MONTHLY ACTIVITY REPORT
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Office of Health Equity

HEALTHY & EQUITABLE California FOR ALL

Addressing health impacts of where Californians live, work, and play.
#HealthEquityCA
UNIT DESCRIPTIONS

Community Development and Engagement Unit (CDEU)

Mission
The Office of Health Equity (OHE), Community Development and Engagement Unit’s (CDEU) mission is to strengthen the California Department of Public Health’s (CDPH) focus and ability to advise and assist other state departments in their mission to increase access to, and the quality of, culturally and linguistically competent mental health care and services.

Vision
To create a public mental health system for a diverse California that advances an authentic commitment to community engagement, cultural knowledge, accessibility, quality, resilience, and wellness.

Projects

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), along with several key partners, created a statewide policy initiative to identify solutions for historically unserved, underserved, and inappropriately served communities. Under OHE, this statewide Prevention and Early Intervention effort, the California Reducing Disparities Project (CRDP), focuses on five populations:

- African American
- Asian and Pacific Islander
- Latino
- Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning
- Native American

Now in Phase II, the CRDP will focus on funding and evaluating the promising practices identified in Phase I, as well as advancing the strategies outlined in the CRDP Strategic Plan. In all CRDP will award $60 million to 41 contractors and grantees over six years. The CRDP is funded by the Mental Health Services Act (Proposition 63) that was passed in November 2004. This act imposes a one percent income tax on personal income in excess of $1 million.
Health Equity Policy & Planning Unit (HEPPU)

Vision

Our vision is a healthy, equitable, and environmentally sustainable California where all people thrive and health equity principles are the foundation of government policies and practices.

Mission

The Health Equity Policy & Planning Unit's mission is to provide statewide leadership in policy, systems, and environmental change by improving health, equity, and environmental sustainability in California government decision-making, practices, and policies.

OHE’s HEPPU addresses complex issues that require input and collaboration across multiple agencies and departments, most of which are outside of the health sector.

Projects

The California Health in All Policies Task Force

The California Health in All Policies (HiAP) Task Force was created by Executive Order S-04-10 in 2010 because the health and well-being of Californians is impacted by the policies and practices of many agencies and departments, not just health services and public health. The HiAP Task Force is housed under the SGC, and brings together 22 state agencies, departments, and offices, with a common goal of working together to support a healthier and more sustainable California. The HiAP Task Force is staffed by CDPH in partnership with the Public Health Institute.

Climate Change and Health Equity Program (CCHEP)

California is a national and international leader on climate change as a critical emerging issue. The Global Warming Solutions Act (AB32) has mobilized California’s state agencies to develop a coordinated response to reduce California’s greenhouse gas emissions. CDPH and other state agencies are conducting research and developing strategies to reduce carbon emissions (mitigation) and prepare for (or adapt to) the challenges brought by climate change. CCHEP works on policy, adaptation planning, land use and transportation planning, epidemiology, environmental health, health education and risk communication, emergency preparedness and other areas relating to climate change and health.
Health Research and Statistics Unit (HRSU)

Vision

HRSU’s vision is to become the state’s reference office that provides consultation and data resources to keep abreast of data trends, in an effort to mitigate and eliminate health and mental health disparities and inequities in California.

Mission

HRSU is a leading state unit in collecting data and disseminating information about health and mental health disparities and inequities in California. HRSU researches and produces data to fulfill statutory mandated reports, and provides information and technical assistance to CDPH programs, state agencies, local health departments and stakeholders who are working to collect and report information on health and mental disparities and inequities in California.

HRSU advances health and mental health equity by:

• Providing consultation and technical assistance to state departments and other state and local agencies as well as private entities related to health disparities.

• Developing a report with demographic analyses on health and mental health disparities and inequities, updated periodically but not less than every two years, highlighting the underlying conditions that contribute to health and well-being, accompanied by a comprehensive, cross-sectoral strategic plan to eliminate health and mental health disparities.

• Transparency through making the data easily accessible to all Californians through different means such as biannual reports, issue briefs, and dissemination through a website in order to measure and track disparities among vulnerable population groups.

Projects

The OHE published its first demographic report on 2015 as part of its Portrait of Promise. This is the first State report that presents a comprehensive analysis of the status of the social determinants of health in California with evidence of the impacts that an inequitable distribution of resources has on health.

Since its creation OHE has also been producing and publishing statistical measures or indicators of the social determinants of health that provide ways to assess the current status of
community health, equity, and vulnerability to climate change across the State. There are two indicator projects lead by HRSU:

- **Healthy Communities Data and Indicators Project (HCI)**

- **Climate Change and Health Vulnerability Indicators (CHVI)**

The HCI provides data to assess community health and equity following the framework “What is a Healthy Community?” from the California Health in All Policies Task Force. The first set of 31 indicators was released to the public between the years 2012-2015 on the [CDPH website](http://cdph.ca.gov) and on the [Open Data Portal](http://opendata.ca.gov) (search term HCI). The HCI project has engaged with internal partners and State agencies to vet indicator definitions and datasets. The data has been used by [Let’s Get Healthy California](http://letsgethealthycalifornia.org) and external partners, and it is being used by epidemiologists for reporting and accreditation and by public health researchers.

The CHVI provides data and tools to local health departments and partners to better understand the people and places in their jurisdictions that are more susceptible to adverse health impacts associated with climate change, specifically extreme heat, wildfire, sea level rise, drought, and poor air quality. The assessment data can be used to screen and prioritize where to focus deeper analysis and plan for public health actions to increase resilience. The factors that make communities healthy also increase their resilience to climate change. The CHVI uses the [Building Resilience against Climate Effects](http://www.cdc.gov) framework from the CDC.

The data in these projects helps OHE meet its legislative mandate and will from now on constitute the OHE demographic report. The data will be presented to the public on the cdph.ca.gov website. HRSU is currently updating datasets and developing interactive data visualizations using Tableau.
2018 GOALS

Community Development and Engagement Unit (CDEU)

• Broaden engagement efforts with the Native American population by visiting Native American mental health service providers and/or attending Native American cultural events to heighten awareness on the impacts associated with social determinants of health.

• Participate and engage with approximately 15 mental health committees focusing on unserved, underserved and inappropriately served populations on an ongoing basis to provide updates and resources available through the CA Reducing Disparities Project.

• Submit 6 concept papers/proposals to present at various conferences, innovation summits and other venues to highlight community defined promising practices from a prevention and early intervention lens.

• Grow and mentor 4 interns in health equity, mental health disparities and cultural & linguistic competence.

Health Equity Policy and Planning Unit (HEPPU)

Climate Change and Health Equity Program

• Provide health and equity subject matter expertise and consultation to state agencies and local health departments working on climate change.

• Create a library of ideal language and metrics for grants, plans, and guidelines.

• Increase funding and staffing to support CCHEP activities now and into next Administration.

• Expand the definition of Disadvantaged Communities to identify communities that face health, equity, and climate disadvantages to prioritize resource investments, using:
  o Healthy Places Index and Climate Change and
  o Health Vulnerability Indicators

Health in All Policies

• Increase the number of California residents living within ½ mile of park, beach, open space, or coast.
• Increase the number of California residents using walking, biking, or public transportation.

• Implement CDPH Racial and Equity Initiative and select initial activities in Racial and Health Equity Action Plan.

Health Research and Statistics Unit (HRSU)

• Submit legislative report which will serve as an update to the demographic report in the Portrait of Promise.

• Update the Healthy Communities Data and Indicators Project web reports.

• Address OHE Advisory Committee recommendations to:
  
  o Develop infographics and issue briefs on community-level health outcomes.
  
  o Compare indicators by urban vs. rural.
  
  o Identify and report data for groups that need to be counted better (e.g., LGBT, Pacific Islanders).
  
  o Develop and implement a practical and systematic set of measures to quantify disparities

UPDATES

Human Resources

Community Development and Engagement Unit (CDEU):

Interviews for the vacant HPS I (CRDP Native American Lead) position were held on December 6, 2017. Two tentative offers were made, however both candidates declined due to work/life balance concerns and personal matters. A third potential candidate rescinded her application. Meanwhile, the OHE administrative team reached out to CDPH Human Resources Branch (HRB) as there was another candidate of interest whose HPS I packet had not been scored yet and asked for the packet to be scored in hopes of being able to interview the candidate if her application ranked in the first three ranks. OHE received approval from HRB to move forward with interviewing the candidate. The interview will take place on January 8, 2018.

Health Research & Statistics Unit (HRSU):
Research Scientist III – HRSU has one vacancy as of December 1, 2017, which will be back-filled at the earliest opportunity. A revised duty statement is under review by HRB, and a vacancy announcement will be made in early January.

Financial

- No updates at this time.

Decision Points

- Next steps for the draft CRDP Strategic Plan which involves the following:
  - CDEU to route the SAR for CDPH approval highlighting additional changes based on most current feedback received from DHCS.
  - Arrange for agency briefing (if necessary) to discuss changes to the plan and next steps for dissemination.
  - California Pan-Ethnic Health Network is holding a conference in April 2018 in anticipation of the approval of the plan. The hope is to distribute the approved plan at their conference.

- Jahmal and Susan to review and approve the CRDP pre-draft solicitation for the Education, Outreach & Awareness for public vetting.

- The CRDP Native American hub is requesting a meeting with CDPH leadership to discuss intellectual property and CDPHs’ policy on Tribal Consultation. Prior to this meeting, Marina would like to arrange a meeting Jim Suennen, Tribal Liaison, at Agency to learn more about data stewardship agreements. If Jahmal is in agreement with this plan, Marina will work with CDPH leadership to arrange the meeting.

- HEPP Unit is requesting a timeline from CDPH leadership on moving forward with hiring for the two backfill vacancies in the Unit. Not filling our existing vacant positions is exacerbating the long-term problem of HEPP being under-staffed and staff over-worked; removing the hiring freeze will help HEPP to meet the high level of requests from across the state and within the department. Launching the Racial and Health Equity Initiative this month has expanded our duties.

- Returned DAR on Parks and Greening Action Plan with responses to Director’s office comments and edits. Waiting for approval to finalize.
Activities

OHE-wide

Advisory Committee and External Engagement

- The issue brief examining the relationship between the treatment of immigrants and the impacts on public health was endorsed by the OHE Advisory Committee (AC) at its December 14 meeting. Next steps include formatting the brief in the template provided by Blanket Marketing, updating the OHE website to include immigration health policy resources, and widely distributing the brief. These tasks may be a challenge with the loss of the Senior Communications Officer position.

- At the December 14 AC meeting, member Donnell Ewert presented along with OHE staff on the health and mental health equity challenges facing the rural north. Recommendations that surfaced during the afternoon stakeholder forum in Redding on October 26 were discussed.

- Following OHE Leadership presentations on OHE accomplishments and challenges in 2017 and goals for 2018, the AC passed a motion to create a sub-committee to recommend the AC’s priorities for 2018 and support sustainability of OHE (in light of the loss of the Senior Communications Officer and Senior Project Manager positions and future losses anticipated for CRDP and climate change funding streams). The first sub-committee meeting, which is open to the public, has been scheduled for January 22.

- Per requested by the AC chair, all recommendations from the past twelve months of AC meetings will be captured in a table, along with the status of those recommendations, for presentation and discussion at the February 13 AC meeting.

- Progress is being made on formalizing the relationship between OHE and the California Arts Council. A draft MOU has been approved by the Office of Legal Services and is currently under review by Dr. Karen Smith. Advisory Committee member Jo-Ann Julien represented OHE at a California Arts Council event on December 7, the Creative Forces Summit: San Diego Region. She reported out on this event at the December 14 AC meeting.
• Staff represented OHE at the Men’s Health Community Dialogue on December 4 in Los Angeles, at the invitation of the US Department of Health and Human Services, Office of Minority Health.

• Staff attended the National Academies of Sciences, Engineering, and Medicine’s workshop in Oakland on December 7 Exploring Tax Policy to Advance Population Health, Health Equity, and Economic Prosperity. Lessons learned from this event, coupled with the history of the funding for CRDP through Prop 63 (Mental Health Services Act), was shared by OHE staff with the Office of Planning, Policy, and Program Development for the State of Hawaii, Department of Health, on a Dec 12 conference call. State and local governments are increasingly looking to California’s model for health equity infrastructure.

• One of the action items to result from staff presenting at the CRDP 2nd Annual Meeting in October was a commitment to hold one or more think tanks on OHE’s leadership in data collection, disaggregation and reporting for populations that are less visible in Portrait of Promise and other important initiatives. The first of these think tanks was held on December 8 and focused on LGBTQ data and sources. The recommendations that arose are being considered as updates to Portrait of Promise are underway, with a target date of July 1, 2018 for the next legislative report.

• Staff is working with stakeholders on a health equity proposal to phase out tobacco in California and will pursue connecting the advisory committees of the California Tobacco Control Program and the OHE to flesh out further developments.

**Trainings, Presentations and Workshops**

• No updates at this time, but unfortunately in the November MAR it was not reported that staff facilitated one of the small group sessions held as part of *POPULATION HEALTH: Integrating the Roles of Public Health and Behavioral Health*, a “Change Agent Incubation Session” held on November 5 at the Carter Center in Atlanta, GA, as part of the American Public Health Association annual meeting. This session was hosted by APHA’s Mental Health Section and The Carter Center Mental Health Program.

**Trainings, Presentations and Workshops**

• No updates at this time

**OHE Units**
Community Development and Engagement Unit (CDEU)

- CDEU staff is in the process of drafting the SAR for the CA Strategic Plan on Reducing Mental Health Disparities after receiving feedback from one (DHCS) of four agencies that were called to action in the plan. We anticipate routing the SAR to CDPH leadership during the week of January 8th.

- CDEU staff submitted the CRDP Education, Outreach & Awareness pre-draft solicitation to Jahmal and Susan for review/approval. CDEU will follow up with Jahmal and Susan to see if we have the green light on the pre-draft solicitation to vet it publicly with community stakeholders for feedback. The solicitation seeks to fund a contractor for a statewide mental health Education, Outreach and Awareness initiative, which is intended to implement components of the CRDP Strategic Plan, developed during Phase I of the CRDP.

- A staff person from CDPH Office of AIDS reached out to CDEU to discuss their funding allocation revisions to better serve the ones with most need or those historically underserved. CDEU staff offered technical support and guidance on reaching and connecting with underserved populations.

- CDEU held a meet and greet call with the CA LGBT Health and Human Services Network staff to discuss and identify ways to collaborate, support and leverage work on LGBTQ populations.

- CDEU Chief attended The State Budget Process and Key Issues to Watch for in 2018 convening, organized by the CA Budget & Policy Center. Topics covered included: 1) the budget process, 2) the constitutional framework, 3) role of the Governor & Legislature.

- CDEU Chief to co-participate on CDPHs’ Violence Prevention Steering committee; bringing a health equity and mental health lens into the discussion.

- CRDP LGBTQ Lead continues to work with subject matter expert, Ricki Wilchins on the Gender Lens training outline and content for the upcoming OHE speaker series. Once in its’ final draft, the training content will be vetted with the CRDP LGBTQ hub for feedback prior to final approval.

- CDEU staff continues in his participation on the School Based Health Center workgroup, whereby he is currently reviewing survey questions and providing guidance for inclusion of demographic questions with a focus on equity.

- OHE staff participated in a meeting with Susan Fanelli to highlight concerns regarding the IRB process and barriers in working with CPHS. It was agreed that a conversation with Dr. Juan Ruiz, Chair of the IRB process or a meeting needed to be arranged to resolve some of
the identified concerns impacting the CRDP statewide evaluation plan, along with the CRDP implementation pilot project local evaluations. Susan is taking the lead in coordinating this meeting with CPHS representatives.

**Budget**

- Key CDEU staff have begun to meet on a weekly basis to review budget details and troubleshoot areas of concern to include over expenditures, inappropriate usage of PCA’s, encumbrances, projections, and expenditure rate. CDEU staff is finalizing the CDEU monthly expenditure report, which will provide a snapshot of the overall CDEU budget.

**Health Equity Policy & Planning Unit (HEPPU)**

**Climate Change and Health Equity Program (CCHEP):**

- **Provided input to:** 1) OPR’s website “CA@50 Million”; 2) the SB 350 Barriers Study Implementation Plan (from ARB and CEC to reduce low income people’s barriers to accessing clean energy and transportation options); 3) the Climate Justice chapter of Safeguarding California, the State’s climate change adaptation plan; 4) a draft state policy framework for autonomous vehicles; and 5) California Office of Emergency Services’ State Hazard Mitigation Plan. (external)

- **Provided technical assistance to:** 1) Four Twenty Seven to create an index of social and climate change vulnerability indicators; 2) an assessment of the usefulness to health departments of the CDC BRACE steps/processes; 3) Tulare County Health Department regarding local climate change adaptation and health work completed and where opportunities exist; 4) San Diego LHD on climate adaptation planning; and 5) Sacramento County Planning Agency on climate adaptation actions. (external)

- **Presented at:** Association of State and Territorial Health Officials Climate Change Collaborative webinar. (external)

- **Outreach /education:** 1) Launched new CCHEP newsletter for sharing information, resources, and news related to climate change and health equity with CCHEP stakeholders; and 2) hosted faculty from CSU East Bay Health Sciences to discuss opportunities for collaboration. (internal and external)

- **Represented CDPH at:** 1) the national Community of Practice for BRACE grantees regarding epidemiological methods; 2) the planning group for the Global Climate Action Summit in September 2018, led by the Governor’s Office; 3) Autonomous Vehicle Policy Framework Summit in Los Angeles at Caltrans District 7; 4) the Planning Committee for the International Transformational Resilience Coalition’s “Preparing People for Climate Change in California” Conference in January 2018; and 5) the California Adaptation Forum Equity and Tribal Listening Session. (external and internal)
• Revised the 11 county Climate Change and Health Vulnerability Assessment reports to respond to comments from Janne Olson-Morgan; awaiting final comments or approval. (internal)

**Health in All Policies initiative (HiAP):**

• **HiAP Task Force’s quarterly** meeting was held on December 13th and included a discussion of HiAP planned activities for 2018 which will be shared at the Strategic Growth Council meeting on January 29th. (Internal and External)

• **Government Alliance on Race and Equity Capitol Cohort:** 12 state entities have signed up for the GARE Capitol Cohort. CDPH HiAP Staff will both be staffing the GARE Capitol Cohort as well as leading the CDPH Racial and Health Equity Workgroup. Participating state entities including Strategic Growth Council, California Department of Public Health, the California Department of Housing and Community Development, Department of Transportation, Department of Education, Environmental Protection Agency (including Cal EPA Boards, Departments and Office), Department of Corrections and Rehabilitation, Department of Community Services and Development, Department of Social Services, Coastal Commission, and Arts Council. (internal and external)

• **CDPH Racial and Health Equity (RHE) Initiative: Workgroup and Survey:** Launched CDPH Racial and Health Equity Survey and application to be on RHE Workgroup. Approximately 100 people applied to be on the CDPH Racial and Health Equity Workgroup. The Steering Committee is now reviewing applications and selecting the 15 person Workgroup. A little over 1400 All-Staff Equity Surveys were completed in the month of December. Survey deadline is January 12. Provided the second of two webinars to CDPH supervisors and managers, which over 215 staff attended and received training credit. They were recorded and we will be posting them to the intranet site for future staff training. (Internal)

• **Action Plan to Promote Parks and Healthy Tree Canopy:** In anticipation of Strategic Growth Council endorsement of the full plan, Task Force members are implementing actions listed in the HiAP Action Plan to Promote Parks and Healthy Tree Canopy. (internal and external)

• **Active Transportation:** HiAP staff continue to support the inclusion of health and equity in the Active Transportation Program (ATP) as part of the Technical Advisory Committee and through the ATP public workshops. Considerable time and energy is currently being spent working with LHDs, public health stakeholders, and partners in the CDPH Active Transportation Safety Program to preserve (and ideally improve) the public health question in the ATP. (Internal and External)
• The Public Health Institute was awarded an 18-month grant from the Blue Shield of California Foundation to support the HiAP Task Force’s violence prevention and community resilience activities.

Health Research and Statistics Unit (HRSU)

• HRSU research scientists have developed new Tableau data visualizations and ESRI Story Maps of several Healthy Communities Indicators (HCI) for broader impact and accessibility. Visualizations for five updated indicators [educational attainment, access to parks, child fitness (also a Let’s Get Healthy indicator), household overcrowding, and retail food environment index] were published on the CDPH website in early December.

• The HRSU unit chief attended the December 11 meeting of the California Health Interview Survey (CHIS) Advisory Board, on behalf of the OHE deputy director.

• The HRSU unit chief and a DEODC EHIB epidemiologist represented CDPH in a conference call convened by Cal EPA and Department of Toxic Substances Control to explore potential data sources on health outcomes and social determinants of health meant to inform these agencies’ efforts to establish systematic criteria for issuing permits for hazardous waste facilities near vulnerable communities (re: SB 673).

• HRSU is preparing the final version of a discrimination issue brief, for publication on the OHE website. The policy brief summarizes findings from the 2014 California Behavioral Risk Factor Surveillance System (CA BRFSS) survey, based on questions related to discrimination experienced in the domains of employment, police interactions, education, housing, and financial lending. Also, a similar mental health issue brief, also using CA BRFSS data, is also being developed.

• The HRSU unit chief, alongside representatives from the OHE Climate Change and Health Equity Program, CDPH Environmental Health Tracking Program, and Let’s Get Healthy, met with a planner at the Governor’s Office of Planning and Research (OPR) to provide initial input on data content in the CA @ 50 Million website.

• HRSU research scientist staff will meet in early January to plan work on the legislative report (due in mid-2018) that will summarize updates to the OHE Demographic Report.

Communications

• No updates at this time.

Legislation

• No updates at this time.