



Agencies Working on Reducing Disparities
Preliminary List – November 2015

Asian Pacific Policy and Planning Council (A3PCOM)

A3PCOM is a coalition of community-based organizations that advocates for the rights and needs of the Asian and Pacific Islander American (APIA) Community in the greater Los Angeles area, with a particular focus on low income, immigrant, refugee and other disadvantaged sectors of the population. To accomplish this mission, A3PCOM strives to serve as a vehicle for promoting the needs, interests and concerns of the APIA Community to policy makers and the general public; promote collaboration, planning and collective action among its members to support common advocacy/policy, organizational development, and capacity-building goals; activate the APIA electorate and promote public accountability to the APIA Community through non-partisan political and electoral participation.

Bay Area Regional Health Inequities Initiative (BARHII)

BARHII is transforming public health practice to advance health equity to create healthier communities. It is a collaborative of public health directors, officers, senior managers and staff from the 11 San Francisco Bay Area health departments and the California Department of Public Health. At BARHII, lessons learned are shared and strategies and resources developed; committees focus on data, community engagement, built environment, social determinants of health, structural racism, and building health departments' capacity.

California Black Health Network

The mission of the California Black Health network is to improve the health status of people of African descent in California and eliminate health disparities through legislative, administrative, and media advocacy.

California Department of Public Health

The California Health in All Policies (HiAP) Task Force

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

**California Institute for Behavioral Health Solutions (CiBHS)
The Health Equity Leadership Institute (HELI)**

HELI seeks to support the development of leadership skills to achieve health equity and reduce disparities, as well as to enhance the public behavioral health system's capacity to track and eliminate disparities at the local level. Through statewide and local learning communities, HELI will support small county teams as they work collaboratively to address health disparities identified as priorities in their county. These local learning community teams will identify culturally relevant strategies to address the disparities and culturally appropriate methods for evaluating these efforts.

California Mental Health Planning Council (CMHPC) Evaluates the mental health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally competent, and cost-effective. To achieve these ends, the Council educates the general public, the mental health constituency, and legislators.

California Pan Ethnic Health Network

The draft *Statewide Strategic Plan to Reduce Mental Health Disparities* was drafted by CPEHN in collaboration with six partners in the California Reducing Disparities Project (CRDP), and funded by the Mental Health Services Act (Proposition 63). The CRDP is a groundbreaking prevention and early intervention effort to reduce mental health disparities in underserved populations. This Strategic Plan represents the voice of African American, Asian and Pacific Islander, Latino, Native American, and Lesbian, Gay, Bisexual, Transgender, and Queer and Questioning (LGBTQ) communities in California, as captured by five Strategic Planning Workgroups, or SPWs. The purpose of the strategic plan is to provide community-driven direction to reduce disparities in racial, ethnic, and LGBTQ communities by identifying culturally and linguistically appropriate strategies to improve access, services, and outcomes for racial, ethnic, and LGBTQ populations; and providing recommendations to the state for funding and evaluating culturally-rooted, community-defined promising practices over a four-year pilot program.

Center for Disease Control

<http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>

Released in 2011 "CDC Health Disparities and Inequalities Report United States, 2011"

Covered California

Selected Center for Reducing Health Disparities as an outreach partner because of its expertise in educating diverse, underserved groups about health care. With its partner El Concilio, it will reach out to Latinos eligible for affordable health insurance programs through Covered California. The Center for Reducing Health Disparities efforts will focus on Latinos who live in counties in the Central Valley (Sacramento, Yolo, El Dorado, Placer, San Joaquin, Stanislaus, Merced, Madera, Fresno, and Kern).

Department of Health Care Services

DHCS released a Request for Proposal on June 12, 2009 seeking to reduce disparities by bringing forward community-defined solutions and recommendations developed by workgroups comprised of community representatives for looking at how to incorporate an equity lens into a post Affordable Care delivery system. The California Department of Health Care Services (DHCS) has produced a series of one-page fact sheets, titled Health Disparities in the Medi-Cal Population (PDF, 2.6MB). The fact sheets provide a snapshot of the health of Medi-Cal members from various backgrounds, compared to the state population, so that health organizations, government officials, policymakers, and advocates can better understand possible disparities. DHCS elected to use the 39 health indicators presented in the California Health and Human Services Agency's *Let's Get Healthy California* Task Force Final Report (PDF, Not DHCS), *Multiracial Hands in Circles* as a starting point for the fact sheets. The topics highlighted include: infant mortality, child vaccination, adverse childhood experiences, emergency department visits, physical activity, consumption of sugar sweetened beverages, obesity, health status, hypertension, depression, palliative care, preventable hospitalizations, hospital readmissions, hospital acquired conditions, neighborhood safety, and colon cancer screening. In the future, more health topics will be examined such as smoking among adolescents and adults, nonfatal child maltreatment, diabetes prevalence, and hospice enrollment.

Department of Health and Human Services

Agency for Healthcare Research and Quality

AHRQ Activities to Reduce Racial and Ethnic Disparities in Health Care

<http://www.ahrq.gov/research/findings/factsheets/minority/disparities/index.html>

http://minorityhealth.hhs.gov/npa/files/plans/hhs/hhs_plan_complete.pdf

Released "HHS Action Plan to Reduce Racial and Ethnic Health Disparities."

Racial and ethnic minorities make up an increasingly large proportion of the U.S. population and constitute the majority of residents in certain regions. Historically, people in racial/ethnic minority groups are more likely than non-Hispanic Whites to be poor, to lack a high school education, and to experience disparities in health and health care services. The mission of the Agency for Healthcare Research and Quality (AHRQ) is to improve the quality, safety, effectiveness, and efficiency of health care for all Americans. Toward this aim, AHRQ supports research and other activities designed to improve quality and address disparities in health care for racial and ethnic minorities. Continuing disparities in health care for racial and ethnic minorities are documented in the 2008 National Healthcare Disparities Report. AHRQ's efforts to address these disparities are evident through the Agency's continuing support of research grants, contracts, training opportunities, conferences, partnerships, and publications focused on minority health and disparity reduction. This Program Brief briefly describes AHRQ's activities related to racial/ethnic disparities in health care and health care services for the period 2007-2009.

Latino Coalition for Healthy California

Discussing initiatives to improve data collection and analysis to better align health care services to address health disparities.

Office of Disease Prevention and Health Promotion

Healthy People 2020

<https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

Although the term disparities is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations. Healthy People strives to improve the health of all groups.

Office of Health Equity

The Office of Health Equity has started Phase 2 maintaining communication with stakeholders throughout the solicitation process to keep interested parties informed on the status of the solicitations for the Statewide Evaluator, Technical Assistance Provider, Capacity Building Pilot Projects, and Implementation Pilots Periodically, questions received through our solicitation specific email addresses will be reviewed, answered, and posted on the website within this document. OHE continues the policy of not providing responses or guidance to individuals during the solicitation process, but only responds publicly so that information is equally available to all interested parties.

Office of Statewide Health Planning and Development

OSHPD, in 2010, released "Racial and Ethnic Disparities in Healthcare in California" report.

Partnership Health Plan

With other health plans discussing initiatives to better align health care services to address health disparities.

Robert Wood Johnson Foundation (RWJF)

http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf411511

The RWJF is committed to supporting efforts to reduce health care disparities. For many years, the Robert Wood Johnson Foundation (RWJF) has been committed to finding and promoting ways to reduce racial and ethnic disparities. RWJF works to identify emerging perspectives, progress, current activities, and outstanding needs on health care disparities.

Safety Net Institute

The Safety Net Institutes' goal is to eliminate health care disparities by ensuring services provided at public hospital systems are tailored to the unique needs of each patient, thereby equalizing the opportunity for optimal health. SNI is committed to improving REAL data collection and use in California's public hospitals to improve quality and ensure patient safety. To that end, SNI will engage in a planning phase supported by The California Endowment to assess the system-level barriers, feasibility and success factors in collecting and using REAL data at public hospitals throughout California. The planning phase will be followed by an implementation initiative that will support public hospital systems' efforts to standardize REAL data collection and use at their institutions. Through SNI's Cultural and Linguistic Advisory Committee, SNI works to spread remote technology and other improvements in interpreter services throughout California's public hospitals.

Southeast Asia Resources Action Center

Discussing initiatives to improve data collection and analysis to better align health care services to address health disparities

University of California Davis**The Center for Reducing Health Disparities**

The mission of the Center for Reducing Health Disparities is to promote the health and well-being of diverse communities by pursuing research, training, continuing education, technical assistance, information dissemination within a prevention, early intervention, and treatment framework that recognizes the unique cultural and linguistic contexts of these populations. The Center for Reducing Health Disparities' main goal is to create and foster an innovative research environment in which new, scientific and practical understandings of health disparities can be achieved. The knowledge generated can be translated, shared (through education and training) and disseminated. New approaches to reducing these disparities can be developed for implementation throughout California and beyond.

University of California-San Francisco- Center on Social Disparities in Health

The mission of the Center on Social Disparities in Health (CSDH) at the University of California, San Francisco (UCSF), is to address the need for better information—and more effective use of existing information—to guide efforts to eliminate social disparities in health in the United States and other countries. Since its inception in 2002 with support from the Centers for Disease Control and Prevention, CSDH has focused on three main objectives: Conducting policy-relevant research and monitoring of social disparities in health, primarily but not exclusively in maternal and infant health, in collaboration with local, state, national, and international health agencies; providing training and consultation in sound methods for studying social disparities in health; widely disseminating our own and related work to audiences including researchers, public health practitioners, policy-makers, philanthropic groups, and the public. CSDH researchers have conducted innovative descriptive, explanatory and methodological research and ongoing monitoring of socioeconomic, racial/ethnic and other social disparities in health and health care. While our research expertise is primarily epidemiologic, we often collaborate with others to expand the tools that can be brought to bear on important questions. By bringing together a critical mass of multi-disciplinary expertise, CSDH aims to provide policy-relevant knowledge to guide the reduction of inequalities in health among different social groups—particularly socioeconomic and racial or ethnic groups—in the United States and globally.

Visión y Compromiso (VyC)

<http://www.visionycompromiso.org/wordpress/about-us/principle/>

Established in 2000 in California to provide training, leadership, ongoing advocacy, and support to Promotores and Community Health Workers in California. VyC partners with the University of Southern California (USC) Clinical and Translational Science Institute's Office of Community Engagement; USC Keck School of Medicine, Department of Preventive Medicine, Institute for Health Promotion and Disease Prevention Research to focus efforts on two diverse, vibrant, and underserved geographic health disparities areas in southern California: a rural area (Kern County) and an urban community (Los Angeles County).

Williams Institute

<http://williamsinstitute.law.ucla.edu/?s=health+disparities&cat=3>

<http://williamsinstitute.law.ucla.edu/research/marriage-and-couples-rights/ajph-decemeber-2012/>

Discussing initiatives to improve data collection and analysis to better align health care services to address health disparities. Psychological distress is lower among lesbian, gay and bisexual individuals who are legally married to a person of the same sex, compared with those not in legally recognized unions. The study, published in the

American Journal of Public Health, also has implications for understanding mental health disparities based on sexual orientation. There were no statistically significant differences in psychological distress between heterosexuals, and lesbian, gay, and bisexual persons in any type of legally recognized same-sex relationship. A large body of research has shown that lesbian, gay and bisexual people generally experience higher distress levels than heterosexuals due to social exclusion, stigma and other stressors. Research also shows that, on average, married heterosexuals experience better mental health outcomes than their unmarried counterparts. Since most lesbian, gay, and bisexual people are denied the opportunity to legally marry a same-sex partner, they are potentially denied the positive emotional benefits of the institution of marriage and they appear to be dually disadvantaged in terms of their psychological well-being.