

CPDH Office of Health Equity  
Gender Health Equity Unit

# LBTQ Health Equity Initiative Townhall

August 18, 2021 | 1:00 – 3:30 PM



# AGENDA

**1:00 – 1:30**

**Welcome and Housekeeping**

*Jason Tescher (He/His)*  
*Chief, Gender Health Equity Unit*  
*Office of Health Equity, Department of Public Health*

**Prioritizing LGBTQ Health – CDPH's Office of Health Equity**

*Rohan Radhakrishna, MD (He/His)*  
*Deputy Director*  
*Office of Health Equity, Department of Public Health*

**1:30 – 2:30**

**LBTQ Health Equity Initiative Overview**

*Sarah Roush, MSPH, CHES (She/Hers)*  
*Gender Health Equity Specialist*  
*Office of Health Equity, Department of Public Health*

*Amy Lanteigne, MSPH (She/Hers)*  
*Gender Health Equity Specialist*  
*Office of Health Equity, Department of Public Health*

**2:30 – 2:35**

**Break**

**2:35 – 3:25**

**Facilitated Discussion**

*Jhilya F. Mayas, PhD (She/Hers)*

**3:25 – 3:30**

**Moving Forward Together**

*Jason Tescher (He/His)*

# HOUSEKEEPING

- ☑ Closed captioning is available.
- ☑ Session is being recorded.
- ☑ Please turn off your mic to eliminate background noise. Please stay muted until you are called on to speak.
- ☑ Use Zoom's raise your hand and chat function if you have a comment or question.
- ☑ Say name and organization each time you speak.
- ☑ There will be a facilitated discussion at the end of the session.
- ☑ For technical issues, email Simran Sunak at [simran.sunak@achangllc.com](mailto:simran.sunak@achangllc.com) and Andrew Chang at [Andrew.chang@achangllc.com](mailto:Andrew.chang@achangllc.com)

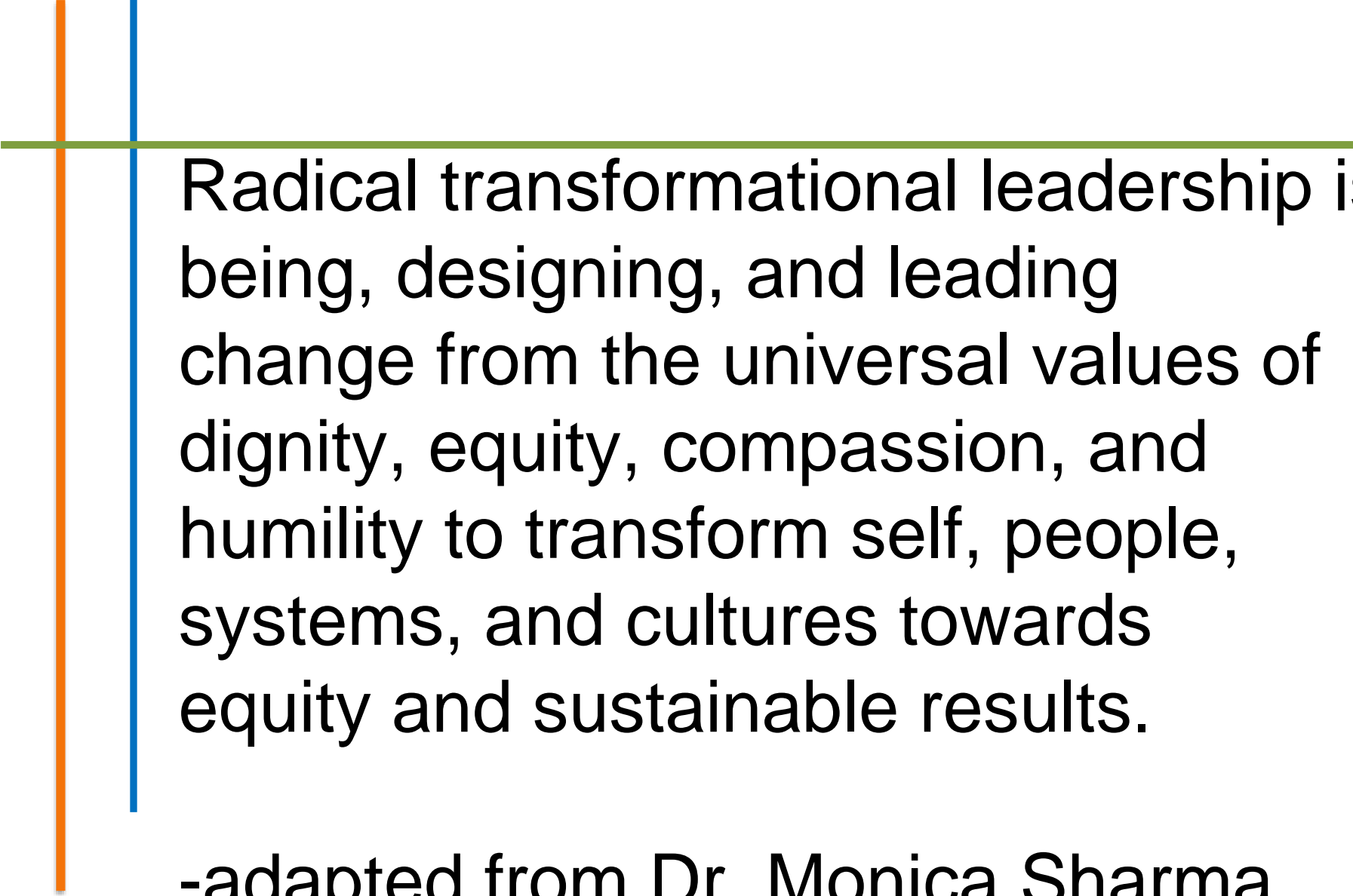
# Let's Get Humble California

**Cultural humility—commitment to personal and institutional transformation by realizing and redressing power, privilege, and prejudice**

In 1998, Melanie Tervalon and Jann Murray-García published a groundbreaking article that challenged the concept of “cultural competency” with the concept of “cultural humility” (Tervalon, 1998). Accepting cultural humility means accepting that we can never be fully culturally competent. Cultural humility means

1. committing to *lifelong learning* and *critical self-reflection*;
2. realizing our **power, privilege, and prejudice** (bias);
3. redressing *power imbalances* for *respectful partnerships*; and
4. promoting *institutional accountability*.

*Humility is the noble choice to forgo your status, and to use your influence for the good of others before yourself. It is to hold your power in service of others.* (Dickson, 2011).



Radical transformational leadership is being, designing, and leading change from the universal values of dignity, equity, compassion, and humility to transform self, people, systems, and cultures towards equity and sustainable results.

-adapted from Dr. Monica Sharma

# Office of Health Equity



## Vision:

**Everyone** in California has equal opportunities for optimal health, mental health and well-being.

## Mission:

Promote equitable social, economic, and environmental **conditions** to achieve optimal health, mental health, and well-being for all.

## Central Challenge:

Mobilize understanding and sustained commitment to **eliminate** health inequity and improve the health, mental health, and well-being for all.

## Statute

Established, as authorized by Section 131019.5 of the California Health and Safety Code, to provide a key **leadership** role to reduce health and mental health disparities to vulnerable communities.



# Health and Safety Code Section 131019.5 A-N

... shall address the following key factors as they relate to health and mental health disparities and inequities:

(A) Income security such as living wage, earned income tax credit, and paid leave.

(B) Food security and nutrition such as food stamp eligibility and enrollment, assessments of food access, and rates of access to unhealthy food and beverages.

(C) Child development, education, and literacy rates, including opportunities for early childhood development and parenting support, rates of graduation compared to dropout rates, college attainment, and adult literacy.

(D) Housing, including access to affordable, safe, and healthy housing, housing near parks and with access to healthy foods, and housing that incorporates universal design and visitability features.

(E) Environmental quality, including exposure to toxins in the air, water, and soil.

(F) Accessible built environments that promote health and safety, including mixed-used land, active transportation such as improved pedestrian, bicycle, and automobile safety, parks and green space, and healthy school siting.

(G) Health care, including accessible disease management programs, access to affordable, quality health and behavioral health care, assessment of the health care workforce, and workforce diversity.

(H) Prevention efforts, including community-based education and availability of preventive services.

(I) Assessing ongoing discrimination and minority stressors against individuals and groups in vulnerable communities based upon race, gender, gender identity, gender expression, ethnicity, marital status, language, sexual orientation, disability, and other factors, such as discrimination that is based upon bias and negative attitudes of health professionals and providers.

(J) Neighborhood safety and collective efficacy, including rates of violence, increases or decreases in community cohesion, and collaborative efforts to improve the health and well-being of the community.

(K) The efforts of the Health in All Policies Task Force, including monitoring and identifying efforts to include health and equity in all sectors.

(L) Culturally appropriate and competent services and training in all sectors, including training to eliminate bias, discrimination, and mistreatment of persons in vulnerable communities.

(M) Linguistically appropriate and competent services and training in all sectors, including the availability of information in alternative formats such as large font, braille, and American Sign Language.

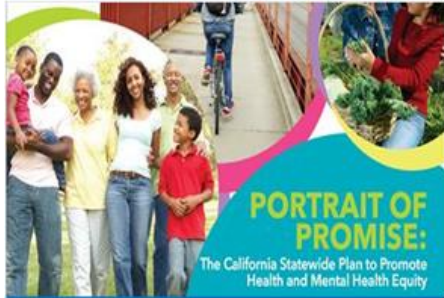
(N) Accessible, affordable, and appropriate mental health services.

Consult regularly with representatives of vulnerable communities, including diverse racial, ethnic, cultural, and LGBTQQ communities, women's health advocates, mental health advocates, health and mental health providers, community-based organizations and advocates, academic institutions, local public health departments, local government entities, and low-income and vulnerable consumers.



# OFFICE OF HEALTH EQUITY OVERVIEW

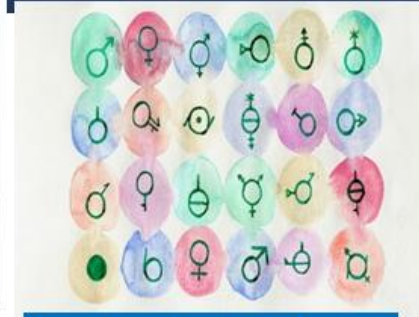
<https://www.cdph.ca.gov/Programs/OHE/Pages/OfficeHealthEquity.aspx>



Health Research & Statistics



Climate Change & Health Equity



Gender Health Equity



COVID-19 Health Equity in Response & Recovery



Community Development & Engagement



Health in All Policies and Racial Health Equity Initiative



Business Operations



Advisory Committee

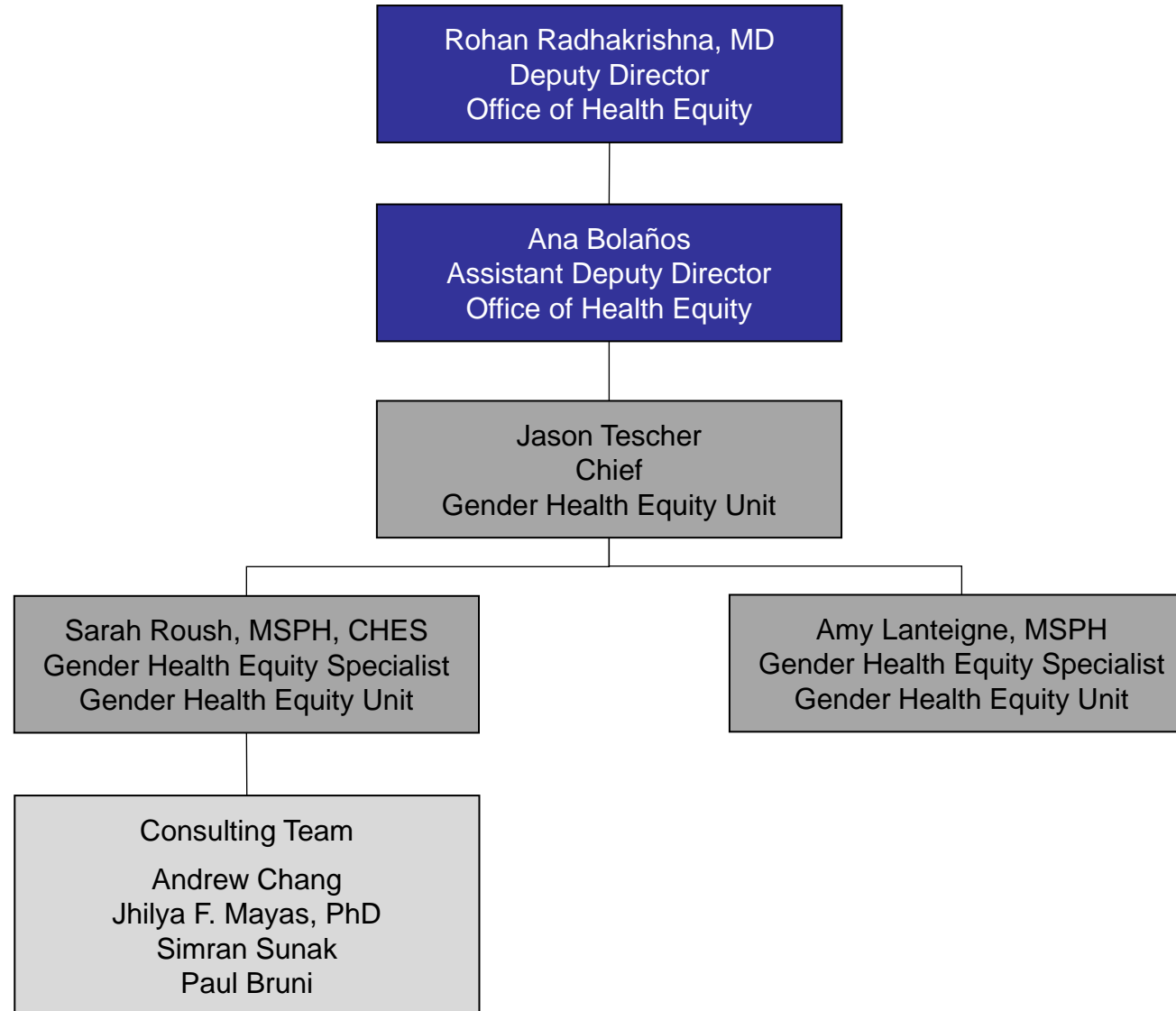


# GENDER HEALTH EQUITY UNIT

**GHEU**



# LBTQ HEALTH EQUITY INITIATIVE TEAM



# Gender Health Equity Unit: Mission

*“To achieve equitable health outcomes for Californians of all genders and sexual orientations through promotion of inclusive practices and structural change.”*

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**Facilitated Discussion**

*Jhilya F. Mayas, PhD (She/Hers)*

**3:25 – 3:30**

**Moving Forward Together**

*Jason Tescher (He/His)*

# Background/History

- 2019: LGBTQ Health Equity Initiative created following community advocacy campaign
- \$17.5 million to address health disparities impacting LGBTQ communities
- Multi-year initiative running through June 30, 2024
- Led to the creation of the Gender Health Equity Unit of the CDPH Office of Health Equity

# DRAFT LBTQ HEALTH EQUITY INITIATIVE VISION

*“The LBTQ Health Equity Initiative centers community solutions and leadership in order to eliminate health disparities and research gaps impacting diverse LBTQ Californians.”*

# DRAFT LGBTQ HEALTH EQUITY INITIATIVE MISSION

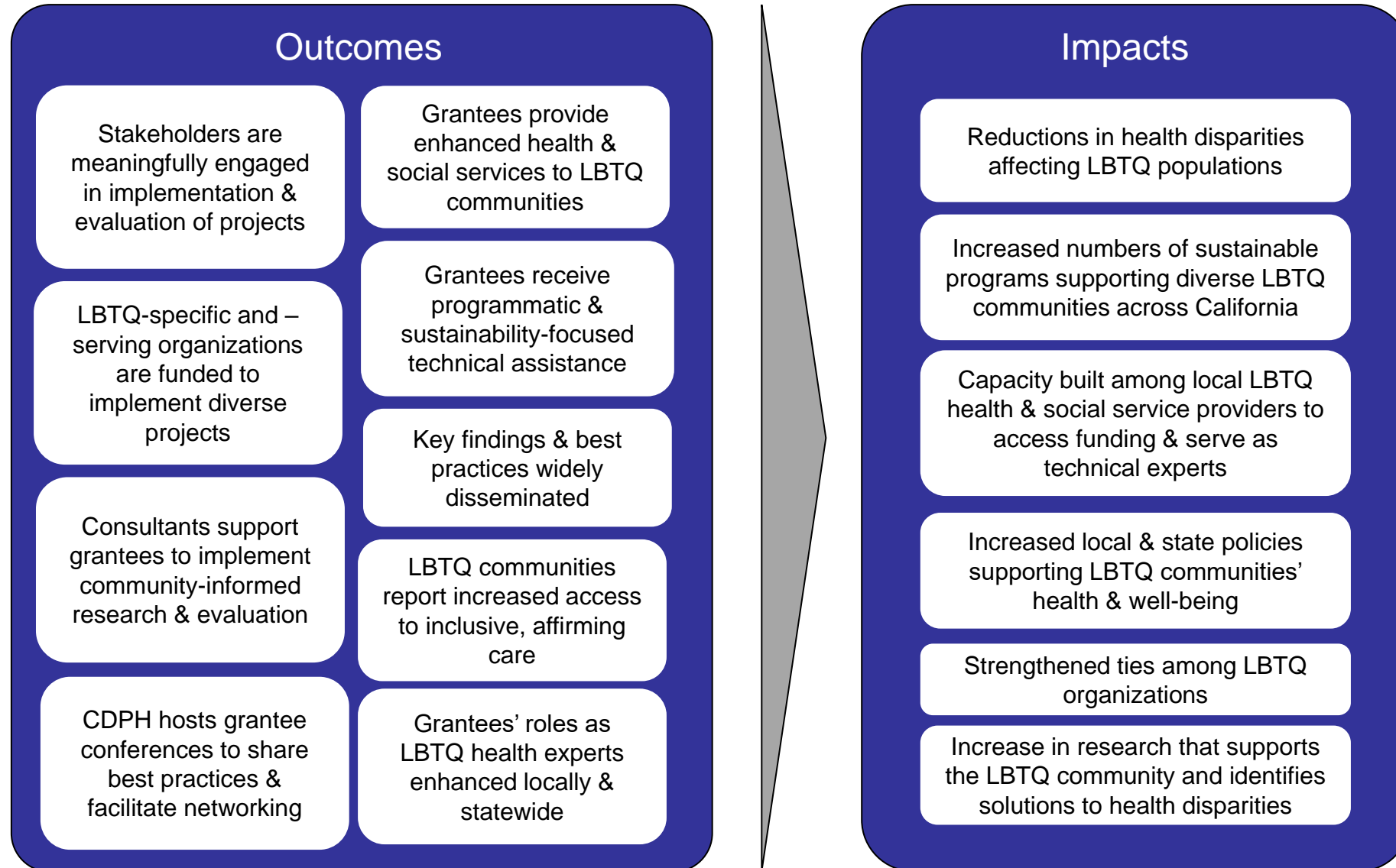
*“The LGBTQ Health Equity Initiative champions the development of affirming and inclusive community-based solutions that drive structural change, empowering LGBTQ Californians to achieve optimal health.”*

# DRAFT LBTQ HEALTH EQUITY INITIATIVE VALUES

- **Community Leadership:** *Authentic and effective solutions come from community wisdom and lived experience.*
- **Affirming Diversity:** *The diversity of LBTQ communities is central to the Initiative; we commit to equitable solutions based in the principles of justice for historically marginalized communities.*
- **Integrity & Transparency:** *We commit to building trust with our stakeholders by working with integrity and transparency.*
- **Championing Innovation:** *We will take calculated risks and support innovative programs to best address the needs of the communities.*



# Anticipated Outcomes & Impacts



# INITIATIVE PRIORITIES

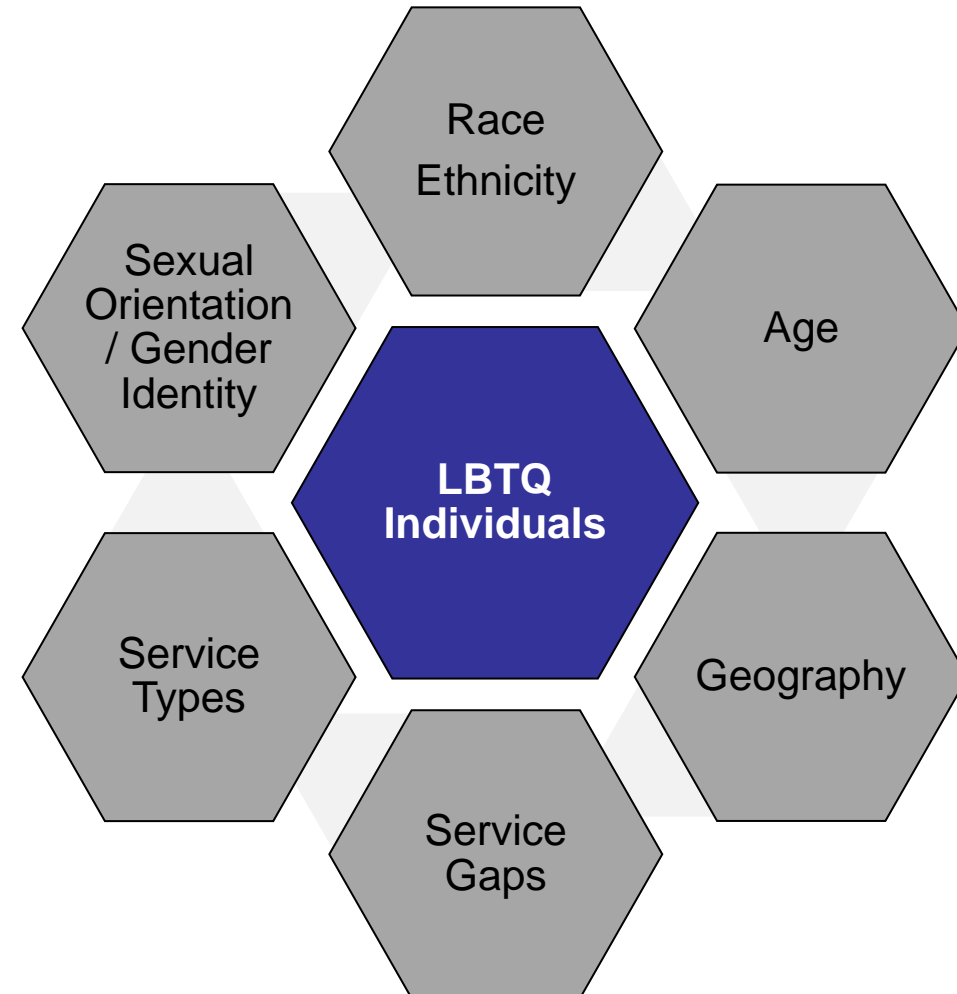
## Stakeholder Priority Populations

- LGBTQ people of color
- LGBTQ youth
- LGBTQ elders

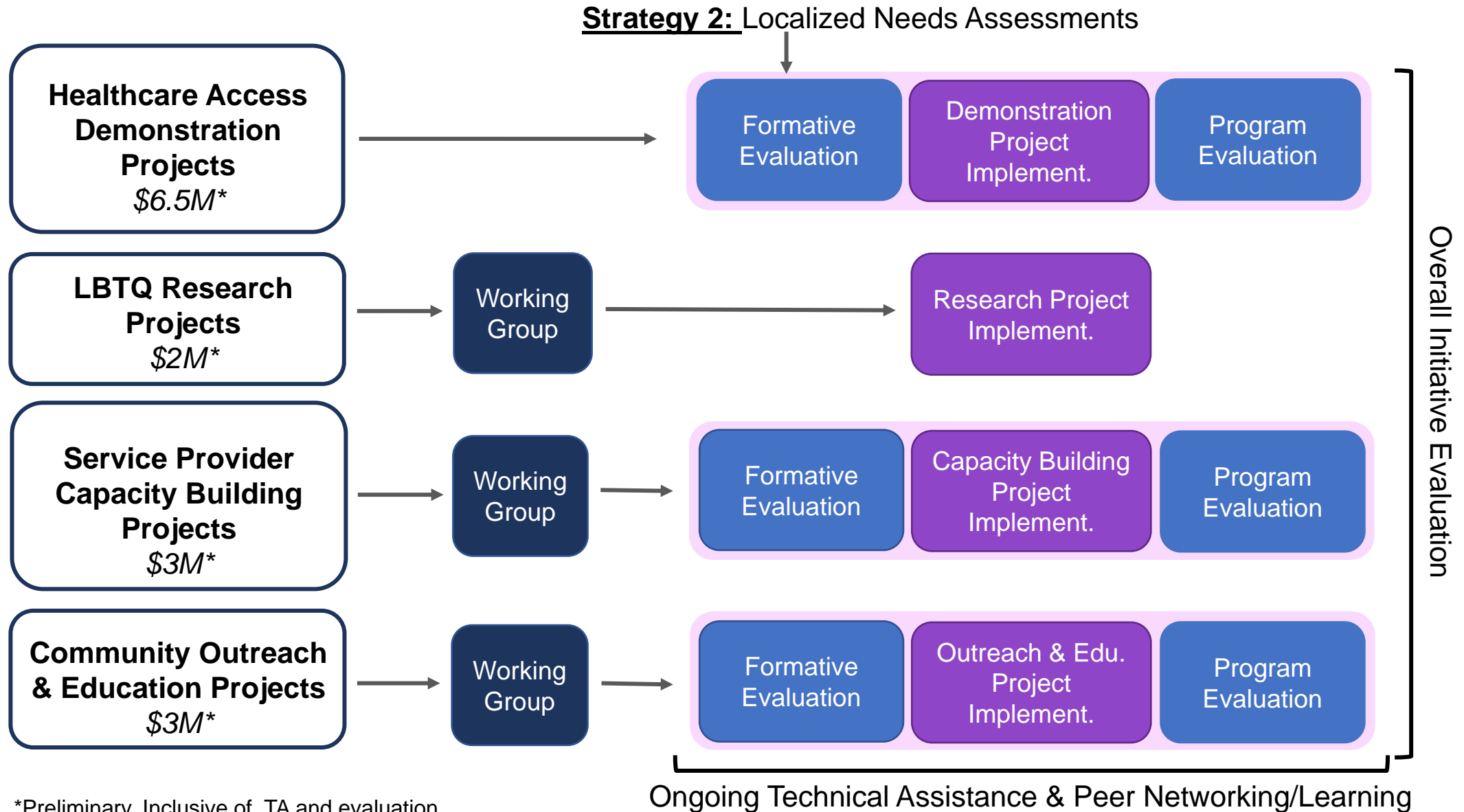
## For Discussion

- Are there additional considerations that should be included in our solicitation and grant portfolio building processes?
- Are there additional priority populations that we should be centering during the strategic planning and solicitation phases?

## Intersectional Approach



# INITIATIVE STRUCTURE



# INITIATIVE TIMELINE/KEY DATES (Page 1 of 2)

Key Activities	Tentative Date
<b><i>Statewide Operations</i></b>	
LBTQ Health Equity Initiative Townhall I	08/18/2021
LBTQ Health Equity Initiative Townhall II	09/2021
Publication of finalized project structure	10/01/2021
Program Evaluation & Localized Community Needs Assessment TA Contract Executed	02/18/2022
Statewide Evaluation Contract Executed	02/18/2022
Other support contracts as needed	Ongoing
<b><i>Healthcare Access Demonstration Grants</i></b>	
Publish draft RFA	12/30/2021
Issue RFA	01/27/2022
Intent to award posted	04/04/2022
Execute contract	05/04/2022

# INITIATIVE TIMELINE/KEY DATES (Page 2 of 2)

Key Activities	Tentative Date
<b><i>LBTQ Research Grants (Ongoing through life of initiative)</i></b>	
Name workgroup	10/01/2021
Develop research questions	12/14/2021
Develop, issue and execute solicitations	Ongoing
<b><i>Service Provider Capacity Building Grants</i></b>	
Name workgroup	12/01/2021
Publish draft RFA	03/29/2022
Issue RFA	04/26/2022
Intent to award posted	07/01/2022
Execute contract	08/01/2022
<b><i>Community Outreach &amp; Education Grants</i></b>	
Name workgroup	12/01/2021
Publish draft RFA	04/13/2022
Issue RFA	05/11/2022
Intent to award posted	07/18/2022
Execute contract	08/17/2022

# BREAK

PLEASE RETURN AT 2:35

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# INITIATIVE PRIORITIES

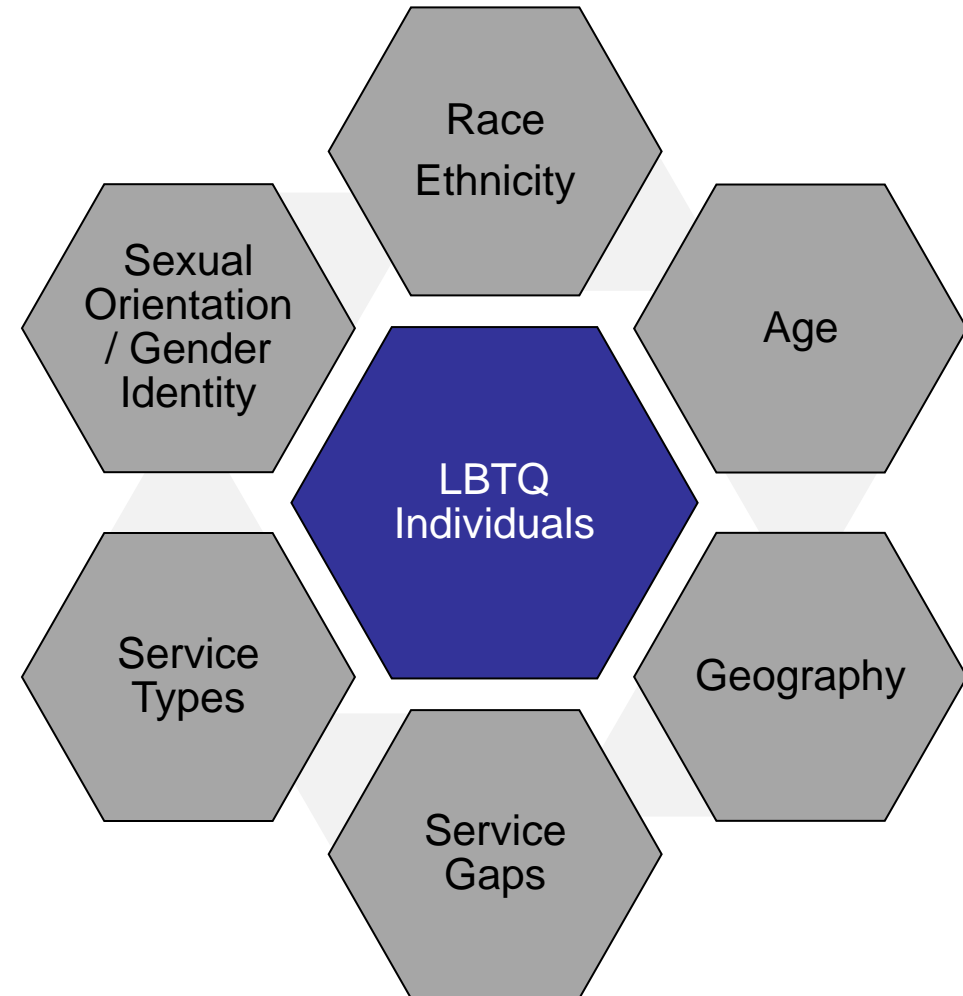
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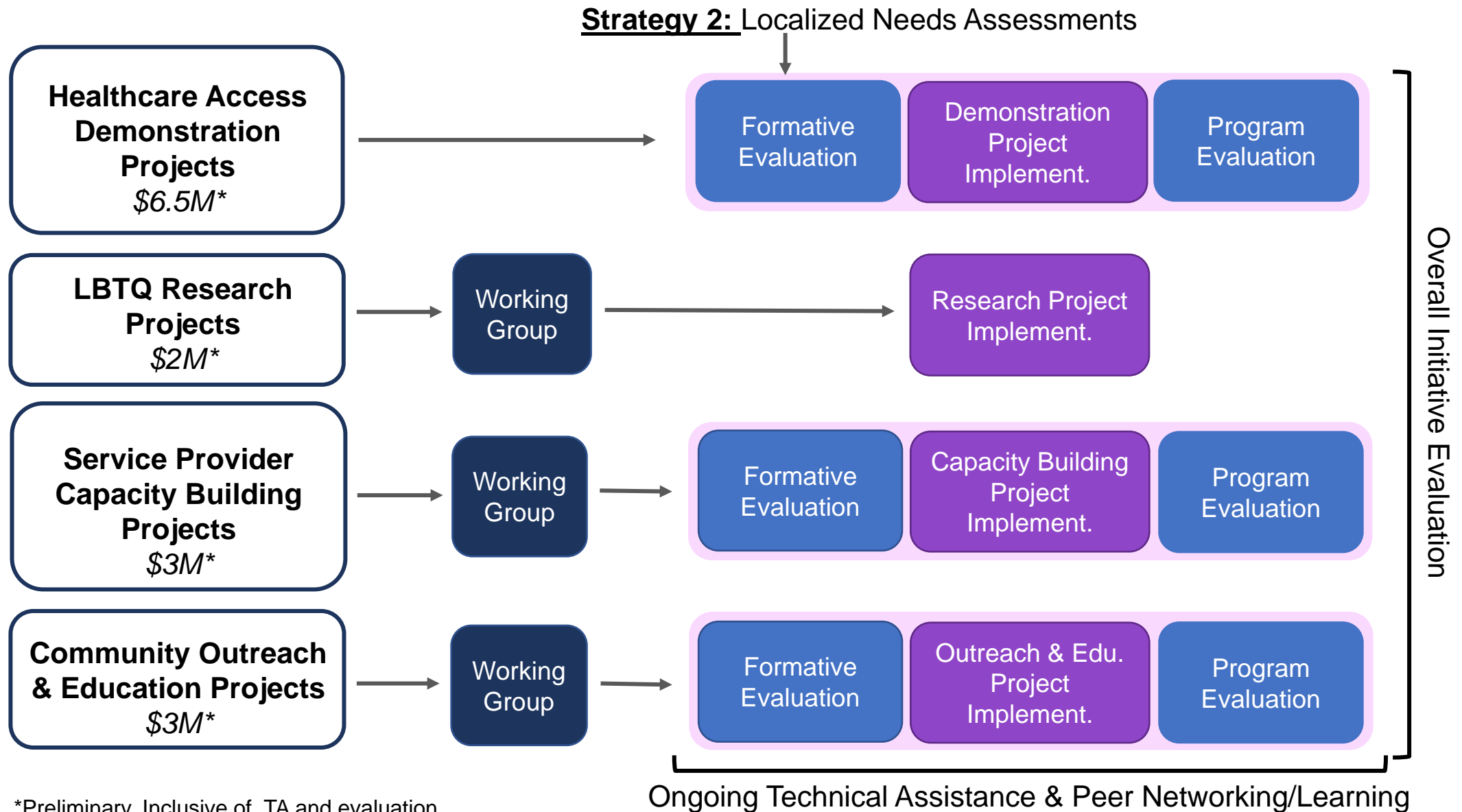
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## **Moving Forward Together (Facilitated Discussion)**

*Jhilya F. Mayas, PhD (She/Hers)*

3:25 – 3:30

## **Next Steps**

*Jason Tescher (He/His)*

# MOVING FORWARD

- Distribute meeting presentation, summary notes and post-meeting survey to meeting participants
- Schedule second town hall
- Form workgroups

# Contact Information

**Jason Tescher (He/His)**

Chief, Gender Health Equity Unit  
Office of Health Equity  
California Department of Public Health  
Email: [Jason.Tescher@cdph.ca.gov](mailto:Jason.Tescher@cdph.ca.gov)  
Phone: 916-612-0140

**Sarah Roush, MSPH, CHES (She/Hers)**

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Office of Health Equity  
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Email: [Sarah.Roush@cdph.ca.gov](mailto:Sarah.Roush@cdph.ca.gov)

**Amy Lanteigne, MSPH (She/Hers)**

Gender Health Equity Specialist  
Office of Health Equity  
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Email: [Amy.Lanteigne@cdph.ca.gov](mailto:Amy.Lanteigne@cdph.ca.gov)

**THANK YOU FOR ATTENDING**

# LBTQ HEALTH EQUITY LOGIC MODEL

## Inputs

- Legislative authority and initiative funding
- Community guidance and initiative proposal letter
- GHEU/CDPH content and programmatic expertise
- LBTQ Health Equity Initiative Strategic Plan

## Outputs

Activities	Participants
<ul style="list-style-type: none"> <li>▪ Create stakeholder- &amp; expert-informed implementation &amp; evaluation plans</li> <li>▪ Allocate &amp; distribute grant funds</li> <li>▪ Implementation of grant projects:                             <ul style="list-style-type: none"> <li>- Localized Needs Assessments</li> <li>- Demonstration Projects</li> <li>- LBTQ Research Projects</li> <li>- TA &amp; Technical Assistance Projects</li> <li>- Outreach &amp; Education Projects</li> </ul> </li> <li>▪ Provide ongoing technical assistance to grantees</li> <li>▪ Facilitate grantee peer learning opportunities</li> <li>▪ Implement process &amp; outcome evaluations for strategies and overall initiative</li> </ul>	<ul style="list-style-type: none"> <li>▪ LBTQ community stakeholders</li> <li>▪ LBTQ health &amp; research content experts (strategic planning working group members)</li> <li>▪ GHEU/CDPH and strategic planning contractor</li> <li>▪ Technical assistance &amp; evaluation consultants</li> <li>▪ Initiative grantees</li> </ul>

## Outcomes

Short Term (<1 Years)	Mid-Term (1-3 Years)	Long Term (3+ Years)
<ul style="list-style-type: none"> <li>▪ Stakeholders meaningfully engaged in implementation &amp; evaluation design process</li> <li>▪ GHEU staff and strategic planning consultants develop funding criteria and solicitation plans</li> <li>▪ Grant solicitations released</li> <li>▪ LBTQ-specific &amp; -serving organizations are selected &amp; funded to implement Localized Needs Assessments, Innovative Demonstration Projects and LBTQ-focused Research</li> <li>▪ Technical Assistance and Evaluation consultants work with grantees to initiate needs assessments</li> </ul>	<ul style="list-style-type: none"> <li>▪ LBTQ-specific &amp; -serving organizations are selected &amp; funded to implement TA &amp; Training projects and Outreach &amp; Education projects</li> <li>▪ Implementation of LNAs, Demonstration Projects and Research Projects continue</li> <li>▪ Grantees demonstrate increased capacity to conduct community-based participatory research</li> <li>▪ Preliminary qualitative &amp; quantitative data from LNAs &amp; demonstration projects is available, including information on reductions in LBTQ health disparities</li> <li>▪ Research topics &amp; methods are identified &amp; data collection is ongoing</li> <li>▪ Ongoing technical assistance is provided to all grantees as needed</li> <li>▪ Evaluation contractors monitor projects in progress</li> <li>▪ Grantees form collaborative relationships; grantee conferences are facilitated by GHEU to share best practices</li> <li>▪ Grantees provide enhanced health &amp; social support services to LBTQ populations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Grant projects &amp; evaluations completed</li> <li>▪ Technical assistance related to sustainability provided to grantees</li> <li>▪ Individual strategy &amp; overall initiative evaluations completed</li> <li>▪ Key project findings &amp; best practices reported to GHEU &amp; disseminated to stakeholders, public health professionals and policymakers</li> <li>▪ LBTQ Initiative Grantees capacity to access further grant funding is strengthened and supported</li> <li>▪ LBTQ populations report increased access to inclusive, affirming health and social support services.</li> <li>▪ Measurable decreases in health disparities among LBTQ populations are observed statewide</li> <li>▪ Grantees' role as LBTQ health experts is enhanced locally &amp; statewide</li> </ul>

## Impacts

- Sustainable programs support the needs of diverse LBTQ communities
- Increased number of LBTQ-led and LBTQ-serving organizations across the state
- Strong inter- and intra-community ties among LBTQ organizations
- Increased sustainable public & private funding for culturally-responsive LBTQ health care
- Reduction in health disparities among LBTQ populations as compared to cis/straight populations
- Local & state policies support the health & well-being of California LBTQ communities
- Local LBTQ health & social service providers are looked to for expert guidance and best practices