



# **OHE Health Research & Statistics Unit Updates**

**Peter Oh, MPH, DrPH  
Advisory Committee (AC) Meeting  
May 3, 2018**



# Agenda

Brief updates on:

- Legislative report—An Update on *Portrait of Promise*
- Healthy Communities Data & Indicators Project (HCI)

# Legislative Mandate

- California Health and Safety Code §131019.5
  - Conduct demographic analyses on health and mental health disparities and inequities...updated...every two years.
  - Analysis of the underlying conditions that contribute to health and well-being: “(A)-(N)”.



DEMOGRAPHIC REPORT ON HEALTH AND  
MENTAL HEALTH EQUITY IN CALIFORNIA



# (A)–(N)

- (A) **Income security** such as living wage, earned income tax credit, and paid leave.
- (B) **Food security and nutrition** such as food stamp eligibility and enrollment, assessments of food access, and rates of access to unhealthy food and beverages.
- (C) **Child development, education, and literacy** rates, including opportunities for early childhood development and parenting support, rates of graduation compared to dropout rates, college attainment, and adult literacy.
- (D) **Housing**, including access to affordable, safe, and healthy housing, housing near parks and with access to healthy foods, and housing that incorporates universal design and visitability features.
- (E) **Environmental quality**, including exposure to toxins in the air, water, and soil.
- (F) **Accessible built environments** that promote health and safety, including mixed-used land, active transportation such as improved pedestrian, bicycle, and automobile safety, parks and green space, and healthy school siting.
- (G) **Health care**, including accessible disease management programs, access to affordable, quality health and **behavioral health care**, assessment of the **health care workforce**, and workforce diversity.



# (A)–(N)

(H) **Prevention** efforts, including community-based education and availability of preventive services.

(I) Assessing ongoing **discrimination** and minority stressors against individuals and groups in vulnerable communities based upon race, gender, gender identity, gender expression, ethnicity, marital status, language, sexual orientation, disability, and other factors, such as discrimination that is based upon bias and negative attitudes of health professionals and providers.

(J) **Neighborhood safety** and collective efficacy, including rates of violence, increases or decreases in community cohesion, and collaborative efforts to improve the health and well-being of the community.

(K) The efforts of the **Health in All Policies** Task Force, including monitoring and identifying efforts to include health and equity in all sectors.

(L) **Culturally appropriate** and competent services and training in all sectors, including training to eliminate bias, discrimination, and mistreatment of persons in vulnerable communities.

(M) **Linguistically appropriate** and competent services and training in all sectors, including the availability of information in alternative formats such as large font, braille, and American Sign Language.

(N) Accessible, affordable, and appropriate **mental health services**.



# Legislative report

- Due for publication July 1, 2018
- Submitted earlier this week for CDPH and CHHS review
- Titled ‘An Update on *Portrait of Promise...*’
- Primarily a refresh of the Demographic Report portion, using more recent data on “(A)–(N)” factors underlying health disparities
- Legislative report is under review; the following content excerpts are subject to change

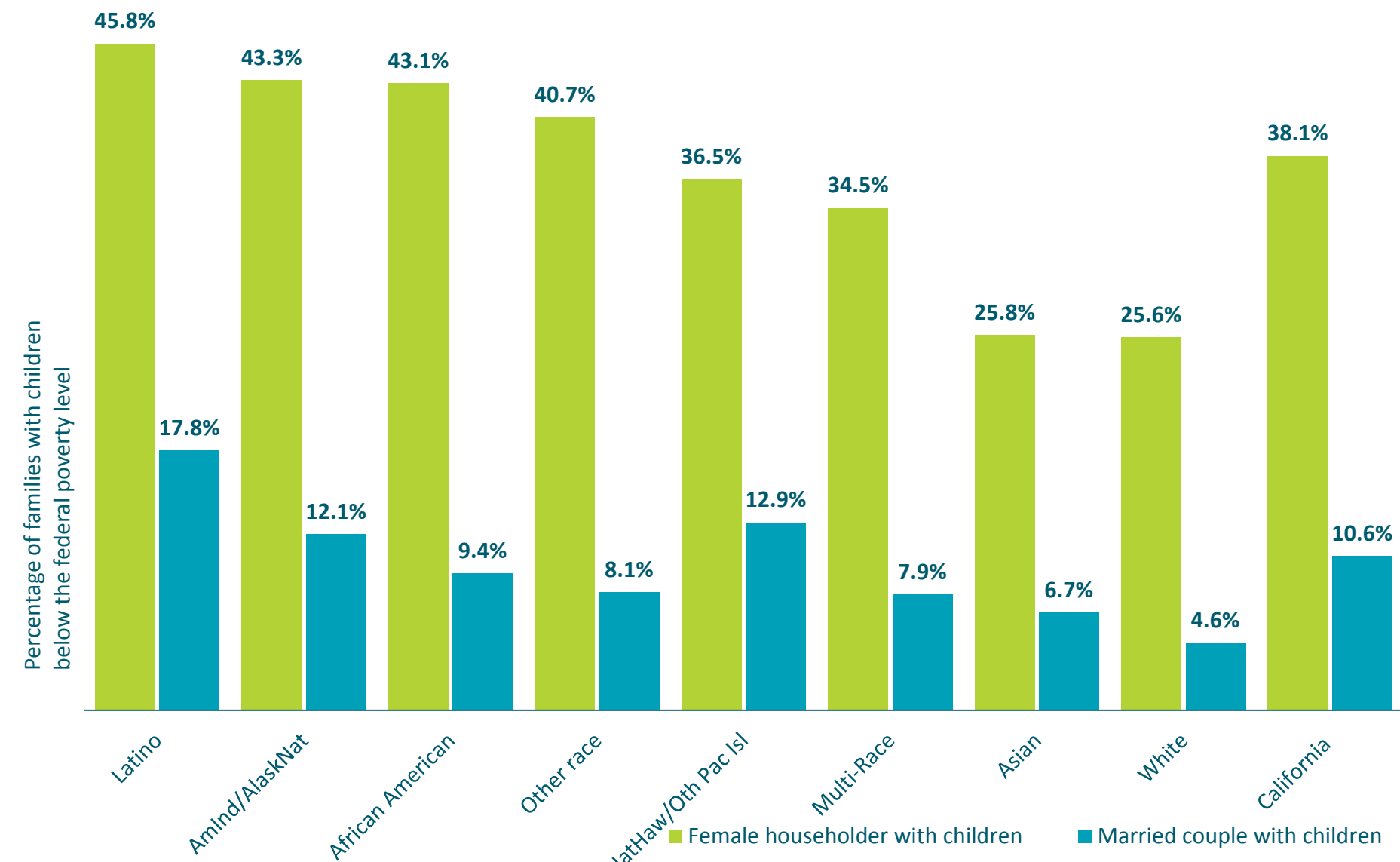


# Legislative report highlights

- Nationally, California's official **poverty** ranking improved from 14<sup>th</sup> (2009–2011) to 18<sup>th</sup> (2014–2016), but high costs of living translate into the highest poverty rate in the 50 states according to the Supplemental Poverty Measure.
- **Income inequality** persists, especially among families headed by single mothers: 38 percent of such households are below the federal poverty level, compared to 11 percent of married couple households.
- **Food insecurity** in California decreased from 15.6 percent of households in 2010–2012, to 11.8 percent in 2014–2016; however, communities of color continue to be disproportionately affected, and two out of every five low-income adults are unable to afford enough food.
- Disparities by racial/ethnic group persist in childhood **education** indicators such as reading level: Higher proportions of Asian and White third-graders are reading at above or near standard compared with African American, American Indian, and Latino students.



## 38% OF FEMALE-HEADED HOUSEHOLDS AND 11% OF MARRIED-COUPLE HOUSEHOLDS LIVE BELOW THE FEDERAL POVERTY LEVEL



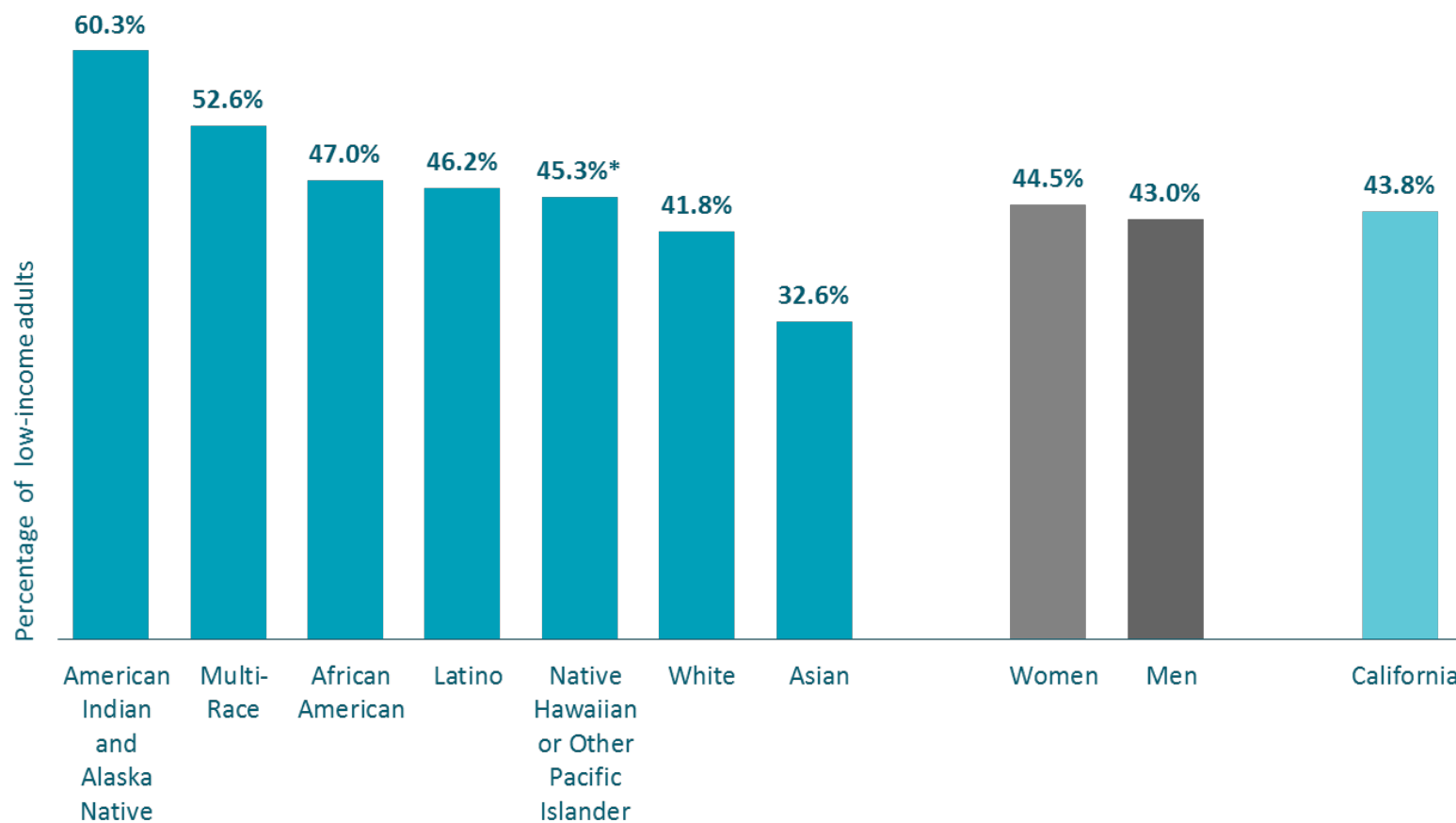
**FIGURE 6:** Percentage of families whose income in the past 12 months was below poverty level, by race/ethnicity and family type, California 2011-2015.

Source: U.S. Census Bureau, American Community Survey, 5-year Estimate (2011–2015). Table B17010.





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



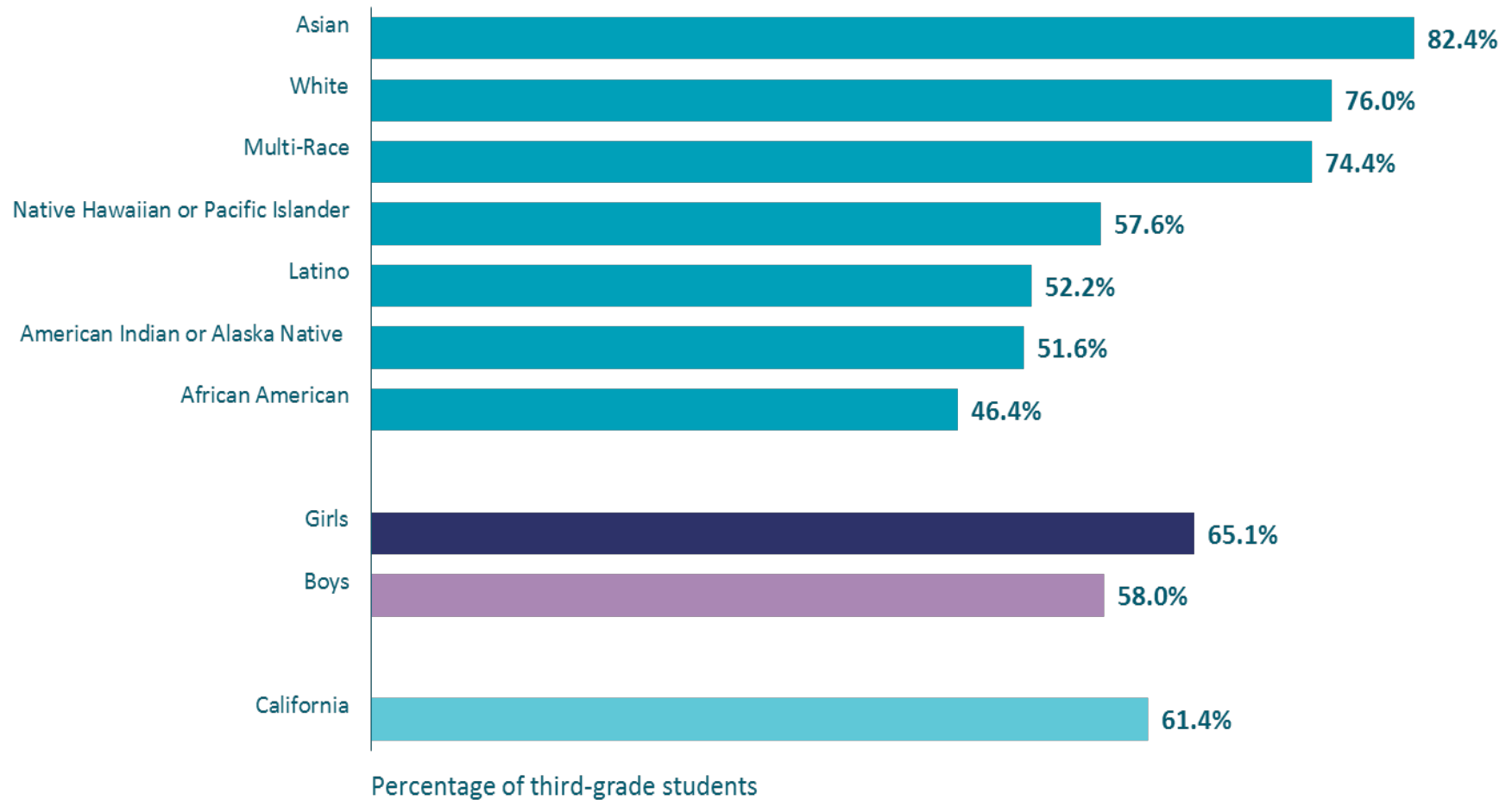
**FIGURE 7: Percentage of adults whose income is less than 200% of the federal poverty level and who report having food insecurity, by race/ethnicity and gender, California, 2015-2016.**

Source: University of California Los Angeles, California Health Interview Survey, Pooled data 2015-2016.

\* Statistically unreliable data.



## A HIGHER PROPORTION OF ASIAN AND WHITE THIRD-GRADERS ARE READING AT ABOVE, OR NEAR STANDARD, COMPARED WITH AFRICAN AMERICANS AND LATINOS



**FIGURE 10:** Percentage of third-grade students reading at above, or near standard, by race/ethnicity and gender, California, 2017.

Source: California Department of Education, Smarter Balanced Assessment Test Results, Reading standards portions of English Language Arts/Literacy, California Assessment of Student Performance and Progress (CAASPP), 2017.

<https://caaspp.cde.ca.gov/sb2017/ViewReport?ps=true&lstTestYear=2017&lstTestType=B&lstGroup=1&lstCounty=00&lstDistrict=000000&lstSchool=0000000>

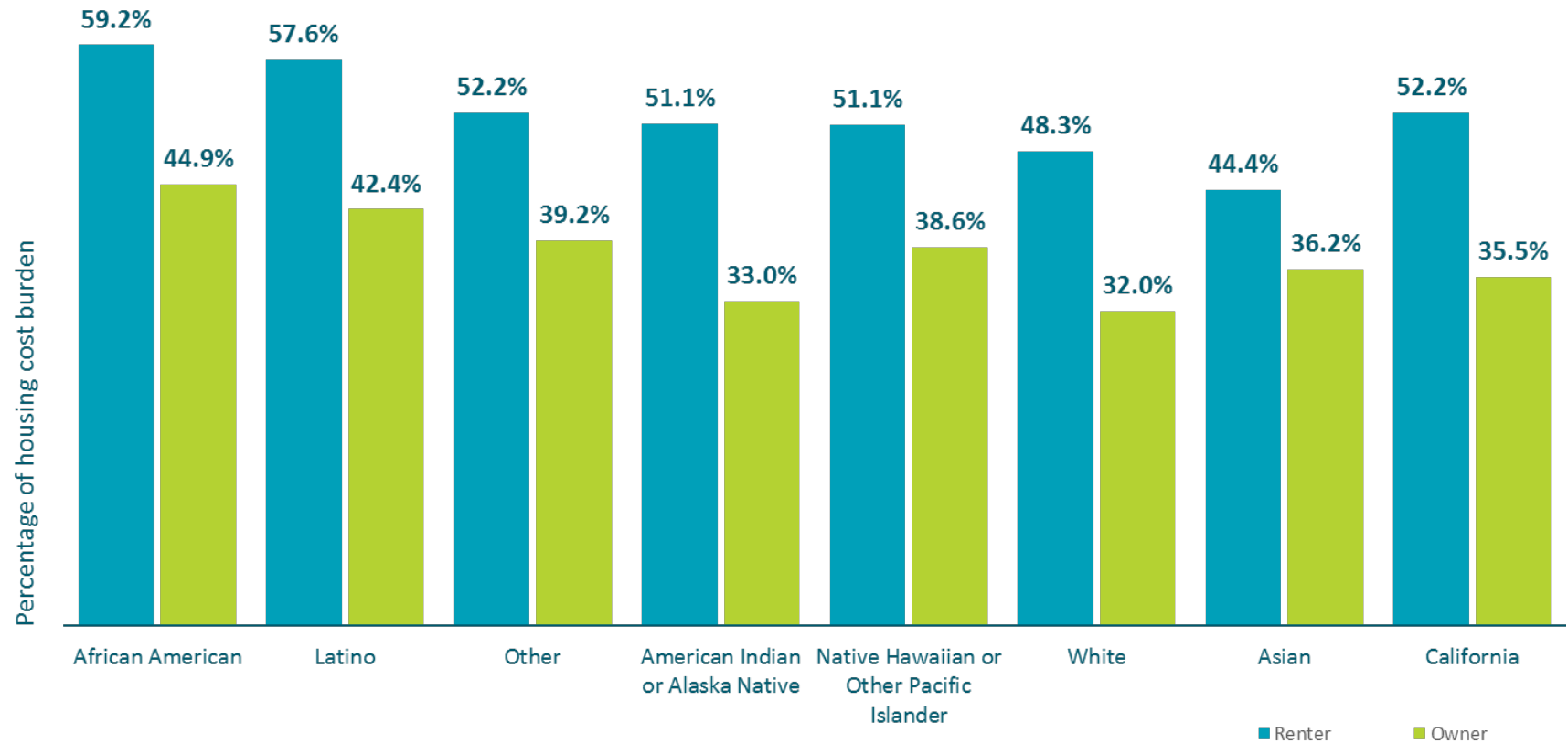


# Legislative report highlights

- Higher percentages of African American and Latino households are **housing cost**-burdened (i.e., spend over 30 percent of monthly income on housing) than other racial/ethnic groups.
- **Pollution** burdens continue to be highest in regions such as the Central Valley, where Latinos and other racial and ethnic minorities make up a large proportion of the population.
- Despite overall improvements in **health insurance** coverage, disparities by racial/ethnic group persist: the uninsured rate among Latinos dropped (from 28 percent in 2012 to 17 percent in 2016), but remained substantially higher than among Whites (10 percent in 2017).



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



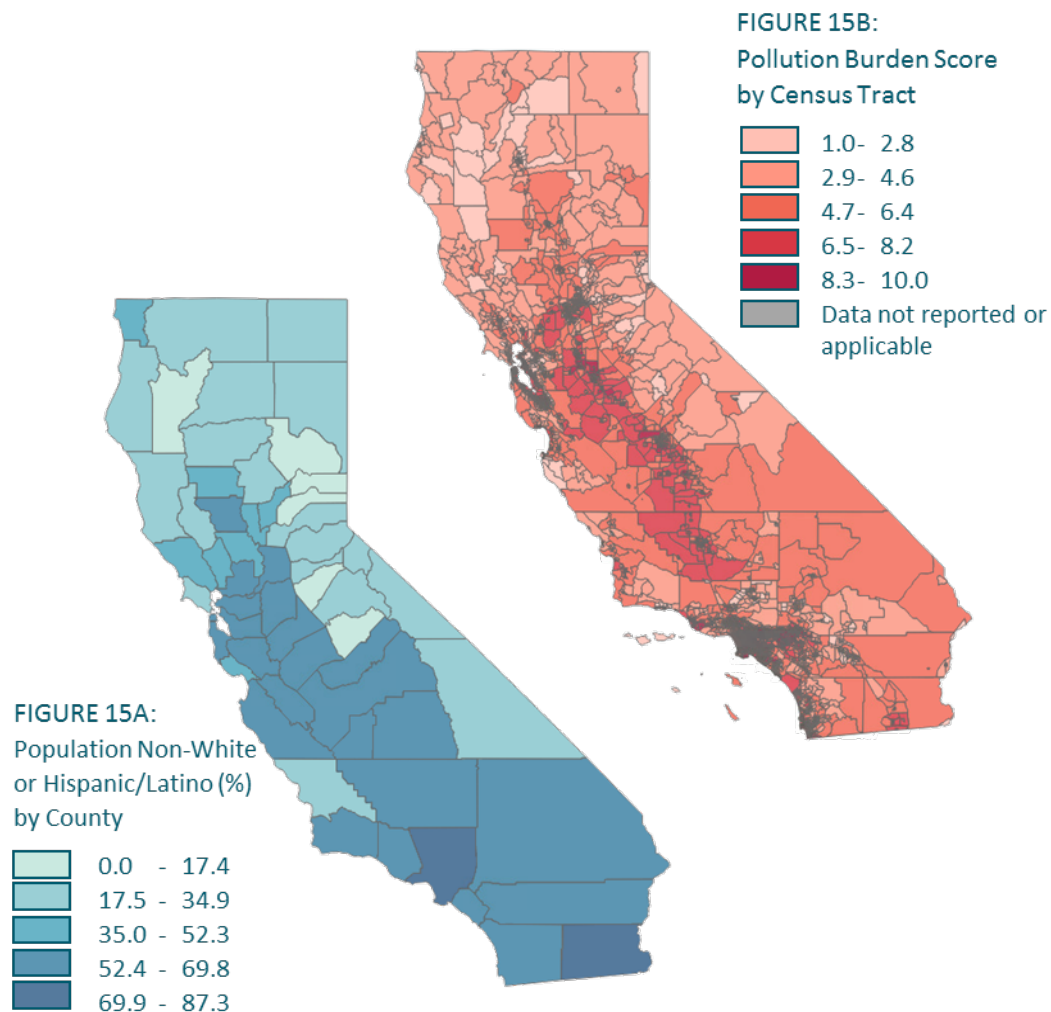
**FIGURE 12:** Percentage of housing cost by tenure and race/ethnicity, California, 2010-2014.

Source: U.S. Department of Housing and Urban Development, *Comprehensive Housing Affordability Strategy, 2010-2014*. Analysis by CDPH-Office of Health Equity, Healthy Communities and Data and Indicators Project.

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



## LATINO OR NON-WHITE POPULATIONS ARE MORE LIKELY TO LIVE IN AREAS WITH A HIGH BURDEN OF POLLUTION



**FIGURE 15A.** Population Non-White or Hispanic/Latino (%) by County, California 2011-2015.

Source: U.S. Census Bureau, American Community Survey, Selected Population Tables, 5-year Estimate (2011–2015). Table B01003.

**FIGURE 15B:** Pollution Burden Score by Census Tract.

Source: California Environmental Protection Agency (Cal/EPA) and the Office of Environmental Health Hazard Assessment (OEHHA), California Communities Environmental Health Screening Tool, Version 3.0 (CalEnviroScreen 3.0), 2017.



# Healthy Communities Indicators

## Healthy Communities Data & Indicators Project (HCI)



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### HEALTHY COMMUNITIES DATA & INDICATORS PROJECT (HCI)

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#### Background

The Healthy Community Data and Indicators Project (HCI) was started in 2012 with support money from the Strategic Growth Council (SGC), a state agency supporting efforts to promote sustainability in California. The goal of the HCI is to enhance public health by providing a standardized set of statistical measures, data, 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. The initial phase of the project (2012-2014) was a 2-year collaboration of the California Department of Public Health (CDPH) and the University of California, San Francisco (UCSF) with funding by the Strategic Growth Council (SGC), to create and disseminate indicators linked to the [Healthy Communities Framework \(PDF\)](#). These indicators were developed by the [Health in All Policies \(HiAP\) Task Force of the Strategic Growth Council](#) with extensive public discussion and input from community stakeholders and public health organizations. The Healthy Community Framework identifies 20 key attributes (aspirational goals) of a healthy community through all stages of life, clustered in five broad categories (domains).

Select the following links to explore the domains, the aspirational goals which comprise them, and the indicators which allow these aspirational goals to be measured within a community. Utilize the [Healthy Communities Data and Indicators Project Toolkit \(PDF\)](#) to answer questions such as: "What is an indicator?", "How were indicators chosen?", "How were the indicator data files and templates created?", "How to interpret results?", and "How to evaluate comparisons?".

<https://www.cdph.ca.gov/Programs/OHE/Pages/Healthy-Communities-Data-and-Indicators-Cover-Page.aspx>



# HCI goals

- HCI goals
  - Provide a standardized set of indicators, data files, and tools for planning healthy communities
  - Surveillance tool to monitor social determinants of health
- HCI basis
  - Healthy Communities Framework (Strategic Growth Council, Health in All Policies Task Force)
    - 20 key attributes in five broad domains:
      - Meet basic needs (housing, transportation, nutrition, health care, livable communities, physical activity)
      - Environmental quality and sustainability
      - Adequate levels of economic and social development
      - Health and social equity
      - Social relationships that are supportive and respectful



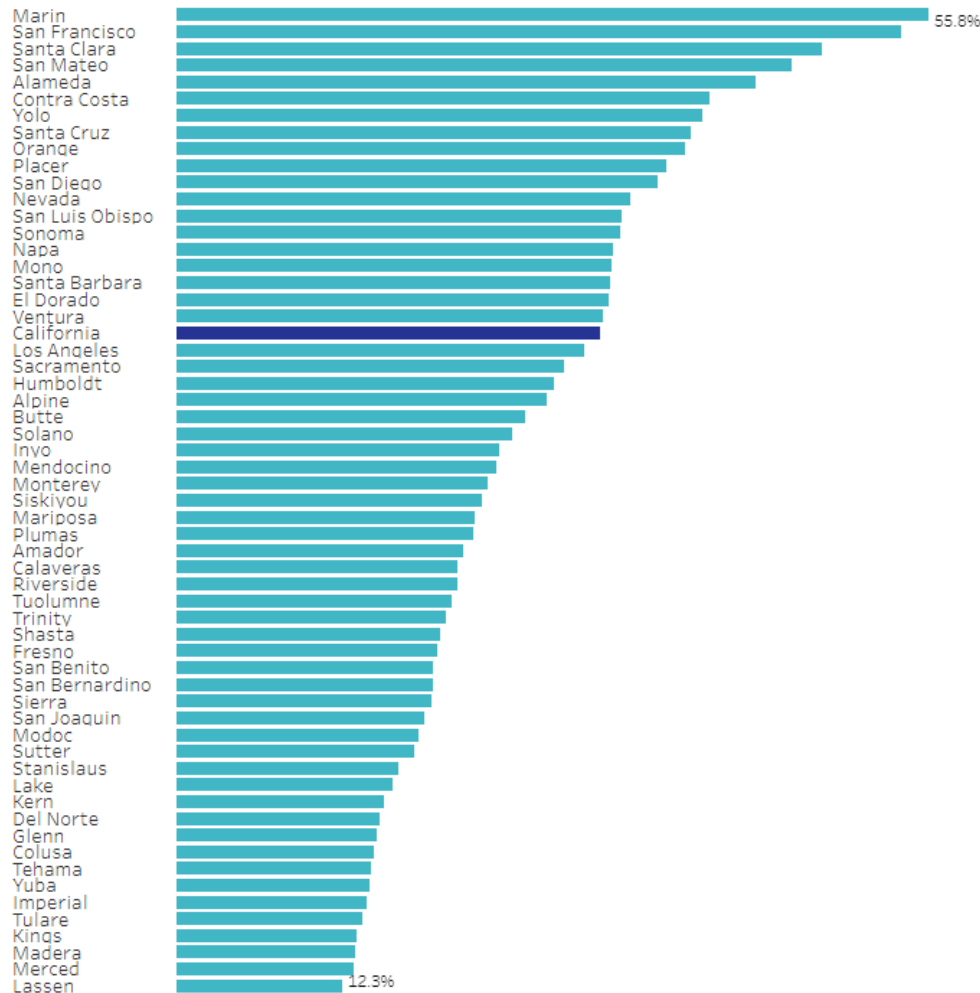
# HCI contents

- Narrative (indicator description, rationale, and technical information)
- Datasets (Excel)
- Tableau data visualization (map, race/ethnicity and other relevant stratifications, rankings of/comparisons b/w geographies, changes over time)
- ESRI Story Map (dynamic zoom, from county to census tract level; color ramp showing estimates relative to state)
- Open Data tables

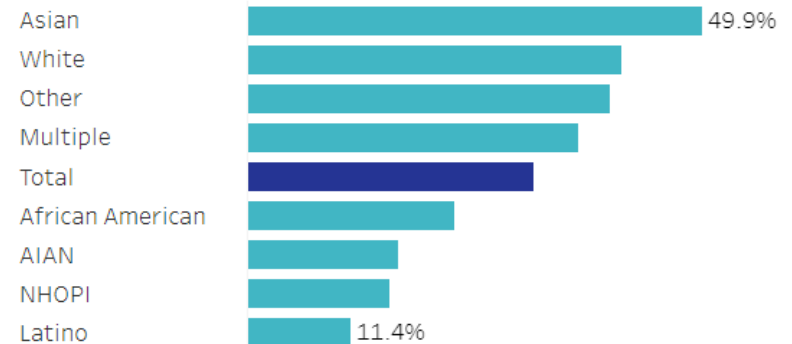


# Detail of Tableau dashboard, educational attainment indicator

Differences by county, 2011-2015



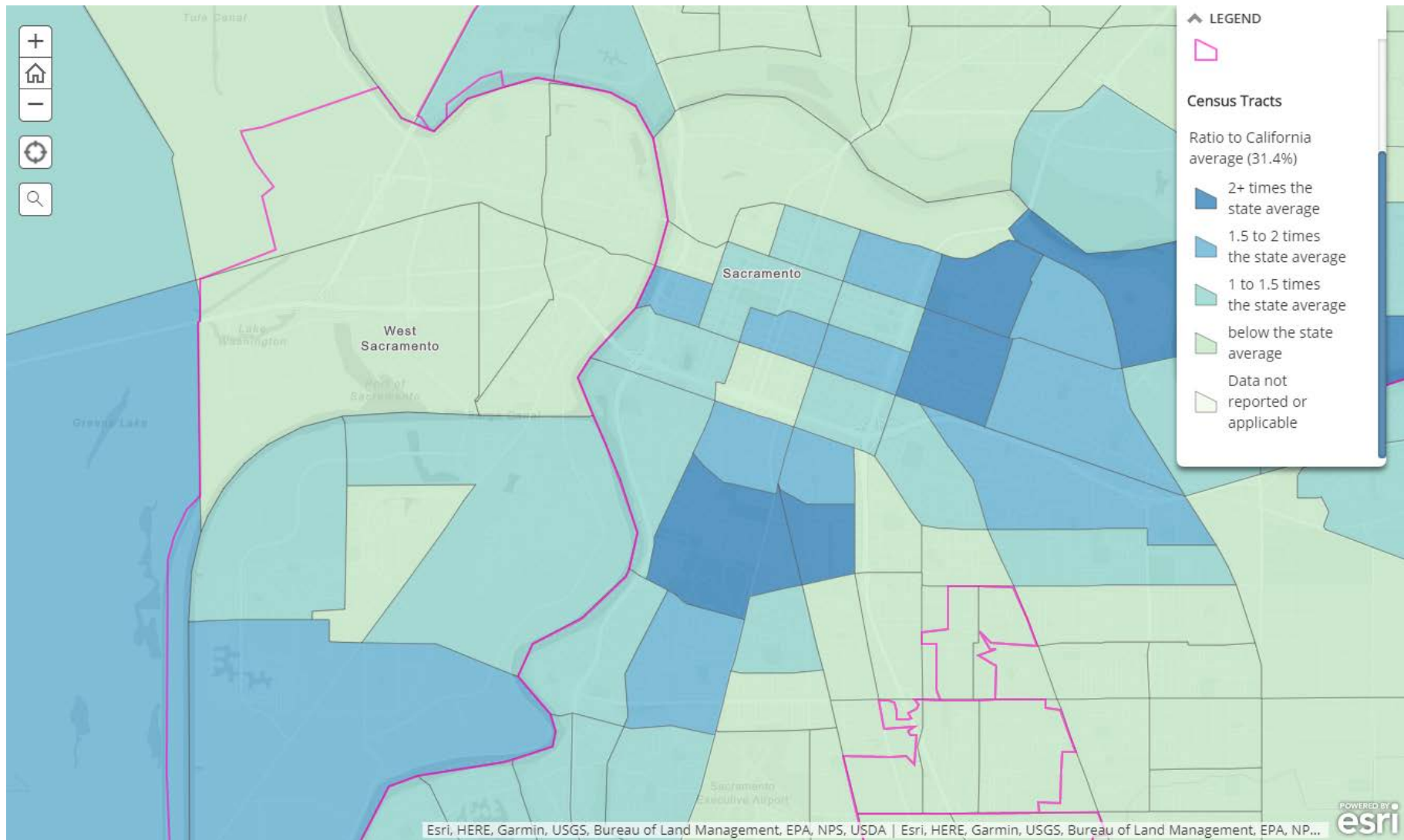
Differences by race ethnicity  
2011-2015



Differences by place of birth  
2011-2015



# Detail of ESRI Story Map, educational attainment indicator





# HCI progress in 2017–2018

- Updated indicators, late 2017:
  - Retail food environment
  - Educational attainment
  - Housing overcrowding, neighborhood change
  - Access to parks
  - Child fitness
- Indicators nearing completion in mid-2018:
  - Poverty rate
  - Housing cost burden
- Later in 2018:
  - Health insurance coverage
  - Violent crime rate

# Acknowledgments

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Rafael Colonna

# Contact

Peter Oh, [Peter.Oh@cdph.ca.gov](mailto:Peter.Oh@cdph.ca.gov)

Office (916) 445-9029