

Advancing Equity and Antiracism: From Data to Action

Early Childhood Policy Council



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Agenda

- CDPH Director's Priorities: Equity & Antiracism
- Center for Family Health's Perinatal Equity Initiative
- Office of Health Equity Portfolio
- COVID-19 Equity Milestones and the Healthy Places Index (HPI)
- HPI Potential Application to Early Childhood Initiatives



CDPH Director Tomás Aragón's Priorities

- Develop Our People (Become a Learning and Healing Organization)
- Performance Management (Lean and Results-Based Accountability)
- Equity & Anti-Racism



New CDPH Assistant Director
Christine Siador



New Office of Health Equity
Assistant Deputy Director Ana Bolaños



Operationalizing Equity and Antiracism

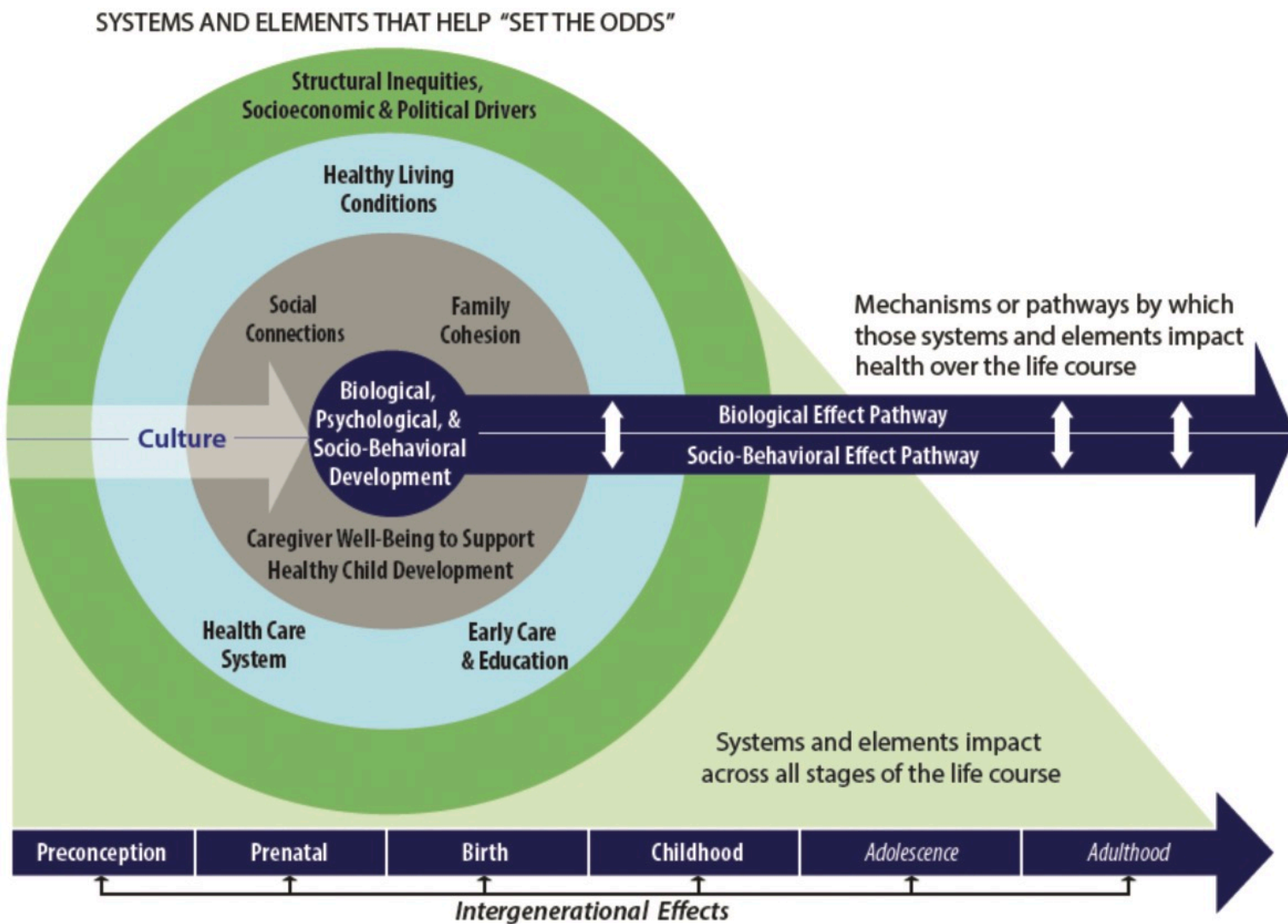
CDPH Director's Priorities

Proposed Activity	OHE Strategy	Director Priorities*
Department Racial and Health Equity Action Plan	Organize	Why: Vision-Mission-Purpose What: Performance improvement
Trainings and education	Normalize	What: Develop our people How: Learning/healing organization
Center/Program level Racial and Health Equity Action Plans	Operationalize	Why: Vision-Mission-Purpose What: Performance improvement

*all include Director priority on equity and antiracism



Multi-layered structural factors influence life course health



We must shift from a categorical, case-based (individual) approach to an **eco-social, life course, prevention, and equity-focused** population health approach in practice, research, policy, and community engagement.



About Perinatal Equity Initiative (PEI)

- ▶ **Our Goal:** To improve birth outcomes and reduce Black maternal and infant mortality through interventions implemented at the county level that are evidence-based, evidence-informed or reflect promising practices.
- ▶ **Target Population:** Pregnant and parenting Black women and their partners, through the first year of their child's life. PEI currently funds 11 counties across California.
- ▶ **Funding:** \$8 Million in State General Funds per state fiscal year to complement and support existing Black Infant Health program services.

Counties required to select 2 of 5 categories for local implementation efforts

Categories of Interventions	PEI Funds Local Health Jurisdictions	
Preconception/ Interconception Care	Los Angeles Santa Clara	
Group Prenatal Care	Alameda Los Angeles	
Home Visitation	San Bernardino San Francisco	
Fatherhood/Partner	Contra Costa Fresno Los Angeles Riverside	Sacramento San Bernardino San Diego San Joaquin
Community-Based Doulas/Midwifery (Innovative)	Alameda Contra Costa Fresno	Riverside Sacramento San Bernardino
Personal Support (Innovative)	San Joaquin Santa Clara	
Implicit Bias Training (Innovative)	Alameda San Bernardino San Francisco	San Diego

Results Based Accountability (RBA)

RBA Performance Measures:

How much did we do?

How well did we do it?

Is anyone better off?

- ▶ **Each award included training and implementation of RBA**
- ▶ **Turn the Curve Thinking (TTC) was first step**
 - How are we doing?
 - What is the story behind the curve?
 - Who are the partners?
 - What works to turn the curve?
 - What is our action plan?
- ▶ **Each site has a license with RBA to enter, track and share their PMs**

How RBA is Being Used in PEI?

- Performance Measures for each intervention were collaboratively developed by counties and CDPH/MCAH with technical assistance provided by Clear Impact (RBA contractor)
- Counties provided input into the development of performance measures through participation in monthly learning collaborative calls and via surveys
- Performance Measures were finalized, included in all county RBA Scorecards and data will be collected during the implementation of PEI interventions
- Monthly learning collaborative calls are also held to ensure alignment with interventions, address challenges, share best practices/strategies, and facilitate ongoing technical assistance
- Additionally, counties conduct quarterly and annual Turn the Curve thinking process meetings with their CABs, CBOs and other community partners to prioritize program strategies, come up with action steps to increase program performance or to share program successes

RBA in Action- Fatherhood Program Intervention



Office of 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 for all.

Statute

Established, as authorized by Section 131019.5 of the California Health and Safety Code, to provide a key **leadership** role to reduce health and mental health disparities to vulnerable communities.



Health and Safety Code Section 131019.5 A-N

... shall address the following key factors as they relate to health and mental health disparities and inequities:

(A) Income security such as living wage, earned income tax credit, and paid leave.

(B) Food security and nutrition such as food stamp eligibility and enrollment, assessments of food access, and rates of access to unhealthy food and beverages.

(C) Child development, education, and literacy rates, including opportunities for early childhood development and parenting support, rates of graduation compared to dropout rates, college attainment, and adult literacy.

(D) Housing, including access to affordable, safe, and healthy housing, housing near parks and with access to healthy foods, and housing that incorporates universal design and visitability features.

(E) Environmental quality, including exposure to toxins in the air, water, and soil.

(F) Accessible built environments that promote health and safety, including mixed-used land, active transportation such as improved pedestrian, bicycle, and automobile safety, parks and green space, and healthy school siting.

(G) Health care, including accessible disease management programs, access to affordable, quality health and behavioral health care, assessment of the health care workforce, and workforce diversity.

(H) Prevention efforts, including community-based education and availability of preventive services.

(I) Assessing ongoing discrimination and minority stressors against individuals and groups in vulnerable communities based upon race, gender, gender identity, gender expression, ethnicity, marital status, language, sexual orientation, disability, and other factors, such as discrimination that is based upon bias and negative attitudes of health professionals and providers.

(J) Neighborhood safety and collective efficacy, including rates of violence, increases or decreases in community cohesion, and collaborative efforts to improve the health and well-being of the community.

(K) The efforts of the Health in All Policies Task Force, including monitoring and identifying efforts to include health and equity in all sectors.

(L) Culturally appropriate and competent services and training in all sectors, including training to eliminate bias, discrimination, and mistreatment of persons in vulnerable communities.

(M) Linguistically appropriate and competent services and training in all sectors, including the availability of information in alternative formats such as large font, braille, and American Sign Language.

(N) Accessible, affordable, and appropriate mental health services.

Consult regularly with representatives of vulnerable communities, including diverse racial, ethnic, cultural, and LGBTQ communities, women's health advocates, mental health advocates, health and mental health providers, community-based organizations and advocates, academic institutions, local public health departments, local government entities, and low-income and vulnerable consumers.



Returns and Benefits of Investing in Our Children Early

- The rate of return on a \$1 investment in childhood education is ~7-10% annually, through better outcomes in:
 - Education
 - Health
 - Economic productivity
 - Reduced crime
- Benefit-cost ratios of high-quality early childhood education for every dollar invested have been estimated at 2:1 to 7:1
- Over a lifetime, the social rate of return on \$1 can add up to ~\$60-\$300

Sources: Heckman et al., 2010: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3145373/>

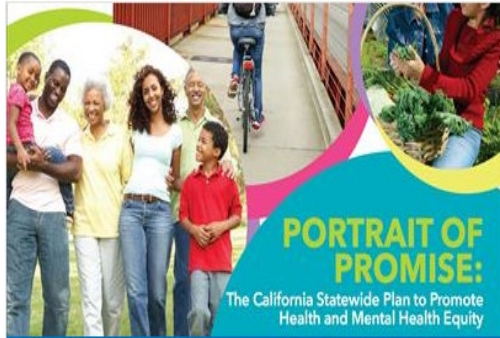
Cannon et al., 2018: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6075808/>

Ramey, 2018: <https://link.springer.com/article/10.1007/s10567-018-0260-y>

Ramon et al., 2018: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6172656/>



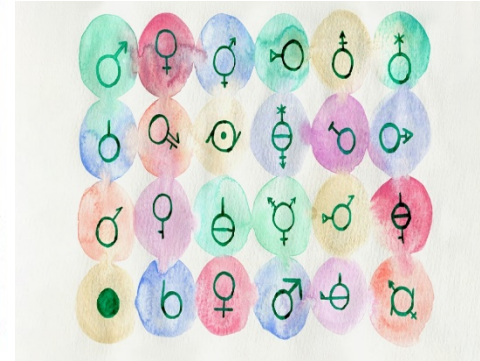
Office of Health Equity



**Health Research &
Statistics**



**Climate Change &
Health Equity**



Gender Health Equity



**COVID-19 Health
Equity in
Response &
Recovery**



**Community
Development &
Engagement**



**Health in All
Policies & Racial
Health Equity
Initiative**



Business Operations



**Advisory
Committee**

COVID-19 EQUITY MILESTONES

- Health Equity Metric – Blueprint for a Safer Economy
- Vaccine Equity Metric – Allocation, Prioritization
- Equity Playbook
- Targeted Equity Investment Plans
- Health Equity Workgroup
- Multilingual Resources Hub
- Health Equity CBO Pilot Projects
- CDC Health Disparities Grant – Local Equity Officers



HPI's Unique Approach

Granular

Fine geographic resolution reveals the variation *within* cities, counties, and communities

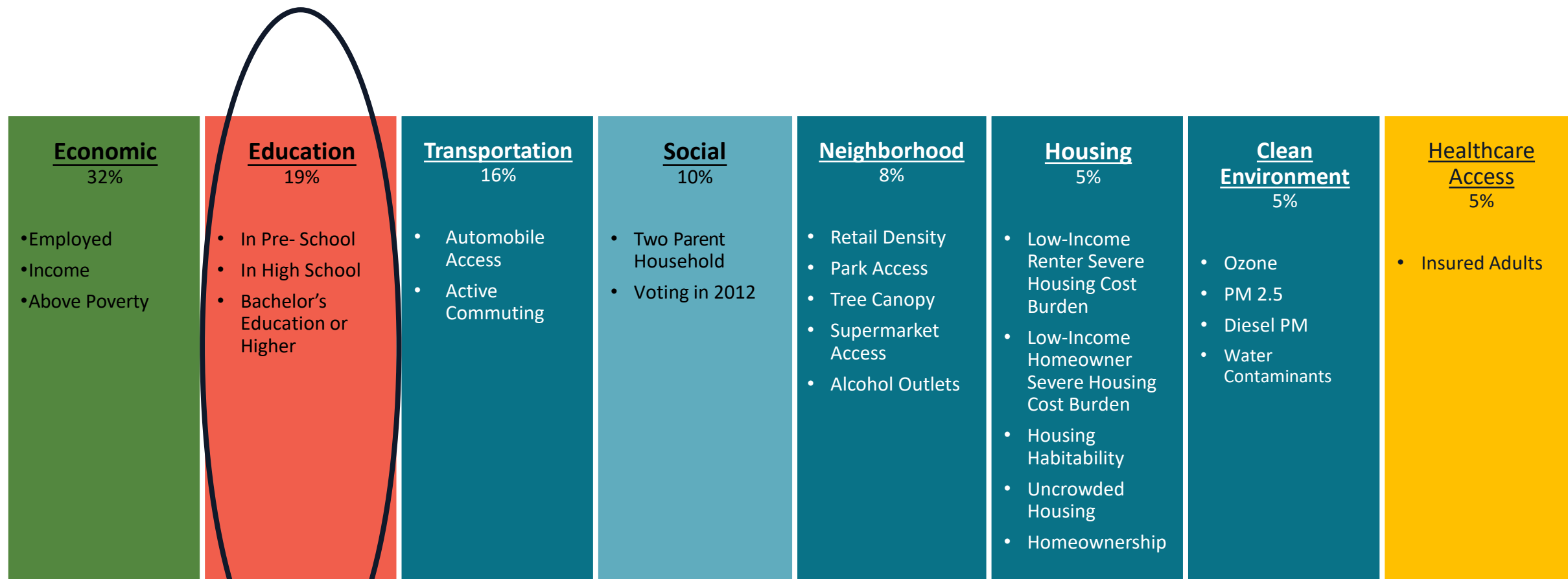
Validated

Each indicator – and the overall index – is linked to a summary health outcome: **life expectancy at birth**

Policy Solutions

Each indicator is supported by a wealth of policy solutions detailed in the Policy Guides

HPI Into Action: Early Childhood Education



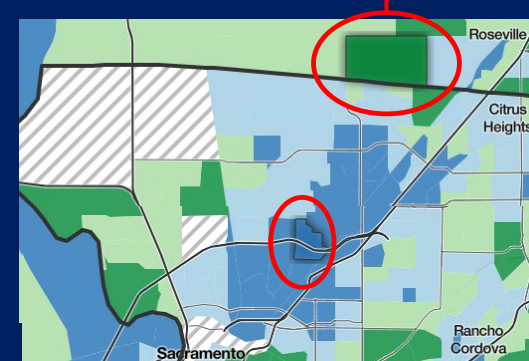
Healthy Places Index | Methods

- Indicator scores are standardized (Z score)
- Policy Action Area score (mean of indicators)
- Policy Action Area weights (predictive of life expectancy)
- Final HPI calculated by:
 - Multiplying each policy action area score with its weight
 - Summing across eight policy action areas

Most Healthy Conditions (1.53)
100th percentile



Roseville
(0.56)
83rd percentile



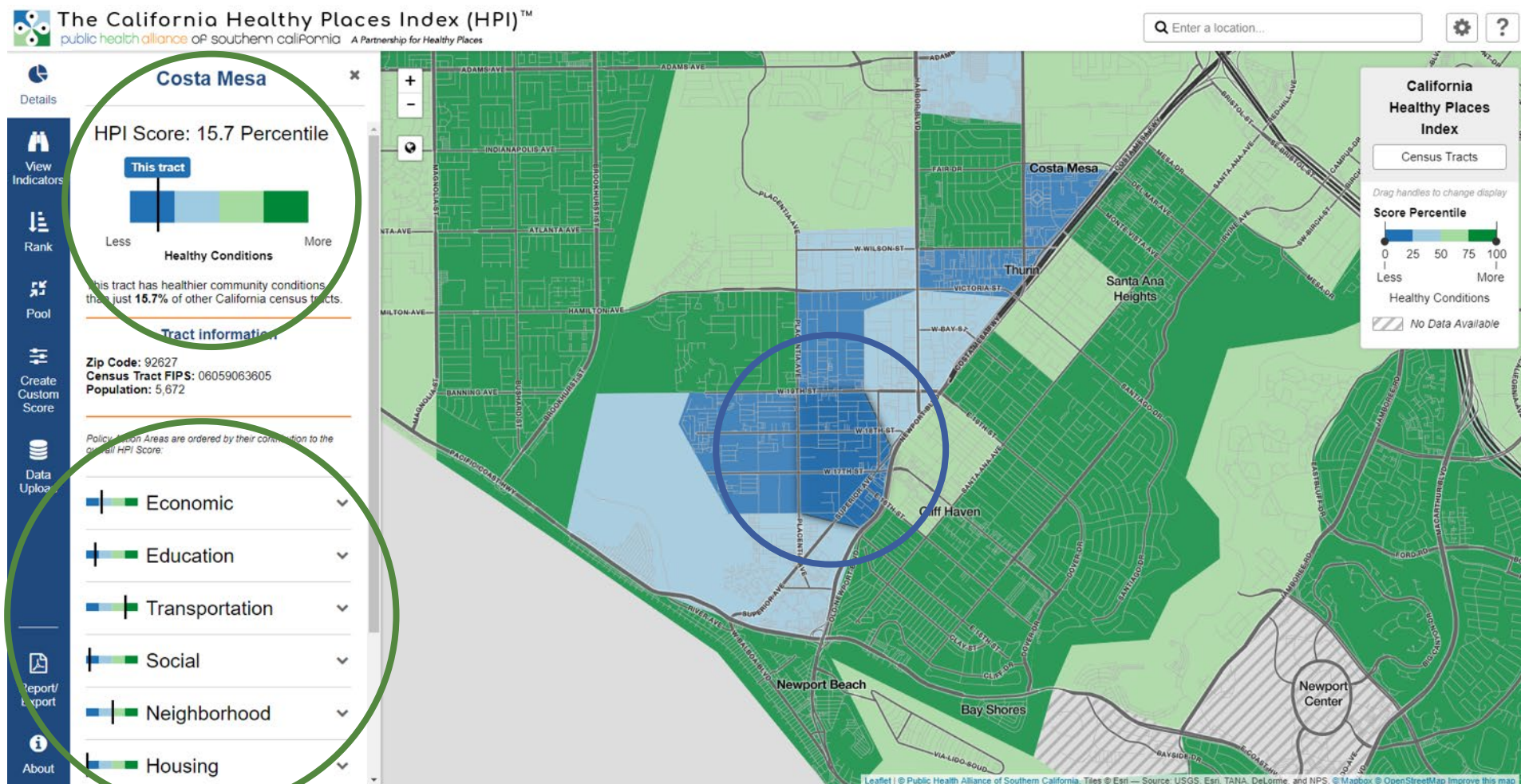
State Mean
(0)
50th percentile



Del Paso
Heights
(-0.73)
9th percentile

Least Healthy Conditions (-1.99)
0th Percentile

From Data to Action Using HPI



HPI Into Action: Early Childhood Education



Employed



Median Income



Above Poverty



Preschool Enrollment



HS Enrollment



Bachelor's Education



Automobile Access



Active Commuting



2-Parent Households



Voting



Retail Density



Park Access



Tree Canopy



Supermarket Access



Alcohol Availability



Low-Income Renter Housing



Low-Income Homeowner
Housing Cost Burden



Housing Habitability



Uncrowded Housing



Homeownership



Ozone



Fine Particulate Matter



Diesel Particulate Matter



Safe Drinking Water



Insured Adults



Extreme Heat



Impervious Surfaces



Outdoor Workers

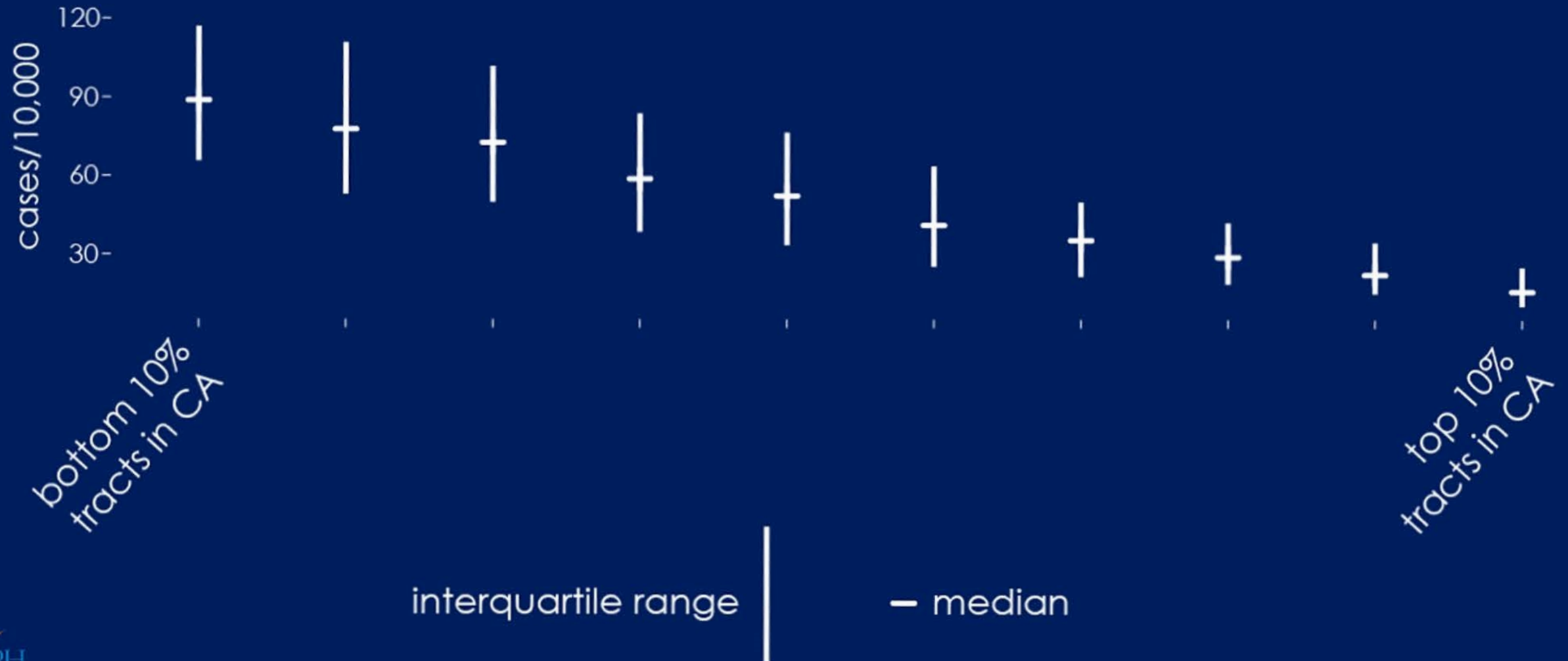


Public Transit Access



Sea Level Rise

Healthy Places Index



Blueprint for a Safer Economy and Equity

- California implemented the Blueprint on August 30, 2020 to reduce COVID-19 in the state with criteria for loosening and tightening restrictions on activities.
- A health equity metric took effect on October 6, 2020. To advance to the next less restrictive tier, a county must meet an equity metric or demonstrate targeted investments to eliminate disparities in levels of COVID-19 transmission, depending on its size.

Higher Risk → Lower Risk of Community Disease Transmission***				
Measure	Tier 1 Widespread (Purple)	Tier 2 Substantial (Red)	Tier 3 Moderate (Orange)	Tier 4 Minimal (Yellow)
Adjusted Case Rate for Tier Assignment** (Rate per 100,000 population* excluding prison cases^, 7 day average with 7 day lag)	> 10	6 - 10	2 - 5.9	< 2
Test Positivity^ (Excluding prison cases^, 7 day average with 7 day lag)	> 8%	5 - 8%	2 - 4.9%	< 2

Blueprint for a Safer Economy Health Equity Metric | Methods

Use HPI scores
to assign
county's census
tracts to
quartiles



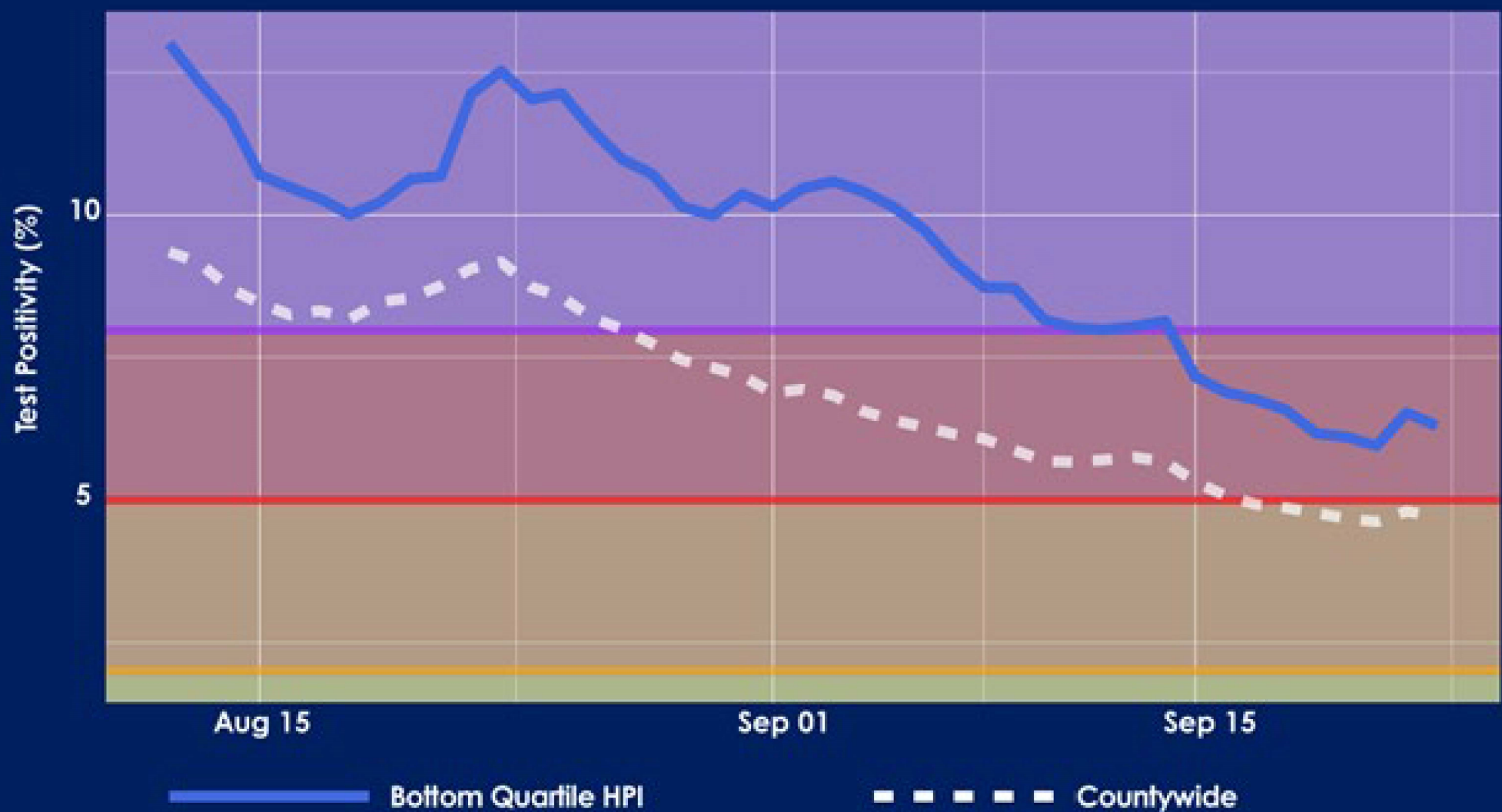
Sum positive tests
and total tests for
the bottom quartile



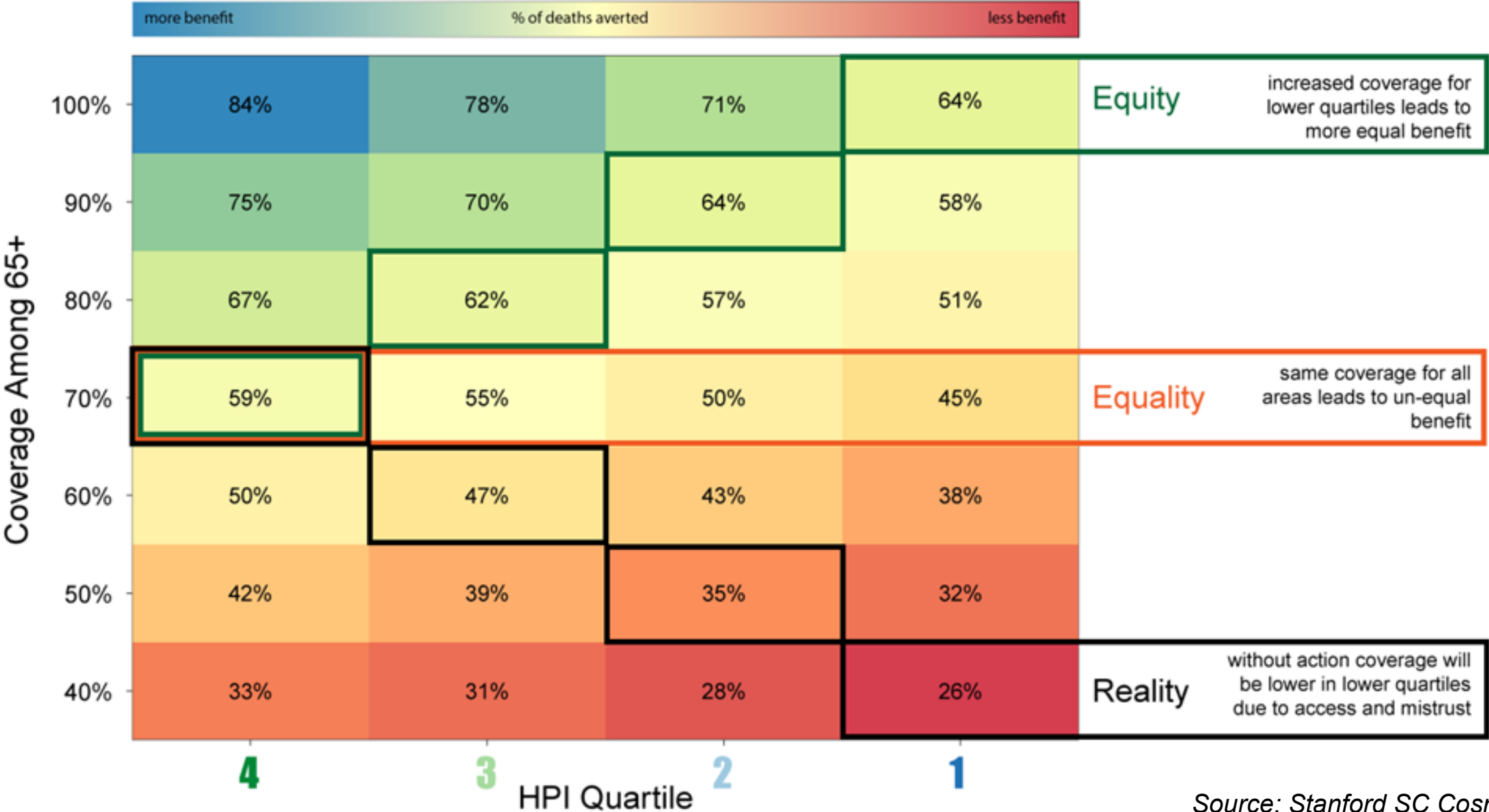
Divide total positive
tests by total tests
and multiply by 100

County risk level	Adjusted case rate* 7-day average of daily COVID-19 cases per 100K with 7-day lag, adjusted for number of tests performed	Positivity rate** 7-day average of all COVID-19 tests performed that are positive	
		Entire county	Healthy equity quartile
WIDESPREAD Many non-essential indoor business operations are closed	More than 7.0 Daily new cases (per 100k)	More than 8.0% Positive tests	
SUBSTANTIAL Some non-essential indoor business operations are closed	4.0 – 7.0 Daily new cases (per 100k)	5.0 – 8.0% Positive tests	5.3 – 8.0% Positive tests
MODERATE Some indoor business operations are open with modifications	1.0 – 3.9 Daily new cases (per 100k)	2.0 – 4.9% Positive tests	2.2 – 5.2% Positive tests
MINIMAL Most indoor business operations are open with modifications	Less than 1.0 Daily new cases (per 100k)	Less than 2.0% Positive tests	Less than 2.2% Positive tests

The Health Equity Metric | Trends in Test Positivity



Equal is not Equitable: Use Age AND Place



Healthy Places Index and a Vaccine Equity Metric

San Francisco Chronicle

SPECIAL OFFER: 16 WEEKS FOR 99¢ Sign In

LOCAL

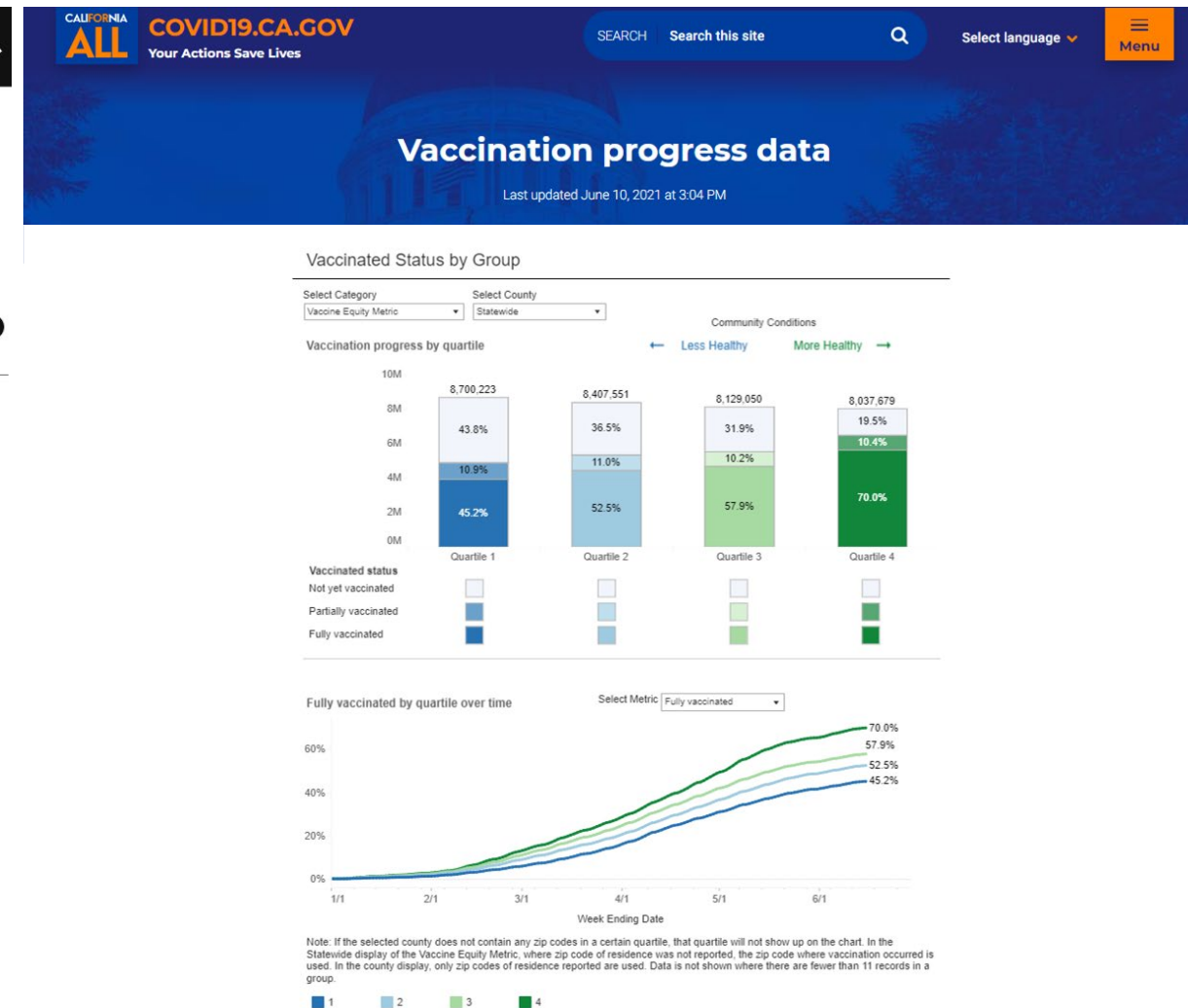
California is changing its vaccine system to allocate 40% of supply to lowest-income ZIP codes

Catherine Ho
March 4, 2021 | Updated: March 4, 2021 9:58 p.m.

Facebook Twitter Email



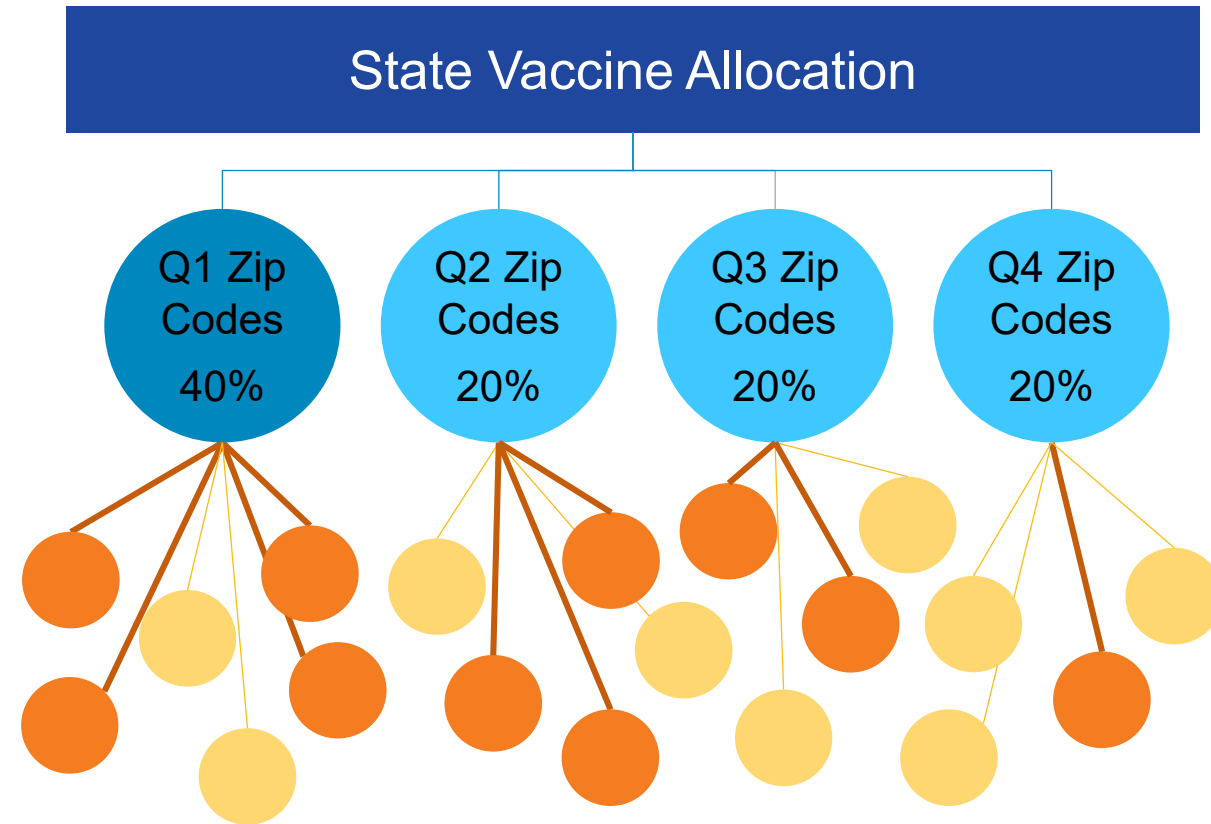
<https://www.sfchronicle.com/local/article/California-to-allocate-40-of-vaccine-supply-to-15999065.php>



<https://covid19.ca.gov/vaccination-progress-data/>

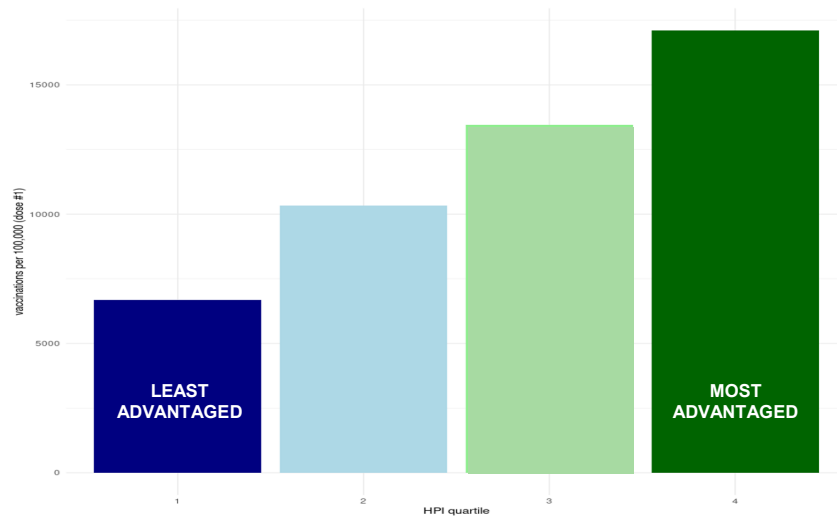
Vaccine Equity Metric (VEM) Used for Allocation Strategy & Provider Prioritization

- On March 2nd, CA started allocating 40% of vaccines to zip codes in the lowest VEM quartile (Q1)
- This matched Q1's disproportionate share of COVID-19 case and death burden at 40%
- CA allocation strategy incorporates equity metrics where providers best at reaching Q1 or other priority communities get larger vaccine allotments



HPI can help monitor equity in vax coverage

After 5M Doses Statewide

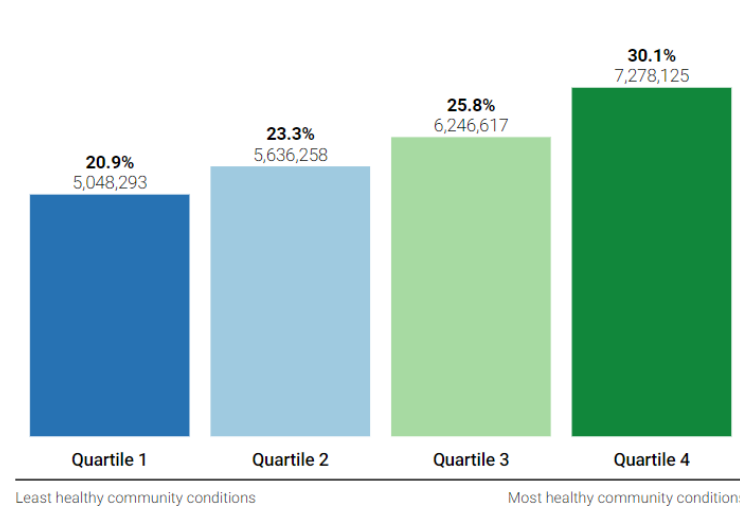


After 20M Doses

Vaccinations by doses administered

Number of vaccine doses given in California

■ % of total and number of doses administered



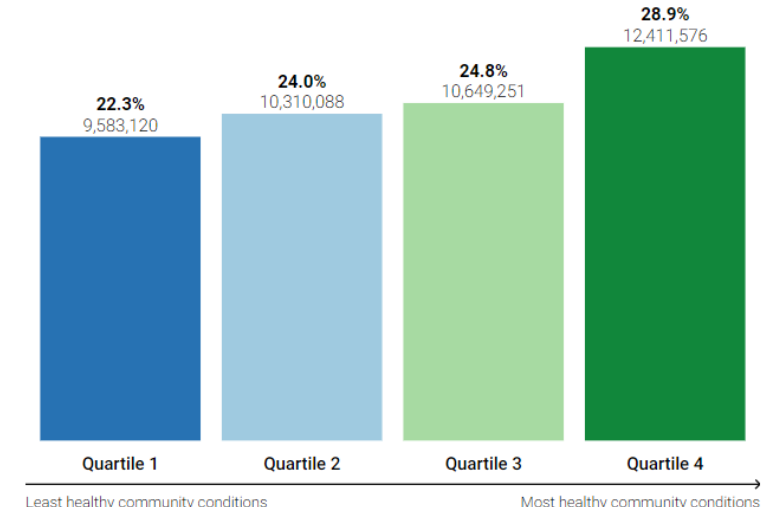
Updated April 16, 2021 with data from April 15, 2021. "Unknown/undifferentiated" includes those who declined to state, whose gender information is missing, or who identify as transgender, gender non-binary, gender queer or intersex.

After ~43M Doses

Vaccinations by doses administered

Number of vaccine doses given in California

■ % of total and number of doses administered



Updated July 28, 2021 with data from July 27, 2021.

The challenges are systemic and persistent



Equity Index Best Practices

Work closely with local jurisdictions

Make it explainable and transparent with the public

Check fidelity often and use creatively to prioritize resources

Carrots & Sticks

Allocation (resources like vaccines)

Prioritization (which providers)

Targeted Outreach (Air Game & Ground Game)

Deployment (mobile clinics)

Demonstrate the impact

Equity Index Challenges & Lessons Learned

**Not a “cure all” always look at race/ethnicity,
income, & special populations**

**Resource allocation decisions can invite methodology
critiques. Document science-based responses to concerns**

**Expect tradeoffs, keep equity as your North Star for
practical impactful choices**

HPI: A Proven Tool for Community Impact



- Now over **100+ use cases** and included in criteria for grants totaling **over \$1 billion**
- Provides extensive data “warehouse” of community conditions
- Continue to **improve and iterate** on its successful model: new data & features are in development

HPI Into Action Statewide

Over \$1 billion in grant funding



California Department of Public Health

[Targeted Investment Plans](#) - CARES Act & ELC funding being directed to most impacted communities by local health depts (\$272M)

California Transportation Commission

[Active Transportation Program](#) (\$110M/yr)

Caltrans

[Sustainable Transportation Planning Grants](#) (\$34M/yr)

[Adaptation Planning Grants](#) (\$6M/yr)

California Strategic Growth Council

[Transformative Climate Communities](#) (\$57M in 2019)

California Air Resources Board

[Community Air Protection Program](#) (\$5M/yr)



California Governor's Office - Blueprint for a Safer Economy

[Health Equity Metric](#) - used to determine if a county can move to a less restrictive tier

California Department of Public Health

[COVID-19 Vaccine Distribution](#)

CDPH – Maternal, Child & Adolescent Health Div.

[Community Birth Plan to Reduce Preterm Births in African American Women in Los Angeles](#)

CDPH – Office of Health Equity

[Mortality Rates Among Caucasian Men in Central San Joaquin Valley](#)

California Air Resources Board

[Research Call](#) – Mapping and Evaluating Transportation Access and Built Environment



Governor's Office of Planning & Research

[General Plan Guidelines](#)

[Senate Bill 1000 Guidance](#)

[Integrated Climate Adaptation](#) – CA Executive Order B-30-15

California Natural Resources Agency

[Safeguarding California Plan](#)

California Transportation Commission

[Regional Transportation Plan Guidelines](#)

[Comprehensive Multimodal Corridor Guidelines](#)

California Environmental Justice Alliance

[SB 1000 Toolkit](#) – Environmental Justice Element

Asian Pacific Environmental Network

[Mapping Resilience: A Blueprint for Thriving in the Face of Climate Disasters](#) report

HPI Into Action Locally & Regionally



Southern California Association of Governments
[Sustainable Communities Planning Grants](#) (\$30M)

Kaiser Permanente, Southern California
Mental Health & Wellness Initiative: Local Partnership Grants (\$6M)

Alliance Healthcare Foundation
Mission Support Grants

Bay Area Air Quality Management District
[James Cary Smith Community Grants Program](#) (\$250K)

Riverside University Health System – Public Health
Adverse Childhood Experiences Score Program
Census Tract Identification for Increased Women, Infant & Children Program Outreach



Kaiser Permanente, Southern California
Catalyst of Organizational Assessment and Equity Framing Community Health Needs Assessment

Los Angeles County Department of Public Health
85+ [City and Community Health Profiles](#)

Santa Barbara County Public Health Department
Presentations on Federal Budget Impacts on Health, and Community Health Needs Assessment

Santa Monica – St. John's Medical Center
Community Health Needs Assessment

Solano County Public Health Department
Local Community Indicator Comparison Project

Sutter County Public Health Department
Community Health Assessment, Community Health Improvement Plan, and Strategic Plan



Southern California Association of Governments
2016 and 2020 Regional Transportation Plans
Active Transportation Database

Prevention Institute – Healthy, Equitable, Active Land Use Network
[Strategic Planning Guide](#) for Public Infrastructure Spending

Hospital Association of Southern California
Communities Lifting Communities Initiative

Ventura County
[General Plan 2040 Update](#)

Solano County Public Health Department
Maternal and Child Health Verification of Cumulative Health Impacts from Social Factors

HPI Into Action: Early Childhood Education

First 5 Commissions:

- **First 5 California:** COVID-19 emergency supply investment
- **First 5 LA:** Strategic Planning
- **First 5 San Mateo:** under consideration



HPI Into Action: Early Childhood Education

- **Riverside County Public Health:**
 - Adverse Childhood Experiences
 - WIC Recruitment Activities
- **Solano County Public Health:** Maternal and child health dataset
- **City of South San Francisco:** Commission on Racial & Social Equity



Potential Applications of HPI: Early Childhood Education

- Identifying communities to prioritize interventions and investments
- Utilizing HPI Policy Action Guides, especially the Preschool Enrollment Guide, to identify practical solutions and concrete actions to improve community conditions and health
- Elevating equity and the social determinants of health in early childhood education planning and program design
- Uplifting the role and importance of community conditions in supporting early childhood education (e.g. housing, transportation access, healthy food access, etc.)

Together We Will Advance Equity & Antiracism

Thank You Questions?

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