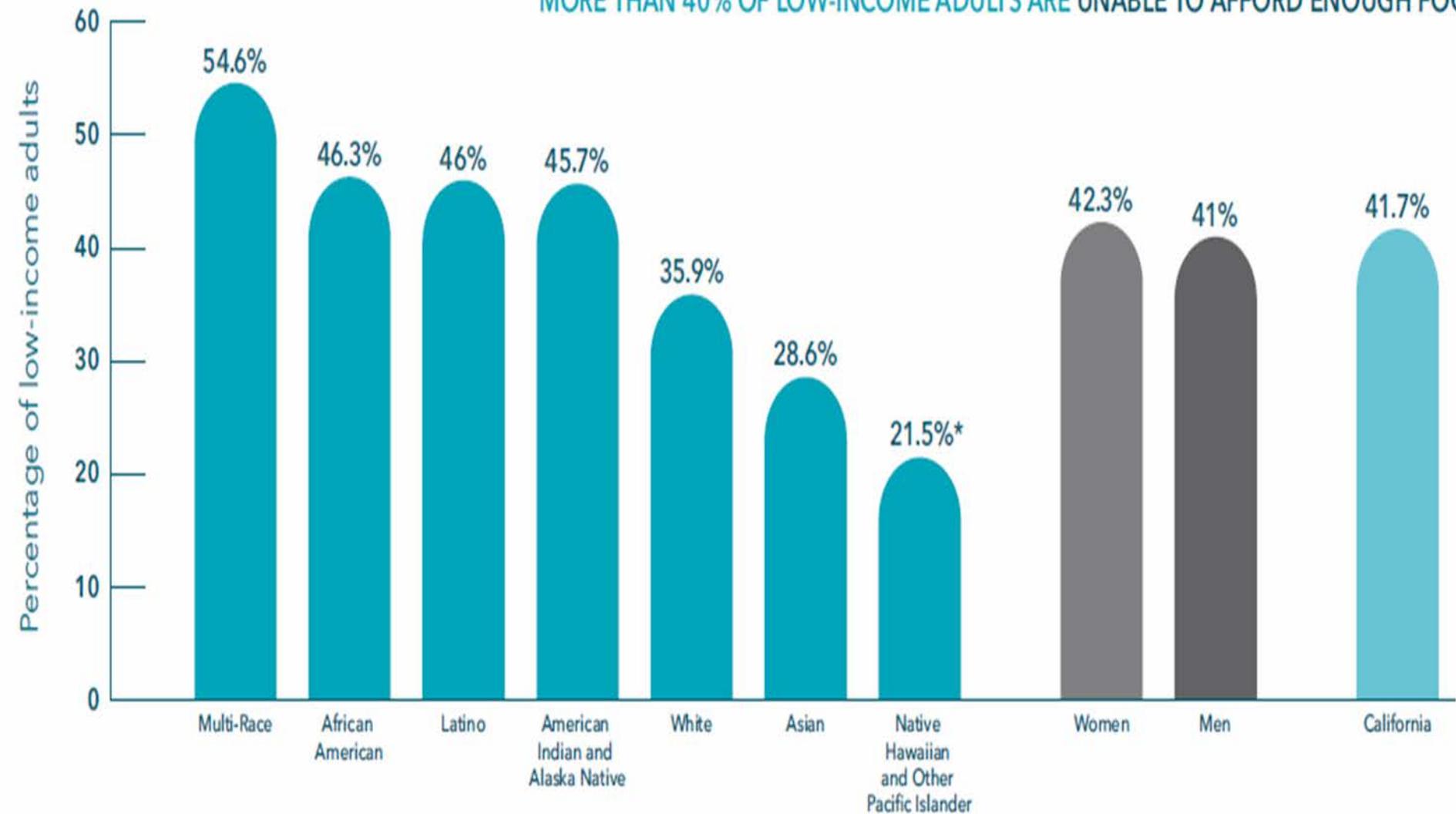


FIGURE 7: Percentage of adults whose income is less than 200% of the federal poverty level and who reported having food insecurity, by race/ethnicity and gender, California, 2011-2012.

Source: University of California, Los Angeles, California Health Interview Survey, 2011-2012.

*Statistically unreliable data.

Providing Narrative Context

A 2005 study focused on California found that for the state as a whole there were more than four times as many fast-food restaurants and convenience stores as supermarkets and produce vendors. This ratio of unhealthy to healthy food options varied substantially among counties and cities, with two counties (San Bernardino and Sacramento) and two cities (Bakersfield and Fresno) having nearly six times

as many fast-food restaurants and convenience stores as supermarkets and produce vendors.¹⁸ The communities with high concentrations of fast-food outlets and relatively high-priced convenience stores have been shown to be characterized by disproportionately high rates of obesity and diabetes, which are precursors of other chronic diseases, such as cardiovascular disease, stroke, and arthritis.

Highlighting Solutions

Summer Food Service Program for Low-Income Kids

The Summer Food Service Program is a federally funded program that reimburses public and private schools, nonprofit agencies, and local governments for providing free, nutritious meals to children (18 and younger) in low-income communities through the summer months when school is not in session. Participating organizations, which are reimbursed for their costs, can serve two meals or a meal and a snack each day, or up to three meals in residential camps and migrant farm worker sites. The U.S. Department of Agriculture, which sponsors the program, is working with California Department of Education officials to expand the program in California to at least 600 sites throughout the state. Nationally, about 7.5 million meals were served on a typical summer day in 2013.

Learn more at <http://www.cde.ca.gov/fg/aa/nt/sfsp.asp>.

Food Councils Tackle Food Insecurity

Food councils and local, food-centered community groups have emerged as leaders of a movement to solve food insecurity and food quality concerns across California. They do this by promoting policies and education at the state and local levels that encourage and support sustainable urban and regional foodsheds, including community and home-scale gardening efforts, farmers markets, and urban agriculture. The California Food Policy Council is bringing together the food councils from the smallest counties, such as Plumas County and Sierra County, with the largest, Los Angeles County, to ensure that California's food system reflects the needs of all its communities.

Food councils address food security through policy changes that increase access to subsidized foods, like CalFresh, WIC, senior nutrition programs, and food banks. They also promote home- and community-grown food efforts; encourage economic development; and advocate for sustainable farming and fair labor practices by large-scale food producers, retailers, and the food-service industry.

Food councils are changing the foodscape of California through local ingenuity combined with community resourcefulness and resilience.

Learn more at <http://www.rootsofchange.org/content/activities-2/california-food-policy-council>.



Generating Multiple Angles

MORE THAN HALF OF THE CHILDREN IN CALIFORNIA AGES 3 TO 4 DO NOT ATTEND PRESCHOOL

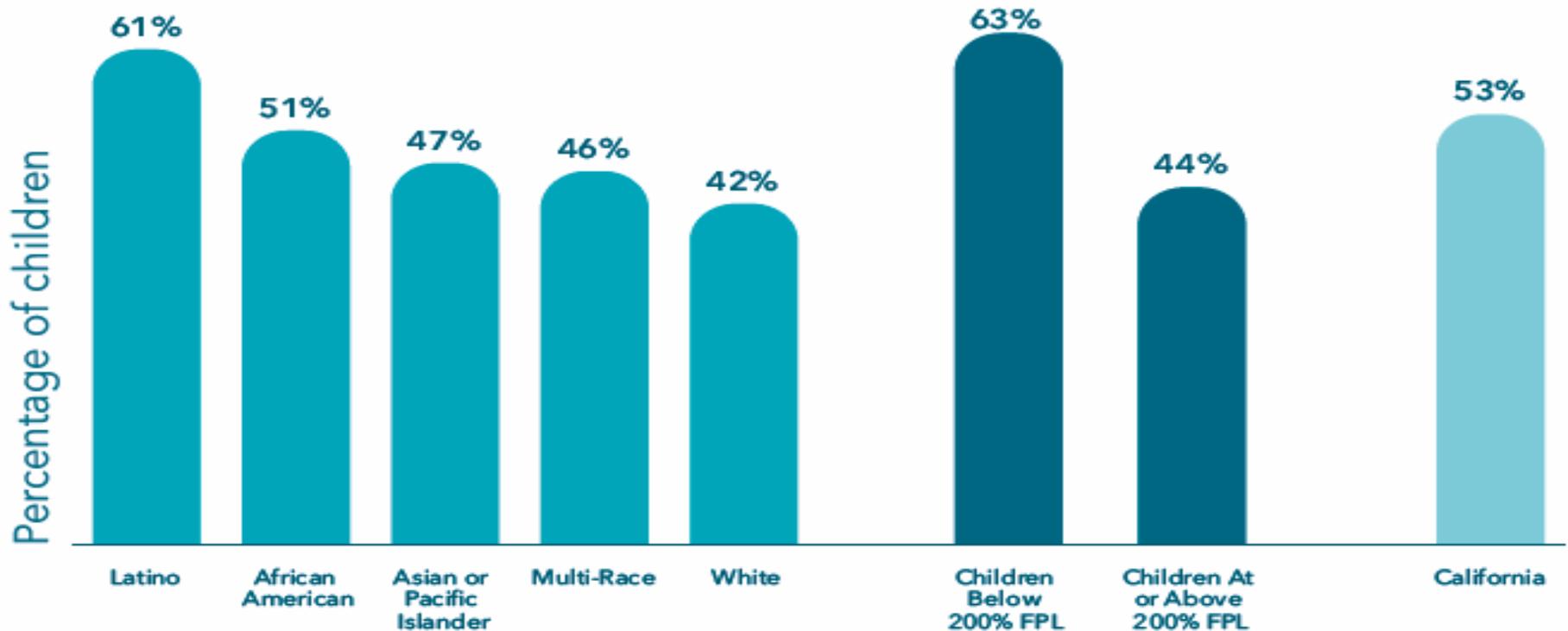


FIGURE 9: Percentage of children in California ages 3 to 4 who are not attending preschool, by race/ethnicity and federal poverty level (FPL), 2009-2011.

Source: U.S. Census Bureau, American Community Survey, 3-Year Estimates (2009-2011). Analysis by the Annie E. Casey Foundation, KIDS COUNT Data Center.

A HIGHER PROPORTION OF ASIAN AND WHITE THIRD-GRADERS ARE READING AT OR ABOVE GRADE LEVEL COMPARED WITH AFRICAN AMERICANS AND LATINOS

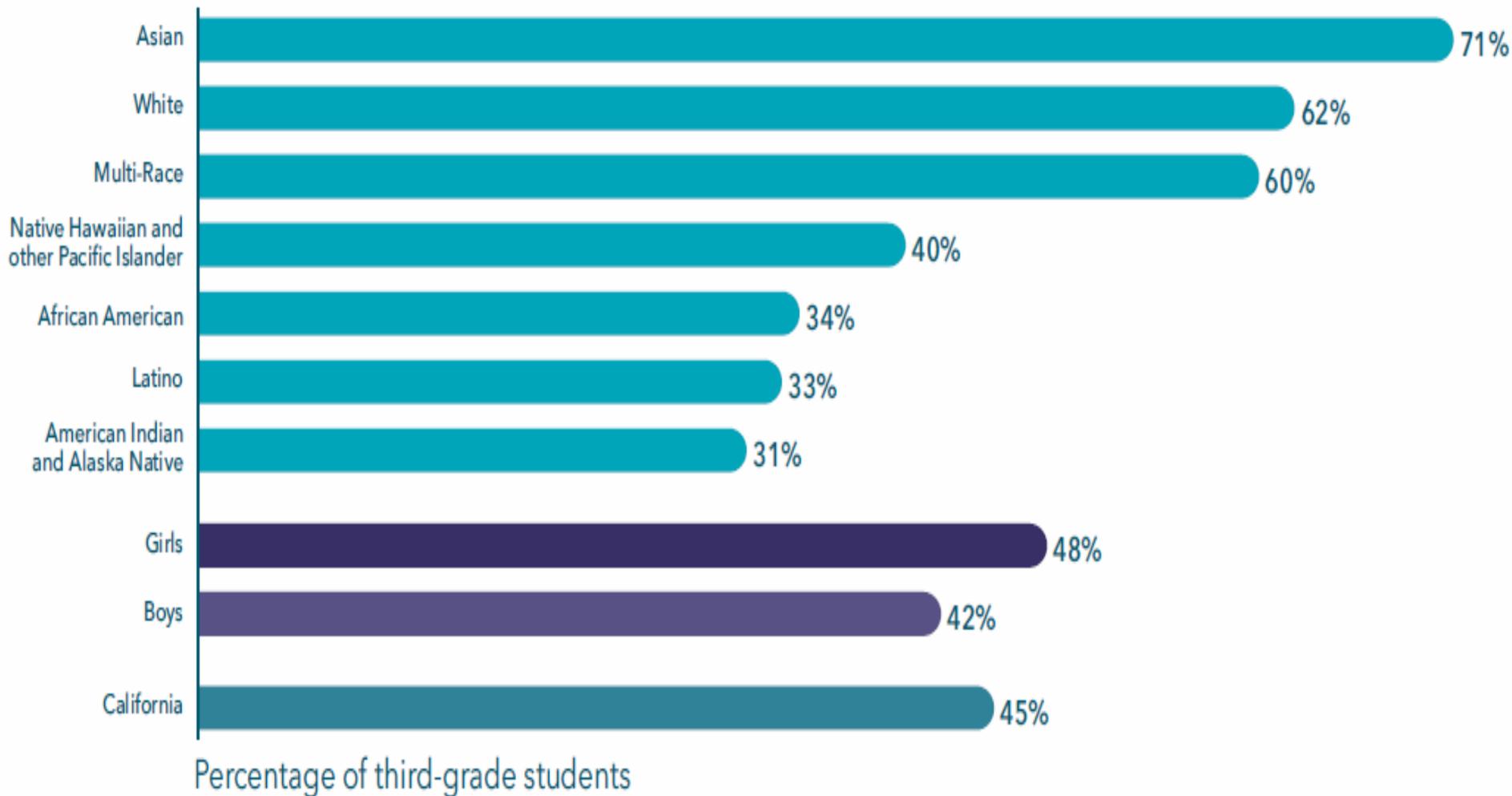


FIGURE 10: Percentage of third-grade students scoring proficient or higher on English Language Arts California Standards Test (CST), by race/ethnicity and gender, California, 2013.

Source: California Department of Education, Standardized Testing and Reporting (STAR) Results, 2013. Analysis by www.kidsdata.org, a program of the Lucile Packard Foundation for Children's Health.

MALE UNDERGRADUATE STUDENTS ARE UNDERREPRESENTED IN CALIFORNIA PUBLIC HIGHER EDUCATION

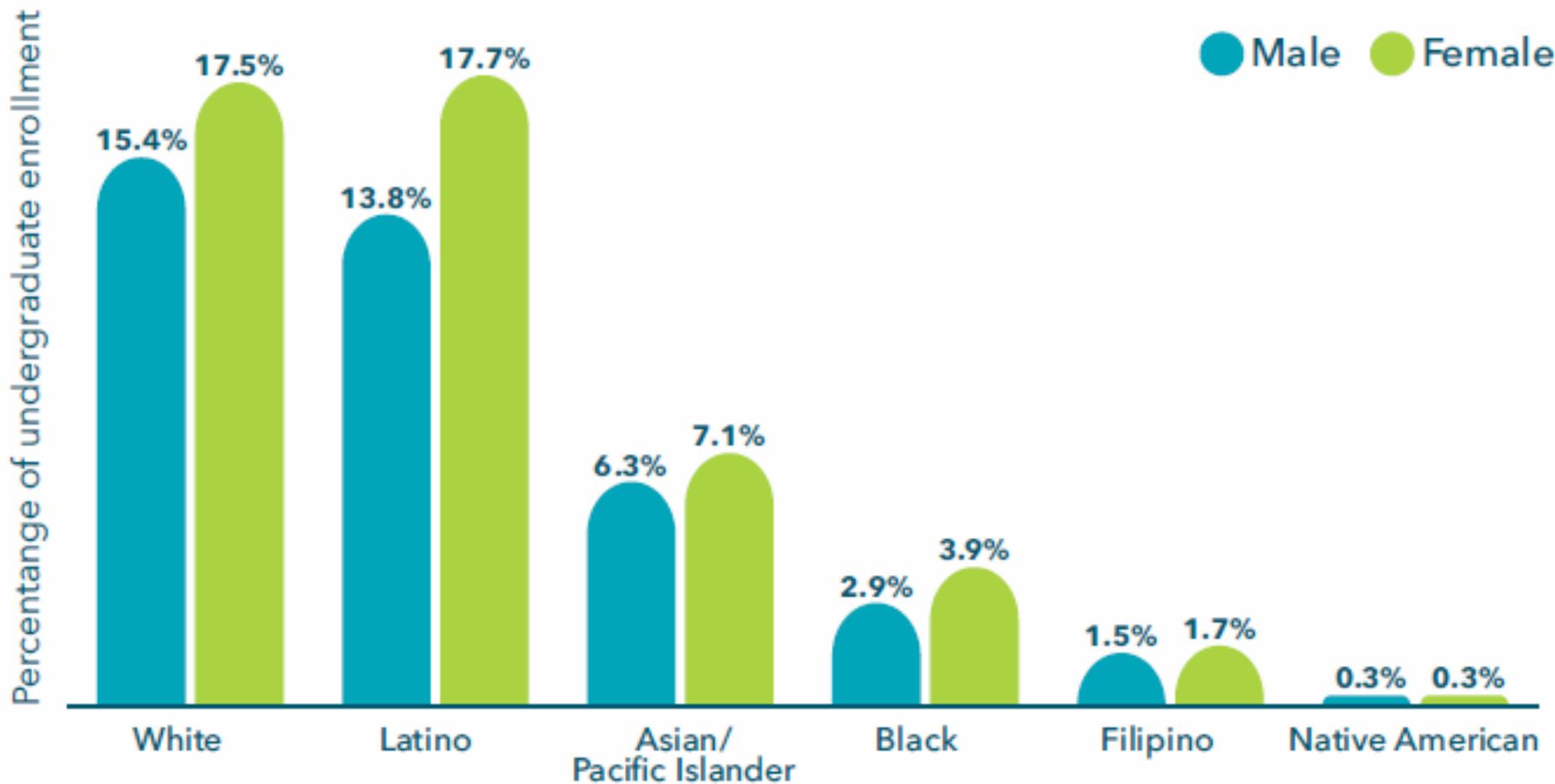


FIGURE 11: Percentage of undergraduate enrollment, by race/ethnicity and gender, California Public Higher Education, 2010.

Source: California Postsecondary Education Commission.

Note: Unknown percentage is not included in the table.

Providing Policy Info



Strong Public Support for Universal Preschool

Reflecting a growing public focus on preschool since President Obama proposed universal access to high-quality preschool for all low- and middle-income 4-year-olds, an April 2014 survey by the California Field Poll, a nonpartisan public opinion news service, registered strong voter support for extending California's transitional kindergarten to include all 4-year-olds at an estimated cost of \$1.4 billion. The poll found that 56 percent of those without young children, and 57 percent of people overall, support the idea. Latinos registered the greatest support (75 percent), followed by African Americans, at 72 percent. The 2014-15 Budget Act allocates funding to support the expansion of California State Preschool Program for 3- and 4-year old children from low income families.

Sources: The President's 2015 Budget Proposal for Education. U.S. Department of Education Website. <http://www.ed.gov/budget15>. Accessed July 2014.

DiCamillo M, Field M. Majority of California Voters supports expanding pre-school to all four-year-olds despite its additional costs and regardless of parents' incomes. San Francisco, CA: The Field Poll; April 2014.

California State Budget 2014-2015. California State Budget Website. <http://www.ebudget.ca.gov/2014-15/pdf/Enacted/BudgetSummary/FullBudgetSummary.pdf>. Accessed November 2014.

Simplifying Complex Issues

AFRICAN AMERICANS AND LATINOS ARE MORE LIKELY TO SPEND MORE THAN 30% OF THEIR INCOME ON HOUSING THAN OTHER RACIAL/ETHNIC GROUPS

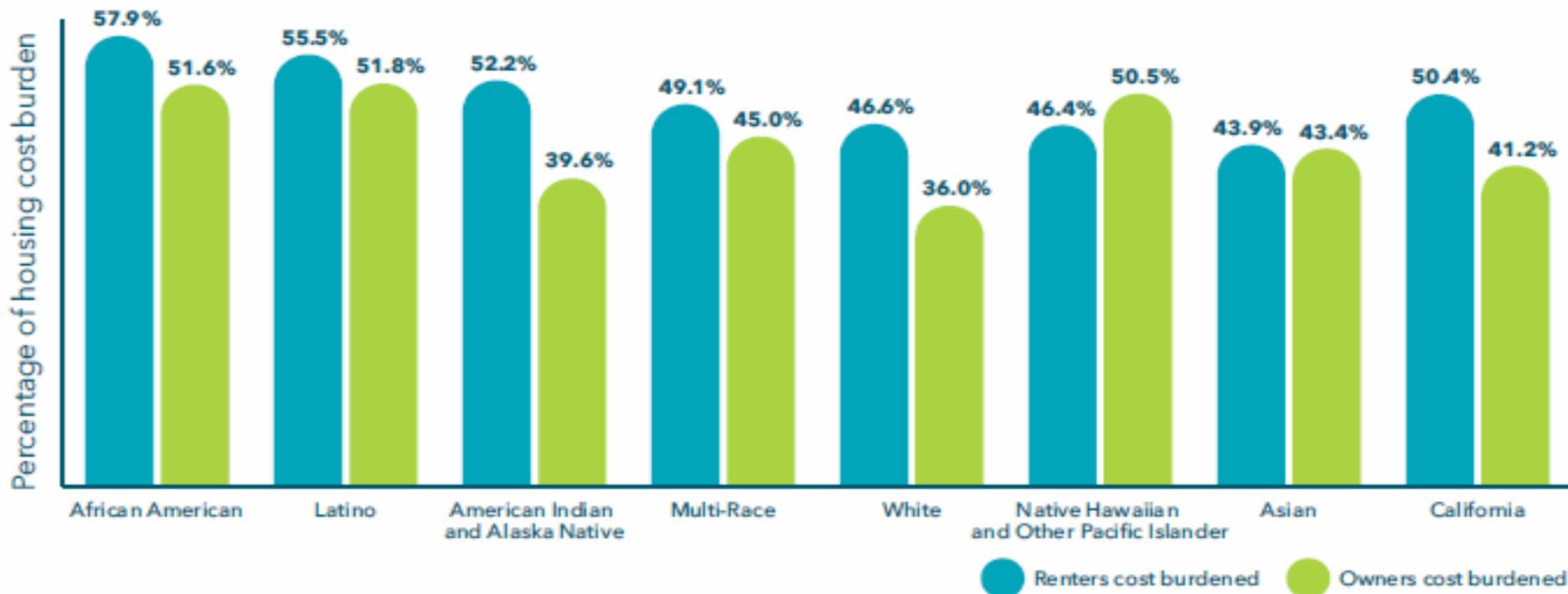


FIGURE 12: Percentage of housing cost burden, by tenure and race/ethnicity, California, 2006-2010.

Source: U.S. Department of Housing and Urban Development, *Comprehensive Housing Affordability Strategy, 2006-2010*. Analysis by CDPH-Office of Health Equity and UCSF, *Healthy Communities and Data and Indicators Project*.

Cost burdened is defined as households spending more than 30% of monthly household income on housing costs.

Housing costs include monthly, gross rent (rent and utilities) or selected, housing costs (mortgage, utilities, property tax, insurance and, if applicable, home association fees).

DISPARITIES IN HOUSING OCCUPANCY EXIST ACROSS RACIAL/ETHNIC GROUPS IN CALIFORNIA

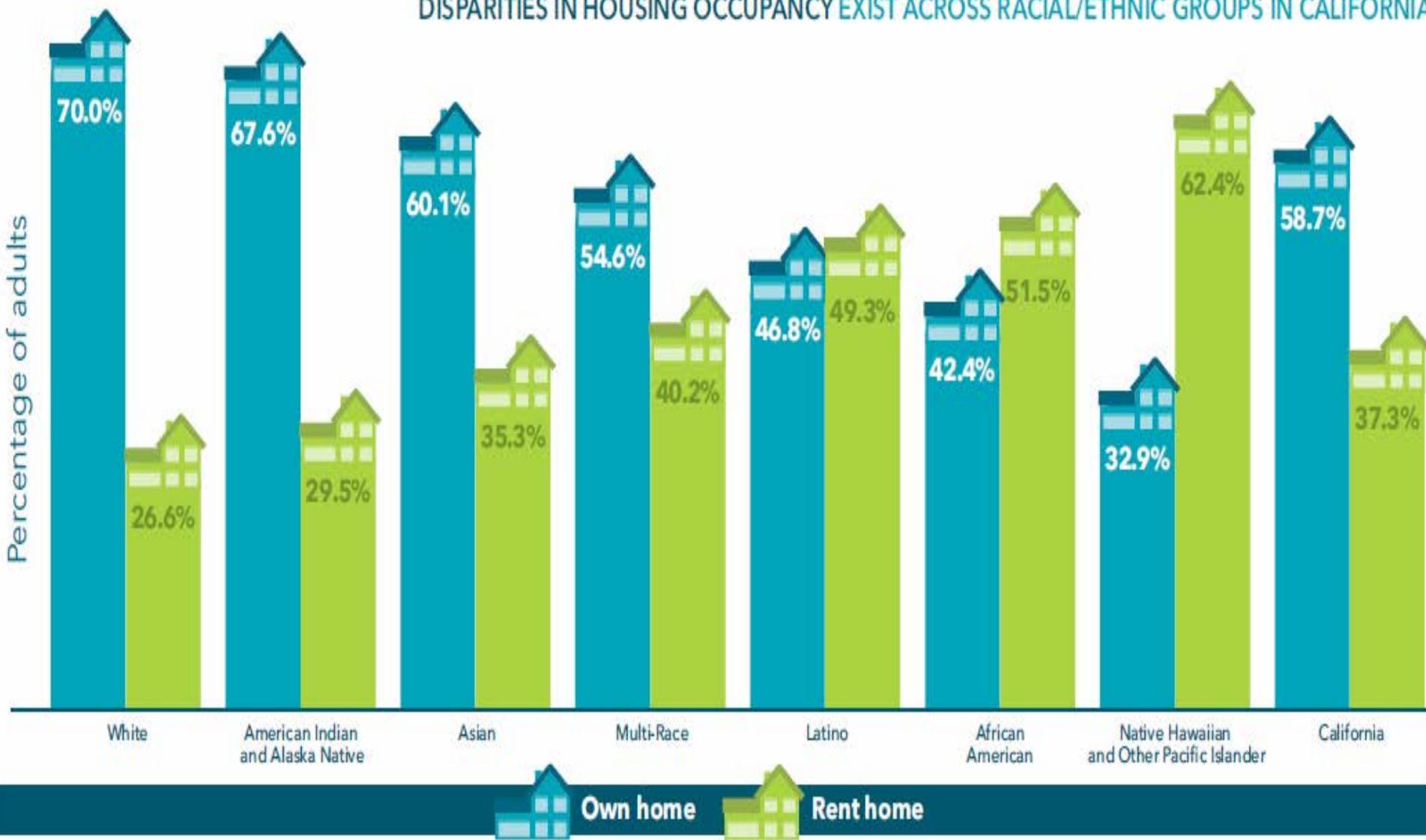


FIGURE 13: Percentage of adults who own or rent their homes, by race/ethnicity, California, 2011-2012.

Source: University of California Los Angeles, California Health Interview Survey, 2011-2012.

Note: Within each race/ethnic group, variable "have other arrangement" is not included, and the percentages may not add up to 100.

AFRICAN AMERICANS AND AMERICAN INDIANS/ALASKA NATIVES ARE MORE LIKELY TO EXPERIENCE THE DISRUPTION OF A RESIDENTIAL MOVE THAN ARE OTHER RACE/ETHNICITIES

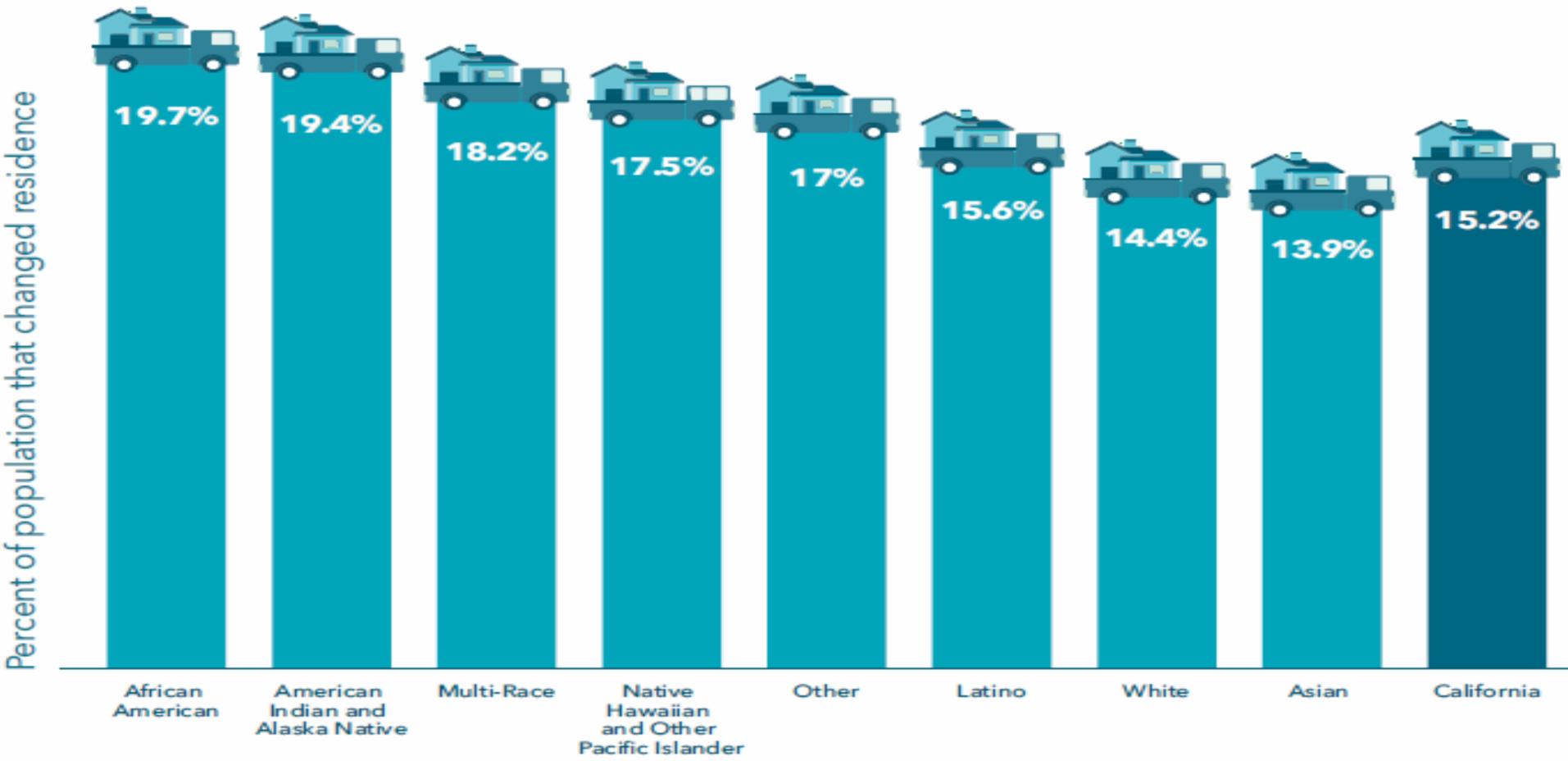


FIGURE 13: Percentage of population age 1 year and over who changed their residence (different house in the U.S.) from last year to current year, by race/ethnicity, California, 2006-2010.

Source: U.S. Census Bureau, American Community Survey, 5-year Estimate (2006-2010).

Identifying Resources



Building Housing and Wealth in East L.A.

The East L.A. Community Corporation (ELACC) is focused on developing housing and providing financial education for the low-income and mostly Latino residents of Boyle Heights and unincorporated East Los Angeles. ELACC's approach has four components: increasing the supply of quality, affordable housing; providing financial education for first-time home-buying and foreclosure prevention; providing related tenant services, including affordable childcare and English language tutoring; and community organizing for neighborhood cohesion and empowerment.

ELACC serves more than 2,000 residents every year and has leveraged more than \$135 million of investment to the Eastside while completing more than 550 housing units serving more than 1,000 residents, with more than 300 units in various stages of development. It has mobilized a community organizing base of over 1,300 members annually and has helped over 3,000 families purchase their first homes, avoid foreclosure, establish savings, and build and sustain wealth.

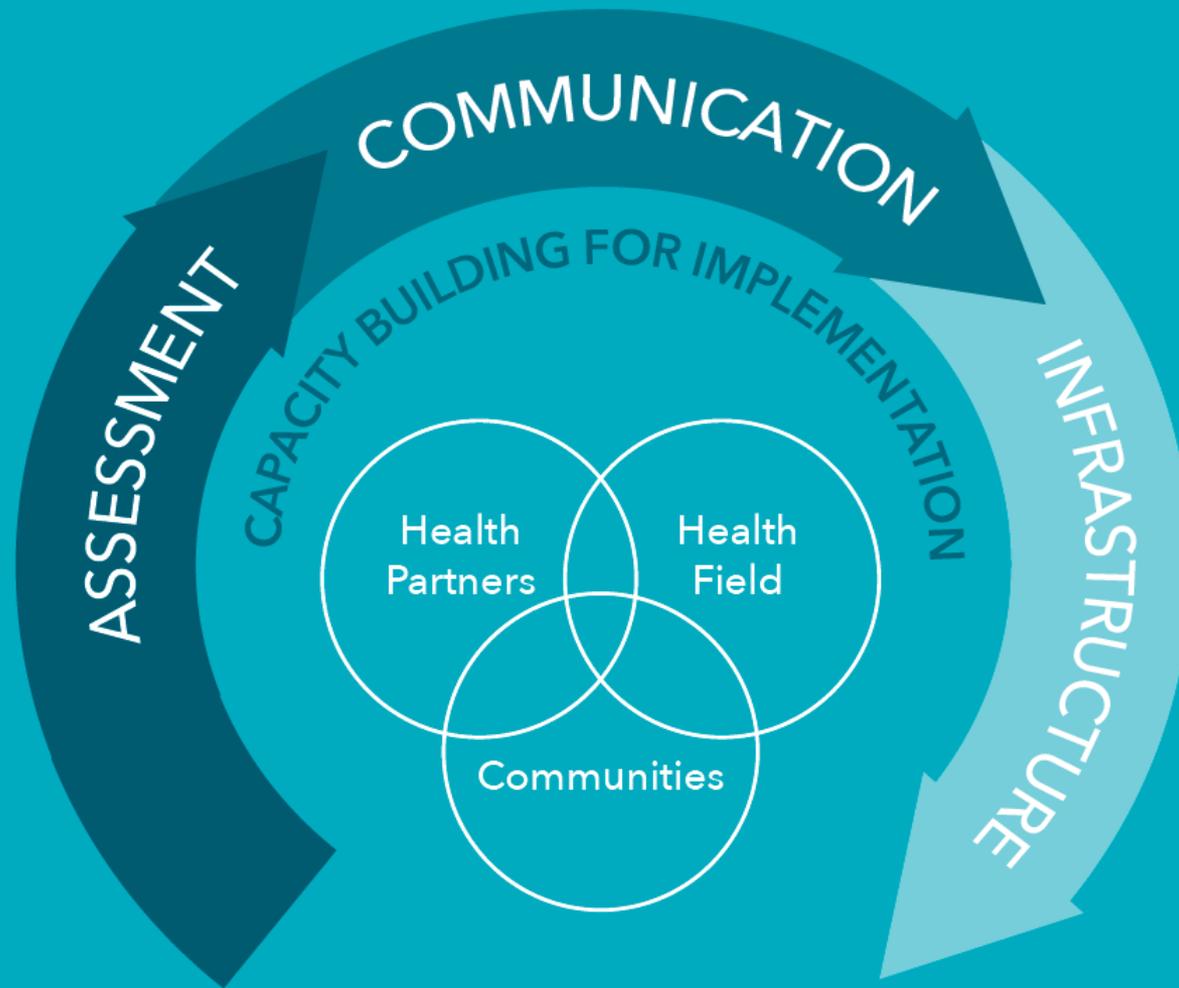
Learn more at <http://www.elacc.org/>.

New Resource on Low-Income Housing from the California Housing Partnership Corporation

The California Housing Partnership Corporation (CHPC), a nonprofit organization created by the state legislature to monitor, protect, and augment the supply of affordable homes to lower-income Californians, has assisted more than 200 nonprofit and local government housing organizations in leveraging more than \$5 billion in private and public financing to create and preserve 20,000 affordable homes. In February 2014, CHPC published *California's Housing Market Is Failing to Meet the Needs of Low-Income Families*. The comprehensive report includes an analysis of the enormous shortfall of homes affordable to low-income families in California, the impact of state and federal disinvestment in affordable housing, and recommendations for policy makers.

Learn more at <http://www.chpc.net/policy/index.html>.

The Strategic Plan in a Snapshot



Eliminate Health and Mental Health Inequities

Tangible goals

ASSESSMENT

- Build capacity to collect and analyze data highlighting social determinants of health
- Assess data shortcomings and explore disaggregated data
- Scan environment for local community responses

The Healthy Communities Data and Indicators Project (HCDIP)

- ***What is the HCDIP?***
 - HCDIP uses the “Healthy Community Framework” as the basis for the selection of a standardized set of indicators or measures of economic, geographic, social, and physical environmental conditions, that are recognized as important determinants of population health.
 - Work is conducted by CDPH’s Office of Health Equity.
- ***What is the Healthy Community Framework?***
 - It is a set of twenty aspirational goals grouped in five domains that outline what is a healthy community. It was developed by the California Department of Public Health in consultation with Health in All Policies Task Force members and stakeholders.

The Healthy Communities Data and Indicators Project (HCDIP)

- ***What has the HCDIP achieved?***
 - The project identified 56 indicators of healthy communities, researched data sources and methods to produce the indicators, conducted focus groups, and produced Excel data files for 26 indicators.
 - Depending on availability the data files contain information (1) at the state, region, county, city/town, and census tract level; (2) for multiple time periods; (3) for race/ethnicity subgroups.
 - A How-to Manual that helps users create a community report card. Website:
<http://www.cdph.ca.gov/programs/Pages/HealthyCommunityIndicators.aspx>
- ***What is the future of the project?***
 - The project continues the development of indicators and is searching for new funding opportunities to create an interactive website and to update the existing indicators.

Tangible goals

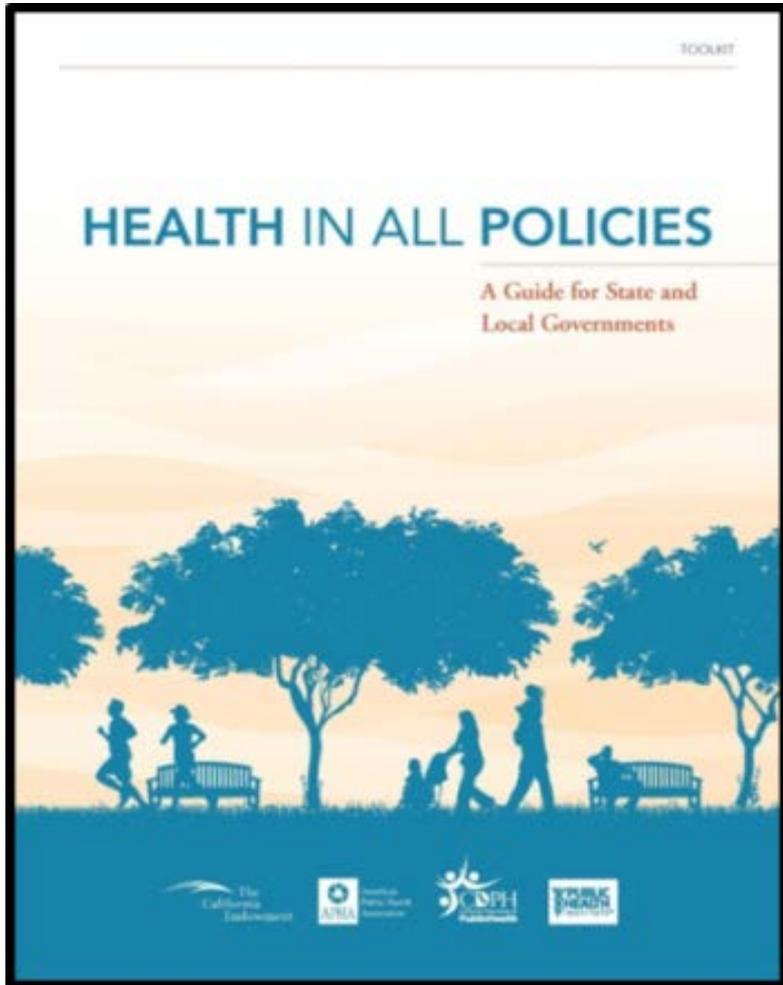
COMMUNICATION

- Create comprehensive marketing and communications plan
- Build broad-based communications network to engage stakeholders
- Develop and launch state-of-the-art website
- Provide leadership in sharing health equity efforts for adoption state wide

California Health in All Policies Task Force



Health in All Policies: A Guide for State and Local Governments (October 2013)



Created in partnership:

- American Public Health Association
- Public Health Institute
- The California Endowment
- California Department of Public Health
- <http://www.cdph.ca.gov/programs/Pages/HealthinAllPolicies.aspx>

Tangible goals

INFRASTRUCTURE

- Partner on existing equity summits for practitioners and policymakers
- Recommend equity be embedded as a priority in funding streams
- Monitor and partner with federal efforts to reduce disparities
- Ensure gender lens is used when assessing promotion of health equity
- Leverage community efforts to impact equity issues statewide



en Español

→ Su salud en su idioma

Most Popular Links

- Birth, Death, & Marriage Certificates
- Licensing and Certification
- WIC

Quick Links

- About Us
- CDPH Open Data Portal
- Decisions Pending & Opportunities for Public Participation
- Diseases & Conditions
- Job Opportunities
- Local Health Services
- Newsroom
- Public Availability of Documents

Related Links

- California Health and Human Services Agency
- Department of Health Care Services (includes Medi-Cal)
- State Agencies Directory

Home > Programs



California Reducing Disparities Project (CRDP)

In response to former U.S. Surgeon General David Satcher's call for national action to reduce mental health disparities, the former Department of Mental Health (DMH), with the Health Directors Association (CMHDA) and the California Mental Health Planning Council (CMHPC), created a statewide policy initiative to identify solutions for historically underserved populations. As part of this Prevention and Early Intervention effort, the California Reducing Disparities Project (CRDP), which focuses on five populations:

- African Americans
- Asians and Pacific Islanders (API)
- Latinos
- Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ)
- Native Americans

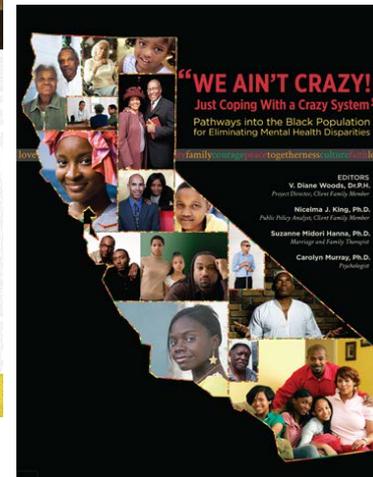
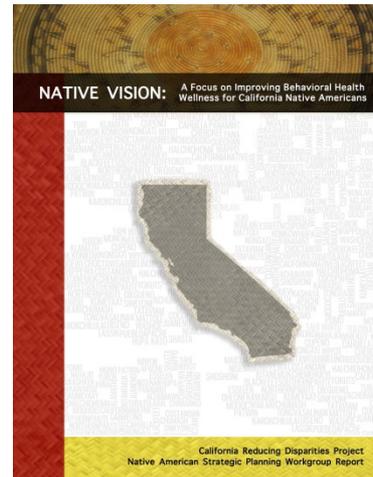
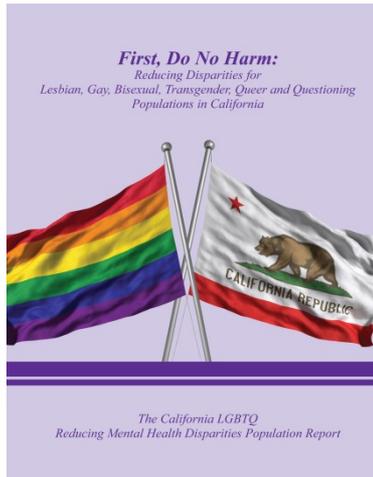
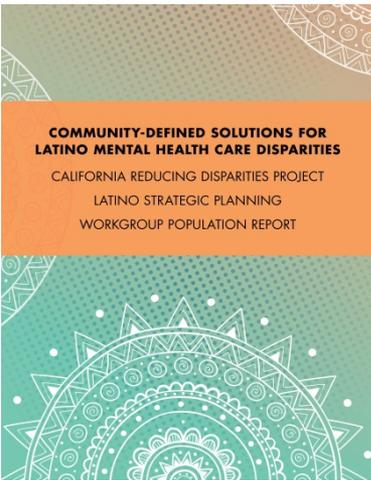
The CRDP Phases

The CRDP seeks to move away from "business as usual" and provide a truly community-focused approach to reducing disparities. The CRDP project requires multiple planning and implementation phases:

- **Phase I:** Focuses on developing strategies to transform the public mental health system and identifying community-based promising practices in each of the five target populations.
- **Phase II:** Focus on funding and evaluating the promising practices identified in Phase 1, as well as advancing the strategies outlined in this plan. There has not been a significant systems change. Throughout this process, California will present this work on the national stage so that other states can learn from our efforts.

Stakeholder Generated Reports! Updated
[List of CRDP Population Reports and CRDP Draft Strategic Plan.](#)

CRDP Population Reports



Status of CRDP Phase II

- Solicitations were released in August and updated in September 2015.
- Find Frequently Asked Questions on the webpage.
- Direct all CRDP-related questions to ohesolicitations@cdph.ca.gov

Everyone Has a Role

- Make recommendations to OHE on implementing the plan
- Public comment - OHE Advisory Committee meetings are held quarterly
- Respond to calls for action and solicitations
- Educate and engage your spheres of influence
- Local replication of statewide efforts
- Distribute the plan and complementary documents, media, or other tools

We Want to Hear from You

- Which communities or populations are being disproportionately impacted and what are the causes and consequences of their inequities?
- Recommendations on policies or practices that OHE or other governmental entities might be able to impact?
- Data to collect, analyze or distribute?
- Processes for improved stakeholder or decision-maker engagement?
- Resource or partnership opportunities?

Stay Connected to the Office of Health Equity

Sign up for OHE newsletter at
ohes@cdph.ca.gov

Visit our website at

[https://www.cdph.ca.gov/programs/Pages/
OHEMain.aspx](https://www.cdph.ca.gov/programs/Pages/OHEMain.aspx)