


---

**Third Quarter  
Office of Health Equity  
Advisory Committee Meeting  
September 2, 2021**

***Meeting will begin shortly.  
Please stand by.***





**Welcome to the  
Office of Health Equity  
Advisory Committee Meeting!**



# Housekeeping

## ❖ Zoom Meeting:

- ❖ Please remember to mute yourself when you are not speaking.
- ❖ During comments and discussion, use the “raise hand” function and you will be called on (as time permits).
- ❖ You may also use the chat function to enter your questions and comments.
- ❖ If you are calling on the phone, press \*6 to unmute and mute your line.
- ❖ Only use camera when you are speaking.

## ❖ Closed Captioning:

Real-time captions are available here in the Zoom session. Click on the Closed Caption button and select ‘Show Subtitles’ to view the captions. You can also follow the real-time captions here:

<https://www.streamtext.net/player?event=CDPH>

## ❖ Abbreviated Agenda

- ❖ Please help by being as concise as possible!





# **Advisory Committee Roll Call and Introductions**

## **Agenda Review**





# **Approval of Minutes:**

**June 15, 2021 Meeting  
July 29, 2021 Subcommittee Meeting**





# Discussion and Public Comment



# Updates from CDPH Leadership

Christine Siador, MPH  
Assistant Director  
California Department of Public Health

Rohan Radhakrishna, MD, MPH  
Deputy Director for Office of Health Equity California  
Department of Public Health



# 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



CDPH Director  
Dr. Tomás Aragón



New CDPH Assistant Director  
Christine Siador



New Office of Health Equity  
Assistant Deputy Director Ana Bolaños





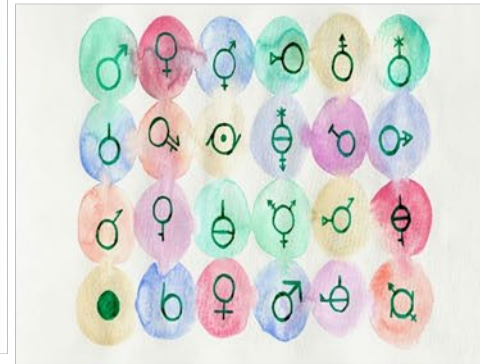
# Office of Health Equity



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

# Human Health Impacts of Climate Change

**Environmental Degradation**  
Forced migration, civil conflict, mental health impacts, loss of jobs and income

**Extreme Heat**  
Heat-related illness and death, cardiovascular failure

**Severe Weather**  
Injuries, fatalities, loss of homes, mental health impacts

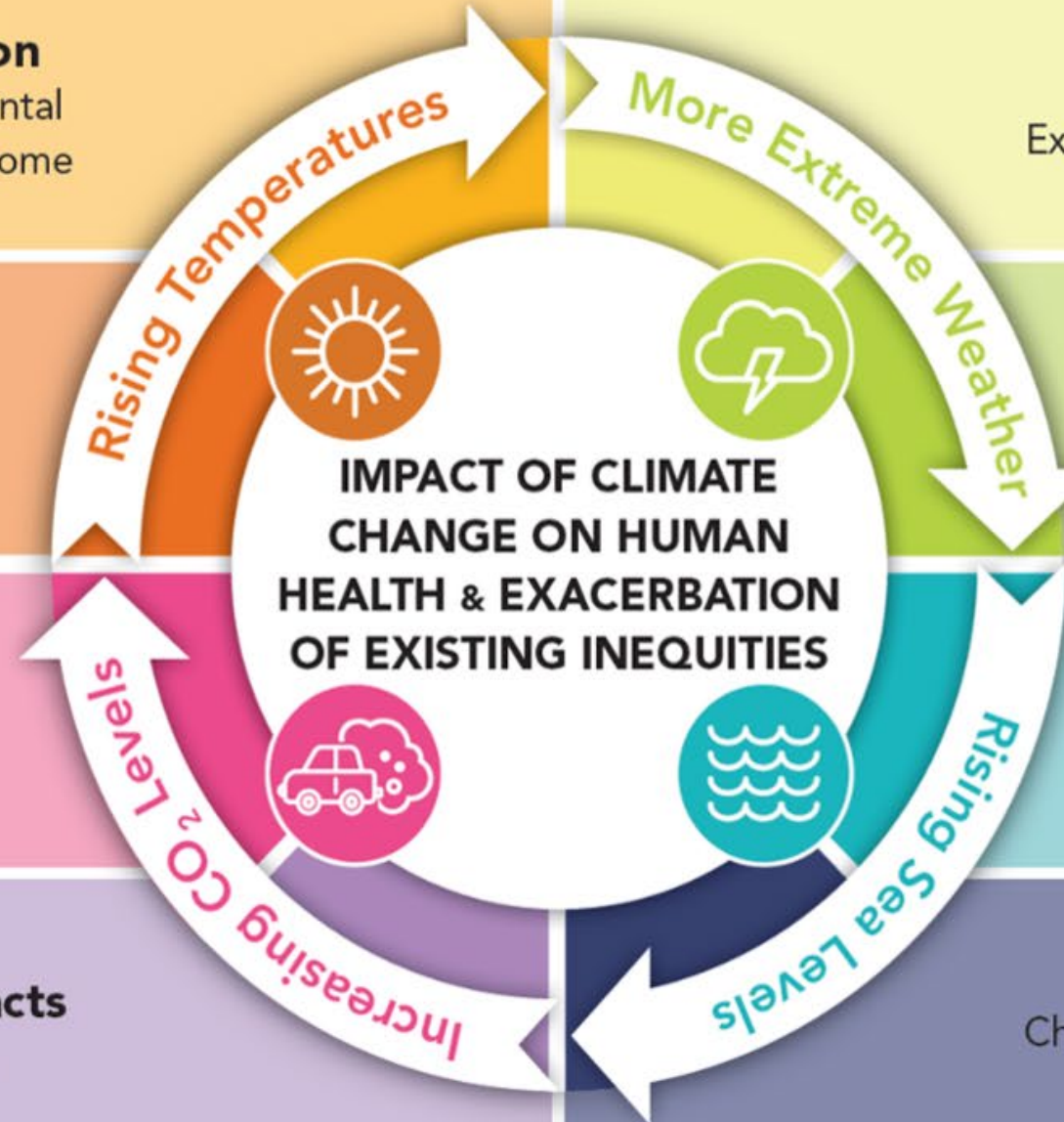
**Water & Food Supply Impacts**  
Malnutrition, diarrheal disease

**Degraded Living Conditions & Social Inequities**  
Exacerbation of existing social and health inequities and vulnerabilities




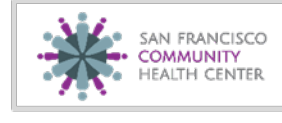


























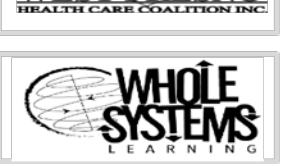



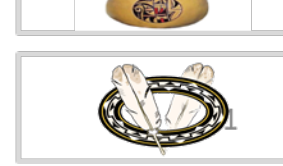
**Changes In Vector Ecology**  
Malaria, dengue, encephalitis, hantavirus, Rift Valley fever, Lyme disease, chikungunya, West Nile virus

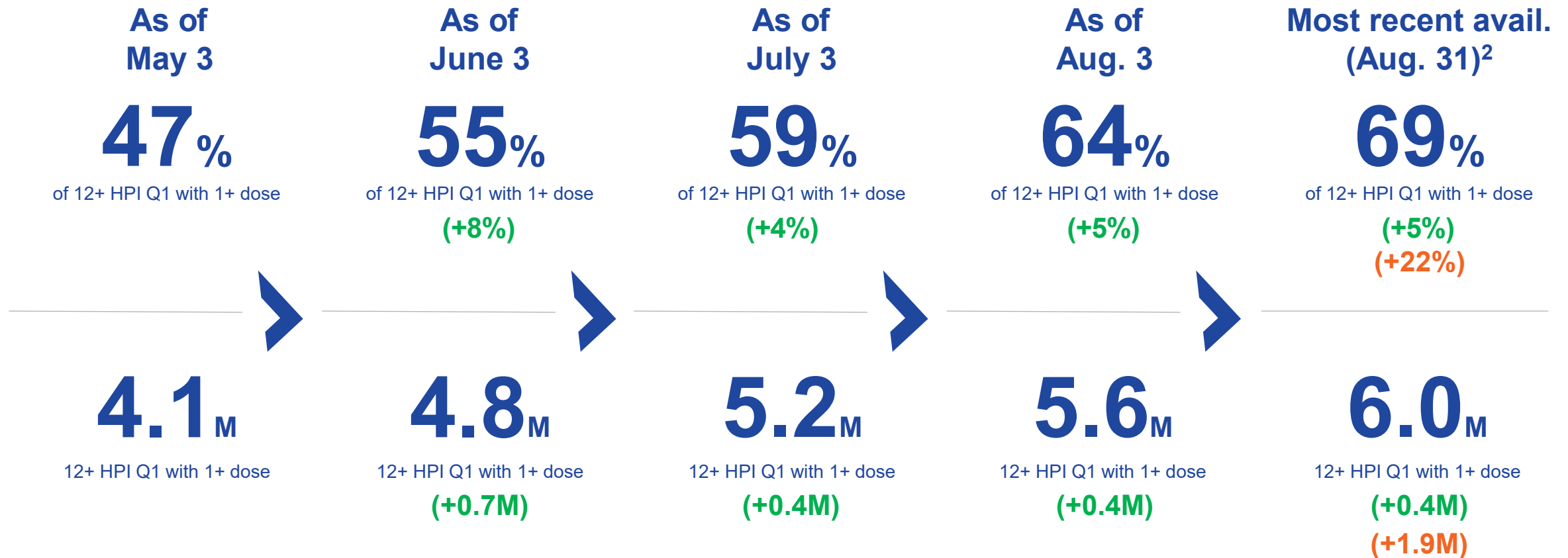
**Air Pollution & Increasing Allergens**  
Asthma, cardiovascular disease, respiratory allergies

**Water Quality Impacts**  
Cholera, cryptosporidiosis, Campylobacter, leptospirosis, harmful algal blooms



# CDPH California Reducing Disparities Project: Phase II Organizational Chart

SWE	Statewide Evaluator: Psychology Applied Research Center @ Loyola Marymount University				
TAPs	African American ONTRACK Program Resources	Asian and Pacific Islander Special Service for Groups (SSG)	Latinx UCD Center for Reducing Health Disparities	LGBTQ Center for Applied Research Solutions (CARS)	Native American Pacific Institute for Research and Evaluation (PIRE)
Implementation Pilot Projects (IPPs)					
					
					
					
					
					
					
EOA	Education Outreach and Awareness Consultant: California Pan-Ethnic Health Network				



1. HPI Q1 12+ population: 8,700,223  
Total 12+ population: 33,274,503

2. Most recent available data may not fully reflect current rates given delays in data reporting

Source: <https://covid19.ca.gov/vaccination-progress-data/> as of 9/01/2021, 9:00am PT; CDPH Snowflake accessed 9/01/21

**Comparative vaccination rates over time for 16+ population**  
**HPI Q1 16+ population:** 8,051,741 (total 16+ population: 31,822,612)  
 May 3 - 51% at 4.1 million vaccinated 1+ dose  
 June 3 - 58% at 4.7 million vaccinated 1+ dose  
 July 3 - 62% at 5.0 million vaccinated 1+ dose  
 Aug. 3 - [X]  
 Aug. 31 - 71% at 5.7 million vaccinated 1+ dose

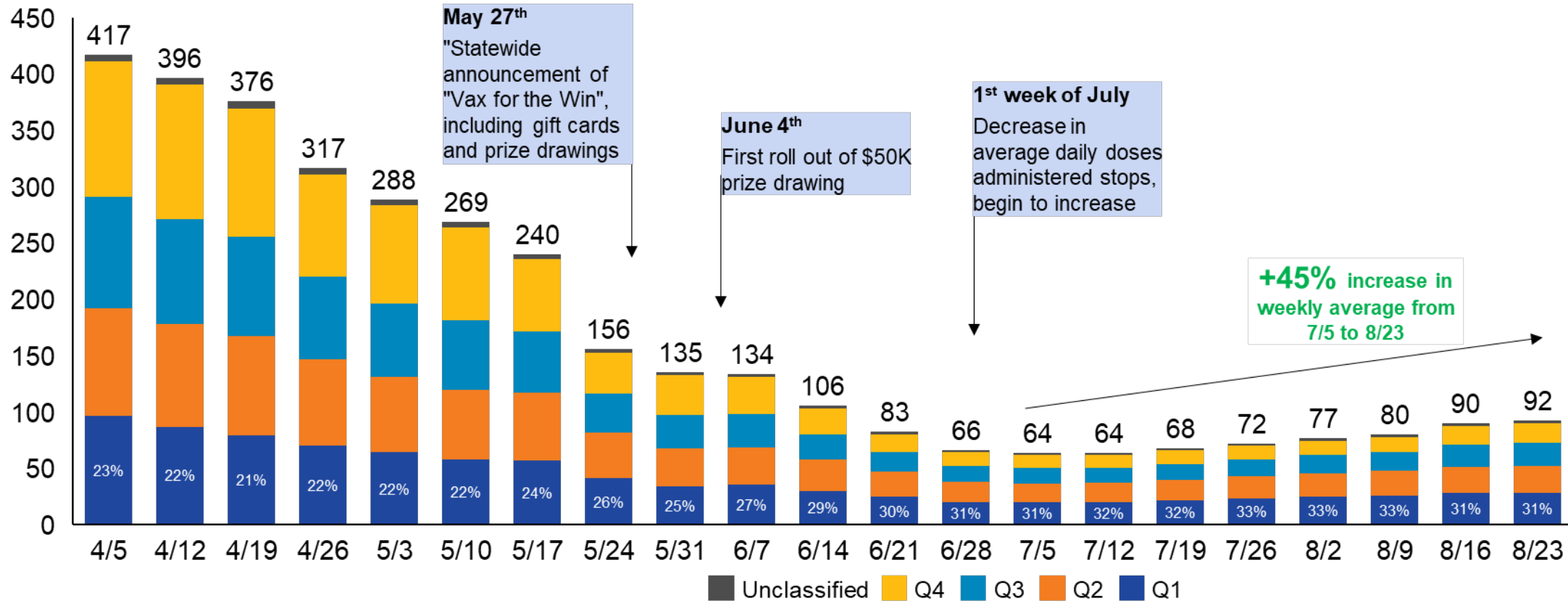
# 1. Daily doses administered (by HPI Quartile and by week) since April 5<sup>th</sup> (12+)

PRELIMINARY DRAFT AS OF SEPTEMBER 1, 2021

## Average daily doses administered by week<sup>1,2</sup>, in thousands

Unclassified Q4 Q3 Q2 Q1

Week based on Monday-Sunday average, from 4/5 to 8/29

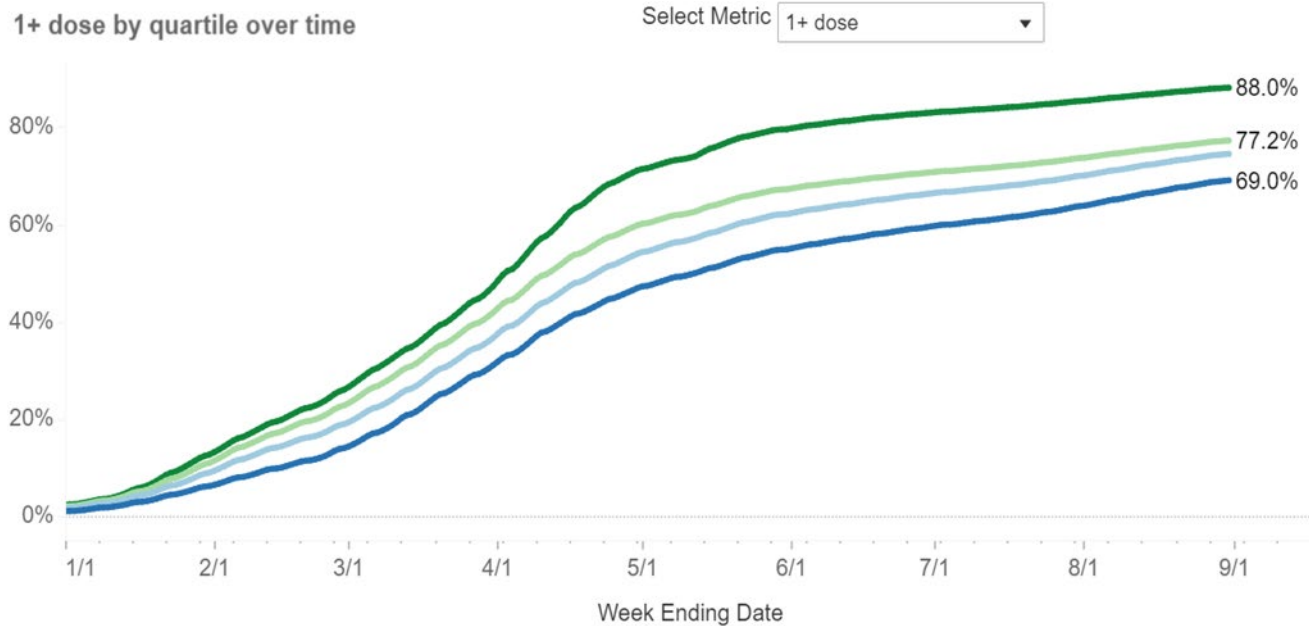


- **Decrease** in average daily vaccinations **from April to early July**
- Counties have started to experience an **increase in vaccination in the past 7 weeks**
- From April 5<sup>th</sup> to August 29<sup>th</sup>, **HPI Q1 increased from 23% to 31% as a share of total vaccinations**

1 Data shown up to 8/29, data from 8/30-8/9/1 not shown due to reporting lags.  
 2 Based on week start  
 Source: CDPH Snowflake accessed 9/1/21

## Race/ethnicity data as reported by State vaccination dashboard

1+ dose by quartile over time



Note: If the selected county does not contain any zip codes in a certain quartile, that quartile will not show up on the chart. In the Statewide display of the Vaccine Equity Metric, where zip code of residence was not reported, the zip code where vaccination occurred is used. In the county display, only zip codes of residence reported are used. Data is not shown where there are fewer than 11 records in a group.

■ 1 ■ 2 ■ 3 ■ 4

1. Equity Ops team deployed 5/3

Source: <https://covid19.ca.gov/vaccination-progress-data/> as of 9/01/2021, 2:00pm PT

## ~88% HPI Q4 population

Of HPI Q4 12+ population is vaccinated 1+ dose as of 8/31, compared to 71% of HPI Q4 12+ population as of 5/1<sup>1</sup>

## ~77% HPI Q3 population

Of HPI Q3 12+ population is vaccinated 1+ dose as of 8/31, compared to 60% of HPI Q3 12+ population as of 5/1<sup>1</sup>

## ~74% HPI Q2 population

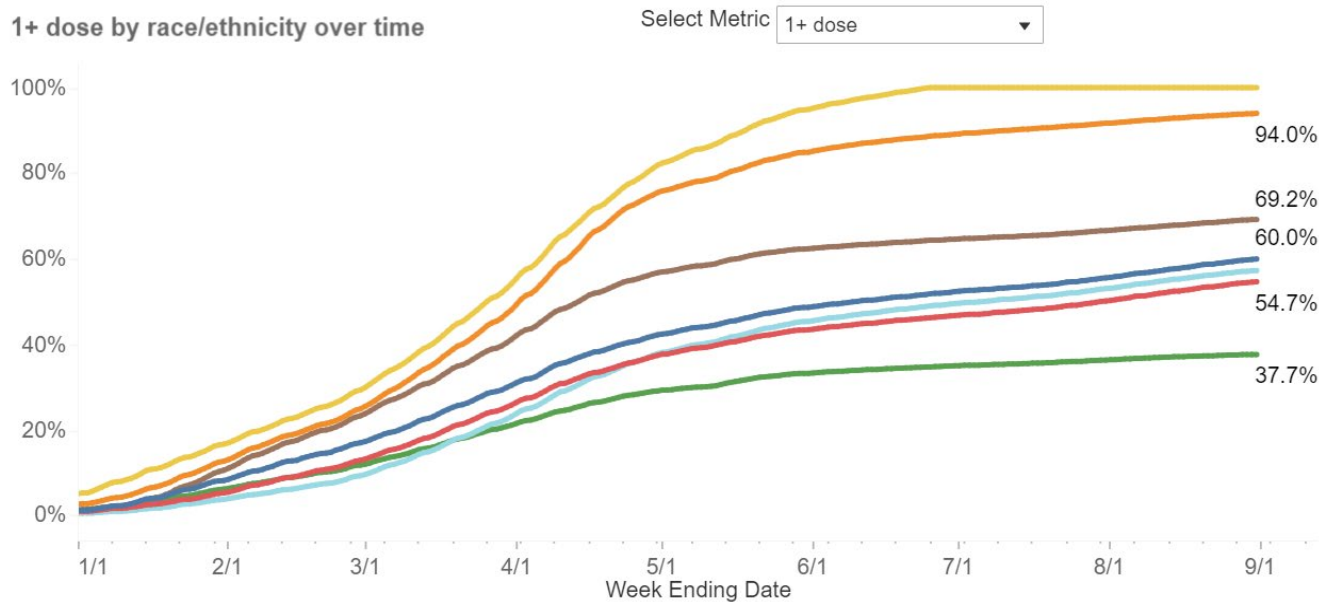
Of HPI Q2 12+ population is vaccinated 1+ dose as of 8/31, compared to 54% of HPI Q2 12+ population as of 5/1<sup>1</sup>

## ~69% HPI Q1 population

Of HPI Q1 12+ population is vaccinated 1+ dose as of 8/31, compared to 47% of HPI Q1 12+ population as of 5/1<sup>1</sup>

## Race/ethnicity data as reported by State vaccination dashboard

1+ dose by race/ethnicity over time



Note: Population estimates do not include "other" or "unknown" race and ethnicity categories, therefore their percentage of state population is not available. Some race/ethnicity groups in this county may have small populations. Where the county of residence was not reported, the county where vaccinated is used. Data is not shown where there are fewer than 11 records in a group.



1. Equity Ops team deployed 5/3

Source: <https://covid19.ca.gov/vaccination-progress-data/> as of 9/01/2021, 2:00pm PT

## ~94% Asian population

Of Asian 12+ population is vaccinated 1+ dose as of 8/31, compared to 76% of Asian 12+ population as of 5/1<sup>1</sup>

## ~69% White population

Of white 12+ population is vaccinated 1+ dose as of 8/31, compared to 56% of white 12+ population as of 5/1<sup>1</sup>

## ~57% LatinX population

Of LatinX 12+ population is vaccinated 1+ dose as of 8/31, compared to 38% of LatinX 12+ population as of 5/1<sup>1</sup>

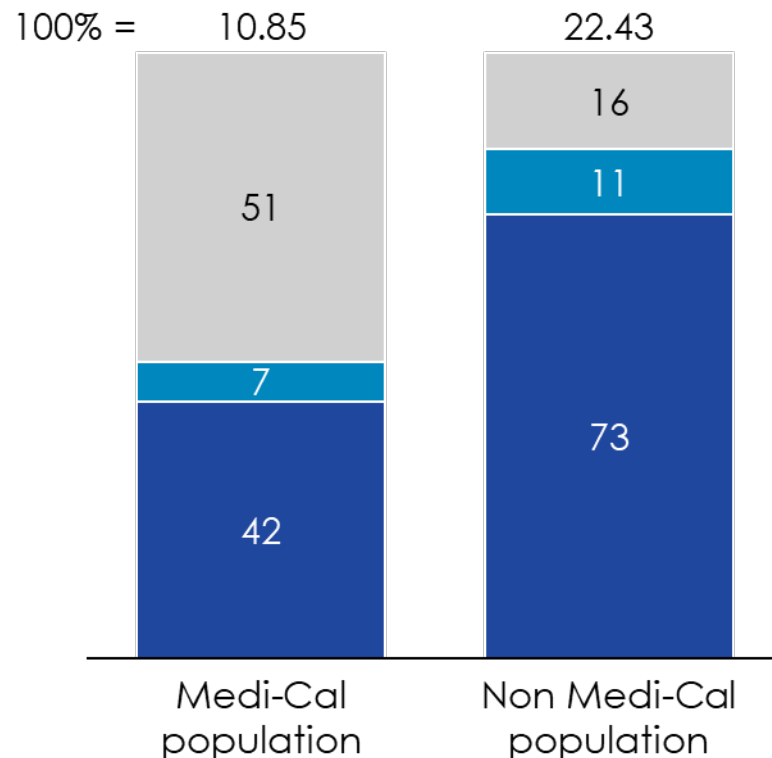
## ~55% Black population

Of Black 12+ population is vaccinated 1+ dose as of 8/31, compared to 37% of Black 12+ population as of 5/1<sup>1</sup>

## Vaccination rate by insurance type

As of 8/1/2021; 12+ population in M

- Not yet vaccinated
- Partially vaccinated
- Fully vaccinated



**~84% Non-Medi-Cal population**

Of non-Medi-Cal **12+** population is vaccinated 1+ dose as of 8/1

**~49% Medi-Cal population**

Of Medi-Cal **12+** population is vaccinated 1+ dose as of 8/1

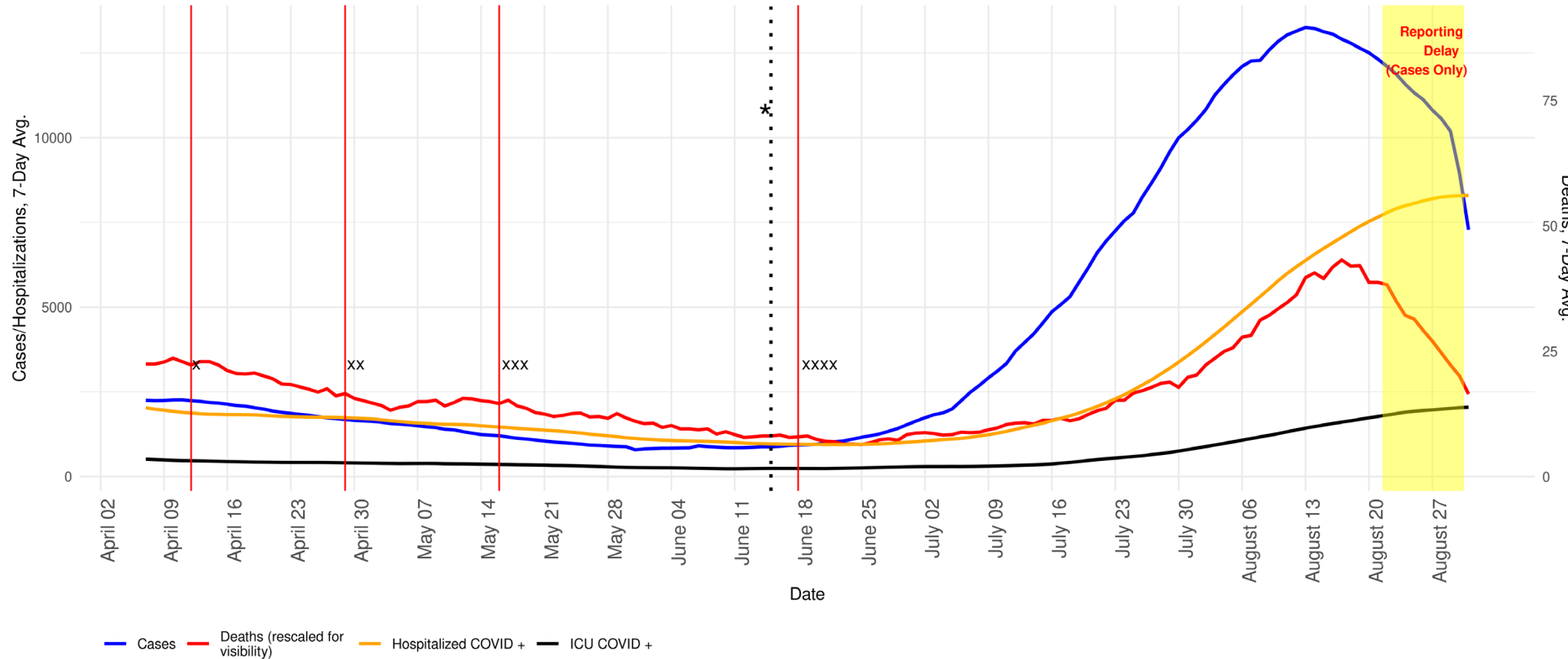
Source: <https://www.dhcs.ca.gov/Documents/COVID-19/DHCS-COVID-19-Vaccine-Stats.pdf>



# 1. 7-Day Average of Cases by Episode Date, Total Hospitalizations, Total ICU Admissions, and Deaths by Date of Death Associated with COVID-19 per Day, April 1 – September 1, 2021



PRELIMINARY DRAFT AS OF AUGUST 26, 2021



## Excerpts from Science Branch Report for Director Briefing

Since mid-June, case numbers (and incidence) have steadily increased but may be plateauing

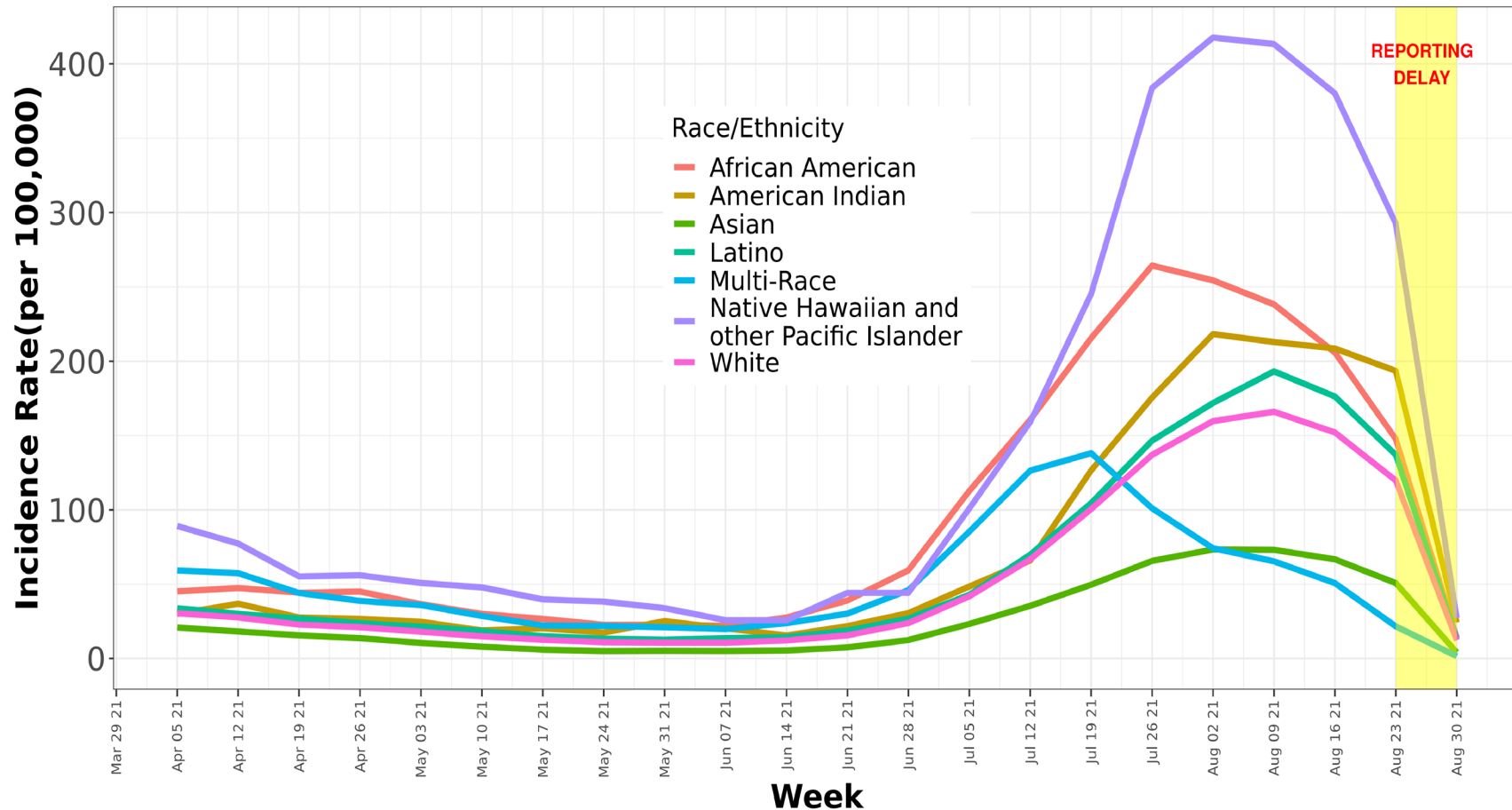
**$R_{eff}$  approximately .98 and decreasing**

Case and death data from CalREDIE. Hospitalization data from CHQC  
 x 4/12/2021: 30% 16+ vax  
 xx 4/29/2021: 40% 16+ vax  
 xxx 5/16/2021: 50% 16+ vax  
 xxxx 6/18/2021: 60% 16+ vax  
 \* 6/15/2021: Statewide Reopening  
 2021-09-01 15:04:56

Source: Daily COVID-19 CDPH Epi Team slides, September 1, 2021; Daily Director's Brief, September 1, 2021, Science Branch

# 1. COVID-19 Incidence by Race/Ethnicity and Week

PRELIMINARY DRAFT AS OF AUGUST 26, 2021



**Excerpts from Science Branch Report for Director Briefing**

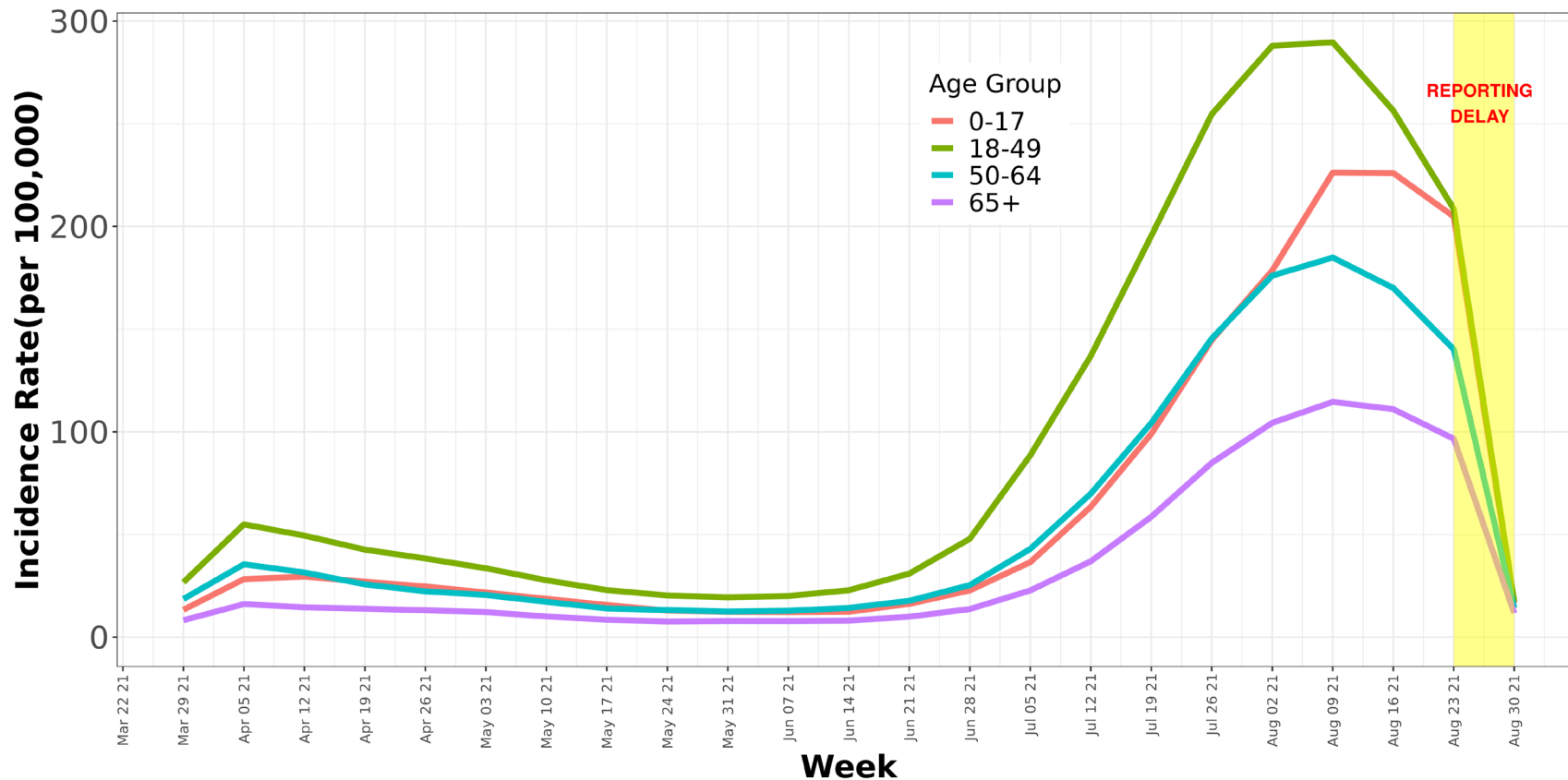
Incidence rate is highest among Native Hawaiian and Pacific Islanders (NHPI)

Mortality rate among NHPI has also been rising since late July

Source: Daily COVID-19 CDPH Epi Team slides, September 1, 2021; Daily Director's Brief, September 1, 2021, Science Branch

# 1. COVID-19 Incidence by Age Group and Week

PRELIMINARY DRAFT AS OF AUGUST 26, 2021



**Excerpts from Science Branch Report for Director Briefing**

Since early August 2021, the number of COVID-19 cases among individuals **5-17 years old has increased more rapidly** than cases among other age groups, surpassing the number of cases among people aged 31-40 and 23-30 years old

Source: Daily COVID-19 CDPH Epi Team slides, September 1, 2021; Daily Director's Brief, September 1, 2021, Science Branch

## Rationale for goal development

**Create an aspirational vision to motivate and accelerate the impact of the state and local teams supporting work on COVID equity**

**Track progress of equity-related initiatives and refine approaches as needed**

**Enable all teams working on equity outreach to monitor the success of their specific activities and identify opportunities to enhance operations**



## Guiding principles for goal development

Aim to be as ambitious as possible and create a target that will truly move the needle

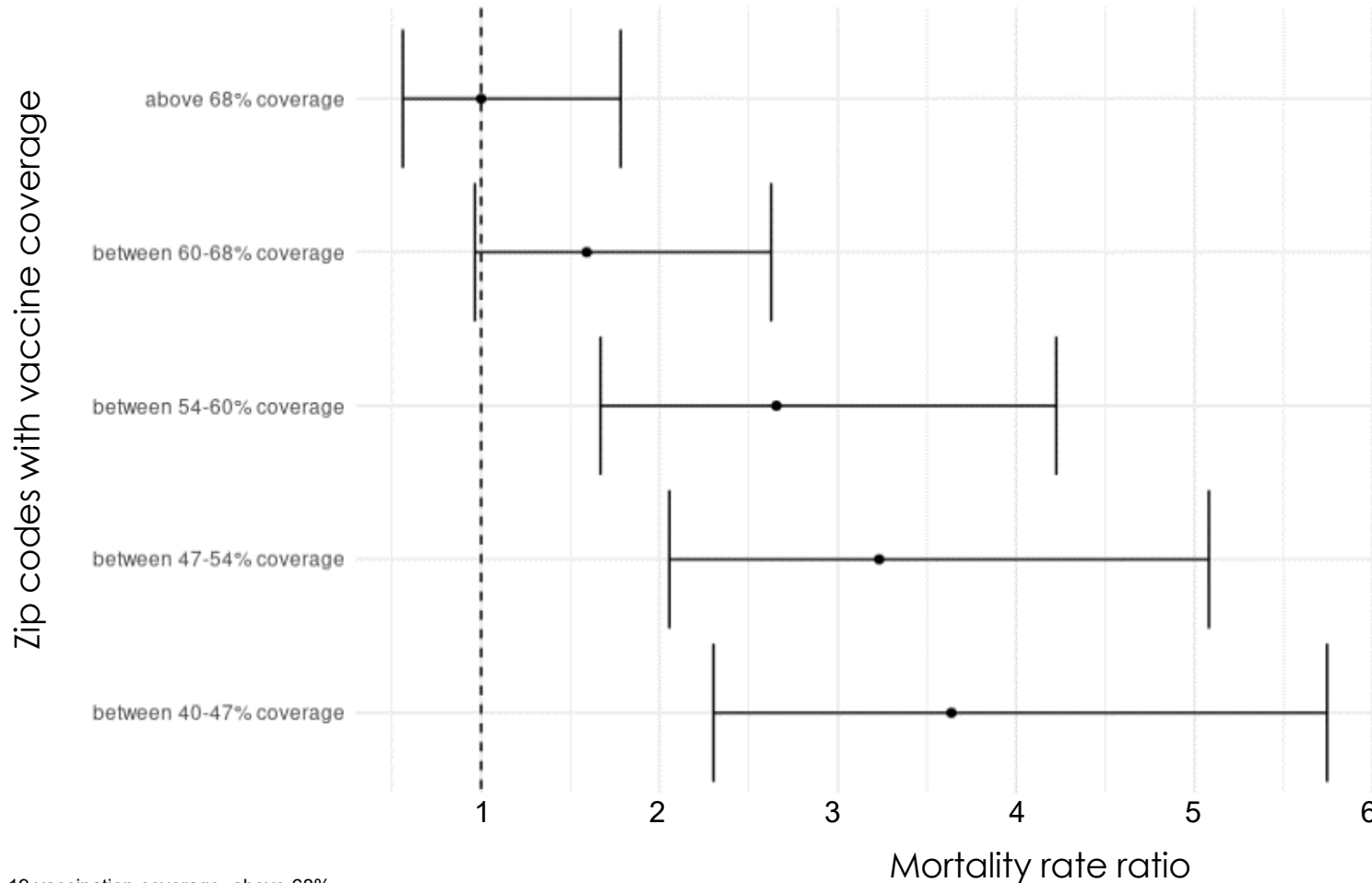
Bias toward speed over perfection—purpose of goal is to drive progress forward quickly

Focus on operational impacts of goal setting and consider how goal will impact deployment of resources

# Why Equity? Stepwise Increases in Vaccination Coverage Lowers Mortality Rate



Mortality rate ratio (last 4 weeks) among CA zip codes, as of 8/24<sup>1</sup>



1. Compared to zip codes with COVID-19 vaccination coverage above 68%  
Source: Preliminary data as of 8/24/21 from CDPH Modelling Team (last 4 weeks compared to zip codes with over 68% COVID-19 vaccination coverage)



# Major design decisions to consider in goal-setting

PRELIMINARY DRAFT AS OF AUGUST 26, 2021

**Goal:** Ensure [XX]% of individuals in all racial and ethnic groups are fully vaccinated against COVID-19 by Jan 1, 2022

Success threshold + denominator

Population

Metric

Timeline

Current OHE team hypothesis

Dimensions	Potential Decisions			Potential operational implications
Threshold	[X]%	Within 10% of State average	Within 10% of "best in class"	<ul style="list-style-type: none"> <li>Fixed target may allow for more straightforward tracking of progress</li> <li>Relative benchmark may be moving target</li> </ul>
Metric	Fully vaccinated	1+ dose	"Up to date"	<ul style="list-style-type: none"> <li>Metric may impact degree to which resources are allocated to new starts vs. course completion</li> </ul>
Denominator	Current eligible pop.	Future eligible population	Total population	<ul style="list-style-type: none"> <li>Denominator may impact geographies of focus (e.g., areas with younger populations)</li> </ul>
Population	Race / ethnicity	Place (HPI)	Insurance type	<ul style="list-style-type: none"> <li>Population focus may impact who will be targeted for messaging and how/where resources will be deployed</li> </ul>
Timeline	Jan. 1, 2022	Other (e.g., Q4 2021)		<ul style="list-style-type: none"> <li>Timeline to achieve a goal may determine the cadence and intensity of vaccine effort (e.g., initial fall sprint)</li> </ul>

Source: CDPH Equity Ops Workstream

**OPTIONS DISPLAYED ARE NON-EXHAUSTIVE**

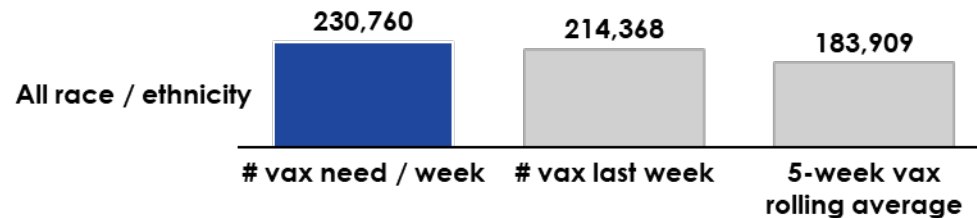


**OPTIONS DISPLAYED ARE NON-EXHAUSTIVE**

**Example Option 1:** 75% individuals in all racial and ethnic groups vaccinated with 1+ dose by Jan 1, 2022

Dimensions	Potential Decisions		
Threshold	75%	Within 10% of State average	Within 10% of "best in class"
Metric	Fully vaccinated	1+ dose	"Up to date"
Denominator	Current eligible population	Future eligible population	Total population
Population	Race / ethnicity	Place (HPI)	Insurance type
Timeline	Jan. 1, 2022	Other	

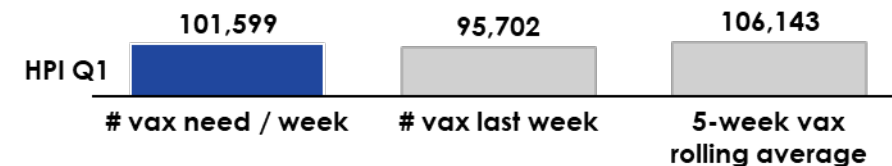
Total number of individuals to be vaccinated:  
**4,153,676** to goal



**Example Option 2:** First dose vaccination rate of individuals living in HPI Q1 areas is within 10% of HPI Q4 areas by Jan 1, 2022

Dimensions	Potential Decisions		
Threshold	[X]%	Within 10% of State average	Within 10% of "best in class"
Metric	Fully vaccinated	1+ dose	"Up to date"
Denominator	Current eligible population	Future eligible population	Total population
Population	Race / ethnicity	Place (HPI)	Insurance type
Timeline	Jan. 1, 2022	Other	

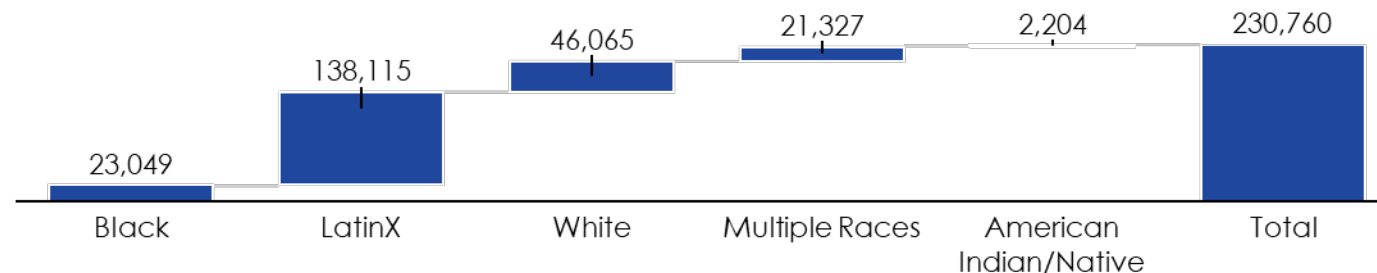
Total number of individuals to be vaccinated:  
**1,828,787<sup>1</sup>** to goal



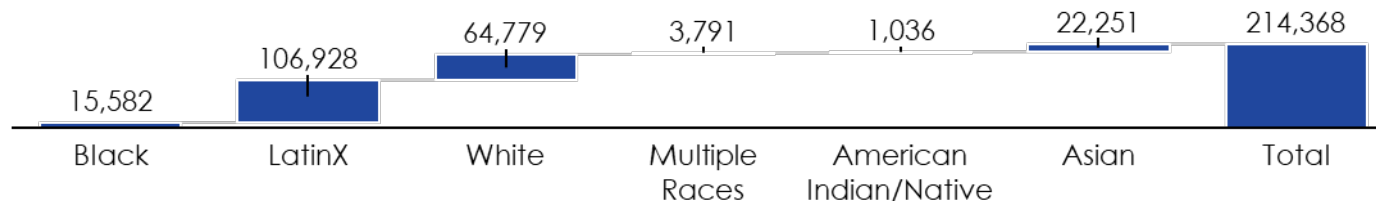
1. Assumes that HPI Q4 vaccination rates moving forward are consistent with previous 5-week average  
 2. Includes all race/ethnicity groups currently with <75% COVID-19 vaccination rates (fully vaccinated) among total population.  
 Sources: CA vaccination data pulled on Aug 25 from <https://covid19.ca.gov/vaccination-progress-data>, US Census Data V2019

**Goal:** 75% individuals in all racial and ethnic groups vaccinated with 1+ dose by Jan 1, 2022

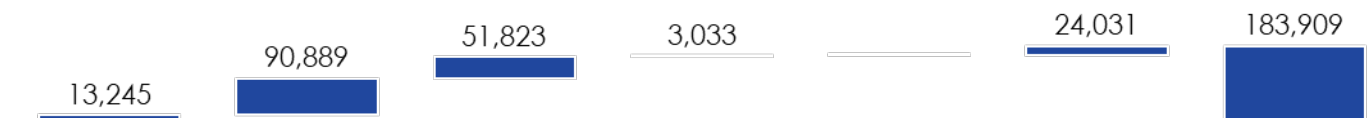
## Number of individuals vaccinated per week to achieve goal, by race/ethnicity



## Number of individuals vaccinated in previous week, by race/ethnicity



## Average number of individuals vaccinated in previous 5 weeks, by race/ethnicity



Sources: CA vaccination data pulled on August 25 from <https://covid19.ca.gov/vaccination-progress-data>; US Census Data V2019

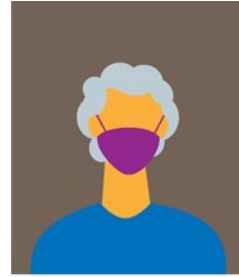


## Next steps to finalize goals

Work with internal and external teams to define meaningful targets for specific groups (e.g., work with DHCS team to define goal by insurance type, community groups like you)

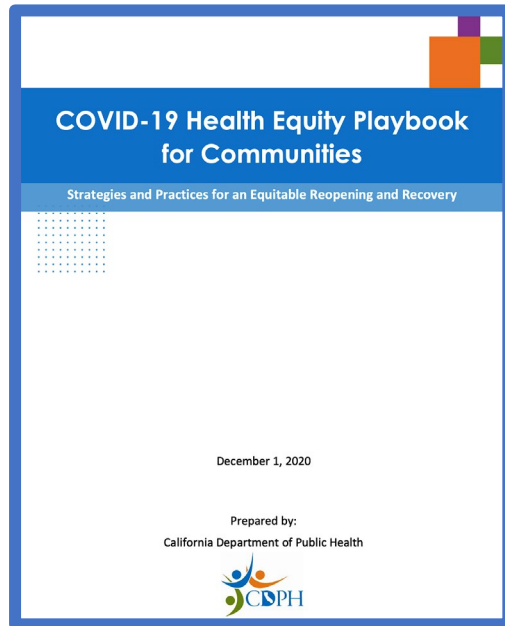
Continue to refine operational implications of selected goals (number of individuals vaccinated per week)

# EQUITY MILESTONES



- Health Equity Metric
- Vaccine Equity Allocation, Campaigns, Pilots
- Equity Playbook
- Targeted Equity Investment Plans
- Health Equity Workgroup
- Data Analysis and Enhancements to Reflect Disproportionately Impacted Populations
- Health Equity and Multilingual Resources Hub
- Health Equity CBO Pilot Projects
- CDC Health Disparities Grant
- Testing Taskforce, Playbook, Community Toolkit
- Communications Toolkits
- Town Halls and Stakeholder Engagement
- Elevating Equity through Advanced Planning



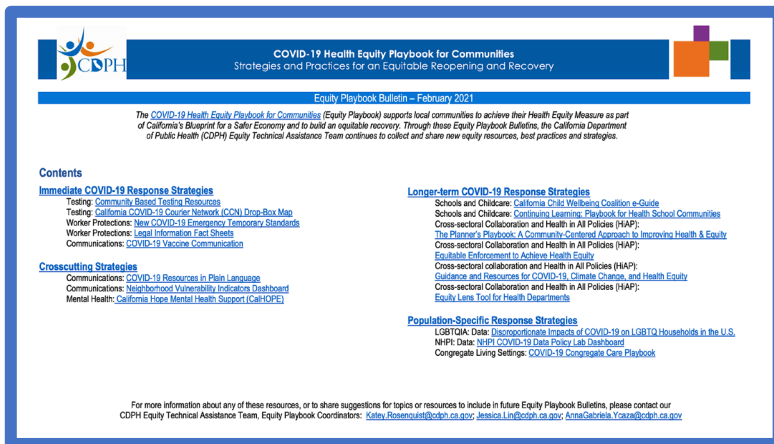


## Health Equity Playbook

- 70+ pages
- Released in December
- 6-month updates (informed by the Equity Playbook Bulletin)
- Equity resources, best practices, and strategies

## Health Equity Playbook Bulletins

- 3-4 pages
- Released in [February](#), [March](#), [April](#), [June](#), and [July](#)
- Monthly updates
- New equity resources, best practices, and strategies within the categories of the Equity Playbook framework
- Addition of population-specific resources



# COVID-19 Health Equity Playbook

---

## IMMEDIATE COVID-19 RESPONSE STRATEGIES

- Testing
- Contact Tracing
- Isolation Support
- Worker Protections

## LONGER-TERM COVID-19 RESPONSE STRATEGIES

- Housing Security and Homelessness
- Economic Security
- Schools and Childcare
- Cross-sectoral Collaboration and Health in All Policies (HiAP)
- Transportation / Physical Access and Mobility

## CROSS CUTTING STRATEGIES

- Data
- Communication
- Language Access and Cultural Competency
- Community and Stakeholder Engagement
- Mental Health Care

Together We Will Advance Equity & Antiracism

**Thank You  
Questions?**

[Rohan.Radhakrishna@cdph.ca.gov](mailto:Rohan.Radhakrishna@cdph.ca.gov)





# Discussion and Public Comment



# OHE Presentation: Community Partnerships Survey and Vision for OHE and the Advisory Committee's role

Rohan Radhakrishna, MD, MPH  
Deputy Director for Office of Health Equity  
California Department of Public Health





# Discussion and Public Comment





---

# Guest Presentations: COVID-19 Updates from Community-based Organizations

Weiyu Zhang  
Community Advocacy Manager  
California Pan-Ethnic Health Network

Juliet Sims  
Associate Program Director  
Prevention Institute





**PREVENTION**  
INSTITUTE



ChangeLab Solutions



California Pan-Ethnic  
**HEALTH NETWORK**

# CA COVID Equity Collaborative

September 2, 2021

# Report Trajectory

## Part 1: Challenges

Challenges  
Encountered by  
BIPOC Communities

Challenges  
Encountered due to  
COVID-19 Response

## Part 2: The Role of CBOs

How CBOs Made a  
Difference in Meeting  
Communities' Needs

How CBOs Filled  
Gaps in COVID  
Response

## Part 3: Recommendations

Engaging Community  
Resources to Better  
Meet Needs

Improving  
Infrastructure to  
Better Meet Needs

Improving Equity in &  
Accessibility to  
Services & Supports

# How California's Community-Based Organizations Filled the Gaps for BIPOC Communities

Meeting the Needs of Racially & Ethnically  
Diverse Communities During the COVID-  
19 Pandemic

# Our Vision for Equitable Recovery

- **Policymakers prioritize racially just solutions that ensure all Californians recover** from the pandemic while also addressing structural racism, discrimination, violence and trauma experienced by historically disenfranchised communities.
- **All California residents have access to the basic components of a safe and healthy life free of discrimination.**
- **Policymaking processes leverage community strengths and assets** by expanding opportunities for authentic engagement in policy design and implementation.
- **Investments prioritize the communities that have been hit hardest by the pandemic**, understanding that these communities have likely lost the most and started with less resources than those who have not experienced systemic and structural racism, segregation, discrimination, and disinvestment.



# Interview Methodology

- **Time & Location:** Dec 2020-Feb 2021, 1-1.5 hours each over Zoom
- **Interview Guide:** [COVID19 equity collaborative Proposed Key Informant Guide Elements](#)
- **Overarching questions:** (1) population served; (2) staying connected; (3) key factors to be addressed in recovery; (4) successes/innovations; (5) useful new policies
- **Specific questions:** on food, housing, COVID response/containment, mental health
- **Interviewers:** staff from CPEHN and Prevention Institute
- **Interviewees:** a total of 16 BIPOC-serving grassroots organizations across California that participated in COVID-19 response (+ additional data collected from a few other organizations)

*16 Community Organizations Participated in the Key Informant Interviews*

<b>Partner Organizations</b>	<b>County</b>	<b>Focus Population</b>
Asian Pacific Islander Forward Movement (APIFM)	Los Angeles	AANHPI
Asian Resources, Inc. (ARI)	Sacramento, Los Angeles	AANHPI
Canal Alliance	Marin	Latinx
Central Valley Environmental Justice Network	Fresno and other Central Valley	Latinx
Centro Binacional para el Desarrollo Indigena Oaxaqueno (CBDIO)	Fresno, Madera, Monterey	Latinx, Indigenous
Community Health Councils, Inc.	Los Angeles	African American/Black, Latinx
Cultiva La Salud	Fresno	Latinx
Healthy African American Families (HAAF)	Los Angeles	African American/Black
Instituto de Educación Popular del Sur de California (IDEPSCA)	Los Angeles	Latinx
Kennedy Commission	Orange	Low-income, communities of color
McKinleyville Family Resource Center	Humboldt	Indigenous
Mixteco/Indigena Community Organizing Project (MICOP)	Ventura, Santa Barbara	Latinx, Indigenous
Multi-Ethnic Collaborative of Community Agencies (MECCA)	Orange	Multi-ethnic
Roots Community Health Center	Alameda, Santa Clara	African American/Black
The Central Valley Urban Institute	Fresno	African American/Black
Vista Community Clinic	San Diego	Latinx



# Part 1: Challenges Encountered

## Challenges Encountered by Communities and CBOs During COVID-19

- Low-income workers and their families faced tough decisions.
- Many individuals and families could not obtain or afford basic resources.
- The pandemic exacerbated the digital divide.
- Social isolation and pandemic trauma added to economic and health challenges.





# Part 1: Challenges Encountered

## Challenges Encountered Due to Institutions' COVID-19 Response

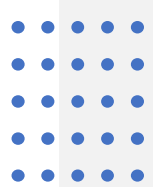
- Programs attempted to alleviate the worst effects of the pandemic but often were not accessible to communities most in need.
- Underinvestment in public health and CBOs further undermined COVID response efforts for BIPOC and other underserved communities.
- Many public health departments didn't have strong relationships with diverse communities before the pandemic.
- Communities encountered barriers to civic engagement.
- Lack of language assistance services during the pandemic



# Part 2: The Role of CBOs

## How CBOs Made a Difference in Meeting Community Needs

- CBOs used person-centered strategies to address residents' immediate needs.
  - Employed staff from the communities they serve
  - Used a trauma-informed approach
  - Met people where they are
- CBOs kept communities socially connected and engaged.
  - Conducted tech-savvy outreach
  - Conducted outreach to communities without digital access
  - Provided safe ways for community to connect



## Part 2: How CBOs Filled Gaps in COVID Response

“It’s called ‘transformational togetherness’: we need to build a stronger civic infrastructure for nonprofits, . . . so that they can build their power and impact the institutions.” - Orange County Advocate.

- Leveraged partnerships to extend their reach and impact.
- Served as an important link between government and community.
- Used their flexibility to pivot and address shortcomings in the pandemic response.
- Connected residents with engagement opportunities.

# Part 3: Recommendations

## Engaging Community Resources

Invest funding and resources in CBOs to strengthen their role as partners to government in meeting community needs.

Invest in and improve meaningful community engagement processes across all sectors and government programs.

Improve government response and service delivery to include person-centered and trauma-informed approaches

## Improving Governmental Infrastructure

Prioritize racial equity in policymaking and decision-making

Include accountability strategies and measures to actualize equity commitments

Invest funding in state and local government and public health staff to build understanding and capacity to work with diverse communities.

Prioritize and standardize disaggregated data collection, reporting and analysis.

# Part 3: Recommendations

Address	Address mental health needs and disparities through healing and restorative approaches.
Promote	Promote equitable enforcement of public health laws.
Help	Help homeowners and renters stay housed.
Promote	Promote economic security and protect workers.
Support	Support food security and adequate nutrition.

“When we say *recovery*, definitely we need to stop people from being evicted from their homes but also not continue to put Band-Aids... We need to create a system where there's an opportunity for the debt ... to be forgiven or waived.” —Central Valley advocate

What questions do you have?  
Thoughts or comments to share?



# Questions





# Discussion and Public Comment



# Role of CDPH/OHE in Housing work

Meredith Lee  
Health in All Policies Team Lead  
Office of Health Equity  
California Department of Public Health





# OHE Advisory Committee: Housing Presentation

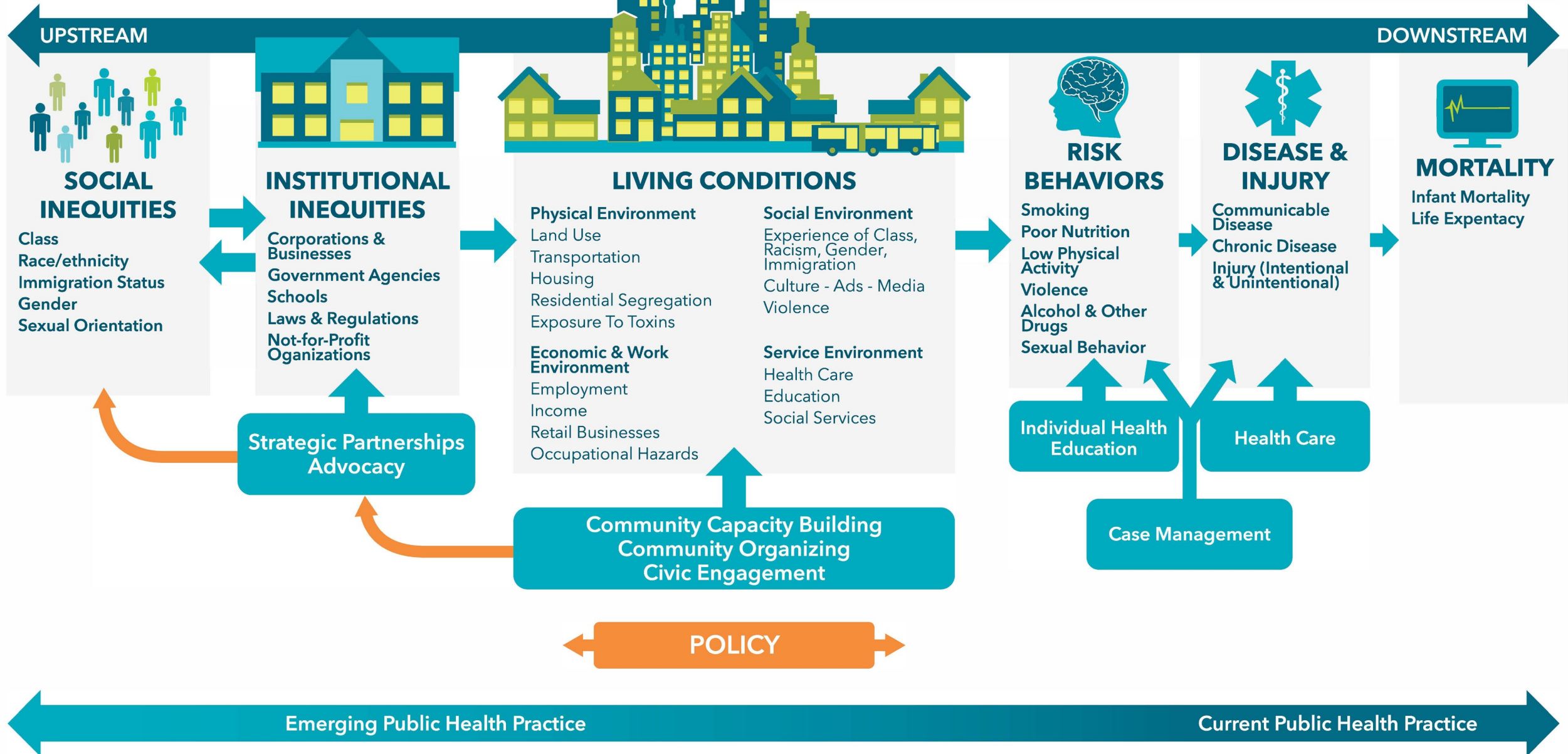
DRAFT

AUGUST 31, 2021



# A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES

## BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE





# Potential upstream and downstream CDPH-related approaches to address housing and prevent homelessness

	Upstream/ Downstream Factors	Current CDPH initiatives	Potential opportunities <sup>1</sup>
Upstream ↑ ↓ Downstream	Social and institutional factors	<ul style="list-style-type: none"> <li>CDPH Racial and Health Equity (RHE) &amp; Capitol Collaborative on Race Equity (CCORE) initiatives</li> <li>CDPH collaboration with partners to promote access to <b>Earned Income Tax Credit</b> and strengthen economic supports to at-risk families</li> </ul>	<ul style="list-style-type: none"> <li>Explore strategic partnerships to support and enhance advocacy and outreach efforts</li> <li>Enhance collaboration with state planning efforts</li> <li>Assist LHJs to partner with local housing organizations</li> </ul>
	Environmental factors (i.e., living conditions, housing programs)	<ul style="list-style-type: none"> <li>Health in All Policies team</li> <li>Climate Change and Health Equity Section</li> <li>Environmental Health Investigation Branch</li> <li>Childhood Lead Prevention programs</li> </ul>	<ul style="list-style-type: none"> <li>Maintain and expand funding opportunities including <b>medical legal partnership preventing evictions</b></li> <li>Explore partnerships with general acute care hospitals</li> <li>Explore additional <b>preservation and habitability programs</b></li> </ul>
	Health factors (i.e., disease & injury, and mortality)	<ul style="list-style-type: none"> <li>DSS, CDPH, BCSH COVID Housing and Homelessness Workgroup</li> <li>People experiencing homelessness Peer Ambassador program</li> <li>Housing opportunities for persons with AIDS</li> <li>Housing Plus Project</li> <li>Ryan White Part B program</li> </ul>	<ul style="list-style-type: none"> <li>Expand <b>DSS, CDPH, BCSH COVID Housing and Homelessness Workgroup</b> beyond COVID and bring in other partners</li> <li>Expand and leverage <b>integrated data monitoring and analysis</b></li> <li>Enhance collaboration with Department of Health Care Services (i.e., CalAIM)</li> </ul>

1. As outlined in the CDPH Homelessness and Housing Mini Environmental Scan report and "Health Equity & COVID-19 Vulnerable Populations Work Group" presentation, 9/22/2020

# Potential upstream and downstream CDPH-related approaches to address housing and prevent homelessness

	Upstream/ Downstream Factors	Current CDPH initiatives	Potential opportunities <sup>1</sup>
Upstream  Downstream 	Health factors (i.e., disease & injury, and mortality)	<ul style="list-style-type: none"> <li>• DSS, CDPH, BCSH COVID Housing and Homelessness Workgroup</li> <li>• People experiencing homelessness Peer Ambassador Program</li> <li>• Housing opportunities for persons with AIDS</li> <li>• Housing Plus Project</li> <li>• Ryan White Part B program</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Expand DSS, CDPH, BCSH COVID Housing and Homelessness Workgroup</b> beyond COVID and bring in other partners</li> <li>• <b>Expand and leverage integrated data monitoring and analysis</b> of health indicators related to housing (e.g., housing insecurity, over-crowding) to enhance program impact on at-risk and vulnerable populations</li> <li>• <b>Enhance collaboration with Department of Health Care Services (i.e., CalAIM)</b> to support health services to at-risk populations (i.e., mental health and substance use disorder services)</li> </ul>

1. As outlined in the CDPH Homelessness and Housing Mini Environmental Scan report and "Health Equity & COVID-19 Vulnerable Populations Work Group" presentation, 9/22/2020

Source: OHE ACE Branch workstream, CDPH Homelessness and Housing Mini Environmental Scan report

# Potential upstream and downstream CDPH-related approaches to address housing and prevent homelessness

	Upstream/ Downstream Factors	Current CDPH initiatives	Potential opportunities <sup>1</sup>
Upstream ↑ ↓ Downstream	Social and institutional factors		
	Environmental factors (i.e., living conditions, housing programs)	<ul style="list-style-type: none"> <li>• <b>Health in All Policies team:</b> integration of health equity into housing policies and funding</li> <li>• <b>Climate Change and Health Equity Section :</b> inter-agency initiatives to incorporate health equity and climate resilience into housing policy, programs, guidelines, and grants (i.e., Low Income Weatherization Program)</li> <li>• <b>Environmental Health Investigation Branch</b> (indoor air quality, asthma, etc.)</li> <li>• <b>Childhood Lead Prevention Branch</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Maintain and expand funding opportunities</b> for COVID-19 housing and homelessness response programs including <b>medical legal partnership preventing evictions</b> for tenants</li> <li>• Explore <b>partnerships with general acute care hospitals</b> to expand flex program dollars to cover housing assistance (i.e. CalAIM)</li> <li>• Explore additional <b>preservation and habitability programs</b> to support low-income tenants and homeowners</li> </ul>
	Health factors (i.e., disease & injury, and mortality)		

1. As outlined in the CDPH Homelessness and Housing Mini Environmental Scan report and "Health Equity & COVID-19 Vulnerable Populations Work Group" presentation, 9/22/2020

Source: OHE ACE Branch workstream, CDPH Homelessness and Housing Mini Environmental Scan report

# Potential upstream and downstream CDPH-related approaches to address housing and prevent homelessness

	Upstream/ Downstream Factors	Current CDPH initiatives	Potential opportunities <sup>1</sup>
Upstream ↑ ↓ Downstream	Social and institutional factors	<ul style="list-style-type: none"> <li>• CDPH Racial and Health Equity (RHE) &amp; Capitol Collaborative on Race Equity (CCORE) initiatives</li> <li>• CDPH collaboration with partners to promote access to <b>Earned Income Tax Credit</b> and strengthen economic supports to at-risk families</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Explore strategic partnerships to support and enhance advocacy and outreach efforts</b> that address the needs of undocumented tenants, unhoused youth, unhoused substance users, and other at-risk or vulnerable populations</li> <li>• <b>Enhance collaboration with state planning efforts</b> addressing housing and homelessness prevention (e.g., Homeless Coordinating and Finance Council)</li> <li>• <b>Assist LHJs to partner with local housing organizations</b> such as Continuums of Care (CoC) to understand community needs and assess opportunities to pilot interventions</li> </ul>
	Environmental factors (i.e., living conditions, housing programs)		
	Health factors (i.e., disease & injury, and mortality)		

1. As outlined in the CDPH Homelessness and Housing Mini Environmental Scan report and "Health Equity & COVID-19 Vulnerable Populations Work Group" presentation, 9/22/2020

Source: OHE ACE Branch workstream, CDPH Homelessness and Housing Mini Environmental Scan report



# Discussion and Public Comment





# OHE Program Updates and Discussion







# Discussion and Public Comment





## **Adjourn Meeting:**

Next Subcommittee Meeting: September 28, 2021

Next Quarterly Meeting: December 1, 2021



---

**Thank you for attending!**

**Contact [amanda.hooker@cdph.ca.gov](mailto:amanda.hooker@cdph.ca.gov)  
with any questions.**

