



**Office of Health Equity Advisory Committee Meeting  
Meeting Minutes  
September 30, 2014**



**Locations:**

The California Endowment  
1414 K Street, Suite 500, Sacramento, CA 95814

Urban Habitat  
1212 Broadway, Suite 500, Oakland, CA 94612

Health Equity Institute  
San Francisco State University  
1900 Holloway Avenue, HSS Bldg, Room 359 (Third Floor), San Francisco, CA 94132

The UC Merced building  
550 E. Shaw Avenue, Suite 215, First 5 Fresno County Office  
Large Conference Room (Second Floor), Fresno, CA 93710

Seven Generations Child and Family Services  
United American Indian Involvement, Inc., Dakota Room (Ground Floor)  
1125 West 6<sup>th</sup> Street, Los Angeles, CA 90017



# Office of Health Equity Advisory Committee Meeting Meeting Minutes September 30, 2014



## **OHE-AC Members Participating**

(in Sacramento unless otherwise noted):

Sergio Aguilar-Gaxiola, MD, PhD  
Jeremy Cantor, MPH (Oakland)  
Yvonna Cázares, BA  
Rocco Cheng, PhD, Co-Chair  
Sandi Gálvez, MSW, Chair (Oakland)  
Álvaro Garza, MD, MPH  
Cynthia Gómez, PhD (San Francisco)  
Pastor Willie Graham, M.S., M.Th.  
Carrie Johnson, PhD (Los Angeles)  
Neal Kohatsu, MD, MPH  
Dexter Louie, MD, JD, MPA  
Francis Lu, MD (San Francisco)  
Gail Newel, MD, MPH (Fresno)  
Teresa Ogan, MSW  
Hermia Parks, MA, RN, PHN  
(Los Angeles)  
Diana Ramos, MD, MPH (Los Angeles)  
Patricia Ryan, MPA  
Linda Wheaton, MURP, AICP  
Ellen Wu, MPH (Oakland)

## **Members Absent** (including those

participating by phone from non-publicly posted sites)

Paula Braveman, MD, MPH  
Delphine Brody  
Aaron Fox, MPM  
General Jeff  
José Oseguera, MPA

## **State Officials/Staff Participating**

(in Sacramento unless otherwise noted):

Ron Chapman, MD, MPH CDPH Director  
Katie Belmonte, CDPH Office of Legal  
Services (OLS) Staff Counsel  
Karen Ben-Moshe, HiAP Coordinator (San Francisco)  
Julia Caplan, MPP, MPH, Program Director,  
HiAP, PHI, OHE (Oakland)  
Carol Gomez, AGPA, Special Assistant to  
the Deputy Director  
Kimberly Knifong, Associate Governmental Program  
Analyst, CDEU, OHE  
Meredith Lee, Health Program Specialist I Policy Unit, OHE  
(Oakland)  
Robert Lipton, Research Scientist Supervisor II (by phone)  
Kelsey Lyles, HiAP Associate I, OHE  
Thi Mai, Research Scientist I  
Jahmal Miller, MHA, OHE Deputy Director  
Tamu Nolfo, PhD, OHE Special Consultant  
Mallika Rajapaksa, Research Scientist IV  
Siek Run, Staff Services Analyst  
Aimee Sisson, MD, MPH, OHE Public Health Medical  
Officer

## **Speakers from the Public** (in Sacramento unless otherwise noted):

Dalila Butler, PolicyLink (Oakland)  
Andrea Garcia, Resident Physician (Los Angeles)  
Domenica Giovannini, Marin City Community Services District  
Lilyane Glamben, ONTRACK Program Resources  
Jerry Jeffe, California Chronic Care Coalition  
Gary Mendoza, Health eWay, Inc. (Los Angeles)  
Ricardo Moncrief (by phone)



## Office of Health Equity Advisory Committee Meeting Meeting Minutes September 30, 2014



**AC Attendees in Person:** Sergio Aguilar-Gaxiola, MD, PhD; Jeremy Cantor, MPH; Rocco Cheng, PhD; Sandi Gálvez, MSW; Alvaro Garza, MD, MPH; Cynthia Gómez, PhD; Pastor Willie Graham, M.S., M.Th.; Carrie Johnson, PhD; Neal Kohatsu, MD, MPH; Dexter Louie, MD, JD, MPA; Francis Lu, MD; Gail Newel, MD, MPH; Teresa Ogan, MSW; Hermia Parks, MA, RN, PHN; Diana Ramos, MD, MPH; Patricia Ryan, MPA; Linda Wheaton, MURP, AICP; Ellen Wu, MPH

### **9:00 a.m. Welcome and California Department of Public Health (CDPH) Update**

Ron Chapman, MD, MPH, the CDPH Director, welcomed everyone; described the new multiple-meeting-location strategy; apologized that the release of the Strategic Plan and Report is taking longer than expected due to unanticipated scrutiny from many important entities; announced the hiring of several staff members; announced the completion of a revised CDPH Strategic Map, which includes the objective “drive the policy agenda”; and shared that he and Monica Wagoner, the Deputy Director of Legislative and Governmental Affairs, will lead an executive-level team to work on that strategic objective, the first issue of which will be “health equity.” He stated his team is taking the opportunity to educate people on health equity, as many individuals have never heard of it.

### **9:10 a.m. Convene Meeting and Welcome | Roll Call | Agenda Review | Logistics**

Sandi Gálvez, MSW, Chair of the Office of Health Equity (OHE) Advisory Committee (AC), called the OHE-AC meeting to order and welcomed everyone. She asked the OHE-AC members to introduce themselves by location. She provided a brief overview of the OHE-AC meeting agenda.

### **Motion: September 30, 2014, Agenda**

This agenda item was not discussed.

### **Public Comment – Section 1.**

*(please reference attached public comment section)*

### **Motion: May 12 and 13, 2014, Meeting Minutes**

Sandi Gálvez suggested including the Roman numerals to the references to the bylaws.

Álvaro Garza, MD, MPH, made a motion to approve the May 12 and 13, 2014, Meeting Minutes as amended. **(Motion made).**

AC MEMBER GARZA: This is Álvaro Garza. I move we accept the minutes, pending the corrections that you mentioned.

AC MEMBER LOUIE: Second.

AC CO-CHAIR GÁLVEZ: Yes.

AC MEMBER AGUILAR-GAXIOLA: Aye.

AC MEMBER CANTOR: Aye. Yes.

AC MEMBER CÁZARES: Aye.

AC MEMBER GARZA: Yes.

AC MEMBER GOMEZ: Yes.

AC MEMBER JOHNSON: Yes.



Office of Health Equity Advisory Committee Meeting  
Meeting Minutes  
September 30, 2014



---

AC MEMBER KOHATSU: I was wondering, since I wasn't there and can't -- if I should abstain.

AC MEMBER LOUIE: Yes.

AC MEMBER LU: Yes.

AC MEMBER NEWEL: Yes. I said yes already though.

AC MEMBER OGAN: Yes.

AC MEMBER PARKS: Yes.

AC MEMBER RAMOS: Yes.

AC MEMBER RYAN: Yes.

AC MEMBER WHEATON: Yes.

AC MEMBER WU: Yes.

AC CO-CHAIR GÁLVEZ: All right, thank you, motion passes.

**Vote:** Motion approved, with one abstention.

**Public Comment – Section 2.**

*(please reference attached public comment section)*

**Motion: Bylaws Consideration**

Sandi Gálvez summarized the suggested changes made to the bylaws during the last meeting: Sections II-E, III-B, III-G and H.

Álvaro Garza made a motion to approve the bylaws as amended.

***(Motion made).***

AC CO-CHAIR GÁLVEZ: Okay, on the phone. Would anybody on the phone like to make a comment regarding the bylaws? If you do please press \*1 and identify yourself. Okay, I'll take that as no comment. So with that I would like to entertain a motion.

AC MEMBER GARZA: I move we accept the bylaws.

AC CO-CHAIR GÁLVEZ: Thank you. Okay, yes, can you please do a roll call?

AC CO-CHAIR GÁLVEZ: Yes.

AC MEMBER AGUILAR-GAXIOLA: Yes.

AC MEMBER CANTOR: Yes.

AC MEMBER CÁZARES: Yes.

AC MEMBER GARZA: Yes.

AC MEMBER GOMEZ: Yes.

AC MEMBER JOHNSON: Yes.

AC MEMBER KOHATSU: Yes.

AC MEMBER LOUIE: Yes.

AC MEMBER LU: Yes.

AC MEMBER NEWEL: Yes.

AC MEMBER OGAN: Yes.

AC MEMBER PARKS: Yes.

AC MEMBER RAMOS: Yes.

AC MEMBER WHEATON: Yes.

AC MEMBER WU: Yes.



Office of Health Equity Advisory Committee Meeting  
Meeting Minutes  
September 30, 2014



AC CO-CHAIR GÁLVEZ: Okay, thank you. So the motion passes unanimously. Congratulations, we finally have our bylaws.

**Vote:** Motion approved.

**Public Comment – Section 3.**

*(please reference attached public comment section)*

**Motion: Staggered Membership Terms - Preparation for Phasing Membership**

Jahmal Miller, MHA, the OHE Deputy Director, suggested implementing staggered membership terms for sustainability, institutional memory, and smooth transitions.

Tamu Nolfo, PhD, the OHE Special Consultant, suggested that one-third of the OHE-AC serve a two-year term, one-third a three-year term, and one-third a four-year term. She asked for volunteers to indicate in an email to her whether they would like to be in the first cohort to transition off.

**Public Comment – Section 4.**

*(please reference attached public comment section)*

**10:00 a.m. OHE Updates**

Jahmal Miller provided an overview of the major activities of the OHE since the May 2014 OHE-AC meeting. He highlighted the Senate confirmation of his position in August and thanked Committee Members for their testimonies and letters of support. He asked for Committee Member assistance in spreading the word about six job openings at the OHE. He stated the OHE has been involved with the California Central Steering Committee; has partnered with the CDPH in the Adverse Childhood Experiences (ACES) program; has submitted a policy proposal to the US Department of Justice, which was recently accepted, on the Defending Childhood initiative as a member of the team put together by Attorney General Kamala Harris; has joined the Planning Committee of the Federal Reserve Bank of San Francisco, which recently put on the Healthy Communities Summit in Sacramento; and has joined the Planning Committee for Health Equity Awards led by the California Endowment.

Mr. Miller shared his future plans to be part of the My Brother's Keeper initiative, an interagency task force; to go to Washington, D.C. to create a strategic plan on how to deal with the effects of violence in the community; to establish the private foundation brain trust in an effort to work with federal, state, and private entities as mandated by law; and to share the Health Equity Statewide Plan with the foundation partners in the hope that they will provide resources to the OHE to do this work.

Tamu Nolfo reviewed the strategic plan and the strategic planning process. She thanked everyone who participated and provided input in the OHE-AC meetings and the survey. She stated she has simplified the goals and presentation of the strategic plan per OHE-AC request. Dr. Nolfo reviewed the three parts of the strategic plan - assessment, communication, and infrastructure development - and the strategic audience - potential health partners, members of the health field, and communities. The strategic plan is coupled with a demographic report, which is an analysis of the social determinants of health. She agreed with Mr. Miller



## Office of Health Equity Advisory Committee Meeting Meeting Minutes September 30, 2014



about being visible and transparent about OHE work and reaching out to new partners. She listed the partners she has recently met with.

Aimee C. Sisson, MD, MPH, the OHE Public Health Medical Officer, provided an update on the draft CRDP Strategic Plan presented in the May OHE-AC meeting and shared the design for Phase 2 of the CRDP, which focuses on funding community-defined evidence programs related to mental health. Although the CRDP Strategic Plan has not yet been approved by the CHHS, it provides guidance along with interviews of experts in program design, evaluation, and mental health in planning the next phase of the CRDP. Dr. Sisson reviewed the four core principles of the CRDP Phase 2 vision: doing business differently, building community capacity, fairness, and system change. She reviewed the five components of Phase 2: pilot projects, evaluation, technical assistance and training, infrastructure, and administration; how the components fit together; the Logic Model developed for Phase 2; and the mechanisms for gathering public input on the Phase 2 approach.

Dr. Sisson stated the next steps to release a survey and to hold several community forums for public input on the proposed program and solicitation design.

### Discussion:

Patricia Ryan, MPA, complimented the presentation of how this process has evolved and will be rolled out, the broad outreach to stakeholders for feedback, and the encouragement of non-county provider participation.

Neal Kohatsu, MD, MPH, asked how the OHE works with the MH SUD (mental health and substance use disorders) Program. Dr. Sisson stated the OHE has met with the DHCS, but the level of coordination of sister agencies should be increased.

Yvonna Cázares, BA, asked what the difference is between implementation and pilot sites. Dr. Sisson stated there are capacity-building pilot sites and implementation pilot sites. The capacity-building pilots go through extensive technical assistance and training and graduate to become implementation pilots.

Álvaro Garza asked if there would be an equitable distribution to rural and urban monolingual speakers. Dr. Sisson stated the plan to include language in the solicitations about getting a broad geographic spread without any arbitrary requirements.

Patricia Ryan stated training and technical assistance is critical for sustainability and for enabling these programs to bill for Medi-Cal.

Francis Lu, MD, agreed that sustainability is one area to look at in evaluating a pilot project. Dr. Lu suggested changing “culturally sensitive” to “cultural competence” in the table, because cultural sensitivity is only one aspect of cultural competence. He stated he provided SAMHSA’s new treatment improvement protocol, “Improving Cultural Competence,” to staff for dissemination.

Diana Ramos, MD, MPH agreed with the importance of sustainability beyond the funding.

### **Public Comment – Section 5.**



## Office of Health Equity Advisory Committee Meeting Meeting Minutes September 30, 2014



---

*(please reference attached public comment section)*

### **10:40 a.m. Health in All Policies (HiAP) Task Force Update**

Julia Caplan, MPP, MPH, the Program Director of the Public Health Institute, HiAP Task Force, gave an overview of the origins, purpose, funding, and goals of the 22-agency HiAP Task Force; noted areas where the HiAP Task Force's work is in alignment with the OHE Strategic Plan; and described the Communications Health Partners, Infrastructure Health Partners, Transportation Guidelines, General Plan Guidelines, capacity building, and the current activities and future directions of the task force.

#### Discussion:

Sergio Aguilar-Gaxiola, MD, PhD, asked how the impact of the HiAP is measured on population health. Ms. Caplan stated it is difficult to measure the impact of upstream changes on population health, but the task force is gathering success stories, creating visual diagrams to demonstrate the connection between upstream work and how it affects communities, and teaming up with experts.

Neal Kohatsu agreed with the need for evaluation because some policies may be harmful. He gave examples of well-intended policies that were harmful.

Sergio Aguilar-Gaxiola asked if the task force addresses individuals who already have experienced trauma or violence. Jahmal Miller gave general examples of OHE involvement and stated he would speak offline with specifics due to time constraints of the meeting.

Sandi Gálvez suggested including violence prevention, healthy food access, and urban greening on a future agenda to better integrate feedback from the OHE-AC into the work of the task force.

Jeremy Cantor, MPH, stated clarification on how the different plans interact would help the public and advocates. He suggested evaluating HiAP as a strategy to achieve population health and determine how to evaluate equity and success as a future agenda item for the OHE-AC.

### **Public Comment – Section 6.**

*(please reference attached public comment section)*

### **11:00 a.m. California Department of Health Care Services (DHCS) Update**

Sandi Gálvez postponed this agenda item due to lack of time, but noted that Dr. Kohatsu's PowerPoint presentation was included in the meeting materials on the website.

### **Public Comment – Section 7.**

*(please reference attached public comment section)*

### **11:20 a.m. Future Direction of the OHE Advisory Committee**

Tamu Nolfo reported the results of the OHE-AC member interviews. She discussed member involvement, five possible subcommittees, how members' expertise can best be utilized once the strategic plan is implemented, the vision for the future, and the length and structure of meetings.



## Office of Health Equity Advisory Committee Meeting Meeting Minutes September 30, 2014



### Discussion:

Patricia Ryan stated she was not contacted to participate. She gave her updated email address to Dr. Nolfo.

Neal D. Kohatsu suggested incorporating both standing committees and ad hoc committees in the future.

Sandi Gálvez suggested including a discussion on the parameters and goals of the subcommittees in the December meeting before any subcommittees are formed. She stated the need for the Committee members to be more informed about the social determinants of health and their impact on health outcomes and to have more guidance on best practices.

Francis Lu suggested both focusing on the final strategic plan report and establishing subcommittees and assigning members to them in the December meeting.

### **Public Comment – Section 8.**

*(please reference attached public comment section)*

### **11:50 a.m. Debrief | Public Comment Period | Public Comment for Items Not on the Agenda**

Sandi Gálvez asked Committee members to share their thoughts and lessons learned in the December meeting on the multiple-meeting-location format that was trialed today.

Jahmal Miller emphasized the need for sustainability in the OHE, the CRDP, and the HiAP, and asked Committee members to think of ways to sustain health in all policies. He recommended a book from NACCHO, titled, "Expanding the Boundaries: Health Equity in Public Health."

### **Public Comment – Section 9.**

*(please reference attached public comment section)*

### **12:00 p.m. Closing Comments and Adjournment**

Sandi Gálvez thanked everyone for participating and ended the proceeding.



**Office of Health Equity Advisory Committee Meeting  
Public Comments  
September 30, 2014**



**Motion: September 30, 2014, Agenda**

***Public Comment – Section 1.***

*(No public comment)*

**Motion: May 12 and 13, 2014, Meeting Minutes**

***Public Comment – Section 2.***

*(No public comment)*

**Motion: Bylaws Consideration**

***Public Comment – Section 3.***

*(No public comment)*

**Motion: Staggered Membership Terms - Preparation for Phasing Membership *Public Comment – Section 4.***

*(No public comment)*

**10:00 a.m. OHE Updates**

***Public Comment – Section 5.***

**DALILA BUTLER**

This is Dalila Butler with PolicyLink. And I just wanted to say I was really encouraged to hear about the funding opportunities and the flexibility around the agencies, the organization that could be funded. I think particularly because of the five, based on the ethnic focus groups that were mentioned, a lot of our work around boys and men of color has shown that especially programs that focus on healing trauma and addressing chronic adverse conditions has really been an area of exploration, further exploration. And there are a lot of groups like Youth Alive or National Compadres Network that has really started to address those things that might not have been seen as traditional mental health programs before so I'm really encouraged by the funding and just wanted to congratulate you all for the work you have done so far. Thank you.

**RICARDO MONCRIEF:**

Okay, thank you. We are a small community up in Marin County. Jahmal has visited us.

And we are doing some really advanced work on infrastructure building. You know, particularly -- it happens that it has the government, a federally qualified health center, community and schools activities, a multi-disciplinary team all within walking distance of each other.

And we are setting ourselves up to be driven by a concept that came out of Stanford called Collective Impact, which allows us, you know, to coordinate all these particular entities so get to the point of using -- this process by, you know, good, innovative and best practice mental health practices and whatnot.

I am just concerned that being a small community, we want to be factored into being, you know, a pilot program because we can get a lot of things done being small. But how does that impact your larger or how do we integrate some of the stuff into your larger communities that, you know, that can have a much



**Office of Health Equity Advisory Committee Meeting  
Public Comments  
September 30, 2014**



more advanced lobbying force and they can get things done more directly than smaller communities. I just want to be able to be considered into that, into that mix.

**10:40 a.m. Health in All Policies (HiAP) Task Force Update  
Public Comment – Section 6.**

**LILYANE GLAMBEN**

Hi, this is Lilyane Glamben. I was wondering if there are any updates about the anticipated participation by the CDCR and the committee to the task force?

**DOMENICA GIOVANNINI**

This is Domenica from the Marin City Community Services District, Domenica Giovannini.

I just -- this was already touched on a little bit with the evaluation conversations on the impact. But especially with regard to the healthy food access, I feel like this work has been going on for most of my life. Which I can admit is not very long but it has been going on for a long time.

I mean, I talked about it in my public health training and in my undergrad. And so I hope -- I just want to reiterate, you know, not only the Health in All Policies Task Force but its related parties, that you really assess where your greatest impact is and the work that has already been done for the last, you know, 25 years. And most recently I think there's a lot of progress with, you know, the statewide Safe Street Program, the Heal Cities program, which is national. So that is my one recommendation.

**RICARDO MONCRIEF**

Greetings again. One comment on your upstream evaluation. The one thing -- I'm glad that you have my colleague there, Domenica.

One thing that I am a part of, a Board of Directors for a FQHC. In our community we have the largest public housing sector. And one thing about FQHCs, they keep numbers. And the public housing sector is located along the only corridor, highway, you know, in Marin County, north and south. And being located there they have a higher incidence of respiratory diseases or asthma and et cetera.

And my suggestion is, you know, and I think Jahmal mentioned it, about the presence of FQHCs is to use their -- their numbers, their baseline data, you know, to measure, you know, the impact of any other policies or the change in status through treatment of people exposed to respiratory ailments and things like that. I am only saying that to say that FQHCs are a valuable source of baseline data.

Also one other comment. I am hoping that there has been an interface with the Association of Bay Area Governments around transportation and housing. Having attended some of their meetings, they were very, very shy on environmental health impacts. And I'm glad that was brought up because the gist of their conversations were around, you know, transportation hubs, et cetera, et cetera, and how it impacts on



**Office of Health Equity Advisory Committee Meeting  
Public Comments  
September 30, 2014**



housing but very little about the integration of -- the significance of environmental health. So I'm glad that was, you know, put into the picture.

Thank you, that's all I have right now.

**ROBERT LIPTON**

Hi. I'm one of the people at OHE right now. I wanted to reiterate how important issues around violence in communities really is. It's such a -- HiAP and the orientation and the fact that Jahmal is, you know, starting to really emphasize this. It is very important because it is not sort of some extra thing. The differential in the daily experience of violence across the age spectrum in different kinds of communities is an extremely important issue, both from a mental and physical point of view. It needs to be embedded in a kind of almost naturalistic way in our approaches. It has such a huge effect. It's kind of a zero-one thing. In communities that don't have high degrees of violence it doesn't -- the level of -- that issue becomes far less important. In communities with high degrees of violence it is an absolutely important thing that permeates through all aspects of one's life. And I am very -- I am very -- I don't know if the word is "excited." I am very committed to working on these kinds of issues and helping those -- you know, to helping integrate those things in all manner of work we're doing.

**11:00 a.m. California Department of Health Care Services (DHCS) Update**

***Public Comment – Section 7.***

*(No public comment)*

**11:20 a.m. Future Direction of the OHE Advisory Committee**

***Public Comment – Section 8.***

**RICARDO MONCRIEF**

Yeah. I would have a big concern that, being a small community again, I reiterate that we are able to move a little bit faster and we are able to develop, you know, innovative tools that we hope will change the paradigm, you know. We have infrastructure tools, mental health, monitoring and tracking, we have communications, the lady sitting across from you has some good ideas and marketing nonprofits.

And we would like to know, you know, how community engagement works a little bit more, you know, and we'd like to share, you know, the ways that we are using to map out health determinants. So, you know, community engagement, who do we contact? I know Jahmal has been down to the community one time but we feel the necessity to bring him back again along about 2015, hopefully in January. So how would that work?

**11:50 a.m. Debrief | Public Comment Period | Public Comment for Items Not on the Agenda**

***Public Comment – Section 9.***

*(No public comment)*