

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (Approved)
December 1-2, 2020**

934-0893-8020; Code 484991

OHE-AC Members Participating:

Sarah de Guia, JD, Chair	Ana Gonzalez Seda, MPH
Shireen Malekafzali, Vice Chair	Virginia Hedrick, MPH
Califia Abwoon	Jo-Ann Julien, MEd
Kismet Baldwin, MD	Simran Kaur, MPH
Jessica Buendia	Nahla Kayali
Robin Carter, DPA	Patricia Lee, PhD
Lisa Folberg, MPP	Vong Mouanoutoua
Aaron Gardner	Michael Witte, MD

Members Absent:

Yvette McShan

State Officials/Staff:

Erica Pan, MD, MPH, State Epidemiologist and Acting State Health Officer, California Department of Public Health (CDPH)
Sandra Shewry, MPH, MSW, Acting Director, CDPH
Lazaro Cardenas, Project Lead, Racial and Health Equity Initiative, OHE
Amanda Hooker, Stakeholder Engagement Coordinator, Office of Health Equity (OHE)
Meredith Lee, MPH, Acting Assistant Deputy Director, OHE, CDPH Health in All Policies Team Lead, CDPH

Speakers from the Public:

Jim Gilmer

DAY 1: December 1, 2020

1:30 p.m. Convene Meeting and Welcome | Roll Call | Agenda Review | Meeting Minutes

Sarah de Guia, Chair of the Office of Health Equity (OHE) Advisory Committee (AC), called the OHE-AC meeting to order at 1:31 p.m., welcomed everyone, confirmed the presence of a quorum, and provided a brief overview of the meeting agenda.

Amanda Hooker, Stakeholder Engagement Coordinator, OHE, reviewed the meeting protocols.

Approve July 22, 2020, and September 16, 2020, Meeting Minutes, and October 6, 2020, Subcommittee Meeting Minutes

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

MOTION: Mr. Mouanoutoua moved approval of the July 22, 2020, and September 16, 2020, Office of Health Equity Advisory Committee Meeting Minutes and the October 6, 2020, Subcommittee Meeting Minutes as presented. Ms. Julien seconded. Motion carried 15 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following OHE-AC Members voted “Yes”: Abwoon, Buendia, Carter, Folberg, Gardner, Gonzalez Seda, Hedrick, Julien, Kaur, Kayali, Lee, Mouanoutoua, and Witte, Vice Chair Malekafzali and Chair de Guia.

Public Comment

No members of the public addressed the OHE-AC.

1:45 p.m. Presentation from CDPH Leadership on Equity Priorities

Presenters:

- Erica Pan, MD, MPH, State Epidemiologist and Acting State Health Officer, CDPH
- Sandra Shewry, MPH, MSW, Acting Director, CDPH

Presentation

Sandra Shewry, MPH, MSW, Acting Director, CDPH, introduced herself and provided opening remarks. She stated the CDPH has two main priorities: taking the lead in monitoring and making recommendations for COVID-19 response and looking for ways to advance an equity agenda. The OHE-AC is important to that second priority. She highlighted ways the CDPH works to advance equity.

- The OHE partners across sectors.
- The CDPH has a robust mental health disparities workflow and the California Reducing Disparities Project (CRDP) is amazing.
- The OHE works closely with elevating all the data that the CDPH collects and plays a leadership role in helping the CDPH to get more granular with the data and more uniform.
- The OHE is involved in the issues of institutionalized racism and the role of policing in society through things like the California Strategic Growth Council (SGC) and working across state government to understand how to help all partners in public service and in government to better understand the role of programs, policies, and services in elevating or creating blockages to equitable and nurturing environments.
- There are many specific things that each division, office, and center is doing to promote equity.

Erica Pan, MD, MPH, State Epidemiologist and Acting State Health Officer, CDPH, agreed with Ms. Shewry that the two biggest priorities the Department has been working

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

on relate to the COVID-19 pandemic and to health equity. Dr. Pan provided an overview of the groundbreaking work being done in the COVID-19 arena to bring an equity lens and to build equity into the metrics used for thinking about governance of the state and how to reopen the economy. She stated the CDPH has been using the Healthy Places Index to determine the key equity metrics of case rates and test positivity for each county. She discussed the state's tiered county tracking system and the county requirement to submit a plan for targeted investments for their disproportionately-impacted populations.

Ms. Shewry added that one of the CDPH tasks is to monitor the metrics to ensure they are right for advancing equity in the COVID-19 framework. The exciting opportunity is to think about, in terms of the tools of government, where else to take this focused look at equity and apply it in how to administer governmental public functions. This is a place where the CDPH will stay in dialogue with the AC for ideas about where to bring a tangible equity lens to other conditions beyond COVID-19.

Ms. Shewry stated one of her responsibilities as interim director is to get the OHE a permanent deputy director.

Discussion

Ms. Folberg noted the challenges of combating the information and skepticism about the COVID-19 vaccine, particularly in communities of color, especially the African American community, which has a long history with the medical system abuse and discrimination. She asked if the CDPH is developing a communications plan around the vaccine, including a specific plan of how to outreach to communities of color, and how the AC Members and their individual organizations can be helpful.

Dr. Pan stated the second Community Advisory Committee for the vaccine was held yesterday. Safety, equity, and transparency are three key goals related to vaccine distribution. She stated the logistics are daunting and there is much to do, especially if there are multiple vaccines, but even more concerning is vaccine acceptance. The CDPH has hired a communications lead to focus on this issue. Surveys have gone out to health care workers who will be part of Phase 1a of the vaccine.

Dr. Pan stated the intent of the Community Advisory Committee is a combination of providing input into drafting guidelines and allocations for these tough decisions and translating the national framework to work within California. She stated she would love to leverage the AC in this same way. It would be important and helpful for the CDPH to provide as much information to the AC as possible and for the AC to help the CDPH to be trust messengers and to work with other communities.

Dr. Pan highlighted STOP COVID-19 CA, the work of co-lead investigator Dr. Arleen Brown, who is researching knowledge, attitudes, and beliefs around COVID-19 in communities of color in California.

Vice Chair Malekafzali emphasized the importance of a targeted strategy for communities of color, black communities in particular. She asked about CA Notify, the COVID-19 exposure cell phone notification applications in California for contact tracing. She asked if this is valuable and how the other 15 states have fared using it.

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

Dr. Pan stated the team has been in conversation with the other 15 states that have participated and is considering expanding the CA Notify application statewide soon. There are pros and cons. It is helpful for some populations, such as college-age individuals, but not as helpful for harder-to-reach populations. It is difficult to demonstrate the impact since it is so new.

Ms. Abwoon stated trust issues in black communities have increased during the COVID-19 pandemic. Another conversation within the community is if the vaccine will be mandatory or a choice. Mistrust of the medical establishment is real. Outside, the black community is in support of the vaccine, but inside and amongst each other, the community is against it. She asked how this will be addressed.

Dr. Pan stated the vaccine will be taken on a voluntary basis. The CDPH is purposefully ensuring that representatives from communities of color are included in all work groups and advisory committees. It will be interesting to work with Dr. Brown on the STOP COVID-19 research on the knowledge, attitudes, and beliefs around COVID-19 and the vaccine.

Ms. Shewry added that it needs to start with having a broader set of eyes on the results of the clinical trials and getting scientists who are more independent reviewing this. The CDPH is in partnership with the states of Washington and Oregon as part of a scientific review group. Whether to proceed is step one; how to proceed is step two.

Public Comment

No members of the public addressed the OHE-AC.

2:15 p.m. Panel Presentation by the OHE, the Health in All Policies (HiAP) Taskforce, and the Capitol Collaborative on Race and Equity (CCORE)

Presenters:

- Meredith Lee, MPH, Acting Assistant Deputy Director, OHE, CDPH Health in All Policies Team Lead, CDPH
- Julia Caplan, MPH, MPP, Program Director, Health in All Policies, Public Health Institute (PHI)
- Nanette Star, MPH, Health and Equity Program Manager, California Strategic Growth Council (SGC)
- Holly Nickel, MPH, Racial Equity Strategist, CCORE Co-Lead, PHI

Presentations

Meredith Lee, MPH, Acting Assistant Deputy Director, OHE, CDPH Health in All Policies Team Lead, CDPH, provided an overview, with a slide presentation, of how the OHE, HiAP Task Force, and CCORE work together and how their work overlaps. She summarized how the OHE is funded, the OHE's 2021 priorities, and the primary areas in which the AC can best support the OHE.

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

Julia Caplan, MPH, MPP, Program Director, Health in All Policies, Public Health Institute (PHI), provided an overview, with a slide presentation, of the HiAP Task Force multi-institution staffing team, HiAP's vision and purpose, the Healthy Community Framework, collaboration and past work across state government, key resources, and COVID-19 response. She stated the CDPH and the OHE adopted the Healthy Community Framework in addition to the HiAP Task Force, which has formed the basis for the Healthy Community Data and Indicators Project.

Nanette Star, MPH, Health and Equity Program Manager, SGC, provided an overview, with a slide presentation, of the HiAP Task Force planning timeline. She stated HiAP's five-year strategic planning and priority setting process will be completed in the spring. She asked AC Members to fill out a survey that HiAP will be sending out in December and send it to their networks, and to attend the virtual HiAP workshop in March of 2021 or to identify someone from their departments to attend.

Holly Nickel, MPH, Racial Equity Strategist, CCORE Co-Lead, PHI, provided an overview, with a slide presentation, of the CCORE structure and funding, CCORE 2021 priorities, recent examples of advancing racial equity, and ways the OHE-AC could act as an accountability partner.

Discussion

Chair de Guia stated the panel was asked to present together to help the AC better understand the relationship to other OHE work that is going on beyond just the CDPH. She asked the panel for concrete examples of working together on a particular issue or topic.

Ms. Star stated the HiAP Task Force multi-institution staffing team meets every other week where documents, strategies, and ideas are shared. CCORE is a perfect example of what has come out of HiAP.

Ms. Nickel stated there are dedicated HiAP staff who strategically introduce health equity and think forward about how racial equity plays into that. Collaboration is part of the HiAP framework.

Ms. Caplan stated the example that the CDPH holds the Healthy Community Data and Indicators Project that grew out of the HiAP Task Force. The SGC provided funding to the CDPH to launch that project. As the indicators have been developed, the HiAP Task Force has engaged other departments in weighing in, such as the housing department that provided input on the indicators related to housing. The HiAP Task Force has provided a forum for that kind of exchange and for strategizing about how these can be applied and used.

Ms. Caplan stated the partnership and collaboration is critical. Part of the current planning process is refining the unique roles of each of the entities and considering how to create value as a collective that is greater than the sum of its parts.

Ms. Julien asked if the team has played a part in teasing out, uprooting, unpacking, and correcting fallacies or false myths in American culture that may be barriers to taking

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

down structural racism and similar concepts, such as feeling that in order to see success, someone else will have to lose something.

Ms. Nickel noted that it is not only in top executives but everyone is taught these same fallacies. She stated everyone has a role to play in understanding that for themselves. CCORE seeks to understand it for organizations and institutions. It is not a fast process; it takes normalizing that conversation.

Chair de Guia stated PHI, CCORE, and the SGC do not have the same kind of advisory body as the CDPH and OHE but have a different level of public input. She asked how the AC can be more helpful in terms of informing and helping to advance the equity work.

Ms. Nickel asked the AC to assist with accountability and transparency of the work.

Ms. Lee stated the HiAP Task Force has committed to providing updates at SGC meetings. That public forum is another opportunity for the AC to engage and to hold the CDPH and others who participate in the SGC meetings accountable. The SGC does not encompass everyone in the state but is a good starting point.

Public Comment

No members of the public addressed the OHE-AC.

3:15 p.m. Break

3:30 p.m. Discussion on Structural Racism

Presenter:

- Lazaro Cardenas, Racial and Health Equity Initiative, Health Equity Policy and Planning Unit

Presentation

Lazaro Cardenas, Racial Equity Specialist, Project Lead, Racial and Health Equity Initiative, Health Equity Policy and Planning Unit, provided an overview, with a slide presentation, of the ground rules for today's discussion and the definitions of individual, institutional, and structural racism, and shared a video entitled *A Gardener's Tale*, by Dr. Camara Jones. In the allegory, Dr. Jones stated the Gardener character was given the power to decide and the power to act and control the resources. He stated it is important that the Gardener is concerned with equity. If not, the Gardener will think the garden is beautiful, when in fact it is not. In the video, Dr. Jones listed three levels of racism: institutionalized, personally mediated, and internalized, and stated, by addressing the institutionalized racism, the other levels of racism may take care of themselves.

Mr. Cardenas asked questions for discussion:

- Who do you think the Gardener is in our society?

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

- How can we be our own Gardener?
- Who is best suited to be the Gardener to address inequities and disparities among vulnerable populations?

Mr. Cardenas facilitated the discussion among the AC Members.

Discussion

Ms. Kayali stated the Gardener in today's society is the people. Discrimination differs among communities but many individuals discriminate.

Mr. Cardenas stated it is about taking ownership and responsibility of that discrimination. He noted that the Gardener is not just one thing or entity.

Vice Chair Malekafzali stated "we, the people," considered by the Founding Fathers of the United States, only represented 6 percent of the population. She stated this shows how long the soil has lain in this foundation in this way and how deep it is. She stated there originally was only one Gardener but there are now multiple Gardeners who maintain this garden very carefully.

Dr. Witte agreed that history must be taken in account. Slavery is 350 years old in this country. Gardeners were certainly tending that garden. He stated the AC Members now have the responsibility as leaders, changemakers, and policymakers to reestablish that garden and to continue to look at how that garden can grow best, which will help AC Members grow better as well.

Dr. Carter stated she was struck by the fact that the Gardener made a decision to plant some seeds in one place and some in another, and how, then, the Gardener determined which seeds deserved to be planted in the fertile soil in one place while others were not. This is critical to the analysis – the value determination goes back prior to the planting of the seeds, which causes inequities from the beginning. This means that inequitable resources or inequitable opportunities were not by accident. Somewhere along the way, value was assigned to individuals, which has continued to the present. For that reason, there is a piece missing in the allegory.

Ms. Folberg stated not only are the original seeds planted where they might grow best, but their progeny drop into that same rich soil that, like their parents, allows them to grow and flourish. Even if special treatment is not given to the new seed, they are still dropping into the rich soil where the original seeds were planted.

Ms. Hedrick stated the analogy needs to be enlarged. This is a Gardener on stolen land building planter boxes with stolen timber and stolen seeds and bringing seeds that did not want to leave their countries to another space. That is how institutional it is. Slavery is more than 500 years old in this country – from the time of contact. Real conversations that are uncomfortable and difficult are required in order to really discuss what racism is.

Ms. Hedrick stated the Gardener is historical and institutionalized. She suggested thinking outside of the box when creating analogies to include everyone in the conversation that should be in the conversation. Everyone must be their own Gardener in their own households and spaces.

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

Ms. Hedrick stated a collective is who is best suited to be the Gardener – the government, school systems, K-12 education, health care systems, and the way individuals interact. She stated she often sees big missteps and missed opportunities to have deeper conversations about racism, even in the most progressive environments.

Ms. Abwoon stated the Gardener's foundation was based in domestic violence and international violence. Many of those habits or beliefs are engrained in society. Certain diversities merge into and become a part of that since they come from other countries. It is domestic violence for the resources to be so held by the Gardener and most of the time the Gardener chooses who they want those resources to go to. It is a habit of going to where they want them to go to beautify and better their garden, as opposed to the individuals they brought over here to start the garden off and get it going. The United States is in a cycle of domestic abuse consistently from all systems – federal, state, and corporate.

Mr. Cardenas asked Ms. Abwoon if she would also agree that another way to look at it in terms of domestic violence is that it is intergenerational trauma and multigenerational trauma.

Ms. Abwoon agreed.

Vice Chair Malekafzali stated it was almost painful at the end of the video where she uprooted everything and completely changed the soil. She stated she understands the analogy of addressing root causes and foundational issues but she stated we already exist in the soil. We are already here. We cannot pluck ourselves out to redo the foundation. She asked how the foundation can be rebuilt while still valuing and supporting the existing generation.

Public Comment

Jim Gilmer stated the Gardener has a dual definition. The speaker stated they relate to the idea that institutional and structural racism is embedded. The farmer owns the property, but the field worker is the one who works the land. The speaker stated they identify with the field worker because it is the individuals in the trenches who are cultivating the soil, planting the seeds, and doing all the work while the farmer is the face controlling the structural part of the business on a daily basis.

Jim Gilmer stated, until we become Gardeners ourselves, owners ourselves, we will always be under duress from structural racism and not having ownership of property in the community. All the produce seen in grocery stores is on the backs of individuals of color. People of color have to work within their own communities, even cross-culturally, to become owners, to become Gardeners. Individuals must trust each other and not be segregated in their own pipelines. What everyone went through in 2020 pushes individuals to not only look at themselves but to look at the needs of other races, cultures, and communities to see how to collaborate across the table. Without that, structural and systematic racism will continue and fragmenting gardening ownership.

Presentation, continued

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

Mr. Cardenas read the definition of structural racism, taken from the CDPH's Racial and Health Equity Initiative Glossary of Terms. He asked additional questions for discussion:

- How does structural racism impact your work?
- Do you find this definition/analysis of structural racism useful?
- Would you define/describe structural differently? If so, how?

Discussion

Ms. Julien stated structural racism impacts her work in that she has been hearing, since the COVID-19 pandemic, that individuals cannot wait for things to go back to normal while other individuals say they do not want to go back to the old normal. She stated there is an opportunity to emerge from the pandemic as a more sustainable and equitable society and to imagine a different relationship with each other. Because of the COVID-19 pandemic, everyone now knows what equity means. She asked how to take what is happening and the focus the state has put on the social determinants of health and health equity to emerge from that.

Ms. Kayali stated it is always harder for ethnic communities to fit in. The communities need to keep saying who they are and reminding society about different ethnic groups, especially smaller minority groups.

Dr. Witte stated there are still many individuals who have yet to understand health equity, even in the midst of the COVID-19 pandemic. The California Primary Care Association (CPCA) has a new ten-year strategic plan. At the top of that plan is the CPCA becoming an anti-racist organization. This speaks to the need for organizations to recognize where they have come from and where they want to go. It is a journey and will continue to be a long one to get to a place that feels more equitable.

Dr. Witte stated the definition of structural racism provided in the presentation is helpful in that it is about policy. When we can be the Gardeners that change the policy, we can affect that structure and we can make it dramatically different in that way.

Ms. Abwoon stated the definition of structural racism provided in the presentation is good but must be added to. She stated all immigrant groups aim to be accepted as white but not everyone can be accepted as white. Making everyone the same is a problem. Cultural diversity in that sameness is not true and is not working. The year 2020 has made that clear – poverty levels and resources are different. Because society has been ignoring it for years and not cleaning up the mess, it finds itself now dealing with it. She stated she is hopeful although it will be difficult.

Ms. Gonzalez Seda stated, regarding communities of color and the work they have done internally, the lack of access repeats the same cycle. This cycle needs to be broken. Communities need to have access, to feel comfortable, and to trust in order to take resources and act on them to help themselves to make it a more powerful, positive cycle. The same cycle of health inequities keeps repeating itself in the current situation. Communities need access to resources.

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

Chair de Guia read a post in the chat section from Vice Chair Malekafzali that stated there is a challenge with who sets the structures and the tables for decisions, and holds power. The idea of making space and holding a seat at the table does not address the fact that we did not get a chance to set the table and structure – build the soil. Addressing the structures means rethinking everything and focusing on addressing who and how power is held.

Public Comment

No members of the public addressed the OHE-AC.

Presentation, continued

Mr. Cardenas stated his primary role in the OHE is to coordinate the CDPH Racial and Health Equity Initiative using the normalize, operationalize, organize model. He invited everyone to be a part of this movement.

Chair de Guia stated this discussion is just the beginning of the spectrum. There are many more questions, topics, and depth that can be gone into. This agenda item was meant to level set for broader work on structural racism in 2021.

4:30 p.m. Zoom Meeting Closed

Chair de Guia thanked everyone for participating and ended the proceeding at 4:29 p.m.

DAY 2: December 2, 2020

OHE-AC Members Participating:

Sarah de Guia, JD, Chair
Shireen Malekafzali, Vice Chair
Califia Abwoon
Kismet Baldwin, MD
Jessica Buendia
Aaron Gardner
Ana Gonzalez Seda, MPH

Jo-Ann Julien, MEd
Simran Kaur, MPH
Nahla Kayali
Patricia Lee, PhD
Vong Mouanoutoua
Michael Witte, MD

Members Absent:

Robin Carter, PhD
Lisa Folberg, MPP

Virginia Hedrick, MPH
Yvette McShan

State Officials/Staff:

Marina Castillo-Augusto, Chief, Community Development and Engagement Unit
(CDEU), OHE

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

Amanda Hooker, Stakeholder Engagement Coordinator, Office of Health Equity (OHE)
Mark Starr, DVM, MPVM, Deputy Director for Environmental Health, CDPH, Acting
Deputy Director for OHE
Amy Zhang, COVID Equity Coordinator, OHE

Speakers from the Public:

Irisela Contreras
Daniel
Lilyane Glamben
Rachel Guerrero
Stacie Hiramoto

Genevieve Hores-Haro
Joel N. Jenkins
Juliette Lee
Lupe Navarro

**9:30 a.m. Reconvene Meeting | Roll Call | Recap, Context Setting, and Review
Subcommittee Discussion**

Chair de Guia reconvened the meeting of the OHE AC at 9:30 a.m. welcomed everyone, confirmed the presence of a quorum, and provided a brief overview of the December 2, 2020, AC meeting agenda and recap of activities from December 1, 2020, meeting.

Amanda Hooker reviewed the meeting protocols.

COVID-19 Health Equity Response

Amy Zhang, COVID Equity Coordinator, OHE, provided an update, with a slide presentation, of the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases Grant (ELC). She stated the Department will award \$5 million for contracts with community-based organizations (CBOs) to address equity in COVID-19 response and recovery, coordinated by the OHE. The Request for Applications (RFA) will be released in the next few weeks.

Ms. Zhang stated a 12-member advisory committee was created to support the initiative. The first work group meeting was held on November 24th and the second work group meeting will be held tomorrow.

Discussion

Vice Chair Malekafzali asked if diversity will be considered.

Ms. Zhang stated the RFA includes a priority population list that takes geographic areas into account.

Ms. Kayali requested adding refugees and recent immigrants to the priority population list and asked if information is available on the website.

Ms. Zhang noted that refugees and recent immigrants are on the list. She stated information is not yet posted on the website. It is being fully developed and reviewed by the work group and OHE management.

Public Comment

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

Lilyane Glamben, ONTRACK Program Resources, the technical assistance provider to the African American grantees of the CRDP, stated it is clear that many CBOs have no administrative overhead granted to them.

Chair de Guia asked if the RFA is for a grant or contract and if there is room to include administrative overhead costs.

Ms. Zhang stated the hope that the RFA will be clear to make the application process easy for CBOs who might not have technical assistance capacity to complete a competitive application. Applicants are asked to include both direct and indirect services as part of the budget. Although it does not include an administrative person, it could be an in-kind person just to complete the administrative portions of the grant. These funds will go out to 16 to 30 CBOs and will be executed as a contract.

Lilyane Glamben asked if the expectation is that CBOs will pay out of other resources as in-kind work to have a staff person do this work or if the contract will pay for the staff person to do the work.

Ms. Zhang stated the funding can be used for staff time as well as indirect charges.

Questions on the written OHE Unit Chief Updates

Chair de Guia asked for more information on the COVID-19 Health Equity Playbook for Communities that includes strategies and practices for an equitable reopening and recovery.

Mark Starr, DVM, MPVM, Deputy Director for Environmental Health, Acting Deputy Director for Health Equity, CDPH, stated a draft of the playbook was shared with entities, organizations, and local health departments to get input during its development. It was approved by the Governor's Office to make it officially public and posted on the website. Logistics should be completed within the week.

Dr. Starr stated the playbook is a set of tools, best practices, and strategies to address the new equity metric that Dr. Pan described yesterday. California is the first state to have a health equity metric as part of the structure for how determinations are made for counties to move from one tier to another that is less restrictive in the state's tiered county tracking system. The playbook includes short-term, longer-term, and cross-cutting COVID-19 response strategies to give counties the tools to address the required new equity metric.

Chair de Guia requested that the AC review the playbook when it becomes available.

10:00 a.m. Agenda and Work Plan Discussion

Chair de Guia stated the purpose of this agenda item is to review, identify, and approve the AC's priority issue areas, discuss opportunities for action, and plan next steps for determining recommendations and activities in 2021.

Chair de Guia asked AC Members what they took away from yesterday's meeting and what the opportunities are for the AC to utilize this next year for greater impact in giving

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

feedback and advice and bringing the concerns of the community to the state so they can work to address them.

Discussion

Vice Chair Malekafzali suggested adding to Chair de Guia's framing to consider what the AC has control over while thinking about the Work Plan.

Ms. Julien stated the minutes from the October 6, 2020, Subcommittee meeting include a summary of what the last three years looked like in terms of housing, policing, economic opportunities, structural racism, mental health, behavioral health, and housing costs. The Subcommittee identified cross-cutting issues and specific economic and social issues, and agreed that the issue of systemic and structural racism unbinds many other topical areas and would be a good place to focus energy this year.

Ms. Buendia stated there is a huge value in the AC and SGC public forums helping shepherd accountability around this work. The SGC is made up of secretaries from various agencies and three public members while the AC is made up of individuals representing key constituent groups and organizations. The AC is valuable in that it has a structure that does not otherwise exist from an accountability perspective. She suggested that the SGC present at a future meeting about current developments to help bridge gaps.

Chair de Guia asked if there are particular issues that the AC should elevate during its four meetings in 2021.

Ms. Buendia asked the AC to help shape and implement HiAP's five-year strategic plan, which will be completed in the spring, specifically to help the SGC develop a survey and data collection methods.

Ms. Buendia stated individuals are excited to prioritize racism as a public health issue. She stated the AC could help raise the visibility of that work and build momentum by co-creating and endorsing a statewide declaration or guidance developed on racism as a public health issue.

Vice Chair Malekafzali suggested that the AC consider advising the CDPH on what it means to create a declaration on racism as a public health crisis and on actions the CDPH should take.

Ms. Julien agreed. She suggested, along with the state's commitment to address racism as a public health issue, providing recommendations for local health departments such as guidance or resources.

Ms. Julien shared stakeholder input she has received:

- Regarding the COVID-19 pandemic and the social determinants of health, inequities are perpetuated by child care, housing, and paid leave.
- Adverse childhood experiences (ACEs), trauma, and behavioral health issues have been particularly stressful this year for many individuals for many reasons.
- Standardize implicit bias training for health departments.

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

- Maternity health equity is still an issue.
- Language and literacy issues are still seen at the local level.
- Community linkages to medical schools and clinics are needed.
- Include special programming for students of color in curriculum for recruiting and retention, and push for doctors of color with targeted incentives.
- Something more structural for emergency response and recovery is needed.
- Consider how policies and practices coming out of the COVID-19 pandemic can be embedded with equity.
- Overall, stakeholders agreed with the topics of co-creating with community, engaging with community, and any guidance that the state can provide to be more explicit about how to support those efforts and what the shared principles are around that would be helpful.

Chair de Guia asked Ms. Julien to share her list of stakeholder comments with staff.

Mr. Gardner agreed with Ms. Julien's stakeholder comments. Local jurisdictions want to work towards the right thing but lack guidance. He suggested putting out guidance on how to review policies to locate areas that need to be dismantled and rewritten with an equity and social justice lens.

Ms. Gonzalez Seda suggested prioritizing collaboration that touches on racial inequities. The Alzheimer's Association's Diversity and Inclusion Work Group will begin a three-part unconscious bias training for all staff. She offered to share more information with the AC. She suggested a presentation on the priorities of the CDPH so the AC can consider how best to support those efforts.

Dr. Witte stated the COVID-19 pandemic has amplified and added stresses. He stated the need to recognize that the COVID-19 pandemic and the pandemic of structural and institutional racism are not disconnected from each other but rather they have overlapping issues.

Dr. Starr stated, although there is not a public statement available, the Department has been internally working on racism as a public health crisis with the goal of creating tangible actions.

Dr. Starr stated racial disparities are the driver behind the new equity metric and the playbook outline has been posted on the website. Every county must respond to the metric by reporting what they plan to do about it in a Targeted Investment Plan.

Dr. Starr stated funding is available through a crisis cooperative agreement to address equity during the pandemic through the OHE.

Dr. Starr stated the Department is divided into centers, many of which are working on equity-related projects. He listed several of those projects.

Ms. Abwoon stated she has been thinking about doctors within the dynamics of mental health. She stated she has never seen a black psychiatrist, psychologist, or peer

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

advocate. One of the conversations that needs to take place pertaining to mental health is that everyone does not relate to someone who does not have their background or history. She suggested advocacy for more doctors, MSWs, and psychiatrists that are American descendants of slaves to fill in the gap where other doctors are lacking in background or understanding. She suggested more specific targeted data pertaining to the American descendants of slaves to help learn the areas to focus on.

Chair de Guia read comments from Ms. Kaur. Ms. Kaur wrote that she would love to see the community work on developing a list of best practices and resources. She wrote that there is a lot of work happening in the Central Valley but it is disjointed. Having the OHE guide some of that work would be helpful.

Public Comment

No members of the public addressed the OHE-AC.

10:45 a.m. Update on California Reducing Disparities Project (CRDP) | Adjourn

Chair de Guia stated the AC will hear updates from grantees of the CRDP.

Josefina Alvarado Mena, JD, CEO, Safe Passages, introduced today's presenters.

Janet King, Pacific Institute for Research and Evaluation, provided a land acknowledgement, which is a healing, community-defined intervention for Native people who have been forgotten.

Ms. Alvarado Mena provided an overview, with a slide presentation, of the CRDP, the 35 culturally responsive, innovative Implementation Pilot Projects (IPPs) across California serving five population groups, measuring the CRDP collective impact, Cross Population Sustainability Steering Committee and activities, statewide sustainability strategy, and why it is important to continue this work. She played a video titled "IPP COVID-19 Programmatic Response." She stated COVID-19 exponentially amplifies health disparities across CRDP focus communities. Mental Health implications of the pandemic are acute and broad based.

Discussion

Chair de Guia deferred to Vice Chair Malekafzali to facilitate the rest of today's meeting.

Ms. Julien asked if, in addition to supporting this work, there is one department or organization that knows the current state of mental health and trauma for Californians.

Sonya Young Adam, California Black Women's Health Project, stated that is a critical part of the work of the CRDP's 35 community-based providers across the state.

Cutchá Risling Baldy, PhD, Two Feathers Native American Family Services, stated the COVID-19 pandemic has shown how much individuals rely on these programs and miss what the programs did to address issues.

Public Comment

Vice Chair Malekafzali read comments from the chat section:

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

- Rachel Guerrero wrote in support of extending the funding for the CRDP.
- CHCF and UCLA provided a series of data resources from the Kaiser Family Foundation.
- Mr. Mouanoutoua wrote that the CRDP is making inroads into mental health treatment and services to many communities. He suggested pushing educational and county institutions to confirm the work being done and to give it academic credibility. The next step is to expand these services to the mainstream members of the communities.
- Daniel provided specific metrics and data on mental health in various communities of color.
- Genevieve Hores-Haro wrote that they agreed with Dr. Risling Baldy. They wrote that through their CDEP under the CRDP, MICOP is currently collecting stories and needs of indigenous farmworkers during COVID-19. This qualitative data would not have been collected outside of the CRDP.

Ms. Abwoon stated letting yet another successful pilot program go unfunded harms communities. The CRDP is doing good work.

Marina Castillo-Augusto, Chief, Community Development and Engagement Unit (CDEU), OHE, stated she is humbled by the amount of work that goes into this initiative. The CRDP has been changing policy and changing the way in which government does business. She acknowledged that, in the midst of the COVID-19 pandemic, many of the CRDP pilot projects have been of service to the CDPH in many ways and without additional resources. The CRDP is addressing the social determinants of health, which far extends the funding under the Mental Health Services Act (MHSA).

Lilyane Glamben spoke in support of extending the funding for the CRDP. They asked for lobbyist information. Leadership is needed, especially now during the COVID-19 pandemic.

Nubia Padilla, Humanidad Therapy and Education Services, stated the COVID-19 pandemic has highlighted existing inequities in communities, especially communities of color. She advocated for the expansion and sustainability of the CRDP.

Cymone Reyes, San Joaquin Pride Center, stated programs that have been initiated with local partners have not only worked but they are now expanding. She advocated for funding to continue these CRDP programs.

Vice Chair Malekafzali read comments from the chat section:

- Lupe Navarro wrote that factors such as housing and the environment also impact mental health. It is important to discuss emergency preparedness, civic matters, and environmental issues faced in the community.
- Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), wrote urging the AC to prioritize or do whatever it can to support the continuation of this tremendous and crucial project.

**Office of Health Equity Advisory Committee Meeting
Teleconference Meeting Minutes (DRAFT Staff Notes)
December 1-2, 2020**

- Irisela Contreras stated projects have grown to meet other needs that communities are presenting under COVID-19, such as the need for case management, systems navigation, and basic needs resources to confront the loss of employment, housing issues, and isolation.
- A member of the public asked when the recording of this meeting will be made available.

Ms. Hooker stated the recording will be made available immediately following the meeting and will be posted on the website within the week.

- Juliette Lee, Native American Technical Assistance Provider Team, echoed the calls to extend the CRDP Phase 2 to include CRDP Phase 3 in upcoming budgets. The CRDP serves critical needs in communities and their programs and evaluations are providing models for providers across the state and nationally.

Rachel Guerrero stated the AC has an incredible role to play in supporting the successful CRDP. The speaker stated the CRDP has an incredible positive capacity to address the issues of inequity and health disparities. The 35 community-based providers are the solutions the AC should be looking to to continue to move health equity proposals forward.

Joel N. Jenkins, Senior Community Advocacy Coordinator, California Pan-Ethnic Health Network (CPEHN), stated another component of the work that the OHE is helping to collaborate with is more rigor and more data connected to what the mental health landscape is in California, specifically looking at the attitudes, perceptions, and access to care, and illuminating how racial and ethnic communities feel.

Adjournment

There being no further business, the meeting was adjourned at 11:39 a.m.