Third Quarter
Office of Health Equity
Advisory Committee Meeting
September 2, 2021

Meeting will begin shortly.
Please stand by.
Welcome to the Office of Health Equity Advisory Committee Meeting!
Housekeeping

❖ **Zoom Meeting:**
  ❖ Please remember to mute yourself when you are not speaking.
  ❖ During comments and discussion, use the "raise hand" function and you will be called on (as time permits).
  ❖ You may also use the chat function to enter your questions and comments.
  ❖ If you are calling on the phone, press *6 to unmute and mute your line.
  ❖ Only use camera when you are speaking.

❖ **Closed Captioning:**
  Real-time captions are available here in the Zoom session. Click on the Closed Caption button and select ‘Show Subtitles’ to view the captions. You can also follow the real-time captions here:
  [https://www.streamtext.net/player?event=CDPH](https://www.streamtext.net/player?event=CDPH).

❖ **Abbreviated Agenda**
  ❖ Please help by being as concise as possible!
Advisory Committee Roll Call and Introductions

Agenda Review
Approval of Minutes:

June 15, 2021 Meeting
July 29, 2021 Subcommittee Meeting
Discussion
and
Public Comment
Updates from CDPH Leadership

Christine Siador, MPH
Assistant Director
California Department of Public Health

Rohan Radhakrishna, MD, MPH
Deputy Director for Office of Health Equity California
Department of Public Health
CDPH Director Tomás Aragón’s Priorities

• Develop Our People (Become a Learning and Healing Organization)

• Performance Management (Lean and Results-Based Accountability)

• Equity & Anti-Racism

CDPH Director Dr. Tomás Aragón

New CDPH Assistant Director Christine Siador

New Office of Health Equity Assistant Deputy Director Ana Bolaños
Human Health Impacts of Climate Change

Environmental Degradation
Forced migration, civil conflict, mental health impacts, loss of jobs and income

Extreme Heat
Heat-related illness and death, cardiovascular failure

Severe Weather
Injuries, fatalities, loss of homes, mental health impacts

Water & Food Supply Impacts
Malnutrition, diarrheal disease

Degraded Living Conditions & Social Inequities
Exacerbation of existing social and health inequities and vulnerabilities

Changes In Vector Ecology
Malaria, dengue, encephalitis, hantavirus, Rift Valley fever, Lyme disease, chikungunya, West Nile virus

Air Pollution & Increasing Allergens
Asthma, cardiovascular disease, respiratory allergies

Water Quality Impacts
Cholera, cryptosporidiosis, Campylobacter, leptospirosis, harmful algal blooms

Adapted from CDC, J. Patz
# CDPH California Reducing Disparities Project: Phase II Organizational Chart

<table>
<thead>
<tr>
<th>Statewide Evaluator: Psychology Applied Research Center @ Loyola Marymount University</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TAPs</strong></td>
</tr>
<tr>
<td>African American</td>
</tr>
<tr>
<td>Asian and Pacific Islander</td>
</tr>
<tr>
<td>Latinx</td>
</tr>
<tr>
<td>LGBTQ</td>
</tr>
<tr>
<td>Native American</td>
</tr>
</tbody>
</table>

**African American**
- ONTRACK Program Resources

**Asian and Pacific Islander**
- Special Service for Groups (SSG)

**Latinx**
- UCD Center for Reducing Health Disparities

**LGBTQ**
- Center for Applied Research Solutions (CARS)

**Native American**
- Pacific Institute for Research and Evaluation (PIRE)

**EOA**
- Education Outreach and Awareness Consultant: California Pan-Ethnic Health Network
**Progress to date: HPI Q1 vaccinations for 12+ population**

<table>
<thead>
<tr>
<th>As of May 3</th>
<th>As of June 3</th>
<th>As of July 3</th>
<th>As of Aug. 3</th>
<th>Most recent avail. (Aug. 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>47%</strong> of 12+ HPI Q1 with 1+ dose</td>
<td><strong>55%</strong> of 12+ HPI Q1 with 1+ dose (+8%)</td>
<td><strong>59%</strong> of 12+ HPI Q1 with 1+ dose (+4%)</td>
<td><strong>64%</strong> of 12+ HPI Q1 with 1+ dose (+5%)</td>
<td><strong>69%</strong> of 12+ HPI Q1 with 1+ dose (+5%) (+22%)</td>
</tr>
<tr>
<td>4.1M 12+ HPI Q1 with 1+ dose (+0.7M)</td>
<td>4.8M 12+ HPI Q1 with 1+ dose (+0.4M)</td>
<td>5.2M 12+ HPI Q1 with 1+ dose (+0.4M)</td>
<td>5.6M 12+ HPI Q1 with 1+ dose (+0.4M)</td>
<td>6.0M 12+ HPI Q1 with 1+ dose (+1.9M)</td>
</tr>
</tbody>
</table>

**Comparative vaccination rates over time for 16+ population**

- **HPI Q1 16+ population:** 8,051,741 (total 16+ population: 31,822,612)
- May 3 - 51% at 4.1 million vaccinated 1+ dose
- June 3 - 58% at 4.7 million vaccinated 1+ dose
- July 3 - 62% at 5.0 million vaccinated 1+ dose
- Aug. 3 - [X]
- Aug. 31 - 71% at 5.7 million vaccinated 1+ dose

1. HPI Q1 12+ population: 8,700,223
   Total 12+ population: 33,274,503
2. Most recent available data may not fully reflect current rates given delays in data reporting

Source: https://covid19.ca.gov/vaccination-progress-data/ as of 9/01/2021, 9:00am PT; CDPH Snowflake accessed 9/01/21
1. Daily doses administered (by HPI Quartile and by week) since April 5th (12+)

**Average daily doses administered by week\(^1,2\), in thousands**

*Week based on Monday-Sunday average, from 4/5 to 8/29*

**May 27th**
- Statewide announcement of "Vax for the Win", including gift cards and prize drawings

**June 4th**
- First roll out of $50K prize drawing

**1st week of July**
- Decrease in average daily doses administered stops, begin to increase

**+45% increase in weekly average from 7/5 to 8/23**

<table>
<thead>
<tr>
<th>Week</th>
<th>Unclassified</th>
<th>Q4</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
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<tr>
<td>4/5</td>
<td>417</td>
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<td></td>
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<tr>
<td>4/12</td>
<td>396</td>
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<tr>
<td>4/19</td>
<td>376</td>
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<tr>
<td>4/26</td>
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<td>5/3</td>
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<td>5/10</td>
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<td>5/24</td>
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<td>135</td>
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<td>6/7</td>
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<td>6/14</td>
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<td>6/21</td>
<td>83</td>
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<td>6/28</td>
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<td>7/26</td>
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<td>8/16</td>
<td>90</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8/23</td>
<td>92</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Data shown up to 8/29, data from 8/30-8/9/1 not shown due to reporting lags.
2. Based on week start

Source: CDPH Snowflake accessed 9/1/21

- Decrease in average daily vaccinations from April to early July
- Counties have started to experience an increase in vaccination in the past 7 weeks
- From April 5th to August 29th, HPI Q1 increased from 23% to 31% as a share of total vaccinations
Total vaccinations by HPI quartile over time

Race/ethnicity data as reported by State vaccination dashboard

~88% HPI Q4 population
Of HPI Q4 12+ population is vaccinated 1+ dose as of 8/31, compared to 71% of HPI Q4 12+ population as of 5/1\(^1\)

~77% HPI Q3 population
Of HPI Q3 12+ population is vaccinated 1+ dose as of 8/31, compared to 60% of HPI Q3 12+ population as of 5/1\(^1\)

~74% HPI Q2 population
Of HPI Q2 12+ population is vaccinated 1+ dose as of 8/31, compared to 54% of HPI Q2 12+ population as of 5/1\(^1\)

~69% HPI Q1 population
Of HPI Q1 12+ population is vaccinated 1+ dose as of 8/31, compared to 47% of HPI Q1 12+ population as of 5/1\(^1\)

1. Equity Ops team deployed 5/3
Source: https://covid19.ca.gov/vaccination-progress-data/ as of 9/01/2021, 2:00pm PT

Information contained in this file is confidential, preliminary, and pre-decisional
1. Total vaccinations by race/ethnicity over time

Race/ethnicity data as reported by State vaccination dashboard

~94% Asian population

Of Asian 12+ population is vaccinated 1+ dose as of 8/31, compared to 76% of Asian 12+ population as of 5/11.

~69% White population

Of white 12+ population is vaccinated 1+ dose as of 8/31, compared to 56% of white 12+ population as of 5/1.

~57% LatinX population

Of LatinX 12+ population is vaccinated 1+ dose as of 8/31, compared to 38% of LatinX 12+ population as of 5/11.

~55% Black population

Of Black 12+ population is vaccinated 1+ dose as of 8/31, compared to 37% of Black 12+ population as of 5/11.

Note: Population estimates do not include "other" or "unknown" race and ethnicity categories, therefore their percentage of state population is not available. Some race/ethnicity groups in this county may have small populations. Where the county of residence was not reported, the county where vaccinated is used. Data is not shown where there are fewer than 11 records in a group.

Source: https://covid19.ca.gov/vaccination-progress-data/ as of 9/01/2021, 2:00pm PT
1. Total vaccinations by insurance type

Vaccination rate by insurance type
As of 8/1/2021; 12+ population in M

~84% Non-Medi-Cal population
Of non-Medi-Cal 12+ population is vaccinated 1+ dose as of 8/1

~49% Medi-Cal population
Of Medi-Cal 12+ population is vaccinated 1+ dose as of 8/1

1. 7-Day Average of Cases by Episode Date, Total Hospitalizations, Total ICU Admissions, and Deaths by Date of Death Associated with COVID-19 per Day, April 1 – September 1, 2021

Source: Daily COVID-19 CDPH Epi Team slides, September 1, 2021; Daily Director’s Brief, September 1, 2021, Science Branch

Excerpts from Science Branch Report for Director Briefing

Since mid-June, case numbers (and incidence) have steadily increased but may be plateauing

$R_{eff}$ approximately .98 and decreasing
1. COVID-19 Incidence by Race/Ethnicity and Week

Incidence rate is highest among Native Hawaiian and Pacific Islanders (NHPI).

Mortality rate among NHPI has also been rising since late July.

Excerpts from Science Branch Report for Director Briefing:

Source: Daily COVID-19 CDPH Epi Team slides, September 1, 2021; Daily Director’s Brief, September 1, 2021, Science Branch
Since early August 2021, the number of COVID-19 cases among individuals 5-17 years old has increased more rapidly than cases among other age groups, surpassing the number of cases among people aged 31-40 and 23-30 years old.

Source: Daily COVID-19 CDPH Epi Team slides, September 1, 2021; Daily Director’s Brief, September 1, 2021, Science Branch
Rationale for goal development

Create an aspirational vision to motivate and accelerate the impact of the state and local teams supporting work on COVID equity

Track progress of equity-related initiatives and refine approaches as needed

Enable all teams working on equity outreach to monitor the success of their specific activities and identify opportunities to enhance operations

Source: CDPH Equity Ops Workstream

Guiding principles for goal development

Aim to be as ambitious as possible and create a target that will truly move the needle

Bias toward speed over perfection—purpose of goal is to drive progress forward quickly

Focus on operational impacts of goal setting and consider how goal will impact deployment of resources
Mortality rate ratio (last 4 weeks) among CA zip codes, as of 8/24

1. Compared to zip codes with COVID-19 vaccination coverage above 68%

Source: Preliminary data as of 8/24/21 from CDPH Modelling Team

Information contained in this file is confidential, preliminary, and pre-decisional
**Goal:** Ensure [XX]% of individuals in **all racial and ethnic groups** are **fully vaccinated** against COVID-19 by **Jan 1, 2022**

**Dimensions**

<table>
<thead>
<tr>
<th>Potential Decisions</th>
<th>Potential operational implications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Threshold</strong></td>
<td></td>
</tr>
<tr>
<td>[X]%</td>
<td>Within 10% of State average</td>
</tr>
<tr>
<td></td>
<td>Within 10% of “best in class”</td>
</tr>
<tr>
<td><strong>Metric</strong></td>
<td></td>
</tr>
<tr>
<td>Fully vaccinated</td>
<td>1+ dose</td>
</tr>
<tr>
<td></td>
<td>“Up to date”</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
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</tr>
<tr>
<td>Current eligible pop.</td>
<td>Future eligible population</td>
</tr>
<tr>
<td></td>
<td>Total population</td>
</tr>
<tr>
<td><strong>Population</strong></td>
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</tr>
<tr>
<td>Race / ethnicity</td>
<td>Place (HPI)</td>
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<tr>
<td></td>
<td>Insurance type</td>
</tr>
<tr>
<td><strong>Timeline</strong></td>
<td></td>
</tr>
<tr>
<td>Jan. 1, 2022</td>
<td>Other (e.g., Q4 2021)</td>
</tr>
</tbody>
</table>

Source: CDPH Equity Ops Workstream

**OPTIONS DISPLAYED ARE NON-EXHAUSTIVE**
## Feasibility and potential impact of example goal options

### Example Option 1:
75% individuals in all racial and ethnic groups vaccinated with 1+ dose by Jan 1, 2022

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Potential Decisions</th>
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<tbody>
<tr>
<td>Threshold</td>
<td>75%</td>
</tr>
<tr>
<td>Metric</td>
<td>Fully vaccinated</td>
</tr>
<tr>
<td>Denominator</td>
<td>Current eligible population</td>
</tr>
<tr>
<td>Population</td>
<td>Race / ethnicity</td>
</tr>
<tr>
<td>Timeline</td>
<td>Jan. 1, 2022</td>
</tr>
</tbody>
</table>

**Total number of individuals to be vaccinated:**

4,153,676 to goal

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### Example Option 2: First dose vaccination rate of individuals living in HPI Q1 areas is within 10% of HPI Q4 areas by Jan 1, 2022

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Potential Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threshold</td>
<td>[X]%</td>
</tr>
<tr>
<td>Metric</td>
<td>Fully vaccinated</td>
</tr>
<tr>
<td>Denominator</td>
<td>Current eligible population</td>
</tr>
<tr>
<td>Population</td>
<td>Race / ethnicity</td>
</tr>
<tr>
<td>Timeline</td>
<td>Jan. 1, 2022</td>
</tr>
</tbody>
</table>

**Total number of individuals to be vaccinated:**

1,828,787\(^1\) to goal

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1. Assumes that HPI Q4 vaccination rates moving forward are consistent with previous 5-week average
2. Includes all race/ethnicity groups currently with <75% COVID-19 vaccination rates (fully vaccinated) among total population.

Goal: 75% individuals in all racial and ethnic groups vaccinated with 1+ dose by Jan 1, 2022

Number of individuals vaccinated per week to achieve goal, by race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number of Individuals Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>23,049</td>
</tr>
<tr>
<td>LatinX</td>
<td>138,115</td>
</tr>
<tr>
<td>White</td>
<td>46,065</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>21,327</td>
</tr>
<tr>
<td>American Indian/Native</td>
<td>2,204</td>
</tr>
<tr>
<td>Total</td>
<td>230,760</td>
</tr>
</tbody>
</table>

Number of individuals vaccinated in previous week, by race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number of Individuals Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>15,582</td>
</tr>
<tr>
<td>LatinX</td>
<td>106,928</td>
</tr>
<tr>
<td>White</td>
<td>64,779</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>3,791</td>
</tr>
<tr>
<td>American Indian/Native</td>
<td>1,036</td>
</tr>
<tr>
<td>Asian</td>
<td>22,251</td>
</tr>
<tr>
<td>Total</td>
<td>214,368</td>
</tr>
</tbody>
</table>

Average number of individuals vaccinated in previous 5 weeks, by race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number of Individuals Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>13,245</td>
</tr>
<tr>
<td>LatinX</td>
<td>90,889</td>
</tr>
<tr>
<td>White</td>
<td>51,823</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>3,033</td>
</tr>
<tr>
<td>American Indian/Native</td>
<td>24,031</td>
</tr>
<tr>
<td>Total</td>
<td>183,909</td>
</tr>
</tbody>
</table>

Sources: CA vaccination data pulled on August 25 from [https://covid19.ca.gov/vaccination-progress-data](https://covid19.ca.gov/vaccination-progress-data); US Census Data V2019
Next steps to finalize goals

Work with internal and external teams to define meaningful targets for specific groups (e.g., work with DHCS team to define goal by insurance type, community groups like you)

Continue to refine operational implications of selected goals (number of individuals vaccinated per week)
EQUITY MILESTONES

• Health Equity Metric
• Vaccine Equity Allocation, Campaigns, Pilots
• Equity Playbook
• Targeted Equity Investment Plans
• Health Equity Workgroup
• Data Analysis and Enhancements to Reflect Disproportionately Impacted Populations
• Health Equity and Multilingual Resources Hub
• Health Equity CBO Pilot Projects
• CDC Health Disparities Grant
• Testing Taskforce, Playbook, Community Toolkit
• Communications Toolkits
• Town Halls and Stakeholder Engagement
• Elevating Equity through Advanced Planning
Health Equity Playbook

- 70+ pages
- Released in December
- 6-month updates (informed by the Equity Playbook Bulletin)
- Equity resources, best practices, and strategies

Health Equity Playbook Bulletinns

- 3-4 pages
- Released in **February, March, April, June,** and **July**
- Monthly updates
- New equity resources, best practices, and strategies within the categories of the Equity Playbook framework
- Addition of population-specific resources
COVID-19 Health Equity Playbook

IMMEDIATE COVID-19 RESPONSE STRATEGIES
• Testing
• Contact Tracing
• Isolation Support
• Worker Protections

LONGER-TERM COVID-19 RESPONSE STRATEGIES
• Housing Security and Homelessness
• Economic Security
• Schools and Childcare
• Cross-sectoral Collaboration and Health in All Policies (HiAP)
• Transportation / Physical Access and Mobility

CROSS CUTTING STRATEGIES
• Data
• Communication
• Language Access and Cultural Competency
• Community and Stakeholder Engagement
• Mental Health Care
Together We Will Advance Equity & Antiracism

Thank You Questions?

Rohan.Radhakrishna@cdph.ca.gov
Discussion
and
Public Comment
OHE Presentation: Community Partnerships Survey and Vision for OHE and the Advisory Committee’s role

Rohan Radhakrishna, MD, MPH
Deputy Director for Office of Health Equity
California Department of Public Health
Discussion
and
Public Comment
Guest Presentations: COVID-19 Updates from Community-based Organizations

Weiyu Zhang
Community Advocacy Manager
California Pan-Ethnic Health Network

Juliet Sims
Associate Program Director
Prevention Institute
Report Trajectory

Part 1: Challenges
- Challenges Encountered by BIPOC Communities
- Challenges Encountered due to COVID-19 Response

Part 2: The Role of CBOs
- How CBOs Made a Difference in Meeting Communities’ Needs
- How CBOs Filled Gaps in COVID Response

Part 3: Recommendations
- Engaging Community Resources to Better Meet Needs
- Improving Infrastructure to Better Meet Needs
- Improving Equity in & Accessibility to Services & Supports
How California’s Community-Based Organizations Filled the Gaps for BIPOC Communities

Meeting the Needs of Racially & Ethnically Diverse Communities During the COVID-19 Pandemic
Our Vision for Equitable Recovery

- Policymakers prioritize racially just solutions that ensure all Californians recover from the pandemic while also addressing structural racism, discrimination, violence and trauma experienced by historically disenfranchised communities.

- All California residents have access to the basic components of a safe and healthy life free of discrimination.

- Policymaking processes leverage community strengths and assets by expanding opportunities for authentic engagement in policy design and implementation.

- Investments prioritize the communities that have been hit hardest by the pandemic, understanding that these communities have likely lost the most and started with less resources than those who have not experienced systemic and structural racism, segregation, discrimination, and disinvestment.
Interview Methodology

- **Time & Location:** Dec 2020-Feb 2021, 1-1.5 hours each over Zoom
- **Interview Guide:** COVID19 equity collaborative Proposed Key Informant Guide Elements
- **Overarching questions:** (1) population served; (2) staying connected; (3) key factors to be addressed in recovery; (4) successes/innovations; (5) useful new policies
- **Specific questions:** on food, housing, COVID response/containment, mental health
- **Interviewers:** staff from CPEHN and Prevention Institute
- **Interviewees:** a total of 16 BIPOC-serving grassroots organizations across California that participated in COVID-19 response (+ additional data collected from a few other organizations)
<table>
<thead>
<tr>
<th>Partner Organizations</th>
<th>County</th>
<th>Focus Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Pacific Islander Forward Movement (APIFM)</td>
<td>Los Angeles</td>
<td>AANHPI</td>
</tr>
<tr>
<td>Asian Resources, Inc. (ARI)</td>
<td>Sacramento, Los Angeles</td>
<td>AANHPI</td>
</tr>
<tr>
<td>Canal Alliance</td>
<td>Marin</td>
<td>Latinx</td>
</tr>
<tr>
<td>Central Valley Environmental Justice Network</td>
<td>Fresno and other Central Valley</td>
<td>Latinx</td>
</tr>
<tr>
<td>Centro Binacional para el Desarrollo Indigena Oaxaqueno (CBDIO)</td>
<td>Fresno, Madera, Monterey</td>
<td>Latinx, Indigenous</td>
</tr>
<tr>
<td>Community Health Councils, Inc.</td>
<td>Los Angeles</td>
<td>African American/Black, Latinx</td>
</tr>
<tr>
<td>Cultiva La Salud</td>
<td>Fresno</td>
<td>Latinx</td>
</tr>
<tr>
<td>Healthy African American Families (HAAF)</td>
<td>Los Angeles</td>
<td>African American/Black</td>
</tr>
<tr>
<td>Instituto de Educación Popular del Sur de California (IDEPSCA)</td>
<td>Los Angeles</td>
<td>Latinx</td>
</tr>
<tr>
<td>Kennedy Commission</td>
<td>Orange</td>
<td>Low-income, communities of color</td>
</tr>
<tr>
<td>McKinleyville Family Resource Center</td>
<td>Humboldt</td>
<td>Indigenous</td>
</tr>
<tr>
<td>Mixteco/Indigena Community Organizing Project (MICOP)</td>
<td>Ventura, Santa Barbara</td>
<td>Latinx, Indigenous</td>
</tr>
<tr>
<td>Multi-Ethnic Collaborative of Community Agencies (MECCA)</td>
<td>Orange</td>
<td>Multi-ethnic</td>
</tr>
<tr>
<td>Roots Community Health Center</td>
<td>Alameda, Santa Clara</td>
<td>African American/Black</td>
</tr>
<tr>
<td>The Central Valley Urban Institute</td>
<td>Fresno</td>
<td>African American/Black</td>
</tr>
<tr>
<td>Vista Community Clinic</td>
<td>San Diego</td>
<td>Latinx</td>
</tr>
</tbody>
</table>
Part 1: Challenges Encountered

Challenges Encountered by Communities and CBOs During COVID-19

• Low-income workers and their families faced tough decisions.
• Many individuals and families could not obtain or afford basic resources.
• The pandemic exacerbated the digital divide.
• Social isolation and pandemic trauma added to economic and health challenges.
Part 1: Challenges Encountered

Challenges Encountered Due to Institutions’ COVID-19 Response

• Programs attempted to alleviate the worst effects of the pandemic but often were not accessible to communities most in need.

• Underinvestment in public health and CBOs further undermined COVID response efforts for BIPOC and other underserved communities.

• Many public health departments didn’t have strong relationships with diverse communities before the pandemic.

• Communities encountered barriers to civic engagement.

• Lack of language assistance services during the pandemic
Part 2: The Role of CBOs

How CBOs Made a Difference in Meeting Community Needs

• CBOs used person-centered strategies to address residents’ immediate needs.
  • Employed staff from the communities they serve
  • Used a trauma-informed approach
  • Met people where they are

• CBOs kept communities socially connected and engaged.
  • Conducted tech-savvy outreach
  • Conducted outreach to communities without digital access
  • Provided safe ways for community to connect
Part 2: How CBOs Filled Gaps in COVID Response

- Leveraged partnerships to extend their reach and impact.
- Served as an important link between government and community.
- Used their flexibility to pivot and address shortcomings in the pandemic response.
- Connected residents with engagement opportunities.

“It’s called ‘transformational togetherness’: we need to build a stronger civic infrastructure for nonprofits, . . . so that they can build their power and impact the institutions.” - Orange County Advocate.
Part 3: Recommendations

**Engaging Community Resources**

- Invest funding and resources in CBOs to strengthen their role as partners to government in meeting community needs.
- Invest in and improve meaningful community engagement processes across all sectors and government programs.
- Improve government response and service delivery to include person-centered and trauma-informed approaches.

**Improving Governmental Infrastructure**

- Prioritize racial equity in policymaking and decision-making.
- Include accountability strategies and measures to actualize equity commitments.
- Invest funding in state and local government and public health staff to build understanding and capacity to work with diverse communities.
- Prioritize and standardize disaggregated data collection, reporting and analysis.
Part 3: Recommendations

<table>
<thead>
<tr>
<th>Address</th>
<th>Address mental health needs and disparities through healing and restorative approaches.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote</td>
<td>Promote equitable enforcement of public health laws.</td>
</tr>
<tr>
<td>Help</td>
<td>Help homeowners and renters stay housed.</td>
</tr>
<tr>
<td>Promote</td>
<td>Promote economic security and protect workers.</td>
</tr>
<tr>
<td>Support</td>
<td>Support food security and adequate nutrition.</td>
</tr>
</tbody>
</table>

“When we say recovery, definitely we need to stop people from being evicted from their homes but also not continue to put Band-Aids...We need to create a system where there's an opportunity for the debt ... to be forgiven or waived.” —Central Valley advocate
What questions do you have?
Thoughts or comments to share?
Discussion
and
Public Comment
Role of CDPH/OHE in Housing work

Meredith Lee
Health in All Policies Team Lead
Office of Health Equity
California Department of Public Health
Potential upstream and downstream CDPH-related approaches to address housing and prevent homelessness

<table>
<thead>
<tr>
<th>Upstream/Downstream Factors</th>
<th>Current CDPH initiatives</th>
<th>Potential opportunities¹</th>
</tr>
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</table>
| Social and institutional factors | • CDPH Racial and Health Equity (RHE) & Capitol Collaborative on Race Equity (CCORE) initiatives  
• CDPH collaboration with partners to promote access to Earned Income Tax Credit and strengthen economic supports to at-risk families | • Explore strategic partnerships to support and enhance advocacy and outreach efforts  
• Enhance collaboration with state planning efforts  
• Assist LHJs to partner with local housing organizations |
| Environmental factors (i.e., living conditions, housing programs) | • Health in All Policies team  
• Climate Change and Health Equity Section  
• Environmental Health Investigation Branch  
• Childhood Lead Prevention programs | • Maintain and expand funding opportunities including medical legal partnership preventing evictions  
• Explore partnerships with general acute care hospitals  
• Explore additional preservation and habitability programs |
| Health factors (i.e., disease & injury, and mortality) | • DSS, CDPH, BCSH COVID Housing and Homelessness Workgroup  
• People experiencing homelessness Peer Ambassador program  
• Housing opportunities for persons with AIDS  
• Housing Plus Project  
• Ryan White Part B program | • Expand DSS, CDPH, BCSH COVID Housing and Homelessness Workgroup beyond COVID and bring in other partners  
• Expand and leverage integrated data monitoring and analysis  
• Enhance collaboration with Department of Health Care Services (i.e., CalAIM) |

¹ As outlined in the CDPH Homelessness and Housing Mini Environmental Scan report and “Health Equity & COVID-19 Vulnerable Populations Work Group” presentation, 9/22/2020

Source: OHE ACE Branch workstream, CDPH Homelessness and Housing Mini Environmental Scan report
## Potential upstream and downstream CDPH-related approaches to address housing and prevent homelessness

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• People experiencing homelessness Peer Ambassador Program  
• Housing opportunities for persons with AIDS  
• Housing Plus Project  
• Ryan White Part B program | • Expand DSS, CDPH, BCSH COVID Housing and Homelessness Workgroup beyond COVID and bring in other partners  
• Expand and leverage integrated data monitoring and analysis of health indicators related to housing (e.g., housing insecurity, over-crowding) to enhance program impact on at-risk and vulnerable populations  
• Enhance collaboration with Department of Health Care Services (i.e., CalAIM) to support health services to at-risk populations (i.e., mental health and substance use disorder services) |

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1. As outlined in the CDPH Homelessness and Housing Mini Environmental Scan report and “Health Equity & COVID-19 Vulnerable Populations Work Group” presentation, 9/22/2020

Source: OHE ACE Branch workstream, CDPH Homelessness and Housing Mini Environmental Scan report
# Potential upstream and downstream CDPH-related approaches to address housing and prevent homelessness

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<td><strong>Climate Change and Health Equity Section</strong>: inter-agency initiatives to incorporate health equity and climate resilience into housing policy, programs, guidelines, and grants (i.e., Low Income Weatherization Program)</td>
<td></td>
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<tr>
<td></td>
<td><strong>Environmental Health Investigation Branch</strong> (indoor air quality, asthma, etc.)</td>
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<tr>
<td></td>
<td><strong>Childhood Lead Prevention Branch</strong></td>
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<td><strong>Explore partnerships with general acute care hospitals</strong> to expand flex program dollars to cover housing assistance (i.e. CalAIM)</td>
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<td><strong>Explore additional preservation and habitability programs</strong> to support low-income tenants and homeowners</td>
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<td>• Explore strategic partnerships to support and enhance advocacy and outreach efforts that address the needs of undocumented tenants, unhoused youth, unhoused substance users, and other at-risk or vulnerable populations • Enhance collaboration with state planning efforts addressing housing and homelessness prevention (e.g., Homeless Coordinating and Finance Council) • Assist LHJs to partner with local housing organizations such as Continuums of Care (CoC) to understand community needs and assess opportunities to pilot interventions</td>
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Source: OHE ACE Branch workstream, CDPH Homelessness and Housing Mini Environmental Scan report
Discussion and Public Comment
OHE Program Updates and Discussion
Discussion and Public Comment
Adjourn Meeting:
Next Subcommittee Meeting: September 28, 2021
Next Quarterly Meeting: December 1, 2021
Thank you for attending!

Contact amanda.hooker@cdph.ca.gov with any questions.