



**Office of Health Equity Advisory Committee Meeting
Meeting Minutes
March 25-26, 2014**



Location:

**Sierra Health Foundation
1321 Garden Highway, Sacramento, CA 95833**

OHE AC Members Participating:

Sergio Aguilar-Gaxiola, MD, PhD
Paula Braveman, MD, MPH
Delphine Brody
Jeremy Cantor, MPH
Rocco Cheng, PhD
Kathleen Derby, MA
Aaron Fox, MPM
Sandi Gálvez, MSW
Alvaro Garza, MD, MPH
Cynthia Gómez, PhD
Carrie Johnson, PhD
Neal Kohatsu, MD, MPH
Dexter Louie, MD, JD, MPA
Francis Lu, MD
Gail Newel, MD, MPH
Teresa Ogan, MSW
José Oseguera, MPA
Hermia Parks, MA, RN, PHN
Diana Ramos, MD, MPH
Patricia Ryan, MPA
Linda Wheaton, MURP, AICP

Members Absent:

Yvonna Cázares, BA
General Jeff
Pastor Willie Graham
Ellen Wu, MPH

State Officials/Staff:

Ron Chapman, MD, MPH Director, California Department of Public Health
Jahmal Miller, MHA Deputy Director, Office of Health Equity

Julia Caplan, MPP, MPH, Program Director, Public Health Institute
Marina Castillo-Augusto, MS, OHE Staff Services Manager
Tamu Nolfo, PhD, OHE Special Consultant
Connie Mitchell, MD, OHE, Unit Chief, Policy

Guests:

Lupe Alonzo-Diaz, M.P. Aff., Deputy Director, Office of Statewide Health Planning and Development, Healthcare Workforce Development Division
Chet Hewitt, JD, President and CEO, Sierra Health Foundation and the Center for Health Program Management
Patrick Manh Le and Lindsay Petersen, External Affairs, Covered California
Carla Saporta, MPH, Health Policy Director and Jordan Medina, Policy Fellow, Greenlining Institute



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Day 1: March 25, 2014

AC Attendees in Person: Sergio Aguilar-Gaxiola, MD, PhD; Paula Braveman, MD, MPH; Delphine Brody; Jeremy Cantor, MPH; Rocco Cheng, PhD; Kathleen Derby, MA; Aaron Fox, MPM; Sandi Gálvez, MSW; Alvaro Garza, MD, MPH; Cynthia Gómez, PhD; Carrie Johnson, PhD; Neal Kohatsu, MD, MPH; Dexter Louie, MD, JD, MPA; Francis Lu, MD; Gail Newel, MD, MPH; Teresa Ogan, MSW; José Oseguera, MPA; Hermia Parks, MA, RN, PHN; Diana Ramos, MD, MPH; Patricia Ryan, MPA; Linda Wheaton, MURP, AICP

9:00 a.m. Convene Meeting and Welcome | Introductions | Agenda Review | Logistics

Sandi Gálvez, MSW, Chair of the Office of Health Equity (OHE) Advisory Committee (AC), called the OHE-AC meeting to order. She requested OHE-AC members to provide a brief introduction and a value or key notion they would like to see come out of the strategic planning process. Sandi provided a brief overview of the OHE-AC meeting agenda and invited Cynthia Gomez to provide an overview of how to run the meeting under the Robert's Rules of Order to effectively move the meeting forward.

Motion: Roberts Rules of Order

Sandi Gálvez made a motion to accept Cynthia Gómez' recommendations to not require seconds when a motion is proposed and for OHE-AC members to reach consensus on wording of each motion prior to introducing it to the committee, per modern parliamentary procedure. There were no objections.

(Motion made)

Vote: Motion approved.

Motion: September 26-27, 2013, Meeting Minutes

Sandi Gálvez made a motion to amend the September 2013 meeting minutes by removing the statement, "AC members addressed the need to establish an aligned message prior to meeting with community leaders."

(Motion made).

Vote: Motion approved.

Public Comment – Section 1.

(please reference attached public comment section)

January 6-7, 2014, Meeting Minutes

Sandi Gálvez asked OHE-AC members to review the January 6-7, 2014 draft staff notes. There were no comments or concerns. The public was invited to provide comments on the draft staff notes.

Public Comment – Section 2.

(please reference attached public comment section)

Sand Gálvez made a motion to approve the January draft staff notes.

(Motion made).

Vote: Motion approved.



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Motion to Amend: OHE-AC Bylaws

Sandi Gálvez asked OHE-AC members to provide feedback on the Bylaws. An OHE-AC member highlighted discrepancies within page 4, stating it was unclear whether or not community members within subcommittees have voting rights. Delphine Brody proposed to amend the Bylaws within paragraph 4, section E, so that outside experts can participate as voting members of subcommittees and that paragraph 3, section E, be clarified accordingly so that it would say "subcommittees shall be comprised of OHE-AC voting members and community voting members" and leave out "appropriate."

(Motion made).

CDPH Office of Legal Affairs (OLA) personnel will investigate and provide feedback. Bylaws discussion continued regarding wording on pages 3, 4, 6 and 7.

Dexter Louie motioned to refer to CDPH OLA personnel for wording of Bylaws.

(Motion made).

Vote: Motion approved.

Public Comment – Section 3.

(please reference attached public comment section)

10:00 a.m. Welcome and California Department of Public Health (CDPH) Update

Dr. Chapman, MD, MPH, Director, California Department of Public Health, provided updates on the CDPH budget hearings, Senate Budget Subcommittee hearings, and CDPH seeking national accreditation for the department. He thanked the OHE-AC members for their time, and felt confident they would contribute to the completion of a valuable strategic plan.

10:20 a.m. Presentation – OHE and Strategic Planning Update

Jahmal Miller, MHA, OHE Deputy Director, thanked the Sierra Health Foundation for its hospitality and the OHE staff for preparing and planning for this two-day meeting. He then provided an overview of the goals of the strategic plan, and described them as a catalyst to build capacity and financial resources. He introduced new OHE staff member, Tamu Nolfo, PhD, recently brought on to work with the OHE-AC members to develop the strategic plan. He confirmed the due date for the strategic plan and demographic report as July 1, 2014, and explained the approval process would include CDPH, California Health and Human Services Agency (CHHS) and the Governor's office.

Within Mr. Miller's presentation, he captured the importance of building a strong foundation, and how it attributes to sustainability. He talked about social determinants and the need to transform the conditions in which people are born, grow, live, work, and age, as those conditions determine the extent to which health and mental health is achieved. Dr. Nolfo, OHE Special Consultant, provided an overview of what to expect during the small discussion groups and other opportunities to provide feedback on the developing plan.

Public Comment – Section 4.

(please reference attached public comment section)



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10:50 a.m. Break

11:00 a.m. Presentation – Office of Statewide Health Planning and Development (OSHPD) Healthcare Workforce Development

Lupe Alonzo-Diaz, M.P. Aff., Deputy Director, Healthcare Workforce Development Division provided a quick overview of how the Affordable Care Act is impacting the healthcare workforce, specifically primary care and mental health access. She shared how OSHPD partners with entities such as the Health Resource Service Administration (HRSA) to address the shortage in professional healthcare services. OHE-AC members discussed opportunities to address healthcare for the LGBT population and certification requirements for people enrolling in the programs offered.

Public Comment – Section 5.

(please reference attached public comment section)

11:40 a.m. Lunch Break

12:40 p.m. Presentation – The California Reducing Disparities Project (CRDP)

Marina Castillo-Augusto, MS, OHE Staff Services Manager provided a brief overview of CRDP and how it relates to the OHE Strategic Plan. CRDP was built from grassroots partnerships with multi-cultural community stakeholders as an effort to grow community-defined practices that yield positive results with a focus on prevention and early intervention of health and mental health problems. OHE-AC members discussed the goals and charge of the CRDP.

Public Comment – Section 6.

(please reference attached public comment section)

1:20 p.m. Presentation – Health in All Policies (HiAP) Task Force

Connie Mitchell, MD, OHE, Unit Chief, Policy Unit, and Julia Caplan, MPP, MPH, Program Director, Public Health Institute, provided an overview of the teams within the Policy Unit and the work they do in regards to Climate and Health, Healthy Places, and Health in All Policies. These initiatives address inequities affecting California's vulnerable communities, who suffer the most from climate change and stand to benefit from a wide range of policies that are made inside and outside of health departments.

Public Comment – Section 7.

(please reference attached public comment section)

2:00 p.m. Presentation - Covered California

Patrick Manh Le and Lindsay Petersen, External Affairs, provided an overview of Covered California, and emphasized their continuous efforts to meet the unique need of diverse communities, immigrants, and the uninsured. The presentation provided brief summaries of their cross-sectoral initiatives to capture new enrollees and their enrollment penetration, and highlighted their struggles with getting the Latino population enrolled in health benefit plans. OHE-AC members asked questions, provide feedback, discussed and critiqued the Covered California strategic initiatives to get Californians enrolled in universal health care.



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Public Comment – Section 8.

(please reference attached public comment section)

2:40 pm. Break

2:50 p.m. Presentation – Strategic Framework Small Group Discussions

Tamu Nolfo, PhD, OHE Special Consultant presented the draft Strategic Framework and reviewed A-E strategic plan priorities. OHE-AC members discussed the strategic framework, including whether it was created for the State or all sectors, and how to track progress. OHE-ACE members quickly separated into small discussion groups by strategic priority. In those groups, they developed detailed responses, highlighted concerns and advantages, and identified potential partners. Members of the public were invited to join the group(s) of their choice and provide feedback.

4:30 p.m. Debrief | Public Comment Period/Public Comment for Items Not on the Agenda

As OHE-AC members regrouped, Dr. Nolfo led a discussion period with members to review the timeline, options to disseminate the strategic framework, and how to gather public feedback. The OHE email address was provided as an option for electronic feedback.

Public Comment – Section 9.

(please reference attached public comment section)

5:00 p.m. Closing and Adjournment

Sandi Gálvez, MSW, OHE Advisory Committee Chair, thanked everyone for participating and ended the proceeding.



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Day 2 – Wednesday, March 26, 2014

AC Attendees in Person: Delphine Brody; Jeremy Cantor, MPH; Rocco Cheng, PhD; Kathleen Derby, MA; Aaron Fox, MPM; Sandi Gálvez, MSW; Alvaro Garza, MD, MPH; Carrie Johnson, PhD; Neal Kohatsu, MD, MPH; Dexter Louie, MD, JD, MPA; Francis Lu, MD; Gail Newel, MD, MPH; Teresa Ogan, MSW; José Oseguera, MPA; Hermia Parks, MA, RN, PHN; Diana Ramos, MD, MPH; Patricia Ryan, MPA; Linda Wheaton, MURP, AICP

9:00 a.m. Convene Meeting and Welcome | Agenda Review | Logistics

Sandi Gálvez, MSW, OHE Advisory Committee Chair, called the OHE-AC meeting to order. Sandi provided a brief overview of the meeting agenda, and the intent to separate into small discussion groups and cross-pollinate groups in order give OHE-AC members a chance to track progress and provide feedback. During the discussion period, there were inquiries on whether the strategic framework was meant for state entities or for all sectors due to unclear usage of words such as, “cross-sector vs. multi-sector”, “inequity vs. disparity”, and what the word “institution” implied.

9:20 a.m. Presentation – The Greenlining Institute

Carla Saporta, MPH, Health Policy Director and Jordan Medina, Policy Fellow, The Greenlining Institute, provided a brief overview of Greenlining Institute and their work to increase opportunities and improve health outcomes for boys and men of color through expanding the healthcare workforce. OHE-AC members provided feedback on the work of The Greenlining Institute and how it pertains to expanding opportunities for their communities.

Public Comment – Section 10.

(please reference attached public comment section)

10:00 a.m. Presentation – Sierra Health Foundation and The Center for Health Program Management

Chet Hewitt, JD, President and CEO of Sierra Health Foundation and the Center for Health Program Management provided historical background regarding Sierra Health Foundation and their focus on health equity, the evolved understanding of social determinants and its effect on health and mental health. Chet Hewitt briefly explained how multiple institutes worked together as partners to address social determinants such as; where one was born, where they lived, their educational background and how poverty specifically affected health and welfare. He shared about programs initiated by the Sierra Health Foundation that focused on place-based practices, rural communities, farm communities, and incentivized programs. OHE-AC members felt the presentation was informative and provided many perspectives to consider with developing the strategic initiatives.

Public Comment – Section 11.

(please reference attached public comment section)

10:50 a.m. Strategic Framework Small Groups (Continued from Day 1)

Tamu Nolfo, PhD, OHE Special Consultant, provided a brief overview and expectations for the small discussion groups, as an opportunity to share and exchange conclusions on each of the strategic priorities. OHE-AC members were asked to separate into their small discussion groups and invited the public to participate in the group(s) of their choosing.



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12:00 p.m. Lunch Break

1:00 p.m. Strategic Framework Report Out of Small Groups

As OHE-AC members reconvened, Dr. Nolfo updated the members with changes to the agenda by allowing them to return to their groups to finalize analysis of their assigned strategic priorities and explained they would later partner with another group to share progress and conclusions. OHE-AC members asked for clarity on who would be implementing the strategic plan, and it was explained the plan was meant for the entire state of California, with OHE overseeing its coordination. Dr. Chapman explained the law mandated that a strategic plan be created to achieve health equity in the state of California. To achieve health equity, OHE along with other offices and departments in state government, as well as numerous partners outside of the state system, would work together. OHE-AC members were asked to separate into small discussion groups once again.

2:50 p.m. Break

3:00 p.m. Strategic Framework Report Out of Small Groups

OHE-AC member reconvened, and Sandi Gálvez asked for each group to select a representative to report out to the committee and the public, synthesizing feedback from their groups around proposed changes, additions or deletions to their initiatives.

Group A – Identify and Disseminate Actionable Information on Disparities
Reported by Delphine Brody

Group B – Embed Health, Mental Health, and Equity into Institutional Policies and Practices across Non-Health Fields
Reported by Connie Mitchell

Group C – Embed Equity into Institutional Policies and Practices across the Health Field
Reported by Sandi Gálvez

Group D – Empower Communities in Disparity Reduction Initiatives
Reported by Karen Ben-Moshe

Group E – Develop and Align Sustainable Multi-Sector Infrastructure and Support
Reported by Aimee Sisson

During the discussion period, an OHE-AC member provided the suggestion to include definitions for what the word “health” encompasses (mental health, physical health, clinical services, and public health) and to explain what social determinants and root causes referred to. OHE-AC members wanted to see the strategic plan identify in its introduction the populations impacted, who the vulnerable communities were, and what vulnerable places meant (definitions from the California Health and Safety Code Section 131019.5).

Public Comment – Section 12.

(please reference attached public comment section)



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4:15 p.m. Next Steps

Tamu Nolfo provided a brief overview of the next steps, asked OHE-AC members to submit their notes, highlighted the importance of gathering feedback from constituents in a timely manner, and briefly described the administrative process for approving the strategic plan. Members discussed whether to move forward with the existing May meeting dates or not and inquired about extending the July 1, 2014 strategic plan deadline.

Motion: Extension of the Strategic Plan Due Date

Patricia Ryan called for a motion to ask the legislature to allow an additional month to solicit public input for the strategic plan.

(Motion made).

OHE-AC members and OHE staff discussed about whose responsibility it was to complete the strategic plan by July 1, 2014. While it is the OHE-AC's responsibility to provide input on the plan, it is ultimately the OHE's responsibility to write it and submit it through the administrative process to have it approved by the date in the mandate that create the OHE. Many agreed that this would be a difficult deadline to meet, and still accommodate sufficient interaction with stakeholders.

Public Comment – Section 13.

(please reference attached public comment section)

Motion to Amend: Extension of the Strategic Plan Due Date

Patricia Ryan motioned to amend her original motion to request the strategic plan deadline be moved to October 1, 2014.

(Motion made).

Vote: Motion approved.

5:00 p.m. Closing Comments and Adjournment

Sandi Gálvez adjourned the meeting.



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Day 1: March 25, 2014

Motion: September 26-27, 2013, Meeting Minutes

Public Comment – Section 1.

n/a

January 6-7, 2014, Meeting Minutes

Public Comment – Section 2.

n/a

Motion to Amend: OHE-AC Bylaws

Public Comment – Section 3.

BETH MALINOWSKI:

Hi, Beth Malinowski, California Primary Care Association. I represent Community Clinics and Health Centers across the state.

To the comment earlier regarding subcommittee makeup, which gets me thinking about a broader concept I just want to bring forward here that I think might be useful if you think about. So your bylaws are also just a more broad strategic plan and how we think about implementing it. Just really making sure that every point possible, we're really creating the space for engagement of communities and also organizations that represent communities. So I think about the space here today, and while there are providers that are part of this group, it's primarily behavioral health providers. Just want to throw out if we especially think about capacity building, long-term sustainability, concepts of access to care as it relates to the health of our communities that we're thinking about our safety and providers as well, and making sure they're part of the conversation.

So I think actually as I'm here also about other advisory committees that we're a part of or that we play this role where we're not officially part of the Advisory Committee but participate as a member of the -- just kind of broader observers.

And when I think about actually the Sac (sic) Committee, which is the Committee of Public of Healthcare Services, whenever they have an advisory committee meeting, they make sure to do E-mails out to a broader community stakeholders, even when they're preparing their agenda, they go ahead and do that as well, to make sure they're thinking about as many persons, getting as much feedback as possible going into the process. There's something to suggest that just hearing that this group is still new, to just think about, you know, learning from your own peers about ways to really enhance the ability of a group to get involved.

Thank you.

10:20 am. Presentation – OHE and Strategic Planning Update

Public Comment – Section 4.

n/a

11:00 am. Presentation – Office of Statewide Health Planning and Development (OSHPD) Healthcare Workforce

Public Comment – Section 5.

LILYANE GLAMBEN:

On slide 5, do you have that access to information about mental health or behavioral health providers?



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Bill Glasser:

Just wanted to find out more about the promotores meeting that you were mentioning and love to participate. Thank you. If you could give me some contact info.

ASHLEY ROSALES:

Okay. I'll be quick. Thank you for a wonderful presentation. My name is Ashley Rosales. I'm a registered dietician, nutritionist with Dairy Council of California and also public policy representative for California Dietetic Association. In this wonderful presentation, I failed to see points of the role that registered dietician nutritionists have in nutrition promotion, prevention, policy, and access to healthy food, which is obviously critical to community health and healthy workforce. So I just wanted to extend awareness of that and to be involved in whatever capacity to support the role of that in this discussion. -Thanks.

12:40 pm. The California Reducing Disparities Project (CRDP)

Public Comment – Section 6.

KATE KARPILLOW:

Hi, everyone. I'm back. I want -- I want to make two points. I want to first say that the effort CRDP did was truly groundbreaking of deep policy and practice import, reflects considerable leadership on the part of the state, and Marina in particular, for stewarding this through a highly collaborative process, which is the way to go. Saying that, as you all know from previous testimony, I have concerns about the past of this project, which is that there was no systematic analysis of the implications of gender, being women and girls, in the population reports.

And that was then. This is now. And I'm not one to beat things up that was then. So the question is, what are you going to do now? And I would ask the members of this committee to see this as an opportunity as well as staff, that you have \$60 million going out in state money. And that we should be concerned, as I know my friend Darcel Lee is, that when we roll out funds to deal with African-American population, that we're really looking at depression among African-American woman, that we're looking at the implications of mental health for domestic violence victims in all these different populations.

And I see so many heads going up and down. I have had a marvelous conversation, a deep important, I think ground-breaking conversation, which Jahmal Miller last month. I'm very hopeful but it will take those of you in this room to keep raising this question and to make sure there's -- there's contract language about gender that you're evaluating on the basis of gender, and that there's program money specifically targeted to women, girls and men and boys, because sexual socialization affects both in different ways, and public resources will not be well-spent unless you look at the implications of gender and socialization. That's my bit. Thank you very much for the time.

1:20 pm. Health in All Policies (HiAP) Task Force

Public Comment – Section 7.

GABINO ARREDANDO:

Hello. Good afternoon. My name is Gabino Arredando. I work with the City of Richmond, and just wanted to commend of the work of the Health in All Policies group, and also kind of bring the link to how anything that gets created at the state level, how it's going to impact the local level. And I think with the example of the Health in All Policies group, I think the beginning session people talked about the capacity building and the city has been able to use a lot of the resources and a lot of material that has been coming out of this group to be able to put it in our own area.



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The City of Richmond is currently creating a Health in All Policies strategy and ordinance which creates an interdepartmental group to get all these concerns together and try to (inaudible) together with the school district, with the Health Department, and with the city. And so, for example, I think somebody mentioned community gardens, somebody mentioned ramps. There's an actual entity that somebody could go talk to get their concerns met. So as you develop your strategic plan, we don't forget that cities and local and community-based organizations have somebody to talk to, a person, to be able to implement the different things identified. And our last barrier has been -- one of our biggest barriers has been data. So we have been -- the example of having local data is very important, but for us, its neighborhood-linked level data. So, for example, in our zip code in Richmond, the Iron Triangle of Point Richmond is the same zip code, which is one of richest and poorest neighborhoods in the area. So sometimes we need to have data that's really at the local level to make those decisions so I can get our Public Works department excited or our Code Enforcement Department excited to work on health.

And we use this data to inform our training, so we have training for 700 staff members on health equity, but we still need those resources, we still need those expertise. Our health department is in the county, so they have to give priorities to different cities. But we say that, you know, the City of Richmond has high health disparities, so we need access to that information, access to those resources, and public health data, that we can get from the county and from the state to being able to implement what we have. Thank you

DARCEL LEE:

Thank you. Darcel Lee from California Black Health Network. I think the work you all have done has just been outstanding and I really commend you for bringing together 19 agencies to work on this, because I know what a collaboration like that must take. But I also really echo what the previous gentleman just said, is that there's a lot of work being done at the local level, and how are you going to integrate the work from community-based organizations, especially advocacy organizations that are working on Health in All Policies as well into what you're doing?

The reason I say that is I know in our organization, we're doing a lot of work with the churches and we're asking them what does a healthy community look like to you? And letting them define for us what that looks like, and then taking data and using it as we have some of our programs and our policy-making. And it's been very incredible to listen and hear what people in the community actually think a healthy community looks like, and then take that data and aggregate it as we develop our policy-making strategies.

So I think there is some opportunity in working with some of the community-based organizations to incorporate into what they're doing as well. Thank you.

KATE KARPILLOW:

I actually have more of a question, which is on the violence prevention and public safety objective that you have. Have you integrated any of the groups at the state level to work on domestic violence like out of the AG's office or (inaudible)?

RAJI MITRI:

This is Raji Mitri, member of the Racial and Ethnic Mental Health Disparities Coalition and the CMNC. Aging adults, particularly aging single adults and especially aging single males who do not have much support and experience transition of serious nature like losses of employment, relationships, identity in the community are highly vulnerable for serious mental and physical health risks.

This group that must not be subsumed under older adult populations needs more attention in health equity. I think really they have been overlooked. We need to be looking at that aging population, call it transition



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aging older adults, if you want. But they are in a very vulnerable place as they move into the older years. And we must catch them before they fall into serious depression, substance abuse, and suicide risk.

2:00 pm. Covered California

Public Comment – Section 8.

DARCEL LEE:

Good afternoon. I wanted to take this opportunity to make a comment, because we are -- California Black Health Network is a Covered California grantee, and we have been entrenched in this work for the last six months. Along with Covered California, we have a lot of boots on the ground. Your question was a very good one and I wanted to make sure we answered that for you.

First, I want to talk a little bit about -- and I'll do it quickly, so that sign won't go up. It's been a build as you go process. We're all learning just like Medi-Cal -- Medicare was, like social security is. This has been a build as you go process. And we're learning together. And I will say that Covered California has taken a lot of time to work with us on our concerns, of which we have had many, and has been supportive and has been very responsive.

There's a trust issue in our community, a big trust issue. And we have had to spend a lot of time on the ground explaining to people what this is, why it is, how do you do it, and what's good for them, and what isn't. That's been major. And we have found that it took a lot more time than we thought it would with educating folks as to why they even needed it. It takes one-on-one as -- as they mentioned. It takes partnering with a number of organizations. We have a collaborative of ten organizations across the state. We need more. It takes a lot to explain the plans, because what has happened, we found, is exactly what someone mentioned, someone will buy a silver plan and they really need the bronze, because they don't enough about it. They end up with more out-of-pocket expenses.

So we have now partnered with enrollers to help explain these things a lot better. There's concern among our doctors, because the doctors have been cherry-picked in some cases and are not part of -- our black doctors, and are not part of the health plans. So that's been a big concern and we're working on that from a policy level right now. Those were challenges and opportunities. We're doing a leg briefing for the California Black Caucus. We'll be doing that right after the numbers are official, so that we can help them understand what the challenges and opportunities are and get them to partner with us to work on meetings and have more opportunities for events and town halls in their districts, so we can get more people covered. We going after our own set of celebrities. We're looking for celebrities, okay, that can speak on behalf, because we know in our community, a lot of folk listen to the celebrities.

We increased and stepped up our efforts for after March 31st to work with churches. And we have been working with them, but we got to do it at a greater level, because our folk still listen to their preachers. And then working on a plan for earned media buys is something else we're looking at. We respond to hearing what's on radio and TV, and we haven't had a lot of that. So we're trying to do that as well, using celebrities as spokespersons. Those are some of the high-level briefings that we're doing, but we're trying to do more as well.

GABINO ARREDANDO:

Hello. My name is Gabino. I'm with the City of Richmond. I also wanted to make a point with my previous comment about getting local data in these initiatives. So, for example, we're not an enrollment entity. The City of Richmond is not a grantee, but we're very supportive, because it's in our general plan. It's part of our Health in All Policies. And many CEOs are part of trying to get more people enrolled.

However, when we try to find out the data about how many are uninsured in Richmond at the city level so we can give a call to action; hey, we need 20,000 people that are uninsured; you know, it took us awhile to figure



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out how many people we had uninsured. It was different people who were telling us different numbers. And this impacts us, so we're trying to get council; we're trying to get CBOs or people to move forward to have staff to work on this. And also -- but once we were able to get the numbers, I think it helped us be organized and how we're going to outreach to our communities.

And also getting periodic updates of, hey, you already hit 5,000, you already hit 1,000 would also be beneficial to be able to move forward in getting more people enrolled. And also having one-on-one contacts again. So when I had this question about how many people in Richmond are uninsured, who am I going to call at Covered California? So I just looked at the press release and call the press person. And then I had problems to being able to talk to somebody so I could get those numbers, I could put it in my staff report for the city council to get support to be able to move this forward. At the end, we were able to do that, but it shouldn't take that many steps. And I think that as part of the strategic plan that you're working on, how -- what other resources are you giving local entities to make system changes easier? So thank you.

GLADYS PRECIADO:

Hello. My name is Gladys Preciado. I'm a student at UC Davis. And my question is just a simple question. I'm really concerned about the numbers and that Latinos and African-Americans have low numbers of enrollment. And I'm just wondering if there's any discussion about strategies to like collect data on like what barriers exactly are preventing these communities from enrolling? I would just like to know if there's any, like, if you provide online or if there's any research being conducted. One thing is historically, like Latinos have been excluded from having health insurance, and I'm just really tired that this community has been included as well as underrepresented, like, people of color. And I feel that there's one way to really like tap into why these things are happening is doing research and collecting data before programs like this are implemented to prevent this from occurring. -Thank you.

2:50 pm. Strategic Framework Small Group Discussions

Public Comment – Section 9.

n/a



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Day 2, March 26, 2014

9:20 am. Presentation – The Greenlining Institute
Public Comment – Section 10.

TAHIRA CUNNINGHAM:

Good morning, everyone. Tahira Cunningham with the CPEHN. So a couple of things, we really want to thank the Office of Health Equity for having this presentation today.

CPEHN is part of the Boys and Men of Color Alliance work quite closely with Greenlining, so we're very pleased to see this presentation today. And we really feel like the Office of Health Equity and this Advisory Committee has such an opportunity to really highlight a lot of the bad things, unfortunately, that are happening in our communities, but also highlight the great things that are happening locally and statewide as well in your strategic planning. There was a question around, you know, what are some of the things happening at a local level in early education? And the mention of the education worker. There are some fantastic things happening in L.A., Fresno, and Stockton that we would love to highlight and provide information. So CPEHN is absolutely a resource for you all to bring what the overall alliance it doing in regards to education.

The overall alliance provided recommendations around the local control funding formulas. That's a critical place for us to focus on our boys and men of color and target resources to them. We really think by using presentations like Greenlining's and the data that's been provided by both the Office of Health Equity and Dr. Aguilar, for example, in the very first meeting, that you guys can really look at all of those together and highlight the populations that really need the most resources, and by doing that, you will, you know, provide equity in families, in communities and across the state as a whole. So again, we really appreciate your time and attention in listening. Thank you.

LILYANE GLAMBEN:

I just want to piggy back on Tahira's comments. The positive --

LILYANE GLAMBEN:

Oh. Lilyane Glamben from ONTRACK Program Resources. Thank you for your positive and innovative approach to this particular demographic need. I just want to highlight the incarceration demographic that you were -- that you are including. And it's certainly in terms of this particular group, what an issue it is, but it's across gender, across race. And we just encourage the Advisory Committee in your strategic planning process to make sure that the incarcerated and formerly incarcerated demographic is included.

Given California's inverse leadership, you mentioned where we are in the educational spending, given our -- given our leadership role in the country in terms of the incarceration population, the report final work would be incomplete without some kind of targeted expertise being consulted, maybe from the public health impact, especially around behavioral health needs. Thank you.

DELILA BUTLER:

Good morning. Delila Butler, PolicyLink. I just wanted to first of all say thank you and to echo, you know, quite a bit of what Tahira said. Full disclosure, PolicyLink, as well as CPEHN and Greenlining Institute have been deeply involved in the boys and men of color work. So obviously, when we're making those -- drawing those connections between the economy and the healthiness of California, and the success of California, that ran true for us being so deeply involved in the boys and men of color work.



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And for me, one of the things that I think really was highlighted here was really aligned with a lot of the points that Jahmal made in his initial presentation really talking about, you know, that overlap between really focusing on our youth and our children and how can we improve health there. We know it will have major impacts as well as thinking about those social determinants of health that really impact the health of our communities.

And so I really appreciated kind of the focus of this effort to look at both of those things. I had one question and one comment. My question is, you know, we did have a presentation from the Office of Statewide Health Planning and Development for health care workers development. I'm wondering how this work is being tied to the work that they're doing there to develop the workforce with the ACA opportunities. Because I think there could be a role for the Office of Health Equity in making these types of connections across the work being done.

And then I also just wanted to say that I think there is an opportunity to -- I think Jeremy asked about just the (inaudible) learnings you have all had with this work. To take those learnings and apply them across other sectors. Since we're thinking about workforce development, not just for health care, but maybe in some of the other sectors as well, you know, transportation, thinking about housing and other opportunities, it would be great to hear about ways to make those connections. -Thank you so much again. This is awesome.

10:00 am. Sierra Health Foundation and The Center for Health Program Management

Public Comment – Section 11.

n/a

3:00 pm. Strategic Framework Report Out of Small Groups

Public Comment – Section 12.

DALILIA BUTLER:

Hi. Thank you so much. I'm Dalilia Butler with Policy Link. And I just wanted to, first of all, to say thank you for the opportunity to participate in these conversations today. It's been -- it's been absolutely wonderful to kind of hone in on some of the, just, suggestions around the potential strategic priorities.

And I was, you know, in talking with our group and just hearing a number of the different groups talk, there were some things -- and I'm wondering if they're, you know, would possibly be opportunities to think about some overarching principals that help to, not only to guide the work of the Office of Health Equity, but also key partners who we would be having conversations with. So some of the ones that came to mind to me were things about being responsive or intentional or thinking about, you know, opportunities to be innovative. You know, one of the conversations was about workforce development. And someone said, how do we make sure that when we're doing this workforce development we're reflecting, you know, the communities or we're involving those communities who are experiencing inequity? So something like a set of principles that will help us to bring to mind these really important considerations as we're continuing to do the work and get more specific. -Thank you, again.

BETH MALINOWSKI:

Hi. Beth Malinowski. California Primary Care Association. I was here yesterday and just came this afternoon. So it's really exciting to see kind of where things have ended today. And I think we really appreciate the discussions that are happening, the direction things are going in. I just want to -- as I was hearing earlier the conversation around, I think what we're calling Box-C -- is that correct? -- that some particular items there. As we think about the ACA, and thinking about it beyond just health coverage, I might encourage the group to think about, How is it that we can, kind of, use, really, the ACA as a -- as really a way to -- to initiate the dialogue in a few of these areas. So maybe thinking about what are the components of the ACA that could impact Box-A, Box-B, Box-C, and the different components. There may be some good reason that we think about, just engaging other



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stakeholders, especially in the health system, to think about where the areas ACA alignment and the different components of the different boxes. So it's kind of concept one.

Concept two, really appreciate folks calling out the importance of the remaining uninsured and making sure that we've got coverage and safety net access to everyone -- additionally -- throughout that, you know, CPCA and the other safety net providers probably be very interested in being involved in conversations around that and drawing that link with the Department of Public Health. And thirdly, I'll just speak to the importance of definitions, particularly as it relates to thinking about how we are we defining social determinants of the health.

I know in the, kind of, health system side of things our conversations right now, with plans with the State or Department of Public Services on payment reform, the same and other concepts are really getting us to think broadly about, How do we not only define it, what are the indicators we use to measure change over time and to look to see where we're having success? And if this group could play a leadership role in helping us think through those things, I think, that would be huge. It's something we're not seeing at a national level yet. I think some other states are starting to dig into it, but we're really one of the first. And I think any guidance that this group could provide on making sure we've got those indicators, not only for our health systems, but for other groups, I think, that'd be really meaningful. -Thank you

**4:30 pm. Debrief | Public Comment Period/Public Comment for Items Not on the Agenda
Public Comment Section 13.**

BETH MALINOWSKI:

"Statewide" -- statutes aside, I would agree with statements of advisory members that this process was not sufficiently -- has not sufficiently included stakeholders. This plan, ideally, will have statewide implications -- something -- across all sectors should be -- organizations across all sectors should be engaged with; work with other department's stakeholders lists to do this.