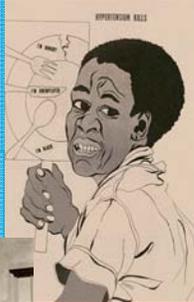




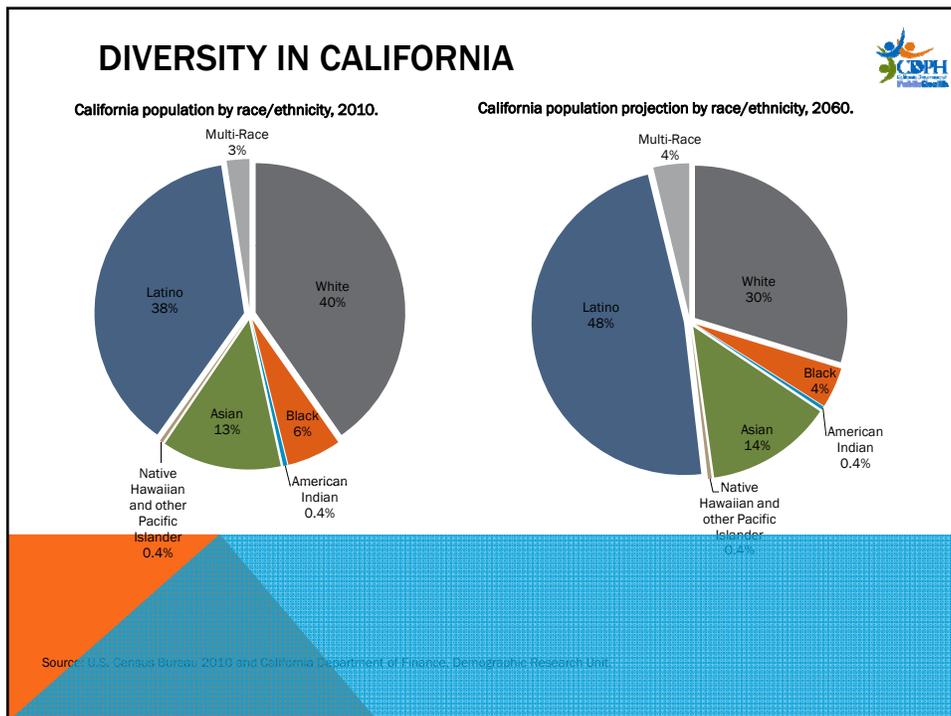
[ RACE AND PLACE IN AMERICA ]

# CALIFORNIA'S OFFICE OF HEALTH EQUITY UPDATE & CRDP UPDATE

WM. JAYMAL MILLER, MPA - DEPUTY DIRECTOR  
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH | JUNE 2014



## HEALTH AND MENTAL HEALTH DISPARITIES



- Differences in health and mental health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, sexual orientation, gender identity, education or income, disability or functional impairment, or geographic location, or the combination of any of these factors.



## HEALTH AND MENTAL HEALTH INEQUITIES



- Disparities in health or mental health, or the factors that shape health, that are systemic and avoidable and, therefore, considered unjust or unfair.



## ECONOMIC IMPACT OF PREMATURE DEATH DUE TO DISPARITIES AND INEQUITIES



Health inequities cause premature death and create economic burdens for the United States.

Between 2003 and 2006:

- The combined costs of health inequalities and premature death were **\$1.24 trillion**.
- Eliminating health disparities for minorities would have reduced direct medical care expenditures by **\$229.4 billion**.

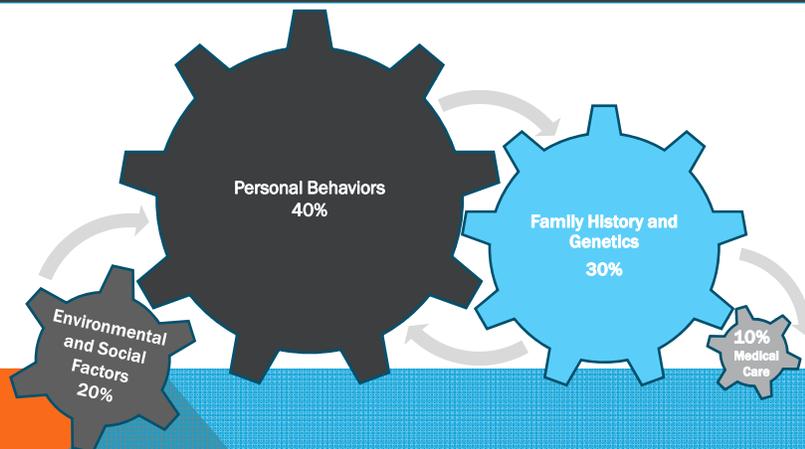
LAVEIST, THOMAS A. AND GASKIN, DARRELL J. AND RICHARD, PATRICK JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES (2009) THE ECONOMIC BURDEN OF HEALTH INEQUALITIES IN THE UNITED STATES.

## MORE THAN ACCESS TO CARE



Health is driven by multiple factors that are intricately linked – of which medical care is one component.

### Drivers of Health



Determinants of Health and Their Contribution to Premature Death. Adapted from McGinnis et al. Copyright 2007

## VULNERABLE PLACES



- Places or communities with inequities in the social, economic, educational, or physical environment or environmental health and that have insufficient resources or capacity to protect and promote the health and well-being of their residents.



## ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH



### According to the World Health Organization...

- The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.



## “THE HAVE AND HAVE-NOTS OF HEALTH ON DISPLAY IN EAST SACRAMENTO, OAK PARK”



Visible differences between the two neighborhoods.

The 95819 and 95817 ZIP codes, which encompass much of east Sacramento and Oak Park, respectively, share a border.

- Each has about 15,000 residents.
- In 2010, Oak Park residents are more than three times as likely to go to the emergency room for asthma, diabetes or high blood pressure.

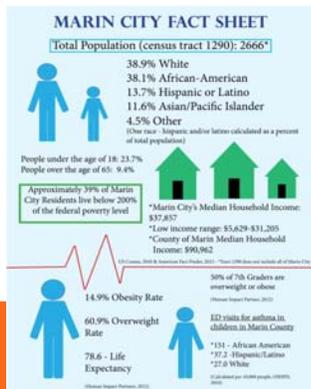


## TALE OF TWO CITIES

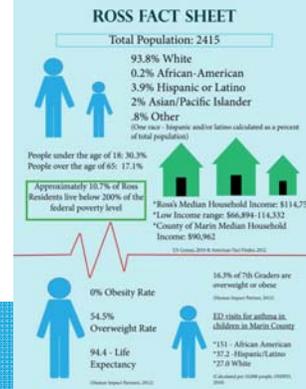
### MARIN CITY



- Statistics consistently show that Marin is one of the healthiest counties in the state and the country. But those statistics mask an uncomfortable truth: Marin also has some of the most severe health disparities in the state. Simply put: Where you live in Marin plays a role in how long you live.



- ### MARIN CITY STATS
- 2,509 Population (census tract 0604112900)
  - 63% of African Americans living in poverty (at or below 185% federal poverty level)
  - 7 of schools (k-8, preschools)
  - 0 of public parks
  - 0 of farmers markets
  - 0 of supermarkets/large grocery stores
  - 4 of fast food outlets near schools
  - 2 of other food sources (CVS and Dollar Tree)



## “THE PROBLEM IS CLEAR: THE WATER IS FILTHY”



*The New York Times*

“No tomes el agua!” – “Don’t drink the water!”

Seville, with a population of about 300

- One of dozens of predominantly Latino unincorporated communities in the Central Valley plagued for decades by contaminated drinking water.

Today, one in five residents in the Central Valley live below the federal poverty line.

- Many spend up to 10 percent of their income on water.

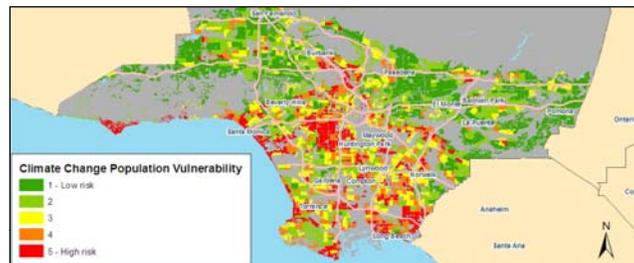


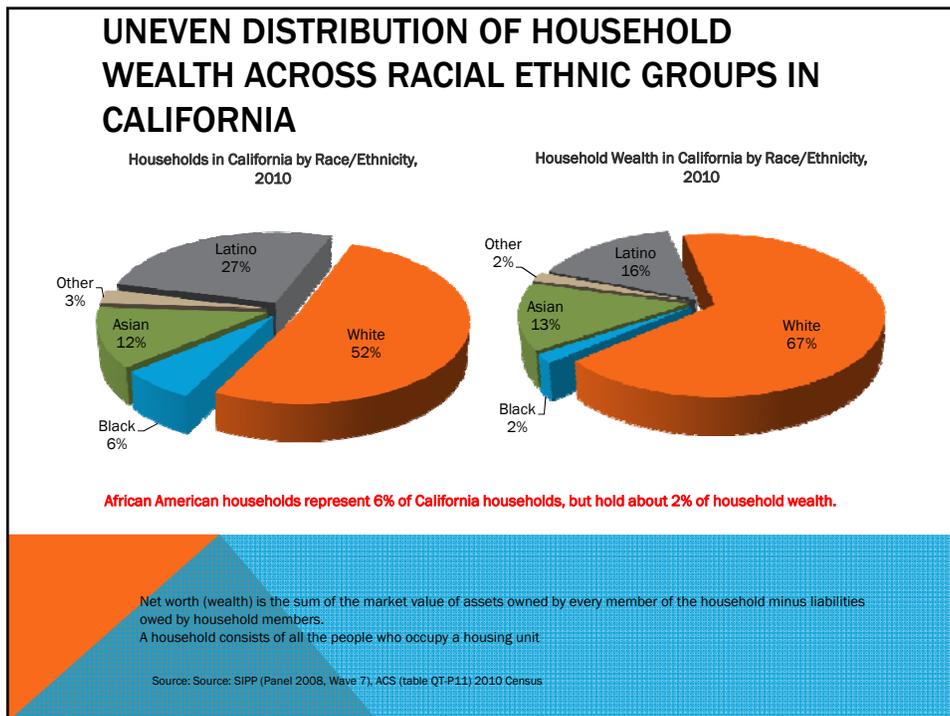
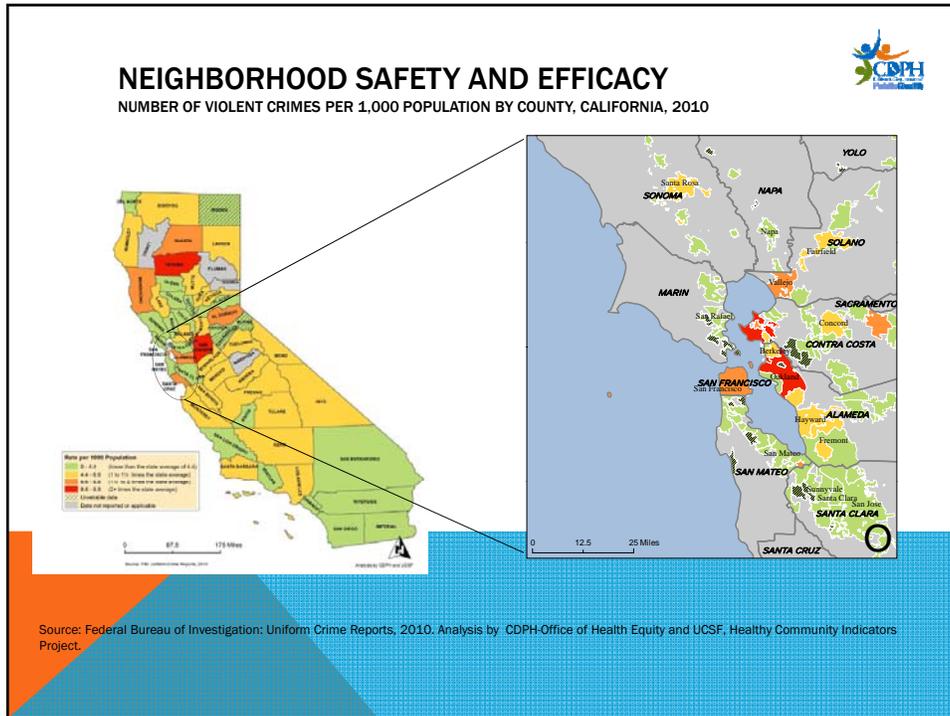
## CLIMATE CHANGE WILL IMPACT ALL CALIFORNIANS

BUT THE MOST VULNERABLE WILL SUFFER THE MOST

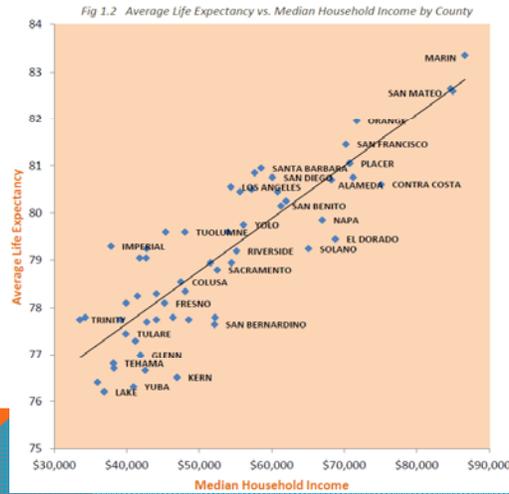


- Climate change will magnify existing health inequities rooted in social determinants of health; adaptation draws on many of the same resources
- In LA County, more African Americans and Latinos live in high risk areas compared to whites and average incomes are about 40% lower



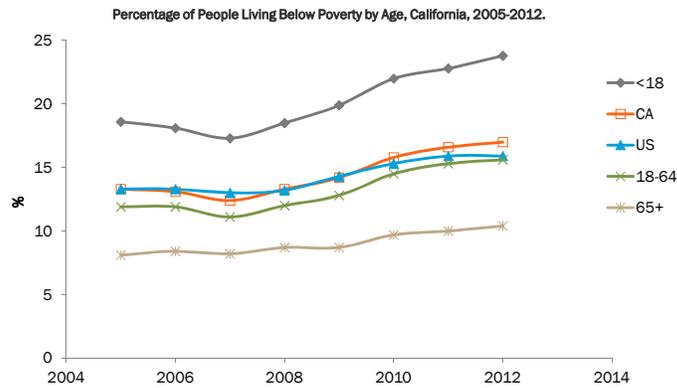


## THE WEALTHIER A COUNTY IS, THE LONGER ITS INHABITANTS LIVE.



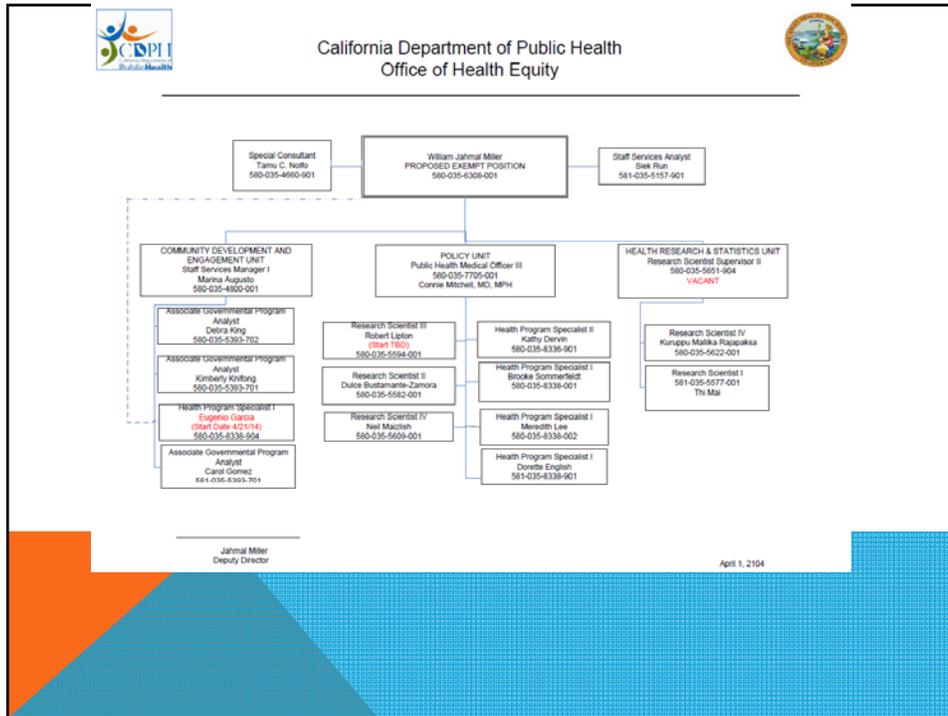
THE  
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SPAN  
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## 1 IN 4 CALIFORNIA CHILDREN LIVING IN POVERTY IN 2012



Source: ACS





## OFFICE OF HEALTH EQUITY (OHE)

**Established to align state resources, decision making, and programs to accomplish all of the following:**

- Achieve the highest level of health and mental health for all people, with special attention focused on those who have experienced socioeconomic disadvantage and historical injustice, including, but not limited to, vulnerable communities and culturally, linguistically, and geographically isolated communities.
- Work collaboratively with the Health in All Policies (HiAP) Task Force to promote work to prevent injury and illness through improved social and environmental factors that promote health and mental health.
- Advise and assist other state departments in their mission to increase access to, and the quality of, culturally and linguistically competent health and mental health care and services.
- Improve the health status of all populations and places, with a priority on eliminating health and mental health disparities and inequities.

## ADDRESSING “KEY FACTORS” OR “SOCIAL DETERMINANTS” AS THEY RELATE TO HEALTH AND MENTAL HEALTH DISPARITIES AND INEQUITIES



- (A) Income security
- (B) Food security and nutrition
- (C) Child development, education, and literacy rates
- (D) Housing
- (E) Environmental quality
- (F) Accessible built environments
- (G) Health care
- (H) Prevention efforts
- (I) Assessing ongoing discrimination and minority stressors
- (J) Neighborhood safety and collective efficacy
- (K) The efforts of the Health in All Policies Task Force
- (L) Culturally appropriate and competent services and training
- (M) Linguistically appropriate and competent services and training
- (N) Accessible, affordable, and appropriate mental health services.

## CALIFORNIA’S STATEWIDE PLAN TO PROMOTE HEALTH & MENTAL HEALTH EQUITY

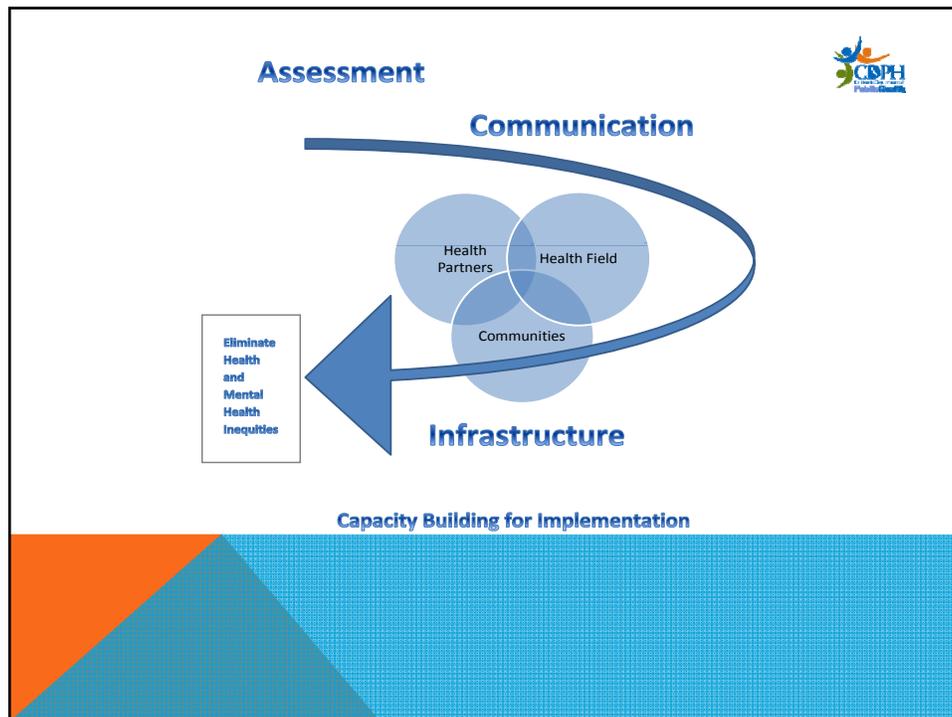


**Vision:** Everyone in California has equal opportunities for optimal health, mental health and well-being.

**Mission:** Promote equitable social, economic and environmental conditions to achieve optimal health, mental health and well-being for all.

**Central Challenge:** Mobilize understanding and sustained commitment to achieve health equity and improve the health, mental health and well-being of all.





## STATEWIDE PLAN

Identify and Disseminate Actionable Information on Inequities and Disparities...

- Do we have the information we need to move this work forward?
- Are we well connected with others who are doing this work?
- Are we providing solutions?

CSPI  
Center for Statewide Public Health Initiatives

## STATEWIDE PLAN



### To Develop and Align Sustainable Multi-Sector Infrastructure and Support

- How can we build a workforce that has the capacity to effectively dismantle health and mental health inequities?
- How can funding criteria and priorities be leveraged across sectors?
- What are the opportunities to capitalize on national and other efforts already underway?

## STATEWIDE PRIORITIES



- Through assessment, there will be knowledge of the problems and the possibilities.
- Through communication, there will be a shared understanding.
- Through infrastructure development, there will be empowered residents and their institutions to effectively act.

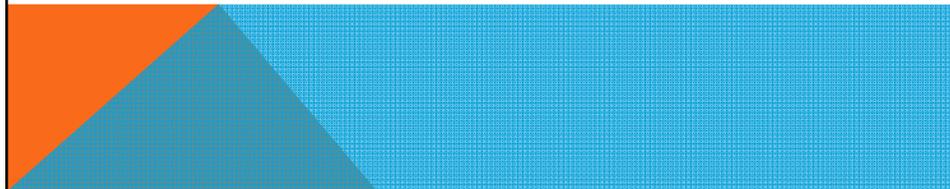
**STATEWIDE PLAN  
STRATEGIC TARGETS:**



Embed Health, Mental Health, and Equity into Institutional Policies and Practices across Fields with Potential Health Partners

Embed Equity into Institutional Policies and Practices Across the Health Field

Empower Communities in Inequity and Disparity Reduction Initiatives

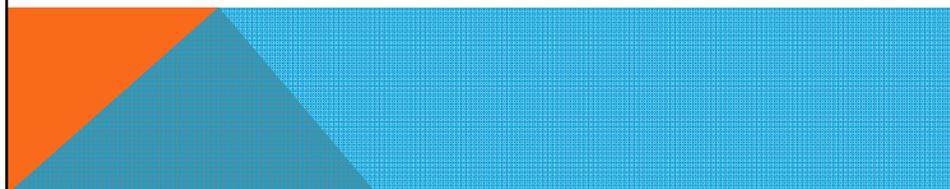


**STATEWIDE PLAN IMPLEMENTATION STRATEGY**



Capacity Building for Implementation of the Strategic Priorities

- How can OHE be as transparent and accessible as possible in the planning and implementation of the Statewide Plan?
- Can the Strategic Priorities catalyze partners and resources?
- How can we build the capacity needed to effectively deliver on the Statewide Plan?



## OFFICE OF HEALTH EQUITY ADVISORY COMMITTEE

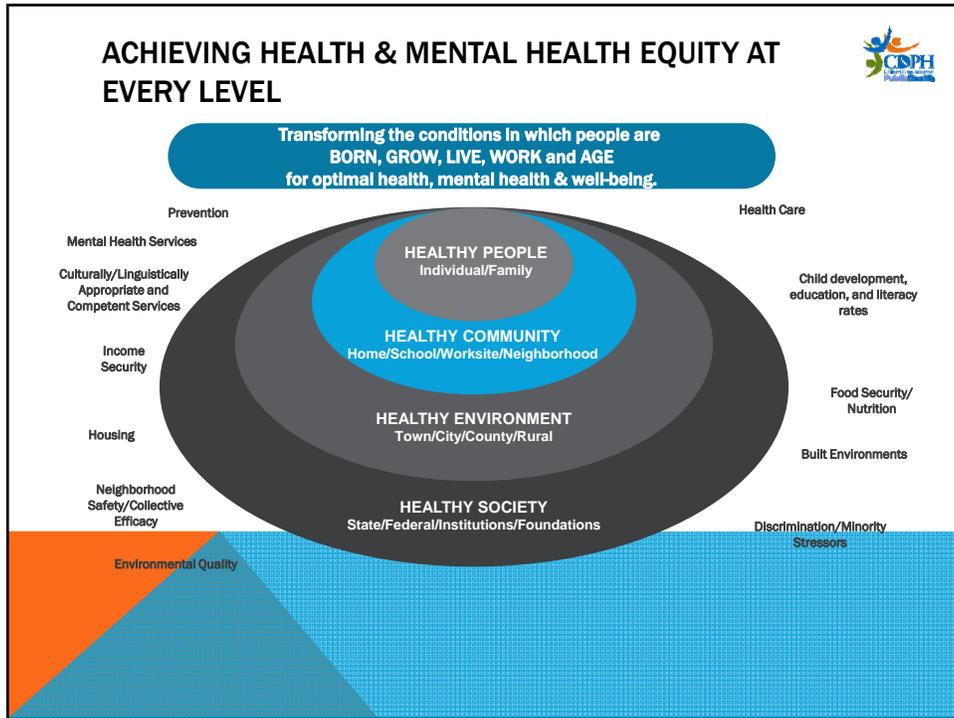
CONSISTS OF A BROAD RANGE OF 25 HEALTH EXPERTS, ADVOCATES, CLINICIANS AND CONSUMERS WHO WILL HELP ADVANCE THE GOALS OF THE OFFICE AND ADVISE IN THE DEVELOPMENT AND IMPLEMENTATION OF THE OHE STRATEGIC PLAN

- **Sergio Aguilera-Gaxiola, MD, PhD, Director, Center for Reducing Health Disparities and Professor of Clinical Internal Medicine, University of California, Davis School of Medicine**
- **Paula Braveman, MD, MPH, Director, Center on Social Disparities in Health and Professor of Family and Community Medicine, University of California, San Francisco**
- **Delphine Brody, Former Program Director of Mental Health Services Act (MHSA) Client Involvement, public policy, and self-help technical assistance for the California Network of Mental Health Clients**
- **Jeremy Cantor, MPH, Program Manager, Prevention Institute of Oakland**
- **Yvonna Cázares, Manager, California PTA**
- **C. Rocco Cheng, PhD, Corporate Director, Prevention and Early Intervention Services, Pacific Clinics**
- **Kathleen Derby, Legislative Analyst, California State Independent Living Council**
- **Aaron Fox, MPM, Health Policy Manager, LA Gay and Lesbian Center**
- **Sandi Gálvez, MSW, Executive Director, Bay Area Regional Health Inequities Initiative - CHAIR**
- **Alvaro Garza, MD, MPH, Public Health Officer, San Benito County Health and Human Services Agency**
- **Cynthia Gómez, PhD, Founding Director, Health Equity Institute, San Francisco State University**
- **Willie Graham, Pastor, Christian Body Life Fellowship Church**
- **General Jeff, Founder, Issues and Solutions and serves on the Board of Directors of the Downtown Los Angeles Neighborhood Council (DLANC)**
- **Carrie Johnson, PhD, Director/Clinical Psychologist, Seven Generations Child and Family Counseling Center at United American Indian Involvement in Los Angeles, California**
- **Neal Kohatsu, MD, MPH, Medical Director, California Department of Health Care Services**
- **Dexter Louie, MD, JD, MPA, Founding Member and Chair, Board of the National Council of Asian Pacific Islander Physicians**
- **Francis Lu, MD, Luke and Grace Kim Professor in Cultural Psychiatry, Emeritus, University of California, Davis**
- **Gail Newel, MD, MPH, Medical Director, Maternal Child and Adolescent Health, Fresno County Department of Public Health**
- **Teresa Ogan, MSW, Supervising Care Manager, California Health Collaborative Multipurpose Senior Service Program**
- **José Oseguera, Chief, Plan Review and Committee Operations, Mental Health Services Oversight and Accountability Commission**
- **Hermia Parks, MA, RN, PHN, Director, Public Health Nursing/Maternal, Child Adolescent Health, Riverside County Department of Public Health**
- **Diana E. Ramos, MD, MPH, Director, Reproductive Health, Los Angeles County Public Health**
- **Patricia Ryan, MPA, Former Executive Director, California Mental Health Directors Association**
- **Ellen Wu, MPH, Executive Director, Urban Institute**
- **Linda Wheaton, Health in All Policies Task Force, Director, Department of Housing and Community Development**

## OFFICE OF HEALTH EQUITY ACTIVITIES



- **Trailer Bill Language (TBL) requesting statutory exemption from the Public Contract Code for the California Reducing Disparities Project, allowing completion of strategic plan, implement and evaluate community-defined mental health practices.**
- **Revisions required for initial CRDP strategic plan draft, including more stakeholder input and revisions to accountability**
- **300+ plus "Meet & Greets" by Deputy Director, including several mental health stakeholders – Senator Jim Beall, Mental Caucus Chair; Assm. Ed Chau; OAC Executive Director Andrea Jackson; CalMHSA's Ann Collentine; and REMHDCO, tribal leadership and dozens more.**
- **Provided testimony at special select committee hearings, including Assembly Select Committee on Delinquency Prevention and Youth Development (Assm. Roger Dickinson, Chair) and Assembly Select Committee on Boys and Men of Color (BMoC) (Assm. Steven Bradford, Chair)**
- **CRDP Media Request from Association of State & Territorial Health Officers (ASTHO)**
- **Establishing a CRDP National Brain-trust of nationally-recognized mental health leaders**



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## CALIFORNIA REDUCING DISPARITIES PROJECT: STRATEGIC PLAN UPDATE

## CALIFORNIA REDUCING DISPARITIES PROJECT (CRDP)



- The California Reducing Disparities Project (CRDP) is a key statewide policy initiative to improve access, quality of care, and increase positive outcomes for racial, ethnic, LGBTQ, and cultural communities in the public mental health system.
- The implementation will have a strong community participatory evaluation component.
- After successful, California will be in a position to better serve unserved, underserved, and inappropriately served communities and to replicate the new strategies, approaches, and knowledge across the state and nation.

## CALIFORNIA REDUCING DISPARITIES PROJECT (CRDP)

- Begun in 2010 to improve access, quality of care, and outcomes for racial, ethnic, and cultural communities
- Groundbreaking investment of Mental Health Services Act (MHSA) funding to reduce mental health disparities
- Focus on five targeted populations: African American; Asian and Pacific Islander; Latino; Lesbian, Gay, Bisexual, Transgender, and Questioning; and Native American
- Components include five population reports, a multicultural statewide coalition to provide recommendations on MHSA-related activities, and a comprehensive strategic plan to reduce disparities
- Represents the voice of the targeted communities

## CALIFORNIA REDUCING DISPARITIES PROJECT PARTNERS



## CRDP STRATEGIC PLAN

- A synthesis of the population reports, their findings, and recommendations
- A vision for reducing mental health disparities
- A roadmap to transforming our public mental health system into one that better meets the needs of all Californians
- Key strategies to achieve the vision
- Recommendations for the implementation of CRDP Phase II

## STRATEGIC PLAN PROCESS

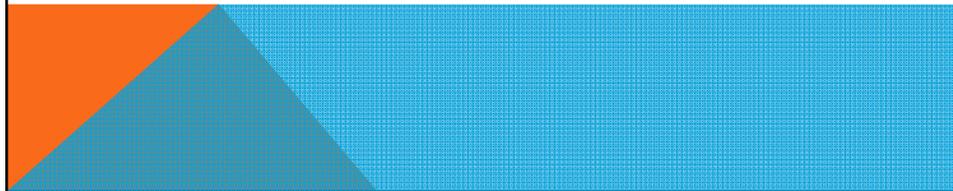
- Compiled recommendations from five population reports
- Categorized into four themes and five goals
- Discussed and prioritized by the CRDP Partners for inclusion in the strategic plan
- Refined and vetted with CRDP Partners

## STRATEGIC PLAN

- Background on California and its public mental health system
- Snapshot of mental health disparities in communities of color and LGBTQ communities
- Overview of current efforts to reduce disparities
- Introduction to the CRDP
- Overview of disparities reduction work in seven key areas (stigma, discrimination, language, insurance status, social and environmental conditions, quality of care and satisfaction, and lack of appropriate data collection)
- Appendices (disparities, health care reform, Disparities in accessing mental health services, social and environmental issues, strategic planning process)

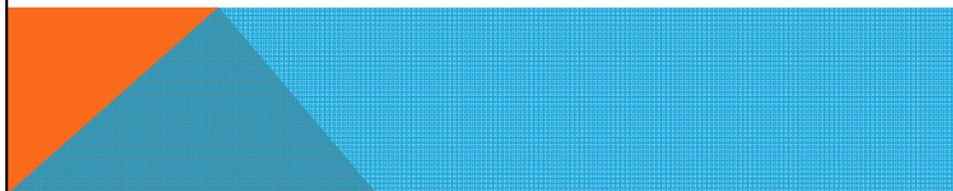
## **COMMUNITY PLAN FOR REDUCING DISPARITIES IN MENTAL HEALTH**

- Four overarching themes
- Five goals
- Twenty-five long-term strategies
- Recommendations for implementing the strategies



## **OVERARCHING THEMES**

- Address and incorporate cultural and linguistic competence
- Implement capacity building
- Improve data collection standards
- Address the social and environmental determinants of health



## GOALS

- **Goal 1: Increase access to mental health services for unserved, underserved, and inappropriately served populations**
- **Goal 2: Improve the quality of mental health services for unserved, underserved, and inappropriately served populations**
- **Goal 3: Build on community strengths to increase the capacity of and empower unserved, underserved, and inappropriately served populations**
- **Goal 4: Develop, fund, and demonstrate the effectiveness of population-specific and tailored programs**
- **Goal 5: Develop and institutionalize local and statewide infrastructure to support the reduction of mental health disparities**

## RECOMMENDATIONS FOR PHASE II

- **Implement promising practices in unserved, underserved, and inappropriately served communities:**
  - Four-year pilot program to fund local community organizations to implement identified community-defined prevention and early intervention approaches across the five populations
  - Community-based participatory evaluation to elevate these practices to the level of evidence-based practice

## RECOMMENDATIONS FOR PHASE II

- **Implement promising practices in unserved, underserved, and inappropriately served communities**
  - Technical assistance and capacity building for the funded projects
  - Ongoing implementation of 25 policy-level strategies
  - Collaboration with county departments of mental health

## WHAT COMES NEXT: PUBLIC COMMENT

- 30-day public comment period
- Three community forums
- Strategic Plan disseminated widely and available at [www.cpehn.org](http://www.cpehn.org)
- Comments accepted at community forums, and via phone, email, and mail
- Dates to be determined

## TIMELINE

- 30-day public comment period
- Final Strategic Plan released after public comment period
- RFP for Phase II funds
- Four-year Phase II pilot program



## Questions?

**Wm. Jahmal Miller, MHA**

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## OHE Website:

[www.cdph.ca.gov/programs/pages/ohemain.aspx](http://www.cdph.ca.gov/programs/pages/ohemain.aspx)