TAKING A PULSE

LATINX HEALTH EQUITY IN CALIFORNIA: FACING DISPARITIES AND BUILDING FOR THE FUTURE

A Report by Hispanics in Philanthropy
and the University of California - San Francisco

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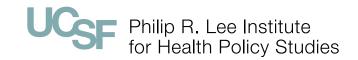https://hiponline.org/

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INTRODUCTION

M was pregnant and, because her last baby was born very early, this pregnancy was high-risk. To keep her and her unborn baby healthy and safe, she needed weekly progesterone shots. There were just a few challenges.

M was an undocumented immigrant from Mexico with no health insurance. Weekly shots meant weekly visits to the clinic, which took time away from her job and caring for her other children. She did not speak English. And, after President Trump announced that DACA would be repealed, she was distraught—would she have to choose between her other children, who had immigrated to the U.S. with her and may now face deportation, and her unborn baby, who would be born a U.S. citizen?

M was able to get her weekly progesterone shots, and she had a full-term, uncomplicated delivery. But for that to happen, a number of factors had to fall into place: a local clinic provided her with free health services, despite her immigration status and lack of health insurance; she had enough community support to find childcare to cover her weekly appointments; and the clinic had Spanish-speaking, culturally competent staff who could communicate the importance of the shots and whom M trusted not to report her to immigration authorities.

M's is the story of what happens when things go right—when health services and community support collude to produce a positive health outcome. But for many Latinxs living in California, things do not always go right. Despite decades of government and community efforts to improve health equity in Latinx communities in California, vast disparities remain. Latinxs are the group least likely to be insured or to report having a doctor. And, despite significant progress, Latinas remain the group with the highest teenage pregnancy in the state, reflecting both challenges in seeking care and the impact of persistent poverty and more limited educational opportunities, particularly in rural parts of the state.

Why do these disparities persist? And what can funders and community-based agencies do to effectively further health equity in Latinx communities in California?

This report explores these questions in depth.

Latinas remain the group with the highest teenage pregnancy in the state, reflecting both challenges in seeking care and the impact of persistent poverty and more limited educational opportunities, particularly in rural parts of the state.

ABOUT THIS REPORT

Hispanics in Philanthropy (HIP)'s mission is to strengthen Latinx leadership, voice, and equity. Health equity is a crucial part of that picture. This report is intended to inform funders about the obstacles to achieving Latinx health equity in California, as well as promising practices for change— with the ultimate goal of increasing philanthropic support for Latino-serving organizations advancing health equity in California and across the Americas.

Equity is central to the way HIP works, so this "landscape analysis" of health equity issues intentionally centers the voices of the Latinx community leaders who are doing the work on the ground. HIP partnered with the University of California, San Francisco (UCSF)'s Philip R. Lee Institute for Health Policy Studies to create this report. The UCSF team conducted 10 in-depth interviews with recognized Latinx and other health equity leaders in California*; the analysis and recommendations in this report are based largely on their expertise. They also conducted an extensive review of organizations serving Latinx populations that address key health equity issues, and reviewed peer-reviewed articles and reports on health equity/inequity, the social determinants of health, and Latinx health.

More than 100 nonprofits, foundations, government agencies, and public and private clinics are working to improve health equity in California, in key areas such as healthcare access, reproductive justice, racial justice, environmental justice, and housing. See Appendix A for a list of these organizations and their specialties, and Appendix B for a map showing their geographical spread.
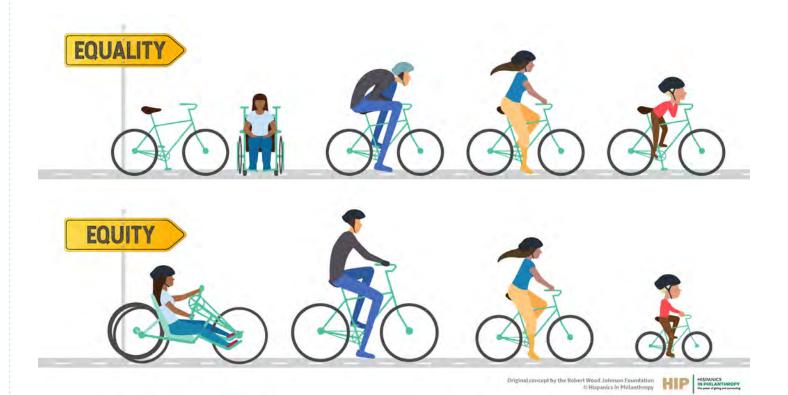
*Note: To ensure that these leaders could be as candid as possible in their interviews, they are cited anonymously throughout the report.

WHAT IS HEALTH EQUITY?

The goal of health equity is to reduce—and, ultimately, eliminate—disparities in health among socially and/or economically disadvantaged groups, including people of color; people with low incomes; lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA) people; and people with disabilities (1). According to the World Health Organization, health equity implies that "everyone should have a fair opportunity to attain their full health potential" (2).

To achieve health equity and social justice, health equity work must examine health through a holistic lens and focus on the social determinants of health, such as income, education, and housing (3). According to the leader of a grassroots organization, a holistic approach to health equity "looks at the key things that reflect a strong community" such as economics, housing, and the environment, and addresses these core issues in addition to healthcare access and treatment. Another community health expert described health equity as a way to "realign resources" so that all families have similar access and care that respond to their specific needs. These definitions emphasize three important concepts:

- Equal opportunity to be healthy
- Access to health services and resources that support well-being
- Elimination of disparities between groups

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WHAT ARE THE KEY HEALTH EQUITY ISSUES FOR LATINXS IN CA?

In California, Latinx communities face persistent challenges in achieving health equity. Both direct and contextual factors influence the health of individuals and communities, so approaching health equity through a holistic lens is critical to addressing the areas of greatest need. Direct factors include elements like the availability of health care services within the community that are culturally responsive and offer a range of quality behavioral and physical health services. Contextual factors also impact health and well-being; for example, the ways socio-environmental factors like low-quality housing, mold, and poor air quality contribute to diseases like asthma.

What are the most important issues impacting Latinx health equity in California? To find out, we spoke with 10 leaders in the field, and conducted comprehensive research. Here's what we discovered:

1. SOCIAL DETERMINANTS OF HEALTH

It is critical to understand the various social determinants of health—the general socio-economic, environmental, and cultural conditions that influence a person's health and well-being—that impact Latinx communities throughout California. This includes factors like the employment and educational opportunities available in a community, social networks, and exposure to environmental toxins, among others (3). As a result of institutionalized racism, government agencies, foundations, and businesses have underinvested in Latinx communities, leading to disparities in economic prospects, education, and housing.

The health equity leaders we spoke with unanimously emphasized the importance of addressing the social determinants of health for Latinx people. One leader said that her community has been working on addressing the social determinants of health for years:

"…now they call it social determinants, but for 18 years, we have been calling it issues of *sobrevivencia*, issues that deal with our survival, wellbeing, our family, so everything from jobs to school grounds…every environment affects our health in both physical and emotional [ways]."

Several leaders explained that the unequal distribution of resources means that "your health can be determined by your zip code." As one stated:

"If you live on the north side of Fresno, your life expectancy is 20 years longer than if you live in the southwest. That is the type of health inequity that is a culmination of not only lack of access to doctors, not only no access to early health care, but the air quality, the water quality, the green space in the parks, and the infrastructure that allows for communities to walk."

Government policies and unequal resource distribution have created and reinforced health inequities over time. But leaders we

interviewed believe that health inequities cannot be solved through public policy and regulatory interventions alone. Rather, the state must reconcile with its perpetuation of institutionalized racism, which has exacerbated the social and economic conditions and contributed to the health disparities we see in poor communities of color. This includes historical and current issues, such as redlining and other discriminatory housing policies, the exclusion of agricultural workers and domestic servants from social programs like the Social Security Act of 1935, and the refusal to cover undocumented immigrants under Medicaid (4, 5).

Promising Strategy: Many organizations and communities throughout California are already directly addressing the social determinants of health (see Appendix A). For example, one leader working in the Central Valley discussed a community health improvement program that brings together multi-sector partners to collaborate on issues from diabetes to land use to improve health outcomes among underserved communities.

2. IMMIGRATION

Health disparities are often elevated among undocumented and/or recent immigrants, including lack of access to services and poor mental health. Many of the leaders we spoke to were concerned about the psychological impacts of immigration, particularly the issue of deportation, on individuals and families. One healthcare expert noted that families with mixed immigration statuses are "hesitant to access healthcare services…because they're afraid they're going to

get picked up. Every time there's a rumor in the community about an ICE agent being somewhere close by, our census plummets." Many families with mixed immigration statuses are afraid to access public health care services available to them. Some families are unaware of what services might be available to residents without U.S. citizenship. Even in areas with progressive laws that allow undocumented people to qualify or buy into government-subsidized health care, undocumented immigrants are less likely to access health care due to confusion and concern

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about the interactions between health care systems and immigration enforcement agencies (6).

Aside from fear of arrest, detention, or deportation, one leader also described how proposed changes to federal "public charge" policies, specifically denying entrance into the U.S. or lawful residency application to immigrants who use public benefits, dissuades many immigrants from accessing needed health and social services (7). According to the director of a community-based clinic, the risk of being deemed a "public charge" has had a visible "chilling effect" on immigrants and their families, even among documented ones, and many are no longer using services for which they may be eligible like Medicaid and the Supplemental Nutrition Assistance Program (SNAP). In addition, the process of acculturation itself can lead to stress and is associated with negative health and social outcomes, including poorer nutrition (8).

Promising Strategy: Some clinics offer wraparound services including legal, social, mental health, and other services that respond to all of the factors impacting a person's health. Additionally, some clinics have hired and trained "promotoras" to work in the community to assure that clinic sites continue to be safe.

3. ACCESS TO HEALTHCARE SERVICES

Latinx populations in California face significant barriers to accessing healthcare services and are the least likely group to be insured or to report having a doctor (9). A 2017 analysis found that Mexican immigrants reported lower levels of health care access compared to non-migrant populations, with access improving over time (10). Lack of Spanish-speaking services, cultural beliefs among some Latinx people about what causes illness (for example, luck or good behavior), and mistrust of health care providers are frequent barriers to health care access (11). This is particularly true for indigenous Latinx immigrants who face additional language barriers, lack of health insurance, and inability to pay for services (12). In addition, some providers may refuse

treatment due to concerns about insurance or immigration status.

One health provider working with migrants in a community clinic described the challenges immigrants face around accessing healthcare services:

"The ugliest thing that ever happened in my career, dealing with persons who don't speak English or are migrants ….we had a mom come in and she brought her child. And the child was limp as a dishrag with a 105 fever, and this child had been sick for 3 days. This child had meningitis. 'Why didn't you bring him before?,' we asked. She said she had no money. That child died. Five years old…So with migrant persons, not knowing is a big thing, because if you feel like I have nowhere to go, I don't speak the language, you need someone to get out there and say, 'hey come over here because we can take care of this, don't worry about money, there are programs that will help you'."

Promising Strategy: One Latinx-serving community clinic partners with nursing students to coordinate home visits as a way to provide in-home services and improve continuity of care for patients who might otherwise face difficulties accessing services. The program has specifically focused on Latinx populations who frequently have transportation challenges or jobs that preclude them from seeking care during normal clinic hours (9 am -5 pm).

4. QUALITY OF CARE

In many areas of California, access to clinicians who provide quality, culturally competent care can be challenging. Individuals may face providers' explicit discrimination, implicit bias (also known as unconscious bias), cultural barriers, and a lack of culturally competent care. According to a 2003 report published by the National Institute of Medicine (Now National Academy of Medicine or NAM), "negative stereotypes about minorities, held explicitly or implicitly by physicians, can contribute to health care disparities in a number of ways" including patient delays in seeking care due to concerns regarding how they will be treated, and worse compliance with treatment due to poor communication and trust (13).

While explicit bias by providers against Latinx people still occurs, implicit, or unconscious, biases are more common and can be manifested in subtle ways such as being condescending and judgmental toward non-white patients, making assumptions about treatment adherence, and being less thorough when it comes to diagnosing an illness (14, 15).
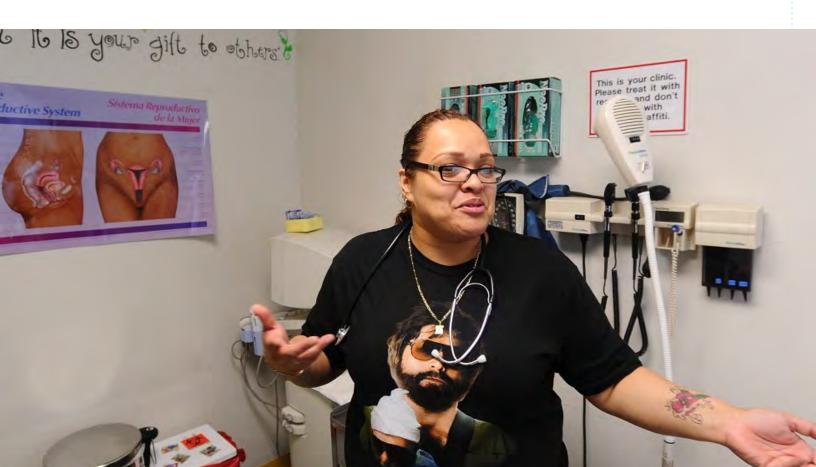
Promising Strategy: A lack of culturally competent care can lead to issues with people remaining engaged with the existing healthcare system, but even small changes can lead to better outcomes for Latinx communities. Strategies include: acknowledging potential language barriers by extending appointment times for those with limited English proficiency, ensuring all written information is also available in Spanish and indigenous languages at an appropriate reading level, hiring bilingual staff who are sensitive to cultural norms and values and ideally reflect the community being served, accommodating the work schedules of low-income patients by offering evening hours and drop-in appointments, and providing culturally specific treatment plans (16). Culturally specific treatment plans take into account the patient's health conditions and their cultural context—for example, talking with patients with high blood pressure about their favorite foods to make appropriate recommendations for healthier, low-sodium substitutes; or helping low-income patients identify local food pantries.

5. MENTAL HEALTH

Along with the stresses of poverty and environmental factors, mental health issues for Latinx people may be exacerbated by factors including racism, criminalization, fears of deportation, and the stress of acculturation and assimilation. The current socio-political climate, coupled with a general lack of culturally sensitive or trauma-informed services, has brought a renewed focused on mental health needs among health equity leaders in California. One leader working in community mental health described how anxiety and depression have soared in communities since the 2016 U.S. presidential election. This is supported by research showing that Latinos who live in states with more restrictive immigration policies have worse mental health outcomes (17).

A lack of bilingual and bicultural mental health providers in California and persistent stigma in the community around mental health issues prevent many Latinxs from accessing services, even when they are available and the need is clear (18). According to a social services leader, Latinx communities may struggle with mental health care because they are often not fully integrated with physical health care. One of the largest studies exploring depression rates among Latinxs found that, while rates of depression vary by Latinx subgroups, 27% of Latinxs across groups reported high levels of depression, but only 5% used antidepressants (19). Comparatively, another study found 14% of non-Hispanic Whites used anti-depressants, over twice the rate of Latinxs (20). Longer exposure to U.S. culture was associated with higher rates of depression and anxiety, a result of various, complex psychosocial and cultural conflicts (19).

Promising Strategy: To address mental health needs among Latinxs, as well as other communities of color and the LGBTQIA community, the Office of Health Equity (within the California Department of Public Health) launched the California Reducing Disparities Project (CDRP). Given the lack of culturally appropriate mental health services and peer-reviewed research on mental health in these communities, this project prioritizes "community-defined evidence and population specific strategies for reducing disparities in mental health" (18). A health equity leader who works on the CRDP was particularly proud of its guiding principle, "nothing about us without us," which emphasizes that mental health interventions about these communities cannot be effective or ethical without direct involvement and feedback from the communities themselves.

6. SEXUAL AND REPRODUCTIVE HEALTH

While many gains have been made in the field of sexual and reproductive health, substantial disparities still remain by income, race/ethnicity, and immigration status. Despite significant declines in adolescent birth rates in the past two decades, the birth rate among adolescent Latinxs remains higher than in any other race/ethnicity (21). Lack of knowledge about types of contraception, fear of side effects, misconceptions about contraception causing infertility, and a belief among teens that they could not get pregnant if they previously used contraceptives contribute to higher rates of unintended pregnancy among Latinxs (22). Access to contraception services is important, but culturally appropriate counseling—such as understanding that a young Latina may need extra support to comply with her contraceptive use to fulfill her dreams of being the first to go to college in her family—and comprehensive sex education that addresses the specific concerns of Latinx teens are also needed to dispel misinformation and myths about contraceptive use (23).

One health equity leader working on Latinx reproductive justice discussed how her work on reducing preterm births demonstrates the impact that social determinants can have on birth outcomes. From her perspective, the distribution of resources and access to quality healthcare is "ground-zero" or "the source of having healthy children, healthy families, and a strong community." Another leader in sexual health mentioned the need to work with the Latinx and LGBTQIA communities to address HIV infections, and expressed the need for funding that addresses intersectional projects that include health, economic development, and social justice efforts among others.

Promising Strategy: Initiatives such as the state of California's Family Planning Access Care and Treatment program (FPACT) have helped Latinx people access reproductive health services by offering free reproductive health services to women with incomes up to 200% of federal poverty guidelines, regardless of legal status.

7. YOUTH ENGAGEMENT

Latinx youth are at a critical point in their lives, often facing issues of community and personal violence, limited employment opportunities, and an elevated risk for dropping out of school (24). Many of the leaders we spoke with pointed out the unique role that youth play in their communities and the importance of investing in youth leadership. One leader noted that youth's passion and courage to tackle policies and address health inequities rooted in racism and discrimination have been instrumental in putting issues such as Deferred Action for Childhood Arrivals (DACA) and gun violence on the forefront of our national agenda.

Promising Strategy: One organization has launched a health justice fellowship to train youth leaders to advocate for policy change in the most pressing health equity issues facing their communities. Its leader discussed the importance of "developing youth leaders that actually understand the language of social determinants of health, understand the language of health equity, of social justice, and racial justice."

8. AGING

The elderly population is a growing but often forgotten group in California that faces many health inequities, particularly around economic insecurity, homelessness, and lack of adequate care. While seniors of color have historically had less access to sources of retirement income, the elderly Latinx population faces unique challenges in accessing health and housing services and barriers in maintaining healthy lives (25). Latinx seniors' medium annual income from Social Security is $14,868, an amount that is far too little to survive in California, putting seniors at risk for homelessness and food insecurity (26). This particularly vulnerable population has been a growing priority for health equity leaders, who recognize that the current system is not equipped to support the aging population. One health equity leader who works with this population stated that they are "just living in a marginal existence, usually in isolation that breeds more pain and suffering."

Promising Strategy: One promising program supports the elderly population by providing free food and partnering with nursing students to coordinate home visits.

9. ENVIRONMENTAL JUSTICE

Environmental health issues, such as air pollution, water contamination, and exposure to pesticides, disproportionately impact poor and underserved communities in California. One health equity leader explained that Stockton has one of the highest levels of "environmental injustice and toxic air issues" which were "created by design to actually keep factories" and other pollutants situated in communities of color. This points to the underlying structural inequities perpetuating environmental health disparities in communities of color.

Studies have shown that people living in agricultural communities like those in the Central Valley, many of whom are Latinx, are exposed to higher levels of pesticides through occupational exposure, agricultural drift, and house dust (27, 28). In 2017, four of the most particle-polluted cities in the U.S. were located in the San Joaquin Valley, posing serious health implications for people in those communities, especially those with chronic conditions, such as asthma or heart disease (29).

Promising Strategy: To address these inequities in environmental health, local organizations are working with Latinx communities to develop programs to improve a community's built environment, including parks and other open spaces; reduce contributing factors to environmental injustices, such as pesticide use; and empower community members to advocate for policy change at the state and local level.

THE PATH FORWARD:
THE CRITICAL ROLE OF FUNDERS

While a variety of organizations aim to achieve health equity in California and use multi-pronged and multi-sectoral approaches, from neighborhood-level projects to advocating for statewide policies, these efforts are often underfunded, isolated, and undermined by existing structural issues within the larger society. Organizations, particularly small ones, struggle to apply for and receive funding, constrained by restrictive funding streams and lengthy applications processes. Many organizations face challenges trying to continue needed services when funding streams dry up or funders move to the next issue of interest.

So how can funders step up? The experts we interviewed revealed a number of recommendations that reflect Latinx communities' concerns and priorities, especially as the legal and cultural landscape around immigration, citizenship, and race are shifting dramatically in the current political climate.

1. LINK FUNDING EFFORTS TO THE COMMUNITY'S PRIORITIES

Truly listen to communities to better understand their needs and how they themselves want to address them. Resist making assumptions and engage communities in shaping the types of programs to be developed. Funders should strive to build strong, trusting relationships based on integrity, which will increase credibility with organizations working on health equity.

Funders should assure that communities are not merely "studied," but are engaged in meaningful ways. As a result, community members gain expertise and skills, including articulating their own ideas aimed at promoting community change, as well as further strengthen their social networks and resources. Foundation investments become a "capacity legacy" that can be further built upon with future projects, once there is a critical core of community members with increased skills (31). Thus, investing in empowering local community members to be agents of change impacts not only their own organizations, but their families, schools, and other community sectors—a real opportunity for leveraging funder's fiscal commitments. One leader stated:

"Everything we do is through the lens of empowering the individual, accessing services for their family and communities in which they live. It's about creating or changing the environment to ensure that factors that contribute to health disparities or social determinants of health get addressed through our work."

2. MONITOR WHO CONTROLS AND DISTRIBUTES THE MONEY AND SETS PRIORITIES

Take steps to ensure that the organizations being funded bring in community members, local voices, and stakeholders to be part of priority setting and active collaborators on health equity initiatives. Organizations need to be responsive, accountable, and committed to addressing the health needs of the communities they are working in. Examples include: getting input from community members on budget priorities, creating opportunities for local hires that can bring community expertise, and outlining measurable outcomes for which the community members and the agency are responsible.

3. FOSTER COLLABORATION

Promote collaborative efforts that bring different stakeholders together, taking steps to ensure that small grassroots organizations have a voice and opportunities to receive funding. Shift funding from a competitive to a collaborative model. Offer sufficient funding to address health equity in a particular

region and bring all of the organizations with expertise in that area to address it together. Convene grantees (e.g. through a conference, town hall, or webinar) to share strategies and lessons learned. Level power differentials between large and small organizations so that resources are allocated in a judicious versus token manner. Furthermore, sustained funding and in-kind contributions across all partners should be identified up-front as a necessary step to support meaningful engagement and longer-term success.

Eliminate funding silos, where funds are focused on dealing with a singular problem. Instead, gather expertise from different disciplines to work as partners on an issue such as how to provide holistic services to stressed communities. As one leader explained:

> "Many community members have described to me that they've given their input and a lot of times it's not reflected, they never know what happens, and so there's this responsibility that comes with community engagement. I also think there are steps to it in terms of respectfulness and building credibility. So one of the things early on, along with scheduling the meetings and doing town halls, we really tried to do some 'old school engagement.'"

4. FOCUS ON THE SOCIAL DETERMINANTS OF HEALTH

Think beyond health care systems and policies. Support organizations putting forth an inclusive narrative for health equity that understands how the social determinants of health operate within families and communities, and focus on the root causes of health inequities, such as structural racism and economic injustice. Invest in upstream and preventative efforts, such as primary health care and keeping youth in schools, which reduce spending in the long-term.

5. PROVIDE A GREATER FOCUS ON TRAUMA AND HEALING

Support organizations that are committed and have the training and ability to address healing and trauma in their communities. This includes funding capacity-building grants that provide trainings around unconscious bias and cultural humility to promote healing and a variety of strategies that help generate trust between community members and service providers. Cultural humility requires awareness of oneself and potential biases; reflections on one's own cultural position, as well as the positions of other cultural groups in comparison; and the ability to interact genuinely and respectfully with others.

6. INVEST IN YOUTH AS AGENTS OF CHANGE

Invest in initiatives that provide capacity building for young people to lead and advocate for policy change around the most pressing health equity issues in their communities. This requires an active partnership between youth and adults, capacity building and meaningful supervision, and opportunities to conduct and receive funding for specific projects. The Centers of Disease Control and Prevention has recognized youth engagement as a best practice for public health education and promotion (32). Youth are experts in their own lives whose potential and resiliency can be used to advocate for policy development and change.

7. AIM FOR GREATER TRANSPARENCY AND SIMPLICITY IN THE FUNDING PROCESS

Offer open funding opportunities and strive for transparency in the grant application process, including clear eligibility guidelines, expectations, and requirements. To ensure that grassroots organizations are able to apply, provide simplified grant applications, grant writing and other capacity building support, and funding that mirrors their level of participation in the community. Build in an evaluation system that helps assure meaningful milestones and documentation of process and outcomes that are not overly burdensome, while still remaining accountable to the funder.

8. CONTINUE FUNDING EXISTING SERVICES, WHILE ALSO PURSUING A HEALTH EQUITY AGENDA

Provide funding to increase staff capacity and bring additional service elements together as part of a multi-sectoral approach that includes health, education, employment, justice, and environmental considerations. Consider funding program support grants, such as technical assistance grants, or general operating grants that allow the leadership in the organization to decide and prioritize what is needed for their particular organization. This helps facilitate sustainability and allows grassroots organizations to compete with private sector organizations whose priorities might not include health equity efforts.

9. COMMIT TO LONG-TERM INVESTMENTS

Health equity efforts span long periods of time and require immense commitment and consistency to achieve lasting results. One of the most important investments is increasing the capacity of organizations and community members through formal and informal trainings so that the legacy of funding can be used as a future building block. Funders, both private and public, need to recognize the complexities of ameliorating the social determinants of health and that the investments will require multi-pronged investments that pertain both to the problem and its antecedent factors. Furthermore, while significant investments can be made at the individual and community level, other policy-level investments are also needed, including reviewing policies around blending of different funding streams, policy changes around eligibility requirements, and policies that promote systemic change at the state and national level.

Systemic issues that have existed for generations, including unbalanced resource allocation and limited employment opportunities, will require effective, longer-term investments coupled with measurable milestones. One leader stated:

"[In California] we do have these great laws but they are inaccessible to a good portion of people and that's why persistence is really important. We have to keep hitting the same issue because until the most marginalized, the most impacted person is able to truly access the services they need, then we are still not done."

10. FUND POLICY AND PROGRAMMATIC IMPLEMENTATION RESEARCH

While policies can be useful tools to improve health outcomes, monitoring of program implementation is also necessary to determine whether or not improvements in health equity, in fact, do occur. Changes to healthcare laws and policies do not always translate into access, especially among the most marginalized populations in the state, such as undocumented immigrants and incarcerated populations, who may face additional barriers to receive the care they need. Discrimination against Latinx communities continues despite improvements in the policy landscape within California. One health equity leader explained, "health equity is about constantly reminding folks in all of the spaces…that legality doesn't equal access."

It is crucial to encourage sharing of best practices by funding rigorous evaluation of the implementation of policies and programs aimed at eliminating or ameliorating the impact of social inequity. In partnership with communities, assess how the strategies adopted impact clients, providers, families, communities, and other stakeholders. Ensure implementation builds upon best practices and is based on a system of continuous program improvement, so that communities actually experience the benefits of high quality health equity efforts. Invest in the operationalizing of interventions, particularly as organizations transition to health equity efforts, as well as relevant measurements of health equity (31, 33).

11. CREATE AGILITY IN INVESTMENTS AROUND CRITICAL AND TIME-SENSITIVE AREAS FOR ADVOCACY

Direct funding to critical state and federal policy issues, including changes to the 2020 census and the potential "public charge" requirements. Promote awareness about efforts to change the 2020 census to include a question around citizenship. In addition to raising fears in Latinx communities, this question has the potential to depress response rates and lead to serious economic and political repercussions for these communities, as allocation of resources is often dependent upon the number of reported individuals living within a specific geographic area.

Secondly, build awareness regarding the detrimental health impacts of the potential change in "public charge" requirements. This includes fear of accessing needed health and social services, and concerns regarding potential deportation due to the use of social and health services that immigrants and their children are eligible to receive. Address deportation policies, including children who are being removed from their families, or families that are not allowed to seek asylum in this country, in spite of personal risks in their country of origin.

12. DEVELOP A STATEWIDE AGENDA ON HEALTH EQUITY

Cultivate a sustained statewide agenda focused on health equity that brings together different entities and individuals working towards addressing health equity in Latinx communities and other communities of color. California remains a leader in the pursuit of health equity, but far greater efforts are needed to fully implement and accomplish a health equity agenda.

CONCLUSION

As we saw with the story of M, California's Latinx population faces a complex interplay of challenges when it comes to health equity. But many organizations are devoting themselves to achieving social equity and eliminating the disparities that contribute so dramatically to health. Building on this shared experience and commitment, we can come together to advance a shared vision focused on achieving greater social and economic equity for all.

FOR MORE INFORMATION

The following organizations provide further resources and information regarding health equity.

Office of Healthy Equity (California Department of Public Health)
The Office of Healthy Equity works with community-based organizations and other local entities to ensure that an organization's activities reflect the voices of communities they serve in order to address and reduce health and mental health disparities in vulnerable populations.
https://www.cdph.ca.gov/Programs/OHE/Pages/OfficeHealthEquity.aspx

Policy Link
Policy Link focuses on improving health equity through creating and improving policies that allow for an equitable economy, a just society, and healthy communities of opportunity.
http://www.policylink.org/our-work

Human Impact Partners
Human Impact Partners addresses health inequities within society by partnering with organizations in research, capacity building, and advocacy. As experts in healthy equity, they have created a comprehensive guide including case studies, a webinar series, and strategic practices for organizations looking to advance health equity.
https://humanimpact.org/
https://healthequityguide.org/

Centers for Disease Control and Prevention (CDC)
The CDC recognizes social determinants of health as an issue intertwined with health equity and is committed to addressing these issues through research, education, programs, and policy change in order to "create social and physical environments that promote good health for all."
https://www.cdc.gov/socialdeterminants/index.htm

APPENDIX A: HEALTH EQUITY ORGANIZATIONS IN CALIFORNIA

The following tables list over one hundred organizations by region working in areas related to health equity among Latinx populations. The most common areas identified—health care access, reproductive justice, racial justice, and environmental justice—are shown. Note, however, that many of the organizations work on additional issues, including mental health, adolescent development, criminal justice, substance use, aging, and housing.

A PROFILE OF ORGANIZATIONS WORKING ON HEALTH EQUITY IN CALIFORNIA, BY GEOGRAPHIC AREA AND CONTENT OF THEIR EFFORTS

Region	Healthcare Access	Environmental Justice	Racial Justice	Reproductive Justice
Southern California	29	17	12	13
Northern California	37	15	12	7
Central Valley	22	12	11	5
Total	**88**	**44**	**35**	**25**

NAMES AND WEBSITES OF CALIFORNIA-BASED OR-GANIZATIONS WORKING ON HEALTH EQUITY BY CONTENT AREA AND GEOGRAPHIC AREA OF THE STATE

Southern California

Organization Name	Healthcare Access	Reproductive Justice	Racial Justice	Environmental Justice	Website
Advancement Project California	✔		✔		ⓘ
African American Health Institute of San Bernardino County	✔	✔	✔		ⓘ

Organization Name	Healthcare Access	Reproductive Justice	Racial Justice	Environmental Justice	Website
Alliance for a Better Community	✔		✔		ⓘ
Alliance for Californians for Community Empowerment (ACCE)	✔		✔		ⓘ
Bienestar Human Services	✔	✔			ⓘ
Black Women for Wellness (Reproductive Justice Policy Work)		✔		✔	ⓘ
Building Healthy Communities Boyle Heights	✔	✔		✔	ⓘ
Building Healthy Communities Long Beach	✔	✔	✔	✔	ⓘ
Building Healthy Communities Santa Ana	✔	✔	✔	✔	ⓘ
California Black Women's Health Project		✔	✔		ⓘ
California Community Foundation	✔			✔	ⓘ
California Environmental Justice Alliance				✔	ⓘ
California Pan-Ethnic Health Network	✔				ⓘ
California Wellness Foundation	✔				ⓘ
California Women's Law Center		✔		✔	ⓘ
Center for Community Action and Environmental Justice				✔	ⓘ
Central Coast Alliance for Sustainable Economy	✔		✔	✔	ⓘ
Central Valley Health Network	✔				ⓘ
Children Now	✔				ⓘ
Communities for a Better Environment				✔	ⓘ
Community Clinic Association of Los Angeles County	✔				ⓘ
Community Health Councils	✔			✔	ⓘ
East Yard Communities for Environmental Justice				✔	ⓘ
Environmental Health Coalition				✔	ⓘ
Essential Access Health	✔	✔			ⓘ
Health Access Foundation	✔				ⓘ
Health Center Partners of Southern CA	✔				ⓘ
Health Trust	✔	✔		✔	ⓘ
Latinos Living Healthy Initiative - League of United Latin American Citizens	✔				ⓘ
Lideres Campesinas		✔	✔	✔	ⓘ
Maternal and Child Health Access	✔				ⓘ

Organization Name	Healthcare Access	Reproductive Justice	Racial Justice	Environmental Justice	Website
National Health Law Program	✔	✔			ⓘ
Planned Parenthood	✔	✔			ⓘ
Public Health Alliance of Southern California	✔				ⓘ
Social Justice Learning Institute				✔	ⓘ
The Children's Partnership	✔		✔		ⓘ
The City Project				✔	ⓘ
UNIDOS US	✔		✔		ⓘ
United Ways of California	✔				ⓘ
Western Center on Law and Poverty	✔		✔		ⓘ
Total	**29**	**13**	**12**	**17**	

Northern California

Organization Name	Healthcare Access	Reproductive Justice	Racial Justice	Environmental Justice	Website
Access: Women's Health Justice	✔	✔			ⓘ
Alliance for Californians for Community Empowerment (ACCE)	✔		✔		ⓘ
Asian & Pacific Islander American Health Forum	✔				ⓘ
Asian Health Services	✔	✔			ⓘ
Bay Area Regional Health Inequities Initiative	✔			✔	ⓘ
Bayview Hunters Point Foundation	✔		✔	✔	ⓘ
Building Healthy Communities Del Norte Building Adjacent Communities	✔			✔	ⓘ
California Black Health Network	✔			✔	ⓘ
California Environmental Justice Alliance				✔	ⓘ
California Pan-Ethnic Health Network	✔				ⓘ
California Latinas for Reproductive Justice	✔	✔			ⓘ
California Rural Legal Assistance, Inc	✔		✔	✔	ⓘ
California Wellness Foundation	✔				ⓘ
CANFIT (Communities Adolescents Nutrition Fitness)					ⓘ
Center on Race, Poverty, and the Environment				✔	ⓘ
Central Coast Alliance for Sustainable Economy	✔		✔	✔	ⓘ
Central Valley Health Network	✔				ⓘ
ChangeLab Solutions	✔			✔	ⓘ

Organization Name	Healthcare Access	Reproductive Justice	Racial Justice	Environmental Justice	Website
Children Now	✔				ⓘ
Communities for a Better Environment				✔	ⓘ
Community Clinic Consortium	✔				ⓘ
Community Health for Asian Americans	✔				ⓘ
Community Health Partnership	✔				ⓘ
Ella Baker Center for Human Rights			✔		ⓘ
Essential Access Health	✔	✔			ⓘ
Greenaction for Health and Environmental Justice				✔	ⓘ
Haas Institute For A Fair and Inclusive Society	✔		✔		ⓘ
Health Access Foundation	✔				ⓘ
Health Alliance of Northern California	✔				ⓘ
Health Equity Guide	✔				ⓘ
Justice in Aging	✔				ⓘ
La Clinica de la Raza	✔	✔			ⓘ
Latinas Contra Cancer	✔				ⓘ
Latino Coalition for Health California	✔		✔		ⓘ
Latino Health Access	✔				ⓘ
PICO California Project	✔		✔		ⓘ
Planned Parenthood	✔	✔			ⓘ
PODER (People Organizing to Demand Environmental and Economic Rights)				✔	ⓘ
Policy Link	✔				ⓘ
Regional Asthma Management and Prevention	✔			✔	ⓘ
School-Based Health Alliance	✔	✔	✔	✔	ⓘ
The Praxis Project	✔		✔	✔	ⓘ
Vision y Compromiso	✔		✔		ⓘ
Western Center on Law and Poverty	✔		✔		ⓘ
Total	**37**	**7**	**12**	**15**	

Central Valley

Organization Name	Healthcare Access	Reproductive Justice	Racial Justice	Environmental Justice	Website
Alliance for Californians for Community Empowerment (ACCE)	✔		✔		ⓘ
Building Healthy Communities Fresno	✔	✔	✔	✔	ⓘ

Organization Name	Healthcare Access	Reproductive Justice	Racial Justice	Environmental Justice	Website
Building Healthy Communities Merced	✔	✔		✔	ⓘ
Building Healthy Communities Salinas	✔	✔	✔	✔	ⓘ
Building Healthy Communities South Kern	✔	✔	✔	✔	ⓘ
California Coalition for Mental Health			✔		ⓘ
California Coverage & Health Initiatives	✔				ⓘ
California Coalition for Mental Health			✔		ⓘ
California Community Foundation	✔		✔	✔	ⓘ
California Coverage & Health Initiatives	✔				ⓘ
California Institute for Behavioral Health Solutions	✔				ⓘ
California Pan-Ethnic Health Network	✔				ⓘ
California Primary Care Association	✔				ⓘ
California Wellness Foundation	✔				ⓘ
CaliforniaHealth + Advocates (Part of California Primary Care Association)	✔				ⓘ
Central California Environmental Justice Network				✔	ⓘ
Central Valley Air Quality Coalition				✔	ⓘ
Central Valley Health Network	✔				ⓘ
Centro de la Familia	✔		✔	✔	ⓘ
Children Now	✔				ⓘ
Community Water Center (El Centro Comunitario Por El Aqua)				✔	ⓘ
Fathers and Families of San Joaquin					ⓘ
Greenaction for Health and Environmental Justice				✔	ⓘ
Haas Institute For A Fair and Inclusive Society	✔		✔		ⓘ
Health Access Foundation	✔				ⓘ
Health Education Council	✔		✔		ⓘ
Leadership Council for Justice and Accountability				✔	ⓘ
Migrant Clinician Network	✔			✔	ⓘ
Planned Parenthood	✔	✔			ⓘ
Sacramento Building Healthy Communities	✔				ⓘ
Western Center on Law and Poverty			✔		ⓘ
Total	**22**	**5**	**11**	**12**	

APPENDIX B: ORGANIZATIONS FOCUSED ON HEALTH EQUITY WORK AMONG LATINX AND OTHER UNDERSERVED POPULATIONS IN CALIFORNIA

Dots indicate geographic location of organizations currently engaging in health equity work in California

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