

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
May 9, 2016**

Sierra Health Foundation
1321 Garden Highway
Sacramento, CA 95833

OHE-AC Members Participating:

Sergio Aguilar-Gaxiola, MD, PhD	Carrie Johnson, PhD
Dalila Butler, MPH	Jan King, MD, MPH
Jeremy Cantor, MPH	Patricia Lee, PhD
Rocco Cheng, PhD, Vice Chair	Dexter Louie, MD, JD, MPA
Alison Chopel, DrPH, MPH	Francis Lu, MD
Donnell Ewert, MPH	Gail Newel, MD, MPH
Lisa Folberg, MPH	Hermia Parks, MA, RN, PHN
Sandi Gálvez, MSW, Chair	Diana Ramos, MD, MPH
Álvaro Garza, MD, MPH	Linda Wheaton, MURP, AICP
Cynthia Gómez, PhD	Joe Wilkins, MBA, FACHE
Pastor Willie Graham, M.S., M.Th.	

Members Absent:

Yvonna Cázares, BA	Katie Valenzuela Garcia, MS
Aaron Fox, MPM	Uriel Lopez, BA

State Officials/Staff:

Karen Smith, MD, MPH, CDPH Director	Laura Leonelli, MA, Health Program Specialist I, CDEU, OHE
Jahmal Miller, MHA, OHE Deputy Director	Tamu Nolfo, PhD, Senior Project Manager, CHPM/OHE
Dante Allen, MCM, Senior Communications Officer, CHPM/OHE	La Roux Pendleton, CRDP Lead, CDEU, OHE
Noralee Cole, SSA, OHE	Anina Sanchez, CDPH Home Visitation Program
Camille Garcia, OHE Intern	Kurt Schweigman, Health Program Specialist, OHE
Carol Gomez, Associate Governmental Program Analyst, OHE	Terica Thomas, CDPH Fusion Center
Solange Gould, DrPH, MPH, Policy Unit Chief, OHE	Jenny Wong, CDPH Tobacco Control
Linda Helland, MPH, CPH, Policy Unit, OHE	Daniel Woo, MPH, AGPA, Policy Unit, OHE

Speakers from the Public:

Emanuel Alcalá, Central Valley Health Policy Institute (CVHPI)
Isabel Arrollo, El Quinto Sol de America

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John Capitman, PhD, CVHPI
Shirley Darling, Muslim-American Society Social Services Foundation
Kaying Hang, MPH, Sierra Health Foundation
Jerry Jeffe, California Chronic Care Coalition
Pete Lafollette (via teleconference)
Adiam Mengis
Paul Nolfo
Tania Pacheco-Werner, PhD, CVHPI

9:30 a.m. Convene Meeting and Welcome | Roll Call | Agenda Review

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 OHE-AC members to introduce themselves and provided a brief overview of the meeting agenda.

9:40 a.m. Welcome and CDPH Updates

Jahmal Miller, MHA, OHE Deputy Director, congratulated Karen Smith, MD, MPH, CDPH Director and State Health Officer, on her California State Senate confirmation and Claudia Crist and Brandon Nunez, OHE Deputy Directors, for their confirmation by the Senate Rules Committee.

Director Smith stated the Advisory Committee is being used as a model for other Advisory Committees. She thanked the Committee members for their work and encouraged them to continue to challenge each other and challenge the process for the best possible outcomes. She provided a quick update on CDPH activities:

- Creating a single culture throughout the Department to promulgate an understanding of public health
- Creating explicit focus on health equity throughout the Department
- Clarifying language throughout the Department
- Aligning with Let's Get Healthy California
- Continuing with the Public Health 2035 initiative
- Tweaking the business processes to infuse the value of increasing health equity

Discussion

Donnell Ewert, MPH, asked if addressing social policies, income supports, and other ways to help the low-income population is part of Let's Get Healthy California to provide more opportunity. Director Smith stated one of the six goal areas in Let's Get Healthy California is building healthy communities, which addresses the social determinants of health.

Jan King, MD, MPH, encouraged Dr. Smith to ensure that there is diversity in the members of future Advisory Boards and to include members from the private sector. She also suggested infusing additional funds to support Nurse-Family Partnership home

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visitation, hospital-based gang intervention, and the foster care system, as a way to reduce gang involvement and address health disparities.

Director Smith agreed and stated the Department is looking for those kinds of opportunities, is working with the Department of Social Services, WIC, and CalFresh, and hopes to increase those partnerships to better weave programs together that have shared outcomes.

Jeremy Cantor, MPH, asked where there are opportunities to get the Department of Health Care Services' (DHCS) programs and resources more aimed towards equity and partnering in a meaningful way with community organizations.

Director Smith stated she meets regularly with Jennifer Kent, the Director of the DHCS, to discuss opportunities to actively partner, such as the 1115 Waiver and the Whole-Person Care Initiative. The Department is at the DHCS's 1115 Waiver planning committees to interject ideas or reinforce the good ideas brought forward by the DHCS.

Álvaro Garza, MD, MPH, offered to share a tool on analyzing legislation with a health equity lens, developed by the California Conference of Local Health Officers (CCLHO). Director Smith thanked him and stated some departments are struggling for lack of an analysis tool.

Dr. Garza asked if the Department plans to assess how health equity is realized in city, county, and statewide budgets. Director Smith agreed that that would be helpful but stated it would be difficult because of the variety of programs. Some activities improve equity better than others. It may be doable at a macro level; a tool would be helpful.

Diana Ramos, MD, MPH, encouraged promoting Let's Get Healthy California to increase public awareness to successfully implement the program. Director Smith agreed and stated Let's Get Healthy California now has an interactive website as a way to communicate with the public.

Sergio Aguilar-Gaxiola, MD, PhD, asked Director Smith to elaborate on her three priorities: the culture of health, the culture of prevention, and the culture of community engagement so they can empower themselves. He asked about the challenge of limited funding to implement these priorities and how the Department plans to collaborate with other agencies to leverage funds.

Director Smith agreed that that is her triple aim. The culture of health clearly needs to happen in communities and the culture of prevention requires a systems of prevention approach to mutually reinforce policies at different levels to prevent issues. Each funding source requires its own strategic plan. The Department is trying to crosswalk those to better understand the three plans, one of which is the Portrait of Promise, which is foundational for all the strategic plans.

Director Smith stated the Department has not been good at figuring out what to measure to demonstrate what has been achieved and the value of that achievement. This was not part of the culture in the past, but the Department is now looking for every opportunity to ensure outcome measures and an approach to communicate the value of

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the work are included. The value must be demonstrated before additional funding can be considered.

The California Health and Human Services Agency (CHHS) is doing the Accountable Communities for Health and the Department is funding Blue Skies Consulting Group to create a framework for evaluating collective impact interventions at the community level. Value can best be demonstrated at the local level where the private sector recognizes that they have a value in the productivity and engagement of their workers in the work that they do and in the organizations that they work for. Finding ways to measure achievements at the state level is where real impact and real value will be seen.

Pastor Willie Graham, M.S., M.Th., agreed. He stated man's loss of trust, misunderstanding the language, and not receiving services or participating is a real concern in Solano County. Men are not voluntarily attending the many workshops, trainings, conferences, and other meetings offered throughout the county. He stated one of the things that is often missed is that the inner part of the community may be afraid to come out to give input. Most people know what they want and what their needs are, but until those fears are addressed, people will not come.

The communities need to feel like they are heard and have value before they will come to the table. The people at the table now have degrees, language, laboratories, and hypotheses, but not many of them are needed. The people who are needed are the people who get the communities going and keep them going.

Pastor Graham encouraged the Department to stay on the good path that Director Smith described. It will lead to the local level in the future where changes will be seen. He thanked Director Smith for her direction.

Director Smith agreed that men, especially men of color, are underrepresented in every community survey. She stated it is individuals like Pastor Graham who can help the Department figure out how to reach that population. She agreed that communities know what they need, but getting them to share it is a whole different question and trust is a big part of it.

Dexter Louie, MD, JD, MPA, suggested partnering with school-based clinics as part of increasing Department partnerships in local communities. He stated healthy children study better. He asked if there was a silo problem between public health, the Department, the superintendent of schools, and the California School Boards Association (CSBA), because issues are not being taken care of at the local level.

Director Smith agreed that school-based clinics are increasing and that historically there has been a challenge between public health and the schools working together, particularly at the governmental level. The Department recently reached out to the schools about immunizations and fitness grant data, which gleaned a collaborative and fruitful conversation; the Department is working with the schools on those issues.

Director Smith stated she has not yet approached the schools specifically about the school-based clinics. She agreed that that needs to be done.

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Dr. Louie stated the CEO of the California School-Based Health Alliance in Oakland is moving on, so it may be a good time to contact them.

Public Comment – Section 1.

(please reference attached public comment section)

10:30 a.m. CDPH and OHE and Updates

Deputy Director Miller asked OHE staff and members of the public in attendance to introduce themselves. He introduced Alison Chopel, MD, and Lisa Folberg, MPH, new OHE-AC members, and stated he looked forward to working with them. He announced that AC Members Cantor, Cázares, Graham, Gómez, Lu, Newel, and Ramos will be transitioning off in September and thanked them for their service. He stated the OHE-AC Alumni Network will be established to maintain the brain trust, leadership, and contribution of members who have transitioned off.

Deputy Director Miller provided a brief update of OHE activities:

- The Portrait of Promise think tank will assess how to engage at-risk youth
- Dr. Solange Gould has been chosen to represent the OHE at the Government Alliance on Race and Equity, which is a part of the Department
- The National Health Equity Leadership Institute had a meeting a couple of weeks ago that coincided with the National Association of State Offices of Minority Health
- The California Reducing Disparities Project (CRDP) Phase II funding is beginning to be disbursed and Loyola Marymount has been awarded the contract for the statewide evaluator of the CRDP. Technical assistance providers have been identified and implementation pilot projects have been announced. The education, outreach, and awareness RFP will be issued this fall.
- The California Department of Education (CDE) – staff is in conversation with Gordon Jackson, the Deputy Director at the CDE, about an interagency agreement with the OHE.
- Health in All Policies – the Strategic Growth Council recently approved the Health in All Policies action plan
- Health Equity Speaker Series – Dr. Rishi Manchanda is scheduled to speak on May 19th

Camille Garcia

Camille Garcia, OHE intern, stated she will be graduating from San Jose State on May 28th with a Master of Public Health and a concentration in Community Health Education. She shared highlights of her internship experience at OHE.

Linda Helland

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Linda Helland, MPH, CPH, OHE Policy Unit, stated improving living conditions and building equity is a key part of climate change work. She provided a brief update of the Climate Change in Health Team activities:

- Working with many outside groups to support improving living conditions and resiliency to climate change health impacts
- Working with the Air Resources Board to provide health and equity comments to the Assembly Bill (AB) 32 scoping plan
- Building Resilience Against Climate Effects (CalBRACE) program grant application for the next five years is due to the Centers for Disease Control and Prevention (CDC) in June
- Finishing fifty-eight Climate Health Profile reports, one for every county in California, and eleven vulnerability assessment reports for the eleven pilot local health departments
- Publishing the Safeguarding California: Implementation Action Plans, California's plan to adapt to climate change
- Releasing the Climate Change and Health Equity Issue Brief within a week or two

Discussion

Hermia Parks, MA, RN, PHN, thanked Ms. Helland for her presentation at the March conference. It was well-received by the nursing directors and gave them food for thought and discussion on the topic of climate change.

Rocco Cheng, PhD, Vice Chair of the OHE-AC, congratulated Ms. Garcia on her graduation and stated he appreciated her work during her internship. He stated her proposal was accepted in San Diego and her video tape on the California Reducing Disparities Project (CRDP) is well-done.

Dr. King stated she feels the OHE is moving in the right direction; reaching out in a cross-sectoral way to the CDE will pay a huge return on investment.

Public Comment – Section 2.

(please reference attached public comment section)

11:10 a.m. Break

11:20 a.m. Business Items

Motion: February 9, 2016, Meeting Minutes

Joe Wilkins, MBA, FACHE, made a motion to approve the February 9, 2016, Meeting Minutes, as presented.

(Motion made).

Vote: Motion carried 19 yes, 0 no, and 1 abstain, per roll call vote as follows:

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The following OHE-AC Members voted “Yes”: Chair Gálvez, Vice Chair Cheng, Committee Members Aguilar-Gaxiola, Butler, Cantor, Ewert, Folberg, Garza, Gómez, Graham, Johnson, King, Lee, Louie, Lu, Newel, Parks, Ramos, Wheaton, and Wilkins.

The following OHE-AC Member abstained: Committee Member Chopel.

Public Comment – Section 3.

(please reference attached public comment section)

Motion: Chair Election

Chair Gálvez stated Dalila Butler was nominated for chair at the last meeting.

Dalila Butler, MPH, thanked Dr. Gómez for the nomination and shared her story of why health and mental health equity are important to her.

Dr. Gómez made a motion to nominate Dalila Butler as chair of the OHE-AC for 2016-17.

(Motion made).

Vote: Vote: Motion carried 20 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following OHE-AC Members voted “Yes”: Chair Gálvez, Vice Chair Cheng, Committee Members Aguilar-Gaxiola, Butler, Cantor, Chopel, Ewert, Folberg, Garza, Gómez, Graham, Johnson, King, Lee, Louie, Lu, Newel, Parks, Ramos, Wheaton, and Wilkins.

Public Comment – Section 4.

(please reference attached public comment section)

Motion: Vice Chair Election

Chair Gálvez stated Carrie Johnson and Aaron Fox were nominated for vice chair at the last meeting. Aaron Fox was not in attendance today.

Carrie Johnson, PhD, thanked Vice Chair Cheng for the nomination but had to withdraw due to other commitments.

Ms. Parks made a motion to nominate Aaron Fox as vice chair of the OHE-AC for 2016-17.

(Motion made).

Vote: Vote: Motion carried 20 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following OHE-AC Members voted “Yes”: Chair Gálvez, Vice Chair Cheng, Committee Members Aguilar-Gaxiola, Butler, Cantor, Chopel, Ewert, Folberg, Garza, Gómez, Graham, Johnson, King, Lee, Louie, Lu, Newel, Parks, Ramos, Wheaton, and Wilkins.

Public Comment – Section 5.

(please reference attached public comment section)

12:15 p.m. Lunch Break

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1:00 p.m. Policy Recommendations: Understanding the Challenges and the Potential of the San Joaquin Valley

Presenters:

John Capitman, PhD, Central Valley Health Policy Institute (CVHPI)

Emanuel Alcala, MA, CVHPI

Tania Pacheco-Werner, PhD, CVHPI

John Capitman

Dr. Capitman thanked Drs. Newel and Garza for encouraging this opportunity to share about the San Joaquin Valley. He provided an overview, by way of a PowerPoint presentation, of the background, health inequities, key findings, institutional environment, racism and systemic oppression as the root cause of health inequities, health department revenue and self-assessment, and focus areas and cross-cutting strategies of the health equity challenges in the San Joaquin Valley.

Dr. Capitman stated it was hard to understand what communities were going to do for the mobilization in the Portrait of Promise. There are not many organizations that are positioned to mobilize traditionally-excluded groups to reflect the values and needs and to address challenges that are unique or uniquely troubling in the San Joaquin Valley.

Dr. Capitman stated Fresno County public schools, with two exceptions, are in direct violation of state law that requires schools to have an effective, comprehensive reproductive health education program and to offer a mechanism by which a student can seek confidential health services without it being public information to their colleagues, teachers, or parents. The consistent message is that the school boards do not want to comply.

Emanuel Alcala

Mr. Alcala provided an overview, by way of a PowerPoint presentation, of the life course perspective, health inequities studies data and approach, and health outcomes in the San Joaquin Valley. He gave examples of data collected from community-level indicator tools, such as CalEnviroScreen, the Regional Opportunity Index, and the Walk Score, and overlaid risk factors for individuals and community characteristics stratified by modifiable and non-modifiable characteristics that these individuals live in to describe health outcomes.

Tania Pacheco-Werner

Dr. Pacheco-Werner provided an overview, by way of a PowerPoint presentation, of the institutional environment of the Valley, legacies of segregation, redlining and enforced color lines, and empowerment of communities in the San Joaquin Valley. She described how large developers spread their influence through political contributions, such as the developer who is investing in the revitalization effort in downtown Fresno.

Facilitated Discussion

Dr. Louie stated, in his experience on a school board for fourteen years, it is parents and attorneys who move school boards to action. Dr. Capitman agreed and stated the

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only city that is fully compliant on the reproductive health education is Clovis, which was a direct result of a series of legal actions.

Dr. Garza asked about the Simpson Diversity Index. Mr. Alcala stated it is a measure of different races/ethnicities within a community. A higher score on the Simpson Index represents a community with more diverse race or ethnic roots.

Gail Newel, MD, MPH, introduced questions from Yvonna Cázares, who was unable to attend due to illness. The first question was on the Department of Public Health's self-assessment. Dr. Capitman stated the assessments were filled out by the departments through a conversational group process.

Dr. Newel asked if it had been evaluated at the community level. Dr. Capitman stated a number of communities have participated in health equity cohorts over the last couple of years, through a program called the Health Policy Leadership Program, offered at Fresno State. Every year, people from several departments try to develop their agencies' capacity to do health equity research. In that context, several of the counties have done community or community partner surveying to look at those same national issues around the ten essential functions of public health.

Dr. Capitman stated communities are generally less judgmental of their health departments than their health department staff are; however, the surveys find that most people feel the health departments are not working in a Health in All Policies frame, but rather associate the health department with vaccination or safe restaurants.

Dr. Garza stated the board of supervisors also feels that way, which is frustrating. He stated the Operational and Statutory Capacity of Local Health Departments report showed that poverty and diseases in the San Joaquin Valley are eleven-fold greater than other similar-sized counties.

Dr. Johnson asked if data is being collected on Native Americans in the San Joaquin Valley. Dr. Capitman stated Native Americans are reflected in census and health department data. Dr. Pacheco-Werner stated her current study on asthma includes Native Americans.

Chair-elect Butler stated there is an opportunity for the OHE to take action in partnership with the CVHPI and to model that in other areas of the state where there are vast health inequities.

Chair-elect Butler stated she, too, has often heard the question: why don't people just move? She stated Raj Chetty looked at moving to communities of opportunity, and there are organizations that build and maintain the community fabric by creating communities of opportunity where people already are and helping them benefit from the changes that are happening. She stated the need to explore housing and communities of opportunity as a Committee.

Chair-elect Butler stated she appreciated the example of the people power behind the movement. She asked what types of partnerships are most impactful and what the CVHPI needs to continue to support those types of partnerships.

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Dr. Capitman stated health departments generally view the Building Healthy Communities program as troublemakers, so the partnership has not been strong. Health departments do a good job engaging people in talking about the smoking cessation and obesity. Those prevention goals have generated a big mobilization, but goals about inequality or empowering communities of color have not been a prominent feature of health department behavior to this point.

Joe Wilkins, MBA, FACHE, stated it will require a movement to make the dramatic change necessary to improve the health in this community. Change has to happen at the local, grassroots level. He asked how the CVHPI plans to drive local actions.

Dr. Pacheco-Werner stated reporting data to communities does not empower them. They already know the community issues. Social media can be used as a way to mobilize individuals when they relate the stories themselves. The power in social media is not organizations producing the content; it is individuals mobilizing around their own stories and their own experiences for success.

Dr. Capitman stated there is a digital divide in the Valley with proportionately less people with access to social media, and the basic infrastructure to improve access and availabilities is an ongoing challenge in the region. Also, running a social media campaign takes funding and ongoing labor.

Linda Wheaton, MURP, AICP, stated a number of state agencies use cap and trade programs to address disadvantaged communities, as represented by CalEnviroScreen. Community understanding of programs and how to apply them is an issue. The state has funded several technical assistance contracts including one in the Valley in the last several months. She asked if the CVHPI has been contacted by the technical assistance providers on the cap and trade programs.

Dr. Capitman stated the challenge in the Valley is not about the programs or understanding them, but about having the resources to access them.

Cynthia Gómez, PhD, stated the focus has been on what needs to happen to help the most disenfranchised, but not on what needs to happen with the corporations that surround these communities that are consistently profiting and what role they should have in rebuilding communities. Improvements will never be made without resource allocations of some sort and will depend on local corporations that influence decisions, policies, and politics in the local community to want to see the entire community benefit.

Mr. Ewert asked if the CVHPI has looked at disenfranchisement as far as political power by council district to see if it correlates with the outcomes seen. Dr. Capitman stated they have not done that work, but the low registration and participation rates are striking and clearly unequal.

Mr. Ewert asked, since city council members are elected by district, if the CVHPI has been successful presenting its data, why city council members that represent the disadvantaged communities do not demand equal resource distribution and funding for things such as parks. Dr. Capitman stated there has been a remarkable shift in rhetoric over the last five years. Almost no one can run for office in the Valley now without acknowledging the inequalities.

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Dr. Newel stated Fresno State is investing in raising up new leaders out of the community, and Dr. Pacheco-Werner and Mr. Alcala exemplify that. She thanked the panelists for traveling from the Central Valley to share their expertise with the Committee.

Dr. Newel stated community and community leader involvement is an ongoing struggle. There is a constant pressure to mold the community and its thinking around what is desired by the funders. The funders have tremendous weight within the steering committee and in how the program is shaped. The more leaders and funders that can be raised up out of San Joaquin Valley communities instead of from outside, the better off this work will be.

Dr. Garza stated AC Members can reference the following reports for additional information:

- The Congressional Research Service, which came out in 2005, reported that the San Joaquin Valley has more poverty than the Appalachia region, and San Joaquin Valley counties get fewer federal funds per capital than the U.S., California, or the Appalachian region.
- The Distressed Communities Index, which came out in 2016 from the Economic Innovation Group, reported, of the one hundred largest cities, the Stockton area is the sixth most distressed.
- The Education Equality in America by Education Cities, published in 2016, reported that, of the one hundred largest cities, the Stockton area is number five with a score of twenty-five meaning a massive achievement gap.

Dr. Garza read a poem he wrote many years ago, called *Frontera Life/Border Vida*. Deputy Director Miller stated the poem will be posted on the website.

Public Comment – Section 6.

(please reference attached public comment section)

2:50 p.m. Break

3:00 p.m. The San Joaquin Valley Health Fund: An Opportunity to Build the Capacity of 100 Organizations Over Five Years

Presenters:

Kaying Hang, Interim Director of Health Programs, CHPM/Sierra Health Foundation

Isabel Arrollo, Executive Director, El Quinto Sol de America

Kaying Hang

Kaying Hang, Interim Director of Health Programs, CHPM/Sierra Health Foundation, provided an overview, by way of a PowerPoint presentation, of the background, demographics, goals, structure, partners, funders' circle, and accomplishments of the San Joaquin Valley Health Fund. She showed a video highlighting past and current

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activities and partners of the San Joaquin Valley Health Fund. She was unable to show her second video due to time constraints.

Discussion

Dr. Nolfo stated Ms. Hang's slides and videos will be posted on the OHE-AC website.

Chair Gálvez asked about restrictions for the use of the funds, such as doing advocacy or lobbying activities, which would seem counterproductive to the larger goal. Ms. Hang stated Alliance for Justice is being brought on board to help understand where those parameters are.

Dr. Garza asked about short- versus long-term funding limitations. Ms. Hang stated the fund is structured to invest in building capacity of at least one hundred organizations and is committed to five years of funding. In order to broaden the base, there must be commitment to that base.

Ms. Hang introduced one of the San Joaquin Valley Health Fund partners, Isabel Arrollo, the Executive Director for El Quinto Sol de America, based in Tulare County, doing work in community engagement.

Isabel Arrollo

Ms. Arrollo provided an overview, by way of a PowerPoint presentation, of the mission, goals, community outreach and engagement, community leadership committees, and state policy work of El Quinto Sol de America. She gave examples of the issues some of the community leadership committees are undertaking, such as immigration resources, pesticide advocacy and the Healthy Kid Zone campaign, health fairs, community parks, and a school bus stop.

Ms. Arrollo stated the communities do not attend meetings because they feel the meetings are not in their language, they do not understand the agenda, and they feel uncomfortable. If the communities understand the process and feel welcome, they will participate in the process, because they are passionate about making a difference. It is important that, when they participate, they are listened to and that their opinions are valued.

Public Comment – Section 7.

(please reference attached public comment section)

4:00 p.m. Reflections from the First Cohort of OHE Advisory Committee Members and Planning for the September 26, 2016, Advisory Committee Meeting

Reflections

Chair Gálvez asked if the first cohort Advisory Committee Members who are stepping off would like to speak.

Dr. Lu stated he joined the Advisory Committee from the Office of Multicultural Affairs with the Department of Mental Health in 1997 and was on the Committee from the beginning. It has been a joy to participate. He hopes to be part of the Alumni Network in the future.

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Dr. Ramos thanked the Committee for the opportunity to serve and watch the leadership develop.

Pastor Graham told the story of his high school friend, who climbed the ladder to success and let nothing hold him back. Pastor Graham stated change and improvement must come from the commitment deep inside to listening to what others need. He encouraged the Committee to continue sowing for a future harvest.

Dr. Gómez stated she is proud of the Committee's accomplishments and hopes to stay connected in the future.

Dr. Newel encouraged the Committee to continue to look through a gender lens for all gender and sexual identities.

Mr. Cantor stated his first job as an undergrad was as a leader for youth coming out of the juvenile justice system. He recalled his enthusiasm for making a difference while understanding the struggles each youth had gone through. He stated hearing how personal stories connect to the larger process has been powerful and rare in a government context. He stated he looks forward to staying engaged in the Committee's work.

Planning the next meeting

Chair Gálvez stated the next Committee meeting will be on September 26th.

Mr. Wilkins stated his appreciation for Dr. Smith's and the Fresno team's valuable contributions to today's conversation. He recommended controlling presentation length.

Deputy Director Miller stated staff, when thinking about the priority assessment as part of the Portrait of Promise, spent time learning from influential, upstream-focused programs. He suggested that the Committee consider some of these programs and examine recent data as an opportunity to advise the Department.

Deputy Director Miller also suggested that the Health in All Policies Task Force work with staff to send a member to speak to upstream health partners connected to this work.

Deputy Director Miller stated this is a good opportunity to learn from the Office of Legislative and Government Affairs while thinking about the Alumni Network, and to examine scaled approaches across the state.

Dr. Lee stated she appreciated hearing from subpopulations across generations.

Dr. Garza suggested continuing to ask the different state departments to report how they are doing in monitoring and performance at future Committee meetings. He also suggested having panels from successful county or city health departments working in health equity, and looking at programs from the CDC and the National Association of City and County Health officials. He recommended focusing on both rural and inner-city areas in future.

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Dr. Gómez suggested considering discussions on how to reach particular communities, such as the Health Resources and Services Administration (HERSA) conference on low-income ethnic minority millennials and their health care needs.

Length of OHE-AC Meetings

Tamu Nolfo, PhD, OHE Senior Project Manager, contrasted hectic shorter meetings with longer meetings where many Committee Members leave early. She stated the only two-day meeting on the calendar is in December. She asked whether the September meeting, which many new Committee Members will attend, should be a full-day or a shorter meeting.

Chair Galvez noted the Committee Members to ask had already left, but cautioned against holding a shorter meeting that may leave new Committee Members feeling dissatisfied. She recommended giving agencies involved in Health in All Policies the opportunity to engage in discussion.

Dr. Louie stated Committee Members who travel to meetings have committed their entire day already. Also, longer meetings provide time for discussion.

Dr. Johnson stated a preference for day-long meetings.

Dr. Garza recommended holding at least a few longer meetings for deeper discussion.

Mr. Wilkins stated the presentation process could be more efficient if Committee Members study the presentation and develop questions ahead of time, the presenter gives an overview, and the rest of the time is devoted to discussion.

Chair-elect Butler stated giving opportunities to interact with the material will keep Committee Members more engaged.

Mr. Cantor suggested stating the goals for the agenda to link back to Committee action.

Dr. Louie stated the opportunity in a one-and-a-half-day meeting is that issues identified on day one can be addressed on day two instead of waiting three months for that discussion. Some issues cannot wait three months to be addressed.

Dr. Nolfo suggested broad agenda items, such as Dr. Smith giving her comments as a way to both address immediate issues and keep the public notice.

Chair Gálvez suggested exploring how to bring an effective community power-building component into the work of the OHE, and looking at the Aspen Report and whether place-based initiatives make a difference.

Public Comment – Section 8.

(please reference attached public comment section)

4:50 p.m. Debrief | Public Comment Period/Public Comment for Items Not on the Agenda

Vice Chair Cheng stated he was thankful to have been the vice chair for the OHE-AC since its inception. He stated he has been impressed with the selection of AC Members and the amount of passion, knowledge, and experience they have contributed. He

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thanked AC Members for their hard work in addressing vulnerabilities that communities experience to better achieve an equitable condition for all. He thanked staff for their support so the AC could function effectively. He thanked Chair Gálvez for her contribution and for being a competent, capable chair for the OHE-AC.

Chair Gálvez thanked everyone for their support over the last three years and for the opportunity to serve as chair. She stated the Committee will be in great hands with Dalila Butler and Aaron Fox as they take on the roles of chair and vice chair of the OHE-AC.

Public Comment – Section 9.

(please reference attached public comment section)

5:00 p.m. Closing Comments and Adjournment

Chair Gálvez thanked everyone for participating and ended the proceeding.

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9:40 a.m. Welcome and CDPH Updates

Public Comment – Section 1.

(No public comment)

10:30 a.m. CDPH and OHE Updates

Public Comment – Section 2.

PETE LAFOLLETTE

Yes, Sandi. It's Pete Lafollette. I'm from Ventura County with various affiliated mental health interests.

Just a point of interest – there's a Little Hoover Commission Senate Hearing meeting at the end of this month and they'll be following up on their original position paper results, what have you, from 2014 on the Mental Health Services Act inadequate service delivery.

But, instead of emphasizing the negative, I know that if I go to the hearing, rather than talk about the sun going down on the services act, I'd like to talk about some of the innovative ideas you discussed with the Office of Health Equity and the horizon for better services act deliveries for those with mental health challenges.

Thanks.

Motion: February 9, 2016, Meeting Minutes

Public Comment – Section 3.

(No public comment)

Motion: Chair Election

Public Comment – Section 4.

(No public comment)

Motion: Vice Chair Election

Public Comment – Section 5.

(No public comment)

1:00 p.m. Policy Recommendations: Understanding the Challenges and the Potential of the San Joaquin Valley

Public Comment – Section 6.

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PAUL NOLFO

My name is Paul Nolfo. I've been working with Kings County for about three years now and, over that time, what we've focused on was building the capacity of a community -- a county-wide coalition. And, within that coalition, the way we've built the capacity was first to do education.

Secondly was to take a national prevention strategy and provide action to the coalition based upon that strategy. So, over the three-year period, they now have seven goals based upon the national prevention strategy. They're getting stronger and stronger.

I think your point number two is critical. We look at health equity in Kings County as a pincer attack. The state is creating things like Health in All Policies, the HiAP Committee, which is critical. At the local level, we're creating prevention strategies that we can feed off of what's happening at the state level.

But it's all about the capacity-building and creating plans at that local level, and there are processes that have shown what worked when creating those plans.

ADIAM MENGIS

Hello. My name is Adiam Mengis. Thank you very much for the wonderful presentation. I think it represents a lot of communities around the state. We talk a lot about intervention programs, focus on empowering communities -- for instance, African American communities, Latino communities -- but do you think, also, that there should be programs, because from what we see, based on research and the *Unnatural Causes*, we have seen that, even though African American women -- mothers who are wealthy, who, let's say, in the video, there was an African American woman who was a lawyer, but still she had a problem of premature birth. And we see those, and the problem was because of racism, which leads to cortisol level, which has an effect on the body -- an emotional and physical effect.

And do you think there should be programs that should work not only on the disadvantaged communities, because objectification that we see -- for instance, White people's communities. And we should work on school programs, starting from children, that it is okay to be (indiscernible), that other races are okay.

We should break that fear problem, because children are innocent and they're angels when they're born and they know nothing. So, they could love. If we start to teach them that, then there could be integration. And I believe that such programs could lead to improvement, because that's how you tackle racism. Just like they learn to love Indian food, or Asian food, Thai food, they also should learn to love people.

They should learn to communicate and learn that it's okay to live together. I have lived in three continents, and I have experienced racism and I have seen injustice, and everywhere you go, Black people, especially Black women, are at the bottom of the

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hierarchy. And where else can we go? Do you know what I mean? If everywhere is like that, there should be something. And we are living in a so-called democratic nation, the most powerful nation, and this should not be seen here.

And I was also wondering if we could work on the checkmark records, because we talk a lot about violence, we talk a lot about alcohol consumption, tobacco consumption, drugs, and we talk a lot about unemployment issues, but then the check record is stopping people from trying to go to work, and people are going to prisons, in and out, in and out. There are a lot of issues about racial profiling. A lot of things (indiscernible). So, I do think these things are important. And then, on one issue that you have talked about the revitalization effort in the downtown area, I'm not sure if you said that was finished, or --

Dr. Pacheco-Werner: It's ongoing.

Ms. Mengis: It is ongoing? And do you think that the people who are disadvantaged in that community will make use of it, or are we going to see just, like, open, that people are just moving around when something is refurbished, when there are parks, when there are things, and people are just moving around to other areas?

3:00 p.m. The San Joaquin Valley Health Fund: An Opportunity to Build the Capacity of 100 Organizations Over Five Years

Public Comment – Section 7.

(No public comment)

4:00 p.m. Reflections from the First Cohort of OHE Advisory Committee Members and Planning for the September 26, 2016, Advisory Committee Meeting

Public Comment – Section 8.

(No public comment)

4:50 p.m. Debrief | Public Comment Period | Public Comment for Items Not on the Agenda

Public Comment – Section 9.

ADIAM MENGIS

Okay. So, I'm here to learn from all of you and I just was wondering if, in your work, it's possible to work with the cities and work on (indiscernible) issues, because that's having a huge public health effect, both physical and mental.

Also, if something could be done with the media, because I feel like there are a lot of (indiscernible) condition issues that are putting more hate and fear towards the community. The issue of gentrification is a very huge issue to the public health process already.

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And I would also want to say that, even though some people don't like to say it, I would want to share that, when people say Black lives matter, it does not mean that other lives do not matter, it just means that, since we are at the bottom of the hierarchy, if we work to the justice of that community, then I believe that justice will be done to everyone.

So, I think that's all for now.

PETE LAFOLLETTE

Hi. Pete Lafollette, Ventura County. It was touched upon in the Central Valley discussion that the people on the ground are already doing this work reducing disparities. And I'm talking about how to better engage the faith communities, like Turning Point, Kappa Charities, My Brother's Keepers.

Oftentimes, they're doing maintenance work, whether it's food banks or housing, where people go in and out of housing back into the streets. Or even making lunches, but how to hear from these communities to move from beyond maintenance to look at the root causes of their work and get their discussions and inputs from their direct hands-on experience.