Health care is a basic human need.

We all benefit when EVERYONE has a chance to live a healthy life.
We all don’t have the same health opportunities.

• The biggest barriers are structural.

• That means they are solvable.
HOW CHCF APPROACHES HEALTH EQUITY
Race and Ethnicity

Health Disparities by Race and Ethnicity:
The California Landscape
Income

Self-Report of Fair or Poor Health, by Income, 2011

Percentage of adults

Less than $35,000: 22.8%
$35,000-49,999: 12.9%
$50,000-74,999: 9.4%
$75,000-99,999: 7.0%
$100,000 or more: 5.6%

Example: Serious Mental Illness

Example: Rural California

The Largest Health Disparity We Don’t Talk About

Americans with serious mental illnesses die 15 to 30 years earlier than those without.

By Dhruv Khullar
May 30, 2018

Death and Mental Illness
Patients with schizophrenia are at a greater risk of dying at any given age than the population at large, and this disparity has been increasing.

Standardized mortality ratio of patients with schizophrenia vs. the general population.

<table>
<thead>
<tr>
<th>Year</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970s</td>
<td>1.0</td>
</tr>
<tr>
<td>1980s</td>
<td>2.0</td>
</tr>
<tr>
<td>1990s</td>
<td>3.2</td>
</tr>
<tr>
<td>2000s</td>
<td>3.7</td>
</tr>
</tbody>
</table>
SOME EXAMPLES FROM OUR WORK
Black women are nearly 4x more likely to die in childbirth than white women.
10% said they were treated unfairly during their hospital stay because of race or ethnicity.

10% said they were handled roughly or experienced rude and threatening language from their health care provider.

https://www.chcf.org/collection/listening-to-mothers-in-california/
Building on past work to reduce unnecessary C-sections:

• Data and transparency
• Quality improvement
• Purchaser power
• Consumer education
Reducing maternal mortality for Black women:

- **Data and Transparency:** Patient-reported experience survey
- **Policy Implementation:** Educational module for implicit-bias training
- **Consumer Engagement:** Community input and outreach

**BIRTH EQUITY:**
**CHCF Approach**
COMMUNITY HEALTH WORKERS
“Don’t just treat me. You need to know me.”

– African American Female, Modesto
It's very hard to open up to new people [about my mental health issues] because I come from a stigma based culture.

– Latina Female, Modesto
When they speak Vietnamese, I understand everything, but when they speak English I don’t understand.

– Vietnamese Female, Orange County
“I want you to treat the cause, not the symptom.”

– African American Female, LA
• **Consensus-Building:** California Future Health Workforce Commission

• **Consensus-Building:** Certification for training programs

• **Policy Insights:** Learning from Whole Person Care and Health Homes

• **Payment:** Models for health care financing
PUBLIC CHARGE
PUBLIC CHARGE: Why It Matters

Immigrants make up 27% of California’s population — more than any other state.
• Immigration officials can deny an application for permanent residence ("Green card") if the applicant is likely to depend on certain government programs.

• Only applies to certain benefits.

• Also considers health, age, employment, skills, education, family/sponsor income.
PUBLIC CHARGE: How It Works

What the old rule considered:
• Cash benefits
  o SSI
  o CalWORKs - CAPI
  o General Assistance

What the new rule adds:
• Federal CalFresh/SNAP
• Federally-funded, non-emergency Medi-Cal for adults, 21 and older (unless pregnant)*
• Federal housing/Section 8
• **Capacity-Building:** Core support and technical assistance for key organizations

• **Data and Transparency:** Monitoring and reporting on impact

• **Consumer engagement:** Ensuring that patients get accurate information

• **Policy Development:** Facilitate and analyze discussion of options for state response

**PUBLIC CHARGE:**

**CHCF Approach**

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**The Final Public Charge Rule Is Out. Here's How It Affects Immigrants.**

August 16, 2019
Billy Wynne, Dawn Joyce / Medi-Cal

The government has finalized immigration restrictions, creating a preference for wealthy, English-speaking, insured, and educated immigrants, while erecting hurdles for immigrants who are poor.
WHAT WE’RE LEARNING
• It takes humility at all levels.
• It’s important to name racism and prejudice.
• Data is important, but it’s not enough.
• Listening and feedback is essential.
• We’re going to make mistakes. That shouldn’t deter us.