Office of Health Equity Advisory Committee  
Agenda Planning Sub-Committee Meeting  

Teleconference Minutes (Approved)  
Tuesday, October 6, 2020  

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OHE-AC Members Participating:  
Jo-Ann Julien, MEd, Sub-Committee Chair  
Califia Abwoon  
Robin Carter, DPA  
Sarah de Guia, JD  
Ana Gonzalez Seda, MPH  
Shireen Malekafzali  
Michael Witte, MD

Members Absent:  
None

State Officials/Staff:  
Noralee Cole, SSA, OHE  
Amanda Hooker, Stakeholder Engagement Coordinator, Business Operations Unit (BOU), OHE  
Kimberly Knifong, MBA, Chief, BOU, OHE

Speakers from the Public:  
Edwin Kendrick, MD, Expert Consultant, Medical Board of California, Co-Founder, Sano Healthcare Consultants, LLC  
Nina Moreno, PhD, Director of Research and Strategic Partnerships, Safe Passages

10:00 a.m. Convene Meeting and Welcome | Roll Call | Agenda Review  
Jo-Ann Julien, MEd, Sub-Committee Chair, called the teleconference meeting of the Office of Health Equity (OHE) Advisory Committee (AC) Agenda Planning Sub-Committee to order at 10:02 a.m. and welcomed everyone. Roll call was taken; a quorum was achieved.

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

10:05 a.m. Review and Next Steps for Strategic Plan
Chair Julien provided an overview of prior strategic planning materials and reviewed the Draft Crosswalk Document with Input from the September 17th AC Meeting document, which was included in the meeting packet. She asked Committee Members for feedback on the next steps in creating a work plan.

Questions and Discussion

AC Chair de Guia asked if this is the strategic plan for the OHE or the AC. She stated the mandate is so broad that anything deemed related to equity immediately triggers the Bagley-Keene Open Meeting Act (Bagley-Keene) requirements, which limits the California Department of Public Health (CDPH) ability to work with the AC in a way that is proactive. It is important to spend time thinking about the AC’s role in relation to the OHE and the CDPH and thinking specifically about what the AC wants to offer the OHE to allow AC Members to talk with the CDPH in other capacities and roles to be more effective. Everything the AC consults with the OHE and the CDPH on is deemed under their equity mandate so the AC has to hold public meetings to work with them. The AC is an important voice for communities to the OHE as they are making their priorities during the strategic planning process.

Chair Julien asked if it is possible for the AC to have a plan for the next four meetings or a set of goals to be achieved. The prior strengths, weaknesses, opportunities, and threats (SWOT) analysis, strategic planning, and priority setting activities were to help the AC understand and determine outcomes for the next few years.

AC Chair de Guia stated the exercises done in prior meetings were about determining recommendations on what the OHE should focus on over the next five years as the next iteration of the Portrait of Promise and how the AC would like to engage with the OHE on that focus. The AC is subject to Bagley-Keene. There are ways to promote the work through AC Member organizations but it would be difficult for the AC Members to work together as a Committee to move anything forward on behalf of the AC.

Chair Julien agreed and stated the importance of making the most of the four meetings per year that AC Members are together so that AC Members feel that they are contributing to something, they are making a difference, and the priorities of the community are put front-and-center. She stated it would be good for the AC to do something collectively to address community issues, to make recommendations, to participate in exercises, or to give input on policy issues.

Chair Julien stated possible areas of focus are education, poverty, housing, the economy, racism, civic participation, criminal justice, policing, social cohesion, border and immigration, native communities, and mental health. She asked AC Members to discuss the top three areas that they want the OHE to prioritize and to focus and how the AC will work together to ensure that the available time is optimized.

AC Chair de Guia suggested beginning with open questions about the history, background, and process.

Dr. Witte suggested that the AC recommend new models. The COVID-19 pandemic provides the opportunity to begin to see the higher-quality models that should be maintained, such as telehealth.
Dr. Witte stated there are many partners who are not traditionally looked to. He asked about the elements of the social determinants of health that contribute to better outcomes. He suggested that the AC help the OHE better see the needs of communities through the many AC Member perspectives so that the decisions that are made within the OHE will feel more legitimate to the community.

Ms. Gonzalez Seda agreed that it is difficult for the AC to get things done. She noted that AC Members are still waiting to learn what their role is. She suggested solidifying priorities and determining how to assist the OHE in the process.

Ms. Abwoon suggested focusing on racial equity, criminal justice, housing, and mental/behavioral health. She asked for more information on the past conversations that took place pertaining to these areas.

AC Chair de Guia stated the past conversations were a part of an activity two years ago where AC Members broke up into smaller working groups to prioritize the different areas to recommend that the OHE focus on. She noted that all the issues are interconnected. As an example, housing affects mental health and economics.

AC Chair de Guia referred to the first column on the Crosswalk document and stated OHE staff, led under the former assistant deputy director, were thinking about the strategic planning process around thought leadership, health equity in all policies, and public health practices that can be elevated. She noted that the OHE has been without a leader for many years, which has added to the difficulty for the AC to weigh in or to make requests or decisions.

AC Chair de Guia stated the CDPH had a different approach to the strategic planning process but there is a way to intersect those. She stated, once the AC comes to some agreement on priorities, the way the AC can take information forward is to determine how to support the OHE in these efforts through AC Member organizations and AC meetings.

Chair Julien stated there is an opportunity for the state of California to show leadership, to guide the way, to facilitate critical conversations around racism, and to create toolkits and resources to harness the expertise in the state. The state needs individuals who can come into this space with solutions and tools. She stated she would love to see the CDPH and the OHE step up into that to help cities, counties, organizations, and individuals through this difficult time.

Chair Julien stated the first page of the Crosswalk document shows that structural and other forms of racism was one of the topics chosen to focus on. She suggested that the state and the OHE focus on a strategy for that and create a series of sub-strategies or agendas around different aspects of that. Although this topic was included in the list of priorities a year ago, it is pertinent to current times.

AC Chair de Guia agreed and stated this priority cuts across the issue areas such as looking at structural discrimination and racism within the context of housing, education, and policy reform. She suggested that an area where the AC could be effective in its advisory role is in lifting up the OHE and partnering with them to talk about the meaning of structural discrimination and racism, community-based and collaborative strategies,
and the way in which funding and resources are invested. The AC can also help the OHE think about the role of power and how power can be used as an opportunity.

AC Vice Chair Malekafzali asked how AC interests were crosswalked with the Government Alliance on Race and Equity (GARE) work and priorities. GARE may also be looking at how structural racism cuts across various departments. She stated it would be good for the AC to be aware of GARE’s top priorities to help the AC better support the CDPH and the OHE.

AC Chair de Guia stated the AC is also supposed to be working with the Health in All Policies (HiAP) Task Force, which reaches beyond the CDPH to touch the Departments of Education and Rehabilitation. She suggested asking Ms. Buendia and the HiAP team to share their current work and priorities at the next meeting in addition to the CDPH as a way for the AC to think about the AC’s reach past the CDPH, because there are other agencies that are touching the issues the AC identified.

Public Comment

Edwin Kendrick, MD, Expert Consultant, Medical Board of California, Co-Founder, Sano Healthcare Consultants, LLC, a Healthcare Consulting and Technologies Company, stated his company is focused on ways to improve health disparities including mental health. Part of the challenge is, after organizing a collaborative team to work on solutions to improve mental health, not knowing who to talk to or how to maneuver through the system. The speaker suggested that the AC connect with individuals and community-based organizations that have solutions that could be implemented to improve the current condition to help them learn about the process and navigate through the system.

AC Chair de Guia asked Dr. Kendrick to provide contact information to staff to keep the conversation going.

Discussion, continued

Chair Julien suggested that the AC could have a different priority as a focal point for the four AC meetings scheduled throughout the year. She suggested focusing on the priority of structural racism for next year. She asked for input from AC Members.

Dr. Carter agreed and stated structural racism is an issue that cuts across other issues in health care and health disparities.

AC Vice Chair Malekafzali agreed but stated structural racism is a huge undertaking. She stated the need to dig deeper to figure out what to focus on under structural racism to operationalize a movement with a year’s timeframe to make efforts worthwhile. She suggested a narrower topic within the structural racism priority for the AC to focus on next year, such as the economic piece and the opportunity to advance anchor institution models and how to ensure the opportunities that huge structures offer to communities of color. The anchor institution model enables thinking that through and provides principles, efforts, and strategies such as local hire and hiring individuals with lived experience with promotional opportunities into leadership roles.
Ms. Abwoon stated pertaining to the racial equity, she is on the Reentry Health Advisory Collaborative formed by the Care First Jail Initiative. Individuals with lived experience can give advice to the AC on what communities need. Hearts and minds need to change. Individuals who are incarcerated have a backstory that is always ignored. The collaborative lifts those stories up. She suggested hearing the stories to help AC Members see that incarcerated individuals are human beings too. Medical professionals need to be trained to look beyond the surface to the whole person and what caused them to be in their current situation. She stated the need to work hard to get past biases so health professionals can see incarcerated individuals as whole people.

Dr. Witte stated the health care economists who work with his organizations tell him that one cannot simply get to true equity without changing the business model of how care is delivered to an equity focus and value-based care.

AC Chair de Guia suggested being mindful of the OHE’s charge and what is within its authority and considering its limitations. The OHE may not have the ability to do everything the AC recommends. She suggested creating a list of criteria on how the OHE can prioritize issues or how the AC wants the OHE to prioritize the strategies they use.

Ms. Abwoon agreed that structure is necessary but suggested being broader to enable the inclusion of agencies that can be useful to the AC in creating a racial equity plan throughout the state. As much help as possible will be required for this important priority.

AC Vice Chair Malekafzali suggested identifying steps that could show momentum toward the larger goal that the CDPH or the OHE could take leadership on.

Chair Julien agreed with how broad systemic racism can be. She provided examples of ways to make recommendations on how to focus within the broad topic, such as identifying key elements that can be developed by the OHE or in partnership with HiAP, GARE, or others; workforce, education, and training on implicit bias or structural racism; educational opportunities for training and development of the workforce in those topic areas; and civic engagement, listening sessions, demonstrating how to have those kinds of conversations, and developing tools and resources for those conversations.

AC Chair de Guia summarized the recommendations to bring to the next AC meeting in December as follows:

- Identify structural racism and discrimination as a key foundational tenet that cuts across many issues.
- Identify what the OHE can do.
- Be mindful of the OHE’s limitations of authority.
- Partner with the OHE to determine how to build relationships to bring this information out and to connect to other sectors and entities to effect change.
- Continue to uplift issues that have already been raised.
11:15 a.m. Planning for the Quarterly Advisory Committee Meeting on December 1, 2020

AC Chair de Guia asked AC Members for feedback on good ways to plan a meeting, discussion points, and facilitation opportunities. She stated the December meeting has historically been a two-day retreat to build in community connection and engagement and to provide the time to dig in and make decisions on the pathway forward for the coming year. She asked AC Members if they would be willing to consider a two-day Zoom retreat this December from possibly 9:30 to noon each day.

Questions and Discussion

Chair Julien agreed with two shorter-day Zoom meetings rather than one eight-hour Zoom meeting. She suggested homework for AC Members to do in advance of the December meetings so everyone is engaged in a similar mental exercise leading up to the time together. It will help bring everyone into the same space as a focal point and provide ways to add to the conversation. Doing homework in advance of the meetings will help make the most of the short time spent together.

Ms. Gonzales Seda stated she missed the face-to-face meetings and getting to know the new AC Members. She suggested a small session with AC Members stating who they are and what they are passionate about. She agreed with splitting the Zoom meeting up into two- to three-hour days over two days.

Dr. Witte agreed that there are limitations to Zoom meetings but stated there is also value in not having to travel and the fact that there is very little down time in Zoom meetings, which concentrates the focus. He agreed that getting to know each other is important and suggested finding a way to do break-outs of smaller groups.

AC Chair de Guia stated AC Members are using the chat feature to say that a two-day Zoom meeting is good. She stated she will work with Ms. Hooker on the possibility of doing short break-out sessions with smaller groups.

AC Chair de Guia asked what AC Members would like to focus on to keep the AC moving forward.

AC Vice Chair Malekafzali asked if it would be useful to do an open town hall Zoom meeting under the rubric of racial equity to hear beyond AC Member experiences to community partners who can share their needs to help the AC figure out how to advance this work.

Chair Julien agreed.

AC Chair de Guia stated concern that the two- to three-hour Zoom meeting times may not give an adequate amount of time for individuals to express their views and for the AC to do substantive work.

Ms. Gonzalez Seda suggested working with the OHE to schedule a town hall meeting in the future to allow enough time to put something like that together.

AC Chair de Guia stated Ms. Hooker spoke with each AC Member on what they are struggling with and how to make agendas more active going forward. She stated
questions that came out of those interviews was what the AC’s role is in relation to the OHE, what the CDPH’s role is with other government entities, and how Bagley-Keene restricts the AC.

AC Chair de Guia suggested hearing from the CDPH at the December meeting, helping AC Members better understand what they would like the AC’s role to be for them, and for the AC Members to share with the CDPH what the AC would like its role to be for the CDPH. She suggested hearing from the CDPH about their priorities for the next year or two.

Vice Chair Malekafzali agreed with hearing a presentation from the CDPH clarifying roles and priorities. She stated the CDPH does not need to have their final set of priorities in place but it would be helpful to understand what the CDPH is considering so the AC can work to both influence and support an equity lens within those priorities.

Ms. Abwoon agreed with hearing a presentation from the CDPH.

AC Chair de Guia stated the other important priority she heard today was on structural racism. It cannot be assumed that everyone knows what that means or how that operates. She suggested hearing a presentation on structural racism from a third-party entity for CDPH and OHE staff and for the AC.

Chair Julien agreed with inviting a consultant to present on explicit bias, structural racism, critical conversations, how to have those, and what they mean. She also agreed with hearing from the CDPH on the priorities of the state.

Dr. Carter suggested continuing to develop as a leader in the area of racial inequities. It is an everchanging field and is very different now than a decade ago. She stated the need to learn how to effectively lead individuals and communities.

Ms. Abwoon suggested inviting Clemens Hong, MD, the Director of Whole Person Care, to present on racial inequity.

AC Vice Chair Malekafzali suggested inviting GARE to present on their action plan and the HIAP Task Force.

AC Chair de Guia suggested having a panel presentation with representatives from the CDPH, the HIAP Task Force, and GARE. She stated it would be helpful for AC Members to receive those presentations in advance to read through them prior to the meeting. The first day will be for bonding and setup and the second day will be for a framing-up process. She stated the OHE may not focus on the AC recommended priorities in the next fiscal year. She suggested that the AC ask the OHE to focus on the recommended priorities for the AC to work with the OHE on over the next three to five years. Ongoing work can be to develop measures to track progress.

AC Members agreed.

Ms. Abwoon asked if the institutional portion of the grant making and financing will be included in the conversation.

AC Chair de Guia agreed that the AC can hear a presentation on the funding sources and structure of the OHE.
Chair Julien suggested hearing if the state has thoughts on funding counties for health equity work.

AC Chair de Guia stated a recommendation to the state could be for them to work into their budget opportunities for counties to apply for funding.

**Public Comment**

Nina Moreno, PhD, Director of Research and Strategic Partnerships at Safe Passages, and local evaluator with the California Reducing Disparities Project (CRDP), stated the CRDP is a mental health project that focuses on racial and ethnic and LGBTQ communities, which sunsets on April 30, 2022.

**Discussion, continued**

AC Chair de Guia suggested that the members of the panel discuss their priorities, how they are funded and structured, and resources they may be able to draw on in the future.

AC Chair de Guia summarized that day one of the December meeting will include a conversation and presentation around structural racism and discrimination, time for bonding activities, and a panel made up of representatives from the CDPH, HiAP, and GARE who will lay out their priorities, structure, and resources. Day two of the December meeting will include more time for bonding activities, a conversation about what the AC wants the CDPH and OHE to focus on, how they can focus on it or how the AC can help them focus on it, and how to use the next year such as building out tracking measures, opportunities for collaboration, and mapping resources.

Chair Julien suggested carving out time to discuss the health and wellbeing of African Americans in California. She stated one of the speakers at the Marin City meeting had noted that sometimes, when speaking of larger issues, the African American experience gets combined or diluted. It is important not to lose sight of the African American experience within the larger conversation scheduled for the December meeting.

AC Vice Chair Malekafzali suggested helping AC Members better understand the California Health Equity Metric that just came out from the state that is ruling California as the definition of health equity relating to testing and the COVID-19 pandemic and to better understand the pushback and challenges related to it.

**11:55 a.m. Closing Comments and Adjournment**

Chair Julien thanked everyone for participating and ended the proceeding at 12:09 p.m.