



California Department of Public Health  
**PUBLIC HEALTH ADVISORY COMMITTEE MEETING**  
**Summary Minutes**  
California Department of Public Health  
Director's Large Conference Room, Room 73.776  
1615 Capitol Avenue, 7<sup>th</sup> Floor  
Sacramento, CA 95899

**October 29, 2009**  
**10:00 a.m. – 4:00 p.m.**

Morning Session  
10:00 a.m. – Noon

- o **Welcome - Director Mark Horton, MD, MSPH**

Committee Chairman Dr. Mark Horton convened the meeting at 10:05 a.m. with the following members present: Ms. Dolores Apodaca, Ms. Robin Cox, Ms. Susan Harrington, Dr. Stephen Shortell, Dr. Franklin Pratt, and Dr. Rodney Borger. Since only six members were present, no quorum was established. Dr. Horton welcomed the members and elected to proceed with the H1N1 presentation. At 10:45 a.m., Ellen Wu and Christopher Kennedy Lawford arrived, thereby establishing a quorum.

*Information item, no action required. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.*

- o **2009 Pandemic H1N1 Influenza Update**

Dr. Gil Chavez, MD, MPH, State Epidemiologist and Deputy Director of the CDPH Center for Infectious Diseases, presented an overview of 2009 Pandemic H1N1 Influenza in California, including a brief history about where the novel strain of H1N1 was first identified in California; how it spread throughout California and the United States; lessons learned during initial response; goals of fall pandemic response; influenza activity worldwide; surveillance for H1N1 in California; hospitalizations and deaths from H1N1 in California; H1N1 vaccine and its distribution policy; and the vaccine challenges as well as target groups. *[Please refer to the PowerPoint for further details].*

Dr. Shortell asked if the Department had any estimates on the number of California residents likely to be effected by H1N1 influenza in the fall. He was informed that it was a moving target, but that the Department estimates one-third of California's population to be impacted.

Dr. Shortell asked if schools were included in the H1N1 vaccine distribution. He was informed that schools were not included because they are not licensed health providers, but that most schools were affiliated with a school-based health clinic or community clinic. Dr. Horton explained that the vaccine distribution method we used was to allow the local health jurisdictions to choose where they felt it would be best used. He also mentioned that CDPH is conducting weekly stakeholder calls to try and help people understand what method was used and why we have some inequities. CDPH has set up a hotline for incoming calls on H1N1. CDPH is hopeful we'll see more vaccination going out in order to minimize this problem. Dr. Chavez added that we only have a 25% of the vaccine we had envisioned and that we are hopeful that the vaccine production will pick up.

Dee Apodaca indicated that the Los Angeles Unified School District had placed vaccinations in schools and stressed that all schools should be a priority.

Christopher Kennedy Lawford inquired if there has been any public outcry about the effectiveness of the vaccine. Dr. Horton indicated while there has been some public outcry about the vaccine's effectiveness, during clinical trials, the vaccine had turned out to be more effective than we had previously thought.

Robin Cox indicated they are in the front lines in Solano County and while they received two small caches of the Flumist, they had received the injectibles without the needles. They are hammered by the media, especially due to



the death of a six-year-old girl (not yet confirmed). The Coroner is investigating the death. In order to be more proactive, Solano County had held a press conference. Thirty five health care partners had attended and it went well.

Dr. Horton mentioned two other developments – 1) Last week, Governor Schwarzenegger announced the release of one-half of the stockpile (over 50 million) of N95 respirators. These are the respirators required to protect health care workers. Today, while we are not aware of any shortages, we understand that supplies are running low. 2) President Obama recently made an emergency declaration allowing the Secretary of the Health and Human Services to issue Section 1135 Waivers to forego compliance with certain hospital regulations for the transfer of patients from one hospital to another. CDPH is not aware of any major flood of Section 1135 requests. Hospitals will make the requests to CDPH and CDPH will forward the requests to the Centers for Medicare and Medicaid Services (CMS). CMS has indicated that they can act on the waivers within three days.

Dr. Shortell indicated that he didn't know how well the Section 1135 Waiver information is being communicated and stressed the need to get the information out to the hospitals before something bad may happen. Dr. Chavez indicated that CDPH is preparing an "all facilities letter" to inform the hospitals.

*Information item, no action. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.*

- **Budget Update**

Jose Ortiz, Acting Chief Deputy Director of Operations for CDPH, made a presentation on the state budget including a discussion on structural funding challenges, CDPH Strategic Goals, CDPH funding breakdown; budget balancing reductions; and future priorities. Mr. Ortiz then responded to questions. *[Please refer to the PowerPoint for further details].*

Ellen Wu and Susan Harrington expressed concerns about the loss of federal dollars due to loss of state matching funds. Ellen Wu requested that future budget presentations show loss of federal matching dollars including loss of federal dollars due to furlough cuts. There were some discussions about pros/cons of special funds. Dr. Linda Rudolph, Acting Chief Deputy Director of Policy, indicated that special fund silos constraints and reduces public health's flexibility.

Dr. Borger inquired whether there was a way to prioritize special funds and move them into core areas such as HIV. Dr. Horton mentioned that those conversations are going on now and that we are considering priorities and core areas to focus as part of our continued discussions relating to our Strategic Plan.

Susan Harrington mentioned that Riverside County's WIC and Emergency funding is eroding rapidly and inquired if there were any budget projections regarding future cuts at the State level. Dr. Horton indicated that there was none we could share at the moment. He also mentioned that the budget change proposals are in the process of being reviewed and submitted and there weren't any budget reduction drills at the moment.

*Information item, no action. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.*

- **American Recovery and Reinvestment Act of 2009 (ARRA) Update**

Jean Iacino, CDPH Special Assistant to Director Dr. Mark Horton, made a presentation on the ARRA economic stimulus dollars that CDPH has thus far received and the projects being funded by these ARRA funds and responded to questions. The funding breakdowns by program or subject are as follows:

Drinking Water – CDPH received \$160 million to fund water system infrastructure corrections, repairs and improvements to meet safe drinking water requirements. CDPH has issued contracts for all of the funds across 52 local programs and all but one contract is fully executed. Construction on all projects must start by February 17, 2010.

Women, Infants and Children (WIC) Program – California did not receive a caseload allocation because we do not have a significant unfunded caseload. CDPH received \$3,706,515 from USDA for three information technology projects for the WIC Supplemental Nutrition Program (WIC). They are: 1) Planning for WIC Management Information



System Replacement - \$250,000 to hire a contractor to facilitate the planning process and development of an Implementation Advanced Planning Document for a new WIC system; 2) Establishing Video Conferencing for Training and Communication - \$2,405,661 to purchase and install video conferencing equipment at the WIC Division Office, at 82 local WIC agency contract sites and 2 WIC regional training locations; and 3) Local Agency Hardware Replacement - \$1,050,854 to help 32 local agency contractors to replace computer hardware to operate WIC's automated system to deliver services.

Prevention and Wellness Healthcare-Associated Infections (HAI) – California received \$2.6 million via Public Health Foundation Enterprises (PHFE) for coordination and reporting of HAI prevention efforts, detection and reporting of HAI data (HAI Surveillance), and establishing a prevention collaborative. Pending finalization of a project budget, CDPH anticipates \$1.26 million from the Centers for Medicare and Medicaid Services to incorporate HAI and infection control issues into ambulatory care center surveys.

Prevention and Wellness: CDPH has received \$10.1 million for the 317 immunization program; unfortunately these funds are needed to backfill GF budget cuts to the immunization program. CDPH also received approximately \$657,000 to implement a pilot private insurer reimbursement project in Kern County.

#### Health Information Technology/Health Information Exchange (HIT/HIE)

The California Health and Human Services Agency (CHHS) serves as the lead agency on HIT/HIE issues for the State. CHHS has convened a broad range of stakeholders in a number of workshops to help prepare California to apply for HIT/HIE ARRA funding.

#### Key milestones:

- Health Information Technology and Exchange Strategic Plan Draft, August 2009
- Health Information Exchange Strategic Plan Draft, August 2009
- Health Information Exchange Operational Plan, Spring 2010
- Electronic Health Record Incentive Plan (for Medi-Cal providers), December 2009
- Medicaid Information Technology Architecture Transition & Implementation Plan, June 2010

#### Other Funding Streams

- National Institutes of Health (NIH) Challenge grants – CDPH applied for three of these but was unsuccessful in all three applications
- Department of Justice Violence Against Women Prevention and Prosecution Programs
  - CDPH applied for \$1M over 2 years for shelters but our application was not successful
- Comparative Effectiveness Research (CER) (\$1.1B - \$400M to NIH to conduct or support comparative effectiveness research, \$300M to Agency for Healthcare Research and Quality (AHRQ) for "Healthcare Research and Quality" and \$400M at discretion of Secretary of U.S. Department of Health and Human Services (HHS) to accelerate the development and dissemination of research assessing the comparative effectiveness of health care treatments and strategies).
  - Some of the AHRQ funds for clinical CER projects are available with an application deadline of Dec. 16; CDPH will not apply for any of these funds but continues to monitor CER funding announcements

Dr. Linda Rudolph, Acting Chief Deputy Director and Deputy Director of the CDPH Center for Chronic Disease Prevention and Health Promotion, then gave a brief presentation on the ARRA funding received for chronic disease prevention grants.

The Centers for Disease Control and Prevention (CDC) has released two Funding Opportunity Announcements (FOA) to implement policy and environmental change approaches focused on obesity prevention, nutrition, physical activity and tobacco control.

Communities Putting Prevention to Work – Community Initiatives: This FOA is for \$373 million nationally and funds two categories: obesity prevention, nutrition, and physical activity; and tobacco control. Funds will be awarded via a



competitive process with approximately 30-40 grants funded nationwide. There are four eligible categories: large cities (local health jurisdictions [LHD] greater than 1 million in population); urban areas (LHDs with a population between 1 million and 500,000); federally recognized tribal governments; and small cities (LHDs with a population in between 500,000 and 50,000) and rural areas (LHDs with a population less than 50,000). CDPH will be applying on behalf of four local health departments: obesity (Sonoma and Tulare) and tobacco (Shasta and Solano)

Communities Putting Prevention to Work – State Supplemental Funding for Diabetes, Tobacco Control, Behavioral Risk Factor Surveillance System (BRFSS), and Healthy Communities: This FOA is for \$125 million nationally for three separate categories: 1) A non-competitive component for CDPH to apply for one nutrition, physical activity, and tobacco control component each. California is eligible for up to \$2.2 million for 24 months; 2) A non-competitive component for CDPH to apply for an augmentation of its existing California Smokers' Helpline. California is eligible for up to \$2.5 million for 24 months; and 3) A competitive component for CDPH to apply for either one nutrition, physical activity, or tobacco control component that impacts health disparities/health inequities. CDC will award 10-15 proposals. States are only eligible for a maximum of \$3 million. CDPH will be submitting applications for each of the three components.

*Information item, no action. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.*

- **Health Care Reform Update**

Toby Douglas, Chief Deputy Director of the California Department of Health Care Services, made a presentation on Health Care Reform. \$1.6 million increase in Medicaid coverage because the income level may be increased and coverage for all populations under the income level will be eligible for Medicaid. Streamlining eligibility; Creation of insurance exchange may result in persons shifting from Medi-Cal to the exchange. There will be access capacity constraints that may place pressure to increase provider rates.

Dr. Horton urged that we would like to see prevention and wellness included in basic prevention packages.

*Information item, no action. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.*

Noon to 1 p.m. LUNCH

Afternoon Session  
1:00 p.m. to 4 p.m.

- **Review and approval of April 9, 2009 Meeting Minutes**

Dr. Horton offered the April 9, 2009 minutes for approval. Moved by Robin Cox, seconded by Dr. Shortell. Approved unanimously.

*Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.*

1:15 p.m. – 3:45 p.m.

- **Healthy California 2020 Initiative**

Dr. Linette Scott, MD, Deputy Director, CDPH Health Information and Strategic Planning, gave a presentation on the latest developments for Healthy People 2020, including the proposed HP2020 objectives and possible sources of data to help prioritize objectives. Dr. Linda Rudolph, Acting Chief Deputy Director of Policy and Deputy Director for the CDPH Center for Chronic Disease Prevention and Health Promotion, followed with a presentation on Healthy Communities, which outlined her staff's examination of existing initiatives to define what a healthy community looks like and what indicators could be used to measure it. *[Please refer to the PowerPoint for further details].*



Both the presenters and PHAC members noted that the proposed HP2020 objectives were not as different from previous HP2010 objectives as had been expected, given the significant framework shift towards emphasizing social determinants of health. Currently the federal Health & Human Services agency is seeking input on the proposed HP2020, and PHAC members discussed the need for both CDPH and the PHAC member constituencies to give feedback (via a letter from Dr. Horton), in particular pointing out Healthy Communities and other work in California that go further in examining the social determinants of health, including looking at non-traditional data sources such as transportation and education. The possibility of Dr. Rudolph giving her Healthy Community presentation at the HP2020 regional meeting in Seattle was discussed, as was the option for a formal CDPH response in the form of a letter signed by Dr. Horton. Also discussed was the need for California to prioritize which proposed HP2020 objectives to follow, as the overall number of objectives was immense. It was agreed that objectives that impacted children should take priority, and possible candidates included obesity and injuries. However, members also reminded the committee that the focus should not be on outcomes but rather the upstream determinants that influence those outcomes.

In closing this discussion, Dr. Horton mentioned that it is very important for us to take advantage of these opportunities to articulate our values for California with a focus on what would bring us the biggest bang for the buck.

Specific Member comments are as follows:

Robin Cox asked why social determinants were not included. Possibly due to limited data availability. Dr. Horton mentioned that this is the first iteration; so there is an opportunity to get our comments heard. Dr. Shortell indicated that national data sets are available. If not, we can reinforce what is important for California. Dr. Horton also mentioned that there are over 400 objectives and that we should point out that significant consolidation is needed. He stressed to consider every topic area and to ask ourselves what are we currently doing and can we do more with a focus on upstream actions we can undertake for each topic area. Ellen Wu stated that social determinants and the equity piece belong in the framework and not as a topic area.

Dr. Shortell mentioned that this is a real opportunity for us to tell them what is important for California and stressed that we should consider preparing some organized comments.

During the data discussion, Ellen Wu asked if Asian/Pacific Islanders data can be broken out some more and was told that the national data was very limited and that we may have to look at California specific data and that it may vary by the various geographic areas.

Dr. Borger mentioned that the challenge is to try and figure out before something happens. Very few people die of obesity as the cause.

Dr. Shortell mentioned that California should focus on basic social determinants of health, in particular, promoting early childhood health. He mentioned that "overall burden" is a good starting point for childhood obesity and stressed the importance of active living and healthy eating and early intervention to prevent diseases. Susan Harrington stressed that we should pay particular attention to how we frame healthy eating and healthy weight as opposed to focusing on childhood obesity. Ellen Wu stated that our focus should include violence/injury (both intentional and unintentional) and access to healthcare. Mental health was also mentioned as an area of focus.

Christopher Kennedy Lawford indicated that in the area of alcohol and drug abuse, people with high economic status have a better chance of recovery than people with low economic status.

Dr. Pratt suggested that we extend our reach as far as possible to reach other departments/communities/sectors (i.e., Department of Education) in order to focus on areas such as education and drop out rates. Dr. Horton agreed that we should work with these sectors on issues such as reducing average miles traveled, reducing Hispanic dropout rates, etc., to focus on commonalities because they are all health related priorities.

Robin Cox expressed that we really want to see social determinants not just as a chapter, but woven throughout as the overarching framework (should be elevated). She also suggested offering Dr. Rudolph's list in either written or verbal form.

*Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.*



3:45 p.m. – 4:00 p.m.

- **Open Discussion/Topics for Future Discussion**

Ellen Wu stated that she would like to hear a presentation on Climate Change at the next meeting.

Dr. Horton asked the members whether there was a need to change the current schedule of meeting four times per year and all members agreed to keep the schedule the same.

- **2010 Meeting Schedule**
  - January 29, April 30, July 30, and October 29.

*Information item, no action. Dr. Horton inquired if any member of the public wished to speak to this item. No member of the public came forth to speak.*

- **Adjourn**

Dr. Horton thanked everyone for their attendance and adjourned the meeting at 4 p.m.

