

**CENTER FOR HEALTH EQUITY**

**ACTION  
PLAN  
2018-2023**

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# Letter from the Health Agency Leadership

## Equity is the most important issue facing our community today.

As the Health Agency, it is our role to ensure that every person has the resources and opportunities needed for optimal health and well-being. The color of your skin, where you live, where you were born, how you express your gender, who you love or how much money you make should not predict your health status or life expectancy. However, data shows that these factors significantly affect health and contribute to many of the gaps we see in health outcomes, particularly by race and ethnicity, geography and income level. This is unjust, unfair and avoidable.

Over the next five years, the Health Agency will join with others to sustain efforts to reduce and eliminate health inequities to ensure fair and just health outcomes in LA County. This will include focusing where we see some of the biggest gaps in health outcomes, such as infant mortality rates, sexually transmitted infection rates and poor health due to exposure to toxic emissions. Our work will embrace strategies that pivot fixing people to fixing systems that advantage some communities and disadvantage others. These strategies include: providing useful and inclusive health information that is reflective of people's lived experiences; supporting policy and systems change to ensure equitable distribution of opportunity and resources; participating in public, private and community partnerships that share power and honor community voices; and strengthening our internal capacity to create a just culture and build health equity.

Join us in building this movement for health equity. Together we can make LA County a community where everyone has what they need to thrive.

Sincerely,



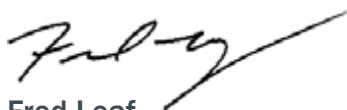
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# Introduction and Purpose

## What is Health Equity?

Health is shaped by the community conditions in which we live, learn, work, play and worship. These conditions include:



Health equity is when everyone has access to the conditions needed for optimal health and well-being.

There are many communities in LA County that have community conditions that allow members to prosper. However, we continue to see stark differences in health outcomes across LA County, largely based on geography (place) and race and ethnicity. Depending on where we live and the color of our skin, we are more or less likely to have access to resources and opportunities that allow us to grow healthy and thrive. These differences are a result of past and present policies and practices influenced by prejudice, discrimination and systemic racism. Our language, income, sexual orientation, gender and biological sex, physical and mental abilities, and religion are also factors that affect our health due to similarly unfair policies and practices.

Such inequities in health outcomes are unjust, unfair and avoidable. Resources and strategies must be put in place to make sure that everyone has what they need to be healthy and well.

## **What is the Center for Health Equity?**

The Center for Health Equity (the Center) is a LA County Health Agency initiative led by the Department of Public Health, in collaboration with the Departments of Health Services and Mental Health. The Center was officially launched in October of 2017 and strives to advance racial, social, economic and environmental justice in partnership with committed County partners, local organizations and community members. The Center will augment existing health equity efforts in communities and seeks to:

- Identify, adopt and disseminate best health equity practices;
- Connect, coordinate and collaborate on health equity-related work; and
- Increase collective capacity and commitment to create an inclusive, just and respectful county.

## **What is the Purpose of the Action Plan?**

The Center for Health Equity Action Plan directs the Center's activities over six years. It identifies our vision for the future and our pathway there. The first year includes a start-up period and will be followed by five years of implementation.

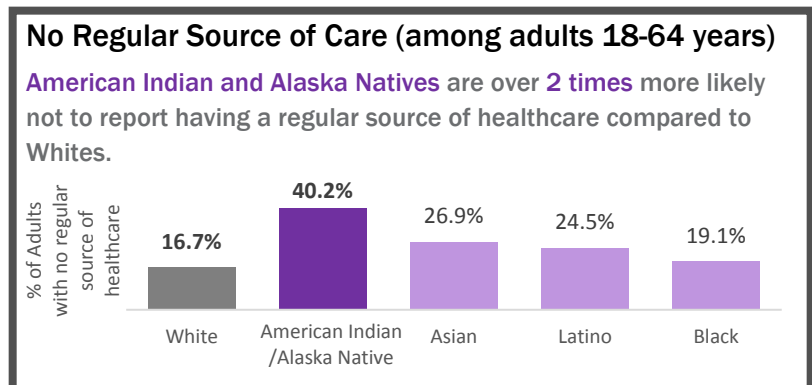
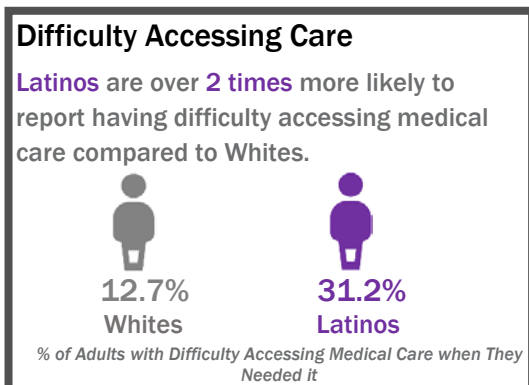
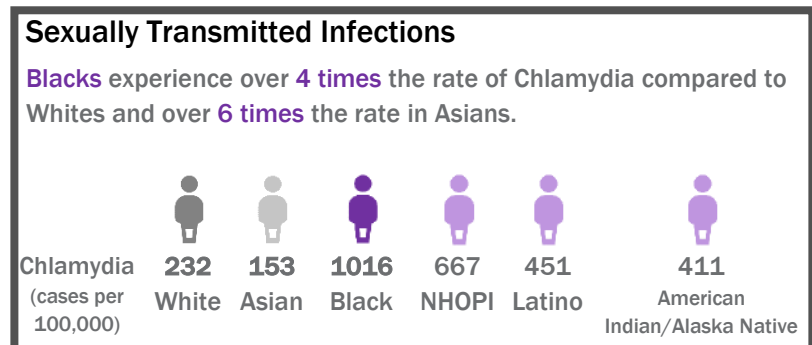
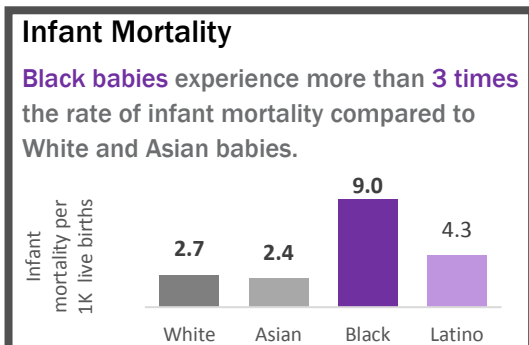
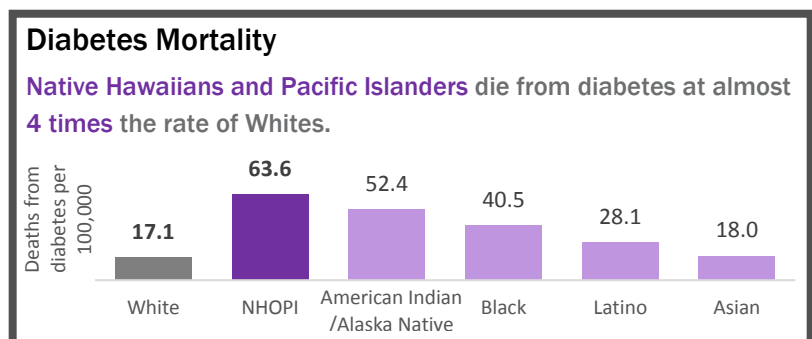
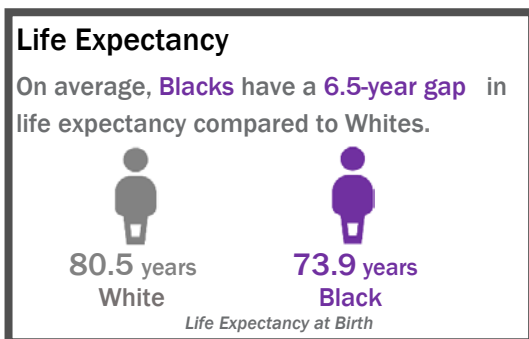
The plan outlines a set of strategic priorities, goals, strategies and objectives to focus the work, and is a public commitment to achieving a set of defined equity goals. We expect these activities will foster a culture of health equity and build a movement toward ensuring everyone in the county can reach their fullest health potential.

# Equity: By the Numbers

## A Snapshot of Health Inequities in LA County

The likelihood of living a long and healthy life is not equal across individuals and life expectancy rates differ among communities. In LA County, a person’s race and ethnicity, gender, sexual orientation, socioeconomic status, and neighborhood help determine how long they live, their risk for disease, mental health status, and access to care. Health inequities based on these characteristics affect the county’s overall health and wellbeing, and certain groups experience an unjust burden of these inequities. People of color and underserved communities in LA County often experience some of the starkest disparities.

### Health Inequities based on Race and Ethnicity



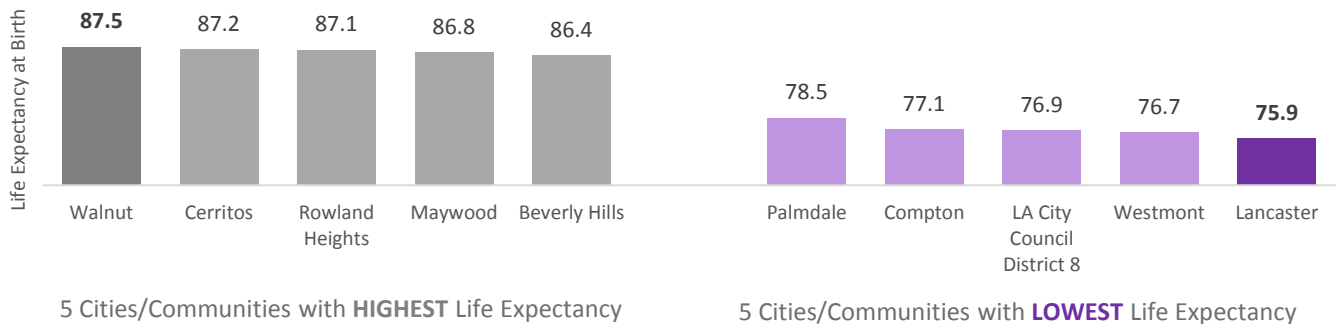
**Gray** notes the group with the best outcome in each area, most often Whites. The **darkest purple** is the group with the worst outcome. We still use Whites as the reference group when Asians have better or similar outcomes because Whites most consistently have the best outcomes, and while Asians have better outcomes at times, Asians overall and many Asian subgroups are still likely to face poorer outcomes in other areas compared to Whites. For a full list of data sources and notes, please refer to Appendix A.

## Health Inequities based on Cities and Communities

Health in LA County also varies based on where people live. Cities and communities across the county have unequal life expectancies, birth outcomes, access to health care, among other health outcomes and resources required for optimal health.

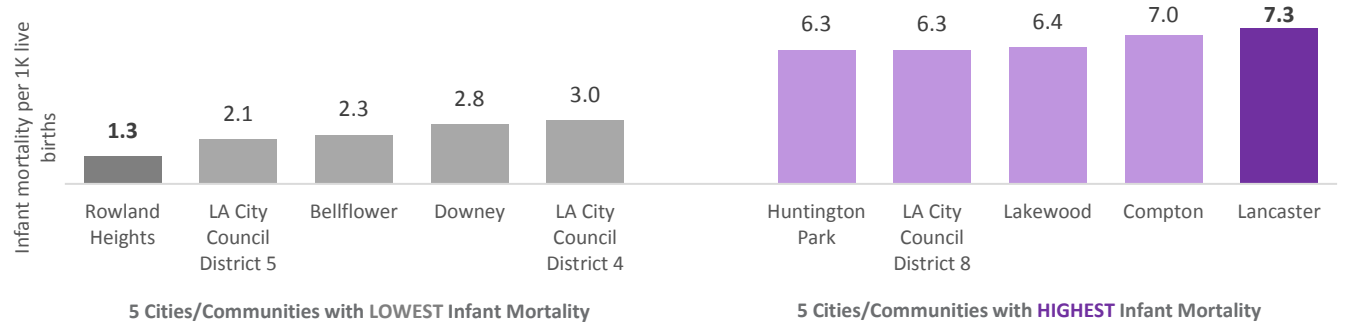
### Life Expectancy

Average life expectancy in the county can vary by as much as **12 years** based on where we live.



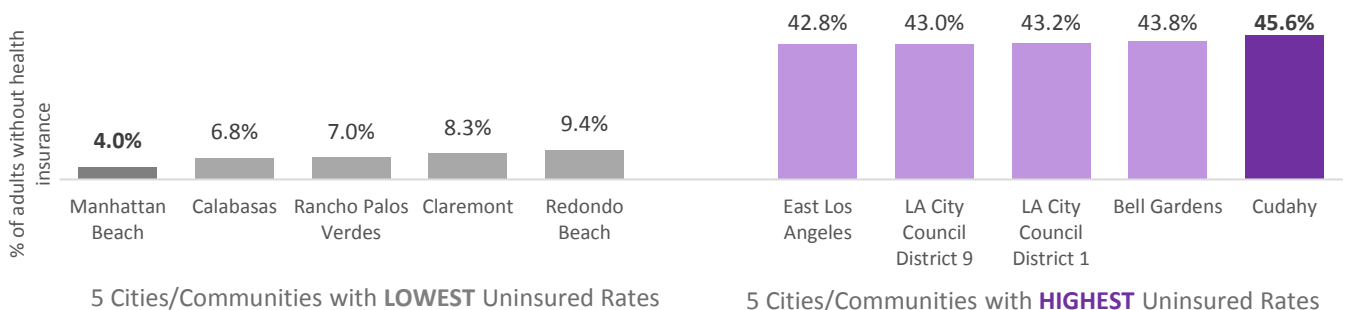
### Infant Mortality

Babies in Lancaster die before their first birthday at a rate **5.5 times** higher than those in Rowland Heights.



### Uninsured Rates

Uninsured rates vary dramatically across cities and communities in the county by a difference of up to **40%**



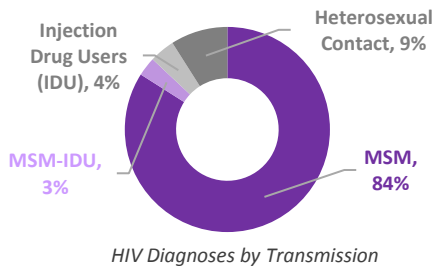
These data are based on estimates for 86 cities and communities in LA County. For a full list of data sources and notes, please refer to Appendix A.

**For more health data based on city and community, please visit**  
<http://ph.lacounty.gov/ohae/cchp> on June 30, 2018 to view DPH's City and Community Profile series for 86 cities and communities in LA County.

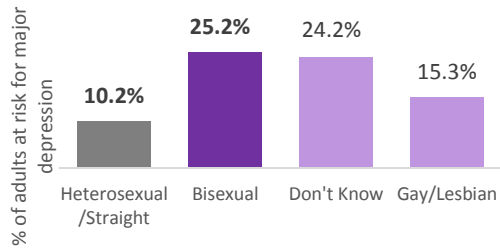


**Spotlight: How Else Does Health Vary in the County?**

There are several other ways health inequities manifest themselves in the county, such as based on a person's sexual orientation and gender identity. DPH is working to improve its collection and reporting of data based on sexual orientation and gender identity to better understand inequities for these groups. Below are examples of limited County data.



**Men who have sex with men (MSM) made up 84% of new HIV diagnoses in 2014.**





**People who identify as bisexual are over 2 times more likely to be at risk for depression compared to people who are straight.**

For a full list of data sources and notes, please refer to Appendix A.

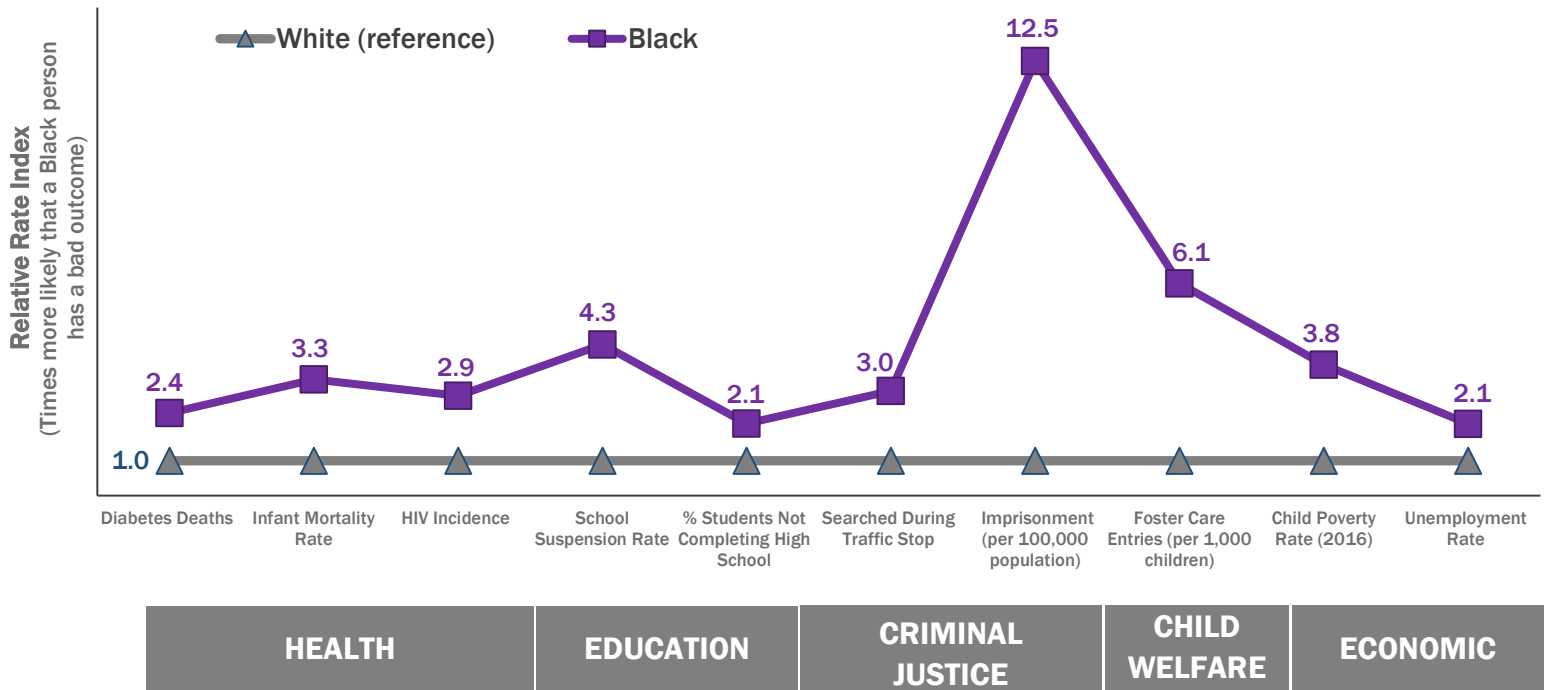
## Getting to the Root

Health inequities are not a result of individual choice and behavior nor do they occur in isolation. Approximately 40% of a population's health can be explained by the social determinants of health, the social and economic factors—such as education, housing and income—that are essential to accessing the resources and opportunities necessary for optimal health.<sup>i</sup> Outcomes across these factors reveal similar inequities. People of color and our underserved communities experience more adverse outcomes in their education, employment, income, and in the criminal justice system in LA County. These adverse outcomes in turn significantly contribute to ill health. At the root of all these inequitable outcomes are discrimination, prejudice, and systemic racism that affect a person's opportunity to thrive.

As an example of these deeply embedded injustices, the figures and graphs below compare the likelihood of having an adverse outcome for Blacks to Whites across health, education, criminal justice, and economic well-being. Additional research shows how these disparate outcomes are not explained by individual ability, resources or upbringing, but are a result of systemic injustices. Other people of color and marginalized groups are also disproportionately burdened by health, social, and economic inequities. We highlight the conditions for Black individuals in the county here because they are most consistently affected by injustices and often have the most adverse outcomes. For similar data for other races and ethnicities, please see Appendix B.

 Whites	 Blacks	
8.9% of students do not graduate high school	18.4% of students do not graduate high school	<p>Black students are <b>2 times more likely</b> to not graduate high school than White students.</p> <p><i>Schools with a higher percentage of students of color, including Black students, are less likely to have enough qualified teachers and rigorous courses that help in high school completion and access to college.<sup>ii</sup></i></p>
214.7 adults incarcerated per 100,000	2,676 adults incarcerated per 100,000	<p>Blacks experience <b>12.5 times</b> the rate of imprisonment.</p> <p><i>State level data show that a larger number of Blacks arrested for a felony are incarcerated than Whites arrested for felonies,<sup>iii</sup> and Black male offenders on average receive longer federal sentences than White offenders who committed similar crimes.<sup>iv</sup></i></p>
8.1% of children in poverty	30.4% of children in poverty	<p>Black children are nearly <b>4 times more likely</b> to be in households living below poverty.</p> <p><i>Blacks with a college degree or higher still on average earn \$6 an hour less than their White peers<sup>v</sup>, and even Black and White children who grow up in similar households and families have income gaps as adults.<sup>vi</sup></i></p>
4.9% of adults unemployed	10.1% of adults unemployed	<p>Blacks are <b>2 times more likely</b> to be unemployed.</p> <p><i>This inequity remains even at higher education levels. Blacks with a college degree or higher are still more likely to be unemployed than Whites,<sup>vii</sup> and Blacks are more likely to report experiencing workplace discrimination in pay or promotions.<sup>viii</sup></i></p>

## Relative Rate Index for Equity Measures Across Health, Education, Criminal Justice, Child Welfare and Economic Well-being in LA County



<sup>a</sup> For a full list of data sources and for data on other races and ethnicities, please refer to Appendix B. Data and graph adapted from the Groundwater Approach developed by the Racial Equity Institute and Bayard Love.

### Relative Rate Index Key:

▲ Whites are always equal to 1.0 because they are the reference group being compared to themselves.

Values greater than 1 mean the racial/ethnic group does relatively worse compared to Whites for that indicator

Values less than 1 mean the racial/ethnic group does relatively better compared to Whites for that indicator.

# Mission, Vision and Values

## Mission

The Center for Health Equity works to advance health equity and racial, social, economic, and environmental justice in LA County through community engagement and partnerships, internal transformation and capacity building, and sharing actionable data to lead and support policy and systems change.

## Vision

Everyone in LA County has the resources and opportunities needed for optimal health and well-being throughout their lives.

## Values

- **Institutional transformation** – build and support the capacity of internal programs and staff to integrate a health equity lens in their everyday work and operations.
- **Truth-telling** – call out inequities and use data and storytelling to dispel false narratives, uplift resident voices, and support change.
- **Equity & Justice** – work to undo and prevent unfair systems, policies, and forms of racism that drive gaps in health outcomes and lead to poor health.
- **Shared power** – value lived experience and provide authentic opportunities for people most affected by inequities to name underlying causes, identify solutions, and determine (lead) actions.
- **Collaboration** – join with local organizations, healthcare providers, government agencies, funders, and decision-makers to build a movement for health equity.
- **Transparency** – communicate openly about priorities, resources, hurdles, and decision-making processes with community partners.
- **Commitment** – Continually reflect and be responsive to community voices and ensure adequate resources are available to accomplish goals.

# Principles of Equity

The LA County Community Prevention and Population Health Taskforce was established by the Board of Supervisors in 2015 and serves as an advisory body to advance effective and community-driven solutions to create a more just and inclusive LA County. As the Center for Health Equity's Advisory Board, the Taskforce makes recommendations on policies and practices to improve health equity across the county.

In February of 2018, the Taskforce released a set of principles that reflects a shared commitment to justice, fairness and inclusion, and outlines basic concepts public agencies should embrace to promote healthy, equitable communities. We adopted these principles, and many of the elements infuse our values, goals and strategies.

## The Principles of Equity include:

### Health in All Policies

LA County programs and staff will consult, convene and collaborate across County departments to implement inter-sectoral, evidence-based and informed strategies that demonstrate a shared responsibility for improved health outcomes across all County policies and processes.

### Inclusion

Understanding the power dynamics inherent between institutions and residents, department staff will work closely with community members and leaders to build authentic, collaborative partnerships and processes and institutionalize opportunities and resources for shared decision making in planning, implementation, reporting, and analysis that is accessible to all LA County residents.

### Accountability

All departments will institutionalize accountability mechanisms using data-driven action plans with baselines, benchmarks and measures of success to enhance transparency and ensure that programmatic and policy changes have equitable impacts on communities.

## **Data Accessibility**

Departments will democratize the collection and analysis of timely, disaggregated, and access to community-specific data to create action plans and accountability measures to drive equity, particularly for historically marginalized communities, such as Asian/Pacific Islanders, Indigenous peoples, lesbian, gay, bisexual, transgender and queer (LBTQ) individuals, and immigrants. LA County will ensure that findings validate and lift up the lived experiences of the County's diverse residents, while also ensuring highest standards for use and confidentiality protections.

## **Resources**

LA County will direct, prioritize, and coordinate investments to narrow health inequities by making targeted investments in communities that disproportionately experience poorer health outcomes. County data used to direct funding and staffing will take into account the impact of historic disinvestment and procedural inequities that have persistently contributed to unequal access to health resources and opportunities in low-income communities, communities of color and other defined population groups.

## **Inclusionary Hiring**

LA County will adopt and proactively implement new strategies and tools that will effectively dismantle unjust and biased institutional practices, systems, and policies related to hiring procedures, training, sub-contracting and career pathways for prospective and current County employees, contractors, and County-funded agencies.

## **Contracting and Procurement**

LA County funding opportunities will be aligned to promote local purchasing and strong labor standards. Efforts will be made to prioritize partnerships with local Small Business Enterprises (SBEs), Historically Underutilized Businesses (HUBs), Minority and Women Business Enterprises (MWBEs), and LGBT Business Enterprises (LGBTBEs) to benefit historically underserved communities.

# Glossary of Terms

This glossary is a list of terms mentioned in this document that are often used when discussing health equity.

**Disaggregation of Data:** Analyzing data according to how specific subgroups perform.

**Equity:** All groups have access to the resources and opportunities necessary to improve the quality of their lives.

**Gender:** the attitudes, feelings and behaviors that a culture associates with a person's biological sex, including the norms, roles and relationships socially assigned to women and men.<sup>ix</sup>

**Gender Identity:** The internal experience and naming of a person's gender, which may or may not match with their birth sex; one's internal sense of self as male, female, both or neither.

**Health Equity:** Everyone has access to the resources and opportunities they need for optimal health and well-being.

**Health in All Policies:** An approach to policymaking that ensures health consequences are considered when making policy decisions on social and economic factors that influence health.

**Health Inequities:** Differences in health status and death rates across population groups that are systemic, avoidable, unfair, and unjust. These differences are rooted in social and economic injustice, and are factors of social, economic and environmental conditions in which people live, work, and play.

**Implicit Bias:** Learned stereotypes and prejudices that operate automatically and unconsciously when interacting with others. Also referred to as *unconscious bias*.

**Racism:** Prejudice, discrimination, or hatred directed against someone of a different race based on the belief that one's own race is superior; a system of advantage created to justify social, political, and economic ladder.

**Sexual Orientation:** Who you are attracted to and want to have intimate relationships with. Sexual orientations include gay, lesbian, straight, bisexual, and asexual.

**Social Determinants of Health:** Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect health, functioning, and quality-of-life outcomes and risks.<sup>x</sup>

**Socioeconomic Status:** The social standing or class of an individual or group. It is often measured as a combination of education, income and occupation.<sup>xi</sup> Socioeconomic status can include quality of life issues, and the opportunities and privileges of people.<sup>xii</sup>



# Planning Process

The Action Plan was developed and informed by a robust literature review of equity data reports, health equity plans from across the nation, and input gathered during community engagement activities. These community engagement activities consisted of five community listening sessions that took place in each LA County Supervisorial District between October of 2017 and February of 2018, and key informant interviews conducted in April of 2018. Listening Session Summaries are included in Appendix C. Several groups and individuals also reviewed the Action Plan and provided recommendations prior to the document's public comment period.

The Center considers the Action Plan a living document and is committed to ensuring community voices are heard and drive the work. Upon release, the Center will post the draft plan on the Center for Health Equity website to elicit public comment for 90 days and will host public forums throughout LA County to allow community members and other stakeholders to provide feedback and recommendations on planned strategies, and how the Center can add value, uplift work currently taking place in the County and our communities, and include more specificity in the objectives. The plan will be revised based on the input received and finalized by November 2018. As this plan is considered a living document, course correction based on community stakeholder feedback will occur throughout the life of the Action Plan.



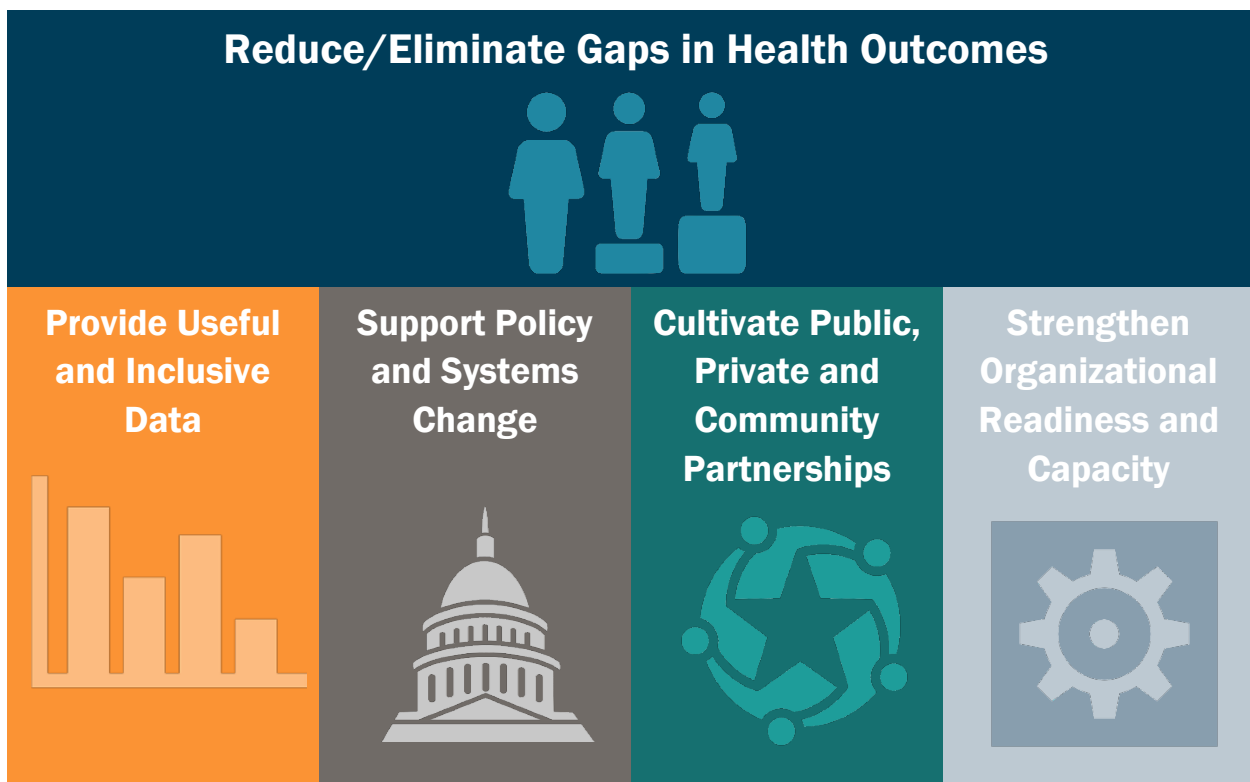
# Strategic Priorities

The Action Plan organizes the Center’s work around five strategic priorities. These strategic priorities will determine *how* we will do our work across the Health Agency and County of Los Angeles to:

- Address the needs of populations most impacted by poorer outcomes;
- Enhance our organizational readiness and capacity to reduce gaps in health outcomes; and
- Align our resources to ensure our communities have equal access to opportunities needed to thrive.

They are designed to improve service quality, provision and coordination, while also addressing the conditions and policies that drive and maintain health inequities. Ultimately, the priorities will build a movement and foster a culture that supports and upholds health equity to ensure people and communities have what they need to thrive.

Our five strategic priorities include:



As illustrated here, the Center’s overarching strategic priority is to reduce/eliminate gaps in health outcomes, while the four remaining priorities serve as the framework for how to operationalize and support these efforts across the Health Agency. This framework will also

act as an incubator for new ideas and best practices, and show “proof of concept” to inspire transformative efforts across the County to address health inequities countywide.

Each priority contains specific goals, strategies and objectives that direct how the Center will move forward and drive broad countywide efforts. These activities identify action steps essential to eliminating the gaps in health outcomes for our most burdened communities through systems change so we can realize our vision of a more fair, just and equitable LA County.

## County-wide Collaborations

LA County has stark inequities across and among its many communities related to health outcomes and the social determinants of health. There are several current County initiatives that already focus on some of these important issues. Examples include:

- The **Countywide Homeless Initiative** tasked with reducing the rising tide of homelessness and removing barriers to housing, including regulatory obstacles and historic patterns of racial and economic injustices.
- The **Division of Youth Diversion and Development**, part of the Office of Diversion and Re-entry, meant to divert young people from the criminal justice system. Its goal is to equitably reduce young people's involvement with the justice system in Los Angeles County;
- The **Office of Child Protection** designated to ensure the health and well-being of children and address social and structural conditions that act as additional stressors for families and communities; and
- The **Women and Girls Initiative** designed to examine the systemic issues that lead to inequitable gender outcomes.

The Center will take part and contribute to these and other efforts across the County and in communities.

## Focus Areas

The Center also plans to invest in our own five initial key focus areas. Each focus area – which falls within the Health Agency's responsibility, influence and control – is designed to bring together County and community partners to reduce the identified health inequities we see based on where a person lives, their race or ethnicity, or other social status that unfairly influences health outcomes. The key areas will be addressed through initiative-specific

Action Plans and supported by the Center’s activities. As the Center’s work continues to evolve, other focus areas may be identified and selected through a countywide community engagement process.

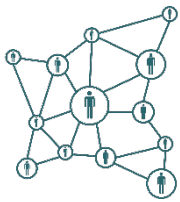
The current focus areas include:

### Infant Mortality



Infant mortality is one of the most important indicators of a population’s health. Defined as the death of an infant before one year of age, the infant mortality rate reflects the health status of mothers, the quality of and access to medical care, and the underlying social and economic conditions that have a powerful influence on health outcomes in communities. Today, a **Black baby born in LA County is more than three times as likely to die before their first birthday as a White baby.** Over the next five years, the Center aims to reduce this gap in infant mortality rate by 30% in LA County.

### Sexually Transmitted Infections (STIs)



STI cases have continued to rise over the past 5 years. From 2015 and 2016, there was a:

- 4% increase in chlamydia cases;
- 27% increase in gonorrhea cases; and
- 16% increase in early syphilis cases in LA County.

**A disproportionate number of STI cases occur among men who have sex with men (MSM), Black women, and transgender individuals.** Increasing rates of STIs are also occurring among young people, with youth of color disproportionately affected. If left untreated, STIs can cause several health problems, including a higher risk for HIV infection and infant mortality. Over the next five years, the Center aims to prevent a single baby from being born with congenital syphilis in LA County and reduce disproportionate rise in STI cases among MSM, Black women, and transgender individuals.

### Environmental Justice



Environmental Justice is “the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies”.<sup>xiii</sup> It recognizes that the health of a community largely depends on its conditions and the fair distribution of environmental benefits and burdens. In LA County, **those disproportionately burdened by pollution, other toxic hazards and poor land use that lead to unhealthy**

**environments are low-income communities and communities of color.** Over the next five years, the Health Agency will focus on reducing emissions of harmful toxins from heavy industry in residential communities.

## Health Neighborhoods



Health Neighborhoods is a countywide initiative led by the Department of Mental Health to **build health equity through integrated care and community collaboration.** This network of coalitions has brought together diverse stakeholders including personal, behavioral and public health providers, community-based agencies, social service providers, and community members to refine and improve clinical and community supports in designated neighborhoods throughout LA County. The goals are to: enhance access to services; increase care coordination among clinical and community providers to improve quality of care; and improve the health and well-being of neighborhood residents, particularly those with complex health needs. Over the next five years, Health Neighborhood coalitions will continue to expand and diversify their existing networks to improve coordination, collaboration and effective use of resources to support the overall health and well-being of neighborhood residents<sup>xiv</sup> and address an existing health inequity prioritized by community members in each Health Neighborhood.

## Institute for Cultural and Linguistic Inclusion and Responsiveness (ICLIR)



The mission of ICLIR is to create culturally and linguistically appropriate pathways that address gaps in service delivery and advance the Health Agency's ability to meet the needs of LA County communities. These communities are inclusive of individuals from different cultural backgrounds associated with race/ethnicity, national origins, languages, sexual orientations and gender expressions, socioeconomic status, physical and mental abilities, and spiritual and religious beliefs, among others. The Institute's model is comprised of four domains: (1) Establishment of an infrastructure characterized by equitable collaboration among the Health Agency in response to the cultural and linguistic needs identified by the Center; (2) Development of cultural competence-related trainings and staff development activities; (3) Implementation of mechanisms for inter- and intra-departmental communication and stakeholder involvement; and (4) Creation of a virtual repository of resources on cultural competence, health equity, and disparities.

The ICLIR is committed to improving the Health Agency's quality of culturally and linguistically competent services, responding to gaps in service delivery, fulfilling needs assessment follow-up actions, utilizing data to identify and evaluate the effectiveness of interventions, and building cross-departmental responsibility to share resources. Over the next five years, ICLIR will partner with the community, service providers, and community-based organizations to increase the Health Agency staff's understanding and abilities to address health inequities, with the goal of reducing/eliminating disparities in access to services.

# The Action Plan

This plan is a call to action and seeks to grow a movement to advance health equity in LA County. As with all movements, it is driven by aspirations to change the status quo.

It won't be easy.

Our movement requires partnerships among County and community stakeholders across sectors and sustained effort over time. It will require the shared commitment, bold action and accountability of us all.

To succeed, we need to come together as collaborators and partners to reduce gaps in health outcomes that affect our most marginalized communities. We need your leadership, innovation and imagination to realize a SHARED vision for a better tomorrow.

## Join the movement.

# We Envision Fair and Just Health Outcomes

*“It is imperative that we create policies that foster health equity because everyone in Los Angeles County should have the opportunity to attain optimal health, regardless of race, gender, income, geographic region, and other factors.”*

– Mark Ridley Thomas, County of Los Angeles Supervisor,  
Second District

The Center for Health Equity will prioritize key focus areas to promote targeted interventions and ensure greater investment over the next five years to reduce—with aspirations of eliminating—the inequities we see in infant mortality rates, sexually transmitted infection (STI) rates and exposure to environmental hazards in low income communities and communities of color.





## Reduce/Eliminate Gaps in Health Outcomes

The Health Agency's mission is to improve the health and wellness of L.A. County residents through the provision of integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities. Every day, our departments work tirelessly to improve the physical, mental and population health of our community members and county. At the same time, we continue to see health inequities by race and ethnicity, geography, gender identity, sexual orientation, and/or socioeconomic factors. The Center will realign its energy, focus and commitment to reduce the inequities we see in the key areas of infant mortality rates, STI rates and environmental toxic exposures in partnership with Health Agency focus area leads, subject matter experts and cross-sector stakeholders.

<b>GOAL 1: REDUCE THE GAP IN INFANT MORTALITY RATES BETWEEN WHITE AND BLACK/AFRICAN AMERICAN BABIES BY 30% IN LA COUNTY</b>	
<b>Strategy 1: Reduce the chronic stress in women's lives.</b>	
<b>Objective 1</b>	By September 30, 2018, establish the Office of Violence Prevention. The Office will partner with perinatal programs to identify and address exposure to violence during pregnancy and beyond.
<b>Objective 2</b>	By December 31, 2018, raise awareness of the causes of the infant mortality gap between White and Black/African American babies in LA County and motivate action.
<b>Objective 3</b>	By December 31, 2018, ensure that pregnant women who are in unstable housing, receive preference for safe, interim housing.
<b>Objective 4</b>	By December 31, 2019, increase Earned Income Tax Credit participation by reaching out to all eligible county residents. The Earned Income Tax Credit has been shown to reduce adverse birth outcomes.

<b>Strategy 2: Block the pathway from social stress to physiological stress.</b>	
<b>Objective 1</b>	By December 31, 2018, expand home visiting and in-home support models to assure more women have access to support during pregnancy and post-partum.
<b>Objective 2</b>	By June 30, 2019, train staff in home visiting programs to help women recognize the signs of stress and develop strategies to address them by connecting to social support and using self-care techniques.
<b>Objective 3</b>	By December 31, 2019, support existing programs to provide information to women about voter registration and local opportunities to become active in community events.
<b>Objective 4</b>	By June 30, 2020, address social isolation among pregnant women by promoting group prenatal care, offering woman-to-woman support during pregnancy and beyond.
<b>Strategy 3: Intervene as early as possible before stress has taken a toll on health.</b>	
<b>Objective 1</b>	By June 30, 2019, train home visitors and clinic-based paraprofessionals on evidence-based, preventive mental health interventions and implementation of enhanced mental health consultation for perinatal providers across the county.
<b>Objective 2</b>	By December 31, 2019, implement One Key Question© (OKQ) to ensure women are screened for pregnancy intent at every health care visit to encourage better planning for pregnancy health or help woman choose optimal family planning options based on their response.
<b>Objective 3</b>	By December 31, 2019, increase tobacco prevention in schools, and screening and referrals to cessation programs in all county-run clinics for women to reduce the risk of adverse health outcomes caused by smoking.
<b>Objective 4</b>	By June 30, 2020, enhance coordination between clinical providers and state-funded services for children with special health care needs.

<b>Objective 5</b>	By June 30, 2020, standardize the use of medical interventions that can avert preterm birth for women at risk, including the use of progesterone to avert preterm labor and use of baby aspirin to prevent preeclampsia and preterm birth in county.
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## GOAL 2: REDUCE STD CASES AND RATES IN LOS ANGELES COUNTY AMONG POPULATIONS DISPROPORTIONATELY AND ADVERSELY AFFECTED. THIS INCLUDES PREVENTING ALL CASES OF CONGENITAL SYPHILIS

**Strategy 1: Improve the early identification of STI cases through screening at risk populations (youth 12-24 years old, women of childbearing age, men who have sex with men and incarcerated populations).**

<b>Objective 1</b>	By December 31, 2018, establish baseline STI screening rates for target populations (by race/ethnicity) and review Healthcare Effectiveness Data and Information Set (HEDIS) measure on compliance for <i>Chlamydia trachomatis</i> (CT) screening.
<b>Objective 2</b>	By December 31, 2019, improve screening rates for STIs among all women, particularly among high-risk women (BD), women of childbearing age, and all pregnant women.
<b>Objective 3</b>	By December 31, 2019, improve screening rates for all sexually active persons 12-24 years of age.
<b>Objective 4</b>	By December 31, 2019, increase STI screening rates among clinics serving HIV positive individuals.
<b>Objective 5</b>	December 31, 2019, improve GC and CT extra-genital screening rates for men who have sex with men and transgender people to avoid missed diagnoses when only one site is screened.

**Strategy 2: Interrupt disease transmission through the appropriate treatment of cases and their partners.**

<b>Objective 1</b>	By December 31, 2019, improve treatment outcomes for all women, especially women representing high-risk populations, including those at high risk for congenital syphilis.
<b>Objective 2</b>	By December 31, 2019, improve treatment outcomes among sexually active persons 12-24 years of age.
<b>Objective 3</b>	By June 30, 2020, improve treatment outcomes for individuals in incarcerated settings.

<b>Objective 4</b>	By December 31, 2020, increase the provision of patient delivered partner therapy (PDPT) for chlamydia (CT) and gonorrhea (GC) treatment.
<b>Strategy 3: Educate consumers and community to increase awareness and empower people to make decisions that protect health.</b>	
<b>Objective 1</b>	By December 31, 2018, support Youth Development Programs in south Los Angeles.
<b>Objective 2</b>	By December 31, 2018, improve STI awareness levels among men who have sex with men, transgender men and women, cisgender women via community engagement and social marketing.
<b>Objective 3</b>	By June 30, 2019, improve STI awareness levels among youth.
<b>Strategy 4: Create effective policies to impact health care provider behavior.</b>	
<b>Objective 1</b>	By January 31, 2019, begin working with insurers to expand coverage of extra-genital screening for GC and CT and more frequent STI screenings.
<b>Objective 2</b>	By December 31, 2019, increase funding streams for STI prevention and control to support the work needed to reduce STI infection rates in the county.

### **GOAL 3: STRENGTHEN ENVIRONMENTAL MONITORING AND OVERSIGHT TO EMPOWER COMMUNITIES, IMPROVE REGULATORY ENFORCEMENT, REDUCE TOXIC EMISSIONS AND IMPROVE HEALTH OUTCOMES**

#### **Strategy 1: Strengthen the County's environmental health prevention efforts.**

<b>Objective 1</b>	By December 31, 2018, engage and partner with community members, especially in priority areas, leading efforts to address environmental hazards in or near residential areas.
<b>Objective 2</b>	By December 31, 2019, promote meaningful and timely enforcement of existing regulations, especially in communities most burdened with multiple pollution sources.

<b>Objective 3</b>	By December 31, 2020, develop and support policy approaches that focus on health protection and risk reduction.
<b>Strategy 2: Ensure the County is adequately prepared to respond to environmental emergencies.</b>	
<b>Objective 1</b>	By March 30, 2019, enhance County agency coordination and training to achieve effective environmental response and recovery efforts.
<b>Objective 2</b>	By June 30, 2019, <b>build</b> sustainable response operations with the flexibility to shift to emergency models of operation when threats emerge.
<b>Strategy 3: Increase capacity to monitor and evaluate environmental and health conditions in priority communities to support both prevention and response efforts.</b>	
<b>Objective 1</b>	By December 31, 2018, expand monitoring, assessment, and reporting of health conditions in priority communities (residential communities experiencing elevated exposures to hazardous toxins).
<b>Objective 2</b>	By December 31, 2019, expand monitoring of environmental conditions in priority communities to ensure compliance with existing environmental laws and assess conditions in areas with high pollution burden.

#### **GOAL 4: STRENGTHEN AND EXPAND HEALTH NEIGHBORHOODS TO IMPROVE SERVICE DELIVERY AND ADDRESS SOCIAL DETERMINANTS OF HEALTH**

**Strategy 1: Increase and support collaborative relationships and community-driven approaches to enhance the health and wellbeing of neighborhood residents**

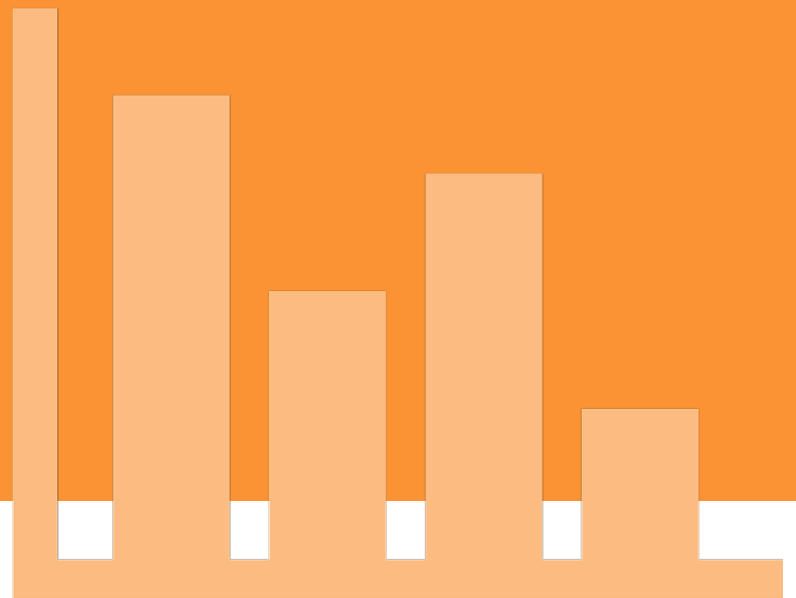
<b>Objective 1</b>	By December 31, 2018, partner with Health Neighborhood leads to develop a framework that improves health by addressing unmet community needs and ensure representation of Health Agency staff at every Health Neighborhood Coalition as fully committed Health Agency partners.
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# We Envision Accessible, Useful and Inclusive Health Equity Data

*“When they say numbers, we see faces.”*

– Tiffany Romo, Health Equity Specialist, Department of Public Health Center for Health Equity

The Center for Health Equity will work to ensure data is collected, analyzed, and shared in ways that value lived experiences, allow for disaggregation and better collection of data across the county’s most historically marginalized communities, and allow communities to use data to inspire policy change and action across sectors.



## Provide Useful and Inclusive Health Equity Data

DPH is responsible for monitoring population health in the county. This includes identifying health inequities for the groups most at risk for adverse outcomes and providing recommendations to reduce inequities. Health Agency programs have made improvements in collecting and reporting health data on marginalized communities in the county, including breaking out data for Asians and Native Hawaiians and Other Pacific Islanders, and collecting data on sexual orientation and gender identity. Through health impact assessments (HIAs), DPH has provided research and data to inform policymaking in housing, transportation, and other sectors. However, programs still experience limitations in collecting and reporting data in ways that highlight community voices, report data for a range of communities, and help connect health inequities to social, racial, economic, and geographic inequities. The Center for Health Equity envisions a data and reporting culture across the Health Agency that brings to life community experiences, captures data for the communities most often left out, and shares data across sectors to help reduce inequities.

<b>GOAL 1: ENSURE HEALTH EQUITY DATA HIGHLIGHT LIVED EXPERIENCES AND ARE ACCESSIBLE TO COMMUNITIES</b>	
<b>Strategy 1: Integrate community experiences and priorities in data collection, reporting, and dissemination.</b>	
<b>Objective 1</b>	By December 31, 2018, promote the use of personal vignettes and storytelling in materials to highlight and share the lived experiences of those most affected by poor health.
<b>Objective 2</b>	By March 30, 2019, convene an ad-hoc, cross-sector Data Advisory Board comprised of organizations and residents from communities in LA County with disproportionately poor health outcomes to provide input on the development and communication of major Health Agency data, reports and educational materials to ensure inclusion and representation.
<b>Objective 3</b>	By December 31, 2019, establish health equity indicators and measures the Health Agency will regularly track and report based on community stakeholder and member priorities.

<b>Objective 4</b>	By June 30, 2020 foster meaningful partnerships with community organizations and residents in all phases of the research process by increasing capacity to conduct community-based participatory research (CBPR) through the development of a toolkit and technical assistance.
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**GOAL 2: STRENGTHEN THE COLLECTION, ANALYSIS, AND DISSEMINATION OF DATA THAT MEASURES AND EXPLAINS THE ROLE OF SOCIAL, RACIAL, ECONOMIC, ENVIRONMENTAL, AND GEOGRAPHIC INEQUITIES**

**Strategy 1: Improve the quality, collection, and disaggregation of data to increase representation of marginalized communities and awareness of inequitable distribution of resources connected to health outcomes.**

<b>Objective 1</b>	By December 31, 2019, identify best practices for inclusive data collection to ensure information is available describing the experiences and health outcomes of underrepresented communities/populations.
<b>Objective 2</b>	By March 31, 2020, ensure that reports describing population health outcomes collect and include information on the factors influencing health outcomes.
<b>Objective 3</b>	By June 30, 2020, increase accessibility of data by race and ethnicity, age, gender identity, sexual orientation, geography, and/or socioeconomic factors by building the Health Agency's capacity to collect, disaggregate, and report data by these subpopulations.

**Strategy 2: Ensure that communities have access to information describing the role of racial, social, economic, environmental, and geographic inequities in health outcomes**

<b>Objective 1</b>	By December 31, 2018, release 86 City and Community Health profiles documenting the health, social, economic, education, and environmental outcomes in cities and communities across the county to better inform stakeholders and community members. Reports will be accessible on an interactive website that allows residents to use the data files to construct their own reports.
<b>Objective 2</b>	By June 30, 2019, provide support to community organizations to tailor data to better address their local needs.



<b>Objective 3</b>	By December 31, 2022, collaborate with community organizations to evaluate their capacity to collect data that support policy, systems, and practice changes.
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### GOAL 3: MOBILIZE DATA AND RESEARCH TO INFORM DECISION-MAKING ACROSS SECTORS

**Strategy 1: Use data to increase awareness of the connections between health inequities and inequities in other systems across County departments and local agencies.**

<b>Objective 1</b>	By February 28, 2019, conduct a health impact assessment on the health and equity impacts of proposed cannabis regulations to ensure more equitable policy implementation.
<b>Objective 2</b>	By December 31, 2019, collaborate with the Data Advisory Board to identify topics for 3 additional health impact assessments.
<b>Objective 3</b>	By December 31, 2022 participate in a data exchange that allows for the sharing of de-identified data across county departments and community partners to identify underlying factors contributing to disproportionality in outcomes; this information can be used to support advocacy efforts for change.
<b>Objective 4</b>	By December 31, 2023, ensure that health agency programs have capacity to share information with decision makers, advocates, and community organizations in LA County to promote efforts that achieve health equity.

# We Envision Policy and System Change for the Equitable Distribution of Opportunity and Resources

*“A rising tide doesn’t lift all boats. It is critical that investments be made where we see the highest need to ensure that everyone has an equal opportunity to thrive.”*

- John Kim, Executive Director, Advancement Project California

The Center for Health Equity will help champion policy and system change across the social determinants that lead to the inequitable distribution of opportunities and resources necessary for health. The Center will build capacity to address the primary social and racial injustices driving health inequities and develop collaborations to advance health equity in all policies.



## Support Policy and Systems Change

Health inequities in LA County do not occur on their own. Health inequities often reflect inequities in other systems, such as education, employment and housing, that affect a person's opportunity for optimal health and wellbeing. Advancing health equity requires developing strong collaborations across sectors to work toward a common vision of equitable opportunities and resources for everyone. In recent years, health programs are collaborating more with non-traditional health sectors to ensure policymakers and decisionmakers across the board are informed of the health consequences of their decisions. For instance, programs have increased partnerships with local community partners and other agencies to help advance policy change in environmental health and wellbeing, housing, and education. The Center for Health Equity envisions policy activities across the Health Agency that are characterized by a Health in All Policies lens and strong partnerships that will help advance bold policies for racial, social, and health equity across the county.

<b>GOAL 1: TRANSFORM HEALTH AGENCY CAPACITY, CULTURE, AND PRACTICE TO PROMOTE A HEALTH IN ALL POLICIES LENS</b>	
<b>Strategy 1: Help strengthen program capacity to apply a Health in All Policies lens in policy and systems change efforts.</b>	
<b>Objective 1</b>	By December 31, 2018, partner with community organizations to pursue policies that address underlying inequities in the social determinants of health.
<b>Objective 2</b>	By December 31, 2019, train Health Agency policy staff on how to incorporate a Health in All Policies approach in policy analysis and prioritization.
<b>Objective 3</b>	By June 30, 2020, ensure a health equity analysis is applied to all legislative items of interest to the Health Agency.
<b>Objective 4</b>	By June 30, 2020, develop a health equity analysis toolkit that can be used by agency staff and community partners to evaluate potential equity impacts of proposed local, state, and federal policy.

<b>GOAL 2: COLLABORATE WITH OTHER SECTORS AND GRASSROOTS ORGANIZATIONS TO SUPPORT BOLD POLICIES THAT ADVANCE HEALTH EQUITY, AND RACIAL AND SOCIAL JUSTICE</b>	
<b>Strategy 1: Increase partnerships with grassroots organizations and social justice movements that are advancing policies to target inequities that underlie health disparities.</b>	
<b>Objective 1</b>	By December 31, 2018, ensure grassroots organizations are included in DPH’s policy prioritization process and are represented on policy teams formed to advance identified annual local and state policy priorities.
<b>Objective 2</b>	By December 31, 2018, assess local and state social justice campaigns and movements that align with a health equity agenda.
<b>Objective 3</b>	By December 31, 2019, assess Health Agency’s engagement with grassroots organizations and social justice movements in policy change efforts and connect to grassroot organizations effecting policy change related to health agency and center priorities.
<b>Objective 4</b>	By December 31, 2019, identify strategies for supporting community led efforts for policy changes that improve health; these can include sharing resources and providing technical support.
<b>Strategy 2: Pursue shared policy priorities to collaboratively reduce racial, social, and health inequities.</b>	
<b>Objective 1</b>	By December 31, 2022, support local and state policies across sectors that will increase resources for the communities and groups in LA County experiencing the highest burden of inequities.

# We Envision Partnerships that Authentically Share Power and Respect Community Autonomy

*“How do we build a table where we learn together? How do we further center equity in our work?’ Have those conversations with those you don’t already have conversations with.”*

- Joyce Ybarra, Director of Learning, Weingart Foundation

*“Ninety percent of the critical work happens outside of meetings.”*

- Manal Aboelata, Managing Director, Prevention Institute

The Center for Health Equity will prioritize voices historically silenced and excluded to ensure decision making is inclusive of and driven by communities most affected by health inequities. The Center will cultivate public, private and community partnerships to connect, coordinate and collaborate on efforts that advance equitable opportunities and reduce inequities in health outcomes.



## Cultivate Public, Private and Community Partnerships

Building a movement for health equity requires active engagement and collaboration with the communities most affected. We value community engagement as the foundation of public health practice. As our work continues to evolve to address the complex needs of communities, our work must center strong community partnerships and leadership to drive work that reduces disparities and advances health, racial, social, and environmental justice. We must intentionally broaden our approaches to spur innovation and lift best practices to ensure that communities most burdened by health inequities are informed and meaningfully involved in making decisions that impact their lives. The Center for Health Equity commits to engage in effective cross-sector partnerships that promote trust, shared leadership, and drive action to reduce inequities and improve health outcomes.

<b>GOAL 1: CREATE A CULTURE OF INCLUSIVE PARTNER ENGAGEMENT AND COLLABORATION TO SHARE BEST PRACTICES, DRIVE INNOVATION, AND CREATE A MOVEMENT FOR HEALTH EQUITY</b>	
<b>Strategy 1: Support community partnerships that build capacity, share power and decision making, and ensure mutual accountability.</b>	
<b>Objective 1</b>	By November 1, 2018, establish a Youth Advisory Committee to integrate youth voices into Department of Public Health policies, practices and initiatives that support healthy development and improve health outcomes for all youth in LA County.
<b>Objective 2</b>	By December 1, 2018, integrate feedback and suggestions from online reviewers, community forums, and listening sessions in the Center’s Action Plan.
<b>Objective 3</b>	By June 30, 2019, institutionalize practices that facilitate and document stakeholder input and recommendations to inform new and existing Health Agency initiatives and ensure accountability.
<b>Objective 4</b>	Beginning in June 2019, engage community partners and residents in a process to review health data and progress on existing focus area initiatives annually; if appropriate, by June 2020, identify new Center for Health Equity focus areas.
<b>Objective 5</b>	By December 31, 2019, develop resources and targeted trainings for organizations serving historically underserved communities on how to successfully obtain grants and County contracts.

<b>Objective 6</b>	By June 30, 2023, offer trainings and opportunities for community members to direct financial allocations and investment in their communities; work across the health agency to identify opportunities for participatory budgeting.
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## GOAL 2: IDENTIFY PARTNERSHIP OPPORTUNITIES TO ENHANCE AND PROMOTE EFFORTS THAT RESULT IN EQUITABLE HEALTH OUTCOMES

**Strategy 1: Support cross-sector partners to engage in community-driven initiatives that advance health, racial, social, and environmental justice.**

<b>Objective 1</b>	By June 30, 2019, actively participate in five cross-sector County initiatives to address inequities in social determinants and elevate a Health in All Policies lens.
<b>Objective 2</b>	By December 31, 2019, partner with the philanthropic sector to plan a series of forums focused on addressing health inequities and new opportunities to advance equitable grantmaking.

## GOAL 3: COMMUNICATE HEALTH EQUITY INFORMATION SIMPLY AND CLEARLY TO COMMUNITIES THROUGH VARIOUS HEALTH COMMUNICATIONS TOOLS

**Strategy 1: Provide communities with inclusive, timely and informative health equity information and messaging.**

<b>Objective 1</b>	By September 30, 2018, regularly inform Health Agency staff and external partners of equity-related current events and research through monthly “Social Determinant of Equity Link Roundup” and quarterly academic literature reviews.
<b>Objective 2</b>	By January 1, 2019, increase participation in Center for Health Equity listserv by 20%, in order to increase access to relevant funding opportunities, professional development, initiatives, data and reports through the LA County Health Equity listserv.
<b>Objective 3</b>	By March 31, 2019, develop infographics for each Center for Health Equity focus area to increase awareness of the racial, social, economic and environmental inequities that drive the disparate health outcomes.

<b>Objective 4</b>	By December 31, 2019, develop a video that explains the concept of health equity and its relationship to health outcomes.
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# We Envision Organizational Readiness and Capacity to Adopt a Just Culture and Advance Health Equity

*"You can't do this work if you are not trained. You would never run a marathon without training for it. This work is a marathon."*

– Tamika Butler, Executive Director, LA Neighborhood Land Trust

The Center for Health Equity will seek to operationalize administrative practices that advance health equity. The Center will adopt, innovate and share best practices to align resources, increase investment, develop and train our workforce, and create conditions internally that support a just culture for all employees and support underserved communities.



## Strengthen Organizational Readiness and Capacity

Government institutions are well positioned to improve health equity through programs and policies, even though historically they have played a role in creating and maintaining inequities. Some inequities have resulted from explicitly biased practices, while others were caused by well-intentioned policies with unintended consequences. To ensure that our policies have the intended impact of promoting an equitable distribution of resources for all residents, we need to assess internal processes and evaluate impact. Suggested areas for focus include ensuring fair and equitable hiring and contracting policies that support the collective power and economic growth of our most marginalized communities. We also need to build internal staff capacity and diversity to strengthen the delivery of culturally-informed programs, practices and services that value and uphold the dignity of the people we serve.

<b>GOAL 1: ENSURE COUNTY OPERATIONS, PROGRAMS, SERVICES AND RESOURCES ADVANCE OPPORTUNITY AND HEALTH EQUITY FOR ALL</b>	
<b>Strategy 1: Implement and support administrative practices to advance racial and social justice.</b>	
<b>Objective 1</b>	By June 30, 2018, develop a framework for assessing departmental policies using an equity and “just culture” frame to ensure policies and practices are equitable and racially just.
<b>Strategy 2: Adopt contracting practices that integrate community expertise and stimulate economic development in underserved communities.</b>	
<b>Objective 1</b>	By December 31, 2019, solicit feedback from grantees, stakeholders and community organizations on opportunities and strategies the health agency can adopt to simplify applications and contracting, and increase support for community organizations and resident-led initiatives.
<b>Objective 2</b>	By June 30, 2021, pilot an effort of DPH to increase the number of historically under-represented vendors who obtain contracts by 15%.

<b>GOAL 2: INCREASE STAFF CAPACITY TO PROMOTE HEALTH EQUITY ACROSS THE ORGANIZATION</b>	
<b>Strategy 1: Provide ongoing education, training opportunities and tools for Health Agency staff to apply a health equity lens to programs and services.</b>	
<b>Objective 1</b>	By September 30, 2018, offer at least two implicit bias training opportunities for all Health Agency employees to improve customer service and provide better quality services.
<b>Objective 2</b>	By December 31, 2018, pilot a baseline survey to assess DPH employee attitudes and capacity to advance health equity and racial justice.
<b>Objective 3</b>	By December 31, 2018, establish a race equity team of at least 20 champions from across the Health Agency dedicated to racial equity learning, planning, and practice.
<b>Objective 4</b>	By March 31, 2019, develop a virtual repository of resources and build effective processes for information sharing related to cultural competency, linguistic appropriateness, and health equity, within Departments and across the Health Agency.
<b>Objective 5</b>	By June 30, 2019, strengthen employee readiness and establish a culture of equity through the development and implementation of workforce training curriculum.
<b>Objective 6</b>	By June 30, 2020, review questions on the customer/patient surveys assessing experiences related to cultural competency and linguistic appropriateness; use this information to incorporate any new measures about establish a baseline; by June 30, 2023, increase by 25% the number of residents who report culturally sensitive and linguistically appropriate services.
<b>Objective 7</b>	By December 31, 2023, increase the number of employees who answer “Agree” or “Strongly Agree” on the Employee Workforce Survey question, “I have a basic understanding of concepts related to racial equity” by 50%.

<b>Strategy 2: Support policies to expand workforce diversity.</b>	
<b>Objective 1</b>	By December 31, 2019, implement guidelines to strengthen outreach efforts and workforce recruitment strategies designed to reach historically under-represented communities.
<b>Objective 2</b>	By June 30, 2020, develop partnerships with schools and communities to support a pipeline to public service careers for under-represented groups.
<b>Objective 3</b>	By June 30, 2021, implement policies and procedures that enhance recruitment, retention and promotion of staff that reflect the demographics of LA County.

<b>GOAL 3: INCREASE CAPACITY FOR LANGUAGE JUSTICE ACROSS THE HEALTH AGENCY</b>	
<b>Strategy 1: Improve internal processes to support the provision of culturally and linguistically appropriate materials and services.</b>	
<b>Objective 1</b>	By September 30, 2019, implement a policy for obtaining translation and interpretation services to ensure materials and community events are provided in the preferred language of community members.
<b>Objective 2</b>	By December 31, 2019, assess staff capacity and propose policies and procedures, as needed, to ensure access and quality of staff interpretation and translation skills and services.
<b>Objective</b>	By September 30, 2020, align program budget allocations to ensure resources are available for translation and interpretation service requirements.

# Implementation and Evaluation

The Center's Action Plan sets the path for our work over the next six years. The document holds us accountable to our stated priorities and goals, and exists as a living document to allow flexibility in the face of unanticipated and unplanned events caused by rapidly changing political, social and resource environments. We need to practice adaptive leadership and be responsive to our County and community stakeholders. This means:

- We listen to and center communities and residents in this work. Your priorities, expectations and concerns may change and evolve over time, and our stated approaches may shift to accommodate these changes.
- We are transparent about what is within our span of control and what things are outside of our sphere of influence.
- We are on a shared learning journey. We will correct course if, and when, our strategies do not lead to the intended outcomes and hinder our success.

In order to evaluate the Action Plan objectives, the Center will collect baseline data and establish specific measures of success. This information will be included in a yearly report card to track progress on each of our benchmark measures on an annual basis. In June 2021, the Center will develop a mid-term report to celebrate our accomplishments, identify barriers, and propose adjustments in response to changes in priorities, resources, and/or opportunities. The Center will release a report assessing overall achievements and detailing the subsequent 5-year action plan in March of 2024.

# Acknowledgements

The following individuals and organizations generously gave time, effort and support during the preparation and development of the Center for Health Equity Action Plan. Their experience, wisdom and insight informed the spirit and content of this document.

## Health Agency Leadership

- Barbara Ferrer, Director, Department of Public Health (DPH)
- Christina Ghaly, Acting Director, Department of Health Services (DHS)
- Fred Leaf, Interim Director, Health Agency
- Jonathan Sherin, Director, Department of Mental Health (DMH)

*Our work would not be possible without their vision and leadership.*

## Additional Department of Health Agency Leadership

- Deborah Allen, DPH Bureau Director, Health Promotion
- Frank Alvarez, DPH, Area Health Officer, Service Provider Areas 1 & 2
- Angelo Bellomo, DPH, Bureau Director, Health Protection
- Sandra Chang Ptasinski, Cultural Competency Unit Ethnic Services Manager, DMH Quality Improvement Division
- David Dijkstra, DPH Bureau Director, Operations Support
- Kalene Gilbert, Mental Health Clinical Program Manager III, DMH Prevention Services Bureau

- Jeffrey Gunzenhauser, DPH Bureau Director, Disease Control
- Cynthia Harding, DPH Chief Deputy Director
- Natalie Jimenez, DPH Director of Communications and Public Affairs
- Jan King, DPH Area Health Officer, Service Provider Areas 5 & 6
- Paul Simon, DPH Chief Science Officer
- Megan McClaire, DPH Chief of Staff
- Cristin Mondy, DPH Area Health Officer, Service Provider Areas 3 & 4
- Silvia Prieto, DPH Area Health Officer, Service Provider Areas 7 & 8
- Jacqueline Valenzuela, Senior Advisor to the DPH Director

*For their tireless leadership and vision for a healthier Los Angeles County.*

## Key Informants:

- Katie Balderas, Manager of the Office of Equity, City of Long Beach Department of Health and Human Services
- Nashira Baril, Project Director of Capacity Building, Human Impact Partners
- Scott Chan, Program Director, Asian Pacific Islander Forward Movement
- Stephanie Caldwell, Director of Strategic Planning, Public Health Alliance of Southern California
- Manuel Carmona, Administration and Finance Manager, City of Pasadena Department of Public Health
- Jacques Colon, Health Equity Coordinator, Tacoma-Pierce County
- Javier Lopez, Assistant Commissioner of the Center for Health Equity, New York City Department of Health and Mental Hygiene
- Jonathan Nomachi, Program Officer, First 5 LA
- Matt Sharp, Vice President, Los Angeles City Health Commission
- Joyce Ybarra, Director of Learning, Weingart Foundation

*Their insight and recommendations plays an integral role in the work that we move forward.*

## Center for Health Equity Staff

- Jerome Blake, Research Analyst
- Elycia Mullholland Graves, Manager, Data and Policy
- Sandy Song Groden, Manager, Internal Operations and Workforce Development
- Erika Martinez-Abad, Capacity Building Specialist
- Heather Jue Northover, Director
- Tiffany Romo, Health Equity Specialist, Partner Engagement and Collaboration

**And a special thank you to all the individuals who attended the Center for Health Equity listening sessions between October 2017 and February of 2018.**

# Appendices

## Appendix A: A Snapshot of Health Inequities in LA County

### Notes on the Data:

**Interpreting the Data:** The data included in this Action Plan have not been tested for statistical significance. The estimates provided are absolute estimates and no additional analysis was done to determine if the differences between groups are statistically different from one another. To determine whether two values are truly different from one another and not due to chance, the 95% confidence interval (CI) is required to say how confident we are that a given value falls within a certain range. While we have not included 95% CIs in this report, this information may be available for certain indicators.

Please contact us for additional information.

**City and Community Definitions:** *Please refer to DPH's City and Community Profiles series available at <http://ph.lacounty.gov/ohae/cchp> for a full methodology.* For most indicators presented by city and community, the following geographical definitions were used:

- Cities were defined using the 2015 US Census incorporated places boundaries.
- Los Angeles City Council Districts (LACDs) were defined using the 2012 City of Los Angeles Bureau of Engineering boundaries.
- Unincorporated communities were defined using 2015 US Census designated places (CDP) boundaries.

### Data Sources

**At Risk for Major Depression:** 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

Note: Estimates are based on self-reported data by a random sample of 8,008 Los Angeles County adults (ages 18+ years old), representative of the adult population in Los Angeles County. The 95% confidence intervals (CI) are not reported.

Note on Sexual Orientation: Response options for survey item Q76 and C73 on respondent sexual orientation includes "Don't Know" and was included in data analysis as a proxy for Queer/Questioning. The Department is working improving survey data collection for the LGBTQIA population.



**Note on At Risk for Major Depression:** Based on the Patient Health Questionnaire-2 (PHQ-2). PHQ-2 is used as the initial screening test for major depressive episode. [REFERENCE: Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care 2003; 41:1284-92.].

**Chlamydia Rates:** Los Angeles County Department of Public Health, 2015 Annual HIV/STD Surveillance Report (2018) <http://publichealth.lacounty.gov/dhsp/Reports/2015HIV-STDSurveillanceReport.pdf>.

**Diabetes Mortality:** Los Angeles County Linked Death data 2016, California Department of Public Health. Prepared by Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology.

**Difficulty Accessing Care:** 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

Note: Estimates are based on self-reported data by a random sample of 8,008 Los Angeles County adults (ages 18+ years old), representative of the adult population in Los Angeles County. The 95% confidence intervals (CI) are not reported.

**HIV Transmission:** Los Angeles County Department of Public Health, 2015 Annual HIV/STD Surveillance Report (2018) <http://publichealth.lacounty.gov/dhsp/Reports/2015HIV-STDSurveillanceReport.pdf>

**Infant Mortality:** Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs. 2010-2014 Birth and death record data obtained from the California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section. Birth Cohort Data & Linked Birth Data 2010-2014. Prepared by Los Angeles County Department of Public Health Office of Health Assessment and Epidemiology, Epidemiology Unit 06/2017.

**Life Expectancy:** Data sources: Death records: Linked 2016 California DPH Death Statistical Master Files for Los Angeles County Residents. Los Angeles County Department of Public Health (DPH), Office of Health Assessment and Epidemiology. Population: PUMS-SAS 2016 ACS 1-year Public Use Microdata Samples (PUMS) [https://www2.census.gov/programs-surveys/acs/data/pums/2016/1-Year/unix\\_pca.zip](https://www2.census.gov/programs-surveys/acs/data/pums/2016/1-Year/unix_pca.zip)

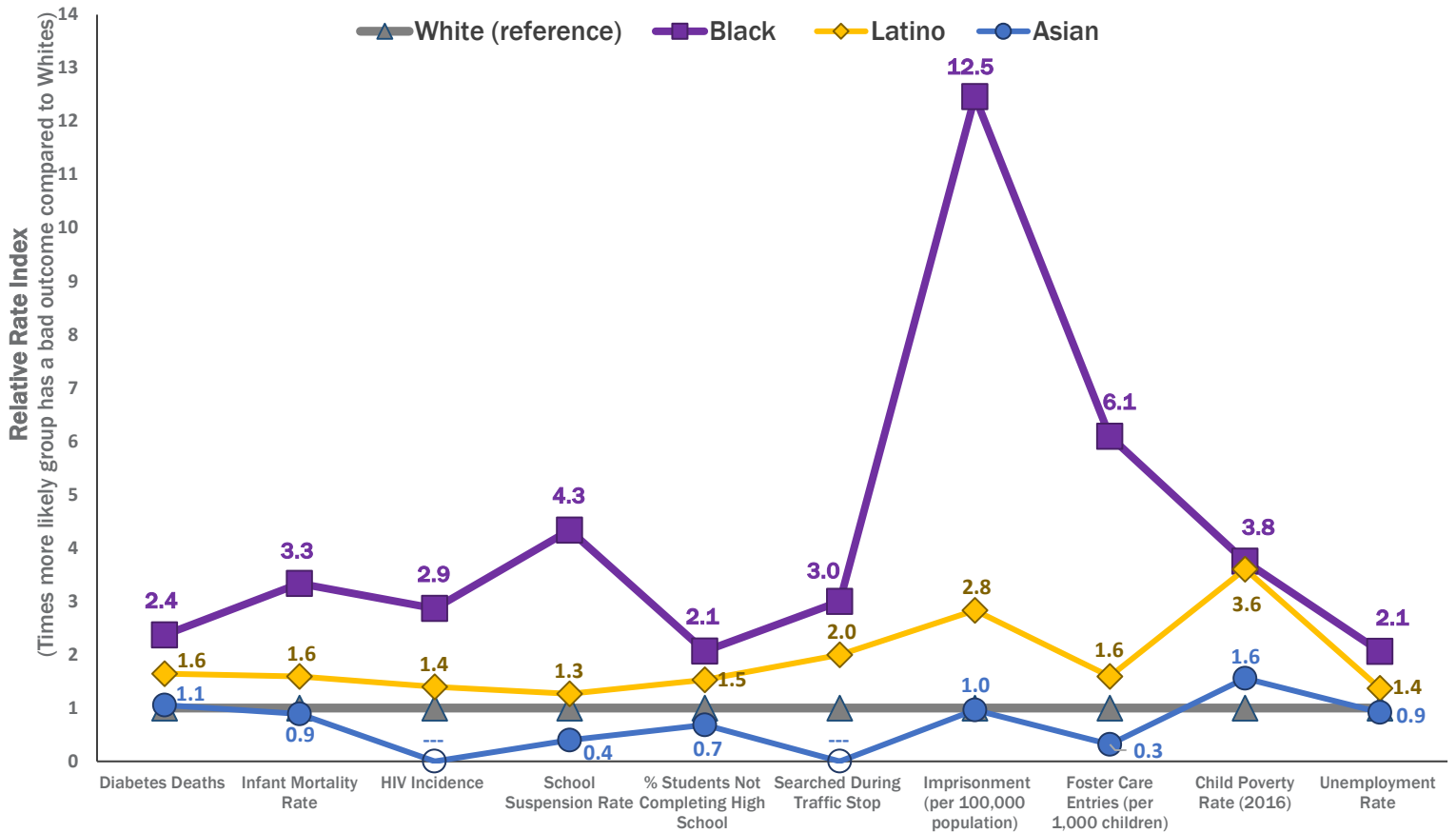
**No Regular Source of Care** 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

**Note:** Estimates are based on self-reported data by a random sample of 8,008 Los Angeles County adults (ages 18+ years old), representative of the adult population in Los Angeles County. The 95% confidence intervals (CI) are not reported.

**Uninsured Rates:** U.S. Census Bureau, American Community Survey, 2011-2015.

## Appendix B: Getting to the Root

### Relative Rate Index for Equity Measures Across Health, Education, Criminal Justice, Child Welfare and Economic Well-being in LA County



#### Relative Rate Index Key:

- ▲ Whites are always equal to 1 because they are the reference group being compared to themselves.
- Values greater than 1 mean the racial/ethnic group does relatively worse compared to Whites for that indicator
- Values less than 1 mean the racial/ethnic group does relatively better compared to Whites for that indicator.
- means the data is suppressed due to confidentiality or a low number of cases.

## Data Sources and Notes

Due to the lack of data available for American Indians/Native Americans and Native Hawaiians and Other Pacific Islanders, these groups are not represented in this analysis. The Department of Public Health recognizes these racial and ethnic groups oftentimes experience outcomes equivalent or worse than other people of color. The Department of Public Health hopes to find ways to improve its own collection and reporting of data for these groups.

This data and graph were adapted from the Groundwater Approach to Racial Equity developed by the Racial Equity Institute and Bayard Love.

<sup>1</sup> **Diabetes Death:** Los Angeles County Linked Death data 2016, California Department of Public Health. Prepared by Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology.

<sup>2</sup> **Infant Mortality Rate:** LAC DPH, Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs. 2010-2014 Birth and death record data obtained from the California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section. Birth Cohort Data & Linked Birth Data 2010-2014. Prepared by Los Angeles County Department of Public Health Office of Health Assessment and Epidemiology, Epidemiology. Unit 06/2017.

<sup>3</sup> **HIV Incidence:** Los Angeles County Department of Public Health, 2015 Annual HIV/STD Surveillance Report (2018) <http://publichealth.lacounty.gov/dhsp/Reports/2015HIV-STDsurveillanceReport.pdf>.

<sup>4</sup> **School Suspension Rate:** California Dept. of Education. Dataquest Accessed from: <https://dq.cde.ca.gov/dataquest/dqCensus/DisSuspRate.aspx?year=2016-17&aggllevel=County&cds=19> (2016-17 data).

<sup>5</sup> **Students Not Completing High School:** California Dept. of Education, California Longitudinal Pupil Achievement Data System (CALPADS) (May. 2016), available at <http://www.kidsdata.org/topic/21/high-school-graduation/summary> (2015 data);

<sup>6</sup> **Searched During Traffic Stop:** Winton, R. Black and Latino drivers are searched based on less evidence and are more likely to be arrested, Stanford researchers find. Los Angeles Times, available at <http://www.latimes.com/local/lanow/la-me-ln-stanford-minority-drive-disparties-20170619-story.html> (2009-16 data); E. Pierson, C. Simoiu, J. Overgoor, S. Corbett-Davies, V. Ramachandran, C. Phillips, S. Goel. (2017) "A large-scale analysis of racial disparities in police stops across the United States".

<sup>7</sup> **Imprisonment (per 100,000 population):** Center on Juvenile and Criminal Justice (CJCJ). (2016). Sentencing Practices in California by County, Calendar Year 2016. San Francisco, CA: CJCJ (2015 data) Race Specific Imprisonment Rate per 100,000 population; <http://casi.cjcj.org/>.

<sup>8</sup> **Foster Care Entries (per 1,000 children):** Child Welfare Indicators Project (CCWIP), University of California Berkeley. LA County Children 0-17 years Jan 1- Dec 31, 2017. CWS/CMS 2017 Quarter Extract. Population Source: 2017 CA Department of Finance 2010-2060 projections.

<sup>9</sup> **Child Poverty Rate:** U.S. Census Bureau, American Community Survey (Sept. 2016), available at <http://www.kidsdata.org/topic/38/family-income-and-poverty/summary> (2014 data);

<sup>10</sup> **Unemployment Rate:** ACS 1 year Estimates 2016  
[https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_1YR\\_S2301&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_S2301&prodType=table) (2016 data).

## **Appendix C: Center for Health Equity Listening Session Summaries**

**Event Summary**  
January 11, 2018

Los Angeles County Center for Health Equity  
**Community Listening Session:  
South East Los Angeles**

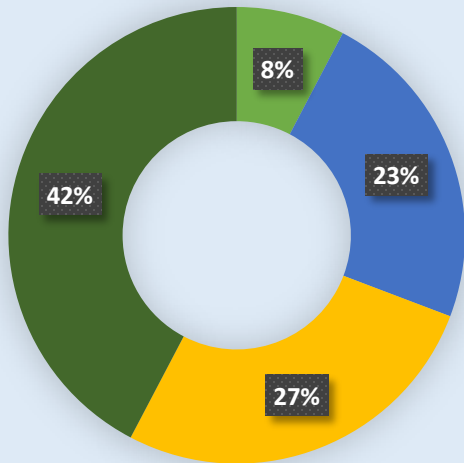
The Center for Health Equity is an LA County Health Agency initiative led by the Department of Public Health. Our work is to ensure that everyone in LA County has the opportunities and resources needed for optimal health and well-being. As a first step, the Center hosted listening sessions across the county. The sessions invited community partners and local community members to share their input, which will help shape the Center’s work. This summary reflects the feedback gathered during the session hosted in the city of South Gate, where 83 people attended.

**Who participated in this session?**

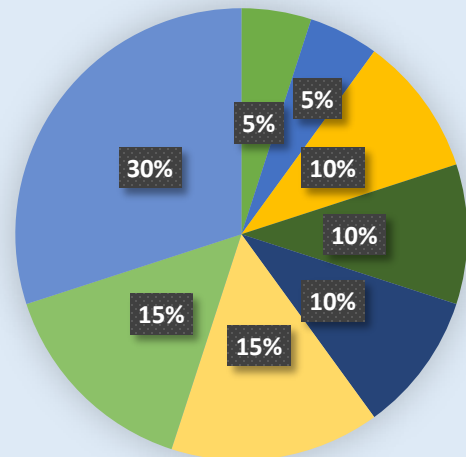


**Most valuable part of the Listening Session**

- The entire event
- Learning about the Center for Health Equity
- Group breakout sessions
- Hearing concerns and ideas from community members



**What can we do better?**

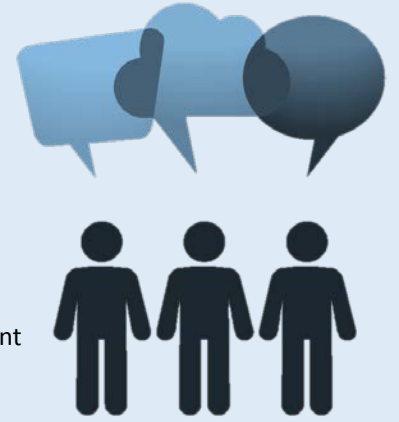


- Timing of meetings
- Table facilitators
- More community involvement
- Better venue
- More leadership representation
- Info on future sessions
- More focus on root problems
- More time for networking

# Community Voices:

## What would make future sessions better?

- “A larger venue and more community involvement.”
- “Arrive on time, attend, listen, ask.”
- “Discussion among participants should be longer. More chances to speak to the larger group.”
- “Focus on root problems.”
- “Follow up with more information and a workshop.”
- “Invite representatives from each city and involving educational, social, and law enforcement agencies to work as a wraparound model.”
- “Commit members to be part of a workgroup to make a difference.”
- “We need more action and to raise our voices for a better life for our families. For those of you who visit us from neighboring communities, help us make a change for a better environment and better social ‘treatment’ and health for the community.”
- “Community health promotoras should have a high level of involvement in our communities. I think the work coming from the hands of volunteer health promotoras makes a big difference and a real positive change in our communities.”



## Top Insights from the Gallery Walk

Attendees offered feedback on poster-sized versions of draft data briefs on the Center’s five key initiatives— infant mortality, environmental justice, sexually transmitted infections, Health Neighborhoods, and cultural and linguistic competency. Six key insights were identified:



### Continue open discussion backed by race history & science

Continue to address structural racism, trauma and stress; call out discrimination and false narratives that perpetuate stigma and continue to marginalize our communities.



### Ensure just investments

Realign staff, resources and investment to meet the community’s needs; ensure investment in those that are doing the work, like *promotoras* and community workers (i.e., “comadres saben”); access to services should be affordable and easy to obtain.



### Address community fears and create safe spaces

More frequent deportation and fears around immigration status may discourage communities from accessing services.



### Focus on workforce development

Train County workforce, line staff, management, clinicians; ensure cultural sensitivity and competency; make hospitals and clinics equally responsible for delivering respectful customer services.



### Engage with young people

Create youth advisory committees; add education equity; cultivate grassroots leaders who are connected to the community, speak the language and understand the culture.



### Good start, but simplify

Support community driven educational marketing materials; ensure messaging is youth and culturally appropriate; use plain language for community members; visually depict issues for those with language access and cognitive processing delays.



# Top Needs Identified from Small Group Discussions

Attendees broke up into small groups to discuss how the Center could best support the community's efforts to build health equity. The following needs emerged during these discussions.



## Engage in meaningful community engagement & mobilization

Work to build trust; listen to community members in their spaces like churches and schools; be proactive rather than reactive; meet with community leaders.



## Promote grant funding opportunities for community

Support community efforts to leverage financial capital; more transparency in government spending; ensure accountability; support and fund programs that are science based.



## Meet the community in safe spaces

Attend meetings of existing agencies and community participants; organize forums and community meetings to share and gather more public opinion and follow up.



## Develop a communication strategy that uses diverse channels

Don't communicate as usual; use other channels like word-of-mouth, social media, video content; reach out to diverse and unconventional partners.

## Who else would participants like the Center to engage?

- AltaMed
- Bienestar
- California Latinos for Reproductive Justice
- Children's Health Outreach Initiatives (CHOI)
- Church groups
- Community colleges
- Community Garden Council
- Council of Mexican Federations in North America (COFEM)
- Cruzitas's Deli and Café
- Department of Health Services doctors and nurses providing services in the field for homeless populations
- Environmental health organizations
- Ethnic-focused CBOs with long histories
- Generaccines en Accion
- HIV prevention agencies
- LA Care
- LGBTQ + trainings from a racial, gender and economic perspective of people of color (POC)
- Organizations that work collaboratively for the same objective, like Esperanza Housing Corp
- Organizations that care more about health than money generated by businesses
- Parent Education Bridge for Student Achievement Foundation
- Parents, childcare agencies
- Roybal Foundation
- Youth

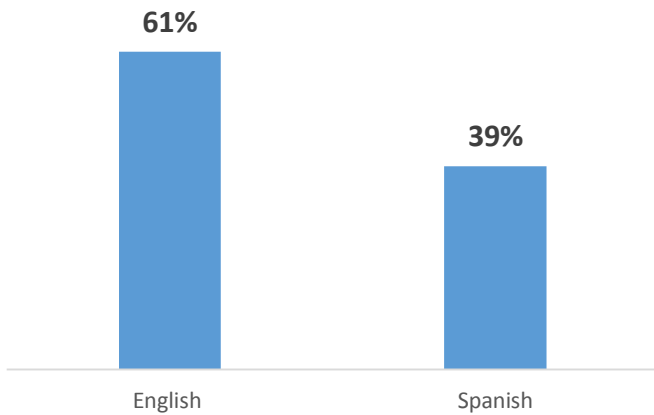
## How will the information be used?

The community listening sessions are only the beginning. Your enthusiasm and commitment to health equity truly reflects the vision of communities taking the lead in identifying and advocating for their health and well-being. We will:

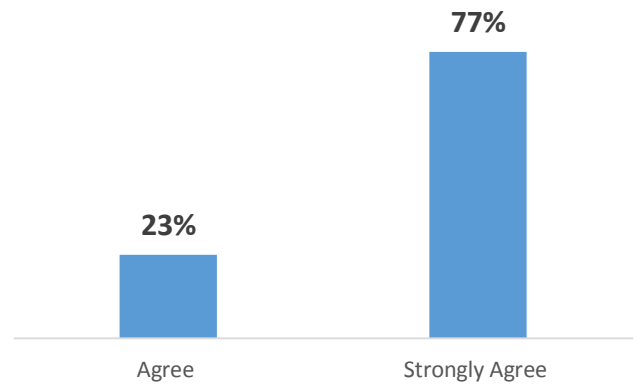
- Revise data briefs according to the key insights;
- Create inventories of best practices, coalitions, communications and other strategic efforts;
- Address the top needs to inform the Center's work plan, prioritizing the specific services attendees would like the Center to offer or enhance; and
- Engage recommended key partners.

# Graphs and Data Appendix

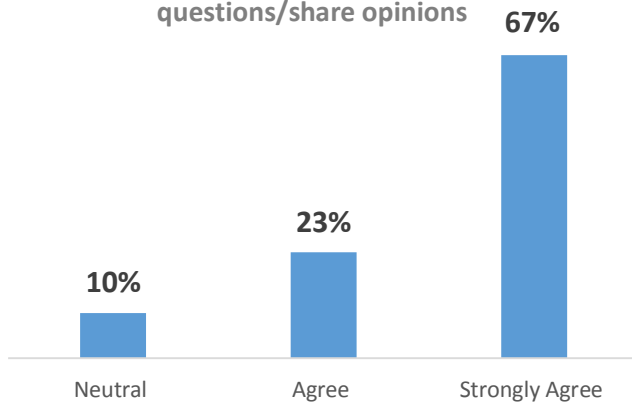
Evaluation Language



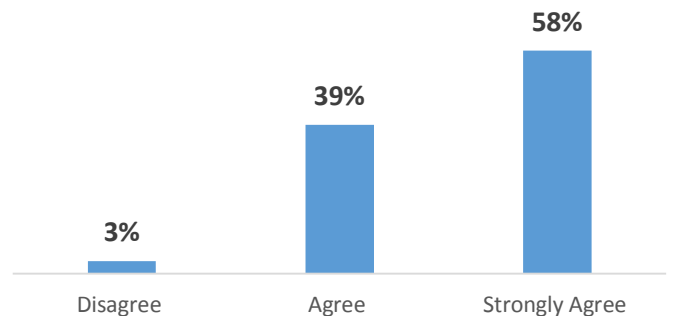
I understand health equity & why it's important



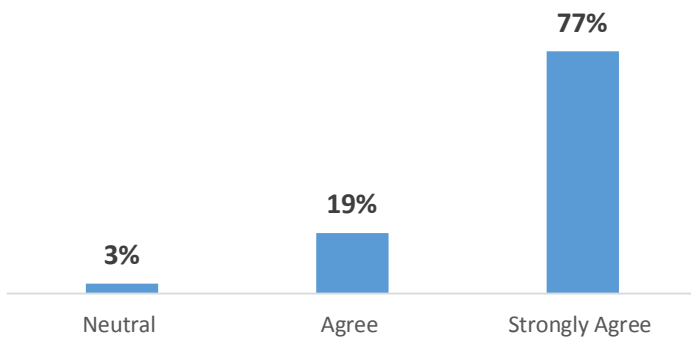
My voice was heard & I had the opportunity to ask questions/share opinions



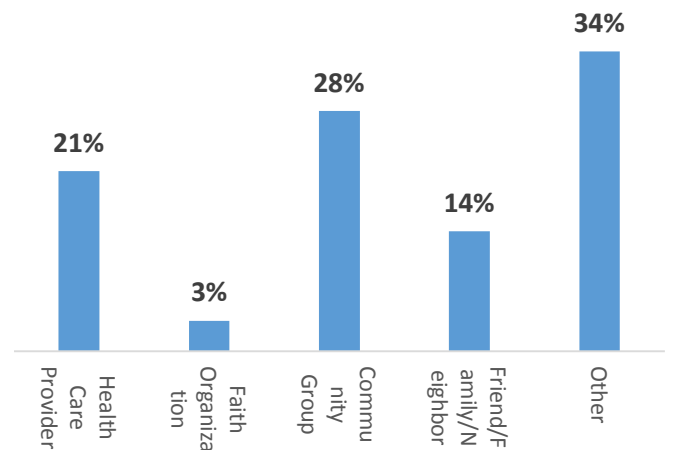
I learned about CHE goals and plans



The listening session was a good use of my time



How I learned of the listening session



**Join the Listserv at [LACHealthEquity@listserv.ph.lacounty.gov](mailto:LACHealthEquity@listserv.ph.lacounty.gov)**

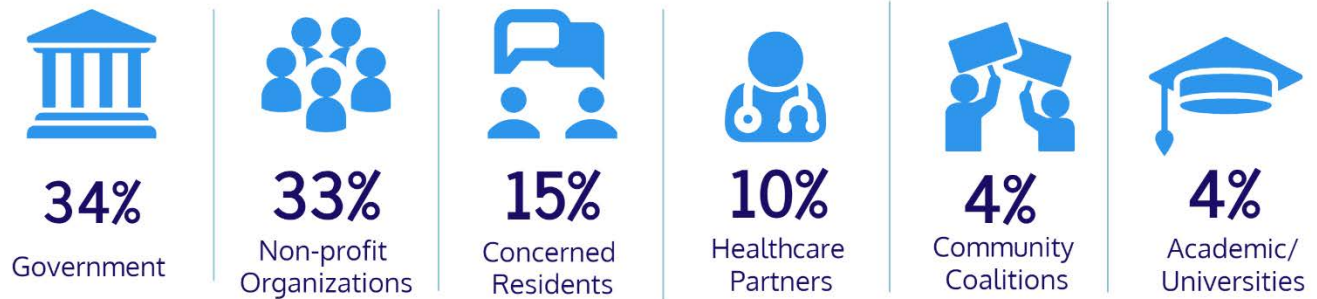


**Event Summary**  
January 23, 2018

Los Angeles County Center for Health Equity  
**Community Listening Session:  
South Los Angeles**

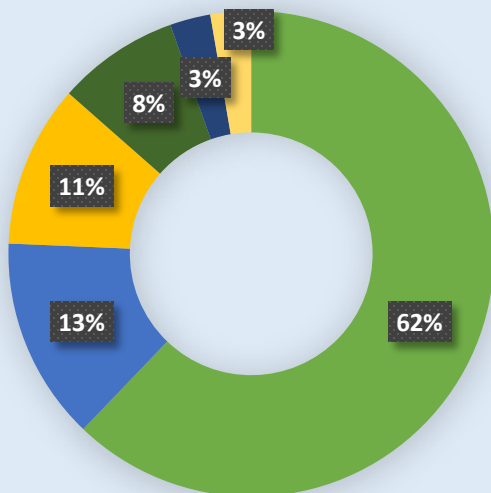
The Center for Health Equity is an LA County Health Agency initiative led by the Department of Public Health. Our work is to ensure that everyone in LA County has the opportunities and resources needed for optimal health and well-being. As a first step, the Center hosted listening sessions across the county. The sessions invited community partners and local community members to share their input, which will help shape the Center’s work. This summary reflects the feedback gathered during the session hosted in South Los Angeles, where 73 people attended.

**Who participated in this session?**

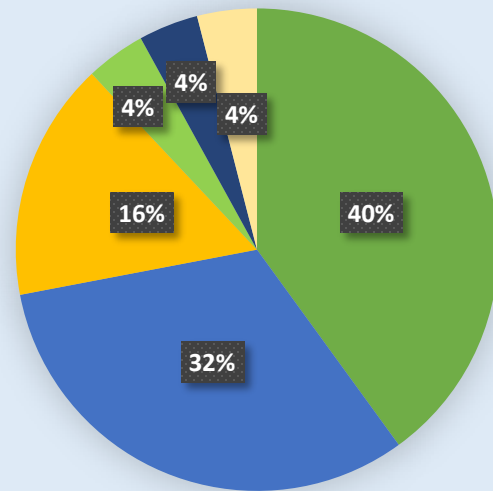


**Most valuable part of the Listening Session**

- Group breakout session
- Learning about the Center
- Presentation
- Gallery Walk
- Networking
- Open Mic Session



**What can we do better?**



- More community representation
- Longer event time
- More information to disseminate
- More focus on priority areas
- More food
- More provider representation



# Community Voices:

## What would make future sessions better?

- “Get more community members here by leveraging existing county staff working on community-based initiatives, and using them and their community partners to recruit.”
- “Invite more *promotoras* and nurses to understand the need in the community to be served with dignity. “
- “Unclear of the centers goals and plans. How are we going to name discrimination? How will we achieve Health Equity? We know the CHE focus areas and don’t know the HOW. Large task, small center: How will you do it? How will we do it?”
- “A little more time, lots of potential to network, share contact list for the network to happen.”
- “*Gracias por hacer lo que hacen!*” (Thank you for doing what you do!)
- “Continue to bring people together like tonight.”



## Top Insights from the Gallery Walk

Attendees offered feedback on poster-sized versions of draft data briefs on the Center’s five key initiatives—infant mortality, environmental justice, sexually transmitted infections, Health Neighborhoods, and cultural and linguistic competency. Six key insights were identified:



### Focus on workforce development

Train current County workforce, line staff, management, clinicians and providers; practice of cultural humility; find ways to train and employ community members



### Hold those in power accountable

Too often those with power are able to avoid responsibility for their actions; environmental polluters must be held accountable for harming the community.



### Continue open discussion backed by race history & science

Continue to address structural racism, trauma and stress; further address intersectionality and cross-sectional nature of racism today; highlight that racism is a daily part of people’s lives and affects health outcomes.



### Strengthen best practice models

Enhance cultural competency approaches by strengthening successful models, such as use of *promotoras*; evaluate processes so best practices can be replicated in other public agencies.



### Facilitate collaboration between community groups and local officials

Support community efforts to engage with elected representatives; provide a platform for leaders in community to speak; coordinate community to create unified goals.



### Learn how people define their own narrative and identities

Combat stigma and false narrative by acknowledging community as experts of their experiences; create a space for self-identification for people across all spectrums; build inclusiveness for communities of color.

# Top Needs Identified from Small Group Discussions

Attendees broke up into small groups to discuss how the Center could best support the community's efforts to build health equity. The following needs emerged during these discussions.



## Engage in meaningful community engagement & mobilization

Work to build trust; listen to community members in their spaces like churches and schools.



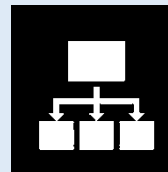
## Develop a communication strategy that uses diverse channels

Don't communicate as usual; use other channels like word-of-mouth, social media, video content and door-to-door strategies; reach out to diverse and unconventional partners.



## Acknowledge cultural history of systemic oppression

Begin with naming the issue of discrimination and racism, and naming them; create a clearinghouse for real facts—eliminate the false narratives and myths; be the community voice at the systems level.



## Connect marginalized communities to decision-makers

Provide training and build capacity for communities to navigate complex policy systems; bring diverse disciplines together.

## Who else would participants like the Center to engage?

- American Indian Counseling Center
- Best School Partnerships
- Best Start Community - Compton
- Community health councils
- Faith-based community leaders
- First5LA
- Gang intervention groups
- GRID alternatives to provide free solar panels to low income communities
- Housing advocate partners
- Industry partners that contribute to environmental injustice
- Investing in Place
- Kendren Community Health Center
- Local businesses
- Local elected officials
- Pacoima Beautiful
- Pals for Health
- Parents of murdered children to share what programs/services they believe should be created that would prevent more trauma in communities
- Physicians and nurses
- Representatives from local indigenous communities
- Soul Food for your Baby
- The City Project
- Transgendered advocacy groups
- Trusted community leaders that can provide cultural practices and traditions to educate others on cultural norms
- Vision y Compromiso
- Youth groups

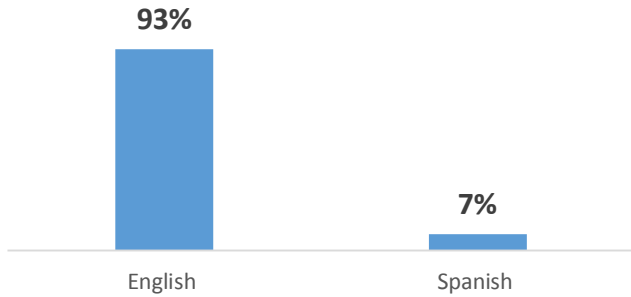
## How will the information be used?

The community listening sessions are only the beginning. Your enthusiasm and commitment to health equity truly reflects the vision of communities taking the lead in identifying and advocating for their health and well-being. We will:

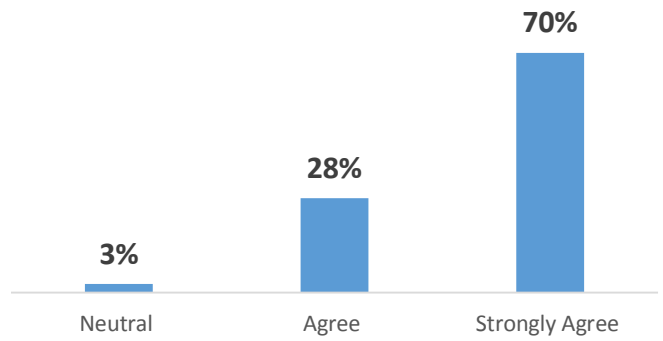
- Revise data briefs according to the key insights;
- Create inventories of best practices, coalitions, communications and other strategic efforts;
- Address the top needs to inform the Center's work plan, prioritizing the specific services attendees would like the Center to offer or enhance;
- Engage recommended key partners.

# Graphs and Data Appendix

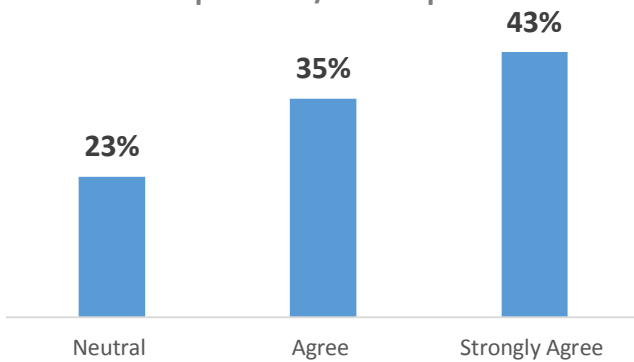
Language of completed surveys



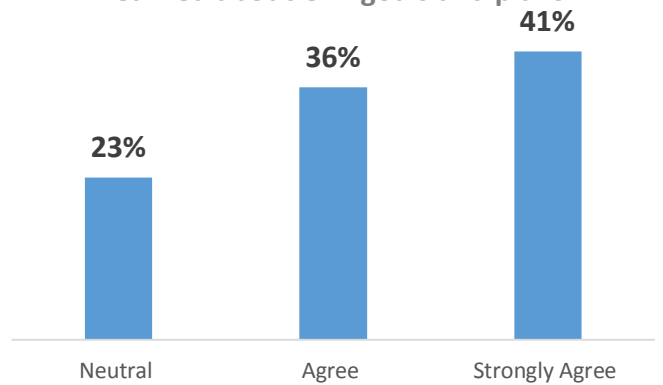
I understand health equity & why it's important



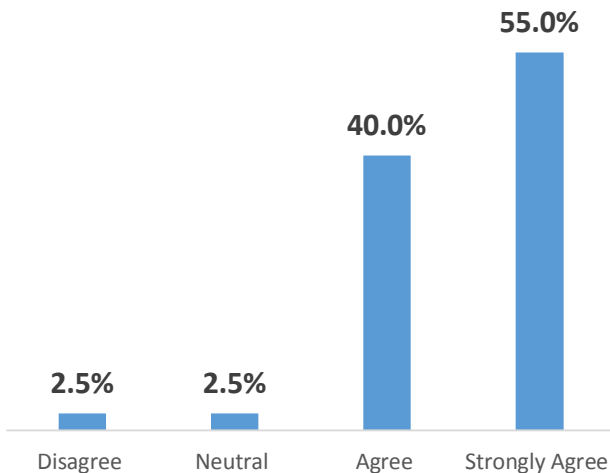
My voice was heard & I had the opportunity to ask questions/share opinions



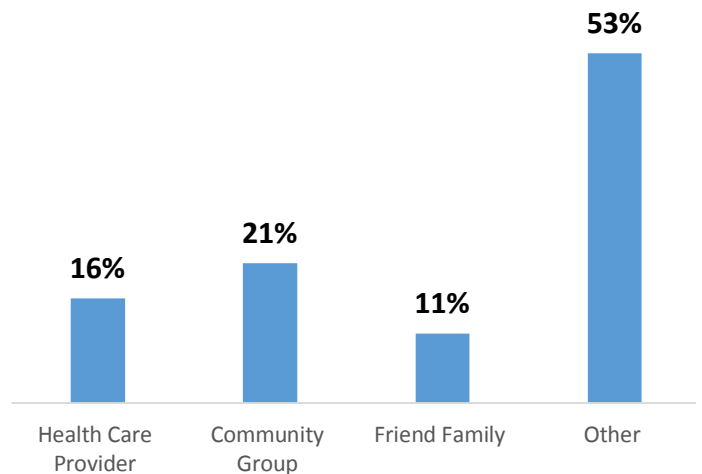
I learned about CHE goals and plans



The listening session was a good use of my time



How I learned of the listening session



**Join the Listserv at [LACHealthEquity@listserv.ph.lacounty.gov](mailto:LACHealthEquity@listserv.ph.lacounty.gov)**



**Event Summary**  
December 14, 2017

Los Angeles County Center for Health Equity  
**Community Listening Session:  
San Fernando Valley**

The Center for Health Equity is an LA County Health Agency initiative led by the Department of Public Health. Our work is to ensure that everyone in LA County has the opportunities and resources needed for optimal health and well-being. As a first step, the Center hosted listening sessions across the county. The sessions invited community partners and local community members to share their input, which will help shape the Center’s work. This summary reflects the feedback gathered during the session hosted in the city of Van Nuys, where 48 people attended.

**Who participated in this session?**



**50%**

Government



**29%**

Non-Profit  
Organizations



**13%**

Community  
Coalitions



**6%**

Healthcare  
Partners

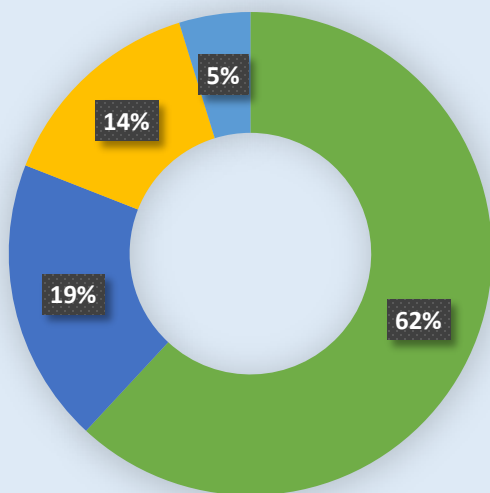


**2%**

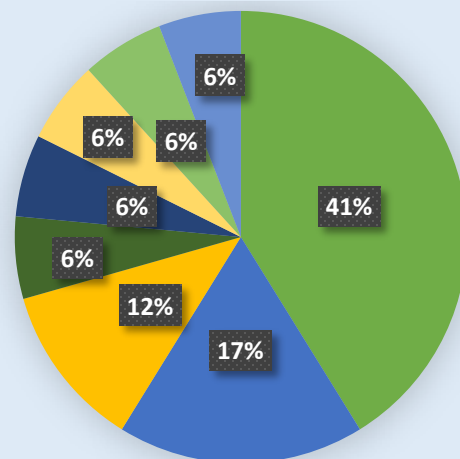
Academic/  
Universities

**Most valuable part of the  
Listening Session**

- Group Activity/Networking/Sharing Ideas
- Learning about CHE Goals/Initiatives
- Community Feedback
- Presentation



**What can we do better?**



- More time for networking
- More outreach to community
- Limit discussion topics
- Facilitators
- More group engagement
- Introductions around the room
- Provide translation services
- Invite government officials



# Community Voices:

## What would make future sessions better?

- “More time to thoroughly read the research.”
- “Limit the topics—specify and dig deeper into one; longer small group discussions.”
- “More representation from high level elected officials like field reps from other board offices and the Mayor's office.”
- “More time for small group discussions.”
- “More publicity to community members.”
- “More opportunity for community to discuss issues and share solutions.”



## Top Insights from the Gallery Walk

Attendees offered feedback on poster-sized versions of draft data briefs on the Center’s five key initiatives—infant mortality, environmental justice, sexually transmitted infections, Health Neighborhoods, and cultural and linguistic competency. Six key insights were identified:



### Continue open discussion backed by race history & science

Continue to address structural racism, trauma and stress; further address intersectionality and cross-sectional nature of racism today; highlight that racism is a daily part of people’s lives and affects health outcomes.



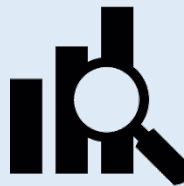
### Ensure just investments

Realign staff and resources to meet the community’s needs; work with partners to develop, refine or fund projects; fund innovative programs, services and infrastructure across the Health Agency; implement community benefit packages into public works projects.



### Share results & decision-making power with the community

Support communities to define and measure adverse health conditions, with equal access to decision-making; share community successes with the community; leverage best practices for greater impact.



### Use maps to visualize gaps and needs in the community

Clear and concise visuals are important; maps help show differences and inequalities in communities across the county; graphs are easy to understand; more interaction is needed, less words.



### Hold those in power accountable

Too often those with power are able to avoid responsibility for their actions; give regulators power to hold companies accountable for harming the community.



### Good start, but simplify

Use plain language for community members; visually depict issues for those with language access and cognitive processing delays.



# Top Needs Identified from Small Group Discussions

Attendees broke up into small groups to discuss how the Center could best support the community's efforts to build health equity. The following needs emerged during these discussions.



## Engage in meaningful community engagement & mobilization

Work to build trust; listen to community members in their spaces like churches and schools; identify community champions; contract with and pay trusted partners to do engagement work.



## Facilitate collaboration between community groups and local officials

Support community efforts to engage with elected representatives; provide a platform for leaders in community to speak; coordinate community to create unified goals.



## Focus on workforce development

Train current County workforce, line staff, management, clinicians; embrace discomfort; ensure self-care; find ways to train and employ community members.



## Develop a communication strategy that uses diverse channels

Don't communicate as usual; use other channels like word-of-mouth, social media, video content; reach out to diverse and unconventional partners.

## Who else would participants like the Center to engage?

- Agencies/organizations that know how to reach African American women
- All County departments to link resources, including funding, tech support and training
- Best Start Community Partnership groups
- Black Lives Matter movement
- College students
- East Yard Communities for Environmental Justice
- Latino-based health clinic staff and members
- LGBTQ + trainings from a racial, gender and economic perspective as people of color (POC)
- Media/PR outlets
- Medical experts in STDs (UCLA- Marjan Javanbakht)
- OBGYN / pediatricians to encourage parent education /child development
- Organizations from other countries to learn best practices
- Pacoima Beautiful
- *Promotoras* health leaders Somos, Familia, Valle; local LGBTQ+, POC and immigrant -focused organizations
- Substance use disorder treatment providers
- Support groups into community spaces
- The Nature Parkway

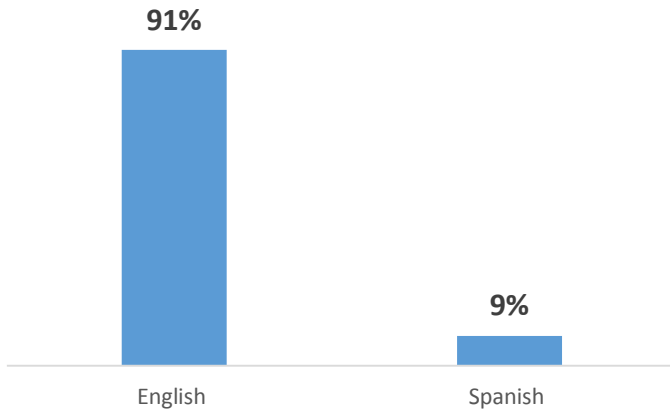
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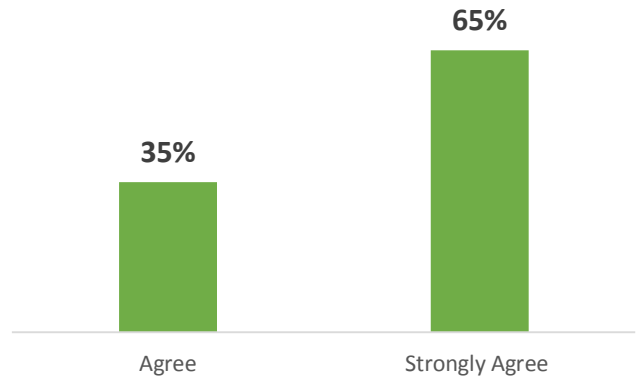
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# Graphs and Data Appendix

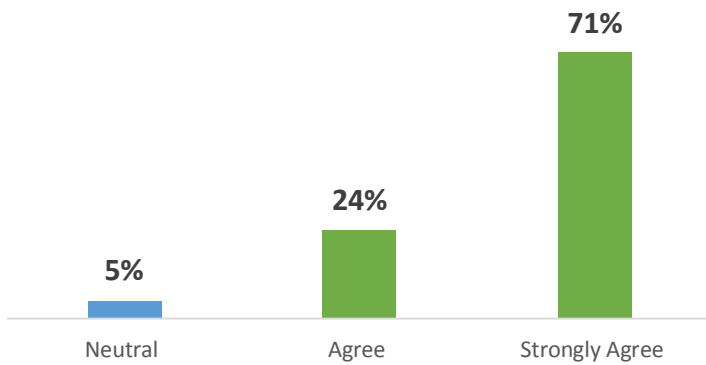
Language of completed surveys



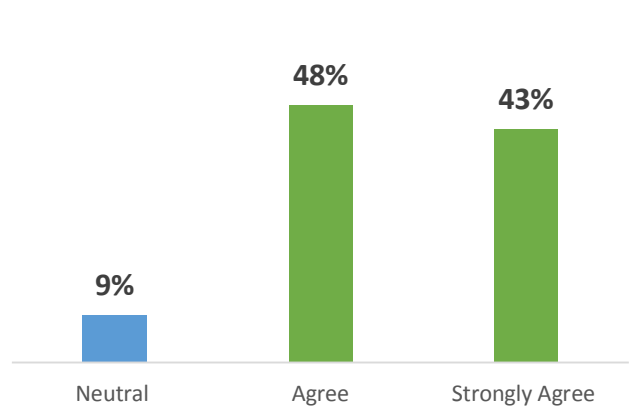
I understand health equity & why it's important



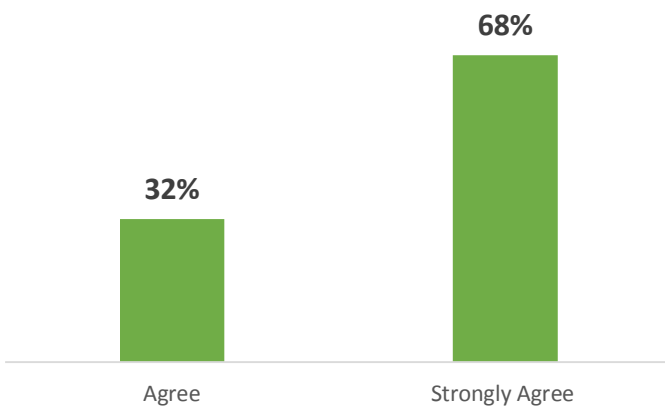
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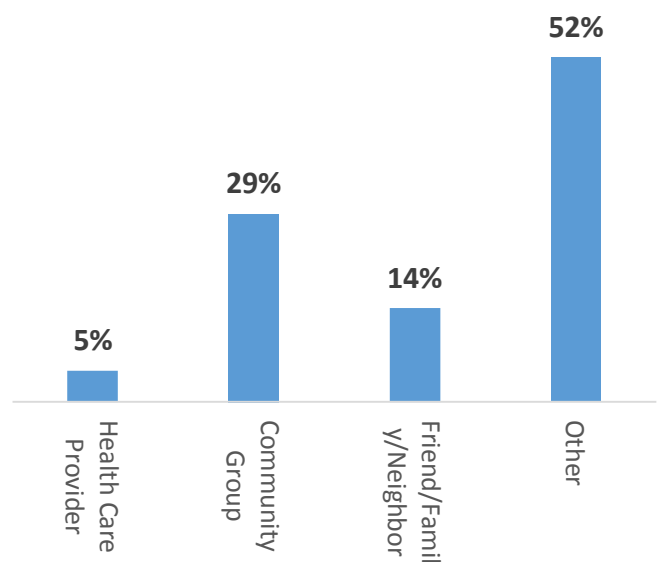
I learned about CHE goals & plans



The listening session was a good use of my time



How I learned of the listening session



**Join the Listserv at [LACHealthEquity@listserv.ph.lacounty.gov](mailto:LACHealthEquity@listserv.ph.lacounty.gov)**

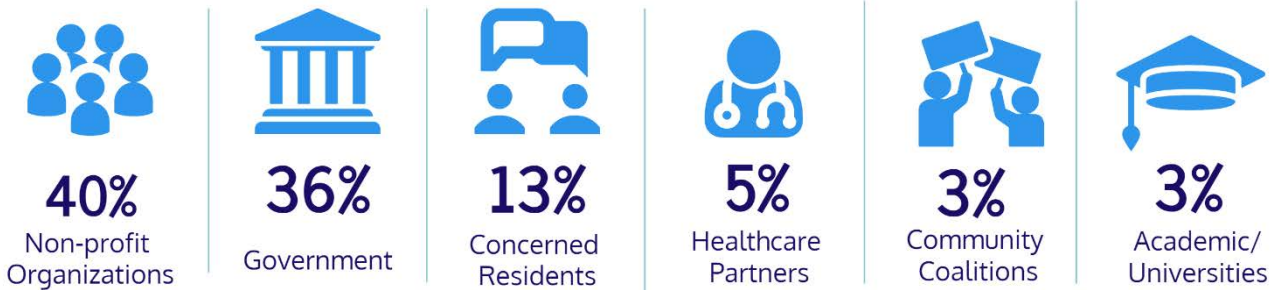


**Event Summary**  
January 16, 2018

Los Angeles County Center for Health Equity  
**Community Listening Session:  
South Bay**

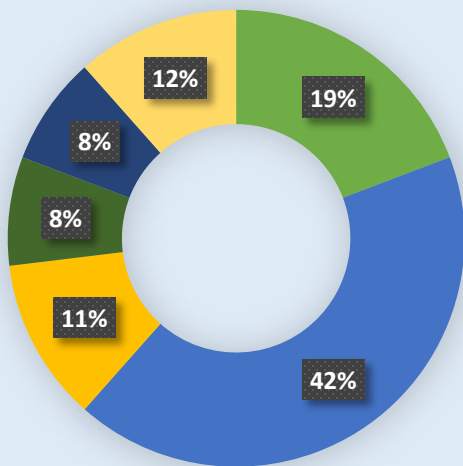
The Center for Health Equity is an LA County Health Agency initiative led by the Department of Public Health. Our work is to ensure that everyone in LA County has the opportunities and resources needed for optimal health and well-being. As a first step, the Center hosted listening sessions across the county. The sessions invited community partners and local community members to share their input, which will help shape the Center’s work. This summary reflects the feedback gathered during the session hosted in the city of Long Beach, where 102 people attended.

**Who participated in this session?**

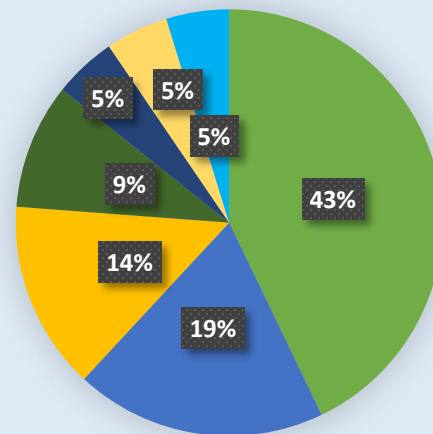


**Most valuable part of the Listening Session**

- Group breakout session
- Hearing concerns, naratives & ideas
- Learning about the Center
- Networking opportunities
- Participant diversity
- Presentation/Draft Documents



**What can we do better?**



- More outreach to community
- More time for networking
- Better venue
- Limit discussion topics
- CHE action items
- Information on future sessions
- Provide translation services

# Community Voices:

## What would make future sessions better?

- “Allow space for community members to speak about the issues important to them (aka: a listening session, not a workshop session).”
- “Better and bigger venue with more parking.”
- “Getting the people and organizations that don’t believe in this movement here to get their buy in.”
- “Meet in spaces for community members like a community center. Provide listening sessions with cultural community members.”
- “Hold a separate session based on race and at a community venue.”
- “Make sure disabilities are an umbrella through all columns of social determinants of health, such as racism/discrimination.”



## Top Insights from the Gallery Walk

Attendees offered feedback on poster-sized versions of draft data briefs on the Center’s five key initiatives—infant mortality, environmental justice, sexually transmitted infections, Health Neighborhoods, and cultural and linguistic competency. Six key insights were identified:



### Hold those in power accountable

Too often those with power are able to avoid responsibility for their actions; improve current oversight and regulation to hold companies accountable for harming the community



### Share decision-making power with the community

Support communities to define and measure adverse health conditions, with equal access to decision-making; share community successes with the community; leverage best practices for greater impact.



### Continue open discussion backed by race history & science

Continue to address structural racism, trauma and stress; further address intersectionality and cross-sectional nature of racism today; highlight that racism is a daily part of people’s lives and affects health outcomes.



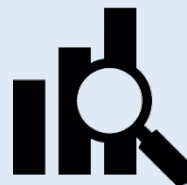
### Promote just investments for communities

Ensure investment in those that are doing the work, like *promotoras* and community workers; invest in communities of color, and support black mothers and their babies.



### Leadership should reflect the community

Hire staff that represent the community; those who have been impacted by the issues should be leading the work; establish a cultural humility protocol and guidelines, and train providers in cultural humility practices.



### Use data to address gaps and needs in the community

Clear and concise visuals are important; more interaction is needed, less words; make sure to include trans individuals in data sets; work towards better disease surveillance for communities of color.

# Top Needs Identified from Small Group Discussions

Attendees broke up into small groups to discuss how the Center could best support the community's efforts to build health equity. The following needs emerged during these discussions.



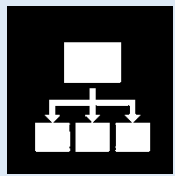
## Learn how people define their own narrative and identities

Build power in communities to create their own health through policy and systems changes; create a space for self-identification for people across all spectrums; build inclusiveness for communities of color.



## Engage in meaningful community engagement & mobilization

Work to build trust; listen to community members in their spaces like churches and schools; identify community champions; contract with and pay trusted partners to do engagement work.



## Connect marginalized communities to decision-makers

Provide training and build capacity for communities to navigate complex policy systems; bring diverse disciplines together.



## Focus on workforce development

Train current County workforce, line staff, management, providers; embrace discomfort; find ways to train and employ community members.

## Who else would participants like the Center to engage ?

- AIDS Food Store
- American/Indian/Alaska Native communities
- Black Women for Wellness
- Black Infant Health contractors
- Building Healthy Communities - Long Beach
- Cambodian Advocacy Collaborative
- City council members
- Community organizations
- Community coordinating councils
- Collaborative care model, such as the AIMS (Advancing Integrated Mental Health Solutions) Center
- Department of Labor
- Department of Justice
- Faith-based organizations
- LGBTQ centers to improve communities of MSM, trans and queer care services
- Long Beach Language Access Coalition
- Mama's Neighborhood Program
- Mothers Against Drunk Driving
- Moving Forward Network
- School bilingual parent groups
- Trauma Prevention Initiative (TPI) communities, such as Willowbrook, Florence-Firestone and unincorporated Compton
- Urban planning groups that are working on gentrification
- Youth and family centers such as YMCA and Boys & Girls Clubs

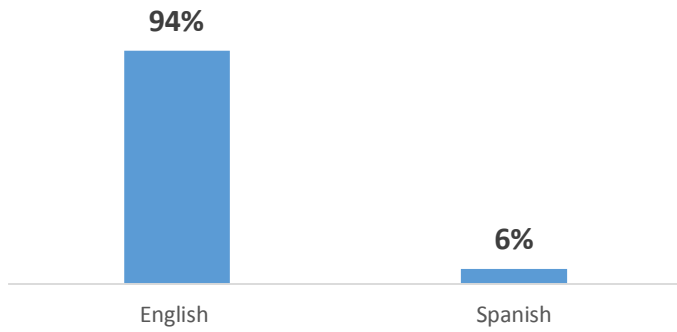
## How will the information be used?

The community listening sessions are only the beginning. Your enthusiasm and commitment to health equity truly reflects the vision of communities taking the lead in identifying and advocating for their health and well-being. We will:

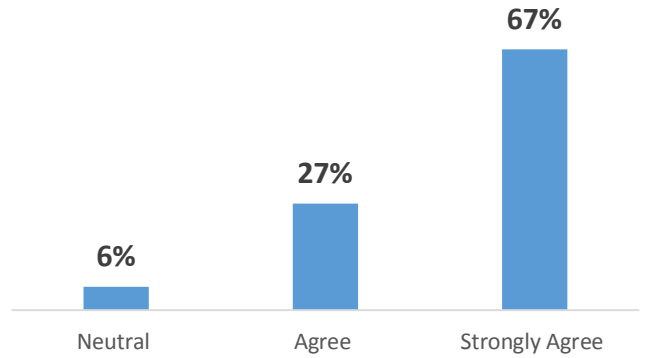
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# Graphs and Data Appendix

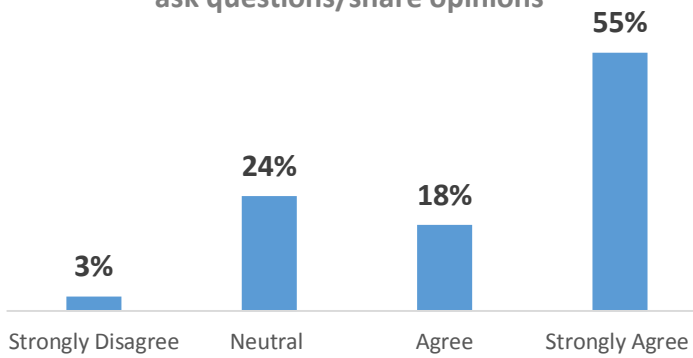
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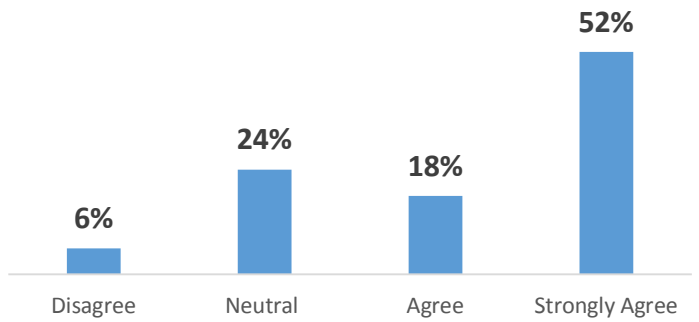
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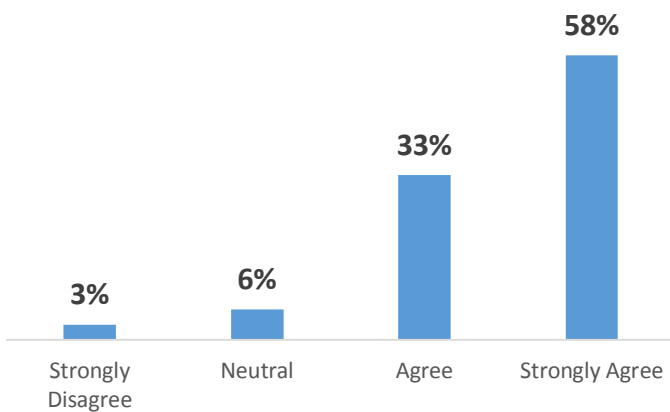
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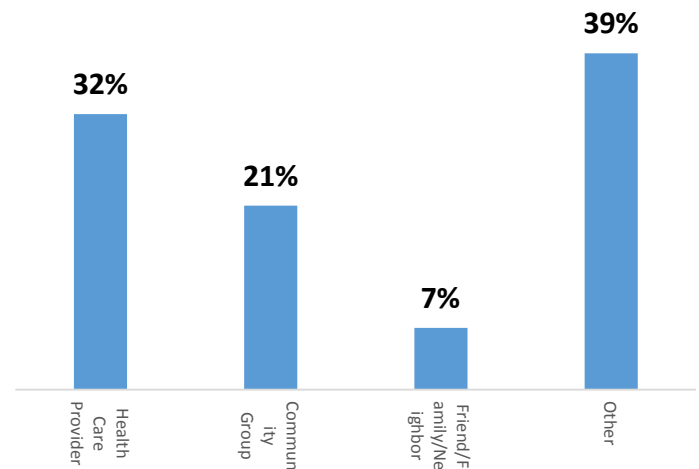
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How I learned of the listening session



**Join the Listserv at [LACHealthEquity@listserv.ph.lacounty.gov](mailto:LACHealthEquity@listserv.ph.lacounty.gov)**



**Event Summary**  
January 30, 2018

Los Angeles County Center for Health Equity  
**Community Listening Session:  
Antelope Valley**

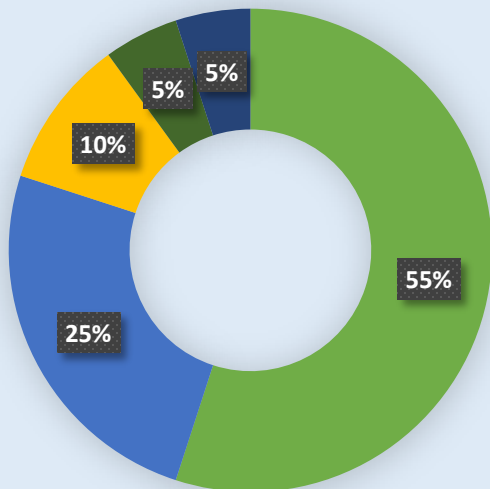
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**Who participated in this session?**

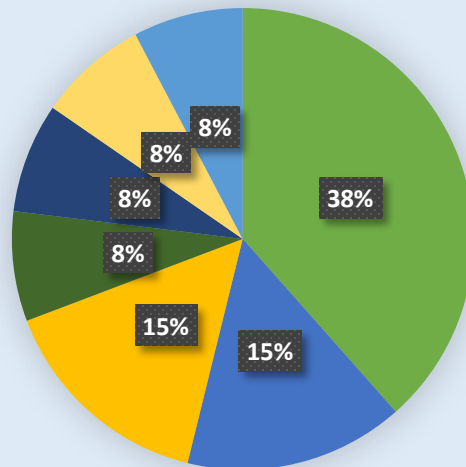


**Most valuable part of the Listening Session**

- Group breakout activity
- Learning about CHE Goals/Initiatives
- Networking
- Presentation
- Media booth



**What can we do better?**



- More community representation
- More discussion time
- More time to network
- More information to disseminate
- More participation
- Better publicity
- Schedule / location

# Community Voices:

## What would make future sessions better?

- “Publicize more in various organizations so more people in the community are aware and can attend meetings.”
- “Longer time on activities, and a meet and greet time to mingle.”
- “Nothing - it was great, would like more community members.”
- “Clear information about what the health equity center can do.”
- “I invite the community to talk with legislators to ensure they know of community issues.”



## Top Insights from the Gallery Walk

Attendees offered feedback on poster-sized versions of draft data briefs on the Center’s five key initiatives— infant mortality, environmental justice, sexually transmitted infections, Health Neighborhoods, and cultural and linguistic competency. Six key insights were identified:



### Facilitate collaboration between community groups and local officials

Support community efforts to engage with elected representatives; provide a platform for leaders in community to speak; coordinate community to create unified goals.



### Use maps to visualize gaps and needs in the community

Clear and concise visuals are important; maps help show differences and inequalities in communities across the county; graphs are easy to understand; more interaction is needed, less words.



### Continue open discussion backed by race history & science

Continue to address structural racism, trauma and stress; further address intersectionality and cross-sectional nature of racism today; highlight that racism is a daily part of people’s lives and affects health outcomes.



### Leadership should reflect the community

Hire staff that represent the community; those who have been impacted by the issues should be leading the work.



### Simplify collaboration between services

Support collaboration efforts and better coordinated care between systems; encourage non-traditional partners to participate in solution-focused efforts.



### Focus on training and workforce development

Train current County workforce, line staff, management, clinicians; provide training for community, using safe spaces such as churches and schools; establish a cultural humility protocol and guidelines, and train providers in cultural humility practices.



# Top Needs Identified from Small Group Discussions

Attendees broke up into small groups to discuss how the Center could best support the community's efforts to build health equity. The following needs emerged during these discussions.



## Engage in meaningful community engagement & mobilization

Work to build trust; listen to community members in their spaces like churches and schools; identify community champions; contract with and pay trusted partners to do engagement work.



## Share decision-making power with the community

Support communities to define and measure adverse health conditions, with equal access to decision-making; share community successes with the community.



## Promote grant funding opportunities for community

Support community efforts to leverage financial capital; ensure accountability; support and fund programs that are science based.



## Develop a communication strategy that uses diverse channels

Don't communicate as usual; use other channels like word-of-mouth, social media, video content; reach out to diverse and unconventional partners.

## Who else would participants like the Center to engage?

- Antelope Valley Breastfeed Coalition
- Anti-racism and anti-oppression training groups
- Blank Infant Health
- Black Women for Wellness
- City planners
- Community colleges
- Diverse cultural centers
- Empower Generations
- Faith-based community
- Health providers & doctors
- Local elected officials
- Los Angeles County to connect with the people it serves
- Lumos Transforms
- OB/GYN providers
- Outreach centers
- Planned Parenthood
- *Promotoras*
- Universities

## How will the information be used?

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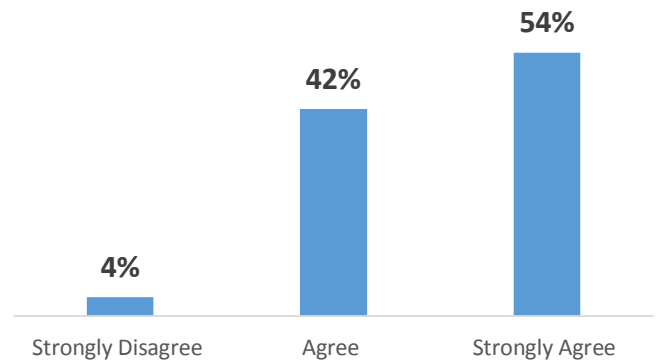
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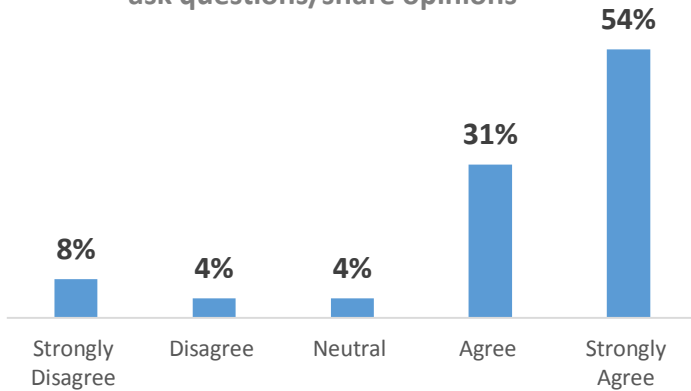
# Graphs and Data Appendix

All evaluations were completed in English

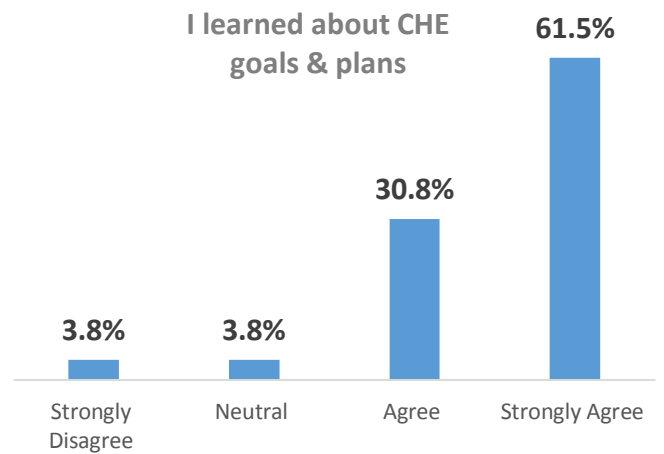
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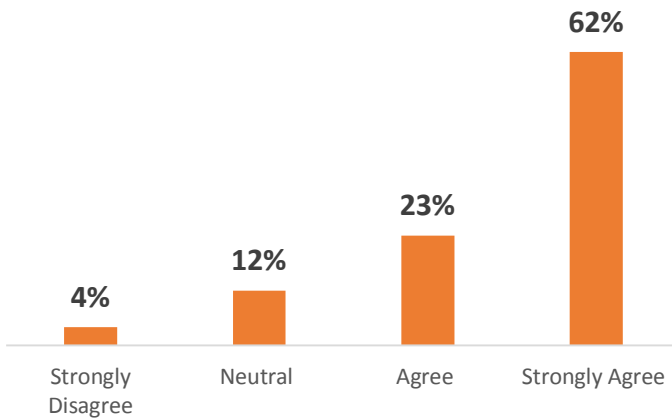
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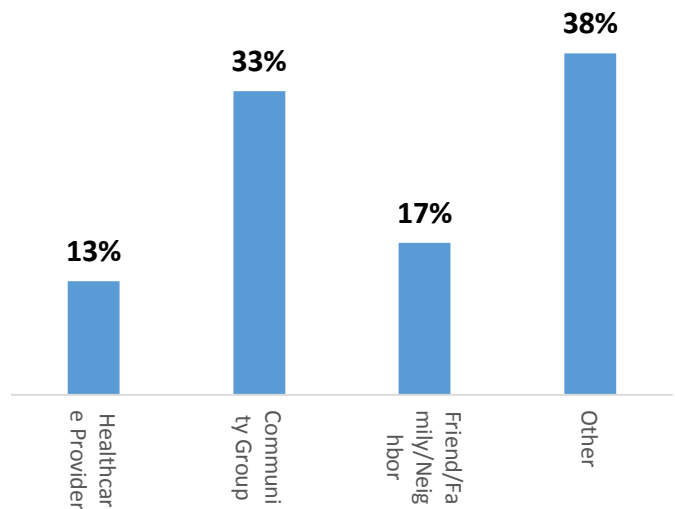
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# References

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- <sup>i</sup> University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation. *County Health Rankings & Roadmaps*. [Online] 2014. <http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank>.
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- <sup>iii</sup> Center on Juvenile and Criminal Justice (CJCJ). (2016). Sentencing Practices in California by County, Calendar Year 2016. San Francisco, CA: CJCJ (2015 data). <http://casi.cjcj.org/>.
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- <sup>v</sup> USC Program for Environmental & Regional Equity & PolicyLink. (2017) Equity Profile of the Los Angeles Region. [https://dornsife.usc.edu/assets/sites/242/docs/EquityProfile\\_LA\\_Region\\_2017\\_Full\\_Final\\_Web.pdf](https://dornsife.usc.edu/assets/sites/242/docs/EquityProfile_LA_Region_2017_Full_Final_Web.pdf)
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- <sup>xiv</sup> Department of Public Health. Health Neighborhoods: (revised April 2016). A Toolkit for Service Delivery Providers. [Online at: [http://file.lacounty.gov/SDSInter/dmh/242989\\_HNToolkit-April2016revision.pdf](http://file.lacounty.gov/SDSInter/dmh/242989_HNToolkit-April2016revision.pdf)].

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