

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
February 13, 2018**

Sierra Health Foundation
1321 Garden Highway
Sacramento, CA 95833

OHE-AC Members Participating:

Dalila Butler, MPH, Chair	Virginia Hedrick, MPH
Sergio Aguilar-Gaxiola, MD, PhD	Carrie Johnson, PhD
Rye Baerg, MA-URP	Jo-Ann Julien, MEd
Alison Chopel, DrPH, MPH	Manel Kappagoda, JD, MPH
Sarah de Guia, JD	Patricia Lee, PhD
Donnell Ewert, MPH	Dexter Louie, MD, JD, MPA
Lisa Folberg, MPP	Lloyd Nadal, MA
Sandi Galvez, MSW	Hermia Parks, MA, RN, PHN
Guillermo Gonzalez, MPP	Michael Witte, MD

Members Absent:

Rocco Cheng, PhD	Yvette McShan
Aaron Fox, MPM, Vice Chair	Linda Wheaton, MA-URP, AICP
Nahla Kayali	

State Officials/Staff:

Karen Smith, MD, MPH, CDPH Director	Maureen Njmafa, CDEU, OHE
Jahmal Miller, Deputy Director, OHE	Tamu Nolfo, PhD, Senior Project Manager, OHE
Noralee Cole, SSA, OHE	
Rafael Colonna, Research Scientist I, OHE	Peter Oh, PhD, Chief, HRSU, OHE
Carol Gomez, AGPA, OHE	La Roux Pendleton, CRDP Lead, CDEU, OHE
Solange Gould, DrPH, MPH, Chief, Health Equity Policy and Planning Unit, OHE	William Porter, Health Program Specialist I, CDEU, OHE
Linda Helland, Health Program Specialist II, Climate Change and Health Equity Program, OHE	Liz Hall, CDPH, Office of AIDS
Vevila Hussey, CDEU, OHE	Jen Rohde Budz, CDPH, Office of AIDS

Speakers from the Public:

Kristene Smith, Mental Health CA
Amanda Wallner, Health Access CA

AC Attendees in Person: Dalila Butler, MPH, Chair; Sergio Aguilar-Gaxiola, MD, PhD; Rye Baerg, MA-URP; Alison Chopel, DrPH, MPH; Sarah de Guia, JD; Donnell Ewert, MPH; Lisa Folberg, MPP; Sandi Galvez, MSW; Guillermo Gonzalez, MPP; Virginia

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Hedrick, MPH; Carrie Johnson, PhD; Jo-Ann Julien, MEd; Manel Kappagoda, JD, MPH; Patricia Lee, PhD; Dexter Louie, MD, JD, MPA; Lloyd Nadal, MA; Hermia Parks, MA, RN, PHN; Michael Witte, MD

10:00 a.m. Convene Meeting and Welcome | Roll Call | Agenda Review | Meeting Minutes

Dalila Butler, MPH, Chair of the Office of Health Equity (OHE) Advisory Committee (AC), called the OHE-AC meeting to order, welcomed everyone, and asked OHE-AC members to reflect upon the upcoming transition. She asked OHE-AC members to introduce themselves and provided a brief overview of the OHE-AC meeting agenda.

Advisory Committee Vice Chair Report Out: *The Federal Tax Bill and Its Impact on Health in California*

Chair Butler tabled this item to the next meeting.

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Hermia Parks, MA, RN, PHN, referred to her comment on page 3 and asked to change “Stanford Chronic Disease Management Model” to “Stanford Chronic Disease Self-Management Model.”

Public Comment

No members of the public addressed the OHE-AC.

MOTION: Ms. Parks made a motion to approve the December 14, 2017, Office of Health Equity Advisory Committee Meeting Minutes as amended. Motion carried 13 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following OHE-AC members voted “Yes”: Butler, Chopel, de Guia, Ewert, Folberg, Hedrick, Johnson, Julien, Kappagoda, Louie, Nadal, Parks, and Witte.

The following OHE-AC members abstained: Baerg and Gonzalez.

10:30 a.m. Sustaining the Vision for Health Equity in California

Presenters:

Karen Smith, MD, MPH, CDPH Director and State Health Officer
Sarah de Guia, JD, OHE-AC Sustainability Sub-Committee Chair
Tamu Nolfo, PhD, OHE Sr. Project Manager

Jahmal Miller, OHE Deputy Director, stated this was his final OHE-AC meeting. He stated he was grateful for his role and the opportunity to work with OHE-AC members and staff. He thanked Dr. Smith for her leadership and ongoing support. He assured everyone he would continue to be a strong health equity ambassador in this new position.

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Chair Butler thanked Deputy Director Miller for lending his wisdom, skills, and heart to the OHE and for his work and vision, which will set a high standard for his successor.

Deputy Director Miller thanked members of the staff for their commitment, hard work, and support. He spoke about a show on HOB called Big Little Lies and reflected that disrupting inequities and disparities requires getting at the root causes and realizing that behaviors that perpetuate inequities and disparities begin with us. This can be disrupted by shifting attention off individuals and systems and focusing on the Bay Area Regional Health Inequities Initiative (BARHII) upstream model. He encouraged rethinking how to achieve equity, broadening the vision on how to effect change and sustainability, and forming an inside-out strategy that is thoughtfully evaluated and executed moving forward.

Deputy Director Miller stated the OHE is positioned to influence decisions across the California Department of Public Health (CDPH) programs to take stakeholder input into consideration. A challenge is that other departments can view the OHE as a CDPH program when it was envisioned as an eventual independent entity with a legislatively mandated responsibility to serve other departments, as well. Deputy Director Miller stated the need for an explicit institutional shift that requires the OHE to penetrate other departments in Health and Human Services to build a stronger network of health and mental health equity.

Tamu Nolfo, PhD, OHE Senior Project Manager, thanked Deputy Director Miller for his work and stated, because of his leadership and role modeling, the next generation of health equity will look very different.

Sandi Galvez, MSW, acknowledged Deputy Director Miller's passion, commitment, and ability to connect with people as an ambassador for health equity and wished him the best of luck in the future.

Presentation

Karen Smith, MD, MPH, CDPH Director and State Health Officer, stated she will lean heavily on the OHE-AC in the process of finding a new director for the OHE to carry the work forward. She stated she will designate an interim deputy director during the transition. She stated there has been tremendous progress under Deputy Director Miller's leadership – the vision of what health equity in California can look like is much clearer than it was before and the focus of the OHE has sharpened. The conversation has changed at the national level around health equity and that is due in no small part to Deputy Director Miller and his ability to articulate fundamental but often difficult-to-grasp concepts.

Dr. Smith stated the budget proposal did not make cuts to the Prevention and Public Health Fund, which came out of the Affordable Care Act, for this fiscal year. The Governor's May Revise will be important to the OHE.

Discussion

Dexter Louie, MD, JD, MPA, asked who the champions for mental health are in the Executive Branch and the Legislature. Dr. Smith stated the OHE is a priority for the

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Agency and for the governor's office. However, priority and budget do not necessarily match. Governor Brown has focused on preserving benefits and services for the people of California, including expanding Medicaid to all children, and everything else is secondary. The OHE has received block grant funding and has more flexible funding than other parts of the Department. Staff will be making recommendations focused on sustainability; part of that conversation is identifying activities that can be supported by different funding streams. Staff will also pilot project costing to more efficiently braid funding streams.

Deputy Director Miller stated Dr. Smith has focused staff efforts on capacity building. How health equity is advanced is only as good as the capacity being built over time. A sustainability plan consistent with the legislative mandate is key.

Alison Chopel, DrPH, MPH, asked about the process for finding a new director and if it would be possible to hire a national search firm to lead that task. Dr. Smith stated a national search firm may be unnecessary. She stated the hope that some of the leaders in California would confidentially express interest in becoming the new director. The hiring process would include external stakeholder interviews and internal leadership interviews and would ultimately come down to the governor's decision.

Donnell Ewert, MPH, asked how to secure resources and a dedicated funding source for local public health departments to work on health equity. Dr. Smith stated this will not happen in the near future. The OHE is refocusing efforts on capacity building for local health jurisdictions to enable them to work with community organizations to identify what exemplifies health equity.

Deputy Director Miller stated the California Conference of Local Health Officers (CCLHO) Health Equity Committee is positioning to influence health equity on a statewide level. Innovative practices coming from the California Reducing Disparities project (CRDP) will ideally be able to integrate into local efforts. Additionally, the California Endowment Health Equity Awards recognize innovative practices of local health jurisdictions and provide grants to fund them.

Dr. Smith added that the County Health Executives Association of California and the Health Officers Association of California both lobby for health equity. The work will transform the landscape and enable further work upstream, but it is in an early stage. She stated it would be interesting to think of the CRDP in the long term, including transitioning and redirecting funding.

Manel Kappagoda, JD, MPH, asked what the OHE-AC can do to support sustainability planning. She also asked for context on the budget and elaboration on Foundation funding. Dr. Smith stated the OHE is driven by the funding source at present. The OHE must have a conversation on the overarching priorities. Governmental public health tends to continue to do the same things even when they don't work if they are in a budget. It is difficult to discuss leveraging funding in different ways. Those conversations are occurring in the Department at the leadership level so that leaders will have a rational understanding of what is necessary in a governmental public health

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infrastructure. She stated those conversations will also come to staff and the Sustainability Subcommittee.

Deputy Director Miller stated the California Endowment and Kaiser Permanente support Health in All Policies (HiAP). Private funding eventually expires, however, so the goal is to catalyze change that can be hardwired into state government to enable the work to sustain itself. HiAP has been a great model of that. He noted that the Robert Wood Johnson Foundation is an untapped funding opportunity for the future. He stated spending may not appear up to the estimated level because of data delays, but key expenditures are moving forward.

Michael Witte, MD, asked where savings will go and whether funding will be cut according to savings. Dr. Smith stated that has been her concern for fifteen years. There is an ongoing conversation in the nation that savings create free money. She stated the idea of reinvesting savings from the health care industry is impractical; however, other sectors that will benefit from savings may invest, and that conversation is happening at the local level. She stated her desire to describe a basic infrastructure in public health for the state of California. The economy will be healthier if less money must be spent on chronic diseases and instead can be spent on sustaining infrastructure.

Jo-Ann Julien, MEd, asked Dr. Smith and Deputy Director Miller to share their ideal vision for California in the future.

Dr. Smith stated ideally everyone in California would have an equal opportunity to be healthy. Significant progress would be made on disparities and health outcomes for different subpopulations. She stated this will only be possible if every decision the OHE makes considers differential impacts and plans to mitigate them. There can be no health equity without overall equity.

Deputy Director Miller stated ideally there would be more leaders in government like himself and Dr. Smith, particularly in appointed executive-level positions, who offer representation consistent with the demography of California.

Chair Butler added that it is important to hold leaders accountable to ensure this vision comes to fruition.

Sarah de Guia, JD, asked if savings for one fiscal year can be moved forward to the next year. Dr. Smith stated it depends on the funding source.

Ms. de Guia asked how to strengthen the link between the OHE-AC and the Department during the upcoming changes. Dr. Smith stated the OHE is evolving and determining what the best direction for California is; the connection between the OHE-AC and the Department is critical.

OHE-AC Sustainability Subcommittee Update

Ms. de Guia, OHE-AC Sustainability Subcommittee Chair, acknowledged the members of the subcommittee and stated the minutes from the meeting are in the meeting packet. She provided an overview of the discussion from the January 22nd OHE-AC Sustainability Subcommittee meeting as follows:

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- Staff presented the report and slide presentation on the work the OHE staff has done over the past five years, which was given at the last OHE-AC meeting. It was a time of evolution for the OHE.
- The subcommittee discussed sustainability, vision, and what the OHE-AC can help the OHE accomplish in the next five years.
- The subcommittee reviewed the OHE's strong foundational documents, such as the Portrait of Promise and the California Reducing Disparities Strategic Plan.
- The subcommittee discussed leveraging existing networks and organizations to advance the goals of the OHE.
- The subcommittee discussed challenges and opportunities, how the language in the statute on the OHE-AC and staff's roles are currently being interpreted, and whether or not legislative staff know about the work and activities of the Commission.
- The subcommittee developed criteria to guide the OHE-AC in crafting the vision for the future.
 - As the vision develops going forward, drive guidance by consistency with the OHE foundational documents
 - Be bold and audacious
 - Embolden inarguable principles such as justice and equity in the vision
 - Inspire and unite
 - Bring a voice to the voiceless and have an impact on the future
 - Align with the potential administrative or executive office

Ms. de Guia suggested that the subcommittee provide staff a framework or guidance for OHE-AC goal-setting at the upcoming staff retreat.

Discussion

Dr. Smith stated being in alignment with the Department requires intention. She appreciated that the OHE-AC can provide input to the staff as well as the leadership. Providing direction and strategic oversight for the government is powerful and sustainable.

Lisa Folberg, MPP, stated sustainability is challenging with a broad vision. While everyone is an advocate to some extent, she expressed concern that broad goals may undermine the willingness of policy leaders to prioritize sustaining the OHE. She stated the work of the Sustainability Committee in narrowing some of the goals is important. She asked if there has been discussion around changing the OHE into a 501(c)(3) within the CDPH.

Dr. Smith stated it would not be possible the way the statute currently stands, but there may be ways to enhance it. She agreed that focused goals are essential to sustainability.

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Ms. Parks stated ongoing support is crucial at the local level. It is important for the OHE-AC to look at Public Health 3.0. Braided funds, timely and relevant data, and a foundational structure are important for sustainability. Dr. Smith agreed and suggested discussing in a future meeting some of the things going on in the Department currently.

Dr. Louie stated he did not have enough background information on the categories of questions in the survey on the Sustainability Subcommittee to properly answer the survey. Dr. Smith suggested answering some of those overarching questions at the staff retreat.

Public Comment

Amanda Wallner, Director, California LGBT Health and Human Services Network, Health Access California, stated capacity building, technical assistance, best practices, and a positive stakeholder process are important for health equity throughout the state.

Dr. Smith stated the OHE is part of the Government Alliance on Race and Equity and is examining race and equity in all of its business practices, including contracting.

OHE-AC Survey Result Analysis

Dr. Nolfo stated the OHE-AC Sustainability Subcommittee directed staff to survey OHE-AC members to prioritize the goals of the Portrait of Promise: the California Statewide Plan to Promote Health and Mental Health Equity, and to provide input on the 2018 goals of the OHE. She provided an overview, with a slide presentation, of the OHE mission, the Portrait of Promise, and the Strategic Plan and its overarching strategies of assessment, communication, infrastructure, and capacity building for implementation. She continued the slide presentation, discussed the survey questions, and summarized the responses received.

Chair Butler asked members of the audience to introduce themselves. She stated, rather than having the scheduled working lunch, the small group sessions will begin after a shortened lunch break.

12:30 p.m. Lunch Break

1:30 p.m. Small Group Report Outs and Priority Setting with OHE Deputy Director

Small Group Discussions

Dr. Nolfo asked the OHE-AC to separate into small groups to discuss the following:

- How do we get to the point where the priorities lead the funding? Do you feel that the OHE is pointed in the right direction with the Portrait of Promise goals and the 2018 OHE goals? Are they the right priorities?
- Where does the funding come from for that and what can the OHE-AC do to make that happen?

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Ms. de Guia stated the small group report out session is an opportunity to engage in discussion together. Then, the Sustainability Subcommittee can refine and clarify today's discussion points and bring further recommendations back to the OHE-AC.

Dr. Nolfo asked OHE-AC members to separate into their small discussion groups. Members of the public were invited to participate in the groups of their choosing.

Small Group Report Outs

OHE-AC members reconvened, and Dr. Nolfo asked each group to select a representative to summarize the feedback received in the group sessions.

Group 1

Ms. Kappagoda summarized the group's comments and suggestions:

Recommendations for Question 1:

- Pick areas of focus within the social determinants of health indicators to prioritize for a set period of time
- Use Public Health 3.0 priority areas as an implementation guide
- Increase alignment between priority areas and the guiding document
 - Tie reported accomplishments to a specific section of the Portrait of Promise or other guiding documents
- Better understand how data collection aligns with the priorities in the Portrait of Promise and the 2018 OHE goals
- Better understand how the OHE uses data from other departments to prioritize issue areas

Group 1 did not offer comments or suggestions for Question 2.

Group 2

Ms. Julien summarized the group's comments and suggestions:

Recommendations for Question 1:

- Children are a vulnerable group that need a voice and present an opportunity to tackle a variety of equity issues.
 - Helping children helps parents and communities
 - Prioritizing children aligns and motivates people
 - Helping children involves improving education, economics, and housing
- Upstream prevention of income insecurity, food insecurity, poverty, etc.
- The state and the OHE can play the role of a convener to figure out strategy going forward to build infrastructure
- Education is key to solving other issues

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- Put health back on the agenda for curriculum to embed life skills related to healthy relationships, self-care, sexual health, and violence prevention early on
 - Influence other state departments to have a health equity lens
- Begin to do something with data
- Work with stakeholders to access Native American wisdom around a holistic approach to health

Group 2 did not offer comments or suggestions for Question 2.

Group 3

Ms. de Guia summarized the group's comments and suggestions:

- Better utilize the OHE-AC to provide advice and guidance into the work of the OHE and the CDPH
- Put health equity at the center of the work
 - Create tools and guides
 - Share best practices
- Strategically communicate the work of the OHE across the state in a multi-sectoral way
 - Increase the availability of CalBRACE
 - Share information more broadly
 - Convene conferences and gatherings to share best practices
- Leverage partnerships and spheres of influence to help move the work forward
- Leverage the OHE-AC's external influence to encourage equity as a central theme and to fill gaps that the OHE cannot
 - Legislation
 - Legislative analysis from an equity perspective
 - Advocacy
- Expand the role of Health in All Policies to improve the social determinants of health

Group 3 did not offer comments or suggestions for Question 2.

Ms. de Guia stated OHE-AC members are struggling with their identity as an Advisory Committee. It is an evolution.

Discussion

Dr. Nolfo asked if the OHE needs to make major shifts around its priorities to attract the funding to support those shifts.

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Guillermo Gonzalez, MPP, stated a challenge before the OHE is how to operationalize advocacy.

Ms. Chopel suggested that the OHE could create a diversity pipeline to bring people from communities that have been identified as having inequitable health outcomes to be staff in the future. Dr. Nolfo stated this is the goal behind working with interns and fellows.

Deputy Director Miller recommended inviting the appointment secretary from the Governor's Office as part of the pipeline discussion. He stated leadership lacks diversity. It must be more comprehensive to position people who can influence policy and programs through civic engagement and political incorporation. It is not complicated, but it is a strategy the OHE must engage in.

Dr. Nolfo stated one of the top three goals under the infrastructure strategy was to increase the civic participation of the communities most impacted by health and mental health inequities and disparities.

Ms. Folberg stated the OHE could potentially benefit from creative partnerships with the provider community and from developing tools to work with data. This could diversify income streams.

Ms. Galvez stated having more analysts would help to increase influence around social determinants of health.

Ms. Kappagoda stated it would be helpful for the Advisory Committee to get a sense of how the funding listed on the budget supports the priority areas. Dr. Nolfo stated the funding streams do not support the priority areas.

Ms. Kappagoda stated it would be helpful to know where the big gaps are. She asked how the OHE could get involved in strategic engagement that provides support for communities to move local health policy forward. Dr. Nolfo stated there could be a technical assistance and training arm but was unsure of the challenges that would present in government.

Deputy Director Miller stated, in any other instance, there is an accounting mechanism like the HiAP model for receiving private funding to support any work. There is also an opportunity with interagency agreements that come with funding. The OHE has internal demands for capacity building, technical assistance, and training and development. Other departments can demonstrate how valuable they believe health equity is by making an investment in the work of the OHE. A distributive funding model to support staffing and training is one stream of funding that is being discussed. In the future, the OHE needs to have those conversations with the HiAP partners, as well.

Mr. Witte stated the OHE should continue to focus on climate change, mental health, housing, early childhood development, income inequality, and criminal justice in the coming years. He stated "Health in All" must extend into "Equity in All." He asked if there is an ongoing, extended role that would allow the OHE-AC to advocate beyond the OHE.

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Ms. de Guia stated it is imperative to push questions around the budget, priorities, and staffing. Raising those issues is important. A suggestion came up in the Sustainability Committee that the OHE may be elevated to the level of the DHCS as a strategy to make its challenges more visible. The OHE has the opportunity with incoming administration to help them understand the priorities for California and for health equity.

William Porter, OHE Health Program Specialist, stated his role is to work on strategic planning for the Community Development and Engagement Unit (CDEU). He applauded the OHE-AC for its desire to develop its identity more fully. That is important for future meetings to be productive and informative and result in actions that make a difference. He asked Committee Members to consider how effective the OHE can be in its current position and what other models may be useful. Mr. Porter suggested doing more stakeholder engagement and taking an educational role. There are many ways to do things differently, but it will take creative minds that understand organizational leadership.

3:30 p.m. Nominations for OHE-AC Chair and Vice Chair

Ms. Folberg nominated Sarah de Guia as chair of the OHE-AC for 2018-19.

Ms. de Guia nominated Manel Kappagoda as vice chair of the OHE-AC for 2018-19.

3:50 p.m. Debrief | Public Comment Period/Public Comment for Items Not on the Agenda

Chair Butler stated there are three Advisory Committee positions open; she asked OHE-AC members to direct nominations to Dr. Nolfo.

No members of the public addressed the OHE-AC.

4:00 p.m. Closing Comments and Adjournment

Chair Butler thanked everyone for participating and ended the proceeding at 4:00 p.m.