

OHE PROJECT TRACKER | December 2015

DEPUTY DIRECTOR

STAGE 1 CDPH PRELIMINARY ACTIVITIES AND RESOURCES FOR IMPLEMENTATION

OVERALL ASSESSMENT STRATEGIC GOALS

AO1.1 Monitor continuously each of the goals to ensure that the plan is progressing appropriately, and present updates at the quarterly OHE
 AO1.2 Collect and analyze data that highlights the social determinants of health, and encourage this data for planning purposes
 AO1.3 Assess health and mental health equity data shortcomings, and explore the feasibility of creating new data and/or disaggregating existing data
 AHP1.1 Identify the health and mental health equity practices in fields with potential health partners
 AHF1.1 Identify the health and mental health equity practices throughout the state departments and state funded programs in the health field
 AC1.1 Identify how local communities are currently mobilizing to address the social determinants of health and how they are measuring their efforts towards progress

OHE UNITS

- CDEU
- POLICY
- HRSU

| UNIT | GOAL NUMBER | ACTIVITIES AND RESOURCES | PROGRESS | CHALLENGES/BARRIERS | NEXT STEPS |
|----------------|-------------|--|--|--|---|
| CDEU | AO1.1 | | | | |
| COMMUNICATIONS | AO1.1 | OHE Health Research and Statistics Unit will prepare quarterly reports, and OHE's deputy director will present them at the OHE-AC meetings. | This project tracker is the first step in developing a process and format for the quarterly report. Each unit was asked to provide updates on their work as it pertains to the strategic plan. | The plan itself has goals, as well as preliminary activities and resources, but there are still opportunities to quantify success, prioritize workload, and build capacity to fully implement the plan. These opportunities mean that quarterly reporting is still a work in progress. | |
| HRSU | AO1.1 | The Supervisor for the OHE Health Research and Statistics Unit will provide leadership in further identifying the activities to support each of the goals for each of the target audiences in this strategy. | Overseeing: 1) development of new demographic report 2) Healthy Communities Data and Indicators Project work 3) Inter-Agency Agreement (IAA) between DHCS and OHE 4) Grant development | | Demographic report development: Dulce and Thi have developed a very good approach for developing metrics for the next demographic report. At our last HRSU meeting, Tamu and Dante expressed a great deal of enthusiasm for this approach. We are strongly folding in metric development within the strategic plan guidelines and making it very clear how the metrics are related to action. We are also very committed to developing the demographic report as a web-based product, both in regard to open data and for interactive access. Possible approaches are in development now. We are also developing specific topic area initiatives such as violence hot spots, violence related trauma hot spots and other possible special topics. |

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| POLICY | AO1.1 | | | | |
| CDEU | AO1.2 | The community Development and Engagement Unit (CDEU) will continue to update and collaborate with DHCS through its Mental Health Services Division to partner, collaborate, inform, and offer technical assistance. CDEU will continue ongoing cultural and linguistic sensitivity technical assistance to Department of Health Care Services (DHCS) such as with the Cultural Competence Plan Requirements that collect data from all county mental health plans. | Scoring team for California Reducing Disparities Project (CRDP) will be provided with Health Equity and Cultural Competency Training; Request for Applications (RFA) for interpreters (sign language) focusing on threshold languages not only for cultural groups, but also for the disabled should have language access; Cultural and Linguistic competence for consultants (RFA sent already to Jahmal, Kimberly [KK] and Marina for review). KK is on call to respond to DHCS requests for technical assistance. Additionally, KK is assigned to regular monthly meeting w/DHCS (suspended during CRDP ramp up). | Ramping up CRDP Phase 2 put strain on human resources capital. CDEU requested to stop for a time. Additionally, CDEU tends to provide updates for the whole meeting. | Set a schedule for start up and make recommendations to leadership teams for liaisons and start up dates. |
| COMMUNICATIONS | AO1.2 | The Healthy Places Team in the OHE will continue to build the Healthy Communities Data and Indicators Project (HCI) by: a) completing all 60 indicators identified in the research and development phase by December 2016 as resources allow, b) developing supporting materials for each indicator by December 2016 as resources allow, and c) conducting training workshops to disseminate knowledge and skills about the indicators among stakeholders by December 2016 as resources allow. | HCI was highlighted as one of the main OHE initiatives during the roll-out of Portrait of Promise. This meant that in the many forums, trainings and other engagement sessions around the state between June and Nov 2015, stakeholders were learning about HCI, how to access the indicators, and why they were important to incorporate into their assessment efforts. | | |
| HRSU | AO1.2 | The Healthy Places Team in the OHE will continue to build the Healthy Communities Data and Indicators Project (HCI) by: a) completing all 60 indicators identified in the research and development phase by December 2016 as resources allow, b) developing supporting materials for each indicator by December 2016 as resources allow, and c) conducting training workshops to disseminate knowledge and skills about the indicators among stakeholders by December 2016 as resources allow. | HCI activity. Dulce and Thi are working through measures at a rate of about 1 per month, each. We will be brainstorming ways to integrate HCI info across our other activities within OHE and across the department, and beyond. Dulce and Rob have drafted duty statements for the OHE/CHSI RS II and RS III positions for the HCI and we are hoping to get these posted ASAP. We have been working closely with Community Health Status Indicators (CHSI) on this. Dulce has been taking the lead on this. | | |

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| HRSU | AO1.2 | Per the OHE mandate and through the Interagency Agreement with the California Department of Health Care Services (DHCS), the OHE will continue meeting with DHCS in the established Data Workgroup to discuss opportunities to coordinate data capacity. | Renewal of IAA is currently in progress, and once it is signed from DHCS and CDPH, HRSU can then start organizing the quarterly DHCS/OHE Data Work Group Meeting. | | Continue to reach out to DHCS, particularly Dr. Patricia Lee, to further maintain/strengthen our relationship that is beyond the IAA. * Meeting w/ DHCS on 10/7 to discuss Medi-Cal Management Information System/Decision Support System. * Planning to meet w/ a small group of resesarch scientists from DHCS to discuss OHE new approach for 2nd report. |
| POLICY | AO1.2 | | | | |
| CDEU | AO1.3 | The OHE Community Development and Engagement Unit will a) provide technical assistance (TA) on lessons learned and community recommendations relative to the data and disaggregation of the data (this information is documented in five target population-specific California Reducing Disparities Project [CRDP] Phase I Population Reports), b) provide TA on lessons learned and community recommendations relative to CRDP target population data evaluation efforts, and c) encourage CRDP contractors to share subject matter expertise on population-specific tools to collect culturally and linguistically appropriate data. | CDEU assigned to attend multiple committees, stakeholder meetings where technical assistance was provided. KK is tasked with finalization of the CRDP Strategic Plan and contract management over the final conference for Phase I. | Currently priority and resources are channeled towards CRDP Phase 2. This is a Phase II effort and staffing patterns may find difficulty in completing tasks. | KK is working with California Pan-Ethnic Health Network (CPEHN) to finalize the CRDP Strategic Plan to Reduce Mental Health Disparities. A Secretary's Action Report (SAR) will be completed and submitted to the Executive Level for approval then submitted to California Health and Human Services Agency (CHHS) for approval. |
| COMMUNICATIONS | AO1.3 | | One area where we know there needs to be better understanding of sub-groups and greater disaggregation is with the Asian/Pacific Islander (API) data. Through relationship-building at one of the Stakeholders in Equity forums, an invitation was extending to members of the Cambodian community to present on this issue at the 12/8-9/15 OHE Advisory Committee (AC) meeting. | | Identify how to tell the story of sub-groups in the 2017 demographic report. This is currently being explored by HRSU and there will be an initial opportunity for feedback at the Dec OHE-AC meeting. |
| HRSU | AO1.3 | The OHE Health Research and Statistics Unit will work with other CDPH offices in a joint effort with California HealthCare Foundation's Free the Data project, which consists of a gateway for external data users to use one online portal for access to all our data at CDPH. | Rob and Dulce are working with the open data portal committee in CDPH. | | |
| POLICY | AO1.3 | | | | |

| UNIT | GOAL NUMBER | ACTIVITIES AND RESOURCES | PROGRESS | CHALLENGES/BARRIERS | NEXT STEPS |
|----------------|-------------|---|--|---|---|
| CDEU | AHP1.1 | | KK provides stakeholders technical assistance relative to cultural and linguistic competence from requests from stakeholders and intern staff development. Gender Lens Advisor and Partner (GLAP) contractor project; CDEU assigned to attend multiple committees, stakeholder meetings where technical assistance was provided; will identify practices for evaluation and based upon practices identified health partners will be identified; final conference convening for CRDP Phase I will aid in identification of practices/partners | CDEU staff is in open procurement so time is limited. | Set a schedule for start up and make recommendations to leadership teams for liaisons and start up dates. |
| COMMUNICATIONS | AHP1.1 | | Through relationship-building with the California Department of Housing and Community Development (HCD), OHE has provided a series of highly interactive trainings to HCD executives, managers and supervisors, and rank and file. This engagement has provide an opportunity to better understand the current practices of HCD and some potential areas for growth. | OHE is not currently resourced for this level of training and support to potential health partners, which is a challenge because it is difficult to provide assessment without meaningful engagement. | OHE will continue to be involved with HCD's Diversity and Inclusion Initiative as staffing resources allow. This pilot may be a model for relationship-building with other potential health partners. |
| HRSU | AHP1.1 | | | | These Goals need to be more specifically detailed so we can develop concrete action plans. |
| POLICY | AHP1.1 | | | | |
| CDEU | AHF1.1 | | Technical assistance with Housing & Community Development (HCD); Sick cell conversations with Family Planning/Genetic Testing Unit | | |
| COMMUNICATIONS | AHF1.1 | Additional implementation support will come from assigning this goal in the scope of work for the liaison position with DHCS. | At the 09/29/15 OHE-AC meeting, a panel was convened to explore how the work of state departments and offices are aligning with health equity. Panelists represented the Dept of Health Care Services (DHCS), Housing and Community Development, and the Governor's Office of Planning and Research. The panel presentation and ensuing discussion was transcribed and will be posted online./Progress on this goal overall will benefit from being assigned to the liaison position currently being created with DHCS. | | At the 12/09/15 OHE-AC meeting, a second panel will be convened with representatives from the Dept. of Social Services, the Dept. of Justice, and the Board of State and Community Corrections. |
| HRSU | AHF1.1 | | The climate and health team meets with other CDPH and CHHS programs to encourage a climate change and equity lens in their work. | | |
| POLICY | AHF1.1 | | | | |

OHE PROJECT TRACKER | December 2015

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| DEPUTY DIRECTOR | STAGE 1 CDPH PRELIMINARY ACTIVITIES AND RESOURCES FOR IMPLEMENTATION <i>OVERALL <u>COMMUNICATION STRATEGIC GOALS</u></i> |
| OHE UNITS CDEU POLICY HRSU | <p>CO1.1 Create a comprehensive marketing and communications plan for health and mental health equity, the Office of Health Equity, and the California Statewide Plan to Promote Health and Mental Health Equity</p> <p>CO1.2 Build a network of communication and support for health and mental health equity work statewide, to include practitioners, community members, community-based organizations, consumers, family members/those with lived experience with mental health conditions, policy leaders, and other stakeholders</p> <p>CO1.3 Develop, host, and regularly update an interactive, informative, and engaging state-of-the-art website with timely, accurate data; relevant research; and evidence-based and community-defined practices</p> <p>CO1.4 Develop and disseminate issue briefs based on recommendations from the OHE-AC and other stakeholders</p> <p>CO1.5 Provide leadership in sharing California’s health and mental health equity efforts for adoption as appropriate throughout the state, nationally, and internationally</p> <p>CHP1.1 Facilitate common understanding of health and mental health equity and the social determinants of health between potential health partner agencies and organizations</p> <p>CHF1.1 Facilitate common understanding of health and mental health equity and the social determinants of health between all departments that fall under California Health and Human Services (CHHS), while beginning this dialogue with key health-related state programs outside of CHHS</p> <p>CHF1.2 Enhance understanding of and action on climate change as a critical public health issue that is likely to impact vulnerable populations in disparate ways</p> <p>CC1.1 Build broad-based community support on health and mental health equity issues through education and dialogue, heightening awareness of the social determinants of health</p> |

| UNIT | GOAL NUMBER | COMMUNICATION ACTIVITIES AND RESOURCES | PROGRESS | CHALLENGES/BARRIERS | NEXT STEPS |
|----------------|-------------|--|--|--|---|
| CDEU | CO1.1 | A management-level position with expertise in both communications planning and execution will provide leadership in further identifying the activities to support each of the goals for each of the target audiences in this strategy. | | | |
| COMMUNICATIONS | CO1.1 | A management-level position with expertise in both communications planning and execution will provide leadership in further identifying the activities to support each of the goals for each of the target audiences in this strategy. | Conducted stakeholder research through focus groups and town hall discussions. Created implementation plan for Portrait of Promise launch. Executed launch dissmenating reports through face-to-face interactions, group learning environments, and web usage. | Budget dictating low print run (500) copies only. This has led to a delay in getting booklets out to stakeholders in initial mailings. | Combine data gathered during stakeholder mapping and communications audit to finalize draft plan. Research alternative vendors to support reprint of original report. |
| HRSU | CO1.1 | | | | |
| POLICY | CO1.1 | A management-level position with expertise in both communications planning and execution will provide leadership in further identifying the activities to support each of the goals for each of the target audiences in this strategy. | This occurred with the addition of Dante Allen in OHE. | | |

| UNIT | GOAL NUMBER | COMMUNICATION ACTIVITIES AND RESOURCES | PROGRESS | CHALLENGES/BARRIERS | NEXT STEPS |
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| CDEU | CO1.2 | The OHE Community Development and Engagement Unit will continue California Reducing Disparities Project (CRDP) efforts, including the following: a) email regular communications through the OHE e-blast function to hundreds of stakeholders to keep them apprised of CRDP activities, b) post online and then update the CRDP contractor roster regularly, and c) encourage a continuous feedback loop from community stakeholders via meet-and-greets and an open-door policy (email/phone/at meetings in the community). | CRDP communication is continuously sent out to stakeholders; communication through regular meetings are a requirement of grants/contracts as well as adhoc meetings as needed | Staff capacity to send eblasts in a timely manner; website is hard to navigate | Contractors are not identified yet, but once identified will be posted; execute a contract to redesign the OHE and CRDP webpages |
| COMMUNICATIONS | CO1.2 | | Launched public rollout of Portrait of Promise, including media release and draft editorial for use across stakeholder groups. | Slow moving expansion of OHE stakeholder network due to delays in releasing statewide plan and contracting to improve communications vehicles. | Push for rapid expansion of stakeholder lists based on expanded outreach through web and social media content |
| HRSU | CO1.2 | | | | |
| POLICY | CO1.2 | | | | |
| CDEU | CO1.3 | Subject to the availability of resources to fund such activities, the OHE Community Development and Engagement Unit will share critical outcome information associated with the following community-defined practices and evaluation efforts: a) host a CRDP webpage that is regularly updated; b) create a webpage posting of deliverable reports from the community participatory evaluation being conducted throughout Phase 2 activities; c) post online the categories of community-defined practices identified by the CRDP Population Reports; d) use a translation service contract to translate webpage information; and e) use a cultural competence consultant contract to incorporate recommendations made to the state by subject matter experts in cultural and linguistic competence, with the goal of improving culturally and linguistically appropriate mental health web information. | CRDP currently maintains updated information; CRDP Population Reports are posted to CDEU CRDP webpage; working to execute a contract for web redesign for OHE overall | Staff capacity; website is hard to navigate | Execute contracts to support objective: Web refresh; translations; interpreters. |
| COMMUNICATIONS | CO1.3 | | Completed staff survey on web use and organization. Initiated procurement process to identify vendor service to lead web redesign. | Unwieldy contracting process and limited OHE expertise leading to longer than anticipated timeline for contract and execution | Execute contract. Begin reorganization and redesign. |
| HRSU | CO1.3 | | | | |

| UNIT | GOAL NUMBER | COMMUNICATION ACTIVITIES AND RESOURCES | PROGRESS | CHALLENGES/BARRIERS | NEXT STEPS |
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| POLICY | CO1.3 | | Several members of the Policy Unit are trained and approved to update the website. They keep it up to date, adding deliverables and news as appropriate. OHE is leading the revamping of the website overall. | | |
| CDEU | CO1.4 | The OHE Community Development and Engagement Unit will support CRDP contractors in sharing issue briefs with their communities. | Once contracts are executed, work will begin. | Contractors will need time to orient to the CRDP; the responsibilities of completing deliverables | |
| COMMUNICATIONS | CO1.4 | | Oversaw development and finalization of issue brief #1 on climate change and vulnerable communities. Joined Touro University Community Advisory Council to explore partnership for additional resources to develop issue briefs in quantity | Challenge by lack of human resources available to serve as functional expertise in web | Posting as part of the OHE Website and promotions through internet and web communications vehicles. Involve OHE-AC in development and review process for future issue briefs |
| HRSU | CO1.4 | | | | |
| POLICY | CO1.4 | | Issue Brief on Climate Change & Health developed by summer intern, revised and expanded by Climate Change and Health Team. Draft presented at AC meeting in December 2015 for review and input. | | Request for feedback from AC, print, post on website and promote. AC members, please distribute to your networks as appropriate. |
| CDEU | CO1.5 | | Implementation of CRDP Phase 2 is underway. | | |
| COMMUNICATIONS | CO1.5 | | Developed email newsletter system with tangible metrics to extend the reach of OHE communications. Participated in external convenings with national organizations to extend reach. Presented at statewide Mental Health Services Act (MHSA), Multi-Cultural Coalition (MCCO), California Conference of Local Health Officers (CCLHO) meetings on health and mental health equity topics. | Slow moving expansion of OHE stakeholder network | Push for rapid expansion of stakeholder lists based on expanded outreach through web and social media content |
| HRSU | CO1.5 | | | | |
| POLICY | CO1.5 | | The Climate and Health Team is sharing Portrait of Promise at venues we host and events we attend. | | |
| CDEU | CHP1.1 | | CDEU is executing a contract for a web redesign and collateral information. | | |

| UNIT | GOAL NUMBER | COMMUNICATION ACTIVITIES AND RESOURCES | PROGRESS | CHALLENGES/BARRIERS | NEXT STEPS |
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| COMMUNICATIONS | CHP1.1 | | 1 - Developed presentations and educational materials for Portrait of Promise launch. Presented the plan across health partner stakeholder groups. Exploring strategic partnerships that will present greater emphasis on the social determinants of health. 2 - Provided 8 training sessions on diversity and inclusion for Housing and Community Development as part of an emerging inter-agency relationship. | Utilizing connections through HiAP Task Force to ease into discussions regarding programs with potential strategic partnerships. | Expanding network of potential health partners. |
| HRSU | CHP1.1 | | | | |
| POLICY | CHP1.1 | The HiAP Task Force will a) hold quarterly meetings to engage in nonhealth state agencies in developing collaborative approaches to promoting health equity, and sustainability, and b) hold atleast three collaborative learning sessions to provide leaders and staff at potential health partner state agencies with opportunities to explore the links between health and mental health equity and the social determinants of health | The HiAP Task Force has held its quarterly meetings. Collaborative learning session: Health in all Policies Evaluation Discussion, Land Use Schools and Health Roundabout presentation and discussion, Governor's Office of Planning and Research (OPR) GIS mapping tools, Presentation on Health Impact Assessments (HIA), Presentation to HiAP Task Force on adverse childhood experiences. The Climate and Health Team Participates in CAT/sub-CAT Workgroup meetings (e.g. the main Climate Action Team; sub-cats: Research CAT, Coastal CAT, Communications CAT, Land Use & Natural Resources CAT, etc.)—being sure to contribute health equity perspective to planning and efforts. Meeting with California Environmental Protection Agency (CalEPA), OPR, California Natural Resources Agency (CNRA), Department of General Services (DGS), Department of Water Resources (DWR), Strategic Growth Council (SGC) and participating in Sustainable Building Working Group and CalEPA/CDPH work group. Attended AB 32 Scoping Plan meeting and will collaborate with other agencies and Community-Based Organizations (CBOs) to assure | | This is a core piece of the HiAP Task Force's work and will continue. |
| CDEU | CHF1.1 | | KK is linking health / mental health equity resources with the CA. Dpt of Housing and Community Development. Dept of Social Services, Board of State and Community Corrections and the Office of the Courts to share models of training relative to health equity and staff development models. | | |
| COMMUNICATIONS | CHF1.1 | Additional implementation support will come from assigning this goal in the scope of work for the liaison position with DHCS. | Developed plan for internal speaker series within CDPH and CHHS to increase department and agency knowledge of health equity related issues. Linking potential strategic partnerships to departments and agencies across the state. Ongoing collaboration with California Tobacco Control Program. | Slow implementation due to competing priorities and difficulty securing external speakers. | Speakers series launch in October with OHE event and "Raising of America" Screening. |

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|----------------|-------------|--|---|---------------------|---|
| POLICY | CHF1.1 | | Climate and health team reaching out to internal partners: Chronic Disease and Injury Control (CDIC)/Safe and Active Communities; Health in All Policies (HiAP); Environmental Health Investigations Branch (EHIB); Division of Environmental and Occupational Disease Control (DEODC); Occupational Health Branch, Emergency Preparedness Office (EPO); etc, and is participating in drought task force | | |
| CDEU | CHF1.2 | | | | |
| COMMUNICATIONS | CHF1.2 | Additional implementation support will come from assigning this goal in the scope of work for the liaison position with DHCS. | | | |
| HRSU | CHF1.2 | | | | |
| POLICY | CHF1.2 | The OHE Climate and Health Team will a) work with local health departments, OHE-AC members, health equity and environmental justice advocates, and stakeholders in the public health and mental health arenas to build capacity to incorporate climate change issues into training and strategic planning b) offer online trainings, presentations, and resources to enhance awareness and understanding of climate change, with a focus on health equity; and c) utilize CAT Public Health Workgroup as an educational forum in which to raise climate and health equity issues, needs, and strategies with a variety of stakeholders | Workshop and other Building Resistance Against Climate Effects (BRACE) support for local county health departments (LHDs) —workshop supported work of LHDs; workshop also brought together agencies/health departments with community based organizations—input was provided by CBOs about how to support their work in addressing climate and health equity. The climate and health team facilitates a Public Health Connect online forum to facilitate communication and collaboration between local health departments working on climate change adaptation and the CalBRACE program. CalBRACE also facilitates Communities of Practice for Community Engagement and Communications. Climate Action Team - Public Health Workgroup (CAT-PHWG) Quarterly Meeting: reconvened the PHWG in 10/15, and will have next Quarterly meeting on 1/19/16. Focus is on how LHDs and community groups can engage with state climate change planning and policy. San Luis Obispo LHD case study for state and local health department partnership in providing communications support and resources for educating LHD staff and public on climate and health equity; pilot project can be scaled up/used as a model for other counties. | | Add informal additional webinars between quarterly CAT-PHWG meetings. Complete and publish San Luis Obispo (SLO) LHD Case Study, publicize lessons learned and replicate in other counties. Work with SLO and state Women, Infants and Children (WIC) to get climate change curriculum adopted as approved curriculum.The team will work with EHIB to create a climate change curriculum for promotores in rural areas. |

OHE PROJECT TRACKER | December 2015

STAGE 1 CDPH PRELIMINARY ACTIVITIES AND RESOURCES FOR IMPLEMENTATION
OVERALL INFRASTRUCTURE STRATEGIC GOALS

DEPUTY DIRECTOR

OHE UNITS

CDEU
POLICY
HRSU

IO1.1 Partner on existing health and mental health equity summits for practitioners and policy makers
 IO1.2 Catalyze workforce development opportunities aimed at increasing California’s capacity to effectively address health and mental health inequities and disparities, starting with state employees and moving beyond the state system as resources and partnerships are secured
 IO1.3 Recommend that health and mental health equity goals be considered during the allocation of existing funding streams
 IO1.4 Closely monitor progress of the U.S. Department of Health and Human Services’ Action Plan to Reduce Racial and Ethnic Health Disparities and of other health and mental health equity efforts that are addressing the needs of historically underserved communities, and seek opportunities to increase California’s role and/or adopt successful models
 IO1.5 Promote the use of a gender lens as appropriate when assessing health and mental health equity models to increase the likelihood of improving the often-distinct health needs of women and girls and of men and boys, particularly those of color and/or low income
 IHP1.1 Use a Health in All Policies approach to embed health and equity criteria in decision-making, grant programs, guidance documents, and strategic plans
 IHP1.2 Enhance understanding of climate change as a public health issue of increasing importance for the state’s most vulnerable populations, and promote widespread efforts to reduce greenhouse gas emissions, achieve health co-benefits, and enhance climate resilience for vulnerable and disadvantaged communities
 IHF1.1 Support the expansion of the National Culturally and Linguistically Appropriate Services (CLAS) Standards, including assessment, technical assistance, and training
 IHF1.2 Explore health and mental health equity implications of the Affordable Care Act (ACA) as they relate to access, expanded coverage, and community-based prevention strategies
 IC1.1 Mobilize resources to reduce health and mental health inequities and disparities
 IC1.2 Identify opportunities to build upon existing initiatives, implement new initiatives, replicate initiatives, and leverage local resources to increase health and mental health equity in all policies
 IC1.3 Research Health Equity Zones and other place-based models to assess the feasibility of replicating or expanding such interventions at the neighborhood level in California

| UNIT | GOAL NUMBER (IO1.1, IO1.2, IO1.3, etc) | ACTIVITIES AND RESOURCES | PROGRESS | CHALLENGES/BARRIERS | NEXT STEPS |
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| CDEU | IO1.1 | The OHE Community Development and Engagment Unit (CDEU) will encourage CRDP contractors to participate in health and mental health equity summits to share population specific, community-defined practices and recommendations relative to CRDP efforts | CRDP Phase II Contractors will be required to meet at quarterly/annual meetings. Monitoring CPEHN's contract to conduct a final conference after publication of the CRDP Strategic Plan to Reduce Mental Health Disparities. | The final CRDP Strategic Plan to Reduce Mental Health Disparities report deliverable is contingent upon CHHS approval. | Finalize the CRDP Strategic Plan to Reduce Mental Health Disparitiess and submit a Secretary Action Request (SAR) to advance the document to CHHS for approval. Continue working with CPEHN to plan for the final conference. |
| COMMUNICATIONS | IO1.1 | | Utilized PolicyLink's Equity Summit 2015 to build partnerships and conduct a "Stakeholders in Equity" forum. | | |
| HRSU | IO1.1 | | | | |
| POLICY | IO1.1 | | | | |
| CDEU | IO1.2 | | Linking health / mental health equity resources with the CA. Dpt of Housing and Community Development. DSS, Board of State and Community Corrections and the Office of the Courts to share models of training relative to Health Equity and staff development models. | Workload capacity | Support HCD to link with other departments who are implementing models of staff development for health and mental health equity. |

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| COMMUNICATIONS | IO1.2 | | Co-hosted a screening and discussion for "Raising of America" with over 100 CDPH and CA Dept of Health Care Services employees to build understanding of early childhood supports for health and mental health equity. | | |
| HRSU | IO1.2 | | | | |
| POLICY | IO1.2 | | | | |
| CDEU | IO1.3 | | | | |
| COMMUNICATIONS | IO1.3 | | Incorporated into trainings with state partners. | | |
| HRSU | IO1.3 | Recommend that health and mental health equity goals be considered during the allocation of existing funding streams | The Climate and Health Team is working with CDPH, Coastal Commission, OPR and others to assure that funds for El Nino winter storm planning consider the health needs of vulnerable populations that experience health inequities. | | |
| POLICY | IO1.3 | | | | |
| CDEU | IO1.4 | OHE will monitor external health and mental health equity plans | Historically, CDEU was a member of the task force that developed the revised Cultural Competence Plan Requirements (CCPR). While DHCS is currently in the process to approve a final CCPR document, CDEU is available to provide further TA if DHCS should request. | DHCS is carefully considering its commitment to finalizing the CCPRs. The taskforce and all CDEU TA is no longer needed while DHCS approves the CCPR. | Support DHCS should they request further TA on the finalized CCPR. Await DHCS approval of the CCPR. |
| COMMUNICATIONS | IO1.4 | | Participated in conference calls and in-person sessions, including at the American Public Health Association meeting in Nov 2015. | | Assign a staff member or intern to incorporate this monitoring into their duties. |
| HRSU | IO1.4 | OHE will monitor external health and mental health equity plans | | | |
| POLICY | IO1.4 | OHE will monitor external health and mental health equity plans | | | |
| CDEU | IO1.5 | OHE will coordinate with gender experts and stakeholders to assist in the assessment of viable health and mental health equity models | Gender Lens Advisor and Partner (GLAP) contract to house subject matter expert (SME), rely upon a team of gender lens experts; also contract out for SME to assist in a draft strategic plan then provide a series of trainings; then contract to establish and convene a gender counsel to advise the CDPH. | Workload capacity to execute, implement, and manage | Negotiate with potential vendors; develop scope of work; execute contracts |

| UNIT | GOAL NUMBER (IO1.1, IO1.2, IO1.3, etc) | ACTIVITIES AND RESOURCES | PROGRESS | CHALLENGES/BARRIERS | NEXT STEPS |
|----------------|--|---|---|---|--|
| COMMUNICATIONS | IO1.5 | | OHE leadership participated in a conference call on 10/07/15 with the Women's Health Advisory Committee to discuss how gender is being integrated into our work. | | |
| HRSU | IO1.5 | OHE will coordinate with gender experts and stakeholders to assist in the assessment of viable health and mental health equity models | | | Continue to collaborate with gender health stakeholders. |
| POLICY | IO1.5 | OHE will coordinate with gender experts and stakeholders to assist in the assessment of viable health and mental health equity models | | | |
| CDEU | IHP1.1 | The OHE Community Development and Engagement Unit (CDEU) will continue participation on the State Interagency Team Workgroup to Eliminate Disparities and Disproportionality (WGEDD), which has a special interest and a history in developing and implementing a racial impact tool to assist state agencies in making decisions that do not adversely impact vulnerable populations | CEDU has participated on the committee WGEDD in past but has been curtailed due to CRDP Phase 2 procurement. However, due to another partnership opportunity, CDEU has been engaged with the Chairs and some team members as to the Racial Impact Assessment and models for engaging staff with this tool. | Workload capacity; support for OHE to implement the tool. | Unknown at this time. Will continue to share Racial Impact Statement (RIS) concepts with HIAP, Dept of Housing and Community Development |
| COMMUNICATIONS | IHP1.1 | | Health in All Policies was highlighted as one of the main OHE initiatives during the roll-out of Portrait of Promise. This meant that in the many forums, trainings and other engagement sessions around the state between June and Nov 2015, stakeholders were learning about HiAP, how to access HiAP resources, and why HiAP approaches might be important to incorporate into their own local efforts. | | |
| HRSU | IHP1.1 | | | | |
| POLICY | IHP1.1 | The HiAP Task Force will embed health equity as a key consideration in five decision-making processes, grant programs, state guidance documents, and/or strategic plans | The HiAP Task Force has partnered with Task Force member to embed health and equity into the following: OPR's General Plan Guidelines, Caltrans/California Transportation Commission (CTC) Active Transportation Program, SGC/HCD's Affordable Housing and Sustainable Communities Grant Program, Caltrans's Strategic Management Plan and Goal area implementation, DGS Nutrition Bid Specification, Caltrans California Transportation Plan 2040. | | This is a core piece of the HiAP Task Force's work and will continue. |
| CDEU | IHP1.2 | | | | |

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|----------------|--|---|--|--|---|
| COMMUNICATIONS | IHP1.2 | | Trained and supervised a summer intern who drafted an issue brief focused on climate change. | | |
| HRSU | IHP1.2 | Enhance understanding of climate change as a public health issue of increasing importance for the state's most vulnerable populations, and promote widespread efforts to reduce greenhouse gas emissions, achieve health co-benefits, and enhance climate resilience for vulnerable and disadvantaged communities | | | |
| POLICY | IHP1.2 | The OHE Climate and Health Team will a) incorporate health equity into the state's Climate Action Team and into specific climate mitigation and adaptation plans and policies b) develop and share data and tools to identify climate risks, health impacts, and vulnerabilities in the state's diverse communities and populations for use in multi-sectoral planning efforts, and c) participate in cross-sector planning and consultation on climate mitigation and adaption efforts that promote health equity and enhance the resilience of vulnerable and disadvantaged communities | Climate and health team provided input to the Public Health Chapter of the OPR General Plan Guidelines, the Public Health Sector Implementation Plan of Safeguarding California, and is incorporating health equity into other state climate change plans. The CalBRACE program completed County Health Profile Reports (CHPRs) for all 58 counties, and has completed drafts of Vulnerability Assessment (VA) Reports for 10 CalBRACE counties. The team is also connecting with state, local and regional entities preparing for the El Nino winter storms and floods, providing input regarding the heightened danger given sea level rise due to climate change, and encouraging emergency planners to consider vulnerable populations such as people experiencing homelessness, mental illness, and immigrants. | The CHPRs are undergoing an extensive internal review and approval process. | Complete and release the Vulnerability Assessment Reports after CDPH and Agency approval. Assist local jurisdictions to utilize them to plan for needs of vulnerable populations in face of climate change and extreme weather events. Work with other BRACE grantees to conduct literature reviews and determine Burden of Disease (the next step in the BRACE framework). Review interventions, select interventions and develop and evaluation plan for interventions. |
| CDEU | IHF1.1 | The California Wellness Plan's second goal is "Optimal Health Systems Linked with Community Prevention." The OHE will work closely with the other CDPH offices implementing the objectives in Goal 2 that speak to CLAS. In particular, the OHE Community Development and Engagement Unit (CDEU) will continue to update and collaborate with DHCS to share in learning opportunities and provide technical assistance related to cultural and linguistic competence. | Worked closely with DHCS on the development of a reenstated CCPR, which incorporates CLAS. An interim Task Force for the development of a reenstated CCPR was convened last year for 6 months approximately. Original author of CLAS team at the national level and OHE Advisory Committee member, Frances Lu was a team member. | DHCS is carefully considering its commitment to finalizing the CCPRs. DHCS has committed publicly to the development of a cultural competence advisory committee. CDEU can support with TA relative to the development and convening of one. | This taskforce has ended; should it be reinstated, CDEU will likely be asked to support. |
| COMMUNICATIONS | IHF1.1 | | | | Assign this goal in the scope of work for the liaison position with DHCS. |

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| HRSU | IHF1.1 | The California Wellness Plan's second goal is "Optimal Health Systems Linked with Community Prevention." The OHE will work closely with speak to CLAS. In particular, the OHE Community Development and Engagement Unit (CDEU) will continue to update and collaborate with DHCS to share in learning opportunities and provide technical assistance related to cultural and linguistic competence | | | |
| POLICY | IHF1.1 | The California Wellness Plan's second goal is "Optimal Health Systems Linked with Community Prevention." The OHE will work closely with speak to CLAS. In particular, the OHE Community Development and Engagement Unit (CDEU) will continue to update and collaborate with DHCS to share in learning opportunities and provide technical assistance related to cultural and linguistic competence | | | |
| CDEU | IFH1.2 | CDPH's partners on the California Wellness Plan are interested in focusing on a) building on strategic opportunities, current investments, and innovations in the Patient Protection and Affordable Care Act, and b) prevention and expanded managed care to create a systems approach to improving patient and community health. OHE and other CDPH offices will continue partnering with Covered California to ensure that the uninsured are moved into programs for which they are eligible | | | |
| COMMUNICATIONS | IFH1.2 | | | | Assign this goal in the scope of work for the liaison position with DHCS. |
| HRSU | IFH1.2 | CDPH's partners on the California Wellness Plan are interested in focusing on a) building on strategic opportunities, current investments, and innovations in the Patient Protection and Affordable Care Act, and b) prevention and expanded managed care to create a systems approach to improving patient and community health. OHE and other CDPH offices will continue partnering with Covered California to ensure that the uninsured are moved into programs for which they are eligible | | | |

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| CDEU | IC1.1 | The OHE Community Development and Engagement Unit (CDEU) will oversee \$60 million in resource allocation through the California Reducing Disparities Project over a four-year period | In progress. 16 solicitations have been released. | | |
| COMMUNICATIONS | IC1.1 | | CRDP was highlighted as one of the main OHE initiatives during the roll-out of Portrait of Promise. This meant that in the many forums, trainings and other engagement sessions around the state between June and Nov 2015, stakeholders were learning about CRDP and how to access CRDP resources. | | |
| POLICY | IC1.1 | | | | |
| CDEU | IC1.2 | Through the implementation of CRDP Phase 2, community-based promising practices and strategies will be identified, implemented and evaluated utilizing a robust community-based participatory approach to demonstrate the effectiveness of community-defined practices in reducing mental health disparities. This will position community-defined practices for replication and additional resource acquisition. | Change in solicitations to support CBPPs | | |
| COMMUNICATIONS | IC1.2 | | OHE is availing itself of learning opportunities through conferences, webinars, independent research, and connections with others working toward health and mental health equity to determine the initiatives and resources available to build upon. | | |

OHE PROJECT TRACKER | December 2015

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| DEPUTY DIRECTOR | STAGE 1 CDPH PRELIMINARY ACTIVITIES AND RESOURCES FOR IMPLEMENTATION <i>OVERALL <u>IMPLEMENTATION</u> STRATEGIC GOALS</i> |
| OHE UNITS CDEU POLICY HRSU | <p>CB1&2.1. Build mechanisms for the OHE to establish ongoing public engagement and accountability on the strategic priorities, ensuring community participation in all goals at all levels of the Plan.</p> <p>CB1&2.2. Strengthen the health and mental health equity workforce development pipeline by utilizing fellows and interns in the implementation of the strategic priorities, throughout the Plan's multiple partners.</p> <p>CB1&2.3. Seek additional resources, including in-kind assistance, federal funding, and foundation support.</p> <p>CB1&2.4. Develop and implement a process to foster public and private partnerships for all appropriate strategic priorities, including governmental, corporate, educational, research, and philanthropic institutions.</p> |

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| COMMUNICATIONS | CB1-2.1 | | The Dec OHE Advisory Committee (AC) meeting was developed to enable maximum public engagement and accountability, with much of the two-day meeting devoted to small-group discussions on the implementation of the goals. The report out will be available to those joining on the conference line, and it will be transcribed and posted online along with this project tracker. | | AC members and members of the public will work as advisors on the implementation of specific goals, based on their interest. Many have already registered their interest in specific goals, but more outreach will be conducted to elicit additional participation. Each goal lead will be encouraged to utilize these advisors at and between the quarterly AC meetings. |

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| COMMUNICATIONS | CB1-2.2 | <p>The California Epidemiologic Investigation Services (Cal-EIS) Fellowship and the Preventive Medicine Residency Program (PMRP) are two postgraduate programs that train epidemiologists and physicians. The Cal-EIS Fellowship's and the PMRP's mission is to build the public health workforce by training well-qualified candidates in preventive medicine and public health practice. Fellows and residents receive training that addresses health equity and social determinants of health, conducted through preventive medicine seminars. Focused discussions on these topics help build trainees' awareness of these issues and develop related competencies as they prepare for careers in public health. The training results in adding skilled epidemiologists and public health physicians to the state (and local) workforce (e.g., research scientists, public health medical officers, local health officers and administrators). If resources were identified for placement opportunities, Cal-EIS fellows and PMRP residents could be placed in local health departments or state programs and could train with a focus on health and mental health equity. During fellows' and residents' placement, major projects and activities could be developed that have a specific focus in this area, and fellows and residents could be utilized to help implement the strategic priorities.</p> | <p>Although Cal-EIS fellows and PMRP residents have not yet been used in the implementation of the plan, OHE has utilized interns from a number of sources. These interns have supported many aspects of the plan, including writing the first Issue Brief and supporting the implementation of CRDP Phase 2. We have also secured an intern to help in the development of the 2017 demographic report. Currently OHE is exploring a four-way internship partnership pilot to support health equity efforts in a city that has well-documented disparities. The partners would include OHE, the city's grassroots leaders, the county health and human services department, and a local university.</p> | | <p>Work internally to develop internship protocols and externally to finalize partnerships. Develop a health equity training curriculum for interns, as well as a compilation of resources and materials to assist their capacity building.</p> |
| COMMUNICATIONS | CB1-2.3 | | <p>Submitted a formal partnership letter for an opportunity to become involved in a potential Robert Wood Johnson Foundation Culture of Health national training center.</p> | | |

