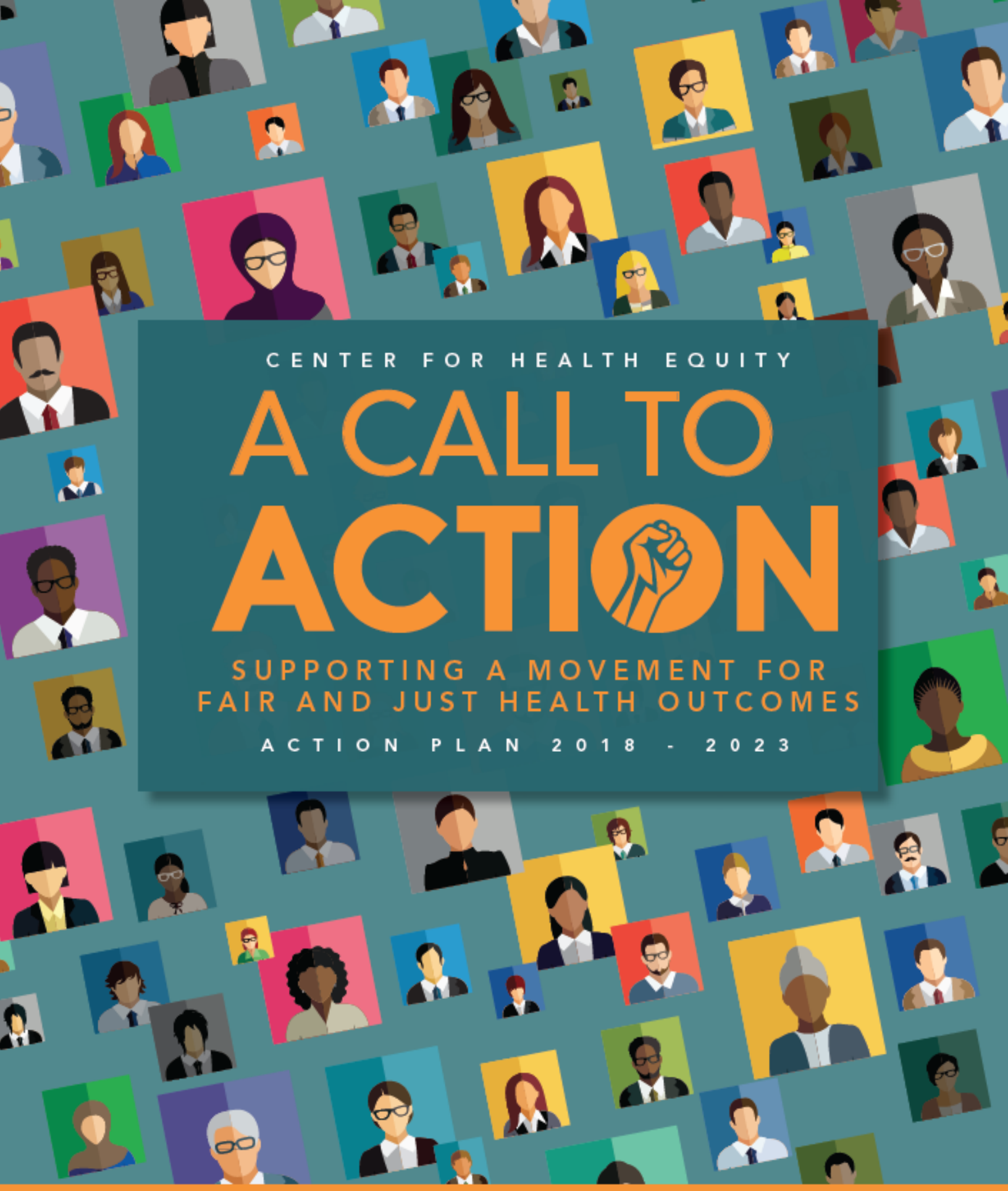


CENTER FOR HEALTH EQUITY

A CALL TO ACTION

SUPPORTING A MOVEMENT FOR FAIR AND JUST HEALTH OUTCOMES

ACTION PLAN 2018 - 2023

Center for Health Equity

LOS ANGELES COUNTY HEALTH AGENCY

County of Los Angeles Public Health

Contents

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 and how much money you make should not predict your health status or life expectancy. However, data shows 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 preventable.

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 on 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 from 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,

Dr. Barbara Ferrer
Director
Department of Public Health

Dr. Christina Ghaly
Director
Department of Health Services

Dr. Jonathan E. Sherin
Director
Department of Mental Health

Fred Leaf
Interim Director
Health Agency

Introduction and Purpose

What is Health Equity?

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

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

There are many communities in LA County that have community conditions that enable 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. Examples of health outcomes include life expectancy, infant mortality, sexually transmitted infections, asthma, heart disease and diabetes. Depending on where we live and the color of our skin, we are more or less likely to have the 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 an 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 works 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 share best health equity practices
- Connect, coordinate and collaborate on health equity-related work
- 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, 2018 - 2023. It identifies our vision for the future and our pathway there. The first year includes a start-up period, followed by five years of implementation.

The plan outlines a set of strategies and actions and represents a public commitment to achieving defined equity goals and activities. These goals were developed, refined and prioritized based on feedback during listening sessions and community forums. These activities were designed to foster health equity and create partnerships that strive to ensure that everyone in our county can reach optimal health and well-being.



Equity: By the Numbers

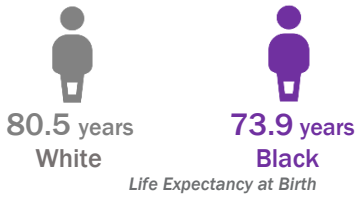
A Snapshot of Health Inequities in LA County

The likelihood of living a long and healthy life is not equal across individuals. 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 well-being, and certain groups experience an unjust burden of these inequities. People of color and underserved communities in LA County often experience the starkest disparities.

Health Inequities based on Race and Ethnicity

Life Expectancy

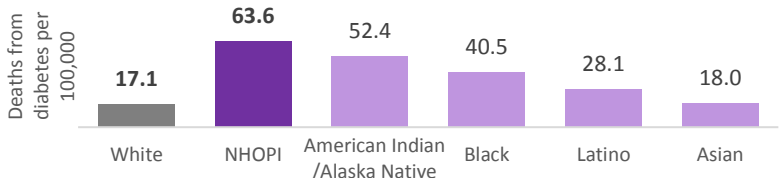
On average, **Blacks** have a **6.5-year gap in** life expectancy compared to Whites.



Life Expectancy at Birth

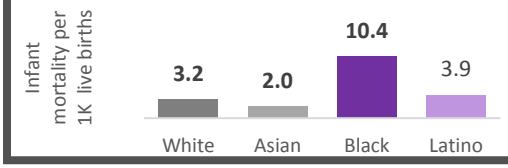
Diabetes Mortality

Native Hawaiians and Pacific Islanders die from diabetes at almost **4 times** the rate of Whites.



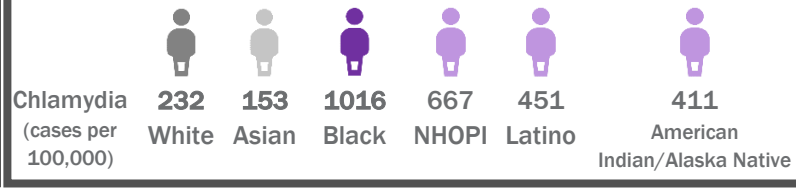
Infant Mortality

Black babies experience more than **3 times** the rate of infant mortality compared to White and Asian babies.



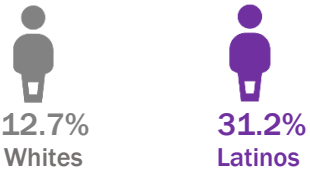
Sexually Transmitted Infections

Blacks experience over **4 times** the rate of Chlamydia compared to Whites and over **6 times** the rate compared to Asians.



Difficulty Accessing Care

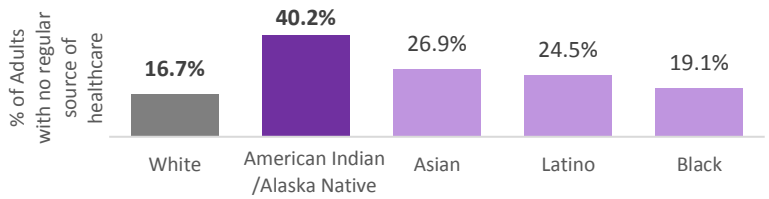
Latinos are over **2 times** more likely to report having difficulty accessing medical care compared to Whites.



% of Adults with Difficulty Accessing Medical Care when They Needed it

No Regular Source of Care (among adults 18-64 years)

American Indian and Alaska Natives are over **2 times** more likely not to report having a regular source of healthcare compared to Whites.



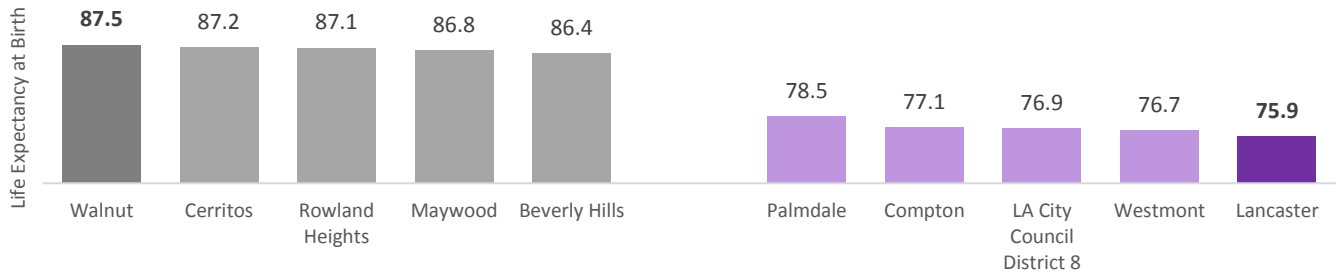
***Gray** notes the group with the best outcome in each area, most often Whites. The **darkest purple** is the group with the worst outcome. We still use Whites as the reference group when Asians have better or similar outcomes because Whites most consistently have the best outcomes, and while Asians 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 Across 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, and 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.

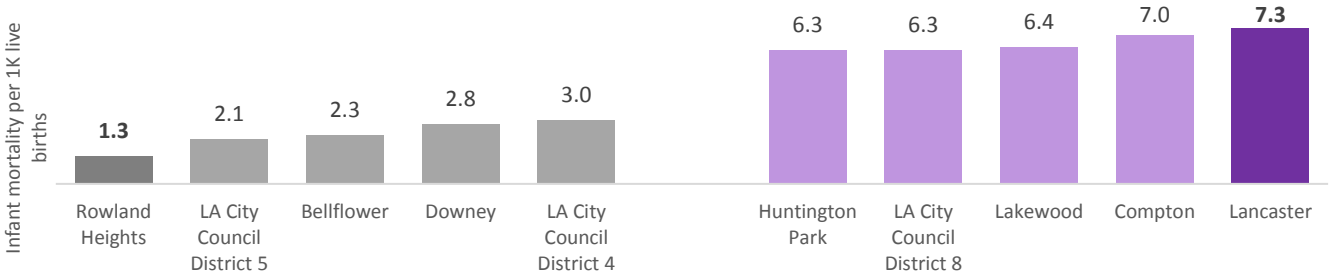


5 Cities/Communities with **HIGHEST** Life Expectancy

5 Cities/Communities with **LOWEST** Life Expectancy

Infant Mortality

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

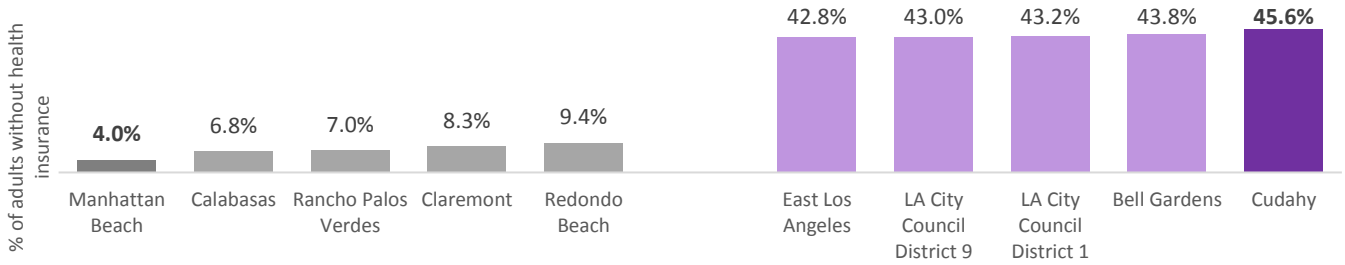


5 Cities/Communities with LOWEST Infant Mortality

5 Cities/Communities with HIGHEST Infant Mortality

Uninsured Rates

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



5 Cities/Communities with **LOWEST** Uninsured Rates

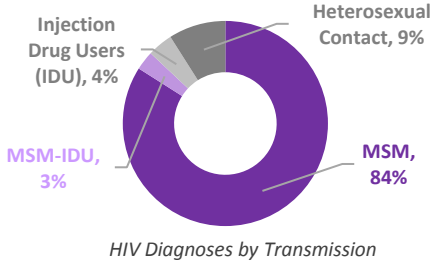
5 Cities/Communities with **HIGHEST** Uninsured Rates

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* to view DPH's City and Community Profile series for 86 cities and communities in LA County.

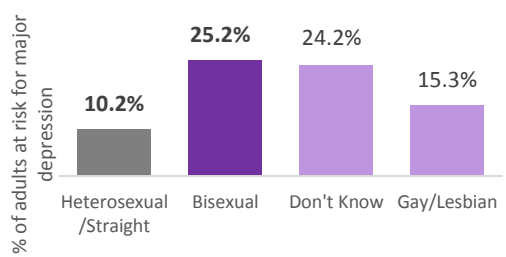
Spotlight: Sexual Orientation and Gender Identity

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.



HIV Diagnoses by Transmission

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.

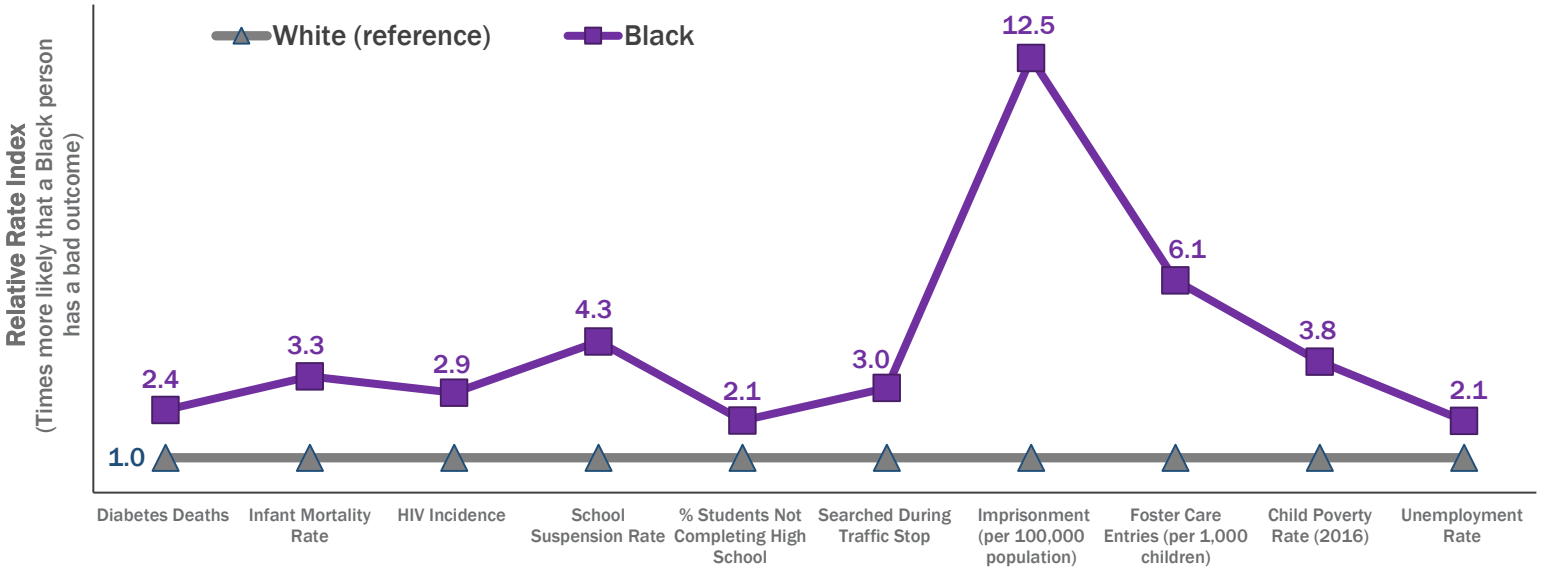
Getting to the Root

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 resources necessary for optimal health.[i] Outcomes across these factors reveal similar inequities. People of color and our underserved communities experience more adverse outcomes in their education, employment, income and experience with the criminal justice system in LA County. These adverse outcomes, in turn, significantly contribute to ill health. At the root of many of these inequitable outcomes are discrimination, prejudice and systemic racism that affect a person's opportunity to thrive.

As an example of these deeply rooted 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 underserved 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	Black students are **2 times more likely** to not graduate high school than White students. *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.*[ii]
214.7 adults incarcerated per 100,000	**2,676** adults incarcerated per 100,000	Blacks experience **12.5 times** the rate of imprisonment. *State level data show that a larger number of Blacks arrested for a felony are incarcerated than Whites arrested for felonies,*[iii] *and Black male offenders on average receive longer federal sentences than White offenders who committed similar crimes.*[iv]
8.1% of children in poverty	**30.4%** of children in poverty	Black children are nearly **4 times more likely** to be in households living below poverty. *Blacks with a college degree or higher still on average earn $6 an hour less than their White peers*[v]*, and even Black and White children who grow up in similar households and families have income gaps as adults.*[vi]
4.9% of adults unemployed	**10.1%** of adults unemployed	Blacks are **2 times more likely** to be unemployed. *This inequity remains even at higher education levels. Blacks with a college degree or higher are still more likely to be unemployed than Whites,*[vii] *and Blacks are more likely to report experiencing workplace discrimination in pay or promotions.*[viii]

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



HEALTH	EDUCATION	CRIMINAL JUSTICE	CHILD WELFARE	ECONOMIC

[a] 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.

Vision, Mission and Values

Vision

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

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.

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 counter false narratives, uplift community 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 real opportunities for people most affected by inequities to name underlying causes, identify solutions and determine (lead) actions.
- **Collaboration** – join with residents, 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 Center for Health Equity has adopted the principles below. They are a set of commitments to sustain progress made and to ensure greater equity moving forward. Many of these elements are also reflected in our values, goals and strategies. Our principles' components were inspired by the LA County Community Prevention and Population Health Task Force. The Task Force developed their own Principles of Equity included in Appendix C.

The Principles of Equity include:

Health in All Policies

LA County Health Agency programs and staff will consult, convene and collaborate across County departments to implement evidence-based and promising policies, processes and practices across sectors that improve health outcomes.

Inclusion

LA County department staff will work closely with community members and leaders to support shared decision making when they plan and implement policies and programs, and also ensure that the opportunities to participate are accessible to all LA County residents.

Accountability

All departments are accountable to using data-driven action plans with baselines, benchmarks and measures of success to enhance transparency and ensure that policy and programmatic changes advance the equity of health outcomes.

Data Accessibility

Departments will collect and ensure access to timely, disaggregated and community-specific data to drive equitable planning and promote accountability, particularly for historically underrepresented communities, such as Asian/Pacific Islanders, Indigenous peoples, lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ+) individuals, and immigrants. LA County will ensure that findings present and validate the lived experiences of the County's diverse residents.

Resources

LA County will direct, prioritize, and coordinate investments to narrow health inequities by investing in and directing health resources toward communities that disproportionately experience poorer health outcomes. County data used to direct funding and staffing will consider the impact of policies and practices that have resulted in inequitable access and barriers to both health resources and opportunities in low-income communities, communities of color and other defined population groups.

Inclusionary Hiring

LA County will adopt and implement strategies and tools that ensure open and non-discriminatory practices, systems and policies related to hiring, contracting and career pathways for current and future County employees, contractors, and County-funded agencies.

Contracting and Procurement

LA County funding opportunities will promote local purchasing and strong labor standards. Efforts will be made to support new and continuing partnerships with local Small Business Enterprises (SBEs), Historically Underutilized Businesses (HUBs), Minority- and Women-Owned Business Enterprises (MWBEs), and LGBT-Owned 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.

Cisgender: When a person's gender identity (e.g., woman or man) matches their sex (e.g., female or male) assigned at birth, typically based on biological characteristics.

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 sex assigned at birth, including the norms, roles and relationships socially assigned to women and men.[ix]

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 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 advantage.

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.[x]

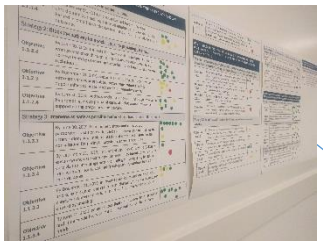
Socioeconomic Status: The social standing or class of an individual or group. It is often measured as a combination of education, income and occupation.[xi] Socioeconomic status can include quality of life issues, and the opportunities and privileges of people.[xii]

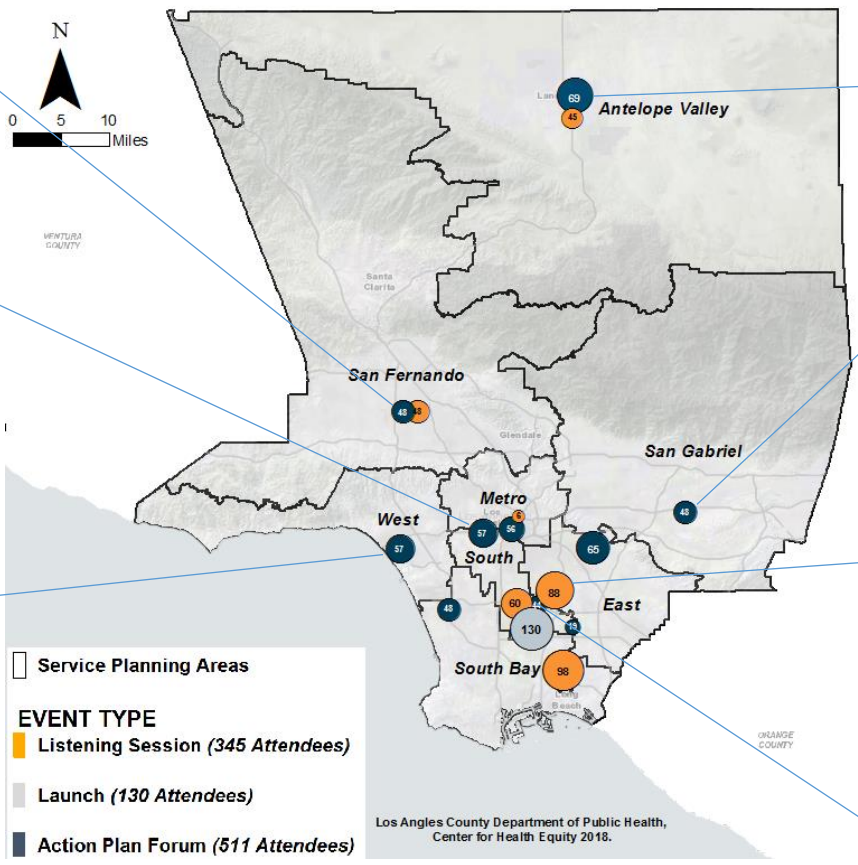
Planning Process

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 listening sessions and key informant interviews. The Center released the draft Action Plan in July of 2018.

Following its release, the Center translated the draft plan into LA County's 12 threshold languages and posted the documents on the Center's website for public comment. The Center also held additional community forums throughout LA County, asking community members and other stakeholders to provide feedback and recommendations on planned strategies and how the Center can add value to and uplift work that supports health equity in our communities. The plan was revised and finalized based on the input received.

Below is a map of the 17 community events sponsored by the Center with generous support from community stakeholders.





Based on the feedback received on the draft Action Plan during our community forums and the public comment period, we have made the following revisions and/or commitments:

CROSS-CUTTING FEEDBACK

Be Clear About Actions & Impact

What We Heard: Use clear, accessible language. Actions should be specific about their timeline, outcome and impact.

What We Changed: We have changed our language to be clearer and more specific. We have removed actions with a low-rated impact and changed all actions to lead to an intended outcome.

Include More Funding for Partners

What We Heard: Community partners need additional funding and resources. Support partners doing this work and invest in underserved communities.

What We Changed: We aim to increase investments in communities by simplifying contracting and providing trainings on County processes. We have specified throughout how we can better support partners in this work.

Need Greater Accountability

What We Heard: The plan needs more accountability to ensure the CHE applies the tools and lessons learned, incorporates community feedback and monitors progress.

What We Changed: By June 2019, we will release a set of clear performance measures for each action.

PROVIDE USEFUL AND INCLUSIVE DATA

Cross-Sector Data Sharing & Access

What We Heard: There should be more concrete cross-sector and inter-agency data sharing and reporting protocols. Provide a centralized access point for health- and equity-related data.

***What We Changed*:** We will develop a community-informed data-sharing mechanism to provide community partners with health, social, environmental and economic data.

Other Health Equity Measures & Populations

***What We Heard*:** Provide data on other health equity measures and populations such as undocumented immigrants, the homeless, LGBTQ+ community and the disaggregated Asian population in LA County.

***What We Changed*:** We commit to identifying and sharing best practices within the Health Agency for disaggregating data to help ensure programs better report data on underserved communities.

Targeted Data Collection

***What We Heard*:** Data should be representative of all residents in the county. More targeted engagement and data collection techniques must be implemented to involve hard to reach communities, such as NHOPI and Native American residents.

What We Changed: We will convene a Data Advisory Board comprised of stakeholders from communities disproportionately impacted by poor health outcomes to provide guidance on Health Agency data collection, measures, data and reports.

SUPPORT POLICY AND SYSTEMS CHANGE

Pursue Cross Sector Policies

What We Heard: Policy issues outside of the traditional health sector are vital to health equity. Housing, immigration and education are a few issues to address in the next five years.

What We Changed: We will support cross-sector policies that increase resources for underserved communities and share training on how to use the "Health in All Policies" lens with partners and other sectors.

Build Community Capacity

What We Heard: Community members and groups need support to advance policy change. Support community capacity by providing education, data and research, and additional resources.

What We Changed: We will support grassroots organizations and other community efforts working on policy change by serving as a connector, sharing resources and providing research and technical support.

Coordinate & Work with Partners

What We Heard: Partnering with community groups and other sectors is essential to policy change. Creating spaces to coordinate and foster partnerships can help advance policy change and lead to greater impact.

What We Changed: We will co-sponsor countywide policy forums to highlight community-driven priorities and promote collaboration across sectors, as a starting point.

BUILD PUBLIC, PRIVATE, AND COMMUNITY PARTNERSHIPS

Leverage & Expand Cross Sector Partnerships

What We Heard: Create and sustain meaningful partnerships across sectors that value community expertise and share leadership. Community leadership is key to addressing health inequities.

What We Changed: We will provide training and tools to Health Agency staff and community partners to support effective collaborations and shared leadership.

Prioritize & Engage Youth in Decision Making

What We Heard: A diverse representation of youth should be included in planning and decision-making across all priorities. Developing youth leaders who understand and can apply a health equity lens will ensure sustainability.

What We Changed: We commit to ensuring that new and existing policies, practices and initiatives include youth. We will continue to identify new opportunities to engage youth leaders.

Multiplatform & Culturally Appropriate Communication

What We Heard: Effective communication includes diverse and culturally appropriate communication strategies. Work with community partners to share equity messages to communities in a meaningful way.

What We Changed: We will create a multimedia toolkit and work with community partners to ensure messages are accessible and culturally appropriate.

STRENGTHEN ORGANIZATIONAL READINESS AND CAPACITY

Train County Staff & Partners

What We Heard: Collaborate with colleges, universities and other community partners to strengthen staff capacity at both the County and community level.

What We Changed: We will develop and implement a workforce training curriculum to increase understanding and practice of health equity concepts and share the curriculum with community partners.

Be Accountable for Progress

What We Heard: Measure and ensure racial and health equity is integrated in everyone's work.

What We Changed: We commit to reviewing and implementing policies using an equity frame to ensure our policies and practices are equitable and racially just, and monitor progress through customer, patient and community feedback.

Improve Hiring Practices

What We Heard: Improve identification, recruitment and retention of a diverse workforce. More outreach is needed in diverse communities and hiring, and promotional opportunities need to be equitable.

What We Changed: We will review and implement policies and procedures that support recruitment, retention and promotion of individuals from historically underrepresented communities.

A Living Document

The Action Plan exists as a living document that allows flexibility in the face of unanticipated or unplanned events caused by changing political, social and resource environments. We commit to exercising adaptive leadership and being responsive to our County and community stakeholders. This means:

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

As we work together, we will ensure the Center incorporates the ongoing feedback collected. We will continue to provide brief reports that summarize themes discussed during community discussions and outline how we plan to use the feedback to change, add to or pivot in our work. We will also reflect and document these revisions in our mid-term report.

Action Plan Framework

The Action Plan framework organizes the Center's work around four strategic priorities to support our main goal of eliminating gaps in health outcomes by addressing the needs of communities most impacted. These strategic priorities will determine *how* we will do our work across the Health Agency and County of Los Angeles, including:

- Providing useful and inclusive data to raise awareness and drive action
- Supporting policy and systems change that change and prevent unfair practices
- Building public, private and community partnerships to collaborate on efforts that ensure our communities have equal access to opportunities needed to thrive
- Strengthening organizational readiness and capacity to reduce gaps in health outcomes

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

The framework's overarching goal and priorities are further defined by specific objectives, strategies, aims, and actions steps that direct how the Center will move forward and support broad countywide efforts. These activities identify system-level changes essential to eliminating the gaps in health outcomes for our most burdened communities so that we can realize our vision of a more fair, just and equitable LA County.

Focus Areas

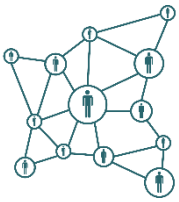
The goal to reduce and eliminate health inequities calls out five initial areas for focused work. These focus areas all fall within the Health Agency's responsibility, influence and control. They are designed to bring together County and community partners to reduce identified health inequities that are based on where a person lives, their race or ethnicity or other social status that unfairly influences health outcomes. The key focus areas will be addressed through specific Action Plans supported by subject matter experts across the Health Agency. As the Center's work continues to evolve, other focus areas may be identified.

The current focus areas include:

Infant Mortality

Infant mortality is one of the most important signs 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 by 30%. The Department of Public Health (DPH), Department of Health Services (DHS) and First 5 LA support efforts of a broad coalition to implement a five-year action plan.

Sexually Transmitted Infections (STIs)



STI cases have continued to rise over the past 5 years. From 2016 and 2017, there was a:

- 10% increase in chlamydia cases
- 17% increase in gonorrhea cases
- 19% increase in early syphilis cases in LA County[xiii]

A disproportionate number of STI cases occur among men who have sex with men (MSM), Black women, and transgender individuals. Increasing rates of STIs also occur 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 STI cases among MSM, Black women, and transgender individuals. The Department of Public Health (DPH), Department of Mental Health (DMH), and Department of Health Services (DHS), are working in partnership with community organizations and advocacy groups to eliminate congenital syphilis and implement an STI reduction action plan.

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".[xiv] 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 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. The Department of Public Health works in partnership with DMH, DHS and community partners to advance environmental justice.

Health Neighborhoods

Health Neighborhoods is an initiative to **build healthy communities that allow everyone to thrive through strengthened service support networks and care coordination that assist people in better managing their health.** Health Neighborhoods is a network of coalitions that bring 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, particularly for those with complex health needs
- improve the health and well-being of all residents living in their communities

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 neighborhood residents,[xv] and address existing health inequities prioritized by community members in each Health Neighborhood. The DMH Prevention Services Bureau coordinates this work in partnership with the Metro Regional Health Office, DPH and DHS.

Institute for Cultural and Linguistic Inclusion and Responsiveness (ICLIR)

The mission of ICLIR is to adopt 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's diverse communities and our patient populations. These communities are inclusive of individuals from different cultural backgrounds associated with race and ethnicity, national origins, languages, sexual orientations and gender expressions, socioeconomic status, physical and mental abilities, and spiritual and religious beliefs.

Over the next five years, ICLIR will partner with diverse community stakeholders, including patients, clients, families, caretakers, service providers and community-based organizations, to increase the Health

Agency staff's understanding and ability to address health inequities. The goal is to reduce and eliminate disparities in access to services provided throughout the Health Agency. The DMH Cultural Competency Unit leads the Institute in partnership with DPH and DHS.

Countywide Efforts and Collaborations

LA County has stark inequities across and within its many communities related to health outcomes and the social determinants of health. To address some of these concerns effectively, there are several current County initiatives and commissions that already focus on these important issues. Examples include:

- The **Countywide Homeless Initiative** reduces 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, diverts 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** ensures the health and well-being of children, and address social and structural conditions that act as additional stressors for families and communities
- The **Women and Girls Initiative** examines the systemic issues that lead to inequitable gender outcomes
- **The LGBTQ+ Steering Committee** is charged with improving County services involving LGBTQ+ youth
- **Commissions, Task Forces and Councils** involve the public in County-related issues and advise and make recommendations to the Board of Supervisors on those issues. There are advisory bodies dedicated to human relations, immigrant protection and advancement, juvenile justice, Native American and Indigenous People, older adults, people living with HIV, people with disabilities and women. To find out more, check out the LA County list of committee and commission websites: https://www.lacounty.gov/government/departments-commissions-related-agencies/county-commissions.

The Center will take part and contribute to these and other efforts across the County and in communities, rather than create separate and duplicative activities.

The Action Plan

The Center for Health Equity Action Plan seeks to advance health equity in LA County, driven by aspirations to promote racial, social, environmental and economic justice.

It won't be easy.

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

To succeed, we need to come together as collaborators and partners to reduce gaps in health outcomes that affect our most underserved communities. We are grateful for 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.

Goal: Reduce and 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 socioeconomic factors. The Health Agency will focus efforts to reduce gaps including infant mortality rates, STI rates and environmental toxic exposures. This work will be done in collaboration with residents, community organizations and cross-sector partners, and involve Health Agency area leads and subject matter experts.

Below are summaries of existing health-related focus area action plans. The ICLIR goals and strategies are included under the Organizational Readiness and Capacity section.

Objective 1: Reduce the Gap in Black/White Infant Mortality

The Health Agency will partner with others to reduce the gap in infant mortality rates between White and Black/African American babies by 30% by allocating resources to support: policy, system and practice changes that reduce exposure to racism and implicit bias; leadership opportunities for Black women and community organizations offering strategies and services that reduce the impact of stress on health; and clinical and social services that meet the needs of Black women and their families.

STRATEGY 1: CREATE COLLABORATIVE STRUCTURES TO SUPPORT PROGRESS AT LOCAL AND COUNTY LEVELS	
Action 1	By December 31, 2018, convene a broad, inclusive countywide Perinatal Health Equity Coalition to guide and support implementation of the County's Five-Year African American Infant Mortality Plan. The coalition will select at least one initiative to prioritize for implementation by June 30, 2019.
Action 2	By June 30, 2019, convene Perinatal Equity Action Teams in two LA County areas with the highest Black/African American infant mortality rates. Each team will develop a local action plan for the four-year period starting with one strategy listed under strategy 2-4 that can be enacted during Year 1.

Action 3	By June 30, 2019, identify at least two new sources of funding to support collaborative Perinatal Equity efforts at county and/or local levels.
STRATEGY 2: REDUCE WOMEN'S EXPOSURE TO SOCIALLY MEDIATED STRESS.	
Action 1	By June 30, 2019, implement community education campaigns aimed at building awareness of black-white inequality in birth outcomes and the causal role of racism as a source of stress among black women.
Action 2	By June 30, 2019, partner with at least two delivery hospitals and/or managed care organizations to develop a plan for implicit bias training of maternity staff. Complete training by December 2019.
Action 3	By June 30, 2019, assure effective screening for interpersonal violence in County clinics.
Action 4	By June 30, 2020, provide anti-racism and reproductive justice training to at least 200 County employees.
Action 5	By June 30, 2020, select and initiate at least one campaign to address social conditions that affect black infant health, in each priority community. Potential areas of focus include housing availability, access to healthy food, paid family leave, and uptake of the Earned Income Tax Credit.
STRATEGY 3: BLOCK THE PATHWAY FROM SOCIAL STRESS TO PHYSIOLOGICAL STRESS.	
Action 1	By June 30, 2019, assure staff in DPH-funded home visiting programs are trained to help women recognize the signs of chronic stress and that all programs have protocols for referral to social supports and self-care when signs of stress or social isolation are present.
Action 2	By December 31, 2019, complete a plan to increase diversity in the expanding perinatal home visitation workforce.
Action 3	By December 31, 2019, assure tobacco use screening and referrals to cessation programs in all County-run clinics for women.

Action 4	By June 30, 2020, train DPH-funded home visitors and Comprehensive Perinatal Health Workers across the county on at least one evidence-based, preventive mental health intervention, such as Motivational Interviewing or Problem-Solving Education.
STRATEGY 4: INTERVENE AS EARLY AS POSSIBLE BEFORE STRESS HAS TAKEN A TOLL ON HEALTH.	
Action 1	By June 30, 2019, pilot a new model of home visiting for women at high risk due to substance abuse, homelessness and/or mental illness. Serve at least 150 women from preconception through parenting in Year 1.
Action 2	By June 30, 2020, train at least 50 prenatal and pediatric clinic staff regarding Help Me Grow, an enhanced service coordination system for children with special health care needs.
Action 3	By June 30, 2020, assure adoption of protocols standardizing the use of progesterone to avert preterm birth and low-dose baby aspirin to avert pre-eclampsia leading to preterm birth among women at risk.
Action 4	By December 31, 2020, implement One Key Question© (OKQ) screening and appropriate follow up in County-run clinical settings that serve individuals of reproductive age.

Objective 2: Reduce Disproportionate Rates of Sexually Transmitted Infections (STIs) and Eliminate Congenital Syphilis

The Health Agency will implement activities to reduce the disproportionate rise in STI cases among men who have sex with men (MSM), Black women, and transgender individuals and aims to prevent a single baby from being exposed to syphilis while in the womb or born with congenital syphilis in LA County.

STRATEGY 1: DETECT STIs EARLY IN POPULATIONS AT RISK. THESE INCLUDE YOUTH 12 TO 24 YEARS OLD, WOMEN OF CHILDBEARING AGE, MEN WHO HAVE SEX WITH MEN, TRANSGENDER INDIVIDUALS AND INCARCERATED INDIVIDUALS	
Action 1	By June 30, 2019, develop and promote audience-specific and STI-specific awareness and action messages for target populations, primary care and specialty medical providers, family planning centers, medical associations, and health plans.
Action 2	By December 31, 2019, build and/or maintain capacity for STI screening and testing at clinics that serve individuals living with, or at high risk for, HIV infection.

Action 3	By June 30, 2020, promote and ensure health plan and payor coverage for STI screening and testing services are consistent with current STI screening recommendations for populations at risk for STIs. These include three site (e.g., rectal, and pharyngeal) testing for gonorrhea and chlamydia for men who have sex with men and transgender individuals, repeat CT screening 3 to 4 months after treatment, and third-trimester syphilis screening for pregnant women.
Action 4	By December 31, 2020, ensure that commercial health plans, public and private primary care and specialty care providers, family planning centers, and public and private healthcare delivery providers track and improve their adherence to STI screening and testing recommendations based on age, gender, race and ethnicity, sexual orientation and pregnancy status.
Action 5	By December 31, 2021, strengthen health care provider skills related to taking comprehensive sexual health histories and educating, screening, testing and treating populations at risk for STIs.
STRATEGY 2: TREAT PATIENTS AND THEIR PARTNERS AND STOP THE SPREAD OF STIs	
Action 1	By December 31, 2019, promote and ensure health plan coverage for STI treatment in accordance with current STI screening recommendations.
Action 2	By June 30, 2020, assess and address the factors that influence the increasingly limited use of condoms among youth and men who have sex with men and recommend actions to reverse these trends.
Action 3	By June 30, 2020, assess and address the structural, operational and behavioral issues that negatively impact the prompt treatment of STIs, including among youth, women of childbearing age and men who have sex with men.
Action 4	By December 31, 2020, assess and address structural, operational and administrative issues that impact the full use of patient delivered partner therapy (PDPT) for chlamydia and gonorrhea.

STRATEGY 3: EDUCATE CONSUMERS AND COMMUNITY TO INCREASE AWARENESS AND EMPOWER PEOPLE TO MAKE DECISIONS THAT PROTECT HEALTH	
Action 1	By June 30, 2019, develop and promote audience-specific and STI-specific awareness and action messages to improve STI prevention, screening and treatment for populations at risk for STIs.
Action 2	By June 30, 2020, develop a plan for improving STI awareness among youth, promoting youth engagement in sexual health-related efforts and improving STI screening, diagnosis and treatment rates.
Action 3	By December 31, 2020, support community engagement and social marketing efforts to improve STI awareness, safer sexual health practices and consumption of sexual health services among men who have sex with men, transgender individuals and women of childbearing age.
Action 4	By December 31, 2020, develop a plan to support a sexual health component for youth-specific programs designed to empower youth and promote positive youth engagement and development; efforts will target communities with high rates of STIs among youth.
STRATEGY 4: ENSURE HEALTH CARE PROVIDERS APPROPRIATELY PREVENT AND TREAT STIs	
Action 1	By December 31, 2019, assess and identify structural, operational and administrative issues impacting health plan billing and payment for STI screening diagnosis and treatment services.
Action 2	By December 31, 2019, partner with key stakeholders to develop a plan to increase funding for STI prevention and control efforts, including the appropriation of categorical STD funding and a more streamlined health plan billing and payment system.
Action 3	By June 30, 2021, begin working with health plans and payors to ensure coverage and promote extra-genital screening for gonorrhea and chlamydia and more frequent STI screening based on sub-populations consistent with current STI recommendations.

STRATEGY 5: ENSURE THAT PREGNANT WOMEN ARE APPROPRIATELY SCREENED FOR SYPHILIS IN THE FIRST AND THIRD TRIMESTER	
Action 1	By June 30, 2019, issue a requirement under Health Officer authority that all pregnant women be screened for syphilis during the 1st and 3rd trimester (between weeks 28 and 32) of pregnancy and develop a systematic mechanism to track compliance.

Objective 3: Reduce Exposures to Environmental Hazards that Disproportionately Affect Low-Income Communities and Communities of Color

The Health Agency will strengthen environmental monitoring and oversight that will empower residents, improve regulatory enforcement, reduce toxic emissions and ultimately improve health outcomes in our communities.

STRATEGY 1: STRENGTHEN THE COUNTY'S ENVIRONMENTAL HEALTH PREVENTION EFFORTS.	
Action 1	By December 31, 2018, engage and partner with community members in priority areas (i.e., communities that are burdened with multiple pollution sources) to support efforts to address environmental hazards in or near residential areas.
Action 2	By December 31, 2019, promote timely and effective enforcement of existing regulations in communities most burdened with many sources of pollution by strengthening the enforcement authority of Public Health Directives.
Action 3	By December 31, 2020, develop and support policy approaches that focus on environmental health protection and risk reduction.
STRATEGY 2: INCREASE CAPACITY TO MONITOR AND EVALUATE ENVIRONMENTAL AND HEALTH CONDITIONS IN PRIORITY COMMUNITIES TO SUPPORT BOTH PREVENTION AND RESPONSE EFFORTS	
Action 1	By December 31, 2019, expand monitoring, assessment, and reporting of health conditions in priority communities, defined as residential communities with elevated exposures to hazardous toxins.
Action 2	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.

STRATEGY 3: ENSURE THE COUNTY IS ADEQUATELY PREPARED TO RESPOND TO ENVIRONMENTAL EMERGENCIES.	
Action 1	By June 30, 2019, revise Health Agency environmental emergency plans, and develop field operation manuals and standard operating procedures to enhance Health Agency coordination and training to achieve effective environmental response and recovery.
Action 2	By June 30, 2019, build sustainable response operations with the flexibility to shift to emergency models of operation when threats emerge.

Objective 4: Strengthen Health Neighborhood Coalitions to Improve Care Integration Across Clinical and Community Settings and Improve Resident Outcomes

The Health Agency will continue to expand and diversify Health Neighborhoods' existing networks to improve coordination, collaboration and effective use of resources to support neighborhood residents.

STRATEGY 1: STRENGTHEN AND EXPAND HEALTH NEIGHBORHOODS TO IMPROVE SERVICE DELIVERY AND ADDRESS SOCIAL DETERMINANTS OF HEALTH	
Action 1	By June 30, 2019, develop a framework that improves health by addressing unmet community needs in partnership with each Health Neighborhood Coalition.
Action 2	By December 30, 2019, coalitions identify priorities and desired outcomes.
Action 3	By December 30, 2019, identify resources for each coalition to support improved coordination and integration of services for residents with complex health needs.

Objective 5: Launch ICLIR to Ensure the Needs of Diverse Communities and Patient Populations are Met

ICLIR was launched to improve the Health Agency's ability to provide culturally and linguistically appropriate services. This means ensuring all people who receive services from the Health Agency are treated respectfully and in a manner that honors their culture, beliefs, abilities and language. The Institute encourages Health Agency Departments to:

- Collaborate and respond to the cultural and linguistic needs of communities served
- Conduct training activities to improve culturally-appropriate service delivery (including services for residents with differing abilities)
- Improve inter- and intra-departmental communication and stakeholder involvement
- Develop online resources on cultural competence, health equity and disparities

Related strategies and action items are listed in the "Strengthen Organizational Readiness and Capacity" section.

Strategic Priorities

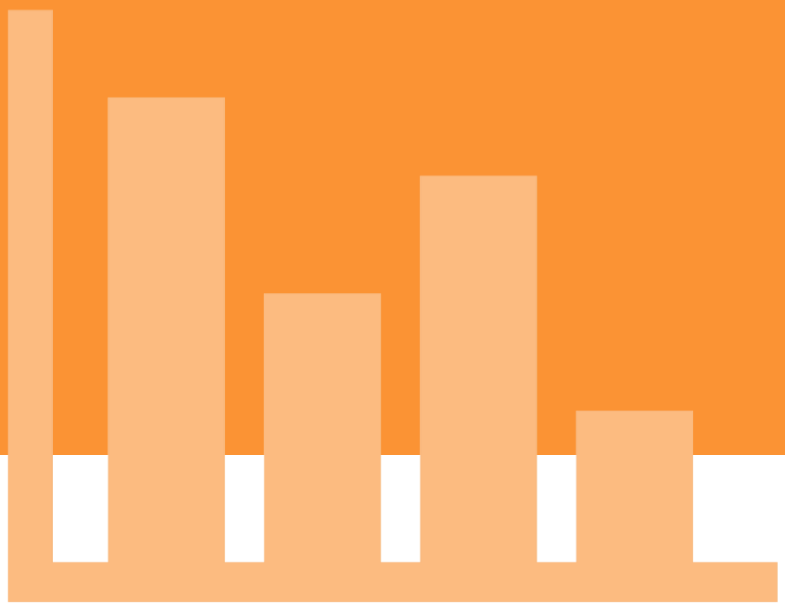
The next section of the Action Plan focuses on working differently to accomplish our overarching goal and defined objectives. We have defined four strategic priorities under which to organize our work and partnerships. They include:

Our hope is that other institutions adopt these strategies and apply them to their own areas of responsibility, control and influence so this work is amplified across multiple sectors and movements in the county.

We Envision Access to 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, is disaggregated to include the county's most historically underrepresented communities, and allows communities to use data to inspire policy change and action across sectors.



Strategic Priority 1: 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, documenting the root causes of inequities and providing recommendations to reduce inequities. Health Agency programs have improved the collection and reporting of health data on unrepresented communities in the county. This includes describing data for different ethnic groups/nationalities among Asians and Native Hawaiians and Other Pacific Islanders and collecting data, where appropriate, on sexual orientation and gender identity. However, the Health Agency still experiences challenges collecting and reporting data in ways that highlight community voices, represent a range of communities, and help connect health inequities to social, racial, economic, and geographic inequities. The Center for Health Equity aims to support efforts that improve data and reporting across the Health Agency to bring to life community experiences, capture data for the communities most often left out, and share data across sectors to help reduce inequities.

AIM 1: ENSURE HEALTH AGENCY DATA AND REPORTS REPRESENT ALL COMMUNITIES AND REFLECT THEIR EXPERIENCES	
Action 1	By June 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 guidance on Health Agency measures, data and reports.
Action 2	By December 31, 2019, share tools and guidelines for Health Agency staff to increase the use of personal vignettes and storytelling in data reports and presentations.
Action 3	By December 31, 2019, share best practices within the Health Agency for disaggregating data to help ensure programs better report data on underserved communities, including Asian Pacific Islander and LGBTQ+ communities.
Action 4	By June 30, 2020, provide Health Agency programs with technical assistance to include root causes of health inequities in data reports.
Action 5	By December 31, 2020, develop toolkits and deliver technical assistance to communities and Health Agency programs to increase community-based participatory research (CBPR).

AIM 2: GIVE COMMUNITIES ACCESS TO THE DATA THEY NEED TO ADVANCE THEIR PRIORITIES	
Action 1	By June 30, 2019, provide support to community organizations to prioritize and tailor data to better address their local needs.
Action 2	By December 31, 2019, obtain community feedback on their data needs and the Department of Public Health's data dissemination efforts to improve the way DPH provides and presents data for policy, systems, and practice changes.
Action 3	By June 30, 2020, conduct presentations on the Department of Public Health City and Community Health profiles in at least 30 high-need communities to share cross-sector data on health, social, economic, and environmental outcomes. Reports are accessible at: http://publichealth.lacounty.gov/ohae/cchp/healthProfilePDF.htm.
Action 4	By December 31, 2021, develop a community-informed data-sharing mechanism to provide community partners with health, social, environmental and economic data in ways they can use in decision-making.
AIM 3: SHARE AND APPLY DATA TO INFORM DECISION MAKING	
Action 1	By June 30, 2019, assess the health and equity impacts of proposed cannabis regulations to ensure more equitable policy implementation.
Action 2	By December 31, 2019, collaborate with the Data Advisory Board to identify 3 topics for health assessments of cross-sector policies.
Action 3	By December 31, 2020, partner with Health Agency programs to develop talking points, fact sheets and presentations that summarize reports shared with decision makers, advocates and community organizations.
Action 4	By December 31, 2021, 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.

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.

Strategic Priority 2: 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 well-being. 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 well-being, 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.

AIM 1: APPLY A HEALTH EQUITY LENS TO POLICY MAKING	
Action 1	By June 30, 2020, share training about "Health in All Policies" to help Health Agency staff and partners apply a health lens to policy change efforts across sectors.
Action 2	By June 30, 2020, develop a health equity analysis toolkit and template that Health Agency staff and community partners can use to evaluate potential equity impacts of proposed local, state and federal policy.
AIM 2: ENSURE THAT HEALTH AGENCY AND PARTNERS WORK TOGETHER TOWARDS POLICIES THAT SUPPORT EQUITY	
Action 1	By December 31, 2018, create a robust process that involves grassroots organizations in DPH's annual policy prioritization process to identify local and state policy priorities.

Action 2	By December 31, 2019, support grassroot organizations and other community efforts leading social justice campaigns by connecting partners to Health Agency programs, sharing resources and providing technical support.
Action 3	By December 31, 2019, support at least 3 local and state policies across sectors that will increase resources for the communities and groups in LA County experiencing the highest burden of inequities.
Action 4	By December 31, 2020, co-sponsor at least two countywide policy forums to highlight community-driven priorities, connect partners, and promote collaboration across sectors.

We Envision Partnerships that Truly 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

"The practice of embedding the perspectives of residents and community leaders in priority setting and decision-making is part of the work to achieve racial justice and health equity, and it requires deep commitment and improvement in everyone's skills and capacities. It's hard work worth doing."

- Manal J. Aboelata, Deputy Executive Director, Prevention Institute

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

Strategic Priority 3: Support Public, Private and Community Partnerships

A movement for health equity must engage the communities most affected by inequities. As our work continues to evolve to address the complex needs of communities, we must do a better job of supporting community leadership to drive work that reduces inequities and advances justice for all. This requires innovation and applying best practices to ensure communities most burdened by health inequities are well-informed and meaningfully involved in making decisions that impact their lives. The Center for Health Equity will participate in effective cross-sector partnerships that promote trust, shared leadership and drive action to reduce inequities and improve health outcomes.

AIM 1: SHARE DECISION-MAKING POWER WITH COMMUNITIES	
Action 1	By June 30, 2019, establish a DPH Youth Advisory Council to integrate youth voices into the Department of Public Health policies, practices and initiatives.
Action 2	By June 30, 2019, pilot a training for Health Agency staff and community partners on facilitation skills and leading effective collaborations to increase shared decision-making around Center for Health Equity focus area initiatives.
Action 3	By December 31, 2019, create a platform on the Center for Health Equity website for community residents and organizations to learn about opportunities to provide input on government resource allocation and policy decisions.
Action 4	By June 30, 2020, release a set of tools to support meaningful community engagement and support Health Agency partnerships that embrace shared leadership.
Action 5	By December 31, 2022, host a series of listening sessions to review progress on focus area objectives and discuss adding new areas of focus.
Action 6	By June 30, 2023, initiate at least one participatory budgeting project.

AIM 2: ENSURE THAT ALL CROSS-SECTOR PARTNERS UNDERSTAND AND WORK TO ADDRESS HEALTH EQUITY	
Action 1	By June 30, 2019, actively participate in five cross-sector County initiatives to identify and address health inequities.
Action 2	By December 31, 2019, partner with the philanthropic sector to plan a series of events focused on increasing funding for underserved communities.
AIM 3: CLEARLY COMMUNICATE AND MAKE EASILY ACCESSIBLE HEALTH EQUITY INFORMATION AND MESSAGING	
Action 1	By December 31, 2018, compile and share health equity related news, funding, job opportunities and local events at least monthly via the Center for Health Equity Listserv.
Action 2	By June 30, 2020, develop and share a multi-media toolkit with community to amplify health equity messaging and advance community priorities.

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 Health Agency will seek to implement administrative practices that advance health equity. The Agency 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.

Strategic Priority 4: 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 of focus include ensuring fair and equitable hiring and contracting policies that support the power and economic growth of our most underserved 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.

AIM 1: ENSURE UNDERSERVED COMMUNITIES HAVE EQUITABLE ACCESS TO COUNTY JOBS AND CONTRACTS	
Action 1	By June 30, 2019, draft a framework for assessing departmental policies using an equity and "just culture" frame to ensure policies and practices are equitable and just.
Action 2	By December 31, 2019, develop recommendations to simplify applications and contracting based on feedback from stakeholders to increase investment in underserved communities.
Action 3	By June 30, 2020, offer targeted trainings for organizations serving historically underserved communities on how to successfully obtain grants and County contracts.
Action 4	By June 30, 2020, develop partnerships with schools and communities to support entry into public service careers for under-represented communities.
Action 5	By June 30, 2021, increase the number of historically under-represented vendors who obtain contracts by 15% at DPH.
Action 6	By June 30, 2021, implement policies and procedures that support recruitment, retention and promotion of individuals of historically under-represented communities, including residents with differing abilities.

AIM 2: ENABLE HEALTH AGENCY STAFF TO HAVE THE CAPACITY TO SUPPORT DIVERSE COMMUNITIES	
Action 1	By December 31, 2018, offer at least two implicit bias trainings for Health Agency employees to improve customer service.
Action 2	By June 30, 2019, establish a health equity team of at least 20 Health Agency staff to champion health equity policies, practices and programs.
Action 3	By June 30, 2019, create a resource library on the CHE website related to cultural competency, language justice, disability rights and health equity.
Action 4	By December 31, 2019, implement a Health Agency workforce training curriculum to increase understanding and practice of health equity concepts, and share with community partners.
Action 5	By June 30, 2020, use feedback from customer/patient satisfaction surveys to improve the quality of culturally and linguistically appropriate services (and by June 30, 2022, increase by 25% the number of residents who report culturally sensitive and linguistically appropriate services).
AIM 3: ENSURE LINGUISTICALLY APPROPRIATE MATERIALS AND SERVICES ARE AVAILABLE TO ALL COMMUNITIES	
Action 1	By December 31, 2019, implement a policy to ensure materials and community events are provided in the preferred language of community members and accessible to residents with differing abilities.
Action 2	By December 31, 2021, propose policies and procedures to ensure accessibility and quality of staff interpretation and translation skills and services.

Implementation and Evaluation

The Center's Action Plan sets the path for our work over five implementation years. This document holds us accountable to our stated goals and objectives.

To evaluate the Action Plan goal and objectives, by June of 2019 the Center will collect baseline data and identify a set of performance metrics to measure our success and ensure accountability. This information will be included in a yearly report card to track progress on each of our measures on an annual basis. In June 2021, the Center will release a mid-term report to celebrate our accomplishments, identify barriers, and propose adjustments in response to changes in priorities, resources and opportunities. This report will also reflect the feedback and recommendations collected from stakeholders. The Center will release a report assessing overall achievements and detailing the subsequent 5-year Action Plan in March of 2024.

Acknowledgements

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

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Health Agency Department Leaders

- Deborah Allen, DPH Bureau Director, Health Promotion
- Frank Alvarez, DPH Antelope, Santa Clarita and San Fernando Valley Regional Health Officer
- Noel Bazini-Barakat, DPH San Gabriel Valley Regional Health Officer
- Angelo Bellomo, DPH Bureau Director, Health Protection
- David Cardenas, DPH Chief Information Officer
- Sandra Chang Ptasinski, Cultural Competency Unit Ethnic Services Manager, DMH Quality Improvement Division
- Victor Cortez, DPH Chief Financial Officer
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- Jeffrey Gunzenhauser, DPH Bureau Director, Disease Control
- Gayle Haberman, DPH Director of Office of Planning
- Cynthia Harding, DPH Chief Deputy Director
- Natalie Jimenez, DPH Director of Communications and Public Affairs
- Jan King, DPH South Los Angeles Regional Health Officer
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- Paul Simon, DPH Chief Science Officer
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- Mario Pérez, DPH Director of Division of HIV and STD Programs
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- Silvia Prieto, DPH East and South Bay Regional Health Officer

Health Agency Department Leaders (cont.)

- Janet Scully, Health Program Analyst, DPH Environmental Health Division
- Jacqueline Valenzuela, Senior Advisor to the DPH Director

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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
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- Matt Sharp, Vice President, Los Angeles City Health Commission
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Event Sponsors

- Manal Aboelata, Prevention Institute
- Christina Altmayer, First 5 LA
- Michele Archambeault, Antelope Valley Health Neighborhood
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- Tara Ficek, First 5 LA
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- Michelle Fluke, Antelope Valley Partners for Health
- Aaron Fox, The LA LGBT Center
- Patricia Guerra, Community Coalition
- Aarti Harper, DPH Injury & Violence Prevention Program
- Vincent Holmes, LA County Chief Executive Office
- Jeffrey King, In the Meantime Men
- Diamond Lee, DHS Whole Person Care Regional Collaboration
- Hazel Lopez, The People Concern
- Amy Luu, LA County Library

Event Sponsors (cont.)

- Anne-Marie Jones, The LA84 Foundation
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- Miguel Martinez, Children's Hospital Los Angeles
- Tuly Martinez, Southern California Grantmakers
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- Transgender Service Provider Network
- Trauma Prevention Initiative

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Center for Health Equity Staff

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- Elycia Mullholland Graves, Manager, Data and Policy
- Sandy Song Groden, Manager, Internal Operations and Workforce Development
- Heather Jue Northover, Director

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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 LGBTQ+ 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: Countywide rates by race and ethnicity – California Department of Public Health, 2016 Birth & 2016 Death Statistical Files; analyzed by Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Program on June 6, 2018. Rates by city and communities – 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

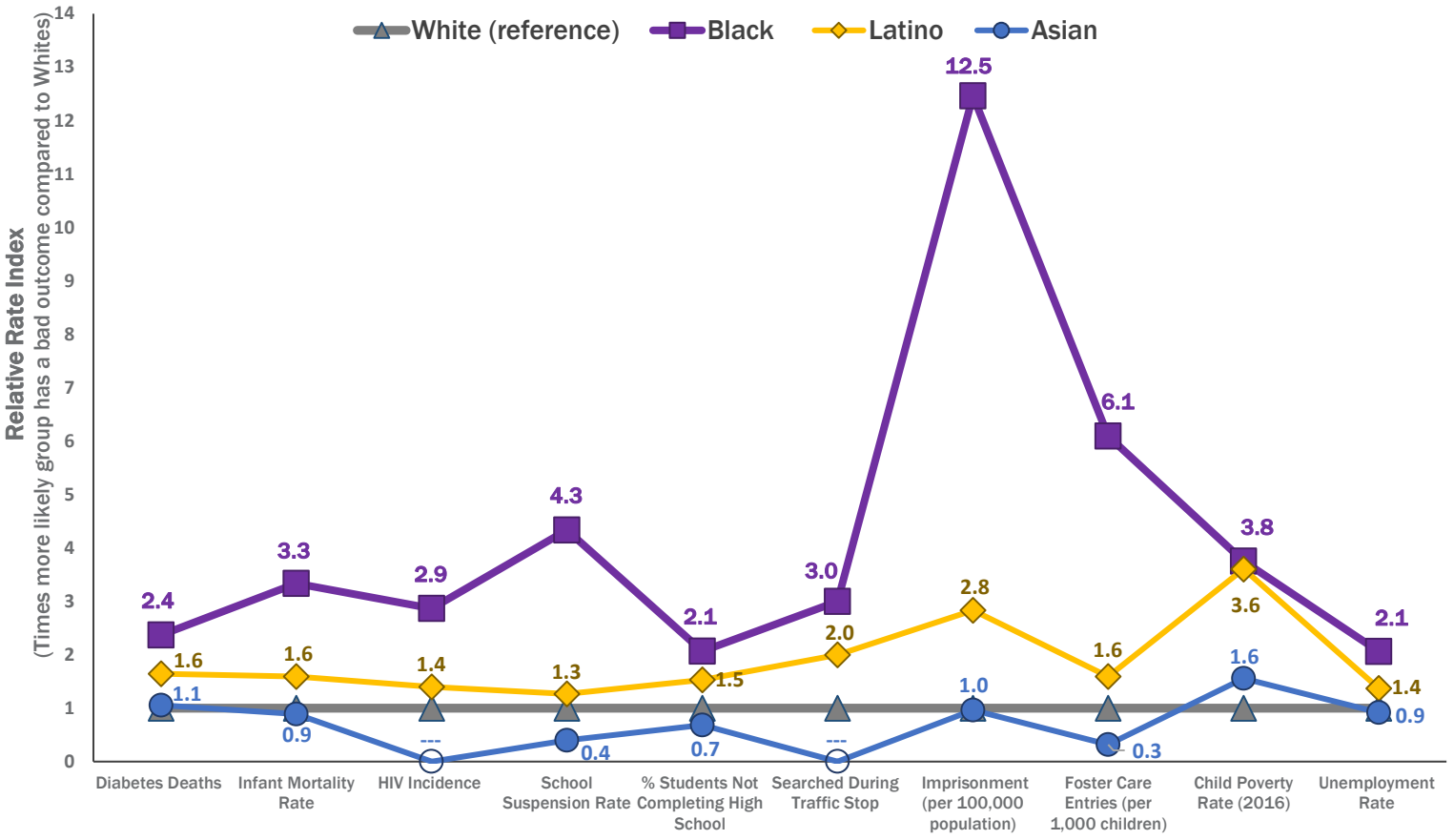
No Regular Source of Care: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

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



HEALTH	EDUCATION	CRIMINAL JUSTICE	CHILD WELFARE	ECONOMIC

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.

[1] **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.

[2] **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.

[3] **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.

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

[5] **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).

[6] **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."

[7] **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/.

[8] **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.

[9] **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).

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

Appendix C: Principles of Equity

COUNTY OF LOS ANGELES
COMMUNITY PREVENTION AND
POPULATION HEALTH TASK FORCE

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
313 N. Figueroa St., Suite 708
Los Angeles, CA 90012
(213) 288-8252
www.ThinkHealthLA.org

Principles of Equity

The LA County Community Prevention and Population Health Task Force was established by the Board of Supervisors in 2015, and is comprised of public health practitioners, non-profit leaders, policy advocates with diverse expertise in social justice, workforce development, school and community wellness, injury and trauma prevention and resilience, and women's health. Appointed by County Supervisors and Department of Public Health, we serve as an advisory body that explores the racial, social, political, and environmental causes of health inequities and advances effective and community-driven solutions to create a more just and inclusive LA County.

Every person living in LA County should have an equal opportunity to live a long, healthy life. Gaps in health outcomes - based on race, income, zip code, gender expression, sexual orientation, physical ability, and/or immigration status – must be eliminated through intentional resource allocation and targeted interventions to repair and prevent the impact of poorer health outcomes experienced by marginalized communities. This also includes people with complex health challenges, severe mental health concerns, disabilities and those experiencing homelessness, while we improve the overall health of County residents and prevent illness and injury.

We recognize the important role that the County plays in building healthy communities through effective partnerships and the provision of needed resources – such as health care, parks, food access, housing and transportation. We hold a deep sense of urgency and understanding that County strategies and investments currently leave too many of our residents disadvantaged by poorer health and safety outcomes. It is imperative that all County departments understand and are prepared to address these immediate needs by embarking on the longer-term work necessary to transform its practices; and, challenge social and racial injustices to undo a legacy of biased policies and practices that have led to and perpetuate inequities.

With a shared commitment to justice, inclusion and fairness, the following principles provide elements essential for improving population health and promoting healthy, equitable communities:

HEALTH IN ALL POLICIES

Health is influenced by a range of social, physical, and economic conditions - such as racism, poverty, and unequal access to healthy environments. Health in All Policies (HiAP) is a collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people encompassing everything from promoting healthy behaviors to creating environments that make the healthy choice easier. LA County programs and staff will consult, convene and/or collaborate across Departments to implement inter-sectoral, evidence-based/informed prevention and intervention strategies that demonstrate a shared responsibility for improved health outcomes across all County policies and processes.

INCLUSION

LA County recognizes that residents hold expertise on the impacts that racism and other social injustices have on the health of their communities and should play a key role in deciding how resources are spent and which interventions are best suited to address community needs. 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 at critical junctures in Department planning, implementation, reporting, and analysis that is universally accessible to all LA County residents.

ACCOUNTABILITY

LA County operates with a sense of urgency and responsibility to achieve racial, social, and environmental equity. 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 community-level impact.

DATA ACCESSIBILITY

LA County understands and demonstrates that “their” data belongs to the residents of LA County. Departments will democratize the collection and analysis of timely, disaggregated, and access to community-specific data to create action plans and accountability mechanisms for delivering on equity, particularly for historically marginalized communities, such as Asian/Pacific Islanders, Indigenous peoples, LGBTQ+ 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 consider 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. Departments will ensure that all contractors comply with labor standards, pay prevailing wages, and prioritize hiring workers from local and disadvantaged areas and apprenticeship programs for formerly homeless, foster and emancipated youth, Greater Avenues for Independence (GAIN) participants, and Transitional Subsidized Employment (TSE) workers. Additionally, the County will establish partnerships with organized labor and community advocates to create opportunities for the formerly incarcerated to attain quality jobs after release, emphasizing wherever feasible local hire and the development of job pipelines that lead to well-paying careers within the County.

CONTRACTING AND PROCUREMENT

LA County believes that contracting agreements have the power to uplift and promote economic growth and security to advance equity and climate resiliency. As such, funding opportunities will be aligned to promote local purchasing and strong labor standards. To that end, 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.

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