



# PORTRAIT OF PROMISE:

## The California Statewide Plan to Promote Health and Mental Health Equity

Report to the Legislature and the People of California  
by the Office of Health Equity,  
California Department of Public Health,  
August 2015

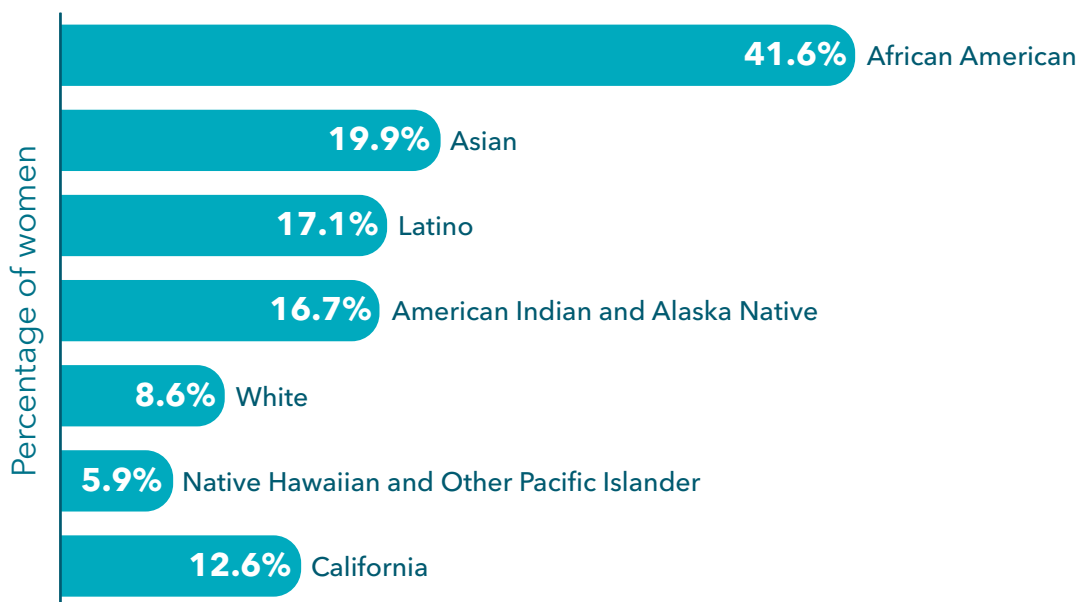
**Office of Health Equity  
California Department of Public Health  
P.O. Box 997377, MS 0022  
Sacramento, CA 95899-7377  
Phone: (916) 558-1724  
Fax: (916) 552-9861  
Email: [OHE@cdph.ca.gov](mailto:OHE@cdph.ca.gov)**

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## Experiences of Discrimination and Health

The United States has made progress in creating a more tolerant society, yet discrimination and inequality persist today. Discrimination, whether experienced as individual acts or at an institutional level, makes people sick.<sup>1</sup> Although many of the most blatant forms of discrimination have been greatly reduced since passage of the Civil Rights Act of 1964 and subsequent civil rights laws, which prohibit discrimination in workplaces, schools, public facilities, and state and local government, many groups continue to be vulnerable to both subtle and overt forms of discrimination in other social and economic sectors.<sup>2</sup> Numerous studies have documented the harmful mental and physical health effects of discrimination, including depression, stress, anxiety, hypertension, self-reported poor health, breast cancer, obesity, high blood pressure, and substance abuse.<sup>3,4</sup>

**MORE THAN 40% OF AFRICAN AMERICAN WOMEN REPORTED EXPERIENCING RACIAL DISCRIMINATION, COMPARED WITH 9% OF WHITE WOMEN**



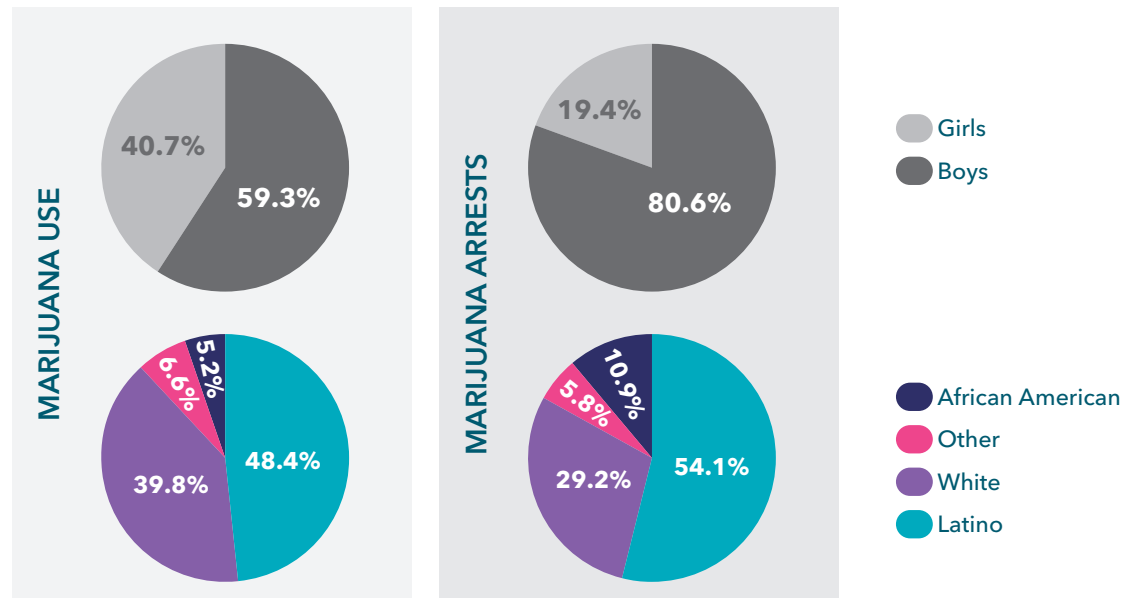
**FIGURE 21:** Percentage of women who reported experiencing discrimination because of their race/ethnicity, California, 2012.

Source: California Department of Public Health, California Women's Health Survey, 2012.

Prejudice and acts of discrimination are experienced by members of racial and ethnic groups, and Figure 21 details how California women experience discrimination across these groups. In addition, discrimination is experienced by individuals and groups defined by age, gender, gender identification, sexual orientation, religion, and other social or personal characteristics. Individuals who are members of two or more disadvantaged groups (such as a member of a racial minority who is also disabled) are the most likely to report acts of discrimination and to experience stress and poor mental or physical health as a result.<sup>5</sup>

Discrimination is complex, rooted in historical racist and sexist social policy, and compounds the disproportionate burden of poor health outcomes that marginalized groups experience directly and indirectly. Therefore, efforts to

### ARRESTS FOR MARIJUANA POSSESSION DISPROPORTIONATELY AFFECT AFRICAN AMERICAN TEENAGERS



**FIGURE 22:** Percentage of marijuana use and misdemeanor arrests among teenagers ages 10 to 17, by race/ethnicity and gender, California, 2011-2012.

Sources: University of California Los Angeles, California Health Interview Survey, 2011-2012; and California Department of Justice, Criminal Justice Statistics Center, 2011-2012. Note: Under California Health and Safety Code 11357b, possession of one ounce or less of marijuana for personal use is considered a misdemeanor.

## Let Her Work Campaign Scores a Win

The Let Her Work campaign by Equal Rights Advocates (ERA), a statewide organization working for legal protection and policy change on behalf of the civil rights of women and girls, is focused on enabling the rising number of California’s incarcerated women (most of whom are mothers) to resume their caregiving responsibilities following release. However, like men, these women face tremendous obstacles in seeking employment following their release. Many employers refuse outright to consider the application of a person with even a minor criminal record.

In partnership with the National Center for Lesbian Rights, ERA launched the Breaking Barriers: Let Her Work project to train women with criminal histories about their employment rights and promote policy changes to remove barriers to their employment. An early win for the campaign was the passage in 2013 of AB 218, which prohibits government agency employers from asking a potential new hire to disclose his or her previous criminal convictions on a preliminary employment application.

Learn more at <http://www.equalrights.org/legislative-update-ban-the-box-and-let-her-work/>.

## Expanding Rights of Transgender Students

California became the first state in the nation in 2013 to pass groundbreaking legislation expanding antidiscrimination protections for transgender students in public elementary and secondary schools. Education Code Section 221.5 mandates that schools respect the gender identity of transgender students by allowing them equal access to the sports teams, programs, and facilities associated with their gender.

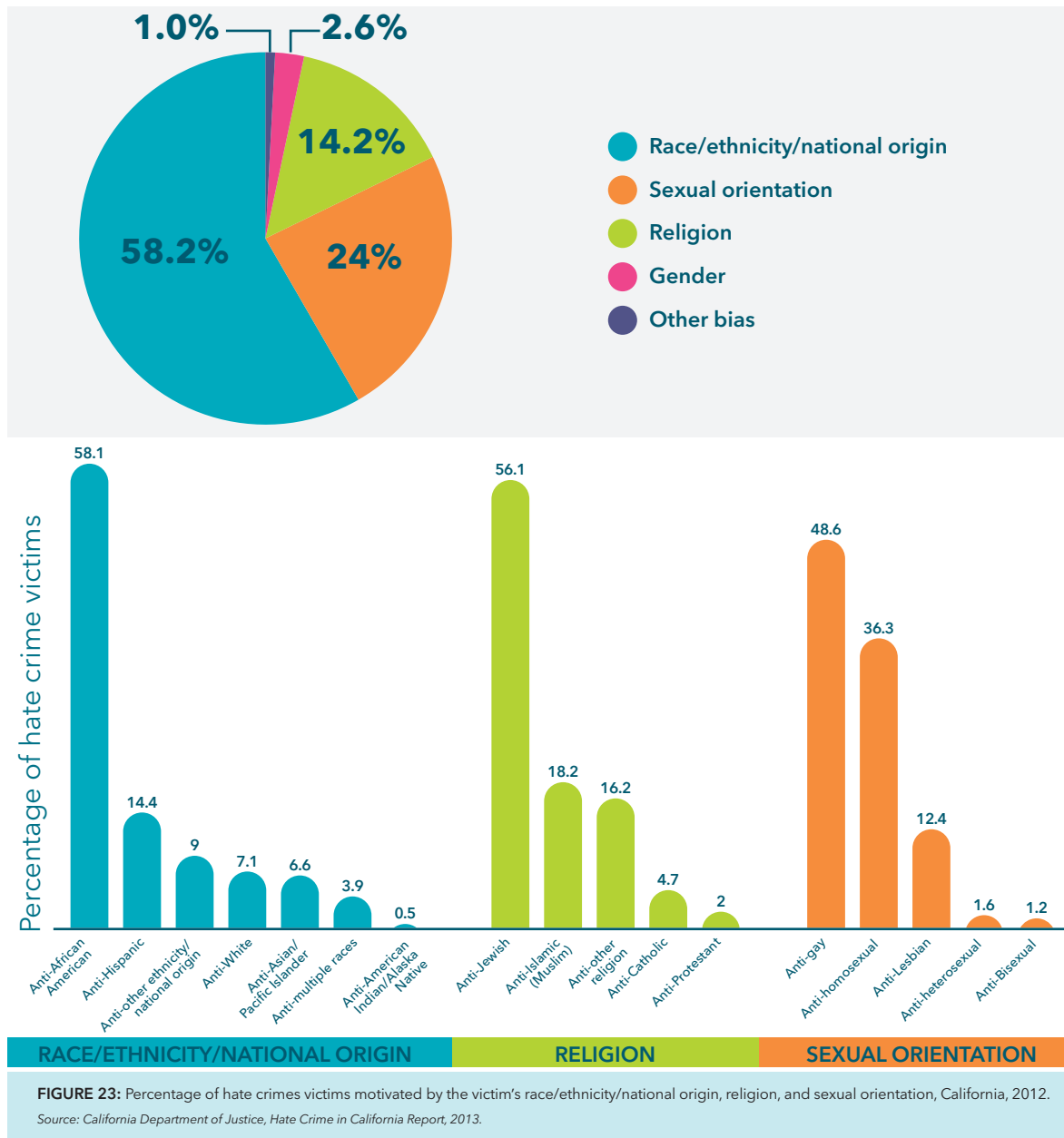
Learn more at [http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201320140AB1266](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB1266).

achieve health equity must also include efforts to identify and correct the discrimination that persists.

### How Discrimination Gets Under Our Skin

Discrimination is not just something that we cognitively or emotionally feel. Discrimination gets under our skin and causes negative physiological changes in the body. Researchers are able to measure the body's stress response to discrimination by assessing changes in blood pressure,<sup>6,7</sup> stress hormone levels,<sup>8</sup> protein markers associated with heart disease,<sup>9,10</sup> and more. Over time, the resulting physiological and psychological effects of discrimination start to wear down

## MORE THAN HALF OF ALL HATE CRIMES ARE MOTIVATED BY RACE/ETHNICITY, FOLLOWED BY THOSE MOTIVATED BY SEXUAL ORIENTATION AND BY RELIGION OF THE VICTIM



the body. This wearing, or “weathering,” effect from repeated exposure to discrimination contributes to a number of health disparities, such as the disproportionate prevalence of cardiovascular disease and low-weight births in African Americans compared with Whites.<sup>11,13,14</sup> Studies have shown that when comparing women with the same levels of income and education, job status, and health insurance status, African American mothers in the U.S. have lower-weight babies compared with their African-born and White counterparts, suggesting that genetic ancestry is not a strong determinant of birth weight.<sup>12</sup> Although this is a complex area of research, the lower-weight babies born to African American mothers can be explained in part by the stress caused by the mothers’ lifelong experiences of discrimination.<sup>13,14</sup> This is particularly problematic because low birth weight is a strong indicator of long-term health consequences. Furthermore, according to the Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, non-White patients tend to experience discrimination at the patient-provider level and to receive a quality of care inferior to that received by their White counterparts, even when controlling for access-related factors such as income and insurance status.<sup>15</sup> Given the impact of discrimination, it must be addressed as rigorously as the other social determinants of health.

## The Indirect Health Effects of Discrimination

Beyond the direct health effects of discrimination, complex social and political sources of discrimination have serious health consequences. These discriminatory practices include pay inequality between women and men, bank redlining practices targeted toward lower-income individuals, disproportionate arrest rates for boys and men of color (see *Figure 22*), and lack of job opportunities and protection for those with physical and mental disabilities, among many others. In limiting an individual’s or a group of individuals’ ability to make a fair and decent wage, buy a home, access high-quality education at all levels, and marry and support the person of their choice, society is directly or indirectly impacting their health and overall quality of life.

## Hate Crimes Declining but Still Pervasive

One way of discussing different groups’ experience of discrimination is the number of hate crimes inflicted on individuals that are motivated by the victim’s race, ethnicity, or other personal characteristics (see *Figure 23*). In California, the number of victims who experience hate crimes overall has decreased 42.4 percent in recent years, from 1,815 in 2003 to 1,045 in 2013.<sup>16,17</sup> In 2013, hate crimes involving race, ethnicity, or national origin were the most frequent

in absolute (but not population-adjusted) terms, accounting for 609 victims (mostly anti-Black, 354 victims). Sexual orientation bias accounted for 251 victims (mostly for anti-gay bias, 122 victims), and religious bias accounted for 148 victims (mostly anti-Jewish bias, 83 victims).<sup>17</sup>





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## Neighborhood Safety and Collective Efficacy

Across the country, when you ask people what they want their neighborhood to look like, the answers are fairly consistent. People want neighbors who care enough about the neighborhood to work together to create and maintain a healthy and safe environment, with convenient access to cultural and economic opportunities, and where their children can play, learn, and thrive in an atmosphere of trust and security.<sup>1</sup> In other words, they want neighborhoods that ensure access to basic goods, that are socially cohesive, that are designed to promote good physical and psychological well-being, and that are protective of the natural environment. Such characteristics are essential to community mental and physical health and health equity.<sup>2</sup>

### Trust as a Foundation for Health

An analysis of the literature on neighborhood-level social determinants of health shows that,

among other factors, the collective health of neighborhoods is highly subject to the social relationships among residents, including the degree of mutual trust and feelings of connectedness among neighbors. For instance, residents of close-knit neighborhoods work together to create and maintain clean and safe playgrounds, parks, and schools. They exchange information on childcare, employment, and health access, and they cooperate to discourage crime and other negative behaviors, such as domestic violence, child abuse, substance abuse, and gang involvement, which can directly or indirectly influence health. Conversely, less close-knit neighborhoods and greater degrees of social disorder have been related to anxiety and depression.<sup>3</sup>

Unfortunately, California has many low-income neighborhoods, both rural and urban, where the opportunities or traditions for engagement

in community service are lacking. While opportunities for social engagement benefit people across the socioeconomic spectrum, lower-income adults in California are less likely to have participated in a board, council, or organization or to have worked informally to address a community problem, when compared with higher-income California adults (see Figure 24).

### Unsafe Neighborhoods Produce Sick Children

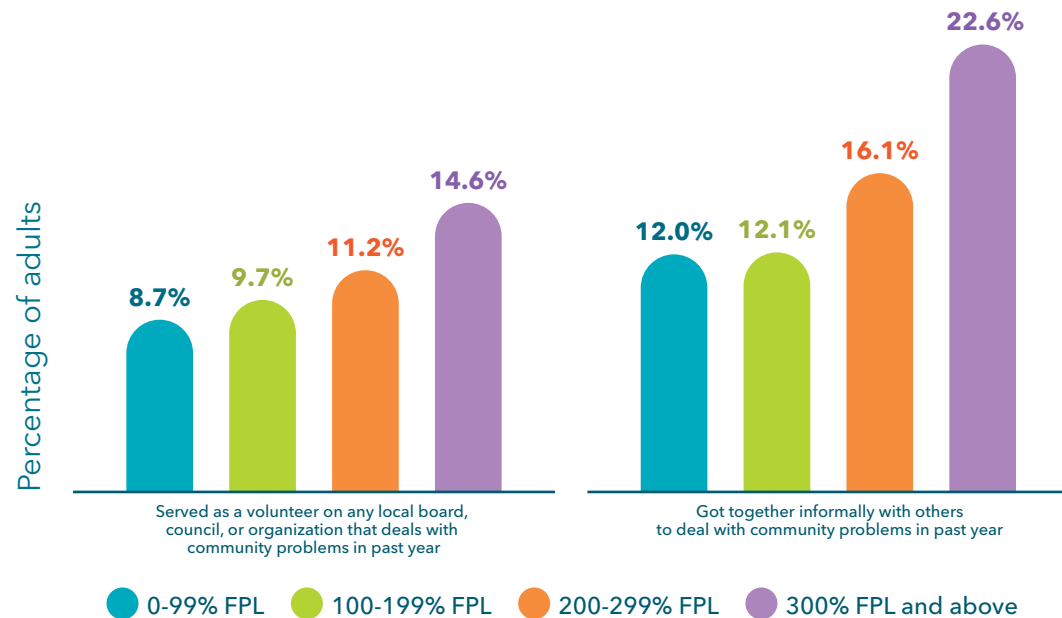
Low levels of neighborhood trust and cohesion may also be related to higher rates of criminal activity in disadvantaged neighborhoods. A 2010 study from the U.S. Department of Justice found a high correlation between low household income levels and rates of property crime, such as burglary.<sup>5</sup> A similar relationship holds true for violent crime, as seen in Figure 25, where low-income, disadvantaged neighborhoods in the Bay Area and in South

## Partying for Safe Neighborhoods

When neighbors are organized, their neighborhoods are safer. That's the concept of National Night Out (NNO). In 2013, Oakland residents hosted 670 block parties on August 6 - one of the largest NNO events in the country. When the event started about nine years ago, Oakland had only 35 parties. Each year, Oakland's mayor's office seeks to grow the number of neighborhood events and to encourage residents to take the next step and become a neighborhood watch group. The first step is simply for neighbors to get to know one another.

Central Los Angeles have the highest crime rates. The combination of high crime rates and other social factors associated with low-income neighborhoods creates barriers to healthful behaviors, such as walking and playground use; puts children at risk for poor educational, emotional, and health outcomes; and makes children more likely to become victims or perpetrators of violent crime.<sup>5,6</sup> Community-level crime interventions, such as well-lit, secure playgrounds; neighborhood watch organizations; and development of well-resourced teen centers to reduce neighborhood gang activity, are important components in many community-based neighborhood improvement initiatives.<sup>7</sup>

## LOWER-INCOME ADULTS ARE LESS LIKELY TO ENGAGE IN VOLUNTEER WORK OR GET TOGETHER WITH OTHERS TO DEAL WITH COMMUNITY PROBLEMS



**FIGURE 24:** Percentage of adults who participated in community service, by federal poverty level (FPL), California, 2011-2012.  
Source: University of California Los Angeles, California Health Interview Survey, 2011-2012.

## Operation Ceasefire/Safe Community Partnership

Operation Ceasefire is an evidence-based strategy designed to reduce gang- and group-related homicides and nonfatal shootings. Localized versions of the Operation Ceasefire model of neighborhood gang and gun violence suppression are making headlines in 10 California cities that have seen rising rates of gun violence in recent years. In Stockton, the initiative, which operates under the name Safe Community Partnership, has been credited with helping reduce the number of homicides from 71 in 2012 to 32 in 2013. In Richmond, the city's homicide rate in 2013 was the lowest in 33 years and total crimes were more than 40 percent lower than the 2003 total. Other cities that have implemented the model in select neighborhoods include Los Angeles, Modesto, Oakland, Salinas, Oxnard, Union City, East Palo Alto, and Sacramento.

Learn more at <http://www.nnscommunities.org/index.php>.



THE RISK OF CRIME CAN BE HIGHLY DISPARATE FOR NEIGHBORING CALIFORNIA CITIES AND TOWNS

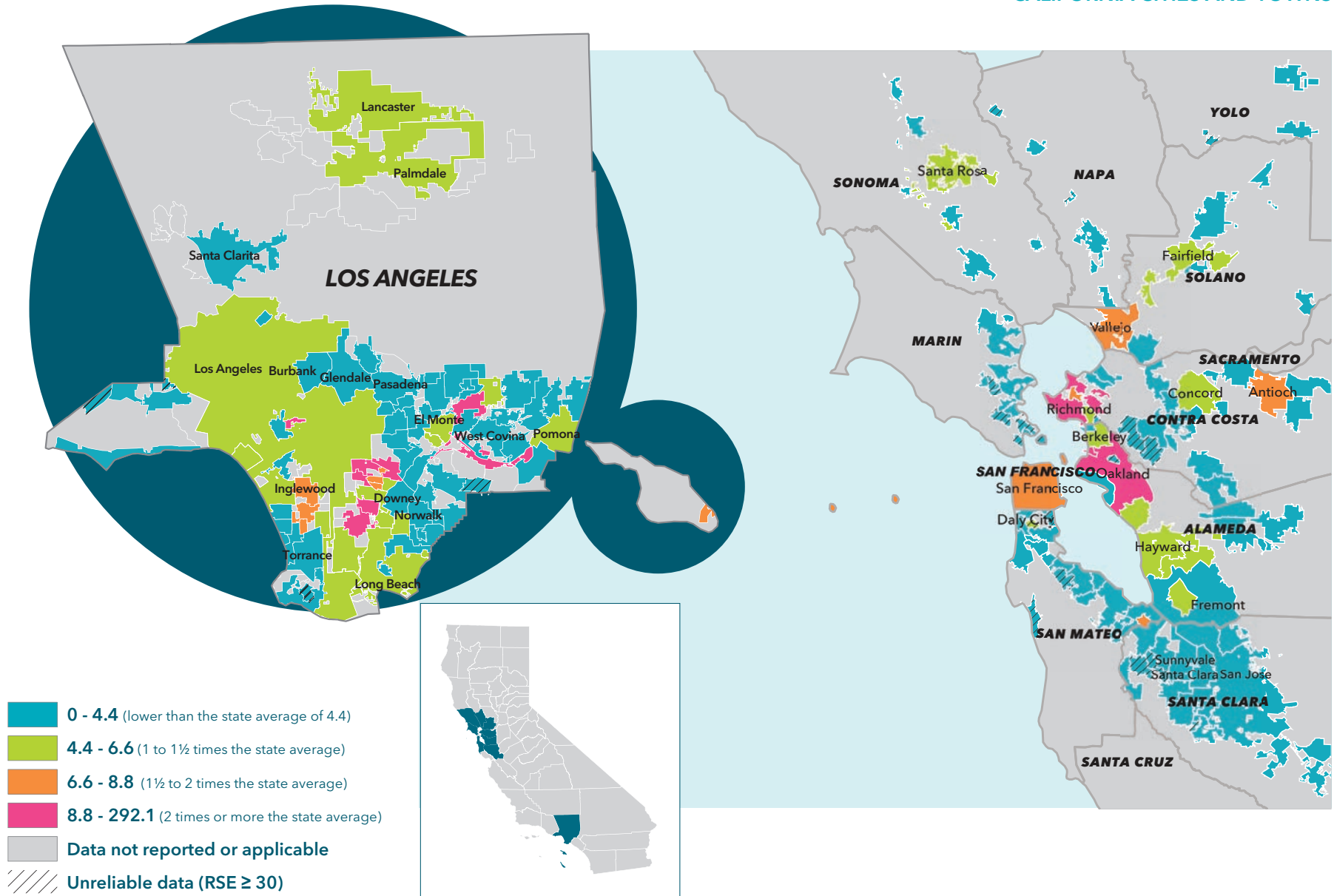


FIGURE 25: Number of violent crimes per 1,000 population, by cities and towns, Los Angeles County and Bay Area, California, 2010.

Source: Federal Bureau of Investigation, Uniform Crime Reports, 2010. Analysis by CDPH-Office of Health Equity and UCSF, Healthy Communities Data and Indicators Project.



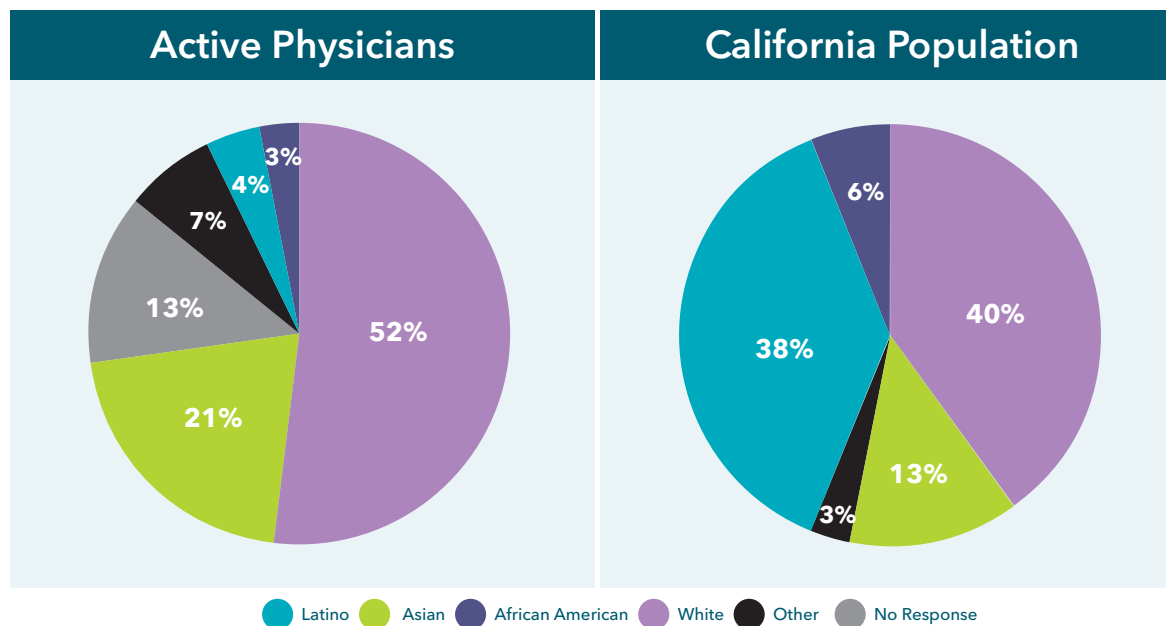
## Cultural and Linguistic Competence: Why It Matters

The ability of health and mental health care providers to effectively communicate with service recipients and to understand and respond to their cultural beliefs and values regarding health, illness, and wellness is essential for providing high-quality care to every person and for reducing health disparities among all social groups.<sup>1,2,3</sup>

California's vast and growing population diversity represents a special challenge for the state's primary and behavioral health care providers and organizations. The state is home to more than 200 languages, with more than 40 percent of the population speaking languages other than English at home, and 20 percent, or almost 7 million Californians, considered limited English proficient (LEP) - meaning they do not speak English "very well."<sup>4,5</sup>

The state's physician workforce in 2012 was disproportionately White and Asian.

### AFRICAN AMERICAN AND LATINO PHYSICIANS ARE UNDERREPRESENTED IN CALIFORNIA

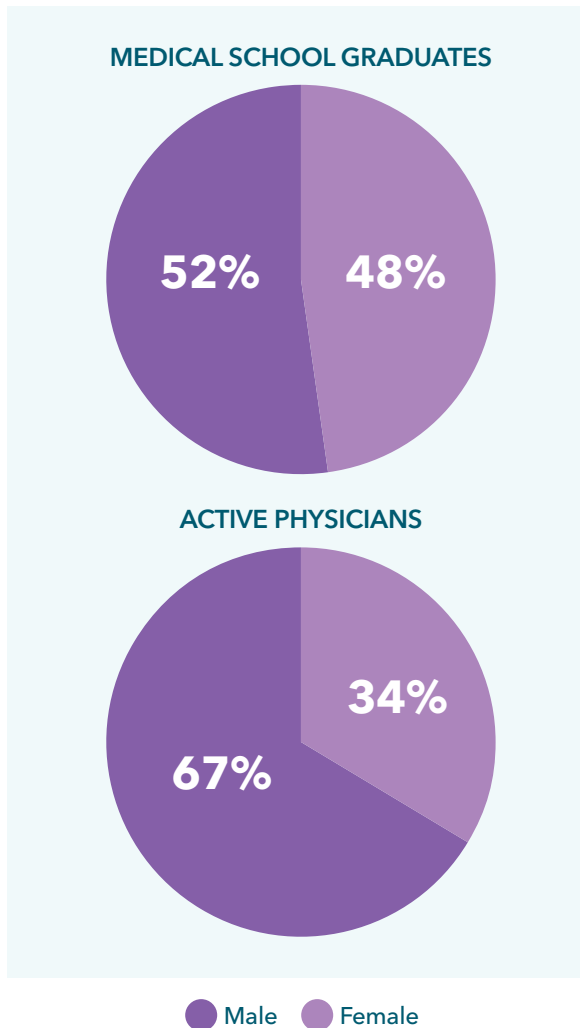


**FIGURE 26:** Percentage of California's population and active physicians, by race/ethnicity, California, 2012.

Sources: Medical Board of California, Cultural Background Survey Statistics, 2012; and U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States: 2010-2012. Analysis by California HealthCare Foundation, California Health Care Almanac, California Physicians: Surplus or Scarcity, 2014.

Note: Data includes active medical doctors (MDs).

**ALTHOUGH MEDICAL SCHOOL GRADUATES OF BOTH GENDERS WERE ABOUT EVEN, WOMEN ARE UNDERREPRESENTED IN MEDICAL PRACTICE**



**FIGURE 27:** Percentage of California’s medical school graduates and active physicians, by gender, California, 2012.

Source: Association of American Medical College, *State Physician Workforce Data Book*, 2013. Analysis by California HealthCare Foundation, *California Health Care Almanac, California Physicians: Surplus or Scarcity*, 2014.  
 Note: Data includes active medical doctors (MDs) and doctors of osteopathic medicine (DOs).

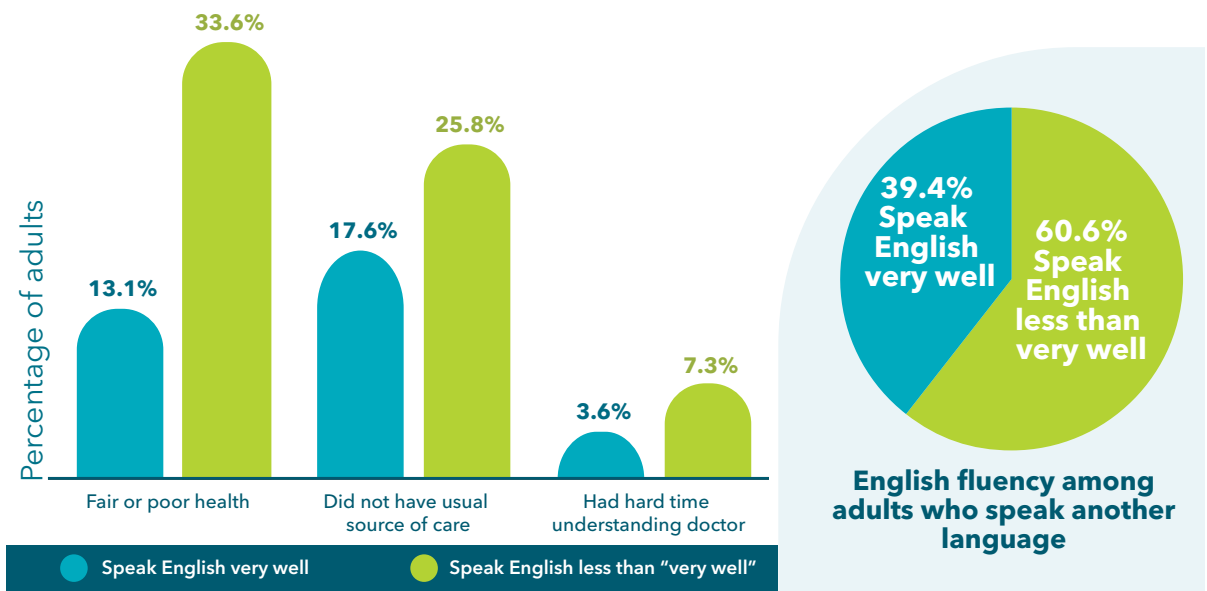
While White and Asian people made up 53 percent of the population in California, they accounted for 73 percent of the active physicians. Latinos, African Americans, and other ethnicities made up 47 percent of the California population but only 14 percent of active physicians (see Figure 26); women are also underrepresented (see Figure 27). While Latinos constituted 38 percent of the population (and close to 50 percent in many regions), Latino physicians made up only 4 percent of the physician workforce, including those in Los Angeles and the San Joaquin

Valley, where Latinos are a near majority. African Americans, who make up about 6 percent of the state’s population, account for just 3 percent of physicians. It is estimated that roughly nine out of 10 physicians, dentists, and pharmacists in California are either White or Asian.<sup>6</sup>

**Impacts on Quality of Care**

Although as many as 20 percent of the state’s non-Hispanic White physicians are relatively fluent in Spanish,<sup>7</sup> significant cultural and linguistic barriers remain for many patients,

**ADULTS WITH LIMITED ENGLISH PROFICIENCY (LEP) GENERALLY HAVE POORER HEALTH COMPARED WITH THOSE WHO SPEAK FLUENT ENGLISH**



**FIGURE 28:** Percentage of English fluency levels among adults ages 18 years and older who speak a language other than English at home, by selected characteristics, California, 2011-2012.

Source: University of California Los Angeles, *California Health Interview Survey*, 2011-2012.  
 Note: Adults who reported speaking English less than “very well” includes those who reported speaking English well, not well, or not at all.

and these barriers are associated with multiple forms of reduced quality of care and decreased access to primary and preventive care.<sup>8,9,10</sup> The Institute of Medicine report *Unequal Treatment* indicates that U.S. racial and ethnic minorities are less likely to receive routine medical procedures and more likely to experience a lower quality of health services.<sup>11</sup> Racial/ethnic minorities and individuals with low household incomes are more likely than their non-Hispanic White and higher-income counterparts to experience culturally insensitive health care and dissatisfaction with health care – health care experiences that have been linked to poorer health outcomes.<sup>12</sup>

The persistent racial, cultural, and linguistic gaps in the health care workforce are reflected in significant health disparities between population groups with limited English proficiency and those that speak English very well (see *Figure 28*). In order to achieve cultural and linguistic competency in California’s public and private health care institutions, we must look beyond the issue of language alone and grapple with a larger challenge – that of developing a primary and behavioral health care workforce capable of providing services that are responsive to the health beliefs, health practices, and cultural and linguistic needs of California’s diverse population.

## Priming the Medical School Pipeline

The University of California, Riverside, School of Medicine obtained \$3 million in private grant funding in 2013 to expand its existing medical school pipeline programs, aimed at broadening and diversifying the pool of students in inland Southern California applying to medical school. The program, *Imagining Your Future in Medicine*, will link students as young as the middle school level with pipeline initiatives at the high school, community college, and university levels. For middle school students it includes a one-week residential summer camp called *Medical Leaders of Tomorrow*, in which 40 to 50 educationally and socioeconomically disadvantaged students in the Inland Empire have access to presentations on science and health care topics; study skills, workshops, and training; leadership and team-building activities; laboratory and clinic tours; and college admissions information. Once students enter the pipeline, they are provided a continuous path for academic preparation and enrichment, hopefully leading to entry into medical training, particularly in primary care and short-supply specialties.

Source: *UC Riverside Today*, April 3, 2013.

## Sharing Trained Health Care Interpreters

The Health Care Interpreter Network (HCIN), funded in 2005, by California HealthCare Foundation and others, is a national network of more than 40 hospitals and provider organizations that share more than 100 trained health care interpreters in 16 languages through an automated video/voice call center. Videoconferencing devices and all forms of telephones throughout each hospital and clinic connect within seconds to an interpreter on the HCIN system, either at their own hospital and clinic or at another participating hospital and clinic.

In California HCIN membership is offered to:

- Public, district, or University of California hospitals
- Community hospitals that are not members of hospital systems larger than three distinct acute care facilities
- Community clinics that serve the Medi-Cal population
- Health plans that serve the Medi-Cal population

Learn more at <http://www.hcin.org/>.

