

OHE PROJECT TRACKER | May 2016

DEPUTY DIRECTOR

OHE UNITS

- CDEU
- POLICY
- HRSU

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

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 and Communications to Develop presentation to present progress to advisory committee within logistical constraints of meeting structure

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HRSU	AO1.1	<p>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.</p>	<p>Overseeing: 1) development of Second Demographic report: Started working on 8 categories (Income Security, Food Security, Child Development, Housing, Environmental Quality, mental health, and Built Environment) in A-N list. Primary indicator selections and literature reviews are in progress.</p> <p>On Feb. 12, 2016 Small group discussion was held and received feedback from 2 AC members (Dr. Surgio and Cynthia Gomes).</p> <p>OHE Data Workgroup Meeting - 04/12/2016: Below is a brief summary of the meeting: - The second demographic report will be a web-based report, and the deadline for the first version will be August 2017. Dante will share the scope of service of the current website project so we can incorporate the report to the current plans. - Instead of delivering a complete report that include indicators from the "A-through-N" by August 2017, we will first focus on the following topics: (A) Income (C) Education (D) Housing - Policy Unit: Solange recommends more emphasis on climate change and vulnerability included in the report. Policy Unit can develop their content for the report and provide feedback on other</p>		<p>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.</p> <p>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.</p> <p>We are also developing specific topic area initiatives such as violence hot spots, violence related trauma hot spots and other possible special topics.</p> <p>Thi Mai and Dulce Bustamante continue developing the new story for the demographic report. Tamu Nolfo suggested the creation of a small group to discuss the new ideas developed and the meeting took place on February 12th. Thi and Dulce will now convene a group in OHE to discuss next steps.</p>

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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 OHE staff to review). Staff is on call to respond to DHCS requests for technical assistance. Additionally, staff 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 has been highlighted as one of the main OHE initiatives during the roll-out of Portrait of Promise. This has meant that in the many forums, trainings and other engagement sessions around the state since June 2015, stakeholders have been learning about HCI, how to access the indicators, and why they are important to incorporate into their assessment efforts.		Develop mechanism for communicating HCI beyond posting them to the OHE web page. This strategy should look to provide emphasis on communities facing inequities, and promote OHE and statewide programs and services that address indicators.

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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 DHCS/OHE Data Work Group Meetings as demographic report developed..		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 research scientists from DHCS to discuss OHE new approach for 2nd report.
POLICY	AO1.2				

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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. Staff 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.	Staff 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 was an initial opportunity for feedback at the Dec OHE-AC meeting.

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HRSU	AO1.3	<p>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.</p> <p>The OHE Health Research and Statistics Unit will work with UCLA, CHIS data group to create new data and/or disaggregating existing data.</p>	<p>Rob and Dulce are working with the open data portal committee in CDPH.</p> <p>Rob and Thi attended the CDPH CHIS data group meeting..</p>		<p>The purpose of the workgroup is to: determine CDPH data priorities, develop proposal uidelines/scoring sheet, review/score CDPH Center proposals for data collection topics, workgroup will look at what the CDPH data collection policy should be, where the available funds should be directed to best meet the CDPH data priorities. Several members pointed out that while CHIS is good for some small area data it has many limitations and is very expensive.</p>
POLICY	AO1.3				
CDEU	AHP1.1		<p>The CDEU staff provide technical assistance on cultural & linguistic competence strategies to stakeholders ranging from community members, state leaders, interns and policy makers. Additionally, CDEU conducts bill analyses on mental health initiatives, leads contract development activities for OHE, participates and leads meet and greets with various groups coming to speak with OHE's Deputy Director or CDPH Executive Leadership.</p> <p>CDEU works closely with County Mental Health ethnic services providers, grassroots organizations and others in the mental health field providing mental health interventions.</p> <p>The team continue to learn about mental health treatment modalities that have been adapted to better meet the needs of underserved populations.</p> <p>Under the CRDP Phase 2, CDEU will highlight community defined promising practices utilized in targeted communities.</p>	<p>CDEU staff is in open procurement so time is limited.</p>	<p>Set a schedule for start up and make recommendations to leadership teams for liaisons and start up dates.</p>

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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. HCD currently has a cohort of staff in the Government Alliance for Race and Equity (GARE) along with CDPH.	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	Identify the health and mental health equity practices in fields with potential health partners	These Goals need to be more specifically detailed so we can develop concrete action plans. 3 HRSU staff worked on the the Statewide Evaluator, Technical Assistance Provider, and Pilot Projects Teams for the CRDP Phase II and participated the training.		These Goals need to be more specifically detailed so we can develop concrete action plans. HRSU staff will participate the teams and necessary activities to complete the process.
POLICY	AHP1.1				
CDEU	AHF1.1		Technical assistance with Housing & Community Development (HCD); Sickle cell conversations with Family Planning/Genetic Testing Unit		

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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 and 12/8-9/15 OHE-AC meetings, 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, the Governor's Office of Planning and Research, the Dept of Social Services, the Dept of Justice, and the Board of State and Community Corrections. The panel presentations and ensuing discussions were 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.		The OHE-AC has asked for additional panels at future meetings, so these will be scheduled for the Sept and Dec 2016 meetings.
HRSU	AHF1.1	Identify the health and mental health equity practices throughout state departments and state-funded programs in the health field.	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				
CDEU	AC1.1	The CRDP Strategic Plan on Reducing Mental Health Disparities has 27 recommendations to address systems change. Most of these recommendations are related to the need to address social determinants of health.	CRDP may identify pilots that address social determinants of health, Touro University contract CRDP contract managers will be highlighting the work of the pilot projects and there will be quarterly and annual convenings where this information will be shared.		

