FIHET Equity in All Policies
Webinar Series: Webinar #6

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September 15, 2014
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PROMOTING BEHAVIORAL HEALTH EQUITY THROUGH THE CALIFORNIA REDUCING DISPARITIES PROJECT & OFFICE OF HEALTH EQUITY

SEPTEMBER 15, 2014
PRESENTERS

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“Health equity” means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

Health and Safety Code
Section 131019.5
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

- Differences in health or mental health, or the factors that shape health, that are systemic and avoidable and, therefore, considered unjust or unfair.
OFFICE OF HEALTH EQUITY MANDATE

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.
- Work collaboratively with the Health in All Policies (HiAP) Task Force.
- 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 KEY DUTIES

- Conduct demographic analyses on health and mental health disparities and inequities.
- Establish a comprehensive, cross-sectoral strategic plan.
- Build upon and inform the work of the Health in All Policies (HiAP) Task Force.
- Assist and consult with state and local governments, health and mental health providers, community-based organizations and advocates, and various stakeholder communities to advance health equity.
- Establish an advisory committee.
- Establish an interagency agreement between the State Department of Public Health and the Department of Health Care Services.
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.

HEALTHY SOCIETY
State/Federal/Institutions/Foundations

HEALTHY COMMUNITY
Home/School/Worksite/Neighborhood

HEALTHY ENVIRONMENT
Town/City/County/Rural

HEALTHY PEOPLE
Individual/Family

Prevention
Mental Health Services
Culturally/Linguistically Appropriate and Competent Services
Income Security
Housing
Neighborhood Safety/Collective Efficacy

Health Care
Child development, education, and literacy rates
Food Security/Nutrition
Built Environments
Discrimination/Minority Stressors

Environmental Quality
HOW DO WE GET THERE?
A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
POLICY AND ADMINISTRATIVE LEVERS

- Office of Health Equity Advisory Committee
- Mandate for ongoing demographic reports and strategic plans
- Formal collaboration between the HiAP Task Force and the California Department of Health Care Services
- Direct reporting to the director of California Department of Public Health
- Legislative concepts and bill analysis
CAPITALIZING ON PARTNERSHIPS

- Office of Health Equity Advisory Committee members’ affiliations and spheres of influence
- Reach out through webinars, surveys, public meetings, meet-and-greets, and speaking engagements
- Inter-departmental support of planning processes, document review, and data sharing
- Identify overlap and synergy with other plans and efforts, e.g., Let’s Get Healthy California and California Wellness Plan
PORTRAIT OF PROMISE:
California’s Statewide Plan to Promote Health and Mental Health Equity

Report to the Legislature and the People of California by the Office of Health Equity, California Department of Public Health
Mental Health Services: ‘No Health Without Mental Health’

The World Health Organization (WHO) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." WHO adds, "Mental health is an integral part of health; indeed, there is no health without mental health," since physical health impacts mental health and vice versa.

Mental disorders, characterized by alterations in thinking, mood, and/or behaviors that are associated with distress and/or impaired functioning, contribute to a host of physical and emotional problems that include disability, pain, or death. In fact, mental health disorders are the leading cause of disability in the United States, accounting for 25 percent of all years of life lost to disability and premature mortality. In California,
CALIFORNIA’S STATEWIDE PLAN TO PROMOTE HEALTH AND 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 eliminate health inequity and improve the health, mental health, and well-being of all.
ASSESSMENT

COMMUNICATION

INFRASTRUCTURE

HEALTH PARTNERS | HEALTH FIELD | COMMUNITIES

Eliminate Health and Mental Health Inequities

CAPACITY BUILDING FOR IMPLEMENTATION
CALIFORNIA REDUCING DISPARITIES PROJECT

SERVICES DEFINED BY MULTICULTURAL COMMUNITIES
CA REDUCING DISPARITIES PROJECT (CRDP)

HISTORY

- Statewide initiative begun in 2010 to improve access to care, quality of care, and outcomes for racial, ethnic, and cultural communities
- Groundbreaking investment of Mental Health Services Act (Prop 63) dollars to reduce mental health disparities
- State and the community, hand in hand, designed and implemented the CRDP
- Focus on prevention and early intervention
WHY CRDP

- Response to a national call to action outlined in the Surgeon General’s 2001 Report, Mental Health: Culture, Race, and Ethnicity and the 2003 President’s New Freedom Commission Report.
- Disparities exist in access to care, quality of care, and mental health outcomes for several California populations
- Causes of disparities poorly understood, but multi-factorial
- Community-defined evidence* exists to support programs targeting CRDP populations
- However, reimbursement often limited to evidence-based practices
PROJECT GOALS

- Identification of strategies developed across targeted communities to improve outcomes and reduce disparities
- Implementation of selected community-identified strategies
- Culturally and linguistically competent community participatory evaluation of community-defined evidence (CDE) programs for racial, ethnic, and cultural communities
- Replication of approaches to reduce disparities
CRDP OVERVIEW

- **Phase 1:** Develop strategic plan to reduce mental health disparities in 5 populations (African American, Asian Pacific Islander, Native American, Latino, Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning)
  - Fund 5 Strategic Planning Workgroups to engage communities
  - Identify promising programs and practices
  - Identify strategies to reduce disparities
  - Prepare population report
  - Fund development of Strategic Plan
  - Goals and strategies to reduce disparities
  - Recommendations for use of Phase 2 funds

- **Phase 2:** Implement strategic plan
  - Focus on validating promising practices / community-defined evidence programs
Strategic Planning Workgroups (SPWs)

- African American SPW
- Asian / Pacific Islander SPW
- LGBTQ SPW
- Latino SPW
- Native American SPW

California MHSA Multicultural Coalition

- Establish, Convene, Sustain a Statewide Multicultural Coalition
- Establish Emerging Community Leader Mentorships
- Collaboration and Support of the Five SPWs
- Implementation of CRDP Strategic Plan
- Assessment of MHSA Implementation

CRDP Facilitator/Writer

- Collaborate with the five SPWs and the California MHSA Multicultural Coalition to complete an analysis and produce a comprehensive statewide Reducing Disparities Strategic Plan
STRATEGIC PLANNING WORKGROUPS

• Each Workgroup representative of diversity within population group including, but not limited to:
  • Community leaders
  • Mental health providers
  • Consumers and family members
  • Individuals with lived experience
  • Academicians

• Population reports
CRDP STRATEGIC PLAN

• Synthesis of the population reports
• Roadmap to transforming public mental health system to better meet needs of all Californians
• Key strategies to achieve vision of reducing mental health disparities
• Recommendations for the implementation of CRDP Phase II
• Awaiting Agency approval prior to public release
Questions?

Comments?

Ideas?

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OHE Website:
www.cdph.ca.gov/programs/pages/ohemain.aspx
Thank you for participating in the Federal Interagency Health Equity Team’s Equity in All Policies webinar series.

Questions?