

# THE CALIFORNIA INITIATIVE FOR HEALTH EQUITY AND ACTION

TWO-YEAR PROGRESS REPORT  
(2019-2021)

**Berkeley** Public Health



# DIRECTORS' MESSAGE

On behalf of the California Initiative for Health Equity and Action (Cal-IHEA), we are delighted to share this report with you. Through it, we hope to share information that leads to enhancing our current partnerships and identifying new partners who share our vision for advancing health equity.

Since launching in September of 2019, we have hosted a variety of in-person and virtual briefings, published timely policy briefs, and engaged policy advocacy organizational affiliates as thought partners and dissemination partners. These activities have been critical in providing evidence-based information to inform health policies and organizational practices that advance health equity in California. During this time, we have also developed a robust evaluation and dissemination infrastructure, making Cal-IHEA uniquely positioned to provide a full range of monitoring and evaluation services that involve diverse faculty and researchers across the UC system. We have a strong track record of providing timely analyses and engaging in partnered evaluations and research with state agencies, local health departments, community-based organizations, California foundations, and policy stakeholders.

In the past year, the COVID-19 pandemic underscored the importance of ensuring that the needs of California's most vulnerable populations are addressed through changes in policy and practice. Our existing infrastructure has allowed us to quickly identify and confront these needs while centering health equity principles in all that we do. We invite you to review our report and ask that you reach out to us if our work resonates and you see opportunities to work together so that, collectively, we can have a greater impact.

In partnership,



**Hector P. Rodríguez, PhD, MPH**  
 Professor of Health Policy & Management  
 Director, Cal-IHEA  
 UC Berkeley School of Public Health



**Denise D. Payán, PhD, MPP**  
 Assistant Professor of Health Policy  
 Deputy Director, Cal-IHEA  
 UC Merced Department of Public Health

## Table of Contents

- About Us . . . . . 2
- Vision for the Future . . . . . 2
- Priority Areas . . . . . 3
- Evidence Briefings and Proceedings . . . . . 5
- Evidence to Action Projects . . . . . 7
- Policy Briefs . . . . . 10
- Quick Strike Consultations . . . . . 13
- Collaborations . . . . . 16
- Dissemination Strategies . . . . . 20
- Trainee Engagement . . . . . 21
  - Meet our Research and Policy Fellows . . . . . 21
  - Postdoctoral Fellowship in Health Equity & Implementation Science . . . . . 22
  - Health Career Connection Health Equity Scholars . . . . . 22
  - ITUP Health Equity Scholars Program . . . . . 23
- Meet our Advisory Board . . . . . 24
- Thank You to Our Funders and Partners . . . . . 25

## ABOUT US



The California Initiative for Health Equity & Action (Cal-IHEA) is a statewide consortium of University of California (UC) health equity analysts and researchers co-administered by the UC Berkeley School of Public Health and the UC Merced Department of Public Health. At Cal-IHEA, we conduct policy evaluations and translate research evidence generated by UC faculty into state health policy recommendations and public health practice to advance health equity for all Californians. To accomplish this work, Cal-IHEA draws on expertise from [112 UC faculty affiliates](#) who provide scientific consultation and evaluation support to state and local policymakers, agencies, and public health organizations.

## VISION FOR THE FUTURE

*We envision a California where all people, regardless of their socio-economic status, have the opportunity to live healthy and safe lives.*

Cal-IHEA has expertise in employing qualitative, quantitative, and mixed methods research designs to conduct timely and responsive policy evaluations and to disseminate findings. As Cal-IHEA enters a third year of operation, we hope to sustain and expand our existing programs, including our Evidence to Action faculty projects, Quick Strike Consultations, and student trainee programs, as well as improve our impact by:

- Expanding our engagement of key stakeholders, including policy-makers, health and human services agency leaders and staff, policy advocates, researchers, and community-based organizations (CBOs).
  - Convening regional workgroups regularly to prioritize practice and policy changes to advance health equity (Northern CA, Central Valley, Southern CA)
  - Organizing subcommittees (Education, Research, Practice & Policy) to assist Cal-IHEA in responding to important advances in these areas.
- Expand our dissemination activities to include faculty of the California State University (CSU) system
- Support the growth of academic-public health department partnerships in California
- Develop and provide policy advocacy placements with CBOs in underserved areas
- Implement a mini-grant program for community scholars to ensure that frontline perspectives are considered in research and policy decision making.

We welcome your partnership and look forward to working together to advance health equity in California.

## PRIORITY AREAS

Our three priority areas guide the research and policy initiatives we undertake to ensure that our focus remains on marginalized communities and upstream solutions as we pursue sustainable, equity-oriented policies across California.



### Improving Access to Care for Vulnerable Populations

Low-income and immigrant communities in California face challenges in accessing reliable and quality health care, contributing to poor health outcomes. We translate and disseminate research evidence to expand health insurance coverage and accelerate delivery system reforms that improve access and quality of care for vulnerable populations across California.



### Building a Workforce for Health Equity

The California Future Health Workforce Commission's Final Report indicates that seven million Californians, of which a majority are Latinx, African-American, and Native American, live in counties with a shortage of primary care, dental care, mental health practitioners, and public health professionals. Underrepresentation in the workforce leads to linguistic and cultural barriers to care and less resilient public health systems. We support research and policy initiatives that expand and diversify California's public health and healthcare workforce.



### Addressing Social Determinants of Health through Cross-Sector Collaboration

Education, employment, housing, citizenship, and social support are risk factors that contribute to disease exacerbations and negatively impact population health. We collaborate with researchers and industry leaders across sectors to address the social and economic risk factors that influence health outcomes for low-income Californians.



*“As a predoctoral fellow with Cal-IHEA, I was afforded the unique opportunity to engage researchers, advocates, legislators, and staffers leading health equity efforts across California in research translation activities, and this work has deepened my understanding of how research can help frame and actualize equitable policy and practice change. The exposure, mentorship, cross-sector collaborations, and analytical training that I was given, undoubtedly, continues to shape my research interest in community investments in health equity and current work in the philanthropic sector.”*

**Erica Browne, DrPH, MPH**  
Former Faculty Affiliate, Pre-Doctoral Fellow

Erica Browne, DrPH, was a Cal-IHEA Research Fellow who earned her doctorate from the UC Berkeley School of Public Health in 2020. She contributed to many Cal-IHEA projects during her tenure, including developing Evidence Briefings in Sacramento and online, assisting with Evidence to Action and Quick Strike Consultation projects, and mentoring trainees. She authored a recent Cal-IHEA policy brief [Allocating Private Nonprofit Hospital Community Benefit Spending to Address the Needs of Socially Vulnerable Communities in California](#) based on her dissertation. Erica is now a Program Officer at The Kresge Foundation.

## EVIDENCE BRIEFINGS AND PROCEEDINGS

Our evidence briefings convene research experts, community advocates, industry leaders, and policymakers together to discuss the implications of research evidence for policy and practice. Experts provide an overview of their research, along with key policy recommendations that emerge from their findings, while community advocates and industry leaders describe practices and processes they implement in the field. During COVID-19, these panel discussions shifted from in-person events to an online/webinar format, allowing us to reach a wider audience. Following each evidence briefing, our team develops a document summarizing the key information presented as well as the policy recommendations discussed during the event. These proceedings may be useful for policymakers including legislators and their staff, state agency staff, advocacy organizations, and others seeking state-of-the-art evidence summaries and policy recommendations. [All of our briefing proceedings are online.](#) Below are highlights from two of our recent briefings.

### Advancing Digital Health Equity in California



Our Digital Health Equity briefing featured a panel of experts who discussed ways in which policies concerning telehealth parity and other nontraditional forms of digital health interventions can support families that struggle with accessing health services beyond the pandemic. *Assemblymember Cecilia Aguiar-Curry* (District 4) opened the briefing by emphasizing the need for permanent expansion of telehealth services. Panelists discussed how telehealth has improved patient access to care and the impact of digital literacy resources (e.g., showing patients how to access online appointments) on telehealth utilization. Key policy recommendations related to reimbursement for digital health interventions for Medi-Cal patients (through the CalAIM enhanced care benefit),

funding for community colleges and CBOs to train community health workers (CHWs) in digital health literacy and implementation, and permanent payment parity for telehealth services.

### Increasing Economic Support for Low-Income Californian Families During the COVID-19 Pandemic and Beyond



*Assemblymember Buffy Wicks* (District 15) set the stage for the Economic Supports briefing by speaking about the importance of increasing economic support for low-income families. She detailed the disproportionate impact on working women, and especially women of color, who have faced hardship and unemployment due to the economic crisis caused by COVID-19. Panelists discussed how higher minimum wages can lead to lower mortality among low-income

**EVIDENCE BRIEFINGS AND PROCEEDINGS** (continued)

workers, made the case for expanding paid leave, and described the strengths and challenges of the earned-income tax credit (EITC). Policy recommendations related to distributing EITC payments throughout the

year to avoid complications of lump-sum distribution, and expanding job protections to newer, part-time, and gig economy workers.

**RECENT EVIDENCE BRIEFINGS**

**Improving Access to Care for Vulnerable Populations**

- [Policy & Practice Innovations to Protect & Improve Immigrant Health](#)
- [Expanding Medi-Cal to Undocumented Older Californians](#)
- [Advancing Digital Health Equity in California](#)
- [Tackling the Digital Divide by Improving Internet and Telehealth Access for Low-Income Californians](#)
- [Data Sharing to Promote Health Equity](#)
- [Data Sharing to Support the Whole Person](#)

**Building a Workforce for Health Equity**

- [Expanding California’s Behavioral Health Workforce in Response to COVID-19](#)
- [Addressing the Latino Physician Shortage](#)
- [Achieving Whole Person Care through Workforce Innovation](#)

Cal-IHEA Evidence Briefings showcase experts in advancing health equity, including legislators, UC faculty, community advocates, and industry experts across California.

**Addressing Social Risk Factors through Cross-Sector Collaboration**

- [Increasing Economic Support for Low-Income Californian Families during the COVID-19 Pandemic and Beyond](#)
- [Environmental Health Equity: Moving from Evidence to Action](#)
- [The Future of California: People, Place, and Power](#)
- [Disrupting Upstream Determinants of Family & Community Violence in the Era of COVID-19](#)
- [Housing as a Health Intervention](#)
- [Addressing Structural Determinants of Youth Development for Safe and Healthy Communities](#)



**EVIDENCE TO ACTION PROJECTS**

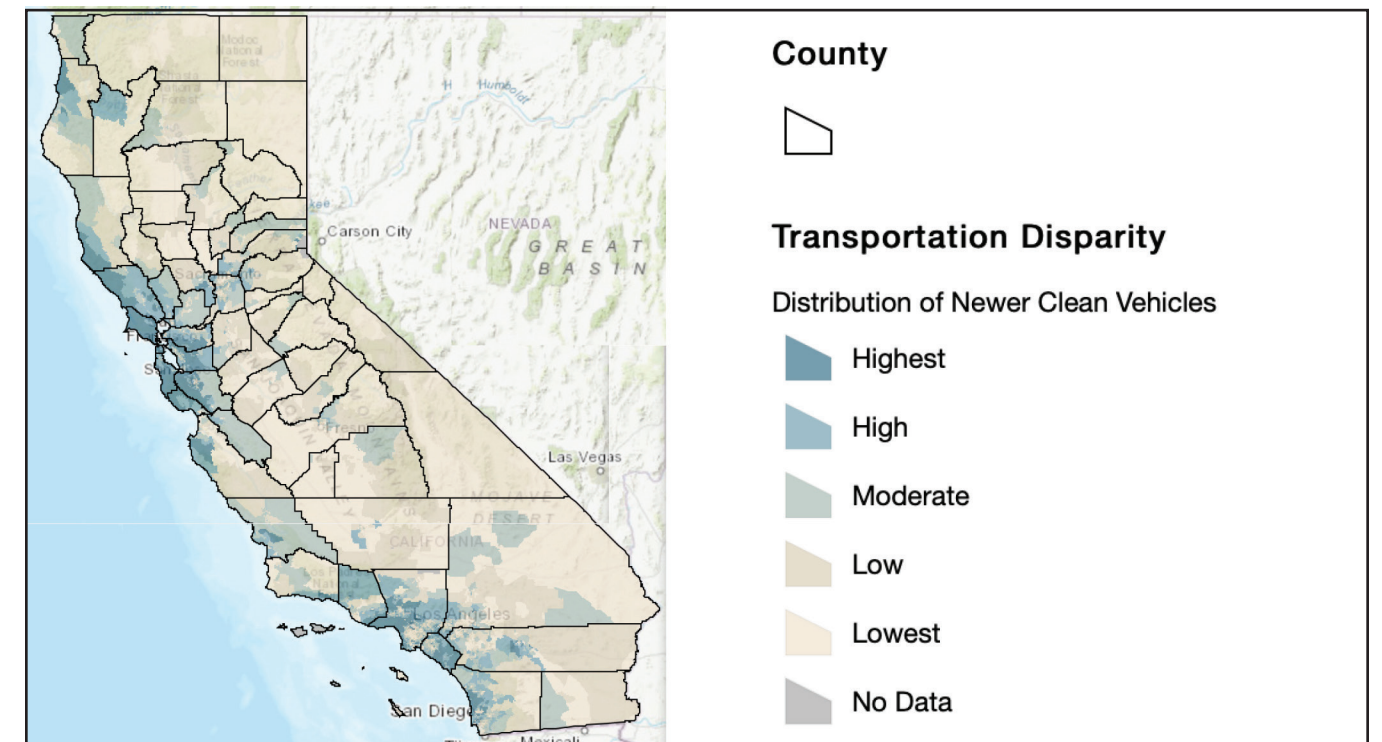
Our 12-month Evidence to Action awards support the dissemination of UC and CSU research using a “change package” to improve the use of evidence in state policy decision making. We are proud of the many ways our grantees have uniquely packaged their findings, including health education materials, evaluation tools, policy briefs, toolkits, implementation guides, training curriculum, videos, checklists, and more. Two projects that developed and disseminated toolkits are summarized below. We encourage you to visit our website to see how these and other project materials can be useful in your work.

**Transportation Disparities Mapping Tool**

Paul Ong, PhD, UC Los Angeles

Award grantee Dr. Paul Ong and his team from the [UCLA Center for Neighborhood Knowledge \(CNK\)](#) developed a [prototype mapping tool](#) in partnership with the [California Air Resources Board \(CARB\)](#) that provides useful indicators for CARB and other organizations to help fulfill state mandates related

to climate change, greenhouse gas emissions, and environmental justice, and to evaluate progress towards a more sustainable and environmentally just future. The tool includes four major categories of disparities—private vehicle ownership, public transit, active transportation, and transportation networks—as well as built environment-related determinants of health, such as the availability of public parks and access to transit.



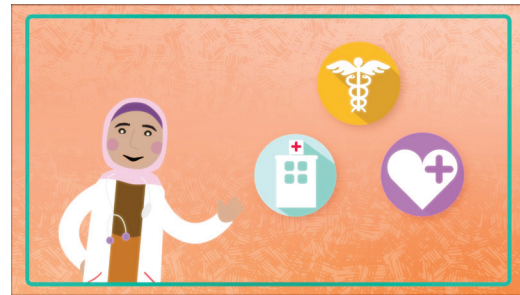
## EVIDENCE TO ACTION PROJECTS (continued)

### Toolkit: Policies & Actions Aiming to Protect & Welcome Immigrants

Altaf Saadi, MD, UCLA David Geffen School of Medicine

Cal-IHEA grantee Dr. Altaf Saadi, MD, former faculty member at the UCLA David Geffen School of Medicine, systematically studied policies and actions taken by healthcare facilities across the country to protect patients who are immigrants in light of increased immigration enforcement, deportations, and proposed changes to the public charge rule.

The Cal-IHEA sponsored [toolkit](#) outlines these policies and serves as a resource to guide the protective actions that health care institutions and clinicians can adopt to ensure their patients do not fear accessing services. Along with the [four-part video series](#) with individual videos targeted to institutions, providers, and patients, the toolkit has been used by healthcare providers across the country to better serve patients who are immigrants.



### Understanding the Challenges for Implementing California's Inclusive Immigrant Policies in Rural Regions (ongoing)

Maria-Elena de Trinidad Young, PhD, UC Merced



Funded by Cal-IHEA's Evidence to Action Award, Dr. Young seeks to understand the impacts of the U.S. immigration system on immigrants and their families. Her project aims to

produce actionable policy knowledge for advocates and policymakers to better understand and respond to the health impacts of the state's immigrant policies on rural and agricultural communities. Professor Young will collaborate with the [Scholars Strategy Network](#) to disseminate her findings to policymakers.

### Juntos: Coloring to Change Latino Family Norms and Expand Knowledge to Prevent Adverse Childhood Experiences (ongoing)

Irán Barrera, PhD, LCSW, CSU Fresno

With our Evidence to Action Award, Dr. Barrera is examining the impact of a six-week parent-child engagement intervention on parents' knowledge, attitudes, and behavioral intentions related to parenting and their knowledge about adverse childhood experiences (ACEs). This project is centered around a coloring book that contains images and descriptions to teach children and their parents about ACEs and how to prevent them. His research is motivated by the fact that Latino children are more likely to experience ACEs and is designed to fill a gap since tailored, evidence-based programs to educate Latino Spanish-speaking parents and children about ACEs do not exist.

Professor Barrera will collaborate with [Centro La Familia](#) and Cal-IHEA to disseminate the study results and coloring books in the Central San Joaquin Valley and Northern California after this study is complete.



## EVIDENCE TO ACTION PROJECTS

### [Undocumented Older Adults' Health Needs in the Inland Empire](#)

(Cecilia Ayón, PhD, UC Riverside)

### [Medi-Cal Health Homes: Coordinating Physical Health, Behavioral Health, and Community Services for Medi-Cal Beneficiaries with Complex Needs](#)

(Amanda Brewster, PhD, and Emmeline Chuang, PhD, UC Berkeley)

### [Policies & Actions Aiming to Protect & Welcome Immigrant Patients: A Policy Toolkit](#) (Altaf Saadi, MD, UCLA)

### [How To Expand Health Care Coverage to Undocumented Immigrants: A Policy Toolkit for State and Local Governments](#)

(Arturo Vargas Bustamante, PhD, UCLA)

### [Transportation Disparities Mapping Tool](#)

(Paul Ong, PhD, UCLA)

### [Path to Health/Camino a la Salud](#)

(Gerardo Moreno, MD, UCLA)

### [Leveraging Sugar-Sweetened Beverage Taxes to Address Health Inequities](#)

(Kristen Madsen, MD, UC Berkeley)

### [Paying for Universal Coverage: California's Integrated Healthcare Opportunity](#)

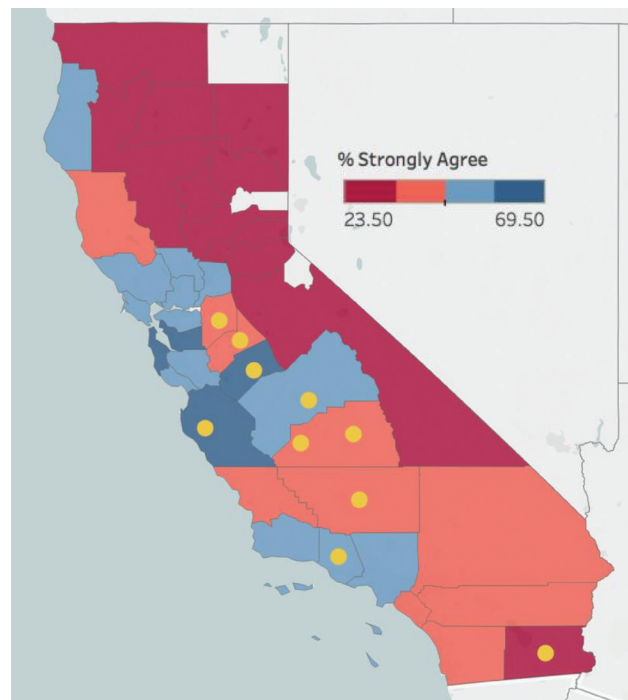
(Richard Scheffler, PhD, and Stephen Shortell, PhD, UC Berkeley)

## POLICY BRIEFS

Cal-IHEA policy briefs make the vital connection between gaps in current policy and opportunities to elevate health equity. In writing these briefs, our Research Fellows offer in-depth analyses of relevant research and policies along with evidence-based policy recommendations for institutions and agencies at local, county, and state levels to advance solutions to health inequities. Summarized below are two briefs focused on health inequities that were exacerbated by the COVID-19 pandemic.

### Tackling the Digital Divide by Improving Internet and Telehealth Access for Low-Income Populations

To reduce contact with potentially infected individuals and stem the spread of COVID-19, healthcare facilities dramatically increased their use of telehealth. However, many low-income families had challenges accessing the digital tools necessary to receive telehealth services. As health care access became increasingly dependent on reliable high-speed internet and digital devices, we analyzed current gaps in policy and practice and offered the



following recommendations to ensure low-income families have equitable access to care:

- 1. Leverage a combination of private and nonprofit partnerships** to enhance the viability of attempts to increase telehealth use and access in low-income communities.
- 2. Streamline team-based care** by re-designing workflows and embedding templates into electronic health records to optimize telehealth care coordination.
- 3. Enforce policies that increase internet and telehealth access for low-income communities**, such as the [FCC Over-the-Air Reception Devices Rule](#), which has aided low-income individuals in accessing stable and reliable internet by allowing tenants to use their rooftops to install antennas for broadband access.

Proportion of California registered voters who strongly agree that “undocumented farmworkers should receive the same medical and paid sick leave benefits as documented farmworkers if they fall sick with COVID-19.” (n=8,875).

**Note:** Counties with a yellow dot are the top 10 agricultural economies in the state.

### California’s Farmworkers: Essential But At Risk

Farmworkers were expected to continue working during the COVID-19 pandemic despite limited safety protections and access to health care, making them particularly vulnerable to contracting the virus. Our Research Fellows completed a regional and racial/ethnic analysis of California voter support for extending health and paid sick leave protections to all agricultural workers, regardless of their legal status, based on a [statewide voter poll](#) with 8,875 respondents. We found that regional patterns of voter support across California match with the political geography of the state (see figure on page 17).

Furthermore, racial/ethnic minorities were more likely to support expanding equitable paid sick leave and health benefits for all farmworkers than were white voters. The policy brief outlined steps that the California State Legislature, local governments, county health and human services agencies, and labor unions could take, emphasizing the cross-sectoral collaboration necessary to protect the health of farmworkers and their communities. Policy recommendations highlighted in this brief include:

- 1. Implement the Farmworker Resource Program in all agrarian counties** to provide accessible and culturally relevant information on available resources in Spanish and other indigenous languages.
- 2. Utilize labor unions as the liaison between farmworkers and Cal/OSHA** to help workers report workplace safety violations.

### Coverage of Housing Services in Medi-Cal: Policy Recommendations for ‘In Lieu of Services’

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative proposed by the state Department of Health Care Services (DHCS) to improve health outcomes of low-income Californians by implementing broad reforms across Medi-Cal. Set to begin in 2022, a key component of CalAIM is the introduction of a new menu of ‘in lieu of services’ (ILOS), which includes a variety of housing services as cost-effective alternatives to covered Medi-Cal services. In this brief, our Research Fellows proposed the following policy actions to maximize the efficacy of ILOS implementation across California:

- 1. Support a statewide needs and gaps analysis of homelessness services to inform data-driven ILOS service provision.** This would allow DHCS to identify all current funding streams for homelessness services and assess what further investments are needed and in which counties.
- 2. Implement regional learning collaboratives for ILOS stakeholders** (e.g., managed care plans, CBOs, county officials) to proactively address questions surrounding contracting and to help formalize collaborations among local entities, which will be key to effectively engaging and providing ILOS services to individuals experiencing homelessness, who may require intensive outreach efforts.
- 3. Gather collaborative input for final standardized housing metrics** to determine which process and outcomes measures are feasible for local housing service providers such as CBOs and counties to track given their infrastructure and the fact that new local providers may not have historically worked with Medi-Cal.

## POLICY BRIEFS (continued)

**4. Evaluate the effectiveness of future ILOS services and whether they can lead to attributable changes in homelessness measures.** Evaluation of ILOS effectiveness will be necessary for measuring whether ILOS is driving desired improvements in communities of color that are disproportionately affected by homelessness. With a robust evaluation, California's approach to ILOS could serve as a blueprint for innovative housing policies in other states.

### POLICY BRIEFS

[Evaluating Medi-Cal Telehealth Policy for Audio-Only Visits Post-Pandemic](#)

[Expanding Health Information Exchange to Advance Health Equity in California](#)

[Allocating Private Nonprofit Hospital Community Benefit Spending to Address the Needs of Socially Vulnerable Communities in California](#)

[Tackling the Digital Divide by Improving Internet and Telehealth Access for Low-Income Populations](#)

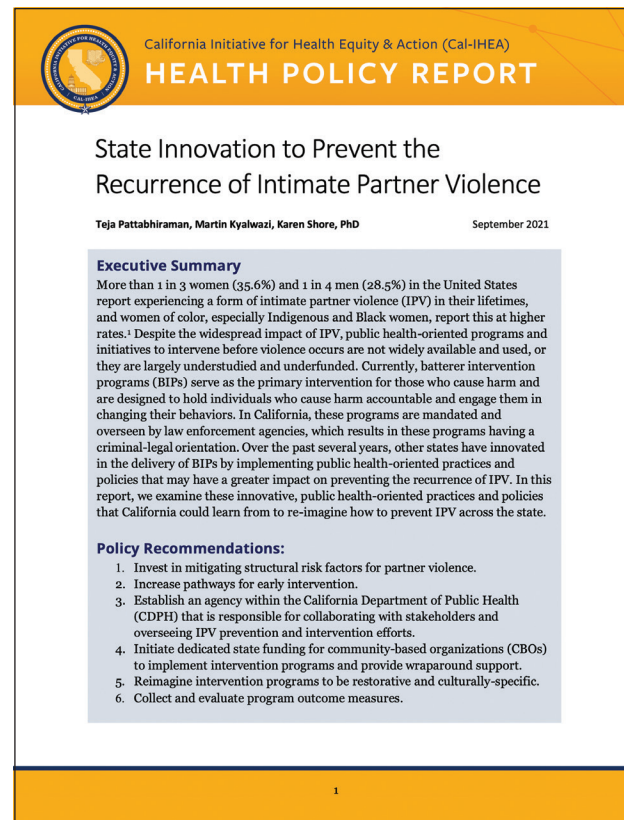
[Protecting California's Essential Workforce During the COVID-19 Emergency](#)

[Coverage of Housing Services in Medi-Cal: Policy Recommendations for 'In Lieu of Services'](#)

[California's Farmworkers: Essential But At Risk](#)

[The California Insulin Crisis Explained: A Primer on Insulin Pricing, Past Legislative Action, and the Path Forward](#)

[State Innovation to Prevent the Recurrence of Intimate Partner Violence](#)



## QUICK STRIKE CONSULTATIONS

Leveraging our access to research experts across the state, Cal-IHEA provides rigorous research evidence and facilitates connections to inform policy discussions within legislative committees and caucuses, state agencies, and advocacy organizations through Quick Strike Consultations. These consultations are our way of responding to time-sensitive legislative requests and proactively interfacing with stakeholders who may benefit from academic knowledge to advance policy within California.

### Paid Sick Leave

In response to legislative interest in improving paid sick leave (PSL) policies in California, we analyzed mandatory PSL policies and the effects of these policies across multiple states. We found that PSL is likely to improve the health and wellbeing of workers and seems to benefit vulnerable workers the most, while having generally minimal impacts on employers. This evidence was used to inform legislative initiatives to advance PSL policy in California.

### Improving Access to Kidney Transplantation for Undocumented Immigrants with End-Stage Renal Disease

At the request of Assemblymember Mike Gipson's office, we provided technical assistance to identify policy solutions to expand access to organ transplantation for all Californians regardless of insurance coverage or legal status. California is one of 12 states that offers scheduled dialysis to undocumented patients, yet these patients have poor access to kidney transplants, which are a cost-effective alternative to dialysis and vital to patient health. We proposed policy solutions that can inform future legislation such as implementing a citizenship-blind transplant waiting list process, establishing a statewide kidney exchange program that is inclusive of undocumented Californians, and improving

preventive care for undocumented immigrants and uninsured individuals with chronic kidney disease and other chronic conditions.

### Social Determinants of Children's Well-Being

In 2019, we facilitated Dr. Margot Kushel's participation at the Senate Select Committee's informational hearing on the topic of housing challenges and their impact on the well-being of children. As a Professor of Medicine at the University of California, San Francisco and an expert on the topic of homelessness, Dr. Kushel presented her research on the social determinants of housing and homelessness to support advancements in equitable state housing policy.





**QUICK STRIKE CONSULTATIONS** (continued)

**Firefighters, Mental Health, and Suicide Risk**

At the request of the California Assembly Committee on Insurance, our team completed a comprehensive literature review of health service utilization and risk of hospitalization among firefighters, finding limited evidence of health service utilization and higher hospitalization rates among young male firefighters than other males of the same age range. This review was used by the Committee to demonstrate the need for increased research and resources allocated to firefighter mental health.



**Crisis Stabilization Units**

At the request of Assemblymember James Ramos' office, our team produced a brief outlining the value of crisis stabilization units as a community-based alternative to inpatient mental health care for patients with substance use disorders, those experiencing homelessness, and individuals with Medi-Cal coverage or who are uninsured. Based on evidence demonstrating that crisis stabilization units are a high-quality and cost-effective care option, we provided policy recommendations to advance the scope and services of crisis stabilization units across California.



Unsplash-Photographer: Finn

**BY THE NUMBERS** 2019-2021

**10** Evidence to Action Awards

**112** Faculty Affiliates



Cal-IHEA recruited UC Berkeley undergraduate research assistants from a UC Berkeley student organization, [Comunidad for Health Equity \(CHE\)](#), to administer the survey to day laborers. The survey was administered via phone due to COVID-19.



*“As a Cal-IHEA fellow, I’ve come to fully understand the value of sharing research findings outside of the university campus and engaging with government stakeholders, community members, and the general public about my work. Simultaneously, I’ve also cultivated my passion for health equity-based research to study how structural and social factors lead to health disparities with the end goal of addressing the root causes of inequities via policy change.”*

**Alein Haro-Ramos, MPH**  
Research Fellow and PhD Candidate, Health Policy, UC Berkeley

Alein Haro-Ramos, MPH, is a Cal-IHEA Research Fellow and PhD candidate in Health Policy at UC Berkeley. Her thought leadership has been instrumental to Cal-IHEA over the past two years, and she has contributed to many of our projects. She led the East Bay Day Labor Study with findings recently published in the *Journal of Immigrant and Minority Health*, coauthored policy briefs on topics including *California’s Farmworkers: Essential but At Risk* and *Protecting California’s Essential Workforce During the COVID-19 Emergency*, managed legislative relationships with the California Latino Legislative Caucus, and mentored trainees. Her research interests include legal status as a social determinant, health policy, and structural racism, and she seeks to effectively address health inequalities and enable structural change across the nation.

## COLLABORATIONS



### The Multicultural Institute: East Bay Day Labor Study

The 2020 [East Bay Day Labor Study \(EBDLS\)](#), co-funded by the [Institute for Research on Labor and Employment \(IRLE\)](#), was a mixed-mode, community-engaged project in which we documented and analyzed the characteristics of day laborers in the east San Francisco Bay Area, their experiences, and their mental and physical health status and needs. Our team developed a 45-minute questionnaire to assess day laborers' living situation, employment history, work-related injuries, health status, and more. Prepared in partnership with the Multicultural Institute, our research report outlines their current programs that address day laborers' needs and discusses pathways to strengthen and expand community programs to better meet these needs.

### PolicyLink: Upstream Interventions to Prevent Intimate Partner Violence

Beginning in the early spring of 2021, we partnered with fellow Blue Shield of California Foundation grantees, [The California Partnership to End Domestic Violence](#), [PolicyLink](#), and the [Alliance for Boys and Men of Color](#), to examine state variation in how Batterer Intervention Programs (BIPs) are administered and implemented across five key states: Massachusetts, New York, Oregon, Texas, and Washington. Through a semi-structured, key informant interview process, we collected data relating to administrative structure, funding mechanisms, best practices and policies, and future trends in BIP implementation. Our findings will inform equity-driven policy recommendations for California's own BIPs. This partnership has set the foundation for future equity-driven collaborations (e.g., survey research, data analysis) with foundations, policy groups, and statewide coalitions similarly invested in health equity and ending domestic and intimate partner violence across California.

### UC Berkeley Institute of Governmental Studies: COVID-19 Poll

In the spring of 2020, Cal-IHEA, along with the [Institute of Governmental Studies \(IGS\)](#), polled 8,875 registered voters in Spanish and English regarding [support for a single-payer healthcare system to address disasters and pandemics](#), as well as [voter opinions on President Trump's attribution of COVID-19 to China](#). In analyzing these polls, we

found that most Californians (55%) agreed that a single-payer health care system would improve the nation's response to disasters and pandemics such as COVID-19. However, the level of support varied by region, race, age, and political party. Additionally, we found that Californians who approved of President Trump were more likely to blame the Chinese government for the pandemic and shortage of medical supplies.

#### SINGLE-PAYER HEALTH CARE SYSTEM SUPPORT AND PARTY AFFILIATION

GENERALLY SPEAKING, IN POLITICS, DO YOU THINK OF YOURSELF AS A...					
	TOTAL %	DEMOCRAT %	REPUBLICAN %	INDEPENDENT %	OTHER %
	N = 8,767*	N = 3,796	N = 1,726	N = 2,496	N = 749
STRONGLY AGREE	35.6	51.6	7.7	29.8	38.6
SOMEWHAT AGREE	19.5	24.8	8.4	19.9	17.1
NEITHER AGREE NOR DISAGREE	17.0	17.1	14.5	18.2	17.9
SOMEWHAT DISAGREE	6.6	4.0	10.1	8.9	3.8
STRONGLY DISAGREE	21.2	2.5	59.3	23.0	22.6
N/A	0.1	0.0	0.0	0.2	0.0

\*Total sample in this cross-tabulation may not equal N = 8,875 due to respondents not identifying their party affiliation.



*"Being a part of the East Bay Day Laborer Study has been one of the most rewarding experiences during my time at Berkeley. It was truly amazing to work with people so passionate about interacting with jornaleros to learn about the health inequities and disparities they face here in the U.S. My experience with this project has motivated me, even more, to pursue a career in healthcare to help mitigate these disparities and allow everyone to access the proper medical care they need and deserve."*

— Ana Alcaraz  
Class of 2021



*"As part of my experience in Cal-IHEA and working alongside Dr. Payán, I learned there are additional avenues to move the needle to advance quality healthcare. My hope is to use the tools I gained from Cal-IHEA to get involved in the policymaking process in the future. As a future physician, participating in an evidence briefing or meeting with healthcare leaders and policymakers are other ways to make sustainable changes and improvements to our healthcare system."*

— Luis Garay  
Student Success Intern, UC Merced

## BluePath Health: Health Information Exchange

In Spring 2021, we partnered with [BluePath Health](#) and the [Connecting for Better Health Coalition](#) to coordinate and co-sponsor a series of panel discussions focused on the potential of Health Information Exchange (HIE) to improve health equity in California. HIEs facilitate the efficient and secure exchange of health data between healthcare facilities and are designed to streamline care coordination, reduce health care costs from duplicated services, and effectively respond to public health emergencies. California does not currently have a statewide HIE, and any regional or health system data exchanges

typically exclude behavioral health and social service agencies, limiting the capacity of providers to fully understand the often complex needs of their patients. As a result of advocacy efforts across the state, [AB 133](#) was passed in July 2021, mandating data sharing requirements for most healthcare entities and government agencies in California to be implemented by 2024.

In our [issue brief](#) and [policy report](#), we highlight the importance of establishing a statewide HIE as well as leveraging data on race, ethnicity, and social determinants of health; both of these are essential to improving care coordination and developing interventions to effectively reach vulnerable communities.

Federal	States	California												
<p><b>Executive orders</b></p> <ol style="list-style-type: none"> <li>“Lowering Drug Prices by Putting America First”</li> <li>“Increasing Drug Importation to Lower Prices for American Patients”</li> <li>“Access to Affordable Life-Saving Medications”</li> </ol>	<p><b>States with Insulin Price Caps</b></p> <table border="0"> <tr> <td>Colorado</td> <td>New Hampshire</td> </tr> <tr> <td>Illinois</td> <td>New Mexico</td> </tr> <tr> <td>Louisiana</td> <td>New York</td> </tr> <tr> <td>Maine</td> <td>Utah</td> </tr> <tr> <td>Maryland</td> <td>Washington</td> </tr> <tr> <td>Missouri</td> <td>West Virginia</td> </tr> </table>	Colorado	New Hampshire	Illinois	New Mexico	Louisiana	New York	Maine	Utah	Maryland	Washington	Missouri	West Virginia	<p><b>AB 2203</b> Insulin cost-sharing cap  <b>SB 852</b> Health care: prescription drugs  <b>SB 473</b> Health care coverage: insulin cost sharing  <b>SB 568</b> Deductibles: Chronic Disease Management  <b>AB 97</b> Health care coverage: insulin affordability  <b>AB 458</b> Importation of Prescription Drugs</p>
Colorado	New Hampshire													
Illinois	New Mexico													
Louisiana	New York													
Maine	Utah													
Maryland	Washington													
Missouri	West Virginia													

State level solutions consisted of a statewide health plan partnership, insulin price caps, and an emergency insulin coverage program.

## Improving Insulin Affordability to Advance Health Equity

With both manufacturer-set list prices for insulin and median out-of-pocket cost per insulin vial nearly tripling over the past two decades, insulin has become less affordable over time for all Californians. To examine this issue, our Research Fellows conducted a series of key informant interviews with state agencies, physician advocacy groups, community advocacy groups, and those with experiential knowledge. Our research resulted

in a policy brief that provides an overview of the market and policy forces that have driven California’s insulin affordability crisis, and also offers a set of policy recommendations that should be prioritized to improve the affordability of insulin, including eliminating or setting a cap on insulin cost-sharing for all Californians regardless of insurance status, limiting year-to-year insulin list price increases, and passing legislation requiring rebates to be passed through to patients at the point-of-sale.



Assemblymember Cecilia Aguiar-Curry (District 4) speaks at our 2019 evidence briefing focused on improving immigrant health.



“My time with Cal-IHEA has been one of my foremost examples of the relationship, community, and institution building that must be at the core of health equity research. As a fellow, I have gained practical skills relating to research translation and the legislative process, and with the support of the team, I have been pushed to constantly imagine and reimagine a more just world and the pathway there.”

### Martin Kyalwazi Cal-IHEA Research Fellow

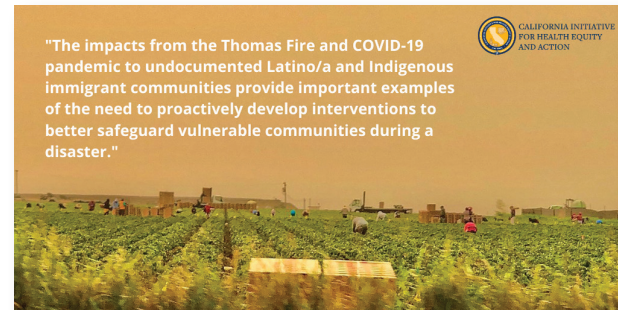
Martin Kyalwazi is a Cal-IHEA Research Fellow and previously served as Cal-IHEA’s Policy Analyst. He just started in the MD/PhD program at the University of California, Los Angeles David Geffen School of Medicine. While at Cal-IHEA, he contributed to many Evidence Briefings in Sacramento and online and coauthored a policy brief on California’s insulin crisis and an article in the [American Journal of Preventive Medicine](#) on social risk factors for hospitalized adults with diabetes. Martin’s research examines how state and national policies can incentivize innovation in healthcare delivery systems serving marginalized communities.

## DISSEMINATION STRATEGIES

Our variety of communication strategies allow us to elevate and disseminate research and policy recommendations to a wide audience of policymakers, government agencies, community organizations, and individuals within the advocacy space. Newsletters, social media graphics, and targeted emails are presented in an accessible, easy-to-read format that lowers the barrier to access and allows more individuals to interact with our work.

### NEW: Transportation Disparities Mapping Tool

This tool allows users to better understand transportation disparities and built environment-related determinants of health in California. It can be used to inform policy, guide community planning efforts, and educate individual stakeholders.



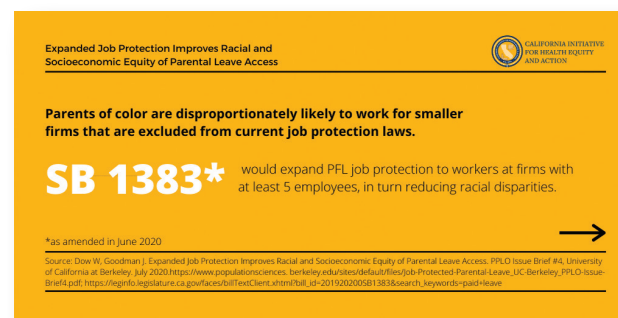
Screenshots of graphics shared on Twitter, LinkedIn, and in our newsletter.



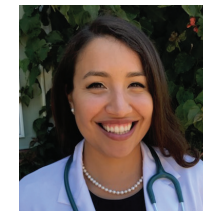
*“Working with Cal-IHEA as a Health Career Connections Health Equity Scholar has been an*

*informative and enriching experience. I've enjoyed learning about domestic violence prevention and witnessing how committed individuals who run these programs are to making their communities safer. This opportunity has encouraged me to pursue my interests in health policy to improve the quality of health services for marginalized populations.”*

— Fanta Jimissa  
UC Berkeley



## TRAINEE ENGAGEMENT: Meet our Research and Policy Fellows



### Camila Hurtado, MS

MD MS Student, UCSF-UC Berkeley Joint Medical Program

Camila's graduate work is focused on developing policy solutions to increase the affordability of insulin for low-income populations across California. Her interests include addressing social determinants of health through medicine, health administration, and health policy.



### Denzel Tongue

MPP Student, UC Berkeley Goldman School of Public Policy

Denzel works to strengthen our legislative relationships and co-lead the Economic Supports briefing. His interests focus on economic support for low-income Californians, and he regularly writes for CalMatters on topics surrounding race and equity.



### Camille Cooley

MPH Student in Health Policy & Management, UC Berkeley School of Public Health

Camille led our 2021 Health Equity Scholars Program with ITUP and co-lead our recent Economic Supports briefing. Her interests include disability policy, improving access to care for low-income populations and immigrant communities, accountable care organizations, alternative payment models, and Medicaid policy.



### Morris Richardson, MPH

Health Policy & Management, UC Berkeley School of Public Health

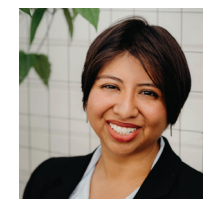
Morris has been with us since the beginning of Cal-IHEA, significantly building our legislative relationships and orchestrating our early evidence briefings. He is now an Administrative Fellow with the Houston Methodist Hospital System.



### Tanie Chantara, MPH

Health Policy & Management, UC Berkeley School of Public Health

As a Fellow, Tanie led our collaboration with BluePath Health and the Connecting for Better Health Coalition and examined how a statewide Health Information Exchange (HIE) would advance health equity in California. She is now an Administrative Fellow with Kaiser Permanente.



### Michelle Carrera, MPH

Health Policy & Management, UC Berkeley School of Public Health

Michelle has led evidence briefings, co-authored several policy briefs, and strengthened our legislative relationships during her time with Cal-IHEA. She is now a Health Policy Consultant with Manatt, Phelps & Phillips, LLP.



### Jesus Chavarin Rivas

MPP Student, UC Berkeley Goldman School of Public Policy

Jesus led our “Behavioral Health Workforce” evidence briefing and co-authored the Protecting California's Essential Workforce During the COVID-19 Emergency policy brief. His interests include Medicaid policy, improving access to care for underserved communities, and health policy impacting immigrant communities.

## TRAINEE ENGAGEMENT: Postdoctoral Fellowship in Health Equity & Implementation Science

The Postdoctoral Fellowship in Health Equity & Implementation Science provides early-stage investigators with the opportunity to conduct innovative research focused on improving health equity in health care systems, understand and address the social determinants of health, and contribute to operational and strategic changes within the Sutter Health system. The fellowship emphasizes using dissemination and implementation research methods to tackle health disparities. The fellows are mentored by UC Berkeley School of Public Health faculty and [Sutter Health Institute for Advancing Health Equity](#) researchers to generate new research evidence to improve health equity and drive innovation in care delivery.



**Rachel Berkowitz, DrPH**

“This postdoc offered the opportunity to continue to grow my research with Dr. Mahasin Mujahid’s PLACE research group, focusing on the ways in which neighborhoods, shaped by structural racism, impact racial and ethnic inequities in birth outcomes and maternal outcomes. It was invaluable to engage in new projects with Sutter Health investigators and with Berkeley and Stanford colleagues in social epidemiology.” Dr. Berkowitz joined San Jose State University’s Public Health and Recreation Department as a tenure-track Assistant Professor in Public Health in Fall 2021.



**Linh Bui, PhD**

“Given that my research is focused on low-income women and children and people with mental health issues, and reducing disparities in healthcare for these populations, the collaboration with UC Berkeley and Sutter Health gave me the opportunity to conduct research that has the potential to directly improve care quality for vulnerable patients and to advance health equity.”

Dr. Bui joined the Nursing Department at California State University, Bakersfield as a tenure-track Assistant Professor in Public Health in Fall 2021.

## Health Career Connection Health Equity Scholars

In partnership with [Health Career Connection \(HCC\)](#), Cal-IHEA oversees teams of underrepresented undergraduate student interns who work to advance timely health equity research initiatives. Over the past two summers, we have had more than 30 interns focused on various projects ranging from telehealth implementation, upstream interventions to end intimate partner violence, COVID-19 hospitalizations, and food insecurity. Over ten weeks, interns complete

various qualitative and quantitative research tasks, and they prepare a final report summarizing their findings.



Screenshot from a Zoom meeting with our HCC Health Equity Scholars, Summer 2020.

## TRAINEE ENGAGEMENT: ITUP Health Equity Scholars Program

Cal-IHEA supports UC, CSU, and University of Southern California (USC) students to attend the Insure the Uninsured Project (ITUP) annual conference, participate in workshops, and engage healthcare policymakers and professionals at a networking reception. In the weeks leading up to the ITUP conference, scholars participate in preparatory webinars and have access to professional development resources on topics ranging from op-ed writing to contributing to the state policymaking process.

**Rianna Garcia**

San José State University



“I was able to leave the conference with an expanded network consisting of insightful leaders and students alike. I learned so much about the current efforts and the next steps to achieving health equity, and I am grateful I was provided the opportunity to do so. Thank you so much to Cal-IHEA for allowing several others and I the opportunity to partake in the enlightening, inspiring Health Equity Scholars program.”

**Sofia Reyes**

University of Southern California



“Over the course of the past months as a Cal-IHEA health equity scholar, I have felt nothing short of inspired. The Cal-IHEA staff, and the lessons they provided leading up to our conference, were informative and inspiring. Since most of my undergraduate career thus far has been focused on the medical and biological side of healthcare, I was very happy to get a deeper introduction to health policy, through lessons on the California legislative process, initiatives such as Whole Person Care, and a description of Medi-Cal.”

**Oscar Ramos**

UC Berkeley



“Learning directly from health policy leaders and seeing how policy yielded upstream solutions in increasing health equity among Medi-Cal beneficiaries inspires me since I am from the Central Valley where resources are limited and health disparities are exacerbated due to issues of access to care. Hearing about such innovative solutions fires my motivation to one day be able to return to my community to increase health equity via policy and other upstream solutions.”



# MEET OUR ADVISORY BOARD

Our Advisory Board provides guidance on projects, strategies, and program affiliations. We are grateful for their support and partnership.



**Claire Brindis, DrPH, MPH**  
Professor, UC San Francisco



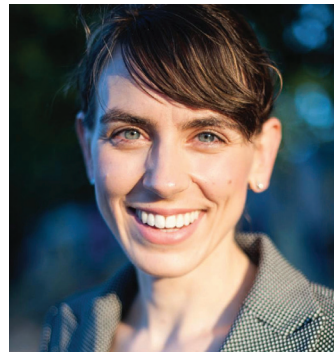
**Nancy J. Burke, PhD**  
John D. and Catherine T. MacArthur Foundation Endowed Chair & Professor, UC Merced



**Garen Corbett, MS**  
Director, California Health Benefits Review Program, UC Berkeley



**Michael C. Lu, MD, MS**  
Dean, School of Public Health, UC Berkeley



**Lisa Murawski, MA**  
Chief, Benefits Division, California Dept. of Health Care Services



**Ninez Ponce, PhD, MPP**  
Director, UCLA Center for Health Policy Research, Professor, UCLA



**Jeffrey Reynoso, DrPH**  
Executive Director, Latino Coalition for a Healthy California



**Efrain Talamantes, MD, MBA, MS**  
Chief Operating Officer at AltaMed Health Services



**Reginald Tucker-Seeley, ScD**  
Edward L. Schneider Chair in Gerontology, Leonard Davis School of Gerontology, University of Southern California

# THANK YOU TO OUR FUNDERS AND PARTNERS

We would like to express our sincere gratitude to our generous funders and to our partners.

## Our Funders Include:



## Our Partners Include:





Outside gardens at the Multicultural Institute, with Comunidad for Health Equity undergraduate students who had just completed training on how to interview day laborers for Cal-IHEA's East Bay Day Labor Study.

## How You Can Be Involved

Please reach out to us if our work resonates and you see opportunities to partner so that, collectively, we can have a greater impact in our work to advance health equity.

## How You Can Help

As an independently-funded center based at UC Berkeley, we rely entirely on supporters like you to fund our work. Please consider making a donation to the [UC Berkeley School of Public Health Changeloger Fund](#).

**Berkeley** Public Health

California Initiative for Health Equity and Action  
2121 Berkeley Way, #5427, Berkeley, CA 94720  
Email: [healthequity@berkeley.edu](mailto:healthequity@berkeley.edu)  
Web: [healthequity.berkeley.edu](http://healthequity.berkeley.edu)

