

#### Called to Care So That

# We Achieve Health Equity in California

Health inequity in America—including in California—has its roots in systemic racism and other forms of social injustice that are highly resistant to change. But it can change—and Called to Care is determined that it will change.

We promote strong local communications and connections between health care providers and community stakeholders to address not only health disparities but also the racial, social and economic structures that affect the way people live, their chance of illness and their risk of premature death. We aspire to be a truly health-equitable Golden State—one where differences in race, ethnicity, sexual orientation, gender identity, immigration status, age, physical and behavioral capabilities, and economic conditions are recognized, and all people are seen and valued for the dignity they inherently hold. Every Californian deserves access to high-quality, compassionate, culturally and clinically competent health care.

California's Catholic health systems are, by far, the state's leading provider of care to patients with Medi-Cal (Medicaid) coverage.

#### Overview: Health Inequity in California

California is strengthened by our diversity. We are a state with large rural and urban populations, a range of industries and no racial or ethnic majority. But there are significant health disparities across demographic groups.

For instance, the Black population in California has a significantly lower life expectancy compared to the state's population overall—75.1 years compared to 80.8 years. Black childbearing women suffer from higher rates of low-risk, first-birth cesareans, preterm births, low-birthweight births, infant mortality and maternal mortality. A study by the UCLA Center for Health Policy Research found that Latinos are less likely to have health insurance due to lack of coverage through an employer and barriers such as citizenship restrictions on access. Californians with Medi-Cal are more likely to smoke and have high blood pressure.

## Working Together to Advance Health Equity

Called to Care supports the community-engagement model of our state's Catholic health systems and Catholic-affiliated hospitals to improve health and advance health equity. An essential part of California's health care safety net, our state's Catholic providers work closely with a wide range of organizations, such as the NAACP, AARP, United Way and many local groups to improve health and address social factors that contribute to health disparities.

In regions across the state, Catholic providers collaborate with others to improve community health for all through actions and initiatives focused on:

- Eliminating our role in systemic racism and exclusion. Recognizing the profound effect racism and exclusion in any form have on the health and well-being of individuals and communities; addressing the systemic causes of health disparities among underserved and vulnerable populations, including social determinants of health such as food insecurity, housing, education and criminal and environmental justice—which disproportionately affect low-income and minority communities; and advocating for access to quality health care services for all.
- Committing to Change for Health Equity. Improving health equity in clinical care and research; providing resources for cultural and linguistically appropriate care, including supporting increased language access services and multi-lingual materials; committing to diversity and inclusivity in hiring and business practices at every level of health care; and holding leaders accountable.
- Building Right and Just Relationships with Diverse Communities. Building and strengthening trust with communities of
  color, LGBTQ+, and those among us who have been marginalized; listening to and understanding the needs of vulnerable
  communities; and forging community partnerships to bring about sustainable change.

Called to Care also supports the efforts of state health providers and organizations to closely measure health disparities and support data-driven policies and initiatives that drive meaningful change.



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### Responding to Disparities Exposed by COVID-19

The COVID-19 pandemic has exposed stark health inequities in our nation. Through August 2021, Black, Latino and Indigenous Americans have proportionally suffered at least twice as many deaths due to COVID-19 as the white population.

In California, Catholic-affiliated health care providers have collaborated with local governments and organizations to help address the disparities of the pandemic. Providence distributed 76,000 COVID-19 testing kits to reduce the spread of the disease, developed bilingual educational content and tools, and trained multi-lingual community health workers to deliver clinic-based and in-home care.

In Los Angeles, Dignity Health collaborated with the city government, the NAACP and other partners to host a large-scale pop-up clinic that vaccinated more than 20,000 people from high-risk communities. The initiative also provided transportation to the clinic to overcome mobility challenges faced by many people of color. Catholic-affiliated hospitals also hosted vaccination clinics in rural parts of the state.

#### Health Equity Initiatives in Action

Beyond helping to address COVID-19 health disparities, California's Catholic-affiliated health care providers support numerous community-centered initiatives to address disparities in health care and outcomes, including:

#### **Providence Collaboration with Live Chair**

To tackle one core health disparity among Black communities in Southern California—higher rates of hypertension (high blood pressure)—Providence is partnering with Live Chair, a technology company that trains barbers and brings health assessment tools into barbershops and salons. This partnership provides needed health education and screening in trusted, community-based locations.

#### **Dignity Health Partners with Lestonnac Free Clinic**

In San Bernardino, Dignity Health and the Lestonnac Free Clinic work together to provide medical and dental care to low-income and uninsured patients, treating thousands of people including undocumented immigrants who otherwise would not have access to care.

Our role as care providers is to create more equitable policies and engage in more equitable practices. We need to bring care to these communities and stop expecting them to come to us.



Alisahah Jackson, M.D.

System Vice President, Population Health Innovation and Policy, Dignity Health

We're asking our teams in local communities and businesses to focus on not just studying health disparities, but on implementing actual interventions that will help people by resolving health disparity and inequities.

Rhonda Medows, M.D.

President of Population Health Management, Providence

#### **About Called to Care**

Called to Care aims to improve the health of every person in our state by supporting strong connections between safety net health care providers and the organizations in our communities tackling our most urgent health and social challenges.

Called to Care is a project of the Alliance of Catholic Health Care, together with members Dignity Health and Providence.



## Connect with Us.

Connect with Called to Care to help build stronger ties between health care providers and community organizations to address California's most pressing social challenges. https://calledtocareforall.org/register