

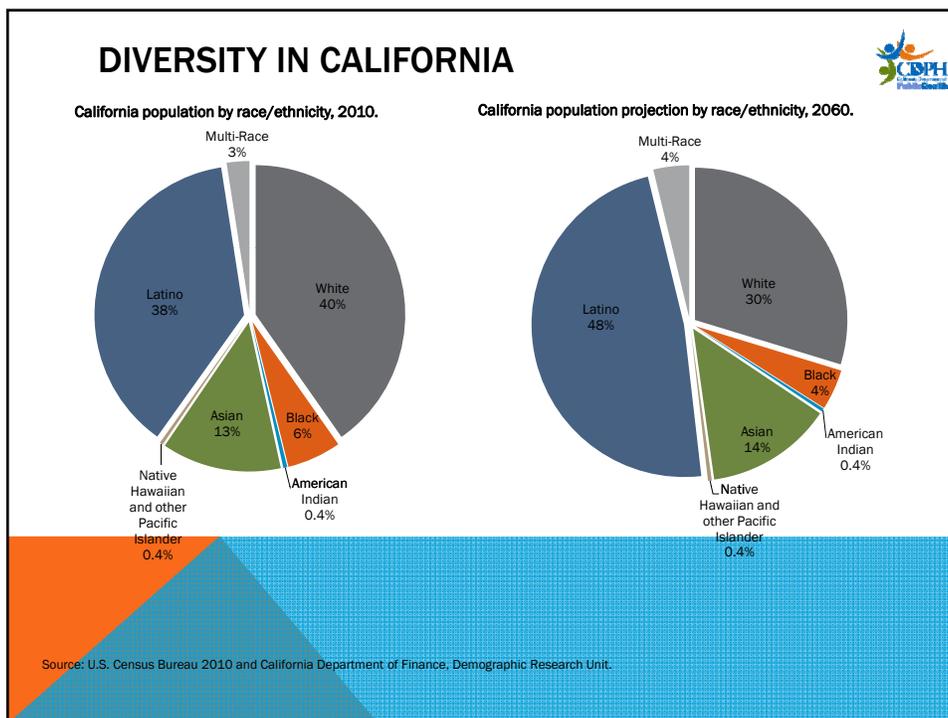
CALIFORNIA'S OFFICE OF HEALTH EQUITY UPDATE & CRDP UPDATE

W.M. JANMAL MILLER, MPA - DEPUTY DIRECTOR
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH | MAY 22, 2014

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APPOINTMENT SCHEDULE

Source: U.S. Census Bureau 2010 and California Department of Finance, Demographic Research Unit.



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**.

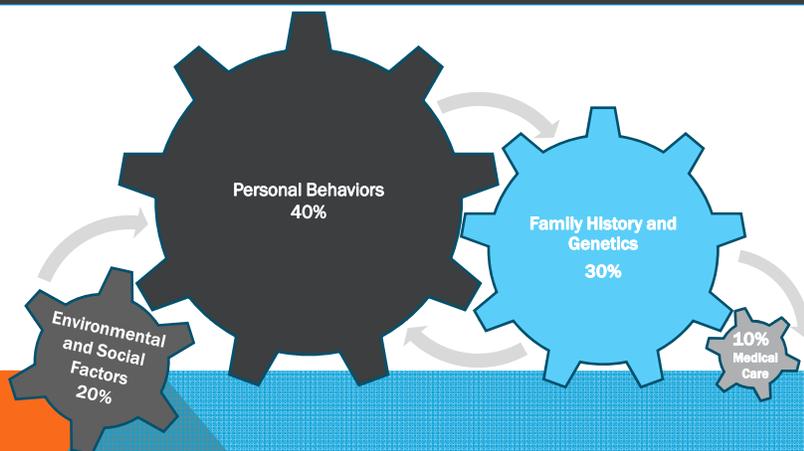
LAVEIST, THOMAS A. AND GASKIN, DARRELL J. AND RICHARD, PATRICK JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES (2009) THE ECONOMIC BURDEN OF HEALTH INEQUALITIES IN THE UNITED STATES.

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

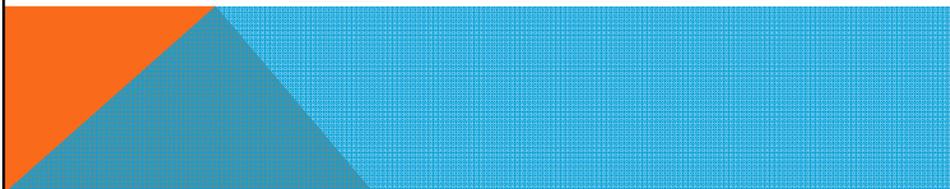


Determinants of Health and Their Contribution to Premature Death. Adapted from McGinnis et al. Copyright 2007

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.



WHAT WE'RE UP AGAINST

"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.

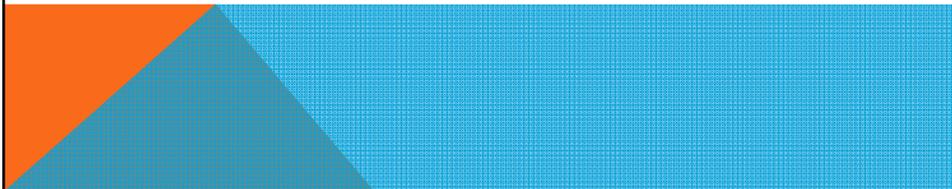
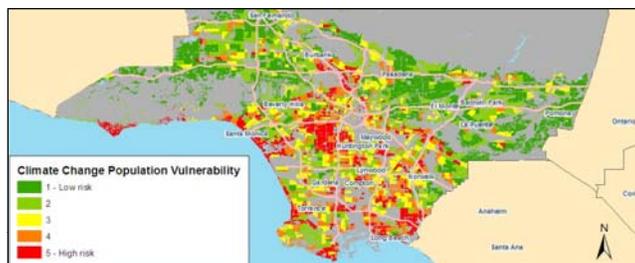


WHAT WE'RE UP AGAINST

CLIMATE CHANGE WILL IMPACT ALL CALIFORNIANS BUT THE MOST VULNERABLE WILL SUFFER THE MOST

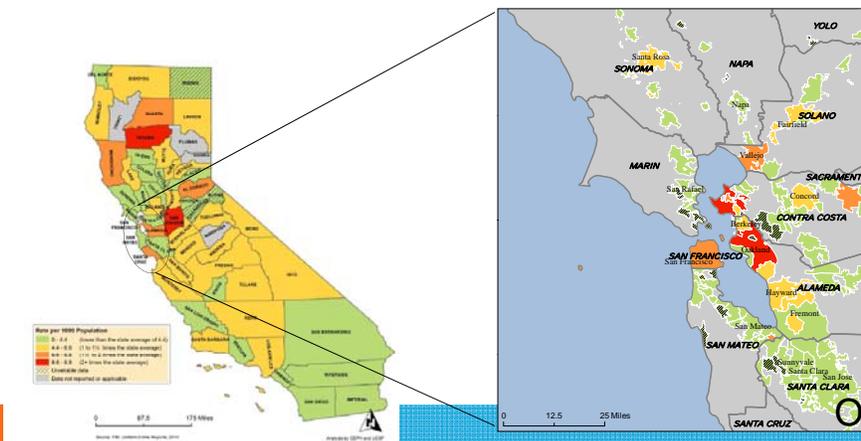


- Climate change will magnify existing health inequities rooted in social determinants of health; adaptation draws on many of the same resources
- In LA County, more African Americans and Latinos live in high risk areas compared to whites and average incomes are about 40% lower



WHAT WE'RE UP AGAINST

NUMBER OF VIOLENT CRIMES PER 1,000 POPULATION BY COUNTY, CALIFORNIA, 2010



Source: Federal Bureau of Investigation: Uniform Crime Reports, 2010. Analysis by CDPH-Office of Health Equity and UCSF, Healthy Community Indicators Project.

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.

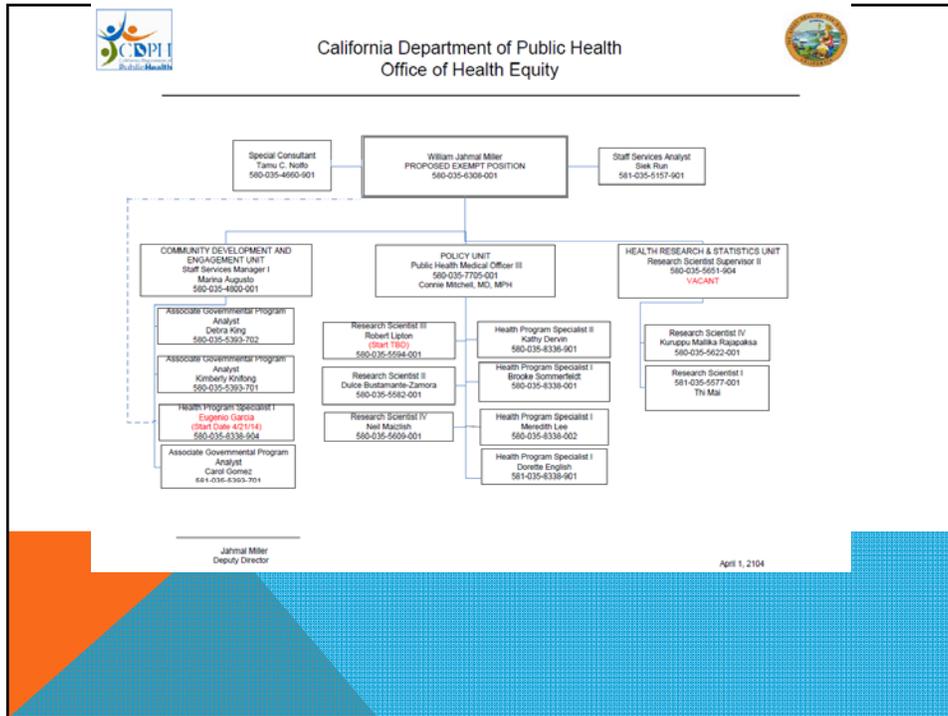


ACHIEVING HEALTH & MENTAL HEALTH EQUITY AT EVERY LEVEL



Transforming the conditions in which people are BORN, GROW, LIVE, WORK and AGE for optimal health, mental health & well-being.





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.

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 Aguller-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

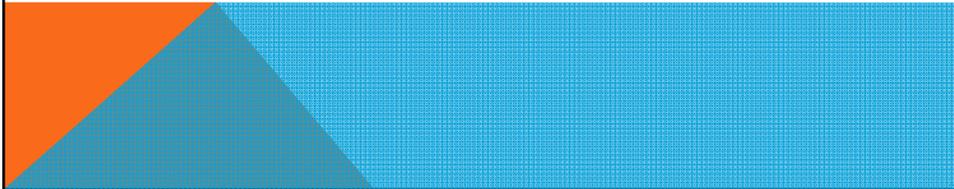
OFFICE OF HEALTH EQUITY ACTIVITIES



- 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

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, LGBTQQ, 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.





CRDP Strategic Plan – Timeline For Completion

Updated 05/22/14

May 16, 2014	→	➤	#1 California Health and Human Services (CHHS) holds 2 nd briefing with California Department of Public Health (CDPH).
June 2, 2014	→	➤	#2 Projected that CHHS approves and notifies CDPH to prepare for the Public Comment Period.
July 1, 2014	→	➤	#3 Press release implemented and 30 Day Public Comment Period begins (to include 3 statewide community forums, tentatively scheduled for LA, Bay Area, and Central region -Fresno).
July 31, 2014	→	➤	#4 Projected end of 30 Day Public Comment Period. California Pan-Ethnic Health Network (CPEHN) begins to collate and make changes to the final document. This begins a period of meetings with CDPH Office of Health Equity and CPEHN leadership.
August 29, 2014	→	➤	#5 CPEHN submits the Strategic Plan to CDPH for review period.
September 30, 2014	→	➤	#6 Final copies are delivered to CDPH. CDPH press release is implemented/ posted online. Launching of Phase II at the end of 2014 (posting of solicitations).





Questions?

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