

**Office of Health Equity Advisory Committee Meeting  
Teleconference Meeting Minutes (Approved)  
September 16, 2020**

669-900-6833; Code 977 2423 4127

**OHE-AC Members Participating:**

Sarah de Guia, JD, Chair  
Califia Abwoon  
Jessica Buendia  
Robin Carter, DPA  
Lisa Folberg, MPP  
Aaron Gardner  
Ana Gonzalez Seda, MPH  
Virginia Hedrick, MPH

Jo-Ann Julien, MEd  
Nahla Kayali  
Patricia Lee, PhD  
Shireen Malekafzali  
Yvette McShan  
Vong Mouanoutoua  
Michael Witte, MD

**Members Absent:**

Kismet Baldwin, MD  
Simran Kaur, MPH  
Angelo Williams, MD

**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  
Linda Helland, MPH, CPH, Chief, Health Research and Statistics Unit (HRSU), and Acting Chief,  
Health Equity Policy and Planning Unit (HEPPU)  
Amanda Hooker, Stakeholder Engagement Coordinator, OHE  
Sosha Marasigan-Quintero, MPA, CMHEP Lead, OHE, Community Development and  
Engagement Unit (CDEU)  
Mark Starr, DVM, MPVM, Deputy Director for Environmental Health, CDPH  
Jason Tescher, Chief, Gender Health Equity Unit (GHEU), OHE

**Speakers from the Public:**

Etsegenet M. Teodros

**9:00 a.m. Convene Meeting and Welcome | Roll Call | Agenda Review**

**Welcome and Introductions**

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Sarah de Guia, Chair of the Office of Health Equity (OHE) Advisory Committee (AC), called the OHE-AC meeting to order at 9:00 a.m., welcomed everyone, and asked the AC members and staff to introduce themselves. She provided a brief overview of the meeting agenda.

Chair de Guia invited Sandra Shewry to provide an update on the work of the CDPH.

Sandra Shewry, MPH, MSW, Acting Director, CDPH, introduced herself and provided opening remarks. She stated she is splitting her position with Erica Pan, who will speak later in today's meeting. Dr. Pan is responsible for the health orders, clinical items, and scientific output of the CDPH, and Ms. Shewry is responsible for the overall management of the Department and the response on issues that do not require medical expertise.

Ms. Shewry highlighted three current areas of focus for the Department:

- The state's response to the COVID-19 pandemic and the disparate impacts on vulnerable populations.
- The context in which the Department's work is playing out in regards to the nation's unprecedented focus on the inequities in society and the resolve of government and people broadly to address racial injustice.
- The opportunities being missed in California because of the focus on the COVID-19 pandemic.

Ms. Shewry stated the Department is working on shifting the messaging that COVID-19 is not only a public health issue but it includes all sectors of the economy. She noted that the finalists for the OHE Deputy Director position are currently being interviewed.

**Public Comment**

No members of the public addressed the AC.

**10:00 a.m. Advisory Committee Business**

**Approve July 22, 2020, Meeting Minutes**

Chair de Guia asked for a motion to approve the July 22, 2020, meeting minutes.

**MOTION:** Mr. Mouanoutoua moved approval of the July 22, 2020, Office of Health Equity Advisory Committee Meeting Minutes as presented. Mr. Gardner seconded. Motion carried 11 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following OHE-AC Members voted "Yes": Abwoon, Buendia, Carter, Folberg, Gardner, Gonzalez Seda, Kayali, Lee, Mouanoutoua, and Witte, and Chair de Guia.

The following OHE-AC Members abstained: Julien and McShan.

**Vice Chair Nominations and Selection**

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Chair de Guia stated Shireen Malekafzali was nominated for Vice Chair of the AC at the July meeting. Ms. Malekafzali accepted the nomination.

**MOTION:** Ms. Buendia moved to elect Shireen Malekafzali as Vice Chair of the Office of Health Equity Advisory Committee for the next year. Mr. Mouanoutoua seconded. Motion carried 14 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, Kayali, Lee, McShan, Mouanoutoua, and Witte, and Chair de Guia.

**Announce October Subcommittee Meeting**

Chair de Guia stated there was a conversation at the last meeting to restart the Agenda Planning Subcommittee to assist in drafting meeting agendas and thinking through the strategic planning process. She invited AC Members to participate in the next Subcommittee meeting scheduled for October 6<sup>th</sup>.

Chair de Guia asked Amanda Hooker to share a high-level overview of her one-on-one meetings with AC Members.

Amanda Hooker, Stakeholder Engagement Coordinator, CDPH, stated she has been working on a high-level synthesis to share at the October 6<sup>th</sup> Agenda Planning Subcommittee meeting. She shared highlights of what she has learned from these interviews:

- Improve the two-way communication between the AC and the OHE to benefit the work being done.
- Come back to strategic planning to clarify the proactive work of the AC.

**Discussion**

Chair de Guia asked AC Members what they would like to see coming out of a strategic planning process and what type of information would help the AC to better engage with the OHE.

Ms. Folberg stated she would like to see something that would help guide AC Members in a more specific way coming out of the strategic planning process. The general charge of health equity in all policies is so broad that it is limiting in that the AC’s role is unclear. She suggested being more specific about the work to be done and defining the charge and expectation of the AC.

Chair de Guia asked for other thoughts on how to think about the connection between the AC and the OHE.

Dr. Witte stated the California Primary Care Association (CPCA) has recently completed a ten-year strategic plan with one of the top priorities being to become an antiracist organization. He suggested including that focus in the OHE strategic planning process. He described how the CPCA is translating internal and external strategies into its work. He recommended an essay in the New England Journal of Medicine by Don Berwick, the founder of the Institute for Health

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Care Improvement, titled “The Moral Determinants of Health,” which states true health equity cannot be achieved without dealing with institutionalized racism.

Ms. Julien stated the reason for doing any kind of strategic activity is to align the AC with bold goals that can be achieved. She stated the need to determine the impact and changes to effect and how to work together to make the difference in future years that the AC Members hope to make. There is a unique opportunity to leverage the fact that the spotlight is currently on inequities. It is important to quickly identify key areas where the state and the AC can come together to effect change.

Ms. Buendia stated the most recent California Strategic Growth Council (SGC) meeting presented their Racial Equity Resolution. Stakeholder feedback included declaring racism as a public health crisis. She suggested that the AC engage in that conversation and in what a resolution would look like in California communities.

Chair de Guia stated it is important for the AC to be in dialogue with the CDPH, SGC, and other departments to better understand the role of the AC. There are new and different ways to be more effective on state policy issues and thinking about ways that other departments and agencies may benefit from AC Member expertise, such as different forums or ways to operate. There are strategy questions that need to be answered on the work of the AC and the information the AC Members can offer to colleagues in state and local government-level agencies.

**Public Comment**

Etsegenet M. Teodros, Peer Specialist, Los Angeles County, and Peer Association League, California Association of Mental Health Peer-Run Organizations (CAMHPRO), asked how to get better services for mental health consumers who are immigrants.

Chair de Guia stated Ms. Teodros’s question may be addressed later in the agenda. Also, staff will be happy to help connect Ms. Teodros to the appropriate person who can better answer her question for Los Angeles County.

**10:45 a.m. Updates from CDPH Leadership**

**Presenters:**

- Mark Starr, DVM, MPVM, State Environmental Health Director and Acting Deputy Director for the OHE
- Sandra Shewry, MPH, MSW, Acting Director, CDPH
- Erica Pan, MD, MPH, State Epidemiologist and Acting State Health Officer, CDPH

Chair de Guia stated AC Members will hear updates from CDPH leadership about trending public health and health equity issues that are impacting California communities. She asked CDPH leadership to present this agenda item.

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Mark Starr, DVM, MPVM, Deputy Director for Environmental Health and Acting Deputy Director for Health Equity, CDPH, stated Artnecia Ramirez, Assistant Deputy Director, will be on parental leave for four months. Meredith Lee, Health in All Policies Lead, has agreed to be the Acting Assistant Deputy Director during that time.

Dr. Starr introduced Erica Pan and stated she will provide an update on the COVID-19 response and equity.

Erica Pan, MD, MPH, State Epidemiologist and Acting State Health Officer, CDPH, stated she is splitting her position with Ms. Shewry, who spoke earlier in today's meeting. She stated the Department is working on a metric for health equity using a color-coded, tiered framework tied to case rates and test positivity indicators to approximate the amount of community transmission of COVID-19 within counties. The Department is currently gathering input on the metric as part of the community stakeholder process.

Dr. Pan stated there is a three-pronged approach: the metric, county Equity Action Plans, and improved data collection.

Dr. Pan stated the first prong of the approach, the metric, will look at test positivity differences and will use the Healthy Places Index to help compare percentages in counties to demonstrate how much improvement is necessary to move up to the next tier. In addition to meeting the overall case rates and test positivity, the county will need to meet the metric of the improvement in the test positivity difference.

Dr. Pan stated the plan for implementation of the metric where counties will be required to meet the metric will be six weeks after it is announced. She summarized the criticisms of the metric such as that it should be more outcomes-based. She stated a difference can be made when interventions are done early, transmission of COVID-19 is interrupted, and the right services are provided in communities that are most impacted. Many counties have already improved their percentage. Doing another 10 percent to move to the next tier with this metric is achievable and will send a message that health equity is important to address statewide.

Dr. Pan stated the concern that the most impacted populations may be blamed for "holding the community back." This will be addressed by messaging it well that this is an all-government approach that requires improving services by taking a health-in-all-policies approach and considering the menu of policies at the local level that can improve sick leave, wage replacement, housing services, and the kinds of things that are beyond public health that others need to engage in.

Dr. Pan stated the second prong of the approach is the need for counties to demonstrate their investment in communities of color and communities that are disproportionately impacted by formalizing Equity Action Plans. She stated the Department will work with the AC on the county Equity Action Plans and on how to engage counties that continue to make progress but have not been able to move to the next tier in their test positivity differences.

Dr. Pan stated the third prong of the approach is to improve data collection to fill gaps and to find where disparities are so they can be addressed. Approximately one-third of the

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race/ethnicity data is missing. The Healthy Places Index was chosen over race/ethnicity because there are fewer gaps in the Healthy Places Index. The Department plans to begin displaying race/ethnicity by county to highlight areas with disparities so efforts can be made to improve those areas.

Dr. Pan stated California is the first in the nation to do this and it comes with many pros and cons.

**Discussion**

Ms. Abwoon asked if COVID-19 is mutating in communities that are most impacted, how the metrics will identify mutations, and what the Department is doing to prepare for mutations in the upcoming flu season.

Dr. Pan stated she has not seen data on whole-genome sequencing. She stated there are different strains country-to-country but no literature about COVID-19 evolving within communities to date.

Chair de Guia asked about ways the Department is thinking about the interaction between the flu and the virus.

Dr. Pan stated the good news is the hope that wearing face coverings, practicing physical distancing, and minimizing social interaction will help with all respiratory viruses including the flu. These COVID-19 measures dramatically reduced transmission of flu in many Southern Hemisphere countries this season.

Dr. Pan stated the Department has increased the campaign to ensure that everyone gets a flu vaccine. She stated the Department wants to work with the AC on how to promote messaging for trust in vaccinations and to reach the most impacted communities. She stated the Advisory Committee on Immunization Practices, a national federal group that is not influenced by elected officials, is made up of subject matter experts from across the country who weigh in on vaccines prior to distribution. The Department has created a Vaccine Task Force and other work groups to think about equity in that space as well.

Dr. Pan stated the concern of co-infection – individuals getting COVID-19 and the flu at the same time. She noted that hospitals are already overstretched during bad flu seasons.

Mr. Gardner stated, although the Healthy Places Index is fantastic for showing inequities in regions, he had three concerns:

- How the Healthy Places Index will tie in with performance metrics and the various incentives and penalties attached with those metrics for local jurisdictions
- How to keep communities that are already experiencing difficulties from being burdened with the knowledge that they are dragging down an entire local jurisdiction from being able to move from tier to tier
- How the performance metrics can be tied in with the Healthy Places Index, which looks at upstream, structural issues that will take money and years for changes to be seen

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Dr. Pan agreed that the Healthy Places Index incorporates structural issues that take time to change. The idea is to think about what can be done in the short-term to address the inequities in those communities, since those are the communities that are most impacted by those structural issues. Examples of activities that can be done in the short-term related to COVID-19 that can have an impact are more testing and more linguistically appropriate services can be provided in those populations.

Dr. Pan stated impacts have already been seen; the metrics will highlight the great work that is already being done in counties as well as call attention to the need for others outside the health departments to engage. It is important to highlight those impacts and to encourage other communities to do those short-term activities. She stated, in order to move a county's percent positivity and to improve, these are the issues that need to be addressed.

Ms. Julien stated San Diego is reviewing the Centers for Disease Control (CDC) COVID-19 Response Health Equity Strategy document, which has four simple goals, and is developing their own strategy to leverage some of the structure from the CDC document. She reminded the state that local health departments come in different sizes and are not resourced the same way. Smaller health departments appreciate standardization and guidance to make it easier to quickly align and to develop messaging, documents, and strategies.

Ms. Julien asked the state to help coordinate and collaborate so that counties do not have to start from scratch when talking about the same issues, topics, and populations. She stated the need to convene local health departments statewide on health equity. Health equity work has taken a backseat to the COVID-19 emergency. She asked the state to host a forum or regular monthly meetings on health equity and to encourage the leadership across local health departments to participate.

Ms. Julien asked the Department to lead in standardizing messaging, training, resources, and toolkits for local health departments on critical issues such as structural racism, institutional racism, and implicit bias. Local health departments struggle with how to do these things.

Dr. Pan stated the Department is working on how to provide technical assistance to counties on these issues. She stated the need to think about COVID-19 in the coming year and how to balance the work in health departments that have been neglected due to the COVID-19 pandemic. Priorities will need to be revised in the coming year from focusing on health equity to COVID-19 equity.

**Public Comment**

There were no questions or comments from the public.

**11:15 a.m. OHE Program Unit Discussions, Closing Comments, and Adjournment**

**Presenters:**

- Sosha Marasigan-Quintero, USAF, MPA, CMHEP Lead, Community Development and Engagement Unit (CDEU)

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- Monika Grass, Department of Health Care Services (DHCS)
- Linda Helland, MPH, CPH, Chief, Health Research and Statistics Unit (HRSU), and Acting Chief, Health Equity Policy and Planning Unit (HEPPU)

Chair de Guia asked Jason Tescher to make his announcement.

Jason Tescher, Chief, Gender Health Equity Unit (GHEU), stated Sarah Roush has joined the OHE staff and will be working on GHEU's Women's Health Equity Project. He welcomed her to the team.

### **Presentations**

Chair de Guia stated the AC will receive snapshots of the most important work the OHE is currently pursuing and for OHE program leads to engage with, and gain input from, AC Members on their work. The time will be used to address questions on written briefings from program units not presenting and to hear presentations for feedback on the Community Mental Health Equity Project (CMHEP), and the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) grant for addressing equity in COVID-19 response and recovery. She asked staff to present this agenda item.

Sosha Marasigan-Quintero, MPA, CMHEP Lead, OHE, CDEU, provided an overview, with a slide presentation, of the CMHEP, the new mental health initiative out of the OHE. She summarized the evaluation concept, grant consultant, CDPH timeline, and collaborative roles of the CMHEP. She stated Assembly Bill (AB) 74 authorized \$8 million to fund mental health equity programs through the CMHEP.

Monika Grass, MA, DHCS Project Lead, Medi-Cal Behavioral Health Division, continued the slide presentation and discussed DHCS oversight and responsibilities, contractor requirements, and the application process and selection steps of the CMHEP. She stated \$3 million of the funding will be used to provide technical assistance to county behavioral health departments in their efforts of reducing behavioral health disparities in their community programs. She stated questions regarding the CMHEP Request for Applications (RFA) can be emailed to the DHCS.

Ms. Grass asked the AC Members to provide feedback to five discussion questions as follows:

- Is CMHEP's mission clear?
- The DHCS is seeking a technical assistance contractor that will provide training to staff from county behavioral health departments. Based on your experience, what priority areas should the technical assistance contractor focus on to assist staff from county behavioral health departments best to address and reduce disparities?
- As we explore minimum qualifications for participation in the CMHEP, what do you believe is important to consider in the process?
- In terms of funding distribution, what do you think is a fair structure?
- What areas would you like to see an update on in the future?



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**Discussion**

Chair de Guia noted that the PowerPoint slides that were emailed to AC Members were not received. She suggested that AC Members email their questions and responses to the discussion questions to the DHCS.

Ms. Julien stated exploring peer-to-peer support and non-traditional ways of thinking about mental health and support services at the community level is important. There never seems to be enough trained psychologists and psychiatrists who can provide linguistically appropriate and culturally competent service. She stated one of the trainings that has been helpful in San Diego is training in mental health first aid.

Ms. Abwoon stated she has noticed that community-based organizations often do not receive funding because they are so small. She asked the Department to look at the process in which funding is determined and for the contracting process to be more simplified. She suggested that the state of California do an Economic Injury Disaster Loan (EIDL) and grant like the federal government did with the Small Business Administration (SBA) to make it more navigable for small community-based organizations to get contracts with the state and county.

Ms. Marasigan-Quintero stated the 35 community-based organizations that the Department is looking to fund are currently under the California Reducing Disparities Project (CRDP). Those organizations are smaller organizations that need extra help. They received support from the OHE to build their capacity when they received the CRDP funding. The grant consultant will support them in filling out their grant applications.

Chair de Guia agreed with Ms. Abwoon that there are a number of community-based organizations that are doing great work in communities that are at the most-challenged level and do not have the resources and capacity to work with the state. Also, the state and local governments could benefit from understanding and bringing those organizations into the fold. She stated the hope that the AC can work with the OHE to create more opportunities for resources for smaller community-based organizations and to offer greater flexibility in funding to work with those communities that are providing much-needed assistance at the local level.

Ms. Marasigan-Quintero stated she especially was interested in responses from AC Members to the third and fourth discussion questions. She asked that responses be sent to her before October 1<sup>st</sup>.

Ms. Malekafzali stated another challenge for small contractors is the administrative process with government contracts. She suggested thinking about ways to overcome the liability insurance, get waivers, and develop a much simpler process such as creating templates that have been approved by procurement for smaller dollar amounts. It is often a barrier just to apply.

**Presentation**

Linda Helland, MPH, CPH, Chief, Health Research and Statistics Unit (HRSU), and Acting Chief, Health Equity Policy and Planning Unit (HEPPU), provided an update, with a slide presentation, of the restrictions, limitations, and opportunities of the Epidemiology and Laboratory Capacity

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for Prevention and Control of Emerging Infectious Diseases Grant (ELC). She stated the Department will award \$5 million for contracts with community-based organizations to address equity in COVID-19 response and recovery, coordinated by the OHE.

Ms. Helland asked the AC Members to provide feedback to two discussion questions as follows:

- What organizations or individuals do you recommend we consider inviting onto the work group?
- What creative community-based projects and outcomes do you recommend be allowable or provided as examples?

Ms. Helland stated it will be made possible for smaller organizations to apply and be funded. The intention is to find truly grassroots organizations that are already doing the work and know the needs and strengths in their communities. Barriers will be kept in focus throughout the process. She asked AC Members to email her with additional ideas and responses to the discussion questions.

**Discussion**

Ms. Folberg asked how community-based organization is defined and if the project will focus on access and outreach or if it will look at the clinical side.

Ms. Helland stated the assumption that community-based organizations are organizations with 501(c)(3) status. She stated the project will focus on the social determinants of health and the community conditions that lead to those inequities that then result in disproportionate impacts from COVID-19. It is not about clinical services but is about community conditions.

Ms. Folberg stated the need to link those efforts.

Ms. Abwoon recommended representatives of the Reentry Health Advisory Collaborative (RHAC) and Congresswoman Karen Bass's organization to be part of the work group.

Ms. Buendia recommended representatives of the California Pan-Ethnic Health Network (CPEHN) to be part of the work group. She suggested funding community-based efforts to do results-based accountability work and root cause analyses.

Ms. Julien stated the County of San Diego has a Health Equity and COVID-19 Working Group that includes local community stakeholders. They would be a key contact.

Ms. Malekafzali stated the need for resilience building and to lift up communities that are mentally devastated. There is work under way to acknowledge challenges and also to share how resilient communities are and ways in which communities are coping. It is good to lift up positive efforts and the resiliency that can be built.

Ms. Malekafzali suggested Anchor Institution Models and efforts to build and support that during this economic downturn. More conversation is needed on that. Community-based organizations that are lifting that up locally and trying to make that happen will be important for the future.

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Ms. Malekafzali suggested including something related to the arts can be inspiring, such as poems about resiliency and how people are coping with challenges during COVID-19 and the California fires.

**Public Comment**

There were no questions or comments from the public.

**Closing Comments**

Ms. Julien stated prior to the COVID-19 pandemic the AC had discussed the possibility of having listening sessions and going regionally with opportunities to go into the Central Valley, Riverside, and San Diego. She suggested community engagement on strategic planning, strategic issues, and COVID-19 is important.

Chair de Guia reminded everyone about the October 6<sup>th</sup> Subcommittee meeting and invited everyone to participate. She stated the need to ensure that communities are engaged and that the AC shares its expertise and advice in this setting. The discussion in October and December will be how the AC can be good partners to the state and local governments and leaders on important issues moving forward.

**Adjournment**

There being no further business, the meeting was adjourned at 12:30 p.m.