



## Issue Brief

# Paving the Way to Health Equity

## Learning from California State Government

### Introduction

Inequitable access to health care has caused measurable harm to many Californians, in particular to Black, Latino/x, and other racial/ethnic communities, as well as to the lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) and disability communities. Gaping health disparities reflect the state's long history of discrimination embodied in contracts, laws, and everyday practices of businesses and civic agencies at all levels.

Recent events, including the COVID-19 pandemic — which disproportionately impacted historically marginalized groups — and racial/ethnic-focused violence and unrest fueled by the killing of George Floyd and many others, sparked a renewed public reckoning and commitment by the state of California to address California's long history of racial injustice and inequities, the impacts of which are felt immensely today, and to focus on advancing health equity.<sup>1</sup>

#### Lasting Harms of Anti-Black Discrimination

In 2023, the California Reparations Task Force published its final report, which details the institutional racism that has been pervasive throughout California's history, including the role of state institutions in perpetuating it.<sup>2</sup> The harms are felt today in health disparities, including maternal and infant health outcomes, unmet mental health needs, and other critical markers. Black physicians and medical students remain underrepresented today, indicating the long reach of racial bias in medicine.

This report, based on research by the California Pan-Ethnic Health Network (CPEHN), is the first-ever survey and documentation of health equity initiatives enacted by the California state government since the onset of the COVID-19 pandemic, and provides an overview of health equity programs and activities being conducted through California state agencies and departments, as well as through the legislature and the governor's office. The authors' goal is to inform Sacramento stakeholders about the status of health equity efforts in the California state government.

The research included a review of published materials, including statutes, proposed legislation, public statements, and department and agency reports. The authors and other researchers at CPEHN interviewed key informants from state agencies and departments as well as legislators and staff (see [Appendix](#)).

## California State Activities Advancing Health Equity

*The following sections summarize the activities and programs of California's governor's office, state agencies and departments, and the legislature. Although many of the equity-related initiatives are relatively new, some have been well established over many years.*

### Governor's Office

The state's efforts in health equity and racial equity include the following actions by the governor:

- ▶ **2019:** Appointed the first California surgeon general, Nadine Burke Harris, MD, MPH, an expert in addressing the root causes and social drivers of health.<sup>3</sup>
- ▶ **2019:** Created the Healthy California for All Commission, which was tasked with planning a unified financing system for health coverage.<sup>4</sup>
- ▶ **2019:** Issued a historic apology to California Native Americans and establishment of a Truth and Healing Council.<sup>5</sup>
- ▶ **2020:** Signed Assembly Bill 3121, Chapter 319, Statutes of 2020, establishing the nation's first state-wide Reparations Task Force to benefit the African American/Black community.<sup>6</sup>
- ▶ **2020:** Developed a health equity metric (HEM) tying local government's ability to reopen businesses with its ability to eliminate disparities in COVID-19 positivity rates in the most vulnerable communities.<sup>7</sup>
- ▶ **2022:** Issued Executive Order N-16-22, requiring California state agencies and departments to engage in equity activities, gather input from communities that have been historically disadvantaged, and increase access to federal funding.<sup>8</sup> This executive order created a Racial Equity Commission to develop resources, best practices, and tools.

## California Health and Human Services Agency

The California Health and Human Services Agency (CalHHS) includes 12 departments tasked with administration and oversight of state and federal programs for health care, social services, public health, and rehabilitation (see sidebar). CalHHS's efforts in health equity and racial equity include the following key actions:

- ▶ **2022:** Requested \$500,000 in state fiscal year 2022–23 to coordinate the development of an Equity Strategic Plan. The goal is to improve the

alignment and implementation of CalHHS initiatives to reduce health inequities and disparities.<sup>9</sup> As part of this proposal, CalHHS did the following:

- ▶ Directed all departments to appoint a senior leader as a chief equity officer, with the aim of embedding equity in day-to-day operations.
- ▶ Launched the Justice, Equity, Diversity, and Inclusion (JEDI) workgroup, tasked with improving data collection and measurement, developing an agency and department equity dashboard, implementing trainings, and ensuring language access.
- ▶ Expanded California Leads as an employer, strengthening the state's efforts to recruit and support a state workforce reflective of California's diverse population.
- ▶ Encouraged participation by all CalHHS agencies and departments in the Capitol Collaborative on Race and Equity (CCORE), a program that would increase the capacity of state employees to engage in racial equity work.

### CalHHS Departments Addressing Health Equity\*

#### **Department of Aging**

Department of Child Support Services  
 Department of Community Services and Development  
 Department of Developmental Services

#### **Department of Health Care Access and Information**

#### **Department of Health Care Services**

#### **Department of Managed Health Care**

#### **Department of Public Health**

Department of Rehabilitation

#### **Department of Social Services**

Department of State Hospitals

Emergency Medical Services Authority

\*Boldface indicates departments whose leaders were interviewed by CPEHN for this report (see Appendix).

The following sections summarize the equity work of specific CalHHS departments and agencies. This summary is not inclusive of all of each department's activities.

## California Department of Aging

The California Department of Aging (CDA) oversees and administers funding for programs that serve older adults, adults with disabilities, family caregivers, and residents in long-term care facilities.<sup>10</sup> It contracts with a network of 33 Area Agencies on Aging, which manage a wide array of services.

The CDA has prioritized equity in aging in its Master Plan for Aging, to ensure all Californians have access to opportunities and services to live how and where they choose, regardless of age, disability, race, ethnicity, immigration status, and other demographic characteristics.<sup>11</sup> The department also created a Direct Care Workforce Initiative, which focuses on the support of older workers doing direct care.<sup>12</sup> These workers identify primarily as Black, Latino/x, Asian American, and Pacific Islander.

## Department of Health Care Access and Information

The Department of Health Care Access and Information (HCAI) oversees the collection and reporting of data from the state's health care sector, including health plans and hospitals; analyzes the cost and affordability of health care; and provides support for the health workforce.<sup>13</sup> HCAI is advancing equity work in the following ways:

- ▶ **2019:** Began collecting and reporting data from California hospitals on their supplier diversity, or business with certified minorities; women; lesbian, gay, bisexual, and transgender (LGBT) people; and veterans with disabilities, as required by Assembly Bill 962, Chapter 815, Statutes of 2019.<sup>14</sup>
- ▶ **2019:** Advancing health equity as a strategic priority by having agency and department leadership formally sponsor the work, as well as champion it

through staffing and budget commitments. All staff are required to have training in implicit bias and in mitigating bias.<sup>15</sup>

- ▶ **2019:** HCAI's Office of Health Care Affordability will include equity as an important component of its work.<sup>16</sup>
- ▶ **2022:** Convened the Hospital Equity Measures Advisory Committee to identify health care quality measures for hospitals to report progress on equity goals. The reports are mandated by Assembly Bill 1204 (2021), and the committee's recommended measures are currently under review and will be implemented by HCAI through regulations. Assembly Bill 1204, Chapter 751, Statutes of 2021, also requires HCAI to update its community benefits requirements for hospitals to address the needs of an expanded list of "vulnerable populations," which includes racial and ethnic groups experiencing disparities in health outcomes, the unhoused, people with disabilities, people identifying as LGBTQ+, people with limited English proficiency, and other socially disadvantaged groups.<sup>17</sup>

## Department of Health Care Services

The Department of Health Care Services (DHCS) is the state's Medicaid agency.<sup>18</sup> It finances and oversees California's health care safety net, providing about 15 million people with health care coverage. DHCS is in the process of implementing several new equity-focused activities internally, including the following:

- ▶ **2022:** Hired a new health equity officer.<sup>19</sup>
- ▶ **2023:** Updating its strategic plan to ensure equity is a central component.<sup>20</sup>
- ▶ **2023:** Codesigning a Health Equity Roadmap with Medi-Cal enrollees and other external stakeholders.<sup>21</sup>
- ▶ **2023:** Establishing a state-level, patient-centered Medi-Cal beneficiary advisory committee to enhance consumer engagement.<sup>22</sup>

DHCS has also recently approved several equity-focused initiatives, including the following:

- ▶ **2021-23:** A requirement that Medi-Cal managed care plans (MCPs) and other partners improve quality outcomes and reduce health disparities, incorporate social drivers of health in their work, and make the program more consistent and seamless for people to access and use as part of the state's Medi-Cal waiver, California Advancing and Innovating Medi-Cal (CalAIM).<sup>23</sup> CalAIM also removes barriers for those seeking behavioral health care and includes a Population Health Management (PHM) program that requires MCPs to assess enrollee risk levels, determine a person's unmet social needs, and provide care coordination across all health settings.<sup>24</sup>
- ▶ **2022:** Beginning in 2024, Medi-Cal will be available to all income-eligible people regardless of immigration status.<sup>25</sup>
- ▶ **2022:** DHCS has made changes to health plan contracts, effective January 1, 2024, including the following:<sup>26</sup>
  - ▶ Requiring MCPs to routinely and publicly report on access, quality improvement, and health equity activities.
  - ▶ Linking plan payment to quality and equity for the first time. MCPs must identify physical and behavioral health disparities and inequities in access, utilization, and outcomes by race, ethnicity, language, and sexual orientation; and must have focused efforts to improve health outcomes within the most impacted groups.
  - ▶ Requiring MCPs to have a chief health equity officer.
- ▶ **2022–23:** Enabling health systems to bill for services provided by community health workers and doulas, who will be instrumental in connecting members to care.<sup>27</sup>
- ▶ **2023:** Creating a \$700 million primary care provider practice transformation program to advance health equity.<sup>28</sup>

## Department of Managed Health Care

The Department of Managed Health Care (DMHC) licenses and oversees managed care plans.<sup>29</sup> Its Help Center receives and resolves consumer complaints about managed care plans. DMHC plans to include "equity" in upcoming revisions of its mission and strategic plans.

In 2022, DMHC convened a Health Equity and Quality Committee to identify quality measures for health plans to report progress on advancing health equity, as required by Assembly Bill 133, Chapter 143, Statutes of 2021.<sup>30</sup> The committee recommended that 13 quality measures be applied to all DMHC-regulated health plans, with performance data stratified by member demographics.<sup>31</sup> Notably, the committee recommended holding all health plans to the same quality performance benchmark, regardless of payer. The committee's recommendations are currently under review and will be implemented by DMHC through regulations.

## California Department of Public Health

The California Department of Public Health (CDPH) is responsible for public health policy setting, health education and promotion, disease monitoring, health facility licensing, health professional certification, vital records maintenance, emergency preparedness, and environmental health.<sup>32</sup>

The department has a long history of involvement in equity initiatives through the following activities:

- ▶ **2009:** Launched the California Reducing Disparities Project (CRDP) to achieve mental health equity for five California populations: African American, Latino/x, Native American, Asian and Pacific Islander, and LGBTQ+ people.<sup>33</sup>
- ▶ **2012:** Was instrumental in the CalHHS-led Let's Get Healthy California initiative, with its goal of making California the healthiest state in the nation; CDPH houses the program's website and monitors indicators and goals.<sup>34</sup>

- ▶ **2012:** Established the Office of Health Equity (OHE), which has been at the core of the state’s equity efforts in recent years.<sup>35</sup>
- ▶ **2015:** Published a strategic plan and work plan focused on equity and is currently planning to make its Racial Equity Action Plan (REAP) public.
- ▶ **2022:** Developed a Baseline Organizational Assessment for Equity Infrastructure to assist its local health department partners in meeting COVID-19 challenges.<sup>36</sup>

### CERI Takes on Gaps Highlighted During Pandemic

The CDPH is implementing a \$2.6 million California Equitable Recovery Initiative (CERI), with grantmaking through The Center at Sierra Health Foundation.<sup>37</sup> The undertaking is a response to the structural biases in public systems that became particularly apparent in the disproportionate impact of COVID-19 on certain populations.

Grants of up to \$300,000 are focused on closing racial, ethnic, and other disparities related to COVID-19 and associated chronic conditions. Community-based organizations can use the funding for projects to reduce underlying inequities that have contributed to disproportionate harm.

### CDPH’s Health Equity Definition

California’s governmental entities use varying definitions of “health equity” as they proceed with their work. The state’s Health and Safety Code Section 131019.5 defines it as “efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.”<sup>38</sup> The CDPH Office of Health Equity assessment defines “organizational commitment to equity” as intersectional (including race/ethnicity, disability status, age, gender, and socioeconomic status) and something that “is seen and felt internally and externally; reinforced in culture and communication.”<sup>39</sup>

### California Department of Social Services

The California Department of Social Services (CDSS) oversees cash assistance, food and nutrition, support services, and programs for immigrants and refugees, people who are hearing or visually impaired, victims of human trafficking and disasters, and people without secure housing.<sup>40</sup>

CDSS defines health equity broadly: “When a person’s race, gender, sexual orientation, gender identity, ability or disability, national origin, language, or any other aspect of their identity can no longer predict their life outcomes.”<sup>41</sup> Its Office of Equity was created in 2020, and a Racial Equity Action Plan (REAP) was adopted in 2021, with the following priorities:<sup>42</sup>

- ▶ Foster a culture of diversity and inclusion within the department.
- ▶ Use data to make inequities visible.
- ▶ Advance equity through training, tools, and technical assistance.
- ▶ Improve language access and access for communities with disabilities.
- ▶ Support ongoing partnerships with those communities most affected by inequities.

Four subcommittees are tasked with equity responsibilities in the following areas: communications and training, language access, workforce equity, and data.

### Other California Agencies and Departments

*Various state agencies and departments outside of CalHHS have also been working to support health equity and racial equity, including those described in the following sections.*

### California Department of Insurance

The California Department of Insurance (CDI), as regulator of insurance plans, protects Californians from excessive or discriminatory insurance rates and any

unfair practices.<sup>43</sup> The agency views health equity in a broad sense that includes historically disadvantaged groups, such as undocumented and LGBTQ+ populations, as well as certain racial groups. Existing staff, led by Insurance Commissioner Ricardo Lara, have assumed responsibility for work on health equity.

The CDI is implementing an Insurance Diversity Initiative (established in 2011), which encourages procurement from diverse suppliers and enhanced diversity among insurer governing boards.<sup>44</sup> The department participates in the National Association of Insurance Commissioners (NAIC) Special Committee on Race and Insurance, where it is working to lower the cost of health care and to promote access to care and coverage.<sup>45</sup> The work has a specific focus on people of color, low-income and rural populations, and historically marginalized groups, such as the LGBTQ+ community, people with disabilities, and American Indian and Alaska Native people. The committee is also researching health care disparities and insurance responses to the COVID-19 pandemic and its impact across demographic populations.

### **California Public Employees' Retirement System**

The California Public Employees' Retirement System (CalPERS) provides health insurance for over 1.5 million state and local government employees, retirees, and their families.<sup>46</sup> Equity is integrated throughout CalPERS's 2022–2027 strategic plan.<sup>47</sup> The agency expects that its health equity staff will grow in the near future as its work on health equity with its contracted health plans increases, in alignment with health plan contract requirements from Covered California and Medi-Cal. The agency hired a chief diversity, equity, and inclusion (DEI) officer in 2021 and conducts staff and board trainings on implicit bias.<sup>48</sup> Staff noted that because the CalPERS budget is not dependent on the legislature, it can be nimbler in changing its organizational culture.

### **Covered California**

Created as part of the Affordable Care Act, Covered California provides health insurance to more than 1.7 million Californians.<sup>49</sup> Health equity has been part of the mission, vision, and values of Covered California since its founding in 2011.<sup>50</sup> Covered California hired its first equity officer in 2017, and the position was moved in 2018 to be part of plan management, responsible for overseeing health plan contracts.<sup>51</sup> There is now an entire division focused on health equity, quality, disparities reduction, and the social determinants of health. Covered California's DEI program has a road map, and DEI questions about hiring, training, and organizational culture are part of the annual employee survey.<sup>52</sup> Specific health equity requirements, including collection and use of demographic data from health plan members and stratification of quality measures by those demographic data, are included in Covered California's contracts with its qualified health plans.<sup>53</sup>

### **Strategic Growth Council**

The Strategic Growth Council (SGC) is a state Cabinet-level committee that coordinates various activities of state agencies.<sup>54</sup> Its Health in all Policies Initiative is a collaborative approach to improving health by incorporating health considerations into decisionmaking across sectors.<sup>55</sup> The SGC defines equity as ensuring that all people "have the same fair opportunities to health and well-being regardless of place and race," with a specific definition of "racial equity" in its Racial Equity Action Plan (REAP).<sup>56</sup> The plan was revised in 2021 to include more regular reporting and public discussion opportunities on the council's progress. In 2018, the SGC piloted the Capitol Collaborative on Race and Equity (CCORE) to increase the capacity of state employees to engage in racial equity work.<sup>57</sup> Participants receive training and tools to apply to policy decisionmaking, programs, and budgeting. Support is provided through the SGC, the Public Health Institute (PHI), and an external organization, Race Forward, and its Government Alliance on Race and Equity (GARE) program.<sup>58</sup> In 2021, CCORE completed a 15-month learning cohort with 25 California state entities.<sup>59</sup>

## California Legislature

The California State Legislature itself has become more diverse in recent years, and currently has 10% LGBTQ+ legislators and at least 41% women legislators (no data are collected on legislators with disabilities).<sup>60</sup>

The California State Assembly has a number of select committees focused on addressing racial inequities, including those on Latina Inequities; Racism, Hate, and Xenophobia; Reparatory Justice; Status of Boys and Men of Color; and Workforce Development and Diversity in the Innovation Economy.<sup>61</sup>

Legislation remains a central driver of change in the state's departments and agencies, for example, Assembly Bill 133, Chapter 143, Statutes of 2021, which requires managed health plans to report performance on quality and equity measures to DMHC,<sup>62</sup> and Assembly Bill 1204, Chapter 751, Statutes of 2021, which requires hospital equity reports and an expansion of the definition of underserved populations for hospital community benefits from HCAI.<sup>63</sup>

House Resolution 39, which was passed in 2021 and is now being implemented, requires the assembly to explore methods to integrate equity more formally into its daily activities.<sup>64</sup> The assembly hired an equity advisor, reporting to the chief administrative officer, to serve as the assembly's lead on policies related to DEI.<sup>65</sup>

## Conclusion

The executive and legislative branches of the state of California are engaged in efforts to promote health and racial equity, as the authors' research has detailed.

Several processes are in place for furthering work on equity, including the CalHHS JEDI workgroup, the SGC CCORE program, and the governor's Racial Equity Commission.

Although equity activities have increased at the state level, significant opportunities exist for greater alignment, improvement, and engagement. Various California agencies and departments have developed best practices and lessons learned that offer valuable insights for equity initiatives across the state. At this critical juncture for change, the state of California has a great opportunity — and responsibility — to right historical inequities and give all Californians the opportunity to achieve their fullest potential for health.

## Appendix. Key Informant Interviewees

### Office of the Governor

Richard Figueroa, MBA, Deputy Cabinet Secretary

### California Health and Human Services Agency

Marko Mijic, MPP, Undersecretary

### Department of Health Care Services

Pamela Riley, MD, MPH, Chief Health Equity Officer and Assistant Deputy Director, Quality and Population Health Management

### Department of Public Health

Rohan Radhakrishna, MD, MPH, Deputy Director and Director, Office of Health Equity

### Department of Managed Health Care

Mary Watanabe, Director

Nathan Nau, MBA, Deputy Director, Office of Plan Monitoring

### Department of Health Care Access and Information

Elizabeth Landsberg, JD, Director

Elia Gallardo, JD, Deputy Director of Legislative and Government Affairs, and Health Equity Officer

### Department of Social Services

Kim Johnson, Director

Marcela Ruiz, JD, Director, Office of Equity

### Department of Aging

Susan DeMarois, Director

### Covered California

Alice Hm Chen, MD, MPH, Chief Medical Officer

Taylor Priestley, MPH, MSW, Deputy Director, Health Equity and Quality Transformation, and Health Equity Officer

Rebecca Alcantar, MPA, Senior Health Equity Specialist

### California Department of Insurance

Michael Martinez, Senior Deputy Commissioner and Legislative Director

Stesha Hodges, JD, Assistant Chief Counsel and Chief of Health Equity and Access Office

### California Public Employees' Retirement System

Lisa Albers, MD, Assistant Chief, Clinical Policy and Programs Division

Adrian Naidu, MS, Health Equity Officer

### Strategic Growth Council

Kirin Kumar, Deputy Director of Equity and Government Transformation

Jazmine Garcia Delgadillo, DrPH, MPH, Health and Equity Program Manager

### Offices of California Legislators and Legislative Staff

Senator Richard Pan, MD, MPH

Senator María Elena Durazo, JD

Assembly Speaker Anthony Rendon, PhD

Assemblymember Cecilia Aguiar-Curry

Assemblymember Alex Lee

Assemblymember Joaquin Arambula, MD

Assemblymember Robert Rivas, MPA



## About the Authors

Cary Sanders, MPP, is senior policy director at the California Pan-Ethnic Health Network (CPEHN). Kiran Savage-Sangwan, MPA, is executive director at CPEHN. Ignatius Bau, JD, is a health equity and policy consultant.

**CPEHN** is a multicultural health policy organization dedicated to improving the health of communities of color in California. CPEHN's mission is to advance health equity by advocating for public policies and sufficient resources to address the health needs of the state's new majority. We gather the strength of communities of color to build a united and powerful voice in health advocacy.

## About the Foundation

The **California Health Care Foundation** (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

## Endnotes

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