**History**

In 1993, the California Department of Health Services established its Office of Multicultural Health (OMH). The California Public Health Act of 2006 later created the California Department of Public Health (CDPH) and transferred specified responsibilities from the renamed California Department of Health Care Services (CDHSC) to CDPH in July 2007. The Office of Multicultural Health is located within CDPH, and performs duties and responsibilities for both CDPH and CDHSC.

**Health Priorities**

The California Department of Public Health (CDPH) has identified the following health priorities for the people of California and additional priorities for racial/ethnic minority populations residing in the state.

<table>
<thead>
<tr>
<th>Health Priorities for the General Population</th>
<th>Health Priorities Specifically for Racial/Ethnic Minority Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase physical activity and reduce obesity</td>
<td>Integrate cultural and linguistic competency in health care service delivery</td>
</tr>
<tr>
<td>Increase diabetes screening and promote diabetes self-management</td>
<td>Improve provision of language access services for limited English proficient (LEP) individuals</td>
</tr>
<tr>
<td>Promote tobacco cessation services</td>
<td>Reduce infant mortality among American Indian and Black families</td>
</tr>
<tr>
<td>Emergency and pandemic flu preparedness</td>
<td>Promote and support breastfeeding among Latina women as preferred method of infant feeding</td>
</tr>
<tr>
<td>Reduce health disparities among racial and ethnic populations</td>
<td>Eliminate health disparities among diverse racial and ethnic communities</td>
</tr>
</tbody>
</table>

**Overview**

<table>
<thead>
<tr>
<th></th>
<th>Funding for MH/HD Activities</th>
<th>Personnel Dedicated to MH/HD</th>
<th>MH/HD Unit</th>
<th>MH/HD Advisory Body</th>
<th>State MH/HD Legislation or Mandate</th>
<th>MH/HD Strategic Plan</th>
<th>Evaluation of MH/HD Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Total Affirmative Responses out of 46</td>
<td>30</td>
<td>38</td>
<td>36</td>
<td>36</td>
<td>27</td>
<td>36</td>
<td>39</td>
</tr>
</tbody>
</table>

**Organization, Infrastructure and Resources**

The following is a simplified organizational chart that demonstrates the location of the state’s racial/ethnic minority health focal point in relation to the State/Territorial Health Official and other key public health offices:

- California Department of Public Health
  - State Public Health Officer
  - Associate Director External Affairs
  - Office of Multicultural Health (OMH)
  - Chief Deputy Director Operations
  - Chief Deputy Director Policy & Programs
  - Administration, IT, Legal, Audits
  - Public Health Programs

Note: People can self-identify as members of any racial group in the Census, as well as report having Hispanic/Latino ethnicity.

Source: 2006 American Community Survey, US Census Bureau
Partnerships
- CDPH consults with an external Council on Multicultural Health that advises its leadership on MH/HD issues and efforts in the state.
- MH/HD activities are conducted and coordinated across many CDPH program offices.
- CDPH maintains partnerships with an array of organizations active in MH/HD, including: local health departments, other state government agencies, advisory bodies from state’s racial/ethnic minority communities, federal agencies, community-based and non-profit organizations, health systems, foundations, schools, academic institutions, professional associations, clinical networks and the media.

Strategic Planning
The CDPH is currently developing a formal strategic planning process that looks to the future as a new department and to its leadership role in protecting and promoting the health status of Californians through population-based public health programs and services. A new Departmental strategic plan will be forthcoming in 2008.

Human Capital Investments
The following staff dedicates all or part of their work hours to MH/HD activities at the CDPH:

<table>
<thead>
<tr>
<th>Job Category</th>
<th>Total Number Dedicated to MH/HD</th>
<th>% of Work Hours Each Spends on MH/HD Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator/Director</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Public Health Educator</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>100%</td>
</tr>
</tbody>
</table>

Financial Investments
CDPH reported annual investments in racial/ethnic minority health and health disparities (MH/HD) for 2003 through 2007. It should be noted that the amounts represented below may not include funding for specific activities related to MH/HD and may therefore be an underestimate of the total investment from all sources in MH/HD activities.

Activities
Diabetes Program
The CDPH developed the Diabetes Health Record in 2002 to help people with diabetes track tests they need, gauge how often they need them, and keep records of test results. This self management tool is available for patients in 19 languages and includes educational tools for health care providers. CDPH also supports a diabetes telephone counseling hotline with focused outreach to American Indians. In 2005, the CDPH initiated the Diabetes Information Resource Center (DIRC), a Web site for sharing information in many languages on diabetes care and intervention models from CDPH diabetes programs and partners.

Partners
Centers for Disease Control and Prevention (CDC), Diabetes Information Resource Center, Refugee Health Section, Diabetes Coalition of California; California Smokers Helpline, American Association of Diabetes Educators and industry sponsors

Activity Outcomes
Diabetes tools are widely distributed through DIRC which offers free internet downloads to thousands of Californians and others around the country and the world. Due to limited funding, CDPH relies on its partners to build intervention programs around its diabetes plan and materials.

Evaluation Methods
Diabetes Health Record: information was collected via telephone interviews of people with diabetes. Results indicated changes could be made to the record, e.g. additional space for co-morbidities and medications. Sixty percent of those interviewed said the record was useful. DIRC: daily process measures of site traffic and downloads of all diabetes resources.
Activities continued...

California Breathing (CB) and Asthma Public Health Initiative (CAPHI)

Starting in 2002, CDPH/CB developed five-year Strategic Plans for Asthma in partnership with a multidisciplinary group of stakeholders. CB’s activities include asthma surveillance, partnership and interventions focusing on health disparities in schools, childcare centers and housing. CB also conducts the Addressing Disparities in Asthma Mini-Grants Program, which provides funding to organizations that reduce asthma disparities through health education, disease management and environmental assessment.

CAPHI also administers the Best Practices in Childhood Asthma Program (BPCA) to improve quality of clinical care, reduce asthma morbidity, and eliminate asthma disparities for children aged 0-18. Key strategies are: funds to clinics for asthma community health workers; continuous quality improvement strategies for delivery of asthma care (visit flow sheets, asthma action plans, home environmental assessment tools, etc.); state-level training, technical assistance and evaluation; and community outreach.

Partners and Funding
CB Health Disparities Mini-Grant Program ($75,000/year from CDC); 17 CAPHI awards ($70,000/year from California Cigarette and Tobacco Products Surtax Fund); other partners include state government, California Asthma Partners, minority advisory committees and associations, GlaxoSmithKline, Kaiser Permanente, Asthma and Allergy Foundation of America, American Lung Association, American Academy of Pediatrics, academic institutions, clinical networks and health systems.

Activity Outcomes
Twenty-nine mini-grant grantees from 2004 to 2006 provided asthma education to over 23,000 individuals in communities with a disproportionate burden of asthma; asthma educational resources such as videos, coloring books, and physician communication tip sheets; asthma policy changes including smoke-free campus and clean school bus campaigns; asthma camp for teenagers with asthma; Best Practices in Childhood Asthma Program.

Evaluation Methods
Monitor progress of plan objectives; assess effectiveness of disparities grant project by aggregating outcome data collected via grantee progress reports, chart reviews, pre- and post- program quality of life surveys; program effectiveness assessed in relation to asthma morbidity and quality of life at baseline and following enrollment in the program. Findings will be used to guide planning for future grant cycles.

Tobacco Control Program

Initiative began in 1989 to reduce tobacco use and secondhand smoke exposure in racial/ethnic minority populations by: changing social norms around tobacco use; providing education, monitoring and enforcement of state tobacco control laws; conducting Communities of Excellence in Tobacco Control needs assessments, community planning, implementation and evaluation; developing Communities of Excellence indicators and assets; planning and implementing tobacco control campaigns, training and conferences; funding racial/ethnic minority organizations to provide tobacco control services and training, and conduct evaluations and surveillance among racial/ethnic minority populations.

Partners (and Funding)
State Tobacco Tax, California Tobacco Control Program, CDPH Evaluation ($3.7M), CDPH Administration ($3.6M), CDPH Media ($15.7M), CDPH Competitive Grants ($18.4M), CDPH Local Lead Agencies ($16.2m), California Department of Education ($23.2M); local health departments, grantees, Board of Equalization, Department of Alcohol and Beverage Control, American Heart Association, American Cancer Society and American Lung Association

Activity Outcomes
From 1988 to 2003, lung cancer incidence decreased by 15%, 9.1% and 13.4% among African-American, Asian/Pacific Islanders and Hispanics respectively. From 1990 to 2005, smoking prevalence among African-American, Asian/Pacific Islanders and Hispanic males dropped 27.3%, 26.1% and 28.3%, respectively. Since 1990, smoking prevalence among African-American, Asian/Pacific Islanders and Hispanic females dropped 29.3%, 11% and 41.9%, respectively. Not all populations benefited equally from the program. Successful strategy - funding models for community-based organizations new to tobacco control that includes monies for needs assessment, program planning, intensive training, technical assistance and public health standards to affect tobacco use in ethnic/minority communities.

Evaluation Methods
10% of funding for local program contractors dedicated to program evaluation that applies outcome and process measures and disseminates findings, tobacco use surveillance of priority populations, monitor marketing campaigns targeting racial/ethnic minority communities, over-sampling racial/ethnic groups in general population tobacco surveillance studies, evaluation of internal procurement processes targeting racial ethnic groups.
African American HIV Strategic Response

CDPH has worked to reduce disproportionate incidence and prevalence of HIV among African Americans in California through its African American HIV Strategic Response since 2005. This five part response includes: HIV programs and policy, research, technical assistance, the California African American HIV/AIDS Initiative, and community relations components. Efforts are coordinated by the CDPH African American Policy and Program Coordinator.

Partners and Funding
The program receives $400,000/year from federal funds to support the California African American HIV/AIDS Initiative - a network of health experts, HIV/AIDS service providers, community-based organizations, public and private sector stakeholders - to eliminate HIV-related health disparities for African Americans.

Activity Outcomes
Statewide Planning Summit developed recommendations in five areas – HIV policy, organizational capacity, workforce development, research, and evaluation; Policy and Research Summit for African Americans and HIV/AIDS in 2005; greater infrastructure; stakeholders and State NAACP co-sponsored Assembly Bill 1142, Chapter 403, 2005 statutes resulted in creation of Statewide African American Initiative; non-profit California African American HIV/AIDS Coalition; CDPH African American Policy and Program Coordinator.

Evaluation Methods
Assess program service utilization and resources available to reduce impact of HIV/AIDS on African Americans in the state; evaluate community-based interventions to eliminate disparities in HIV prevention services.

Black Infant Health Program

Since 1989, this program has aimed to reduce disproportionate African-American infant morbidity and mortality in California and improve related health status indicators in African-American communities. The program identifies pregnant and parenting African-American women who are at risk for poor birth outcomes and assists them in accessing and maintaining prenatal and interconception health care and other supportive services. The program also assures appropriate pediatric health care is available and accessible to all children in the family through the first twelve months of infant life.

Partners (and Funding)
Federal Title V ($5M), CA General Fund ($3M), Federal Title XIX Medicaid ($4.8M), local health departments, community-based organizations, academic partners and State Black Infant Health Community Advisory Committee

Activity Outcomes
California reports that available data on birth outcome measures do not show significant difference between program client women and community women; however, an accurate measure of the program impact is difficult due to various factors. Qualitative feedback from program staff indicates that women in the program receive important services and social support during pregnancy.

Evaluation Methods
Quantitative measures on caseload, services received, and birth outcomes are derived from program’s Management Information System (MIS) and compared to official vital statistics data for African Americans and other racial/ethnic groups in California; a multi-site qualitative program assessment by the University of California at San Francisco was underway at the time of the survey.

Activities continued...

California’s primary contact for racial/ethnic minority health and health disparities is:

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